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 01/30/199	
License # 003546	ANGELS CARE HOME HEALTH	PERSONAL HOME HEALTHCARE AGENCY LLC
Lic Expire 1/31/2023	2000 S ROYALL	2000 S ROYALL
Medicare 1: 458433 HHA-18	PALESTINE, TX 75801	PALESTINE, TX 75801
Medicare 2:		PHONE: FAX:
Phone (903) 729-2201	Fax (903) 729-3302	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator BRANDY SIMMS	
County ANDERSON	Region 04 Date Licensed	Owner Information
License # 017642	CARING HEARTS HOSPICE	L S AND S S INC
Lic Expire 6/30/2022	811 S. ROYALL STREET	1837 W MAIN
Medicare 1:	PALESTINE, TEXAS 75801	GUN BARREL CITY, TX 75156
Medicare 2:		PHONE: FAX:
Phone (903) 480-6593	Fax (903) 340-8527	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator DANNY WEEMS	
County ANDERSON	Region 04 Date Licensed 10/08/20	5 Owner Information
License # 017343	CHOICE HOMECARE	MEDICAL TEAM CORRECTIONAL MEDICAL SERVICES MANAGEMENT, LLC
Lic Expire 10/31/2021	516 NORTH SYCAMORE	6760 OLD JACKSONVILLE HWY, SUITE 102
Medicare 1: 679007 HHA-18	PALESTINE, TX 75801	TYLER, TX 75703
Medicare 2:		PHONE: FAX:
Phone (903) 729-0801	Fax (888) 638-9628	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator MICHELLE RAYBURN	
County ANDERSON	Region 04 Date Licensed 12/01/20	Owner Information
License # 015333	CHOICE HOSPICE	LEGACY HOSPICE, LLC
Lic Expire 11/30/2022	514 N. SYCAMORE STREET	6760 OLD JACKSONVILLE HWY, SUITE 102
Medicare 1:	PALESTINE, TX 75801	TYLER, TX 75703
Medicare 2:		PHONE: FAX:
Phone (903) 729-0801	Fax (888) 638-9528	Services: Hospice
T All I D I' O'	A L · · · · · · · · · · · · · · · · · ·	In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator KATIE SANDLIN	
County ANDERSON	Region 04 Date Licensed 04/01/200	
License # 012564	ENCOMPASS HEALTH HOME HEALTH	AHM ACTION HOME HEALTH, LP
Lic Expire 3/31/2024	2256 SOUTH SYCAMORE ST., SUITE 2	6688 N CENTRAL EXPRESSWAY STE 1300
Medicare 1: 678197 HHA-18	PALESTINE, TEXAS 75801	DALLAS, TX
Medicare 2:	F 002 7024440	PHONE: FAX:
Phone 903 7233991	Fax 903 7231440	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator STEPHANIE REED	Our and Information
County ANDERSON	Region 04 Date Licensed 09/12/20	
License # 015986	HEART TO HEART HOSPICE OF TYLER LTD	HEART TO HEART HOSPICE OF TYLER LTD
Lic Expire 10/31/2024	1006 N MALLARD ST	7240 CHASE OAKS BLVD.
Medicare 1:	PALESTINE, TX 75801	PLANO, TX 75025
Medicare 2:	F (000) 700 0050	PHONE: FAX:
Phone (903) 729-0957	Fax (903) 729-0959	Services: Hospice; Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator GINA DAUGHTRY	*****
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County ANDERSON License # 015975 Lic Expire 10/31/2024 Medicare 1: 679086 HHA-18 Medicare 2: Phone (972) 270-2000 Type: Parent Agency	Region 04 Date Licensed HOME CARE NETWORK 300 WILLOW CREEK PARKWAY SUITE 240 PALESTINE, TX 75801 Fax (972) 591-4576 Administrator SAUNDRA HILL	10/14/2013	Owner Information HOME CARE NETWORK EAST INC 1701 N. HAMPTON ROAD, SUITE G DESOTO, TEXAS 75115 PHONE: Services: Licensed and Certified Home Health Services	FAX: vices; Licensed Home Health Services
County ANDERSON License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 723-3394	Region 03 Date Licensed HOSPICE PLUS 321 E SPRING ST SUITE 121 PALESTINE, TX 758012986 Fax (903) 723-2845	09/14/2015	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Alternate Delivery Site County ANDERSON License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Administrator REBECCA JEFFERSON Region 03 Date Licensed HOSPICE PLUS 321 E SPRING ST SUITE 121 PALESTINE, TX 758012986	09/14/2015	Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE:	FAX:
Phone (903) 723-3394 Type: Alternate Delivery Site	Fax (903) 723-2845 Administrator REBECCA JEFFERSON		Services: Hospice In-Patient Hospice: NO	
County ANDERSON License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 723-3394	Region 03 Date Licensed HOSPICE PLUS 321 E SPRING ST SUITE 121 PALESTINE, TX 758012986 Fax (903) 723-2845	09/14/2015	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Alternate Delivery Site County ANDERSON License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011 Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON Region 03 Date Licensed SOLARIS HOSPICE INC 1521 S LOOP 256 PALESTINE, TX 75801 Fax (940) 627-3160 Administrator LEANNE PETERSON	08/21/2009	Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County ANDREWS License # 020925 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 505 3643454 Type: Parent Agency	Region 01 Date Licensed BEEHIVE HOME CARE OF TEXAS 2512 NW MUSTANG DR ANDREWS, TX 79714 Fax Administrator LITINA GRIFFIN	07/22/2021	Owner Information TX HOME CARE GROUP LLC 4811 HARDWARE DR NE ALBUQUERQUE, NM 87109 PHONE: Services: Personal Assistance Services	FAX:
County ANDREWS License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 524-5139 Type: Alternate Delivery Site	Region 01 Date Licensed HOME HOSPICE 801-G N. MAIN STREET ANDREWS, TX 79714 Fax (432) 524-2784 Administrator AMY DRUMM	06/06/2005	Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO	FAX:

County ANDREWS License # 003115 Lic Expire 4/30/2022 Medicare 1: 457596 HHA-18;74 Medicare 2: Phone (432) 524-3637	Region 01 Date Licensed 04/03/1984 PERMIAN REGIONAL MEDICAL CENTER HOME HEALTH 1801 NE MUSTANG DRIVE ANDREWS, TX 79714 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 License # 011928 Lic Expire 6/30/2023 Medicare 1: 747006 HHA-18; 9 Medicare 2: Phone (936) 632-9400	Region 04 Date Licensed 03/14/2008 A CARING TOUCH HOME HEALTH SERVICES & HOSPICE CARE 4000 SOUTH MEDFORD DRIVE SUITE 9W LUFKIN, TEXAS 75901 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 License # 010428 Lic Expire 5/31/2023 Medicare 1: 679505 HHA-18 Medicare 2:	Region 04 Date Licensed 05/04/2006 A COMPASSIONATE CARE HOME HEALTH SERVICES 5036 CHAMPIONS DRIVE LUFKIN, TX 75901	Owner Information JOHNSON & JOHNSON INVESTMENTS LLC PO BOX 154557 LUFKIN, TX 75915 PHONE: FAX:
Phone (936) 875-9000	Fax (936) 875-9001	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency County ANGELINA License # 013616 Lic Expire 10/31/2022	Administrator JULIE TVRZ Region 04 Date Licensed 10/07/2010 A COMPASSIONATE CARE HOME HEALTH SERVICES OF ONALASKA 5036 CHAMPIONS DRIVE SUITE A	Owner Information JOHNSON & JOHNSON INVESTMENTS OF ONALASKA LLC 3458 TED TROUT DRIVE STE B
Medicare 1: 747664 HHA-18	LUFKIN, TEXAS 75901	LUFKIN, TX 75904
Medicare 2:		PHONE: FAX:
Phone (936) 875-2030 Type: Parent Agency	Fax (936) 875-2082 Administrator JULIE TVRZ	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County ANGELINA License # 002409 Lic Expire 8/31/2022 Medicare 1: 677545 HHA-18 Medicare 2: Phone (936) 634-1617 Type: Parent Agency	Region 04 Date Licensed 08/24/1992 A PINEYWOODS HOME HEALTH CARE INC 103D CARRIAGE DRIVE LUFKIN, TX 75904 Fax (936) 634-7967 Administrator KERRI GRIFFIN	Owner Information A PINEYWOODS HOME HEALTH CARE INC P.O. BOX 1743 LUFKIN, TEXAS 75902 PHONE: FAX: Services: Licensed and Certified Home Health Services
County ANGELINA License # 007379 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 04 Date Licensed 08/02/2000 A PINEYWOODS HOME SERVICES INC 103 B CARRIAGE DRIVE LUFKIN, TX 75904	Owner Information A PINEYWOODS HOME SERVICES,INC P.O. BOX 1743 LUFKIN, TX 75904 PHONE: FAX:
Phone (936) 634-7982	Fax (936) 634-1658	Services: Personal Assistance Services
Type: Parent Agency	Administrator GEORGIE FARR	
County ANGELINA License # 019684 Lic Expire 11/6/2021 Medicare 1:	Region 04 Date Licensed 11/06/2019 ABUNDANT GRACE HOSPICE, LLC 1332 E DENMAN AVE, SUITE 103 LUFKIN, TX 75901	Owner Information ABUNDANT GRACE HOSPICE, LLC
Medicare 2:	Eay (026) 622 0026	PHONE: FAX:
Phone (936) 632-6721	Fax (936) 632-9826	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHARON LAWRENCE	

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

Administrator KIMBERLY STEVESON

County ANGELINA License # 015266 Lic Expire 12/31/2022 Medicare 1: 741518 HOSPICE Medicare 2: Phone (936) 632-5700 Type: Parent Agency	Region 04 Date Licensed HARBOR HOSPICE 26, LP 517 GASLIGHT BLVD. LUFKIN, TX 75904 Fax (936) 632-5710 Administrator THERESA COUSINS	12/13/2012	Owner Information HARBOR HOSPICE 26, LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County ANGELINA	Region 04 Date Licensed	04/19/2013	Owner Information	
License # 015764	HEART TO HEART HOSPICE OF LUFKIN LLC	0 11 10/2010	HEART TO HEART HOSPICE OF LUFKIN, LLC	
Lic Expire 4/30/2024	2102 S. JOHN REDDITT DRIVE		7240 CHASE OAKS BLVD.	
Medicare 1: 671601 HOSPICE	LUFKIN, TEXAS 759045422		PLANO, TX 75025	
Medicare 2:			PHONE:	FAX:
Phone (936) 699-6001	Fax (936) 699-6009		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator CONNIE RUSSELL			
County ANGELINA	Region 04 Date Licensed	06/15/2005	Owner Information	
License # 002060	HOSPICE IN THE PINES		HOSPICE IN THE PINES INC 1504 WEST FRANK AVENUE	
Lic Expire 10/31/2022 Medicare 1: 45-1537	1201 WEST FRANK AVENUE LUFKIN, TEXAS 75904		LUFKIN, TX 75904	
Medicare 2:	LOTRIN, TEAAO 73904		PHONE:	FAX:
Phone (936) 632-1514	Fax (936) 632-1582		Services: Hospice	
			In-Patient Hospice: YES	
Type: Alternate Delivery Site	Administrator DEMETRESS HARRELL			
County ANGELINA	Region 04 Date Licensed	06/15/2005	Owner Information	
License # 002060	HOSPICE IN THE PINES		HOSPICE IN THE PINES INC 1504 WEST FRANK AVENUE	
Lic Expire 10/31/2022	1201 WEST FRANK AVENUE		LUFKIN, TX 75904	
Medicare 1: 45-1537 Medicare 2:	LUFKIN, TEXAS 75904		PHONE:	FAX:
Phone (936) 632-1514	Fax (936) 632-1582		Services: Hospice	1700.
			In-Patient Hospice: YES	
Type: Alternate Delivery Site	Administrator DEMETRESS HARRELL			
County ANGELINA	Region 04 Date Licensed	10/11/1989	Owner Information	
License # 002060	HOSPICE IN THE PINES		HOSPICE IN THE PINES INC	
Lic Expire 10/31/2022	1504 WEST FRANK AVENUE		1504 WEST FRANK AVENUE LUFKIN, TX 75904	
Medicare 1: 451537 HOSPICE Medicare 2:	LUFKIN, TX 75904		PHONE:	FAX:
Phone (936) 632-1514	Fax (936) 632-1582			I AA.
. ,	,		Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	
Type: Parent Agency	Administrator DEMETRESS HARRELL			
County ANGELINA	Region 04 Date Licensed	10/11/1989	Owner Information	
License # 002060	HOSPICE IN THE PINES		HOSPICE IN THE PINES INC	
Lic Expire 10/31/2022	1504 WEST FRANK AVENUE		1504 WEST FRANK AVENUE LUFKIN, TX 75904	
Medicare 1: 451537 HOSPICE Medicare 2:	LUFKIN, TX 75904		PHONE:	FAX:
Phone (936) 632-1514	Fax (936) 632-1582			IAA.
Type: Parent Agency	Administrator DEMETRESS HARRELL		Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	
			Owner Information	
County ANGELINA	•	03/21/2017	HERITAGE HEALTH & HOSPICE CARE, LLC	
License # 015346 Lic Expire 8/31/2022	HOSPICE PLUS HOUSTON		655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:	1022 S JOHN REDDITT DR LUFKIN, TX 75904		MORRESVILLE, NC 28117	
Medicare 2:	,		PHONE:	FAX:
Phone (936) 899-7123	Fax (936) 899-7133		Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site	Administrator SUSAN RICKETTS		•	

County ANGELINA License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (936) 899-7123	Region 04 Date Licensed HOSPICE PLUS HOUSTON 1022 S JOHN REDDITT DR LUFKIN, TX 75904 Fax (936) 899-7133	03/21/2017	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice	FAX:
Type: Alternate Delivery Site	Administrator SUSAN RICKETTS		In-Patient Hospice: NO	
County ANGELINA License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (936) 899-7123	Region 04 Date Licensed HOSPICE PLUS HOUSTON 1022 S JOHN REDDITT DR LUFKIN, TX 75904 Fax (936) 899-7133	03/21/2017	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Alternate Delivery Site	Administrator SUSAN RICKETTS			
County ANGELINA License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (936) 899-7123	Region 04 Date Licensed HOSPICE PLUS HOUSTON 1022 S JOHN REDDITT DR LUFKIN, TX 75904 Fax (936) 899-7133	03/21/2017	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice	FAX:
Type: Alternate Delivery Site	Administrator SUSAN RICKETTS		In-Patient Hospice: NO	
County ANGELINA License # 021305 Lic Expire 1/3/2025 Medicare 1:	Region 04 Date Licensed LOZANO SENIOR CARE LLC 286 WESTWOOD LOOP LUFKIN, TEXAS 75904	01/03/2022	Owner Information LOZANO SENIOR CARE LLC	
Medicare 2:			PHONE:	FAX:
Phone (936) 875-9968 Type: Parent Agency	Fax Administrator PEDRO REYES		Services: Personal Assistance Services	
County ANGELINA License # 010530 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (936) 633-1115 Type: Parent Agency	Region 04 Date Licensed PINECREST HOME HEALTH SERVICES 1302 TOM TEMPLE DRIVE, SUITE #A LUFKIN, TX 75904 Fax (936) 633-1195 Administrator ANGEL BRANCH	06/13/2006	Owner Information MRC PINECREST 1302 TOM TEMPLE DRIVE LUFKIN, TX 75904 PHONE: (281) 363-2600 Services: Licensed Home Health Services; Persona	FAX: (281) 292-6360 al Assistance Services
County ANGELINA License # 019139 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (832) 539-1632 Type: Parent Agency	Region 04 Date Licensed PREMIER PEDIATRIC THERAPY 415 S 1ST STREET, SUITE 300A LUFKIN, TEXAS 75901 Fax (832) 539-1633 Administrator CARLA MOON-DANIEL	05/09/2017	Owner Information A 2 Y INVESTMENTS LLC 3622 SHOREVIEW LANE MISSOURI CITY, TX 77459 PHONE: Services: Licensed Home Health Services	FAX:
County ANGELINA License # 012656 Lic Expire 6/30/2024 Medicare 1: 747328 HHA-18 Medicare 2: Phone (866) 344-2821	Region 04 Date Licensed RELIANT AT HOME 609 E LUFKIN AVENUE LUFKIN, TX 75901 Fax (866) 288-4125	06/15/2009	Owner Information AGAPE HOME CARE SERVICES LLC 609 E LUFKIN AVENUE LUFKIN, TX 75901 PHONE: Services: Licensed and Certified Home Health Services	FAX: ices; Licensed Home Health Services
Type: Parent Agency	Administrator TIEEANY CNIDED			

Administrator TIFFANY SNIDER

County ANGELINA License # 011503 Lic Expire 6/30/2022 Medicare 1: 679719 HHA-18 Medicare 2: Phone (866) 344-2821 Type: Parent Agency	Region 04 Date Licensed 06/20/2007 RELIANT AT HOME 136 OLD MILL CENTER LIVINGSTON, TEXAS 77351 Fax (866) 288-4125 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 License # 018190 Lic Expire 7/31/2021 Medicare 1: Medicare 2:	Region 04 Date Licensed 07/21/2017 STAY AT HOME HEALTH CARE 4104 SOUTH HWY 69 LUFKIN, TX 75901	Owner Information LINDA F HAVARD 16462 US HWY 69 S. HUNTINGTON, TX 75949 PHONE: FAX:
Phone (936) 422-3339 Type: Parent Agency	Fax (936) 422-3542 Administrator LINDA HAVARD	Services: Personal Assistance Services
County ANGELINA License # 007742 Lic Expire 9/30/2022 Medicare 1:	Region 05 Date Licensed TEXAS HOME HEALTH SKILLED SERVICES 2802 SOUTH FIRST STREET LUFKIN, TX 75901	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 2:		PHONE: FAX:
Phone 936 6325402 Type: Branch Agency	Fax 936 6324370 Administrator JOEY BAKER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County ANGELINA License # 007742 Lic Expire 9/30/2022 Medicare 1:	Region 05 Date Licensed TEXAS HOME HEALTH SKILLED SERVICES 2802 SOUTH FIRST STREET LUFKIN, TX 75901	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 2:		PHONE: FAX:
Phone 936 6325402 Type: Branch Agency	Fax 936 6324370 Administrator JOEY BAKER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County ANGELINA License # 014739 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (936) 622-0463 Type: Branch Agency	Region 04 Date Licensed 12/03/2014 VISITING ANGELS 1410 TURTLE CREEK DRIVE LUFKIN, TX 75904 Fax (936) 622-0483 Administrator JACKIE BRISSET	Owner Information SJ HOMECARE INC 419 W HOUSTON ST TYLER, TX 75702 PHONE: FAX: Services: Personal Assistance Services
County ARANSAS License # 013476 Lic Expire 7/31/2022 Medicare 1: 747863 HHA-18 Medicare 2: Phone (361) 727-2131 Type: Parent Agency	Region 07 Date Licensed 07/22/2010 CORNERSTONE HOME HEALTH 110 HWY 35 NORTH, SUITE B ROCKPORT, TX 78382 Fax (361) 727-2179 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 License # 014366 Lic Expire 8/31/2024 Medicare 1: 671572 HOSPICE Medicare 2: Phone (361) 727-1232	Region 07 Date Licensed 08/05/2011 HARBOR HOSPICE OF GULF COAST LP 400 ENTERPRISE BLVD BUILDING C ROCKPORT, TX 78382 Fax (361) 727-1244	Owner Information HARBOR HOSPICE OF GULF COAST LP SAME BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

Administrator SABINA DIEBEL

County ARANSAS License # 017510 Lic Expire 5/31/2022 Medicare 1: 679686 HHA-18 Medicare 2: Phone 361 2384999 Type: Parent Agency	Region 07 Date Licensed 05/11/2016 SILOE HOME HEALTH & INFUSION LLC 1521 W MARKET ST, STE D ROCKPORT, TEXAS 78382 Fax 888 2395887 Administrator AARON PRIDGEON	Owner Information SILOE HOME HEALTH & INFUSION LLC PO BOX 2553 ROCKPORT, TEXAS 78381 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County ATASCOSA License # 017325 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (210) 541-0131	Region 07 Date Licensed 12/16/2015 CARE HOME HEALTH SERVICES 6618 FONTANA PT SAN ANTONIO, TX 78240 Fax (210) 541-0227	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
Type: Branch Agency County ATASCOSA License # 017325 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (210) 541-0131 Type: Branch Agency	Administrator SYLVIA MONTEZ Region 07 Date Licensed 12/16/2015 CARE HOME HEALTH SERVICES 6618 FONTANA PT SAN ANTONIO, TX 78240 Fax (210) 541-0227 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 ATASCOSA License # 017325 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (210) 541-0131	Region 07 Date Licensed 12/16/2015 CARE HOME HEALTH SERVICES 6618 FONTANA PT SAN ANTONIO, TX 78240 Fax (210) 541-0227	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
Type: Branch Agency County ATASCOSA License # 020601 Lic Expire 3/12/2023 Medicare 1: Medicare 2: Phone (210) 579-0223	Administrator SYLVIA MONTEZ Region 07 Date Licensed 03/12/2021 EXCEPTIONAL PROVIDER SERVICE, LLC 8546 BROADWAY ST, STE. 206 SAN ANTONIO, TEXAS 78217 Fax	Owner Information EXCEPTIONAL PROVIDER SERVICE, LLC PO BOX 632 LEMING, TEXAS 78050 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County ATASCOSA License # 017455 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (830) 268-4422	Administrator DANIEL CASTILLO Region 07 Date Licensed 03/01/2017 NEW CENTURY HOSPICE OF SAN ANTONIO 206 N. SMITH ST. PLEASANTON, TX 78064 Fax (830) 268-4705	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
Type: Alternate Delivery Site County ATASCOSA License # 012459 Lic Expire 12/31/2022 Medicare 1: 677127 HHA-18 Medicare 2: Phone 830 2818136 Type: Parent Agency	Administrator MARY PARKER Region 07 Date Licensed 12/31/2008 SOUTH TEXAS REGIONAL HOME HEALTH 1907 HWY 97 E, SUITE 110 JOURDANTON, TEXAS 780261538 Fax 830 2818751 Administrator DENISE POPE	Owner Information JOURDANTON HOME CARE SERVICES, LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX: Services: Licensed and Certified Home Health Services

County AUSTIN License # 017190 Lic Expire 10/31/2023 Medicare 1: 679029 HHA-18 Medicare 2: Phone (979) 877-0900 Type: Parent Agency County AUSTIN	Region 06 Date Licensed 10/25/2015 1ST TEXAS HOME HEALTH 324 MEYER SEALY, TX 77474 Fax (979) 885-4080 Administrator SUZANNE BOZEMAN Region 05 Date Licensed	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 Owner Information
License # 019358 Lic Expire 4/29/2023 Medicare 1:	ALLUMINE HOSPICE 540 WEST MAIN ST. BELLVILLE, TEXAS 77418	SOLACE HOSPICE CARE, LLC
Medicare 2:	BELEVIELE, TEXAS 17410	PHONE: FAX:
Phone (979) 270-5057	Fax (979) 274-3021 Administrator DANA ROWSE	Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site	Autilistrator DANA NOWSE	Owney Information
County AUSTIN	Region 05 Date Licensed 07/01/2016	Owner Information COMPASSIONATE CARE HOSPICE OF BRYAN TEXAS, LLC
License # 013721	AMEDISYS HOSPICE	3833 S. TEXAS AVE., SUITE#200
Lic Expire 11/30/2022	226 S LIVE OAK STREET	BRYAN, TX 77802
Medicare 1: Medicare 2:	BELLVILLE, TX 774182340	PHONE: FAX:
Phone (979) 232-2102	Fax (979) 314-1127	Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator JOSHUA LASATER	in alient hospice. No
County AUSTIN License # 019907 Lic Expire 5/1/2022	Region 06 Date Licensed 05/01/2020 HOLISTIC CARE MANAGEMENT, LLC 1404 S. FRONT ST.	Owner Information HOLISTIC CARE MANAGEMENT, LLC
Medicare 1:	BELLVILLE, TEXAS 77418	
Medicare 2:	Fav. 070 070F040	PHONE: FAX:
Phone 979 2705020	Fax 979 2705019	Services: Personal Assistance Services
Type: Parent Agency	Administrator STEFANIE COPASS	
County AUSTIN License # 018231 Lic Expire 8/31/2021 Medicare 1: Medicare 2:	Region 06 Date Licensed 08/07/2017 LIFE CHANGES HOME STAFFING SOLUTIONS 24 NORTH BELL STREET BELLVILLE, TEXAS 77418	Owner Information LCH STAFFING SOLUTIONS, INC 18 NORTH CUMMINGS BELLVILLE, TX 77418 PHONE: FAX:
Phone (979) 270-7300	Fax (979) 270-5042	Services: Personal Assistance Services
Type: Parent Agency	Administrator KAMI FALK	
County AUSTIN License # 008794 Lic Expire 12/31/2020 Medicare 1:	Region 06 Date Licensed 06/18/2007 ONLEX HEALTHCARE INC 3 E MAIN SUITE B BELLVILLE, TX 77418	Owner Information ONLEX HEALTHCARE INC 20501 KATY FREEWAY SUITE #234 KATY, TX 77450-1935
Medicare 2:		PHONE: FAX:
Phone (979) 865-0600	Fax (979) 865-0628	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency		
31 31 37	Administrator HUMPHREY UZUEGBU	
County AUSTIN License # 016369 Lic Expire 8/31/2020 Medicare 1:	Administrator HUMPHREY UZUEGBU Region 06 Date Licensed 08/13/2014 QBT HEALTHCARE SERVICES 234 MEYER STREET SUITE D SEALY, TX 77474	Owner Information QUEEN TANE 12520 WESTHEIMER RD A-1 #201 HOUSTON, TX 77077
County AUSTIN License # 016369 Lic Expire 8/31/2020	Region 06 Date Licensed 08/13/2014 QBT HEALTHCARE SERVICES 234 MEYER STREET SUITE D	QUEEN TANE 12520 WESTHEIMER RD A-1 #201

County BASTROP License # 018542 Lic Expire 11/30/2023 Medicare 1: 67Q7247003 Medicare 2: Phone (512) 308-9233 Type: Branch Agency	Region 07 Date Licensed ADVANCED HH LLC 105 HASLER BLVD BASTROP, TX 78602 Fax (512) 308-9250 Administrator KRISTEN SCHIEVELBEIN	11/06/2017	Owner Information ADVANCED HH, LLC 113 N. MAIN HALLETTSVILLE, TX 75038 PHONE: Services: Licensed and Certified Home Health Services	FAX: vices; Licensed Home Health Services
County BASTROP License # 019184 Lic Expire 9/25/2022 Medicare 1:	Region 05 Date Licensed BLUEBONNET HOME HEALTH CARE OF TEX 125 HARMON RD BASTROP, TEXAS 78602	09/25/2018 XAS, INC	Owner Information BLUEBONNET HOME HEALTH CARE OF TEXA:	SINC
Medicare 2: Phone (512) 303-3912	Fax (512) 303-0323		PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency	Administrator MICHELLE PETERSON	40/04/0004	Owner Information	
County BASTROP License # 009490 Lic Expire 11/30/2022 Medicare 1:	Region 07 Date Licensed ENCOMPASS HEALTH HOME HEALTH 150 SETTLEMENT DRIVE, SUITE F BASTROP, TEXAS 786029662	12/01/2004	HALLMARK HOMECARE, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206	
Medicare 2:	,		PHONE:	FAX:
Phone 512 3213382 Type: Branch Agency	Fax 512 3213599 Administrator BEAU POLLARO		Services: Licensed and Certified Home Health Ser	vices; Licensed Home Health Services
County BASTROP License # 017058 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (512) 229-3838 Type: Parent Agency	Region 05 Date Licensed LUTRA HOME CARE 205 S MAIN STREET, SUITE C ELGIN, TEXAS 78621 Fax (512) 985-9277 Administrator TRACI BOYLE	09/30/2015	Owner Information IT'S STILL HOME LIFE CARE SERVICES LLC PO BOX 1120 ELGIN, TX 78621 PHONE: Services: Licensed Home Health Services; Person	FAX: al Assistance Services
County BASTROP License # 016104 Lic Expire 3/31/2022 Medicare 1: 74-1579 HOSPICE; Medicare 2: Phone (512) 985-6107	Region 05 Date Licensed SERENITY HOSPICE 701 WALNUT STREET BASTROP, TEXAS 786023825 Fax (512) 379-7481	03/20/2014	Owner Information S & P GUPTA ENTERPRISE, LLC 489 AGNES STREET SUITE 100 BASTROP, TX 78602 PHONE: (512) 985-6107 Services: Hospice In-Patient Hospice: NO	FAX: (512) 379-7481
Type: Parent Agency	Administrator CHRISTOPHER BUCCELLI			
County BAYLOR License # 012305 Lic Expire 8/31/2022 Medicare 1: 677421 HHA-18 Medicare 2: Phone (940) 888-3744 Type: Parent Agency	Region 01 Date Licensed KINDRED AT HOME 108 EAST MORRIS STREET SEYMOUR, TX 76380 Fax (940) 888-2609 Administrator SAMUEL WHATLEY	08/18/2008	Owner Information HOME HEALTH OF RURAL TEXAS, INC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213 PHONE: Services: Licensed and Certified Home Health Ser	FAX: vices; Licensed Home Health Services
County BAYLOR License # 002793 Lic Expire 2/28/2025 Medicare 1: 458006 HHA-18 Medicare 2:	Region 01 Date Licensed SEYMOUR HOSPITAL HOME HEALTH 600 N MAIN ST SEYMOUR, TX 76380	02/14/1994	Owner Information BAYLOR COUNTY HOSPITAL DISTRICT 200 STADIUM DR SEYMOUR, TX 76380 PHONE: (940) 889-5572	FAX: (940) 888-1983
Phone (940) 889-3755 Type: Parent Agency	Fax (940) 889-2715 Administrator STORMIE CARRINGTON		Services: Licensed and Certified Home Health Ser Personal Assistance Services	vices; Licensed Home Health Services;

County BEE	Region 07 Date Licensed 09/26/2000	Owner Information
License # 007438	AMERICAN MEDICAL HOME HEALTH SERVICESMATHIS	AMERICAN MEDICAL HOME HEALTH SERVICES LLC
Lic Expire 9/30/2022	206 W. CORPUS CHRISTI ST.	506 VALLEY BROOK RD, STE 201
Medicare 1: 679063 HHA-18	BEEVILLE, TX 78102	MCMURRAY, PA 15317
Medicare 2:	BEEVILLE, IX 10102	PHONE: FAX:
Phone (361) 547-5655	Fax (361) 547-0304	
(***)**********************************	(40.7) 6.1. 400.	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JESSICA MONTNEY	
County BEE	Region 07 Date Licensed 08/12/2011	Owner Information
License # 005782	BEE FIRST PRIMARY HOME CARE	FIRST PRIMARY HOME CARE, INC
Lic Expire 6/30/2023	810 NORTH ST. MARY'S STREET	2809 SOUTH EXPRESSWAY 83
Medicare 1:	BEEVILLE, TX 78102	HARLINGEN, TX 78550
Medicare 1:	DELVILLE, IX 70102	PHONE: FAX:
Phone (361) 358-8931	Fax (361) 358-2831	FIIONE. IAA.
,		Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator MICHAEL THIEL	
County BEE	Region 07 Date Licensed 08/12/2011	Owner Information
License # 005782	BEE FIRST PRIMARY HOME CARE	FIRST PRIMARY HOME CARE, INC
Lic Expire 6/30/2023	810 NORTH ST. MARY'S STREET	2809 SOUTH EXPRESSWAY 83
Medicare 1:	BEEVILLE, TX 78102	HARLINGEN, TX 78550
Medicare 2:	,	PHONE: FAX:
Phone (361) 358-8931	Fax (361) 358-2831	Caminage Licensed Home Health Caminage Descend Assistance Comings
Type: Branch Agency	Administrator MICHAEL THIEL	Services: Licensed Home Health Services; Personal Assistance Services
7,74		Owner Information
County BEE	Region 07 Date Licensed 08/12/2011	
License # 005782	BEE FIRST PRIMARY HOME CARE	FIRST PRIMARY HOME CARE, INC
Lic Expire 6/30/2023	810 NORTH ST. MARY'S STREET	2809 SOUTH EXPRESSWAY 83
Medicare 1:	BEEVILLE, TX 78102	HARLINGEN, TX 78550
Medicare 2:		PHONE: FAX:
Phone (361) 358-8931	Fax (361) 358-2831	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator MICHAEL THIEL	
County BEE	Region 07 Date Licensed 02/29/2016	Owner Information
License # 017336	EXCLUSIVE HOME HEALTH AND HOSPICE INC	EXCLUSIVE HOME HEALTH AND HOSPICE INC
Lic Expire 2/28/2022		202 N ST. MARY'S
	112 N. SAINT MARYS	BEEVILLE, TX 78102
Medicare 1: 458134 HHA-18 45	BEEVILLE, TEXAS 78102	
Medicare 2:	Fox. (264) 259 2964	PHONE: FAX:
Phone (361) 358-2468	Fax (361) 358-3861	Services: Hospice; Licensed and Certified Home Health Services
Type: Parent Agency	Administrator GERONIMO RODRIGUEZ	In-Patient Hospice: NO
		Owner Information
County BEE	Region 07 Date Licensed 04/07/2006	
License # 008442	LEGACY HOME HEALTH AGENCY INC	LEGACY HOME HEALTH AGENCY INC
Lic Expire 2/28/2023	104 W. HUNTINGTON	6655 FIRST PARK TEN BLVD, SUITE 200
Medicare 1:	BEEVILLE, TX 78102	SAN ANTONIO, TEXAS 78213
Medicare 2:		PHONE: FAX:
Phone (361) 358-4448	Fax (361) 358-2200	Services: Hospice
T 411 1 D 11 011	ALLE AMPROOF HERMANDE	In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator AMBROSE HERNANDEZ	
County BEE	Region 07 Date Licensed 02/10/2004	Owner Information
License # 000440	LECACY LIGHT LIEALTH ACENCY INC	LEGACY HOME HEALTH AGENCY INC
License # 008442	LEGACY HOME HEALTH AGENCY INC	
Lic Expire 2/28/2023	104 W HUNTINGTON	6655 FIRST PARK TEN BLVD, SUITE 200
		6655 FIRST PARK TEN BLVD, SUITE 200 SAN ANTONIO, TEXAS 78213
Lic Expire 2/28/2023	104 W HUNTINGTON	
Lic Expire 2/28/2023 Medicare 1: 45Q9433001	104 W HUNTINGTON	SAN ANTONIO, TEXAS 78213 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Lic Expire 2/28/2023 Medicare 1: 45Q9433001 Medicare 2:	104 W HUNTINGTON BEEVILLE, TX 78102	SAN ANTONIO, TEXAS 78213 PHONE: FAX:

County BEE	Region 07 Date Licensed 02/01/2017	Owner Information
County BEE	ů	COSMOS HOSPICE OF CORPUS CHRISTI, LLC
License # 017441	NEW CENTURY HOSPICE OF SOUTH TEXAS	P.O. BOX 4060, ATTN: REGULATORY
Lic Expire 1/31/2025	1819 N FRONTAGE ROAD	MOORESVILLE, NC 28117
Medicare 1: 4570646	BEEVILLE, TX 78102	
Medicare 2:	5	PHONE: FAX:
Phone (361) 392-2535	Fax (844) 358-6608	Services: Hospice
Tunes Alternate Delivery Cite	Administrator COOTT DINIVENIC	In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator SCOTT DINKENS	
County BELL	Region 05 Date Licensed	Owner Information
License # 010507	ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS	TEXAS HOME HEALTH HOSPICE, LP
Lic Expire 6/30/2022	2301 S. CLEAR CREEK #220	17855 N DALLAS PKWY STE 200
Medicare 1: 671552	KILLEEN, TX 76549	DALLAS, TX 75287-6857
Medicare 2:		PHONE: FAX:
Phone (254) 998-5001	Fax (254) 519-1849	Services: Hospice
		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CANDICE GOSWICK	·
County DELL	Design OF Date Licensed	Owner Information
County BELL	Region 05 Date Licensed	TEXAS HOME HEALTH HOSPICE, LP
License # 010507	ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS	17855 N DALLAS PKWY STE 200
Lic Expire 6/30/2022	2301 S. CLEAR CREEK #220	DALLAS, TX 75287-6857
Medicare 1: 671552	KILLEEN, TX 76549	
Medicare 2:		PHONE: FAX:
Phone (254) 998-5001	Fax (254) 519-1849	Services: Hospice
T 411 1 B 11 011	A L L L L L L L CANDIOS COCUMON	In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CANDICE GOSWICK	
County BELL	Region 05 Date Licensed	Owner Information
License # 010507	ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS	TEXAS HOME HEALTH HOSPICE, LP
Lic Expire 6/30/2022	2301 S. CLEAR CREEK #220	17855 N DALLAS PKWY STE 200
Medicare 1: 671552	KILLEEN, TX 76549	DALLAS, TX 75287-6857
Medicare 2:	,	PHONE: FAX:
Phone (254) 998-5001	Fax (254) 519-1849	
		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CANDICE GOSWICK	·
County DELL	Device 02 Date Licensed	Owner Information
County BELL	Region 03 Date Licensed	AGELESS LIVING HOME HEALTH LLC
License # 018034	AGELESS LIVING HOME HEALTH LLC	431 WOLFE ROAD SUITE 102
Lic Expire 12/31/2022	2010 SW HK DODGEN LOOP	SAN ANTONIO, TX 78216
Medicare 1:	TEMPLE, TEXAS 76504	,
Medicare 2:	5 (000) 044 0044	PHONE: FAX:
Phone (254) 598-7342	Fax (833) 214-0911	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator CHRISTINA BORREGO	
County BELL	Region 07 Date Licensed	Owner Information
License # 013242	AMEDISYS HOSPICE OF SAN ANTONIO	AMEDISYS HOSPICE, LLC
Lic Expire 12/31/2023	5293 S 31ST STREET SUITE 131	3854 AMERICAN WAY, SUITE: A
Medicare 1: 451738	TEMPLE, TEXAS 765023575	BATON ROUGE, LOUISIANA
Medicare 2:	1 L.WII LE, 1 L.A.NO 1000/20010	PHONE: FAX:
Phone (254) 246-4169	Fax (866) 767-8836	
. 110110 (201) 210 1100	(000) 101 0000	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator BERNADINE DAILEY	ii i daoit riospios. 110
· · · · · · · · · · · · · · · · · · ·		Owner Information
County BELL	Region 05 Date Licensed 03/30/2021	Owner Information
License # 020659	ANDERSON ANGELS INHOME CARE, LLC	ANDERSON ANGELS INHOME CARE, LLC
Lic Expire 3/30/2024	107 WICKIUP TRL	
Medicare 1:	HARKER HEIGHTS, TEXAS 76548	
Medicare 2:		PHONE: FAX:
Phone (254) 290-0865	Fax (254) 294-4591	Services: Personal Assistance Services
Type: Parent Agency	Administrator NELVA MARCH	

County BELL License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (254) 252-5757 Type: Branch Agency	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 6102 W. ADAMS AVENUE, SUITE D TEMPLE, TEXAS 76502 Fax (903) 532-1401 Administrator HEATHER RODGES Region 03 Date Licensed	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information
County BELL License # 010691	Region 03 Date Licensed 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 P O BOX 338
Lic Expire 8/31/2022	6102 W. ADAMS AVENUE, SUITE D	HOWE, TX 75459
Medicare 1:	TEMPLE, TEXAS 76502	,
Medicare 2: Phone (254) 252-5757	Fax (903) 532-1401	PHONE: FAX:
Type: Branch Agency	Administrator HEATHER RODGES	Services: Licensed Home Health Services; Personal Assistance Services
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:	F (000) 500 4404	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 P O BOX 338
Lic Expire 8/31/2022	6102 W. ADAMS AVENUE, SUITE D	HOWE, TX 75459
Medicare 1:	TEMPLE, TEXAS 76502	
Medicare 2: Phone (254) 252-5757	Fax (903) 532-1401	PHONE: FAX:
Type: Branch Agency	Administrator HEATHER RODGES	Services: Licensed Home Health Services; Personal Assistance Services
County BELL License # 013943 Lic Expire 12/31/2022 Medicare 1:	Region 05 Date Licensed 12/23/2010 AVEANNA HEALTHCARE 2125 S 61ST ST TEMPLE, TX 76504	Owner Information PYRA MED HEALTH SERVICES LLC 400 INTERSTATE N PKWY S EAST SUITE 1600 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	

County BELL License # 001412 Lic Expire 11/30/2022 Medicare 1: 451691 HOSPICE Medicare 2: Phone (254) 724-4090	Region 05 Date Licensed 11/23/1983 BAYLOR SCOTT & WHITE HOSPICE TEMPLE 5701 AIRPORT RD, POD M19 TEMPLE, TX 765027092 Fax (254) 215-9375 Administrator GLEN LEBLANC	Owner Information SCOTT & WHITE MEMORIAL HOSPITAL 2401 SOUTH 31ST STREET TEMPLE, TX 76508 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BELL License # 010501 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (254) 780-9864 Type: Parent Agency	Administrator GLEN LEBLANC Region 05 Date Licensed 06/01/2006 CAREAGE HOMECARE 4016 SOUTH 31ST SUITE 100 TEMPLE, TX 76502 Fax (254) 899-9864 Administrator VICKIE SMITH	Owner Information SMITH WALTER COMPANY LLC 4016 S 31ST SUITE 100 TEMPLE, TX 76502 PHONE: FAX: Services: Personal Assistance Services
County BELL License # 017075 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (254) 776-6600 Type: Parent Agency	Region 05 Date Licensed 10/13/2015 DISABILITY SERVICES OF THE SOUTHWEST INC 2027 S. 61ST STREET SUITE 119 TEMPLE, TX 76504 Fax (877) 463-1310 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 BELL License # 018188 Lic Expire 4/30/2023 Medicare 1: HHA 45Q7661002 Medicare 2: Phone (254) 554-3500 Type: Branch Agency	Region 05 Date Licensed 04/26/2017 ELARA CARING 108 E. FM 2410, SUITE A-1 HARKER HEIGHTS, TX 76548 Fax (254) 554-3458 Administrator HEIDI TINCH	Owner Information TEXAS HOME HEALTHCARE PARTNERS, LP 700 HIGLANDER SUITE 160 ARLINGTON, TX 76015 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BELL License # 013095 Lic Expire 12/31/2024 Medicare 1: 673127 HHA-18 Medicare 2: Phone 254 7737740 Type: Parent Agency County BELL License # 018275 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (254) 935-0450	Region 05 Date Licensed 12/18/2009 ENCOMPASS HEALTH HOME HEALTH 1920 BIRDCREEK DRIVE, SUITE 100 TEMPLE, TEXAS 765021001 Fax 254 7737745 Administrator CATHERINE IVINS Region 05 Date Licensed ENTRUSTED PEDIATRIC HOME CARE LLC 2027 S 61ST STE 121 TEMPLE, TX 76504 Fax (254) 261-1631	Owner Information HALLMARK HOMECARE, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information ENTRUSTED PEDIATRIC HOME CARE 7600 CHEVY CHASE DR BLDG 2 STE 300 AUSTIN, TX 78752 PHONE: FAX:
Type: Branch Agency County BELL License # 014760 Lic Expire Medicare 1: 741653 HOSPICE Medicare 2: Phone (254) 773-6020 Type: Parent Agency	Administrator NICHOLAS NORWOOD Region 05 Date Licensed 03/04/2012 FIRST ATLANTIC HEALTHCARE SYSTEM 619 N. 3RD STREET TEMPLE, TX 76501 Fax (254) 773-6080 Administrator ROSELYNE NWABUKO	Services: Licensed Home Health Services Owner Information FIRST ATLANTIC HOMECARE SERVICES CORPORATION PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County BELL	Region 05 Date Licensed 01/04/2005	Owner Information
License # 009511	FIRST ATLANTIC HEALTHCARE SYSTEM	FIRST ATLANTIC HOMECARE SERVICES CORPORATION
Lic Expire 1/31/2022	619 N. 3RD STREET	P O BOX 218
Medicare 1: 457947 HHA-18	TEMPLE, TEXAS 76501	TEMPLE, TX 76503
Medicare 2:	TEIWII EE, TEAAO 70001	PHONE: FAX:
Phone (254) 773-6020	Fax (512) 773-6080	
1 Hone (204) 110-0020	Tux (312) 173-0000	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	Owner Information
License # 011758	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE	GIRLING HEALTH CARE, INC
Lic Expire 11/30/2022	3009 SAULSBURY, SUITE 1	12900 FOSTER
Medicare 1:	TEMPLE, TEXAS 765042273	OVERLAND PARK, NC 28117
Medicare 2:		PHONE: FAX:
Phone (254) 778-4210	Fax (254) 778-4284	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LAURA THOMAS	Services. Licensed Home Health Services, Personal Assistance Services
·//		Ourse Information
County BELL	Region 05 Date Licensed 11/30/2007	Owner Information
License # 011758	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE	GIRLING HEALTH CARE, INC
Lic Expire 11/30/2022	3009 SAULSBURY, SUITE 1	12900 FOSTER
Medicare 1:	TEMPLE, TEXAS 765042273	OVERLAND PARK, NC 28117
Medicare 2:		PHONE: FAX:
Phone (254) 778-4210	Fax (254) 778-4284	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LAURA THOMAS	
County BELL	Region 05 Date Licensed 12/03/2015	Owner Information
License # 017160	HEART OF TEXAS HOSPICE	HEART OF TEXAS HOSPICEHILL COUNTRY LLC
Lic Expire 12/31/2023	4003 W STAN SCHLUETER LOOP, SUITE 2	18568 FORTY SIX PKWY, SUITE 3001B
Medicare 1: 741715 HOSPICE	KILLEEN, TX 76549	SPRING BRANCH, TEXAS 78070
Medicare 2:	MILLELIN, TX 70040	PHONE: FAX:
Phone (254) 313-9840	Fax (254) 320-0078	
1 110110 (201) 010 00 10	14. (201) 020 0010	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator AMBERLEY JACKSON	
County BELL	Region 05 Date Licensed 10/08/2013	Owner Information
License # 015952	HEART TO HEART HOSPICE OF AUSTIN LTD	HEART TO HEART HOSPICE OF AUSTIN LTD
Lic Expire 10/31/2023	990 MARLANDWOOD ROAD	7240 CHASE OAKS BLVD.
Medicare 1: 671529	TEMPLE, TX 76502	PLANO, TX 75025
Medicare 2:	,	PHONE: FAX:
Phone (254) 493-8448	Fax (254) 488-5569	Services: Hospice
,	, ,	In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator SHARON FISCHER	
County BELL	Region 05 Date Licensed 05/08/2004	Owner Information
License # 009082	HEIGHTS HOME HEALTH	HEIGHTS SUPPORT SERVICES INC
Lic Expire 5/31/2023	333 INDIAN TRAIL	PO BOX 2416
Medicare 1:	OOO HADINIA HAME	HARKER HEIGHTS, TX 76548
	HARKER HEIGHTS, TX 76548	
Medicare 2:	HARKER HEIGHTS, TX 76548	PHONE: (254) 953-4702 FAX:
Medicare 2: Phone (254) 953-4702	HARKER HEIGHTS, TX 76548 Fax (254) 953-4708	PHONE: (254) 953-4702 FAX:
		PHONE: (254) 953-4702 FAX: Services: Personal Assistance Services
Phone (254) 953-4702 Type: Parent Agency	Fax (254) 953-4708 Administrator DENISE MILLER	()
Phone (254) 953-4702 Type: Parent Agency County BELL	Fax (254) 953-4708 Administrator DENISE MILLER Region 05 Date Licensed 05/23/2019	Services: Personal Assistance Services
Phone (254) 953-4702 Type: Parent Agency County BELL License # 019388	Fax (254) 953-4708 Administrator DENISE MILLER Region 05 Date Licensed 05/23/2019 HINENI HOME HEALTH SERVICES	Services: Personal Assistance Services Owner Information
Phone (254) 953-4702 Type: Parent Agency County BELL License # 019388 Lic Expire 5/23/2023	Fax (254) 953-4708 Administrator DENISE MILLER Region 05 Date Licensed 05/23/2019 HINENI HOME HEALTH SERVICES 3504 SANDS LN	Services: Personal Assistance Services Owner Information
Phone (254) 953-4702 Type: Parent Agency County BELL License # 019388 Lic Expire 5/23/2023 Medicare 1:	Fax (254) 953-4708 Administrator DENISE MILLER Region 05 Date Licensed 05/23/2019 HINENI HOME HEALTH SERVICES	Services: Personal Assistance Services Owner Information HINENI HOME HEALTH SERVICES LLC
Phone (254) 953-4702 Type: Parent Agency County BELL License # 019388 Lic Expire 5/23/2023 Medicare 1: Medicare 2:	Fax (254) 953-4708 Administrator DENISE MILLER Region 05 Date Licensed 05/23/2019 HINENI HOME HEALTH SERVICES 3504 SANDS LN KILLEEN, TX 76549	Services: Personal Assistance Services Owner Information HINENI HOME HEALTH SERVICES LLC PHONE: FAX:
Phone (254) 953-4702 Type: Parent Agency County BELL License # 019388 Lic Expire 5/23/2023 Medicare 1:	Fax (254) 953-4708 Administrator DENISE MILLER Region 05 Date Licensed 05/23/2019 HINENI HOME HEALTH SERVICES 3504 SANDS LN	Services: Personal Assistance Services Owner Information HINENI HOME HEALTH SERVICES LLC

County BELL License # 015921 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (254) 771-0041 Type: Parent Agency	Region 05 Date Licensed 10/01/2013 HOME INSTEAD SENIOR CARE 3513 SW HK DODGEN LOOP STE 203 TEMPLE, TX 76502 Fax (254) 231-0267 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 License # 012848 Lic Expire 7/31/2023 Medicare 1: 457949 HHA-18 Medicare 2:	Region 05 Date Licensed 07/21/2009 INTEGRITY HOME HEALTH 5302 JANELLE STREET KILLEEN, TX 76549	Owner Information IR HOME HEALTH LLC P O BOX 10340 KILLEEN, TX 76549 PHONE: FAX:
Phone (254) 628-7900	Fax (254) 628-7905 Administrator JEANICE MITCHELL	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County BELL License # 011589 Lic Expire 6/30/2022 Medicare 1: 457247 HHA-18 Medicare 2: Phone (254) 771-4131 Type: Parent Agency	Region 05 Date Licensed 06/15/2007 INTERIM HEALTHCARE 6428 S. GENERAL BRUCE DRIVE TEMPLE, TEXAS 76502 Fax (254) 771-0752 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 License # 008716 Lic Expire 10/31/2022 Medicare 1: Medicare 2:	Region 05 Date Licensed 10/28/2003 INTERIM HEALTHCARE OF AUSTIN 6428 SOUTH GENERAL BRUCE DRIVE, STE A TEMPLE, TEXAS 76501	Owner Information CAPITAL HOMECARE, LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: FAX:
Phone (254) 771-4131 Type: Parent Agency	Fax (254) 771-0752 Administrator LAURA WATERS	Services: Licensed Home Health Services; Personal Assistance Services
County BELL License # 011181 Lic Expire 12/31/2023 Medicare 1: 677694	Region 05 Date Licensed 12/30/2011 INTERIM HEALTHCARE OF WACO 6428 S GENERAL BRUCE DRIVE SUITE A TEMPLE, TX 76501	Owner Information CENTRAL TEXAS HOMECARE, LLC 3305 101ST STREET STE 100 LUBBOCK, TX 79423
Medicare 2: Phone (254) 771-4131	Fax (254) 771-0752	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County BELL License # 014809 Lic Expire 5/31/2022 Medicare 1: 67-1795 Medicare 2: Phone (254) 598-7297 Type: Alternate Delivery Site	Administrator LAURA WATERS Region 05 Date Licensed 12/17/2014 INTERIM HOSPICE OF GRANBURY 6428 S GENERAL BRUCE DRIVE, STE B TEMPLE, TX 76502 Fax (254) 774-6880 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 License # 014809 Lic Expire 5/31/2022 Medicare 1: 67-1795 Medicare 2: Phone (254) 598-7297 Type: Alternate Delivery Site	Region 05 Date Licensed 12/17/2014 INTERIM HOSPICE OF GRANBURY 6428 S GENERAL BRUCE DRIVE, STE B TEMPLE, TX 76502 Fax (254) 774-6880 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 License # 014809 Lic Expire 5/31/2022 Medicare 1: 67-1795 Medicare 2: Phone (254) 598-7297 Type: Alternate Delivery Site	Region 05 Date Licensed INTERIM HOSPICE OF GRANBURY 6428 S GENERAL BRUCE DRIVE, STE B TEMPLE, TX 76502 Fax (254) 774-6880 Administrator BRENDA EAKIN	12/17/2014	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO
· · · · · · · · · · · · · · · · · · ·			Owner Information
County BELL License # 014809 Lic Expire 5/31/2022 Medicare 1: 67-1795 Medicare 2: Phone (254) 598-7297	Region 05 Date Licensed INTERIM HOSPICE OF GRANBURY 6428 S GENERAL BRUCE DRIVE, STE B TEMPLE, TX 76502 Fax (254) 774-6880	12/17/2014	FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator BRENDA EAKIN		In-Patient Hospice: NO
County BELL License # 019463 Lic Expire 1/9/2023 Medicare 1: 747913 Medicare 2: Phone (512) 786-4198 Type: Parent Agency	Region 05 Date Licensed JOL HEALTHCARE 1 EAST CENTRAL AVENUE, SUITE 207 TEMPLE, TEXAS 76501 Fax (512) 597-0883 Administrator CAROL ANN RAY	01/09/2019	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
		00/04/0000	Owner Information
County BELL License # 012075 Lic Expire 6/30/2022 Medicare 1: 457096 HHA-18	Region 05 Date Licensed KINDRED AT HOME 2626 SOUTH 37TH STREET, SUITE 102 TEMPLE, TX 76504	06/01/2008	GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117
Medicare 2:	E (054) 770 0504		PHONE: FAX:
Phone (254) 778-6334 Type: Parent Agency	Fax (254) 778-6524 Administrator REGINA ROBERTSON		Services: Licensed and Certified Home Health Services
County BELL License # 012075 Lic Expire 6/30/2022 Medicare 1: 457096 HHA-18 Medicare 2: Phone (254) 778-6334 Type: Parent Agency	Region 05 Date Licensed KINDRED AT HOME 2626 SOUTH 37TH STREET, SUITE 102 TEMPLE, TX 76504 Fax (254) 778-6524 Administrator REGINA ROBERTSON	06/01/2008	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed and Certified Home Health Services
County BELL License # 012075 Lic Expire 6/30/2022 Medicare 1: 457096 HHA-18	Region 05 Date Licensed KINDRED AT HOME 2626 SOUTH 37TH STREET, SUITE 102 TEMPLE, TX 76504	06/01/2008	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117
Medicare 2:	F (054) 770 0504		PHONE: FAX:
Phone (254) 778-6334 Type: Parent Agency	Fax (254) 778-6524 Administrator REGINA ROBERTSON		Services: Licensed and Certified Home Health Services
County BELL License # 012075 Lic Expire 6/30/2022 Medicare 1: 457096 HHA-18	Region 05 Date Licensed KINDRED AT HOME 2626 SOUTH 37TH STREET, SUITE 102 TEMPLE, TX 76504	06/01/2008	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117
Medicare 2: Phone (254) 778-6334	Fax (254) 778-6524		PHONE: FAX: Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator REGINA ROBERTSON		CO. 11000. Electrona dina Continua Figura del Proces

County BELL License # 004135 Lic Expire 10/31/2024 Medicare 1: 451542 HOSPICE Medicare 2: Phone (254) 742-2000 Type: Parent Agency County BELL License # 012601	Region 05 Date Licensed KINDRED HOSPICE 2626 SOUTH 37TH STREET SUITE #B TEMPLE, TX 76504 Fax (254) 742-2023 Administrator LISA BROWN Region 05 Date Licensed LAKEWAY HOME HEALTH	10/31/1995	Owner Information FAMILY HOSPICE LTD PO BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information SHANNONS HOME HEALTH INC
Lic Expire 5/31/2023 Medicare 1: 459300 HHA-18	201 CLINITE GROVE BLVD, SUITE 100 TEMPLE, TEXAS 76502		6 WEST FRENCH TEMPLE, TX 76501
Medicare 2: Phone (254) 742-1884	Fax (254) 742-1852		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County BELL License # 015387 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (877) 434-3153 Type: Parent Agency	Administrator CANDICE HAMILTON Region 05 Date Licensed LIFESPAN HOME HEALTH 2027 S 61ST STREET SUITE 119 TEMPLE, TX 76504 Fax (877) 463-1310 Administrator LIBBY HERRERA	02/22/2013	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 BELL License # 016946 Lic Expire 6/30/2024 Medicare 1: Medicare 2:	Region 05 Date Licensed MORADA TEMPLE 4312 SOUTH 31ST STREET TEMPLE, TX 76502	06/30/2015	Owner Information SH THIRTYFIVE OPCO TEMPLE MERIDIAN LLC 6737 W WASHINGTON STSTE 2300 MILWAUKEE, WI 53214 PHONE: (949) 407-0700 FAX: (949) 407-0800
Phone (254) 773-0444 Type: Parent Agency	Fax (254) 771-3425 Administrator BEVERLY HUNTSMAN		Services: Personal Assistance Services
County BELL License # 017517 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (254) 680-5500 Type: Alternate Delivery Site	Region 05 Date Licensed NEW CENTURY HOSPICE OF AUSTIN 705 N US HIGHWAY 281, STE 201 MARBLE FALLS, TX 78654 Fax (254) 680-5300 Administrator ANDRES GONZALES	02/20/2017	Owner Information ANGEL HEART HOSPICE, LLC P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BELL License # 007810 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (254) 690-1868 Type: Branch Agency	Region 05 Date Licensed OUTREACH HOME CARE 716 INDIAN TRAIL, STE 280 HARKER HEIGHTS, TX 765485703 Fax (254) 953-1340 Administrator ANDREA AGUILERA	09/22/2006	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 BELL License # 007810 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone 254 6901868 Type: Parent Agency	Region 05 Date Licensed OUTREACH HOME CARE 7600 CHEVY CHASE DRIVE SUITE 450 AUSTIN, TX 78752 Fax 254 9531340 Administrator ANDREA AGUILERA	11/28/2001	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 BELL License # 019956 Lic Expire 5/21/2022 Medicare 1: Medicare 2: Phone (210) 696-1539 Type: Parent Agency	Region 05 Date Licensed PATRIOT HEIGHTS PERSONAL CARE 5000 FAWN MEADOWS SAN ANTONIO, TX 78240 Fax (210) 641-7881 Administrator AMBER KENO	05/21/2020	Owner Information GREEN MOUNTAIN PERSONALIZED CARE, INC PHONE: FAX: Services: Personal Assistance Services
County BELL License # 017609 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (254) 220-3322	Region 05 Date Licensed PHOENIX PROVIDER SERVICES 7400 NORTH LAMAR BLVD STE 1505 AUSTIN, TEXAS 78752 Fax (254) 630-1999	09/01/2016	Owner Information PHOENIX PROVIDER SERVICES,LLC PO BOX 2347 HARKER HEIGHTS, TX 76542 PHONE: FAX: Services: Personal Assistance Services
County BELL License # 021018 Lic Expire 9/1/2024 Medicare 1:	Administrator JAMIE BURGESS Region 05 Date Licensed RIGHT AT HOME 1005 MARLANDWOOD RD, SUITE 107 TEMPLE, TEXAS 76502	09/01/2021	Owner Information ROBINSON GIANG LLC
Medicare 2:	_		PHONE: FAX:
Phone (832) 477-4009 Type: Parent Agency	Fax Administrator SPENCER ROBINSON		Services: Personal Assistance Services
County BELL License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011	Region 03 Date Licensed SOLARIS HOSPICE INC 123 SOUTH MAIN JACKSBORO, TX 76548 Fax (940) 627-3160	09/29/2015	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 BELL License # 012292 Lic Expire 9/30/2022 Medicare 1: 458194 HHA-18 Medicare 2:	Region 05 Date Licensed STANDARDS HOME HEALTH 2027 SOUTH 61ST STREET SUITE 114 TEMPLE, TEXAS 76504	09/08/2008	Owner Information SHHSTANDARDS HOME HEALTH INC 1111 WEST 2ND STREET CAMERON, TEXAS 76520 PHONE: FAX:
Phone (254) 778-7000 Type: Parent Agency	Fax (254) 778-7002 Administrator RICKY GARCIA		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BELL License # 021145 Lic Expire 10/22/2024 Medicare 1:	Region 05 Date Licensed SUPREME HOME HEALTH CARE LLC 1405 EXCEL DR KILLEEN, TEXAS 76542	10/22/2021	Owner Information SUPREME HOME HEALTH CARE
Medicare 2:	,		PHONE: FAX:
Phone (254) 345-1953	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator TAN'EE WINFREE		
County BELL License # 013904 Lic Expire 2/28/2023 Medicare 1:	Region 05 Date Licensed TENDER MERCIES 418 NORTH MAIN STREET, SUITE 3 SALADO, TX 76571	02/17/2011	Owner Information TENDER MERCIES MANAGEMENT, INC P.O. BOX 1045 SALADO, TX 76571
Medicare 2: Phone 254 8992400	Fax 254 5662831		PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator CHRIS GLENN		

County BELL License # 018252 Lic Expire 7/31/2023 Medicare 1: 457443 HHA-18 Medicare 2: Phone 254 2187070 Type: Parent Agency	Region 05 Date Licensed 08/01/2017 TEXAS HOME HEALTH GROUP OF TEMPLE LLC 3809 SOUTH GENERAL BRUCE DRIVE, SUITE 105B TEMPLE, TEXAS 76502 Fax 254 2159375 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 License # 009272 Lic Expire 8/31/2023 Medicare 1: 451779 Medicare 2: Phone (254) 998-5001 Type: Alternate Delivery Site	Region 07 Date Licensed 01/14/2015 TEXAS HOME HEALTH HOSPICE 2301 S. CLEAR CREEK #220 KILLEEN, TX 76549 Fax (254) 519-1849 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 License # 009578 Lic Expire 2/28/2023 Medicare 1: 457922 HHA-18 Medicare 2: Phone (254) 526-8188	Region 05 Date Licensed 02/08/2005 TEXMED HOME HEALTH INC 1711 E CENTRAL TEXAS EXPRESSWAY #309 KILLEEN, TX 76541 Fax (254) 526-8120	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 License # 017864 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (254) 771-0852	Administrator MARC GOHL Region 05 Date Licensed 11/01/2016 THRIVE SKILLED PEDIATRIC CARE 2305 BIRDCREEK TERRACE TEMPLE, TEXAS 76502 Fax (254) 771-0861	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 License # 020145 Lic Expire 9/3/2022 Medicare 1: 971656 Medicare 2: Phone (512) 649-2274	Administrator IDALIA ARAGUZ, RN Region 05 Date Licensed 09/03/2020 TRUE HEART HOSPICE AND PALLIATIVE CARE OF TEXAS LLC 200 E CENTRAL AVENUE STE A BELTON, TEXAS 76513 Fax (512) 651-1851	Owner Information TRUE HEART HOSPICE AND PALLIATIVE CARE OF TEXAS LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BELL License # 008089 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (254) 899-9400 Type: Branch Agency	Administrator JAMES IGO Region 05 Date Licensed 03/08/2004 VISITING ANGELS 2213 BIRDCREEK TERRACE TEMPLE, TX 76502 Fax (254) 899-9401 Administrator JACOB NEUBERT	Owner Information NICKSTER LLC 1514 AUSTIN AVENUE WACO, TX 76710 PHONE: FAX: Services: Personal Assistance Services
County BELL License # 020184 Lic Expire 9/18/2022 Medicare 1: Medicare 2: Phone (254) 598-0828	Region 05 Date Licensed 09/18/2020 VONESTI HOME HEALTH 5904 VETERANS MEMORIAL BLVD SUITE 2 KILLEEN, TEXAS 76543 Fax	Owner Information VONESTI HOME HEALTH, LLC PHONE: FAX: Services: Personal Assistance Services

Administrator VENESHA GRINNER

County BELL License # 019465 Lic Expire 10/29/2024 Medicare 1: Medicare 2: Phone (254) 350-0386 Type: Parent Agency	Region 05 Date Licensed ZOHTEG HOME HEALTHCARE 7827 HONEYSUCKLE TEMPLE, TX 76502 Fax 254 5985498 Administrator SHANE JACKSON	07/02/2019	Owner Information ZOHTEG HOME HEALTHCARE LLC PHONE: FAX: Services: Personal Assistance Services
<u> </u>			Owner Information
County BEXAR License # 013564 Lic Expire 9/30/2022 Medicare 1:	Region 07 Date Licensed 1 WORLD HOME CARE 700 S ZARZAMORA STREET SUITE NO. 315 SAN ANTONIO, TEXAS 78207	09/20/2010	1 WORLD HOME CARE LLC 3819 SW MIITARY DR SAN ANTONIO, TX 78211
Medicare 2:	Fax (210) 648 0007		PHONE: FAX:
Phone (210) 315-3669 Type: Parent Agency	Fax (210) 648-0007 Administrator ANN AGUAYO		Services: Personal Assistance Services
County BEXAR License # 013879 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (210) 979-6022 Type: Parent Agency	Region 07 Date Licensed A AMAZING HOME CARE 4112 SAN PEDRO AVE SAN ANTONIO, TEXAS 782121834 Fax (210) 979-6025 Administrator IRMA VINTON	12/01/2010	Owner Information A & AMAZING HOME CARE LLC 1325 N. FLORES SUITE 114 SAN ANTONIO, TX 78212 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 014779 Lic Expire 5/31/2022 Medicare 1: 741562 HOSPICE Medicare 2:	Region 07 Date Licensed A BLISS HOSPICE CARE 140 E RIDGEWOOD CT. SAN ANTONIO, TX 78212	05/04/2012	Owner Information A BLISS CARE INC 4007 MCCULLOUGH AVE. NO. 259 SAN ANTONIO, TEXAS 78212 PHONE: FAX:
Phone (210) 822-0577	Fax (210) 822-0544		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 019331 Lic Expire 4/17/2021 Medicare 1: Medicare 2: Phone (210) 385-9500 Type: Parent Agency	Administrator AVELINA BRENNAN Region 07 Date Licensed A HOME SWEET HOME HEALTH CARE 239 BELMONT #B SAN ANTONIO, TX 78202 Fax na Administrator KIMBERLEY WINN	04/17/2019	Owner Information JADE DKR, LLC 26115 HIGH TIMBER PASS SAN ANTONIO, TEXAS 78260 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 007529 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (210) 706-9111 Type: Branch Agency	Region 07 Date Licensed A PLUS FAMILY CARE LLC 9514 CONSOLE DRIVE SUITE 205 SAN ANTONIO, TX 78229 Fax (210) 308-9004 Administrator MOHAMED GHANNAM	05/21/2009	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 BEXAR License # 007529 Lic Expire 1/31/2022 Medicare 1: 679082 HHA-18 Medicare 2: Phone (210) 530-9111 Type: Parent Agency		01/18/2001	Owner Information A PLUS FAMILY CARE LLC 9514 CONSOLE DR #201 SAN ANTONIO, TEXAS 78229 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO

County BEXAR License # 009636 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (210) 342-2819 Type: Parent Agency County BEXAR License # 015347 Lic Expire	Region 07 Date Licensed A PLUS FAMILY CARE LLC 9514 CONSOLE DRIVE STE 201 SAN ANTONIO, TX 78229 Fax (210) 348-7038 Administrator MOHAMED GHANNAM Region 07 Date Licensed A* MED HOME HEALTH 4903 GOLDEN QUAIL STE 110	03/16/2005	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 Owner Information AMOR HOME HEALTH LLC 8901 EF LOWRY EXPWY STE A
Medicare 1:	SAN ANTONIO, TEXAS 78240		TEXAS CITY, TX 77591
Medicare 2: Phone (361) 933-0101	Fax		PHONE: FAX:
Type: Branch Agency	Administrator THOMAS HERMANN		Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 017321 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (210) 236-5582 Type: Branch Agency	Region 07 Date Licensed AA CARE SERVICES 8546 BROADWAY STE 109 SAN ANTONIO, TX 78217 Fax (210) 501-0302 Administrator HELEN TROWSDALE	12/30/2015	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
County BEXAR License # 018451 Lic Expire 11/30/2023 Medicare 1:	Region 07 Date Licensed AAA HOME PROVIDER SERVICES 7333 BARLITE BLVD SUITE 250 SAN ANTONIO, TX 78224	11/15/2017	Owner Information PASCO HEALTH SERVICES LLC 7333 BARLITE BLVD. SUITE 250 SAN ANTONIO, TEXAS
Medicare 2:	ONTO TOTAL		PHONE: FAX:
Phone (210) 923-0055	Fax (210) 923-0027		Services: Personal Assistance Services
Type: Parent Agency	Administrator MICHELLE LUBIANSKI		
County BEXAR License # 016567 Lic Expire 9/30/2022 Medicare 1: 679145 HHA-18	Region 07 Date Licensed ABIDING HOME HEALTH LLC 401 ISOM RD STE 140 SAN ANTONIO, TX 78216	09/15/2014	Owner Information ABIDING HOME HEALTH LLC 1011 WESTLAKE DRIVE, STE. 201 AUSTIN, TX 78746
Medicare 2: Phone (210) 403-0901	Fax (210) 403-3123		PHONE: FAX:
Type: Parent Agency	Administrator MARTHA CASE BURGESS		Services: Licensed and Certified Home Health Services
County BEXAR License # 013050 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (210) 344-5437 Type: Parent Agency	Region 07 Date Licensed ABILITY HOMECARE 10609 IH 10 WEST SUITE 105 SAN ANTONIO, TX 78230 Fax (210) 340-1259 Administrator PAMELA GOBLE	12/18/2009	Owner Information ABILITY HOMECARE, INC 10609 IH 10 WEST, STE 105 SAN ANTONIO, TX 78230 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 014877 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (210) 320-3659 Type: Parent Agency	Region 07 Date Licensed ABOVE AND BEYOND CAREGIVING INC 502 MARCHMONT LANE SAN ANTONIO, TX 78213 Fax (210) 320-1243 Administrator YVETTE ALLAN	06/18/2012	Owner Information ABOVE AND BEYOND CAREGIVING INC 1100 NW LOOP 410 #700 SAN ANTONIO, TEXAS 78213 PHONE: FAX: Services: Personal Assistance Services

County BEXAR License # 019687 Lic Expire 11/7/2023 Medicare 1: 971593 Hospice Medicare 2:	Region 07 Date Licensed 11/07/2019 ABUNDANT HOSPICE, LLC 12500 SAN PEDRO AVE STE 150 SAN ANTONIO, TEXAS 78216	Owner Information ABUNDANT HOSPICE PHONE: FAX:
Phone (210) 760-0892	Fax (210) 855-6118	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator LISA BUTLER	
County BEXAR License # 020684 Lic Expire 4/8/2024 Medicare 1:	Region 07 Date Licensed 04/08/2021 ACACIA HOSPICE LLC 8746 WURZBACH RD STE 201-H SAN ANTONIO, TEXAS 78240	Owner Information ACACIA HOSPICE LLC
Medicare 2:		PHONE: FAX:
Phone (210) 729-6922	Fax (210) 729-7305	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VANESSA LUNA	
County BEXAR License # 007949 Lic Expire 5/31/2022 Medicare 1: 679174 HHA-18	Region 07 Date Licensed 05/09/2002 ACCENTCARE HOME HEALTH OF TEXAS 4801 NW LOOP 410 SUITE #115 SAN ANTONIO, TX 78229	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 2:		PHONE: FAX:
Phone (210) 349-7355	Fax (210) 349-7385	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHRISTINA MAYA-CRUZ	
County BEXAR License # 007592 Lic Expire 3/31/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 4242 WOODCOCK DRIVE SUITE 220 SAN ANTONIO, TX 78228	Owner Information TEXAS HOME HEALTH OF AMERICA, LP 17855 N. DALLAS PKWY, SUITE 200 DALLAS, TEXAS 75287 PHONE: FAX:
Phone (210) 349-7240	Fax (210) 680-5554	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LEONARD REYES	
County BEXAR License # 019033 Lic Expire 10/3/2020 Medicare 1: Medicare 2: Phone (210) 451-8940 Type: Parent Agency	Region 07 Date Licensed 10/03/2018 ACCESS HOME HEALTH AGENCY 8741 GRISSOM ROAD, SUITE 101 SAN ANTONIO, TX 78251 Fax (210) 547-6867 Administrator ERIC AKUTA	Owner Information ACCESS ORGANIZATION INC 8741 GRISSOM ROAD SUITE 101 SAN ANTONIO, TX 78251 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 016687 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (210) 558-9480 Type: Parent Agency	Region 07 Date Licensed 11/18/2014 ACP PRIMARY HOME CARE INC 7038 ECKHERT ROAD SUITE B SAN ANTONIO, TX 78238 Fax (210) 680-1977 Administrator ALMA PEREZ	Owner Information ACP PRIMARY HOME CARE INC 7038 ECKHERT ROAD, STE D SAN ANTONIO, TX 78238-1223 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 020280 Lic Expire 10/30/2022 Medicare 1:	Region 07 Date Licensed 10/30/2020 ACTIVE PROVIDER SERVICE LLC 215 N LOOP 1604 E APT 4106 SAN ANTONIO, TEXAS 78232	Owner Information ACTIVE PROVIDER SERVICE LLC
Medicare 2: Phone (210) 233-8363	Fax (210) 783-9454	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator JOANN GOMEZ	

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

County BEXAR License # 012460 Lic Expire 11/30/2022 Medicare 1: 679553 HHA-18 Medicare 2: Phone (210) 579-4892	Region 07 Date Licensed 11/17/2008 ADVENTIA HEALTHCARE ASSOCIATES INC 4025 E. SOUTHCROSS BLVD, BUILDING 4, SUITE 24 SAN ANTONIO, TEXAS 78222 Fax (210) 308-8577	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
Type: Parent Agency	Administrator JAMES GUERRERO	i distribili Assistance del vices
County BEXAR License # 008332 Lic Expire 2/28/2023 Medicare 1: 679312 HHA-18 Medicare 2: Phone (210) 521-1244	Region 07 Date Licensed 02/19/2003 ADVOCATE HOME CARE 2819 NW LOOP 410, SUITE B SAN ANTONIO, TX 78230 Fax (210) 521-7324	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
Type: Parent Agency	Administrator KIMBERLEY WINN	
County BEXAR License # 018136 Lic Expire 6/30/2024 Medicare 1:	Region 07 Date Licensed 06/28/2017 AFFINITY PEDIATRIC HOME HEALTHCARE 1600 NE LOOP 410, STE 104A SAN ANTONIO, TX 78209	Owner Information CLJ HOME HEALTHCARE LLC 10336 SHADOWY DUSK SCHERTZ, TX 78154
Medicare 2:	Foy. (210) 924 1170	PHONE: FAX:
Phone (210) 824-1140 Type: Parent Agency	Fax (210) 824-1170 Administrator TERESA GUTIERREZ	Services: Licensed Home Health Services
County BEXAR License # 016973 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (210) 290-9310	Region 07 Date Licensed 08/18/2015 AFFORDABLE VENTURE HOME HEALTHCARE 8626 TESORO DRIVE SUITE 205G SAN ANTONIO, TX 78217 Fax (210) 562-3474	Owner Information AFFORDABLE VENTURE HOME HEALTHCARE LLC 8626 TESORO DR STE 205 G SAN ANTONIO, TX 78217 PHONE: FAX:
Type: Parent Agency	Administrator ALICE ENYONG	Services: Personal Assistance Services
County BEXAR License # 018034 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (210) 582-5840 Type: Branch Agency	Region 07 Date Licensed AGELESS LIVING HOME HEALTH LLC 4207 GARDENDALE STE B-104 SAN ANTONIO, TX 78229 Fax (833) 214-0911 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 License # 010535 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (210) 733-7885 Type: Parent Agency	Region 07 Date Licensed 06/14/2006 AIM CARE HOME HEALTH INC 8632 FREDERICKSBURG RD STE # 201 SAN ANTONIO, TX 78240 Fax (210) 733-7896 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 License # 018266 Lic Expire 8/31/2024 Medicare 1: 74-1740 Medicare 2: Phone (210) 260-0000	Region 07 Date Licensed 08/21/2017 AIP HOSPICE LLC 5962 DANNY KAYE DRIVE BUILDING 4 SAN ANTONIO, TX 78240 Fax (210) 463-9791	Owner Information AIP HOSPICE LLC 10410 PARRIGIN RAOD HELOTES, TX 78023-5221 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator FORTUNATO MARTIN	

County BEXAR License # 011848 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (210) 558-0356 Type: Parent Agency	Region 07 Date Licensed 01/3 ALAMO COMPANION SERVICES LLC 11218 WOODRIDGE PATH SAN ANTONIO, TX 78249 Fax (210) 558-0356 Administrator JONATHAN STEINER	/30/2008 Owner Information ALAMO COMPANION SERVICES LLC 11218 WOODRIDGE PATH SAN ANTONIO, TX 78249 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 012175 Lic Expire 7/31/2022 Medicare 1: 671540 HOSPICE		7/29/2008 Owner Information ALAMO AREA HOME HOSPICE, LP 6303 COWBOYS WAY, SUITE 600 FRISCO, TEXAS 75034
Medicare 2: Phone (210) 444-2244 Type: Parent Agency	Fax (210) 444-1144 Administrator GEORGETTE ROBBINS	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 011712 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (210) 200-8781	Region 07 Date Licensed 04/2 ALEGRE HOME HEALTH CARE LLC 4242 PIEDRAS DRIVE EAST, STE 102 SAN ANTONIO, TEXAS 78228 Fax (210) 569-6366	Owner Information ALEGRE HOME HEALTH CARE, LLC 3400 N MCCOLL RD STE B2 MCALLEN, TX 78501 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 011712 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (210) 200-8781 Type: Branch Agency	Administrator ALICIA DE LEON Region 07 Date Licensed 04/2 ALEGRE HOME HEALTH CARE LLC 4242 PIEDRAS DRIVE EAST, STE 102 SAN ANTONIO, TEXAS 78228 Fax (210) 569-6366 Administrator ALICIA DE LEON	Owner Information ALEGRE HOME HEALTH CARE, LLC 3400 N MCCOLL RD STE B2 MCALLEN, TX 78501 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 010951 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone 726 2040300 Type: Branch Agency	Region 07 Date Licensed ALEGRIA PRIMARY HOME CARE, INC 8114 CITY BASE LANDING SUITE 131 SAN ANTONIO, TEXAS 78235 Fax 210 6641135 Administrator FRANCISCO J NINO	Owner Information ALEGRIA PRIMARY HOME CARE INC SAME AS PHYSICAL ADDRESS SAN JUAN, TX 78589 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 019931 Lic Expire 5/12/2022 Medicare 1: 971685		0/12/2020 Owner Information ALL SAINTS HOSPICE CARE INC
Medicare 2: Phone (210) 307-4121	Fax (210) 783-1523	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 013870 Lic Expire 2/28/2023 Medicare 1: 747821 HHA-18 Medicare 2: Phone (210) 767-3867	Administrator ALFRED PEREZ Region 07 Date Licensed 02// ALL SEASONS HOME HEALTH AND PALLIATIVE (15420 NACOGDOCHES RD SAN ANTONIO, TEXAS 78247 Fax (210) 729-7616	2/07/2011 Owner Information A+ ABUNDANT CARE HOME HEALTH LLC 1106 TRANQUIL TRAIL SAN ANTONIO, TX 78232 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator GEOFF COLACINO	Personal Assistance Services

County BEXAR License # 011343 Lic Expire 5/31/2022 Medicare 1: 747065 HHA-18 Medicare 2: Phone (210) 308-5511	Region 07 Date Licensed ALL YOUR HOME HEALTH INCORPORATED 6233 EVERS ROAD, SUITE 3 SAN ANTONIO, TX 78238 Fax (210) 308-5522	05/21/2007	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
County BEXAR License # 008105 Lic Expire 8/31/2022 Medicare 1: 679062 HHA-18 Medicare 2: Phone (210) 348-8805	Administrator CLETUS OGBONNA Region 07 Date Licensed ALLCARE 4606 CENTERVIEW DR SUITE 165 SAN ANTONIO, TX 78228 Fax (210) 348-8861	08/11/2001	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 County BEXAR License # 007930 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (210) 438-9151 Type: Parent Agency	Administrator HASKELENE THOMAS Region 07 Date Licensed ALMAMIA HEALTH SERVICES INC 1825 W OLMOS SAN ANTONIO, TX 78201 Fax (210) 736-4486 Administrator LISA LEAL	05/13/2002	Owner Information ALMAMIA HEALTH SERVICES INC 1300 WEST AVENUE SAN ANTONIO, TX 78201 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 017632 Lic Expire 6/30/2022 Medicare 1: 457099 HHA-18 Medicare 2: Phone (832) 512-9212 Type: Parent Agency	Region 07 Date Licensed ALOMEGA HOME HEALTH CARE LLC 4241 PIEDRAS DR E STE 251 SAN ANTONIO, TX 78228 Fax (979) 704-6254 Administrator CHRISTINA VASQUEZ	06/16/2016	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
County BEXAR License # 018235 Lic Expire 5/31/2021 Medicare 1: 671771 HOSPICE Medicare 2: Phone (210) 949-0256 Type: Parent Agency	Region 07 Date Licensed ALOMEGA HOSPICE SERVICES LLC 4241 PIEDRAS DR E STE 251 SAN ANTONIO, TX 78228 Fax (210) 949-0411 Administrator ANNABELLE GONZALEZ	05/18/2017	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
County BEXAR License # 020968 Lic Expire 8/6/2024 Medicare 1: Medicare 2: Phone (210) 372-8786 Type: Parent Agency	Region 07 Date Licensed ALON HOME CARE LLC 1777 NE LOOP 410, SUITE 600 SAN ANTONIO, TEXAS 78217 Fax (210) 714-5954 Administrator JAMES VINALL	08/06/2021	Owner Information ALON HOME CARE, LLC PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 012963 Lic Expire 6/30/2022 Medicare 1: 747435 HHA-18 Medicare 2: Phone (210) 320-6417 Type: Parent Agency	Region 07 Date Licensed ALPHA CARE HOME HEALTH 8632 FREDERICKSBURG SUITE 220 SAN ANTONIO, TX 78240 Fax (210) 858-5459 Administrator OLALEKAN R SANNI	11/05/2009	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

County BEXAR License # 016982 Lic Expire 6/30/2023 Medicare 1: 459049 HHA-18 Medicare 2: Phone (210) 888-2625 Type: Parent Agency	Region 07 Date Licensed 06/22/2015 ALTIMA HOME HEALTH CARE INC 218 RENNER DRIVE SAN ANTONIO, TX 78201 Fax (210) 888-1399 Administrator STACY SAIZ	Owner Information ALTIMA HOME HEALTH CARE, INC 218 RENNER DRIVE SAN ANTONIO, TX 78201 PHONE: FAX: Services: Licensed and Certified Home Health Services
County BEXAR License # 019749 Lic Expire 10/25/2021 Medicare 1: 741642 (HOSPICE)	Region 07 Date Licensed 02/01/2019 ALTUS HOSPICE 40 NE LOOP 410, SUITE 343 SAN ANTONIO, TEXAS 78216	Owner Information ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200 CHARLOTTESVILLE, VA 22903
Medicare 2: Phone (210) 405-4742 Type: Parent Agency	Fax (855) 723-4949 Administrator ANDREW SILVA	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 019877 Lic Expire 4/15/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 04/15/2020 ALTX PERSONAL CARE 120 N. MESQUITE ST SAN ANTONIO, TEXAS 78202	Owner Information BYXA INC PHONE: FAX:
Phone (210) 633-6699 Type: Parent Agency	Fax (210) 600-4018 Administrator XENIA BUENO	Services: Personal Assistance Services
County BEXAR License # 018060 Lic Expire 5/31/2023	Region 07 Date Licensed 05/17/2017 ALWAYS BEST CARE SENIOR SERVICES NORTHERN SAN ANTONIO 14855 BLANCO RD SUITE 306	Owner Information KRZ4BAMA LLC 18122 LISCUM HILL
Medicare 1: Medicare 2: Phone (210) 772-2277	SAN ANTONIO, TX 78216 Fax (210) 855-5620 Administrator MENDY OWANT	SAN ANTONIO, TX 78258 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County BEXAR License # 016940 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (210) 960-4304	Administrator WENDY O'KANE Region 07 Date Licensed 07/28/2015 AMADA SENIOR CARE NORTH SAN ANTONIO 16607 BLANCO RD STE 801 SAN ANTONIO, TX 78232 Fax (210) 960-4741	Owner Information AGELESS HEARTS INC 16607 BLANCO RD STE 801 SAN ANTONIO, TX 78232 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 017329 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (210) 551-0355 Type: Parent Agency	Administrator JOHANNA PASCHAL Region 07 Date Licensed 03/28/2016 AMADA SENIOR CARE SAN ANTONIO WEST 5034 NEWFOREST ST., APT# 8210 SAN ANTONIO, TEXAS 78229 Fax (210) 446-0046 Administrator RICHARD STOCKTON	Owner Information ASPIRE HEALTHCARE INC 25515 MESA RANCH SAN ANTONIO, TX 78258 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 017064 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (210) 445-2738 Type: Parent Agency	Region 07 Date Licensed 10/02/2015 AMAZING GRACE PRIMARY HOME CARE 7011 REMUDA DRIVE SAN ANTONIO, TX 78227 Fax (210) 375-3562 Administrator JOSEPHINE GARCIA	Owner Information AMAZING GRACE PRIMARY HOME CARE 266 MEADOW GLEN DRIVE SAN ANTONIO, TX 78227 PHONE: FAX: Services: Personal Assistance Services

County BEXAR License # 016997 Lic Expire 8/31/2023 Medicare 1: 741632 HOSPICE Medicare 2: Phone (210) 858-3384 Type: Parent Agency	Region 07 Date Licensed 08/25/2015 AMEDIA HOSPICE LLC 1800 N.E. LOOP 410 SUITE 400 SAN ANTONIO, TX 78217 Fax (210) 377-3447 Administrator DEMECIO CASTILLEJA	Owner Information AMEDIA HOSPICE LLC 6323 SOVEREIGN ROAD, SUITE#290 SAN ANTONIO, TX 78229-5138 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
County BEXAR License # 018046	Region 07 Date Licensed 05/01/2017 AMEDISYS HOME HEALTH	AMEDISYS TEXAS, LLC
Lic Expire 4/30/2024	5430 FREDERICKSBURG RD, STE 130	3854 AMERICAN WAY, SUITE A BATON ROUGE, LA 70816-4013
Medicare 1: 679002 HHA-18 Medicare 2:	SAN ANTONIO, TX 782293539	PHONE: FAX:
Phone (210) 558-9606	Fax (210) 558-6934	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator JESSICA RACKLEY	Our relation of the
County BEXAR License # 013242	Region 07 Date Licensed 12/31/2009 AMEDISYS HOSPICE OF SAN ANTONIO	Owner Information AMEDISYS HOSPICE, LLC
Lic Expire 12/31/2023	5410 FREDRICKSBURG ROAD, BLDG. A, STE.310	3854 AMERICAN WAY, SUITE: A
Medicare 1: 451738 HOSPICE	SAN ANTONIO, TX 782293576	BATON ROUGE, LOUISIANA
Medicare 2:		PHONE: FAX:
Phone (210) 541-0922	Fax (210) 541-9118	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BERNADINE DAILEY	in didni respice. No
County BEXAR License # 009369	Region 07 Date Licensed 10/25/2004 AMERICAN MEDICAL HOME HEALTH SERVICES SAN ANTONIO LLC	Owner Information AMERICAN MEDICAL HOME HEALTH SERVICES SAN ANTONIO LLC 506 VALLEY BROOK RD, STE 201
Lic Expire 10/31/2024 Medicare 1: 457907 HHA-18	4241 WOODCOCK DR. STE B101-A SAN ANTONIO, TX 78228	MCMURRAY, PA 15317
Medicare 2:	0.4.7.4.7.6.4.6, 7.7.7.6.2.2	PHONE: FAX:
Phone (210) 735-6225	Fax (210) 736-5379	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator JESSICA MONTNEY	Personal Assistance Services
County BEXAR	Region 07 Date Licensed 06/12/2015	Owner Information
License # 016852	AMERICAN MEDICAL HOSPICE & PALLIATIVE CARE	AMERICAN MEDICAL HOSPICE CARE LLC
Lic Expire 6/30/2023	4241 WOODCOCK DR. STE B101-B	506 VALLEY BROOK RD, STER 201
Medicare 1: 741619 HOSPICE	SAN ANTONIO, TX 78228	MCMURRAY, PA 15317
Medicare 2: Phone (210) 812-5709	Fax (210) 812-5703	PHONE: FAX:
(=,	(2.0)	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CHARLES ROY	_
County BEXAR	Region 07 Date Licensed 06/12/2015	Owner Information
License # 016852	AMERICAN MEDICAL HOSPICE & PALLIATIVE CARE	AMERICAN MEDICAL HOSPICE CARE LLC 506 VALLEY BROOK RD, STER 201
Lic Expire 6/30/2023	4241 WOODCOCK DR. STE B101-B	MCMURRAY, PA 15317
Medicare 1: 741619 HOSPICE Medicare 2:	SAN ANTONIO, TX 78228	PHONE: FAX:
Phone (210) 812-5709	Fax (210) 812-5703	Services: Hospice
Tunes Devent Assense	Administrator CHARLES DOV	In-Patient Hospice: NO
Type: Parent Agency	Administrator CHARLES ROY	Owner Information
County BEXAR License # 020411	Region 07 Date Licensed 12/17/2020 AMERICAN MEDICAL HOSPICE CARE SAN ANTONIO LLC	AMERICAN MEDICAL HOPSICE CARESAN ANTONIO LLC
License # 020411 Lic Expire 12/17/2022	4241 WOODCOCK DR, STE B 101-C	506 VALLEY BROOK RD. STE 201
Medicare 1:	SAN ANTONIO, TX 782281379	MCMURRAY, PA 15317
Medicare 2:		PHONE: FAX:
Phone (210) 812-5709	Fax (210) 812-5703	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency		445 11000100. 110

County BEXAR License # 007791 Lic Expire 11/30/2023 Medicare 1: 679146 HHA-18 Medicare 2: Phone (210) 447-2273 Type: Parent Agency	Region 07 Date Licensed 11 AMERICARE IN HOME CARE INC 4730 SHAVANO OAK SUITE 201 SAN ANTONIO, TX 782494029 Fax (210) 408-0699 Administrator LINDA TRAINA	/14/2001	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 License # 015230 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (210) 332-5455 Type: Branch Agency	Region 07 Date Licensed 12 AMERICARE NURSING SERVICE 9033 AERO STREET SUITE #204B SAN ANTONIO, TX 78217 Fax (210) 369-9581 Administrator JORGE ARANGO	1/27/2017	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 License # 008558 Lic Expire 7/31/2021 Medicare 1: 679427 HHA-18 Medicare 2: Phone (210) 431-3643 Type: Parent Agency	Region 07 Date Licensed 07 AMERICAS MEDICAL TEAM INC 123 HOLMAN SAN ANTONIO, TX 78228 Fax (210) 431-0028 Administrator DIANNE AGUINAGA	/18/2003	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 License # 018044 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (210) 930-7200 Type: Parent Agency	Region 07 Date Licensed 05 AMERITA 6015 RANDOLPH BLVD SAN ANTONIO, TEXAS 78233 Fax (210) 930-7235 Administrator HEATHER SHELTON	/08/2017	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 License # 008287 Lic Expire 4/30/2022 Medicare 1: 679307 HHA-18 Medicare 2: Phone (210) 474-0037 Type: Parent Agency	Region 07 Date Licensed 01 AMISTAD HOMECARE INC 3519 PAESANOS PARKWAY SUITE 101 SAN ANTONIO, TX 78231 Fax (210) 474-0067 Administrator CHERYL HARDEN	/14/2003	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 License # 018650 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (830) 714-9292 Type: Parent Agency	Region 07 Date Licensed 03 AMOUR HEALTHCARE SERVICES LLC 21720 HARDY OAK BLVD. SUITE 106 SAN ANTONIO, TEXAS 78258 Fax (830) 714-9293 Administrator LYZETE TALLA	V12/2018	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 License # 020132 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 683-2558 Type: Parent Agency	Region 07 Date Licensed 08 ANCHOR HOME INFUSION SERVICES LLC 12235 VANCE JACKSON ROAD, #726 SAN ANTONIO, TEXAS 78230 Fax Administrator MELINDA SALAZAR	/31/2020	Owner Information ANCHOR HOME INFUSION SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services

County BEXAR License # 019395 Lic Expire 5/29/2024 Medicare 1: 971545 (HOSPICE) Medicare 2: Phone (210) 239-7519	Region 07 Date Licensed 05/29/2019 ANCHORAGE HOSPICE, INC 3201 CHERRY RIDGE DRIVE, SUITE B-206 SAN ANTONIO, TEXAS 78230 Fax (210) 817-8616	Owner Information ANCHORAGE HOSPICE INC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ERNESTO GONZALEZ	
County BEXAR License # 015144 Lic Expire 10/31/2022 Medicare 1: 457843 HHA-18 Medicare 2: Phone (210) 359-0251	Region 07 Date Licensed 10/19/2012 ANEW HEALTHCARE INC 4606 CENTERVIEW DR #221B SAN ANTONIO, TX 78228 Fax (210) 359-0251	Owner Information ANEW HEALTH CARE INC 4606 CENTERVIEW DRIVE #221B SAN ANTONIO, TX 78228 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 REBECCA CANEDO	
County BEXAR License # 017602 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed ANGELES DIVINOS HOME HEALTH CARE, INC 4335 W. PIEDRAS DRIVE SUITE 177 SAN ANTONIO, TX 78228	Owner Information ANGELES DIVINOS HOME HEALTH CARE INC SAME AS PHYSICAL ADDRESS HARLINGEN, TX 78550 PHONE: FAX:
Phone 210 6187102 Type: Branch Agency	Fax 956 4357228 Administrator OSCAR BURKHOLDER	Services: Personal Assistance Services
County BEXAR License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 731-9570 Type: Branch Agency	Region 03 Date Licensed 01/28/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 2040 BABCOCK ROAD SUITE 304 SAN ANTONIO, TX 78229 Fax (903) 532-1401 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 BEXAR License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 731-9570 Type: Branch Agency	Region 03 Date Licensed 01/28/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 2040 BABCOCK ROAD SUITE 304 SAN ANTONIO, TX 78229 Fax (903) 532-1401 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 BEXAR License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 731-9570 Type: Branch Agency	Region 03 Date Licensed 01/28/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 2040 BABCOCK ROAD SUITE 304 SAN ANTONIO, TX 78229 Fax (903) 532-1401 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 BEXAR License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 731-9570 Type: Branch Agency	Region 03 Date Licensed 01/28/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 2040 BABCOCK ROAD SUITE 304 SAN ANTONIO, TX 78229 Fax (903) 532-1401 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 BEXAR License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 731-9570 Type: Branch Agency	Region 03 Date Licensed 01/28/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 2040 BABCOCK ROAD SUITE 304 SAN ANTONIO, TX 78229 Fax (903) 532-1401 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 BEXAR License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 731-9570	Region 03 Date Licensed 01/28/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 2040 BABCOCK ROAD SUITE 304 SAN ANTONIO, TX 78229 Fax (903) 532-1401	Owner Information AOC TX, LLC P 0 BOX 338 HOWE, TX 75459 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County BEXAR License # 014187 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (956) 600-9341 Type: Parent Agency	Administrator HEATHER RODGERS Region 07 Date Licensed 06/27/2011 ANGELS OF COMFORT 5835 CALLAGHAN RD SUITE 325 SAN ANTONIO, TX 78228 Fax (210) 455-2027 Administrator PEDRO ANDRES TREVINO	Owner Information ANGELS OF COMFORT INC SAME AS PHYSICAL ADDRESS RIO GRANDE CITY, TX 78582 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 019988 Lic Expire 6/9/2022 Medicare 1: Medicare 2: Phone (210) 902-6524 Type: Parent Agency	Region 07 Date Licensed 06/09/2020 ANGELS ON EARTH PRIMARY HOME CARE AGENCY 6452 KINGSLEY EDGE SAN ANTONIO, TEXAS 78252 Fax (210) 783-9295 Administrator LARIZA GARZA	Owner Information LARIZA GARZA PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 015643 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (210) 375-5589 Type: Parent Agency	Region 07 Date Licensed 07/11/2013 ANOINTED ANGELS CAREGIVERS INC 3700 FREDERICKSBURG RD. SUITE 216 SAN ANTONIO, TX 78201 Fax (210) 375-5588 Administrator ALMA HERRERA	Owner Information ANOINTED ANGELS CAREGIVERS INC 3700 FREDERICKSBURG RD STE 216 SAN ANTONIO, TX 78201 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 017265 Lic Expire 3/31/2022 Medicare 1: 673111 HHA-18 Medicare 2: Phone (210) 541-0131 Type: Parent Agency	Region 07 Date Licensed 12/16/2015 APEX HOME HEALTH 4910 GOLDEN QUAIL #170 SAN ANTONIO, TX 78240 Fax (210) 541-0227 Administrator SYLVIA MONTEZ	Owner Information YRRL INC 4910 GOLDEN QUAIL #170 SAN ANTONIO, TX 78240 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 017808 Lic Expire 4/30/2022 Medicare 1: 679417 HHA-18 Medicare 2: Phone (210) 349-0096 Type: Parent Agency	Region 07 Date Licensed 05/01/2016 AQTS 5253 PRUE RD. #230 SAN ANTONIO, TX 78240 Fax (210) 349-0097 Administrator MARY GARZA	Owner Information TEXAS HEALTH QUEST LLC 5726 W HAUSMAN ROAD STE 100 SAN ANTONIO, TX 78249 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County BEXAR License # 014728 Lic Expire 12/31/2023 Medicare 1: 679423 HHA-18 Medicare 2: Phone (210) 349-0096 Type: Parent Agency County BEXAR	Region 07 Date Licensed AQTS HOME HEALTH 5253 PRUE RD #230 SAN ANTONIO, TX 78240 Fax (210) 349-0097 Administrator MARY GARZA Region 07 Date Licensed	01/01/2012	Owner Information ACCESS QUALITY THERAPY SERVICES, LLC 5726 W. HAUSMAN RD. STE. 100 SAN ANTONIO, TEXAS 78249 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information
License # 016527 Lic Expire 11/30/2022 Medicare 1: Medicare 2:	ARAMIS HEALTH SERVICES 1128 BANDERA ROAD SAN ANTONIO, TX 78228	11/14/2014	BLUE RIVER HEALTH SYSTEM LLC 8800 THATCH DRIVE SAN ANTONIO, TEXAS 78240 PHONE: FAX:
Phone (210) 530-4788 Type: Parent Agency	Fax (210) 281-4028 Administrator LORENA ROIG		Services: Personal Assistance Services
County BEXAR License # 010297 Lic Expire 2/28/2022 Medicare 1: 679559 HHA-18 Medicare 2: Phone (210) 521-0575 Type: Parent Agency	Region 07 Date Licensed ASCENSIA HOME HEALTH 1633 W KINGS HWY SAN ANTONIO, TEXAS 78201 Fax (210) 521-0574 Administrator ADRIANA BROWN	02/17/2006	Owner Information ASCENSIA HOME HEALTH INC 6323 SOVEREIGN SUITE 222 SAN ANTONIO, TX 78229 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 020683 Lic Expire 4/8/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed ASH HOSPICE LLC 8746 WURZBACH RD STE 201-G SAN ANTONIO, TEXAS 78240	04/08/2021	Owner Information ASH HOSPICE LLC PHONE: FAX:
Phone (210) 729-6922 Type: Parent Agency	Fax (210) 729-7305 Administrator VANESSA LUNA		Services: Hospice In-Patient Hospice: NO
County BEXAR License # 019314 Lic Expire 4/25/2024 Medicare 1:	Region 07 Date Licensed ASSISTANT HEALTHCARE 2136 BANDERA RD SAN ANTONIO, TX 78228	04/25/2019	Owner Information ASSISTANT HEALTHCARE, LLC
Medicare 2: Phone 210 5385305 Type: Parent Agency	Fax 210 6931113 Administrator MANSOOR BERENJI		PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 008652 Lic Expire 9/30/2022 Medicare 1: 453158 HHA-18 Medicare 2: Phone (210) 541-8707	Region 07 Date Licensed ASSOCIATES HOME HEALTH AGENCY 1600 NE LOOP 410 STE 104 SAN ANTONIO, TX 78209 Fax (210) 541-8777	09/18/2003	Owner Information SYNERGY HOMECARE MANAGEMENT CORPORATION 1600 NE LOOP 410 STE 104 SAN ANTONIO, TX 78209 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County BEXAR	Administrator TERESA GUTIERREZ Region 07 Date Licensed	06/13/2017	Owner Information
License # 013878 Lic Expire 12/31/2022 Medicare 1:	AVEANNA HEALTHCARE 4502 CENTERVEW DRIVE STE 150 SAN ANTONIO, TX 78228		PYRA MED HEALTH SERVICES LLC 400 INTERSTATE N PKWY S EAST SUITE 1600 ATLANTA, GA 30339
Medicare 2: Phone (210) 377-3742 Type: Branch Agency	Fax (210) 377-3744 Administrator CARLOS ORTIZ		PHONE: FAX: Services: Licensed Home Health Services

County BEXAR License # 013878 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (210) 226-9536 Type: Branch Agency	Region 07 Date Licensed AVEANNA HEALTHCARE 98 BRIGGS AVE SUITE 990 SAN ANTONIO, TX 78224 Fax (210) 924-3376 Administrator CARLOS ORTIZ	04/22/2014	Owner Information PYRA MED HEALTH SERVICES LLC 400 INTERSTATE N PKWY S EAST SUITE 1600 ATLANTA, GA 30339 PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 013878 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (210) 245-4701 Type: Parent Agency	Region 07 Date Licensed AVEANNA HEALTHCARE 11900 CROWN POINTE SUITE 115 SAN ANTONIO, TX 78233 Fax (210) 318-4096 Administrator CARLOS ORTIZ	12/23/2010	Owner Information PYRA MED HEALTH SERVICES LLC 400 INTERSTATE N PKWY S EAST SUITE 1600 ATLANTA, GA 30339 PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 013470 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (210) 348-7529 Type: Parent Agency	Region 07 Date Licensed AVEANNA HEALTHCARE 1042 CENTRAL PARKWAY S SUITE 1042 SAN ANTONIO, TEXAS 782325021 Fax (210) 348-7527 Administrator IDA COLUNGA	07/20/2010	Owner Information CHILD'S PLAY THERAPEUTIC HOMECARE INC 400 INTERSTATE NORTH PARKWAY SE, SUITE 1600 ATLANTA, GA 30339 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 021215 Lic Expire 11/18/2024 Medicare 1: Medicare 2: Phone (210) 591-1782 Type: Parent Agency	Region 07 Date Licensed AVEANNA HEALTHCARE 98 BRIGGS AVENUE, SUITE 925 SAN ANTONIO, TX 78224 Fax (210) 672-2989 Administrator IDA COLUNGA	11/18/2021	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 011314 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (210) 826-2776 Type: Parent Agency	Region 07 Date Licensed AVIONN 8603 CROWNHILL BLVD. STE 7 SAN ANTONIO, TX 78209 Fax (210) 826-2796 Administrator VESTA FLAGGERT	05/07/2007	Owner Information AVIONN HOME HEALTH CARE, LLC 8603 CROWNHILL BLVD STE 7 SAN ANTONIO, TX 78209 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 019880 Lic Expire 4/17/2022 Medicare 1: 741568 HOSPICE Medicare 2: Phone (210) 524-8111 Type: Parent Agency	Region 07 Date Licensed AXIOM HOME HEALTH INC 9514 CONSOLE DRIVE #203 SAN ANTONIO, TX 78229 Fax (210) 366-1132 Administrator JUANITA LOZANO	04/17/2020	Owner Information AXIOM HOME HEALTH INC 5002 WEST AVE SAN ANTONIO, TX 78213 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 019446 Lic Expire 6/26/2021 Medicare 1: Medicare 2: Phone (210) 366-1125 Type: Parent Agency	Region 07 Date Licensed AXIOM HOME HEALTH INC 9514 CONSOLE DRIVE, STE. 202 SAN ANTONIO, TX 78229 Fax (210) 366-1132 Administrator MOHAMED GHANNAM	06/26/2019	Owner Information AXIOM HOME HEALTH INC 5002 WEST AVE SAN ANTONIO, TX 78213 PHONE: FAX: Services: Personal Assistance Services

County BEXAR License # 010629 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (210) 366-1125 Type: Branch Agency County BEXAR License # 010629 Lic Expire 7/31/2022 Medicare 1: 747169 HHA-18 Medicare 2: Phone (210) 366-1125	Region 07 Date Licensed 10/31/2013 AXIOM HOME HEALTH INC 9514 CONSOLE DRIVE STE. 202 SAN ANTONIO, TX 78229 Fax (210) 366-1132 Administrator TORRIE COMMERFORD Region 07 Date Licensed 07/20/2006 AXIOM HOME HEALTH INC 9514 CONSOLE DR SUITE 203 SAN ANTONIO, TEXAS 78229 Fax (210) 366-1132	Owner Information AXIOM HOME HEALTH INC 5002 WEST AVE SAN ANTONIO, TX 78213 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information AXIOM HOME HEALTH INC 5002 WEST AVE SAN ANTONIO, TX 78213 PHONE: FAX:
1110110 (210) 000 1120		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 011379 Lic Expire 6/30/2022 Medicare 1: 679774 HHA-18	Administrator MOHAMED GHANNAM Region 07 Date Licensed 06/08/2007 AXIS HOME HEALTH 120 N MESQUITE ST SAN ANTONIO, TX 78202	Owner Information AXYB INC 120 N. MESQUITE STREET SAN ANTONIO, TX 78202
Medicare 2:		PHONE: FAX:
Phone (210) 223-4933	Fax (210) 223-3788	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator XENIA BUENO	
County BEXAR License # 020898 Lic Expire 7/12/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed 07/12/2021 BALSAM HOSPICE LLC 8746 WURZBACH RD STE 201-M SAN ANTONIO, TEXAS 78240	Owner Information BALSAM HOSPICE LLC PHONE: FAX:
Phone (210) 729-1448	Fax (210) 729-7305 Administrator VANESSA LUNA	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 015794 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (210) 481-0500	Region 07 Date Licensed 10/03/2013 BEACON HOSPICE OF CENTRAL SAN ANTONIO 15714 HUEBNER ROAD, SUITE 2B3 SAN ANTONIO, TEXAS 78248 Fax (210) 481-0504	Owner Information HARBOR HOSPICE OF CENTRAL SAN ANTONIO LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 014399 Lic Expire 10/31/2021 Medicare 1: 671747 HOSPICE Medicare 2: Phone (210) 481-0500 Type: Parent Agency	Administrator DARLEEN PARK Region 07 Date Licensed 10/06/2011 BEACON HOSPICE OF NEW BRAUNFELS 15714 HUEBNER ROAD, SUITE 2B1 SAN ANTONIO, TEXAS 78248 Fax (210) 481-0504 Administrator DARLEEN PARKER	Owner Information HARBOR HOSPICE OF SAN ANTONIO LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 015252 Lic Expire 12/31/2022 Medicare 1: 741555 HOSPICE Medicare 2: Phone (210) 481-0500	Region 07 Date Licensed 12/04/2012 BEACON HOSPICE OF NORTH SAN ANTONIO 15714 HUEBNER ROAD, SUITE 2B SAN ANTONIO, TX 782480997 Fax (210) 481-0504	Owner Information HARBOR HOSPICE OF NORTH SAN ANTONIO LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DARLEEN PARK	·

County BEXAR License # 015377 Lic Expire 2/28/2023 Medicare 1: 741573 HOSPICE Medicare 2: Phone (210) 481-0500 Type: Parent Agency	Region 07 Date Licensed 02/20/2013 BEACON HOSPICE OF SOUTH SAN ANTONIO 15714 HUEBNER ROAD, SUITE 2B2 SAN ANTONIO, TEXAS 782480997 Fax (210) 481-0504 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 License # 019413 Lic Expire 6/7/2023 Medicare 1: Medicare 2: Phone (210) 655-5500	Region 07 Date Licensed 06/07/2019 BEE AT HOME CARE 12521 NACOGDOCHES RD SUITE 202 SAN ANTONIO, TEXAS 78217 Fax (210) 437-4553	Owner Information BEE AT HOME CARE LLC 31 CHAMPIONS RUN SAN ANTONIO, TEXAS 78258 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County BEXAR License # 005782 Lic Expire 10/5/2025 Medicare 1: Medicare 2: Phone (210) 853-5885 Type: Branch Agency	Administrator IRAJ JOHN GHANBAR Region 07 Date Licensed 09/11/2013 BEE FIRST PRIMARY HOME CARE 9514 CONSOLE DR. SUITE 203 SAN ANTONIO, TEXAS 78229 Fax 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 License # 005782 Lic Expire 10/5/2025 Medicare 1: Medicare 2: Phone (210) 853-5885 Type: Branch Agency	Region 07 Date Licensed 09/11/2013 BEE FIRST PRIMARY HOME CARE 9514 CONSOLE DR. SUITE 203 SAN ANTONIO, TEXAS 78229 Fax 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 License # 005782 Lic Expire 10/5/2025 Medicare 1: Medicare 2: Phone (210) 853-5885 Type: Branch Agency	Region 07 Date Licensed 09/11/2013 BEE FIRST PRIMARY HOME CARE 9514 CONSOLE DR. SUITE 203 SAN ANTONIO, TEXAS 78229 Fax 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 License # 019249 Lic Expire 2/12/2023 Medicare 1: 97-1521 (Hospice) Medicare 2: Phone 210 4449776	Region 07 Date Licensed 02/12/2019 BELOVED HOSPICE SERVICES 4538 CENTERVIEW DR., STE. 144 SAN ANTONIO, TEXAS 78228 Fax 210 6105009	Owner Information BELOVED HOSPICE SERVICES, INC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 008293 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (210) 525-0179 Type: Parent Agency	Administrator GRACELIA VILLARREAL Region 07 Date Licensed 01/17/2003 BEST CARE HOME HEALTH 104 SUNFLOWER SAN ANTONIO, TX 78213 Fax (210) 342-7477 Administrator MARK PINSON	Owner Information MARK D PINSON 104 SUNFLOWER SAN ANTONIO, TX 78213 PHONE: FAX: Services: Personal Assistance Services

County BEXAR License # 008367 Lic Expire 3/31/2022 Medicare 1: 679318 HHA-18 Medicare 2: Phone (210) 822-2048	Region 07 Date Licensed 03/20/2003 BEXAR CARE HOME HEALTH INC 1534 W CONTOUR SUITE #201 SAN ANTONIO, TX 78212 Fax (210) 822-2848	Owner Information BEXAR CARE HOME HEALTH INC 639 EAST MANDALAY OLMOS PARK, TX 78212 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator TINA R ROMERO	Personal Assistance Services
County BEXAR License # 019492 Lic Expire 7/24/2021 Medicare 1:	Region 07 Date Licensed 07/24/2019 BEXAR HOME HEALTH 6923 W. LOOP 1604 N. ACCESS RD. SUITE 206 SAN ANTONIO, TX 78254	Owner Information BEXAR SURGICAL ASSISTANTS, LLC
Medicare 2: Phone (210) 315-1172	Fax 210 4746057	PHONE: FAX:
Type: Parent Agency	Administrator AVIS PERKINS	Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 020649 Lic Expire 3/26/2024	Region 07 Date Licensed 03/26/2021 BIRCH HOSPICE LLC 8746 WURZBAH RD STE 201	Owner Information BIRCH HOSPICE LLC
Medicare 1: Medicare 2:	SAN ANTONIO, TEXAS 78240	PHONE: FAX:
Phone (210) 729-6922	Fax (210) 729-7305	Services: Hospice In-Patient Hospice: NO
County BEXAR License # 019315 Lic Expire 4/5/2024	Administrator VANESSA LUNA Region 07 Date Licensed 04/05/2019 BLUE HORIZONS HOSPICE OF NORTH SA 3201 CHERRY RIDGE SUITE 208-A	Owner Information TXCARDREF INC
Medicare 1: 971540 Medicare 2:	SAN ANTONIO, TEXAS 78230	PHONE: FAX:
Phone (210) 679-1476	Fax (210) 679-1486	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ERICA SANDOVAL	
County BEXAR License # 019296 Lic Expire 3/11/2024 Medicare 1: 97-1538 (HOSPICE	Region 07 Date Licensed 03/11/2019 BLUE HORIZONS HOSPICE OF SOUTH S A 1945 LOCKHILL SELMA RD SUITE 204 SAN ANTONIO, TEXAS 78213	Owner Information HEXAGON ALLIANCE LLC
Medicare 2:		PHONE: FAX:
Phone (833) 467-7123	Fax (833) 467-7123 Administrator EDNA PATTERSON	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 019581 Lic Expire 9/6/2021 Medicare 1:	Administrator EDNA PATTERSON Region 05 Date Licensed 11/17/2019 BRANDON'S TOTAL LOVING CARE HOME CARE AGENCY LLC 100 N EDWARD GARY STREET SUITE 113 SAN MARCOS, TEXAS 78666	Owner Information BRANDON'S TOTAL LOVING CARE HOME CARE AGENCY LLC
Medicare 2:		PHONE: FAX:
Phone (512) 400-8330 Type: Parent Agency	Fax Administrator SHEILA COOPER SHAW	Services: Personal Assistance Services
County BEXAR License # 018243 Lic Expire 8/31/2021 Medicare 1: 97-1510 (HOSPICE	Region 01 Date Licensed 08/11/2017 BRIDGE HOSPICE LLC 8212 ITHACA W2 LUBBOCK, TX 79423	Owner Information ENLIGHTENED HEIGHTS HOSPICE LLC 8212 ITHACA W2 LUBBOCK, TEXAS 79423
Medicare 2: Phone (806) 993-3900	Fax (806) 993-3899	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TAMMIE WARE	

County BEXAR License # 018302 Lic Expire 6/30/2023 Medicare 1: 741713 HOSPICE Medicare 2: Phone (210) 442-8175	Region 07 Date Licensed 06/08/2017 BRIDGE OF LIFE HOSPICE 7400 LOUIS PASTEUR DR. STE. 105 SAN ANTONIO, TX 78229 Fax (210) 442-8089	Owner Information ADVENT DIVINE, INC 8618 KIRKHAM SAN ANTONIO, TEXAS 78239 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 015675 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (210) 377-3355 Type: Parent Agency	Administrator WINIFRED WALKER Region 07 Date Licensed 07/05/2013 BRIGHTSTAR CARE 7710 WEST IH 10 SAN ANTONIO, TX 78230 Fax (210) 377-3356 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 License # 017163 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (210) 733-3246 Type: Parent Agency	Region 07 Date Licensed 09/25/2015 BRITTEX NURSING SERVICES INC 4204 GARDENDALE ST., SUITE 203 SAN ANTONIO, TEXAS 782293139 Fax (210) 731-6151 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 License # 017165 Lic Expire 9/30/2024 Medicare 1: 679016 HHA-18 Medicare 2: Phone (210) 733-3246 Type: Parent Agency	Region 07 Date Licensed 09/25/2015 BRITTEX NURSING SERVICES INC 4204 GARDENDALE ST., SUITE 203 SAN ANTONIO, TEXAS 782293139 Fax (210) 731-6163 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 License # 012015 Lic Expire 2/28/2022 Medicare 1: 679424 HHA-18 Medicare 2: Phone (210) 248-3081 Type: Parent Agency	Region 07 Date Licensed 02/26/2008 BROOKDALE HOME HEALTH SAN ANTONIO 140 HEIMER ROAD STE 120A SAN ANTONIO, TX 78232 Fax (210) 499-0320 Administrator LADONNA PACK	Owner Information INNOVATIVE SENIOR CARE HOME HEALTH OF SAN ANTONIO LLC 1111 WESTWOOD PLACE SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Licensed and Certified Home Health Services
County BEXAR License # 021058 Lic Expire 7/1/2024 Medicare 1: 671700 Medicare 2: Phone (210) 998-2966 Type: Parent Agency	Region 07 Date Licensed 07/01/2021 BROOKDALE HOSPICE SAN ANTONIO 140 HEIMER ROAD, STE 120B SAN ANTONIO, TEXAS 78232 Fax (210) 499-0329 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 License # 011522 Lic Expire 6/30/2023 Medicare 1: 671624 HOSPICE Medicare 2: Phone (210) 838-6340 Type: Parent Agency	Region 07 Date Licensed 07/01/2007 BST HOME HEALTH AND HOSPICE 12455 FREEDOM WAY SAN ANTONIO, TX 78245 Fax (210) 838-6312 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 License # 015729 Lic Expire 12/30/2023 Medicare 1: 747928 HHA-18 Medicare 2: Phone (210) 538-9090 Type: Parent Agency	Region 07 Date Licensed 08/23/2013 CAPITOL HOME HEALTH 7800 IH-10 WEST SUITE 800 SAN ANTONIO, TX 78230 Fax (210) 538-9099 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 License # 018704	Region 07 Date Licensed 04/11/2018 CAPITOL HOSPICE	Owner Information KTS HOSPICE INC
Lic Expire 4/30/2022	7800 IH-10 W STE 800	9015 MOUNTAIN RIDGE DR STE 250
Medicare 1: 97-1527	SAN ANTONIO, TX 78230	AUSTIN, TX 78759
Medicare 2:	Eq. (240) E28 0000	PHONE: FAX:
Phone (210) 538-9090	Fax (210) 538-9099	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BRYAN WEIL	iii adolitiospice. No
County BEXAR	Region 07 Date Licensed 02/28/1994	Owner Information
License # 002798	CAPROCK HOME HEALTH SERVICES, INC	CAPROCK HOME HEALTH SERVICES INC
Lic Expire 2/28/2023	6603 INGRAM ROAD	8806 UNIVERSITY AVENUE
Medicare 1: 458001 HHA-18	SAN ANTONIO, TEXAS 78238	LUBBOCK, TX 79423
Medicare 2:		PHONE: FAX:
Phone (210) 225-7003	Fax (210) 225-7760	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ADRIANE RUMFIELD	
County BEXAR	Region 07 Date Licensed 05/12/2009	Owner Information
License # 012595	CARDINAL SENIOR CARE	CARDINAL SENIOR CARE LLC
Lic Expire 5/31/2024	4402 VANCE JACKSON SUITE 202	3355 CHERRY RIDGE STREET SUITE 104
Medicare 1:	SAN ANTONIO, TX 78230	SAN ANTONIO, TX 78230
Medicare 2:		PHONE: FAX:
Phone (210) 684-7080	Fax (866) 702-1663	Services: Personal Assistance Services
Type: Parent Agency	Administrator HAMID MANGALJI	
County BEXAR	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	4910 GOLDEN QUAIL #170	4910 GOLDEN QUAIL STE 170
Medicare 1: 457645 HHA-18	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: Parent Agency	Administrator SYLVIA MONTEZ	
County BEXAR	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	4910 GOLDEN QUAIL #170	4910 GOLDEN QUAIL STE 170
Medicare 1: 457645 HHA-18	SAN ANTONIO, TX 78240	SAN ANTONIO, TX 78240
Medicare 2:	5 (040) 544 0007	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 12/16/2015	Owner Information
License # 017325	CARE HOME HEALTH SERVICES	ALL TEX HOME HEALTH AGENCY INC
Lic Expire 12/31/2021	4910 GOLDEN QUAIL #170	4910 GOLDEN QUAIL STE 170
Medicare 1: 457645 HHA-18	SAN ANTONIO, TX 78240	SAN ANTONIO, TX 78240
Medicare 2: Phone (210) 541-0131	Fax (210) 541-0227	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator SYLVIA MONTEZ	Personal Assistance Services
ype. I dient Agency	AMININGUALO OTEVIA IVIOLVIELE	

County BEXAR License # 013353 Lic Expire 5/31/2022 Medicare 1: 747613 HHA-18 Medicare 2: Phone (210) 734-4040 Type: Parent Agency	Region 07 Date Licensed 05/26/2010 CARE PROFESSIONAL NURSING INC 6655 FIRST PARK TEN BLVD SUITE 110 SAN ANTONIO, TX 78213 Fax (210) 734-4044 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 License # 018671 Lic Expire 3/31/2022 Medicare 1: 97-1520 (HOSPICE Medicare 2: Phone (210) 994-5388 Type: Parent Agency	Region 07 Date Licensed 03/27/2018 CARING HANDS PALLIATIVE AND HOSPICE 1844 LOCKHILL SELMA RD., STE 101 D SAN ANTONIO, TEXAS 78213 Fax (210) 796-3049 Administrator HOLLY FOX	Owner Information CARING HANDS HOSPICE LLC 1840 LOCKHILL SELMA RD, STE 103D SAN ANTONIO, TX 78213 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 018124 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone 210 8417563 Type: Parent Agency	Region 07 Date Licensed 06/22/2017 CARING HEARTS PERSONALIZED LIVING 2 TOWERS PARK LANE SAN ANTONIO, TX 78209 Fax 210 8417741 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 License # 007919 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (972) 329-1777 Type: Parent Agency	Region 07 Date Licensed 10/01/2001 CARING SENIOR SERVICE OF SAN ANTONIO 201 E PARK AVE. SUITE 100 SAN ANTONIO, TX 78212 Fax (214) 306-5794 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 License # 013268 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (210) 979-8070 Type: Parent Agency	Region 07 Date Licensed 04/26/2010 CARING SOLUTIONS SAN ANTONIO 7300 BLANCO RD SUITE 103 SAN ANTONIO, TX 78216 Fax (210) 277-8208 Administrator KAREN KEACH	Owner Information KCLC LLC 7300 BLANCO ROAD SUITE 103 SAN ANTONIO, TX 78216 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 013850 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (866) 338-4854 Type: Branch Agency	Region 05 Date Licensed 11/22/2011 CARTER HEALTHCARE 3201 CHERRY RIDGE DRIVE SUITE 211-B SAN ANTONIO, TX 78230 Fax (830) 625-2194 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 License # 005415 Lic Expire 11/30/2024 Medicare 1: 458441 HHA-18 Medicare 2: Phone (210) 349-5515 Type: Parent Agency	Region 07 Date Licensed 11/26/1996 CASA LINDA HOMECARE INC 5555 FREDERICKSBURG ROAD SUITE # 200 SAN ANTONIO, TX 78229 Fax (210) 349-0444 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

County BEXAR	Region 07 Date Licensed	01/12/2022	Owner Information	
License # 021323	CFHC NO 21 INC	01/12/2022	CFHC NO21 INC	
Lic Expire 1/12/2025	2819 NW LOOP 410 STE U			
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2:			PHONE:	FAX:
Phone (432) 219-7111	Fax		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator AMY GARCIA			
County BEXAR	Region 07 Date Licensed	11/24/2021	Owner Information	
License # 021227	CFHC NO12 INC		CFHC NO12 INC	
Lic Expire 11/24/2024	2819 NW LOOP 410 STE L			
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2:	Face		PHONE:	FAX:
Phone (469) 498-0052	Fax		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator AMY GARCIA		III-Fallerit Hospice. NO	
County DEVAD	Posion 07 Data Licensed	10/00/0001	Owner Information	
County BEXAR License # 021288	Region 07 Date Licensed CFHC NO13 INC	12/22/2021	CFHC NO13	
Lic Expire 12/22/2024	2819 NW LOOP 410 STE M			
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2:			PHONE:	FAX:
Phone (409) 247-6990	Fax		Services: Hospice	
			In-Patient Hospice: NO	
Type: Parent Agency	Administrator AMY GARCIA			
County BEXAR	Region 07 Date Licensed	01/06/2022	Owner Information	
License # 021309	CFHC NO14 INC		CFHC NO14 INC	
Lic Expire 1/6/2025	2819 NW LOOP 410 STE N			
Medicare 1:	SAN ANTONIO, TX 78230			
Medicare 2:			PHONE:	FAX:
Phone (956) 406-5400	Fax 956 3480844		Services: Hospice	
Type: Parent Agency	Administrator ALFRED PEREZ		In-Patient Hospice: NO	
County BEXAR	Region 07 Date Licensed		Owner Information	
License # 021333	CFHC NO15 INC		CFHC NO15 INC	
Lic Expire 1/14/2025	2819 NW LOOP 410, STE O			
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2:			PHONE:	FAX:
Phone (956) 406-5401	Fax 956 2534040		Services: Hospice	
			In-Patient Hospice: NO	
Type: Parent Agency	Administrator ALFRED PEREZ			
County BEXAR	Region 07 Date Licensed	11/24/2021	Owner Information	
License # 021228	CFHC NO16 INC		CFHC NO16 INC	
Lic Expire 11/24/2024	2819 NW LOOP 410 STE P			
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2:	Fave		PHONE:	FAX:
Phone (325) 480-5001	Fax		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator AMY GARCIA		III-i alietit riospice. No	
County BEXAR	Region 07 Date Licensed	01/12/2022	Owner Information	
License # 021328	CFHC NO17 INC		CFHC NO17 INC	
Lic Expire 1/12/2025	2819 NW LOOP 410 STE Q			
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2:			PHONE:	FAX:
Phone (325) 480-5002	Fax		Services: Hospice	
Type: Parent Agency	Administrator AMY GARCIA		In-Patient Hospice: NO	
				-

County BEXAR	Region 07 Date Licensed	12/14/2021	Owner Information	
License # 021274	CFHC NO18 INC		CFHC NO18 INC	
Lic Expire 12/14/2024	2819 NW LOOP 410 STE R			
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2:			PHONE:	FAX:
Phone (409) 234-7715	Fax		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator AMY GARCIA			
County BEXAR	Region 07 Date Licensed	01/12/2022	Owner Information	
License # 021322	CFHC NO19 INC		CFHC NO19 INC	
Lic Expire 1/12/2025	2819 NW LOOP 410 STE S			
Medicare 1:	SAN ANTONIO, TEXAS 78230		PHONE	FAV
Medicare 2: Phone (430) 215-3940	Fax		PHONE:	FAX:
1 Hone (430) 213-3340	I dA		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator AMY GARCIA		allow roop of the	
County BEXAR	Region 07 Date Licensed	01/06/2022	Owner Information	
License # 021310	CFHC NO20 INC	01/00/2022	CFHC NO20 INC	
Lic Expire 1/6/2025	2819 NW LOOP 410 STE T			
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2:			PHONE:	FAX:
Phone (361) 400-3811	Fax		Services: Hospice	
· ·			In-Patient Hospice: NO	
Type: Parent Agency	Administrator AMY GARCIA			
County BEXAR	Region 07 Date Licensed	01/12/2022	Owner Information	
License # 021324	CFHC NO22 INC		CFHC NO22 INC	
Lic Expire 1/12/2025	2819 NW LOOP 410 STE V			
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2: Phone (806) 702-4411	Fax		PHONE:	FAX:
1 Hone (000) 702-4411	I GA		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator AMY GARCIA			
County BEXAR	Region 07 Date Licensed	11/24/2021	Owner Information	
License # 021229	CFHC NO23 INC		CFHC NO23 INC	
Lic Expire 11/24/2024	2819 NW LOOP 410			
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2:	_		PHONE:	FAX:
Phone (806) 618-8030	Fax		Services: Hospice	
Type: Parent Agency	Administrator AMY GARCIA		In-Patient Hospice: NO	
		0.1.10.10555	Owner Information	
County BEXAR	<u>.</u>	01/12/2022	CFHC NO24 INC	
License # 021325	CFHC NO24 INC		0	
Lic Expire 1/12/2025 Medicare 1:	2819 NW LOOP 410 STE X SAN ANTONIO, TEXAS 78230			
Medicare 1:	SAN ANTONIO, ILAAS 10230		PHONE:	FAX:
Phone (915) 444-0681	Fax			1780
, ,			Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator AMY GARCIA			
County BEXAR	Region 07 Date Licensed	10/28/2021	Owner Information	
License # 021169	CFHC NO4 INC		CFHC NO4 INC	
Lic Expire 10/28/2024	2819 NW LOOP 410 STE D			
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2:	Fav. (817) 540 5945		PHONE:	FAX:
Phone (817) 916-8646	Fax (817) 549-5846		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator ALFRED PEREZ			

County BEXAR License # 021273 Lic Expire 12/13/2024 Medicare 1:	Region 07 Date Licensed 12/13/2021 CFHC NO7 INC 2819 NW LOOP 410 STE G SAN ANTONIO, TEXAS 78230	Owner Information CFHC NO7 INC
Medicare 2:	5/4///Titroine, 12/4/6 / 70260	PHONE: FAX:
Phone (254) 321-9559	Fax	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator AMY GARCIA	
County BEXAR License # 012862 Lic Expire 12/30/2023 Medicare 1: Medicare 2: Phone 210 8486056 Type: Parent Agency	Region 07 Date Licensed 09/21/2009 CHAMPION CARE HEALTH SERVICES 4414 CENTERVIEW DRIVE SUITE #150 SAN ANTONIO, TEXAS 78228 Fax 210 4550250 Administrator JOSE LORENZO TREVINO III	Owner Information CHAMPION CARE HEALTH SERVICES INC SAME AS PHYSICAL ADDRESS ZAPATA, TX 78076 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 004883 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone 210 4550186 Type: Branch Agency	Region 07 Date Licensed 05/10/2007 CHAMPION CARE INC 5835 CALLAGHAN ROAD SUITE 325 SAN ANTONIO, TEXAS 78228 Fax 210 4550250 Administrator YOLINDA B. TREVINO	Owner Information CHAMPION CARE INC SAME AS PHYSICAL ADDRESS LAREDO, TX 78040 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 020082 Lic Expire 7/29/2022 Medicare 1:	Region 07 Date Licensed 07/29/2020 CHAMPION HOME HEALTHCARE 7903 CHERRY GLADE CONVERSE, TX 78109	Owner Information CLBRAND ENTERPRISE LLC 7903 CHERRY GLADE CONVERSE, TX 78109
Medicare 2: Phone (210) 240-0259	Fax	PHONE: FAX:
Type: Parent Agency	Administrator CAROLYN HURST	Services: Personal Assistance Services
County BEXAR License # 020669 Lic Expire 4/5/2024 Medicare 1:	Region 07 Date Licensed 04/05/2021 CHESTNUT HOSPICE LLC 8746 WURZBACH RD STE 201 SAN ANTONIO, TEXAS 78240	Owner Information CHESTNUT HOSPICE LLC
Medicare 2:	SAN ANTONIO, IEAAO 10240	PHONE: FAX:
Phone (210) 729-6922 Type: Parent Agency	Fax Administrator VANESSA LUNA	Services: Hospice In-Patient Hospice: NO
County BEXAR License # 009937 Lic Expire 9/30/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 05/15/2013 CHILDRENS HOME HEALTHCARE 8418 FOUNTAIN CIRCLE SAN ANTONIO, TX 78229	Owner Information DJK HOME HEALTHCARE LLC 901 WATERFALL WAY SUITE 105 RICHARDSON, TX 75080 PHONE: FAX:
Phone (210) 530-1098	Fax (210) 530-1161	Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 009937 Lic Expire 9/30/2023 Medicare 1: Medicare 2:	Administrator MELISSA BULLOCK Region 03 Date Licensed 05/15/2013 CHILDRENS HOME HEALTHCARE 8418 FOUNTAIN CIRCLE SAN ANTONIO, TX 78229	Owner Information DJK HOME HEALTHCARE LLC 901 WATERFALL WAY SUITE 105 RICHARDSON, TX 75080 PHONE: FAX:
Phone (210) 530-1098 Type: Branch Agency	Fax (210) 530-1161 Administrator MELISSA BULLOCK	Services: Licensed Home Health Services; Personal Assistance Services

County BEXAR License # 018414 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (210) 785-5800 Type: Parent Agency	Region 07 Date Licensed 09/01/2017 CHRISTUS VNA COMMUNITY CARE SAN ANTONIO 5253 PRUE ROAD, SUITE 315B SAN ANTONIO, TX 78240 Fax (210) 785-5803 Administrator DIANE FINCH	Owner Information LHCG CXXIV LLC PO BOX 51266 LAFAYETTE, LA 70505-1266 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 018438 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (210) 785-5200	Region 07 Date Licensed 09/01/2017 CHRISTUS VNA HOMECARE SAN ANTONIO 5253 PRUE ROAD, SUITE 315A SAN ANTONIO, TEXAS 782401758 Fax (210) 785-5490	Owner Information LHCG CXVI, LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County BEXAR License # 018437 Lic Expire 8/31/2023 Medicare 1: 457777 HHA-18 Medicare 2: Phone 210 7855200 Type: Parent Agency County BEXAR License # 018394 Lic Expire 8/31/2024 Medicare 1: 451514 HOSPICE Medicare 2:	Administrator JULIE WIESNER Region 07 Date Licensed 09/01/2017 CHRISTUS VNA HOMECARE SAN ANTONIO 5253 PRUE ROAD, SUITE 315D SAN ANTONIO, TEXAS 782401758 Fax 210 7855490 Administrator CASSANDRA HOPKINS Region 07 Date Licensed 09/01/2017 CHRISTUS VNA HOSPICE SAN ANTONIO 5253 PRUE ROAD, SUITE 315C SAN ANTONIO, TEXAS 782401758	Owner Information LHCG CXVI, LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information LHCG CXVII, LLC PO BOX 51266 LAFAYETET, LA PHONE: FAX:
Phone (210) 785-5255 Type: Parent Agency	Fax (210) 785-5389 Administrator HANNAH VAUGHN	Services: Hospice In-Patient Hospice: NO Owner Information
County BEXAR License # 017185 Lic Expire 12/31/2024 Medicare 1: Medicare 2: Phone (281) 310-1951 Type: Branch Agency	Region 07 Date Licensed CHRISTY GRACE HEALTH CENTER INC 7770 PIPERS LN, APT 23202 SAN ANTONIO, TX 78251 Fax (281) 310-1953 Administrator OYEN IYAMU	CHRISTY GRACE HEALTH CENTER INC 2000 SOUTH INTERSTATE 35, SUITE Q&C ROUND ROCK, TX 78681 PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 015904 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (210) 698-9844 Type: Parent Agency	Region 07 Date Licensed 09/17/2013 CIRCLE OF CARE 6222 W IH 10 SUITE 200 SAN ANTONIO, TX 78201 Fax (210) 698-3220 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 BEXAR License # 019748 Lic Expire 4/29/2022 Medicare 1: 971663 Hospice Medicare 2: Phone (210) 890-2700 Type: Parent Agency	Region 07 Date Licensed 12/18/2019 CIRCLE OF LIFE HOSPICE AND PALLIATIVE CARE 12042 BLANCO ROAD STE 303 SAN ANTONIO, TEXAS 782165438 Fax (210) 890-2727 Administrator TOBI AGUIGUI	Owner Information TRILATERAL CONSULTING LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County BEXAR License # 020183 Lic Expire 9/18/2022 Medicare 1:	Region 07 Date Licensed 03/01/2021 CLARITY HOSPICE LLC 6203 WELLES CREEK DR SAN ANTONIO, TX 78240	Owner Information CLARITY HOSPICE LLC
Medicare 2:	Sarrationio, IX rozio	PHONE: FAX:
Phone (210) 857-5350	Fax	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VANESSA LUNA	in additionable. No
County BEXAR License # 012190 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (956) 424-9897	Region 07 Date Licensed 08/20/2008 CMS PRIMARY HOME CARE INC 1003 BECKETT SUITE 106 SAN ANTONIO, TEXAS 78213 Fax (866) 800-3018	Owner Information CMS PRIMARY HOME CARE INC 1300 N. 10TH STREET, STE #210 MCALLEN, TX 78501 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator SANTIAGO MORIN	
County BEXAR License # 016554 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 907-7163	Region 07 Date Licensed 12/11/2017 COASTAL HOME HEALTH CARE 6655 FIRST PARK TEN SUITE 210 SAN ANTONIO, TX 78213 Fax (210) 600-9799	Owner Information RESTORATIVE HEALTH SERVICES LLC PO BOX 271476 CORPUS CHRISTI, TX 78427 PHONE: FAX: Services: Personal Assistance Services
Type: Branch Agency	Administrator CLARISSA NAVARRO	Owner Information
County BEXAR License # 007963 Lic Expire 5/31/2022 Medicare 1:	Region 07 Date Licensed 05/31/2002 COLONIAL HOME HEALTH INC 2735 NACOGDOCHES RD SAN ANTONIO, TX 78217	COLONIAL HOME HEALTH INC 2735 NACOGDOCHES RD SAN ANTONIO, TX 78217
Medicare 2:		PHONE: FAX:
Phone (210) 225-1115	Fax (210) 225-1114	Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 017683 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (210) 637-9283	Administrator VICTOR CAMILO SANCHEZ Region 07 Date Licensed 10/19/2016 COMFORCARE HOME CARE SAN ANTONIO 2161 NW MILITARY HWY SUITE 214 SAN ANTONIO, TX 782131875 Fax (210) 899-0959	Owner Information CGV HOLDINGS LLC 211 SWITCH OAK SHAVANO PARK, TX 78230-5621 PHONE: FAX:
Type: Parent Agency	Administrator CARLOS G. VALENCIANO, SR.	Services: Personal Assistance Services
County BEXAR License # 015800 Lic Expire 8/31/2023 Medicare 1:	Region 07 Date Licensed 08/15/2013 COMFORT KEEPERS 14310 NORTHBROOK DR STE 240 SAN ANTONIO, TX 78232	Owner Information SDX HOME CARE OPERATIONS LLC 6640 POE AVE STE 200 DAYTON, OH 45414
Medicare 2: Phone (210) 399-0202	Fax (210) 399-4840	PHONE: FAX:
Type: Parent Agency	Administrator MICHELLE ARSATE	Services: Personal Assistance Services
County BEXAR License # 021000 Lic Expire 8/24/2024 Medicare 1:	Region 07 Date Licensed 08/24/2021 COMFORTING OTHERS HOME HEALTH AGENCY LLC 4429 WALZEM RD SAN ANTONIO, TX 78218	Owner Information COMFORTING OTHERS HOME HEALTH AGENCY LLC 6551 SAN MIGUEL WAY CONVERSE, TX 78109
Medicare 2: Phone (210) 895-9531 Type: Parent Agency	Fax (210) 442-8380 Administrator VASHIRA CRAIG	PHONE: FAX: Services: Personal Assistance Services
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County BEXAR	Region 07 Date Licensed 09/07/2012	Owner Information
License # 015056	COMMUNITY ASSISTANCE HEALTHCARE SERVICES LLC	COMMUNITY ASSISTANCE HEALTHCARE SERVICES LLC
Lic Expire 9/30/2022	3201 CHERRY RIDGE SUITE B-204	15714 ROBIN VIEW
Medicare 1:	SAN ANTONIO, TX 78230	SAN ANTONIO, TX 78255
Medicare 2:	G	PHONE: FAX:
Phone (210) 305-1772	Fax (210) 941-0071	
Type: Parent Agency	Administrator SANDRA HADLEY	Services: Personal Assistance Services
- ypo. Tarontrigonoy	, and a second s	O
County BEXAR	Region 07 Date Licensed 09/30/2020	Owner Information
License # 020206	COMMUNITY FIRST HOSPICE CARE, INC	COMMUNITY FIRST HOSPICE CARE, INC
Lic Expire 9/30/2022	2819 NW LOOP 410	5426 LOCKHILL RD
Medicare 1: 971629 Hospice	SAN ANTONIO, TEXAS 78230	SAN ANTONIO, TEXAS 78240
Medicare 2:	5 (040) 700 0000	PHONE: FAX:
Phone (210) 797-7326	Fax (210) 783-8236	Services: Hospice
Type: Parent Agency	Administrator ALFRED PEREZ	In-Patient Hospice: NO
ype. I dient Agency	Administrator ALINED LINEZ	
County BEXAR	Region 07 Date Licensed 04/15/2021	Owner Information
License # 020703	COMPANION HOMECARE SERVICES, LLC	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	COMPANION HOSPICE AND PALLIATIVE CARE OF SOUTH TEXAS LLC
	LLC	500 N STATE COLLEGE BLVD, #1250
Lic Expire 9/30/2024	8207 CALLAGHAN RD, STE 400	ODANIOE OA 00000
Medicare 1: 741599 HOSPICE	SAN ANTONIO, TX 782304799	ORANGE, CA 92868
Medicare 2:		PHONE: FAX:
	SAN ANTONIO, TX 782304799 Fax 855 3215552	PHONE: FAX: Services: Hospice
Medicare 2:		PHONE: FAX:
Medicare 2: Phone 855 3205552 Type: Parent Agency	Fax 855 3215552 Administrator LORI SIEGEL	PHONE: FAX: Services: Hospice
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1:	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX:
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2:	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES 20826 BLUE TRINITY	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022 Medicare 1:	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information COMPASSION HEALTHCARE SERVICES LLC
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022 Medicare 1: Medicare 2:	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES 20826 BLUE TRINITY SAN ANTONIO, TX 78259	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information COMPASSION HEALTHCARE SERVICES LLC PHONE: FAX:
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022 Medicare 1: Medicare 2: Phone (361) 980-7589	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES 20826 BLUE TRINITY SAN ANTONIO, TX 78259 Fax	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information COMPASSION HEALTHCARE SERVICES LLC
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022 Medicare 1: Medicare 2:	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES 20826 BLUE TRINITY SAN ANTONIO, TX 78259	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information COMPASSION HEALTHCARE SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022 Medicare 1: Medicare 2: Phone (361) 980-7589 Type: Parent Agency County BEXAR	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES 20826 BLUE TRINITY SAN ANTONIO, TX 78259 Fax Administrator GRACE BENEDICT Region 07 Date Licensed 02/01/2017	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information COMPASSION HEALTHCARE SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022 Medicare 1: Medicare 2: Phone (361) 980-7589 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022 Medicare 1: Medicare 2: Phone (361) 980-7589 Type: Parent Agency County BEXAR License # 018098	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES 20826 BLUE TRINITY SAN ANTONIO, TX 78259 Fax Administrator GRACE BENEDICT	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information COMPASSION HEALTHCARE SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information COMPASSION OP OF TEXAS LLC
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022 Medicare 1: Medicare 2: Phone (361) 980-7589 Type: Parent Agency County BEXAR License # 01998 Lic Expire 6/12/2022 Medicare 1: Medicare 2: Phone (361) 980-7589 Type: Parent Agency	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES 20826 BLUE TRINITY SAN ANTONIO, TX 78259 Fax Administrator GRACE BENEDICT Region 07 Date Licensed 02/01/2017 COMPASSUS SAN ANTONIO 4242 PIEDRAS DRIVE SUITE 200	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information COMPASSION HEALTHCARE SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information COMPASSUS OP OF TEXAS LLC 10 CADILLAC DRIVE SUITE 400
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022 Medicare 1: Medicare 2: Phone (361) 980-7589 Type: Parent Agency County BEXAR License # 018098 Lic Expire 1/31/2023 Medicare 1: 671550 HOSPICE	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES 20826 BLUE TRINITY SAN ANTONIO, TX 78259 Fax Administrator GRACE BENEDICT Region 07 Date Licensed 02/01/2017 COMPASSUS SAN ANTONIO	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information COMPASSION HEALTHCARE SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information COMPASSUS OP OF TEXAS LLC 10 CADILLAC DRIVE SUITE 400 BRENTWOOD, TN 37027
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022 Medicare 1: Medicare 2: Phone (361) 980-7589 Type: Parent Agency County BEXAR License # 018098 Lic Expire 1/31/2023 Medicare 1: 671550 HOSPICE Medicare 2:	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES 20826 BLUE TRINITY SAN ANTONIO, TX 78259 Fax Administrator GRACE BENEDICT Region 07 Date Licensed 02/01/2017 COMPASSUS SAN ANTONIO 4242 PIEDRAS DRIVE SUITE 200 SAN ANTONIO, TX 78228	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information COMPASSION HEALTHCARE SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information COMPASSUS OP OF TEXAS LLC 10 CADILLAC DRIVE SUITE 400
Medicare 2: Phone 855 3205552 Type: Parent Agency County BEXAR License # 019894 Lic Expire 4/24/2022 Medicare 1: Medicare 2: Phone (830) 660-3040 Type: Parent Agency County BEXAR License # 019998 Lic Expire 6/12/2022 Medicare 1: Medicare 2: Phone (361) 980-7589 Type: Parent Agency County BEXAR License # 018098 Lic Expire 1/31/2023 Medicare 1: 671550 HOSPICE	Fax 855 3215552 Administrator LORI SIEGEL Region 07 Date Licensed 04/24/2020 COMPASSION CARE AT HOME, LLC 11826 PETAL DRIVE SAN ANTONIO, TX 78216 Fax Administrator EVA BOWEN Region 07 Date Licensed 06/12/2020 COMPASSION HEALTHCARE SERVICES 20826 BLUE TRINITY SAN ANTONIO, TX 78259 Fax Administrator GRACE BENEDICT Region 07 Date Licensed 02/01/2017 COMPASSUS SAN ANTONIO 4242 PIEDRAS DRIVE SUITE 200	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSION CARE AT HOME, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information COMPASSION HEALTHCARE SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information COMPASSUS OP OF TEXAS LLC 10 CADILLAC DRIVE SUITE 400 BRENTWOOD, TN 37027

Administrator IDA PICHON

BEXAR Date Licensed 12/31/2005 County COMPLETECARE HOME HEALTH LLC 010623 COMPLETECARE HOME HEALTH AND HOSPICE License # 1112 BLANCO ROAD Lic Expire 12/31/2023 1112 BLANCO RD SAN ANTONIO, TX 78212 Medicare 1: 457901 HHA-18;74 SAN ANTONIO, TX 78212 Medicare 2: PHONE: FAX: Phone (210) 520-7977 Fax (210) 520-8114 Services: Hospice; Licensed and Certified Home Health Services In-Patient Hospice: NO Type: Parent Agency Administrator CAROLINA REYES Owner Information BEXAR Region 07 Date Licensed 05/09/2012 County COMPREHENSIVE HOME HEALTH, INC COMPREHENSIVE HOME HEALTH INC License # 10004 WURZBACH RD. PMB 251 Lic Expire 8/31/2022 4204 GARDENDALE ST. STE 104 SAN ANTONIO, TEXAS 78230 Medicare 1: 747915 HHA-18 SAN ANTONIO, TX 78229 Medicare 2: PHONE: FAX: Phone (210) 614-0200 Fax (210) 569-6497 Services: Licensed and Certified Home Health Services: Licensed Home Health Services ANDRES F VILLA Type: Parent Agency Administrator Owner Information BEXAR 07 Date Licensed 05/30/2019 County Region COMPREHENSIVE HOSPICE CARE, INC License # 019401 COMPREHENSIVE HOSPICE CARE INC Lic Expire 4204 GARDENDALE ST. STE 104 Medicare 1: 971551 SAN ANTONIO, TEXAS 78229 PHONE: FAX: Medicare 2: Phone 210 6140200 Fax 210 5696497 Services: Hospice In-Patient Hospice: NO Administrator XIMENA PEREZ DE LEON Type: Parent Agency Owner Information County BEXAR Region 07 Date Licensed 11/01/2001 CONCORD PRIMARY CARE SERVICES INC CONCORD PRIMARY CARE SERVICES INC License # 007836 9627 HUEBNER ROAD, STE#110 10/31/2022 Lic Expire 9627 HUEBNER RD STE 110 SAN ANTONIO, TX 78240 SAN ANTONIO TX 78240 Medicare 1: Medicare 2: PHONE: FAX. Phone (210) 732-0130 Fax (210) 732-0120 Services: Licensed Home Health Services; Personal Assistance Services IFEOMA OKOLO Type: Parent Agency Administrator Owner Information County RFXAR Region 07 Date Licensed 07/27/1992 CONTINUCARE HOME HEALTH INC 002360 CONTINUCARE HOME HEALTH INC License # 4031 BURNING TREE 7/31/2021 Lic Expire 3201 CHERRY RIDGE DRIVE, SUITE C-319 SAN ANTONIO, TX 78240 Medicare 1: 677515 HHA-18 SAN ANTONIO, TEXAS 78230 Medicare 2: PHONE: FAX. Phone (210) 734-6166 Fax (210) 734-3810 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Administrator SYLVIA VALDEZ Type: Parent Agency Owner Information Date Licensed 04/05/2004 County BEXAR CORAM ALTERNATE SITE SERVICES INC CORAM CVS SPECIALTY INFUSION SERVICES License # 009009 ONE CVS DRIVE, MC #1160 Lic Expire 4/30/2022 10118 HUERNER ROAD WOONSOCKET, RI 2895 Medicare 1: SAN ANTONIO, TX 78240 Medicare 2: PHONE: FAX: Phone (210) 523-0125 Fax (210) 523-0160 Services: Licensed Home Health Services Type: Parent Agency Administrator JAMES RANKIN Owner Information County BEXAR Region 07 Date Licensed 07/01/2020 CORNERSTONE CAREGIVING LLC License # 020031 CORNERSTONE CAREGIVING Lic Expire 7/1/2022 13750 SAN PEDRO AVE. SUITE 215 SAN ANTONIO, TEXAS 78232 Medicare 1: Medicare 2: PHONE: FAX: Phone (210) 920-9840 Fax 210 9209840 Services: Personal Assistance Services Type: Parent Agency RALPH RAMOS Administrator

Owner Information

County BEXAR License # 019730 Lic Expire 4/29/2022	Region 07 Date Licensed 12/03/201 CORNERSTONE HC, LLC 16926 DARIEN WING	Owner Information CORNERSTONE HC, LLC
Medicare 1: Medicare 2:	SAN ANTONIO, TX 78247	PHONE: FAX:
Phone (210) 400-8900	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator SCOTT PETRUCCIO	CS. 1865. 1 COS. 18. 1 ROS 1865 CS. 1866
County BEXAR License # 018667 Lic Expire 3/31/2022 Medicare 1: 97-1501 (HOSPICE)	Region 07 Date Licensed 03/26/201 CREST PALLIATIVE CARE 8023 VANTAGE DRIVE STE 315 SAN ANTONIO, TX 78230	Owner Information BOERNE HOSPICE PARTNERS LLC 8023 VANTAGE DRIVE SUITE 315 SAN ANTONIO, TX 78230
Medicare 2:		PHONE: FAX:
Phone (210) 469-3200 Type: Parent Agency	Fax (210) 642-4995 Administrator STEVE SEPKO	Services: Hospice In-Patient Hospice: NO
		Owner Information
County BEXAR License # 019298 Lic Expire 3/12/2023 Medicare 1:	Region 07 Date Licensed 03/12/201 CRITICAL NURSE STAFFING, LLC 5801 I-40 WEST, SUITE 108 AMARILLO, TEXAS 79106	CRITICAL NURSE STAFFING, LLC
Medicare 2:		PHONE: FAX:
Phone (726) 888-6911 Type: Parent Agency	Fax (210) 530-1054 Administrator JUDY OLIVER	Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 020792 Lic Expire 5/27/2024	Region 07 Date Licensed 05/27/202 CYPRESS HOSPICE LLC 8746 WURZBACH RD STE 201F	Owner Information CYPRESS HOSPICE LLC
Medicare 1: Medicare 2:	SAN ANTONIO, TEXAS 78240	PHONE: FAX:
Phone (210) 729-6922	Fax	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VANESSA LUNA	·
County BEXAR License # 017522 Lic Expire 12/30/2022	Region 07 Date Licensed 07/14/201 DALASI'S HOUSE 2020 BABCOCK ROAD STE. 24	Owner Information DALASI'S HOUSE LLC
Medicare 1:	SAN ANTONIO, TX 78229	PHONE: FAX:
Medicare 2: Phone (210) 568-7344	Fax (210) 384-2581	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DALASI OWUSU	Services. Licenseu Florite Fleath Services, Personal Assistance Services
County BEXAR License # 021297 Lic Expire 12/29/2024 Medicare 1:	Region 07 Date Licensed 12/29/202 DELICATE HANDS HOME HEALTH CARE AGENCY LLC 902 VISOR DRIVE SAN ANTONIO, TX 78258	Owner Information DELICATE HANDS HOME HEALTH CARE AGENCY LLC
Medicare 2:	Em	PHONE: FAX:
Phone (210) 378-3154 Type: Parent Agency	Fax Administrator OBINNA ODUMODU	Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 020621 Lic Expire 3/22/2024 Medicare 1: 971699	Region 07 Date Licensed 03/22/202 DEVOTED CARE HOSPICE INC 2819 NW LOOP 410, SUITE J SAN ANTONIO, TEXAS 78230	Owner Information DEVOTED CARE HOSPICE, INC
Medicare 1: 97 1099	5.417.411.011.0 ₁ .12.70.0 102.00	PHONE: FAX:
Phone (210) 797-7318	Fax (210) 783-8218	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ALFRED PEREZ	

County BEXAR License # 020472 Lic Expire 1/20/2023	Region 07 Date Licensed DIGNIFIED CARE, LLC 6418 ECKHERT RD APT #3203	01/20/2021	Owner Information DIGNIFIED CARE, LLC	
Medicare 1:	SAN ANTONIO, TEXAS 78240			
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	DISABILITY SERVICES OF THE SOUTHWEST	, INC
Lic Expire 12/31/2023	6243 IH 10 WEST STE. 114		6243 IH 10 WEST, STE. 375 SAN ANTONIO, TX 78201	
Medicare 1:	SAN ANTONIO, TX 78201			FAV
Medicare 2: Phone (210) 798-0123	Fax (877) 463-1310		PHONE:	FAX:
Type: Parent Agency	Administrator TRICIA ROMERO		Services: Licensed Home Health Services; Perso	nal Assistance Services
· · · · · · · · · · · · · · · · · · ·			Owner Information	
County BEXAR	ŭ	07/20/2017	Owner Information ENVISION HEALTH CARE SERVICES LLC	
License # 018178	DISTINCT CARE HOME HEALTH		23635 VERDE RIVER	
Lic Expire 7/31/2023 Medicare 1:	23635 VERDE RIVER SAN ANTONIO, TX 78255		SAN ANTONIO, TX 78255-2033	
Medicare 2:	SAN ANTONIO, TA 76255		PHONE:	FAX:
Phone (210) 284-6509	Fax (210) 547-7807		Services: Licensed Home Health Services; Perso	
Type: Parent Agency	Administrator ELSIE C. CORTEZ		Services. Elderised frome freathroenvices, refisc	Tidi Assistance Services
County BEXAR	Region 07 Date Licensed	11/25/2020	Owner Information	
License # 020353	DIVINITY HOSPICE CARE, INC	11/25/2020	DIVINITY HOSPICE CARE, INC	
Lic Expire 11/25/2022	5405 HURLEY DR			
Medicare 1:	SAN ANTONIO, TX 78238			
Medicare 2:			PHONE:	FAX:
Phone (210) 231-0435	Fax (210) 231-0440		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator VANESSA RUSSELL			
County BEXAR	Region 07 Date Licensed	05/18/2017	Owner Information	
License # 013979	DOGWOOD HOME HEALTH CARE LLC		DOGWOOD HOME HEALTH CARE, LLC	
Lic Expire 3/31/2023	6323 SOVEREIGN RD BLDG 3 STE 284		720 WEST PALMA VISTA DRIVE SUITE 5	
Medicare 1:	SAN ANTONIO, TX 78228		PALMVIEW, TX 78572	
Medicare 2:	5		PHONE:	FAX:
Phone (956) 580-3957	Fax (956) 580-8188		Services: Licensed Home Health Services; Person	nal Assistance Services
Type: Branch Agency	Administrator JAVIER MONTELONGO			
County BEXAR	Region 07 Date Licensed	03/18/2021	Owner Information	
License # 020614	DOGWOOD HOSPICE, LLC		DOGWOOD HOSPICE LLC	
Lic Expire 3/18/2024	8746 WURZBACH ROAD, SUITE 201 - Z			
Medicare 1: 971698 Hospice	SAN ANTONIO, TX 78240		PUONE	547
Medicare 2: Phone (210) 729-6922	Fax (210) 729-7305		PHONE:	FAX:
1 110110 (210) 723 0322	T UX (210) 723 7000		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator VANESSA LUNA			
County BEXAR	Region 07 Date Licensed	05/21/2021	Owner Information	
License # 020777	DREAMPROVIDERS LLC		DREAMPROVIDERS LLC	
Lic Expire 5/21/2024	6502 BANDERA RD SUITE 111			
Medicare 1:	SAN ANTONIO, TX 78238			
Medicare 2:	_		PHONE:	FAX:
Phone 210 8700938	Fax		Services: Personal Assistance Services	
Type: Parent Agency	Administrator LEONARDO RAMOS			

County BEXAR License # 016351 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (210) 532-5705 Type: Parent Agency	Region 07 Date Licensed 07/29/2014 EASTWOOD CARE SERVICES 1221 S. WW WHITE RD. SAN ANTONIO, TX 78220 Fax (210) 532-5707 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 License # 003896 Lic Expire 2/28/2024 Medicare 1:	Region 07 Date Licensed 02/24/1995 EDUCARE COMMUNITY LIVING CORPORATION TEXAS 3700 BELGIUM LANE SAN ANTONIO, TX 78219	Owner Information EDUCARE COMMUNITY LIVING CORPORATION TEXAS 9901 LINN STATION ROAD LOUISVILLE, KY 40223
Medicare 2: Phone (210) 979-7009	Fax (210) 979-6660	PHONE: (502) 394-2100 FAX: (502) 394-2369 Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator VERONICA JOHNSON	Services. Electised Frome Fleatin Services, Fersonal Assistance Services
County BEXAR License # 014052 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (210) 999-5971	Region 05 Date Licensed 12/01/2015 ELDER HOMECARE INC 9501 CONSOLE DR STE 117 SAN ANTONIO, TX 78229 Fax (512) 275-6411	Owner Information ELDER HOMECARE INC 1512 W. HOWARD LANE AUSTIN, TX 78728 PHONE: FAX: Services: Personal Assistance Services
Type: Branch Agency County BEXAR License # 019421 Lic Expire 6/13/2023 Medicare 1: 971573 Medicare 2:	Administrator MIMI TRAN Region 07 Date Licensed 06/13/2019 ELEGANT HOSPICE 5718 UNIVERSITY HEIGHTS BLVD SUITE 203 SAN ANTONIO, TEXAS 78249	Owner Information ELEGANT HOSPICE CARE, LLC PHONE: FAX:
Phone 210 8174746	Fax 210 8174750	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 020840 Lic Expire 6/17/2024 Medicare 1: Medicare 2:	Administrator KEDRA LAMB Region 07 Date Licensed 06/17/2021 ELITE HOME HEALTH 4100 PIEDRAS DRIVE EAST, SUITE 245 SAN ANTONIO, TEXAS 78228	Owner Information ELITE HOME HEALTH, PLLC 4100 PIEDRAS DRIVE EAST, SUITE 245 SAN ANTONIO, TEXAS 78228 PHONE: FAX:
Phone (210) 294-0742 Type: Parent Agency	Fax Administrator ALYSON MASSINGILL	Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 019967 Lic Expire 5/28/2022 Medicare 1:	Region 07 Date Licensed 05/28/2020 ELITE PROVIDERS HOME CARE AGENCY 600 E SONTERRA BLVD 5101 SAN ANTONIO, TEXAS 78258	Owner Information BELLE DE PARIS, LLC
Medicare 2:		PHONE: FAX:
Phone (210) 373-5233 Type: Parent Agency	Fax Administrator THELMA GARZA	Services: Personal Assistance Services
County BEXAR License # 020895 Lic Expire 7/9/2024 Medicare 1:	Region 07 Date Licensed 07/09/2021 ELM HOSPICE LLC 8746 WURZBACH RD STE 201 L SAN ANTONIO, TEXAS 78240	Owner Information ELM HOSPICE LLC
Medicare 2:	5	PHONE: FAX:
Phone (210) 729-1448 Type: Parent Agency	Fax (210) 729-1448 Administrator VANESSA LUNA	Services: Hospice In-Patient Hospice: NO

County BEXAR License # 019094 Lic Expire 8/1/2022 Medicare 1: 74-1671 Medicare 2: Phone (210) 375-5016	Region 07 Date Licensed ELYSIAN HOSPICE 8122 DATAPOINT DRIVE, SUITE 410B SAN ANTONIO, TEXAS 78229 Fax (254) 982-0212	08/01/2018	Owner Information ELYSIAN HOSPICE SAN ANTONIO LLC 2537 GOLDEN BEAR DRIVE CARROLLTON, TX 75006 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TIFFANY SCOTT		
County BEXAR License # 002137 Lic Expire 8/31/2022 Medicare 1: 677271 HHA-18 Medicare 2: Phone (830) 216-7111 Type: Parent Agency	Region 07 Date Licensed EMBRACE HOME HEALTH 909 NE LOOP 410, SUITE 800E SAN ANTONIO, TEXAS 782091311 Fax (830) 216-7115 Administrator MAUREEN KOENEKER	08/02/1990	Owner Information NURSES IN TOUCH, INC 909 NE LOOP 410, SUITE 800 SAN ANTONIO, TX PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BEXAR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Medicare 2:	Region 07 Date Licensed EMBRACE HOSPICE 5835 CALLAGHAN RD SUITE 600 SAN ANTONIO, TX 78228	09/01/2018	Owner Information ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX:
Phone (210) 691-3600 Type: Parent Agency	Fax (210) 558-0888 Administrator KEITH BECKER JR.		Services: Hospice In-Patient Hospice: NO
County BEXAR License # 009908 Lic Expire 7/31/2023 Medicare 1:	Region 07 Date Licensed EN SU CASA CAREGIVERS 503 E RAMSEY STE 103 SAN ANTONIO, TX 78216	11/20/2015	Owner Information EN SU CASA PRIMARY HOME CARE INC 401 S. PRESA ST. SAN ANTONIO, TX 78205
Medicare 2: Phone (210) 495-2953 Type: Branch Agency	Fax (210) 403-3210 Administrator LAUREN RAMON		PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 009908 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (210) 403-3210 Type: Parent Agency	Region 07 Date Licensed EN SU CASA CAREGIVERS 2600 S W MILITARY DRIVE SUITE 207 SAN ANTONIO, TX 78224 Fax (210) 403-0360 Administrator LAUREN RAMON	08/01/2005	Owner Information EN SU CASA PRIMARY HOME CARE INC 401 S. PRESA ST. SAN ANTONIO, TX 78205 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 016931 Lic Expire 6/30/2023 Medicare 1: 679678 HHA-18 Medicare 2: Phone 210 8240144	Region 07 Date Licensed ENCOMPASS HEALTH HOME HEALTH 14800 SAN PEDRO AVENUE, SUITE 200 SAN ANTONIO, TEXAS 78232 Fax 210 8240148	07/01/2015	Owner Information HALLMARK HOMECARE, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Licensed and Certified Home Health Services: Licensed Home Health Services
Type: Parent Agency	Administrator BEAU POLLARO		
County BEXAR License # 009490 Lic Expire 11/30/2022 Medicare 1: 679044 HHA-18 Medicare 2:	Region 07 Date Licensed ENCOMPASS HEALTH HOME HEALTH 14800 SAN PEDRO AVENUE, SUITE 200 SAN ANTONIO, TEXAS 78232	12/01/2004	Owner Information HALLMARK HOMECARE, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX:
Phone 210 8240144 Type: Parent Agency	Fax 210 8240148 Administrator BEAU POLLARO		Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County BEXAR License # 015981 Lic Expire 11/30/2023 Medicare 1: 671746 HOSPICE Medicare 2: Phone 210 9017300 Type: Parent Agency	Region 07 Date Licensed 11/04/2013 ENCOMPASS HEALTH HOSPICE 12500 SAN PEDRO AVENUE, SUITE 250 SAN ANTONIO, TEXAS 78216 Fax 210 3083092 Administrator REED KOPPLOW	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	Owner Information
License # 020854	ENLIGHTENED GEMS HOME HEALTHCARE, INC	ENLIGHTENED GEMS HOME HEALTHCARE, INC
Lic Expire 6/25/2024	3859 E SOUTHCROSS BLVD, STE G	6547 BEECH TRAIL DRIVE
Medicare 1:	SAN ANTONIO, TEXAS 78222	CONVERSE, TEXAS 78109
Medicare 2:	Fav. (240) F40 4260	PHONE: FAX:
Phone (210) 549-5040	Fax (210) 549-4269	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator EARNEST KIDD	O
County BEXAR	Region 07 Date Licensed 09/30/2021	Owner Information ENSO HOSPICE LLC
License # 021091	ENSO HOSPICE LLC	ENGO HOGFIGE LEG
Lic Expire 9/30/2024 Medicare 1:	9258 CULEBRA RD STE 140-4	
Medicare 2:	SAN ANTONIO, TEXAS 78251	PHONE: FAX:
Phone (424) 835-0401	Fax	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator NIKITA COOK	
County BEXAR	Region 07 Date Licensed 12/07/2020	Owner Information
License # 020379	ENTRUST HOSPICE OF SAN ANTONIO, LLC	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	DUDUE
Medicare 2: Phone (210) 444-9159	Fax (210) 444-9176	PHONE: FAX:
1 110110 (210) 444 3103	1 dx (210) 444 5110	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator GLORIA LERMA-BAILEY	
County BEXAR	Region 05 Date Licensed	Owner Information
License # 018275	ENTRUSTED PEDIATRIC HOME CARE LLC	ENTRUSTED PEDIATRIC HOME CARE
Lic Expire 8/31/2024	4502 CENTERVIEW DRIVE STE 233	7600 CHEVY CHASE DR BLDG 2 STE 300
Medicare 1:	SAN ANTONIO, TX 78228	AUSTIN, TX 78752
Medicare 2:		PHONE: FAX:
Phone (210) 447-1650	Fax (210) 963-7530	Services: Licensed Home Health Services
Type: Branch Agency	Administrator NICHOLAS NORWOOD	
County BEXAR	Region 07 Date Licensed 05/31/2018	Owner Information
License # 019478	EPIC 2	EPIC HOSPICE CARE LLC #2
Lic Expire 7/10/2023	1844 LOCKHILL SELMA RD STE 101I	
Medicare 1: 971555 Medicare 2:	SAN ANTONIO, TX 78213	PHONE: FAX:
Phone (210) 994-5388	Fax (210) 796-4049	
, ,	,	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator HOLLY FOX	
County BEXAR	Region 07 Date Licensed 08/18/2017	Owner Information
License # 018260	EPIC HOSPICE POWERED BY TRANSCEND	EPIC HOSPICE CARE LLC
Lic Expire 8/31/2023	1844 LOCKHILL SELMA RD STE 101A	1840 LOCKHILL SELMA RD STE 103A
Medicare 1: 74-1787 (HOSPICE	SAN ANTONIO, TX 78213	SAN ANTONIO, TX 78213
Medicare 2:	Fey. (240) 700 2040	PHONE: (210) 994-5388 FAX: (210) 255-3105
Phone (210) 994-5388	Fax (210) 796-3049	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator HOLLY FOX	

County BEXAR License # 009868 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (240) 070 6060	Region 07 Date Licensed 07/15/2005 ESSY QUALITY HEALTHCARE INC 11103 SAN PEDRO AVENUE SUITE 105 SAN ANTONIO, TX 78216	Owner Information ESSY QUALITY HEALTHCARE INC 11103 SAN PEDRO AVENUE, STE 100 SAN ANTONIO, TEXAS 78216 PHONE: FAX:
Phone (210) 979-6969 Type: Parent Agency	Fax (210) 545-7555 Administrator ESTHER ONY	Services: Personal Assistance Services
County BEXAR License # 010344 Lic Expire 3/31/2024 Medicare 1: 679626 HHA-18 Medicare 2: Phone (210) 366-3661	Region 07 Date Licensed 03/14/2006 ESTEEM HOME HEALTH CARE 6233 EVERS ROAD SUITE 1 SAN ANTONIO, TX 78238 Fax (210) 647-4525	Owner Information ESTEEM HOME HEALTH INC 10211 WILDERNESS GAP SAN ANTONIO, TX 78254 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator AYOKUNLE OGUNFEITIMI	. 5.55/18.7. 86588.1.55 50 1155
County BEXAR License # 014576 Lic Expire 1/31/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed 08/25/2016 ESTRELLA PROVIDER SERVICES LLC 3700 FREDERICKSBURG RD STE 102 SAN ANTONIO, TEXAS 78201	Owner Information ESTRELLA PROVIDER SERVICES LLC 107 CALLE DEL NORTE STE. 17 LAREDO, TX 78041 PHONE: FAX:
Phone (210) 504-4848	Fax 18662390666	Services: Personal Assistance Services
Type: Branch Agency County BEXAR License # 020412 Lic Expire 12/17/2022 Medicare 1: 971702	Administrator JOSE GONZALEZ Region 07 Date Licensed 12/17/2020 EUTOPIA HOSPICE AND PALLIATIVE CARE, INC 1945 LOCKHILL SELMA, STE 201 SAN ANTONIO, TEXAS 782131554	Owner Information EUTOPIA HOSPICE AND PALLIATIVE CARE, INC
Medicare 2:	_	PHONE: FAX:
Phone (210) 699-7554	Fax	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KAREN ROCA	
County BEXAR License # 020901 Lic Expire 7/12/2024 Medicare 1:	Region 07 Date Licensed 07/12/2021 EVERGREEN HOSPICE LLC 8746 WURZBACH RD STE 201-N SAN ANTONIO, TX 78240	Owner Information EVERGREEN HOSPICE LLC
Medicare 2:	•	PHONE: FAX:
Phone (210) 729-1448 Type: Parent Agency	Fax (210) 729-7305 Administrator VANESSA LUNA	Services: Hospice In-Patient Hospice: NO
County BEXAR License # 000891 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (210) 299-2400 Type: Parent Agency	Region 07 Date Licensed 03/26/1987 FAMILY SERVICE ASSOCIATION OF SAN ANTONIO INC 702 SAN PEDRO AVE SAN ANTONIO, TX 78212 Fax (210) 299-4498 Administrator BERNADETTE VASQUEZ	Owner Information FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC 702 SAN PEDRO SAN ANTONIO, TX 78212 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 019558 Lic Expire 7/1/2021 Medicare 1: Medicare 2:	Region 07 Date Licensed 03/30/2020 FAMILY TREE INHOME CARE 901 NE INTERSTATE 410 LOOP, STE 300 SAN ANTONIO, TEXAS 78209	Owner Information ABSF, LLC 3600 S GESSNER, SUITE 150 HOUSTON, TX 77063 PHONE: FAX:
Phone (210) 764-8500 Type: Parent Agency	Fax (210) 764-8501 Administrator MARY KISSELBURGH	Services: Licensed Home Health Services; Personal Assistance Services

County BEXAR License # 020574 Lic Expire 3/5/2023	Region 07 Date Licensed 03/05/2021 FIG TREE HOSPICE CARE LLC 8746 WURZBACK RD STE 201	Owner Information FIG TREE HOSPICE CARE LLC
Medicare 1: 971660	SAN ANTONIO, TX 78240	
Medicare 2: Phone (210) 857-5350	Fax	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VANESSA LUNA	in additional no
County BEXAR License # 018455 Lic Expire 9/30/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed 09/19/2017 FIRST STEPS NURSING AND THERAPY SERVICES PLLC 105 S SEGUIN SUITE 104 CONVERSE, TX 78109	Owner Information FIRST STEPS NURSING AND THERAPY SERVICES PLLC 105 S. SEGUIN STE#104 CONVERSE, TX 78109 PHONE: FAX:
Phone (210) 945-0000	Fax (210) 945-0002	Services: Licensed Home Health Services
Type: Parent Agency County BEXAR License # 015942 Lic Expire 8/31/2023 Medicare 1: 747361 HHA-18 Medicare 2:	Administrator CELESTE BOYD Region 07 Date Licensed 08/30/2013 FORTE HEALTH SERVICES 4502 CENTERVIEW DRIVE SUITE #225 SAN ANTONIO, TX 78228	Owner Information RIO VALLEY HEALTHCARE SERVICES LLC 4502 CENTERVIEW DRIVE STE#225 SAN ANTONIO, TX 78228 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 County BEXAR License # 018120 Lic Expire 3/31/2023 Medicare 1: 741631 HOSPICE Medicare 2: Phone (210) 767-3870	Administrator SANDY QUINTERO Region 07 Date Licensed 03/22/2017 FOUR SEASONS HOSPICE 15420 NACOGDOCHES RD SAN ANTONIO, TX 78247 Fax (210) 714-4650	Owner Information SHEPHERD LIVING HOSPICE LLC 1618 GREYSTIN RIDGE SAN ANTONIO, TX 78258 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator GEOFF COLACINO	
County BEXAR License # 019194 Lic Expire 1/10/2024 Medicare 1: 971547 (HOSPICE)	Region 07 Date Licensed 01/10/2019 FOUR WINDS HOSPICE, INC 12703 COAL MINE RISE SAN ANTONIO, TEXAS 78245	Owner Information FOUR WINDS HOSPICE, INC
Medicare 2:	-	PHONE: FAX:
Phone (210) 239-7719 Type: Parent Agency	Fax (210) 817-8615 Administrator DIANA ALMANZA	Services: Hospice In-Patient Hospice: NO
County BEXAR License # 015423 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (800) 457-6910 Type: Alternate Delivery Site	Region 03 Date Licensed 04/03/2017 FREEDOM HOSPICE 10101 REUNION PLACE SUITE 570 SAN ANTONIO, TX 78216 Fax (817) 265-0145 Administrator KELLIE GIBSON	Owner Information FREEDOM HOSPICE LLC 9001 AIRPORT FREEWAY, SUITE 570 NORTH RICHLAND HILLS, TX 76180 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR	Region 03 Date Licensed 04/03/2017	Owner Information
License # 015423 Lic Expire 11/30/2022 Medicare 1:	FREEDOM HOSPICE 10101 REUNION PLACE SUITE 570 SAN ANTONIO, TX 78216	FREEDOM HOSPICE LLC 9001 AIRPORT FREEWAY, SUITE 570 NORTH RICHLAND HILLS, TX 76180
Medicare 2: Phone (800) 457-6910	Fax (817) 265-0145	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator KELLIE GIBSON	·

County BEXAR License # 017037 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (210) 461-6189 Type: Parent Agency	Region 07 Date Licensed 09/18/2015 FUSION HOME HEALTH LLC 10119 WILDHORSE PKWY SAN ANTONIO, TX 78254 Fax (210) 568-4879 Administrator FERNANDO RODRIGUEZ	Owner Information FUSION HOME HEALTH LLC 10119 WILDHORSE PARKWAY SAN ANTONIO, TX 78254 PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 015692 Lic Expire 8/31/2021 Medicare 1: 741510 HOSPICE	Region 07 Date Licensed 08/07/2013 GENERATIONS HOSPICE CARE INC 2819 NW LOOP 410 SUITE C SAN ANTONIO, TX 78230	Owner Information GENERATIONS HOSPICE CARE, INC 2819 NW LOOP 410 SUITE C SAN ANTONIO, TX 78230-3875
Medicare 2: Phone (210) 979-9933 Type: Parent Agency	Fax (210) 979-9932 Administrator JAMES GRISMORE	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 016155 Lic Expire 4/30/2022 Medicare 1: 747974 HHA-18;74 Medicare 2: Phone (210) 239-5056	Region 07 Date Licensed 04/17/2014 GENEROUS HOME CARE MANAGEMENT LLC 8600 WURZBACH RD STE. 802 SAN ANTONIO, TX 78240 Fax (210) 267-9011	Owner Information GENEROUS HOME CARE MANAGEMENT LLC 1609 W FRENCH PL SAN ANTONIO, TX 78201 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 JOSE AGUILAR	
County BEXAR License # 018875 Lic Expire 8/31/2022 Medicare 1:	Region 07 Date Licensed 08/08/2018 GENTLE PARTNERS IN HOME HEALTH LLC 1635 NE LOOP 410 STE 501 SAN ANTONIO, TEXAS 78209	Owner Information GENTLE PARTNERS IN HOME HEALTH LLC 510 WILDBERRY CT SAN ANTONIO, TX 78258
Medicare 2: Phone (210) 908-9616 Type: Parent Agency	Fax (210) 908-9613 Administrator NORMA LUNA	PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 019612 Lic Expire 3/21/2024 Medicare 1: 741675 (HOSPICE)	Region 07 Date Licensed 10/26/2018 GENTLE PARTNERS IN HOSPICE LLC 1635 NE LOOP 410 STE 501 SAN ANTONIO, TEXAS 78209	Owner Information GENTLE PARTNERS IN HOSPICE LLC
Medicare 2: Phone (210) 908-9616	Fax (210) 908-9613	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 011757 Lic Expire 11/30/2023 Medicare 1: Medicare 2:	Administrator NORMA LUNA Region 07 Date Licensed 11/30/2007 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 5282 MEDICAL DRIVE SUITE 420 SAN ANTONIO, TX 78229	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX:
Phone (210) 616-0212	Fax (210) 615-8545	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County BEXAR License # 021235 Lic Expire 11/30/2024 Medicare 1:	Administrator IRIS MEDINA Region 07 Date Licensed 11/30/2021 GOLDICARE MEDICAL, PLLC 13606 IRONHILL TRACE SAN ANTONIO, TEXAS 78245	Owner Information GOLDICARE MEDICAL PLLC
Medicare 2: Phone (210) 744-0899	Fax (210) 851-8336	PHONE: FAX:
Type: Parent Agency	Administrator JOYCE KENNEDY	Services: Licensed Home Health Services

County BEXAR License # 015590 Lic Expire 6/30/2023 Medicare 1: 671793 HOSPICE Medicare 2: Phone (210) 733-3939	Region 07 Date Licensed 06/10/2013 GOOD SHEPHERD HOSPICE OF SAN ANTONIO, LLC 5811 UNIVERSITY HEIGHTS BLVD, STE 106 SAN ANTONIO, TX 782494883 Fax 210 7333488	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
Type: Parent Agency	Administrator STEPHANIE GILLIAM	
County BEXAR License # 020573 Lic Expire 3/5/2024 Medicare 1: Medicare 2: Phone (210) 719-8264 Type: Parent Agency	Region 07 Date Licensed 03/05/2021 GRACEFILL HOME HEALTH AGENCY INC 5534 FREDERICKSBURG ROAD APT 152 SAN ANTONIO, TX 78229 Fax (210) 547-6867 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 License # 019951 Lic Expire 5/19/2022 Medicare 1: 971686 Medicare 2: Phone (210) 371-5552 Type: Parent Agency	Region 07 Date Licensed 07/13/2020 GRACEFUL HOSPICE & PALLIATIVE CARE LLC 3700 FREDERICKSBURG RD STE 233 SAN ANTONIO, TEXAS 78201 Fax (210) 571-1751 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 License # 019336 Lic Expire 4/22/2021 Medicare 1: Medicare 2: Phone (956) 462-2049	Region 07 Date Licensed 04/22/2019 GREYSTAR HEALTHCARE SERVICES LLC 11631 CULEBRA RD UNIT 499 SAN ANTONIO, TEXAS 78253 Fax (956) 462-2035	Owner Information GREYSTAR HEALTHCARE SERVICES LLC 1626 N. ELLISON DRIVE #10209 SAN ANTONIO, TEXAS 78251 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County BEXAR License # 008640 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (210) 496-9993 Type: Parent Agency	Administrator MIGUEL LEIJA Region 07 Date Licensed 09/12/2003 GRISWOLD HOME CARE SAN ANTONIO NORTHEASTNORTHWEST 1314 E SONTERRA BLVD, SUITE 2101 SAN ANTONIO, TX 78258 Fax (866) 373-7577 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 License # 016295 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (210) 437-4119 Type: Parent Agency	Region 07 Date Licensed 07/01/2014 GUARDIAN ANGELS HEALTHCARE 1945 LOCKHILL-SELMA RD. STE 203 SAN ANTONIO, TEXAS 78213 Fax (210) 272-7795 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 License # 013969 Lic Expire 12/31/2022 Medicare 1: 453152 HHA-18 Medicare 2: Phone (210) 377-1033 Type: Parent Agency	Region 07 Date Licensed 12/22/2010 GUARDIAN HEALTHCARE 45 NE LOOP 410 #903 B SAN ANTONIO, TX 78216 Fax (210) 377-2560 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 License # 020954 Lic Expire 8/3/2024 Medicare 1:	Region 07 Date Licensed 0 GUIDING LIGHT HEALTH LLC 3030 NACOGDOCHES RD STE 102 SAN ANTONIO, TX 782174502	08/03/2021	Owner Information GUIDING LIGHT HEALTH LLC	
Medicare 2: Phone (210) 560-2289	Fax (210) 858-6523		PHONE: Services: Hospice	FAX:
Type: Parent Agency	Administrator MONICA TRUST		In-Patient Hospice: NO	
County BEXAR License # 015665 Lic Expire 7/31/2024	GUIDING LIGHT HOSPICE 3218 NACOGDOCHES RD	07/24/2013	Owner Information GUIDING LIGHT HOSPICE INC 104 GALLERY CIRCLE # 108 SAN ANTONIO, TX 78258	
Medicare 1: 741503 HOSPICE Medicare 2: Phone (210) 585-2335	SAN ANTONIO, TEXAS 78217 Fax (210) 787-1962		PHONE: Services: Hospice	FAX:
Type: Parent Agency	Administrator MONICA TRUST		In-Patient Hospice: NO	
County BEXAR License # 021233 Lic Expire 11/29/2024 Medicare 1:	Region 07 Date Licensed GUIDINGWAY HOSPICE LLC 9422 COPPERWAY CONVERSE, TEXAS 78109	11/29/2021	Owner Information GUIDINGWAY HOSPICE LLC	
Medicare 2: Phone (210) 929-8394	Fax		PHONE:	FAX:
Type: Parent Agency	Administrator AUDREY MOODY		Services: Hospice In-Patient Hospice: NO	
County BEXAR License # 020632 Lic Expire 3/23/2023 Medicare 1:	Region 07 Date Licensed 0 HACIENDA HOSPICE LTD 3201 CHERRY RIDGE DRIVE, SUITE D-401 SAN ANTONIO, TEXAS 78230	03/23/2021	Owner Information HACIENDA HOSPICE LTD 101 W SILVER SANDS DR SAN ANTONIO, TEXAS 78216	
Medicare 2: Phone (210) 908-9701 Type: Parent Agency	Fax (210) 549-9882 Administrator BELINDA JO GALINDO		PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County BEXAR License # 018237 Lic Expire 8/31/2023 Medicare 1: 74-1788 Medicare 2:	Region 07 Date Licensed (HALLMARK HOSPICE AND PALLIATIVE CARE 1844 LOCKHILL SELMA RD., STE 101 B SAN ANTONIO, TEXAS 78213	08/10/2017	Owner Information HALLMARK HOSPICE CARE LLC 1840 LOCKHILL SELMA RD STE 103B SAN ANTONIO, TX 78213 PHONE:	FAX:
Phone (210) 994-5388	Fax (210) 796-3049		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency County BEXAR License # 020758 Lic Expire 5/17/2023 Medicare 1: Medicare 2: Phone (210) 560-0763 Type: Parent Agency	Administrator HOLLY FOX Region 07 Date Licensed 0 HAND IN HAND CARE SERVICES LLC 243 VINCENT ST SAN ANTONIO, TX 78211 Fax (866) 227-6020 Administrator AMANDA TREJO	05/17/2021	Owner Information HAND IN HAND CARE SERVICES LLC 6800 PARK TEN 217-N SAN ANTONIO, TX 78213 PHONE: Services: Personal Assistance Services	FAX:
County BEXAR License # 011557 Lic Expire 9/30/2023 Medicare 1: 671593 HOSPICE Medicare 2:	Region 07 Date Licensed (HARBOUR HOSPICE 12915 JONES MALTSBERGER SUITE #501 SAN ANTONIO, TX 78247	09/05/2007	Owner Information HARBOUR HOSPICE OF BEXAR COUNTY LLC 12915 JONES MALTSBERGER SUITE #501 SAN ANTONIO, TX 78247 PHONE:	FAX:
Phone (210) 403-9911 Type: Parent Agency	Fax (210) 403-9926 Administrator RUBY DAVISON		Services: Hospice In-Patient Hospice: NO	

County BEXAR License # 010694 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (210) 738-9000 Type: Parent Agency County BEXAR	Region 07 Date Licensed 08/23/2006 HEALING HEARTS PERSONAL SERVICES 415 COUNTY ROAD 3823 SAN ANTONIO, TX 78253 Fax (210) 738-9018 Administrator CAROL GIBSON Region 07 Date Licensed 05/06/2013	Owner Information GIBSON PERSONAL SERVICES LLC 415 CR 3823 SAN ANTONIO, TX 78253-6934 PHONE: FAX: Services: Personal Assistance Services
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 License # 016068 Lic Expire 7/31/2023 Medicare 1: 671533	Region 07 Date Licensed 07/08/2013 HEART TO HEART HOSPICE OF SAN ANTONIO LLC 1000 CENTRAL PARKWAY N, SUITE 110-A SAN ANTONIO, TX 78232	Owner Information HEART TO HEART HOSPICE OF SAN ANTONIO, LLC 7240 CHASE OAKS BLVD. 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 License # 016068 Lic Expire 7/31/2023 Medicare 1: 671533 HOSPICE	Region 07 Date Licensed 07/08/2013 HEART TO HEART HOSPICE OF SAN ANTONIO LLC 1000 CENTRAL PARKWAY NORTH SUITE 110 SAN ANTONIO, TX 78232	Owner Information HEART TO HEART HOSPICE OF SAN ANTONIO, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025
Medicare 2:		PHONE: FAX:
Phone (210) 824-4113 Type: Parent Agency	Fax (210) 824-4994 Administrator KATHERINE BANKS	Services: Hospice In-Patient Hospice: NO
County BEXAR License # 017946 Lic Expire 11/30/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 11/18/2016 HEARTS AT HOME SENIOR CARE 11230 WEST AVENUE, SUITE 2104 SAN ANTONIO, TEXAS 78213	Owner Information SLG HEARTS AT HOME LLC 10503 JUSTIN RIDGE RD KATY, TX 77494 PHONE: FAX:
Phone (210) 341-4300	Fax (888) 807-7092	Services: Personal Assistance Services
Type: Parent Agency	Administrator NATASCHA DORSEY	
County BEXAR License # 013250 Lic Expire 3/31/2022 Medicare 1:	Region 07 Date Licensed 04/01/2010 HELPING HANDS OF SAN ANTONIO HOME CARE 8603 N. NEW BRAUNFELS SAN ANTONIO, TEXAS 78217	Owner Information SA HELPING HANDS LLC 5655 PAN AM EXPWY S SAN ANTONIO, TX 78211
Medicare 2:	F (040) 077 0074	PHONE: FAX:
Phone (210) 977-8273	Fax (210) 977-8274 Administrator FRANCES BENITES	Services: Personal Assistance Services
Type: Parent Agency County BEXAR License # 015302 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (210) 492-8100	Region 07 Date Licensed 01/14/2013 HELPING OUR SENIORS LLC 13774 GEORGE RD SAN ANTONIO, TX 78231 Fax (210) 493-7447	Owner Information HELPING OUR SENIORS LLC 13774 GEORGE ROAD SAN ANTONIO, TX 78231 PHONE: FAX: Services: Personal Assistance Services

Administrator MARTHA CAVE

County BEXAR License # 020789	Region 07 Date Licensed HICKORY HOSPICE LLC	05/27/2021	Owner Information HICKORY HOSPICE LLC	
Lic Expire 5/27/2024 Medicare 1:	8746 WURZBACH RD STE 201E SAN ANTONIO, TEXAS 78240			
Medicare 2:	5,41,41,51,15,12,15		PHONE:	FAX:
Phone (210) 729-6922	Fax		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator VANESSA LUNA			
County BEXAR License # 021023	Region 07 Date Licensed HIGH FIVE KIDS THERAPY	09/03/2021	Owner Information HIGH FIVE REHAB LLC	
Lic Expire 9/3/2024	102 PALO ALTO RD. SUITE 140			
Medicare 1: Medicare 2:	SAN ANTONIO, TEXAS 78211		PHONE:	FAX:
Phone (210) 922-1785	Fax (210) 922-1782		Services: Licensed Home Health Services	.,,,,
Type: Parent Agency	Administrator LUCIA I RAMIREZ			
County BEXAR License # 020923 Lic Expire 7/22/2024	Region 07 Date Licensed HIGHPOINTE HEALTHCARE SERVICES	07/22/2021	Owner Information HIGHPOINTE GLOBAL LLC	
Medicare 1:	10334 DUNLAP SAN ANTONIO, TX 78252			
Medicare 2:			PHONE:	FAX:
Phone (210) 451-8295	Fax (210) 899-1943		Services: Licensed Home Health Services; Persona	al Assistance Services
Type: Parent Agency	Administrator STANLEY FORZE		O	
County BEXAR	Region 07 Date Licensed	12/07/2020	Owner Information HOLISTIC HOSPICE CARE, LLC	
License # 019918 Lic Expire 5/7/2022	HOLISTIC HOSPICE 4115 MEDICAL DRIVE, SUITE 5212		, ,	
Medicare 1:	SAN ANTONIO, TEXAS 78229			
Medicare 2:			PHONE:	FAX:
Phone (210) 664-3901	Fax (210) 664-3909		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator ERICA SANDOVAL			
County BEXAR	Region 07 Date Licensed	10/11/2021	Owner Information HOLY SAVIOR HOME CARE, LLC	
License # 021117 Lic Expire 10/11/2024	HOLY SAVIOR HOME CARE		HOLF SAVIOR HOWLE CARE, LEC	
Lic Expire 10/11/2024 Medicare 1:	3201 CHERRY RIDGE DR. SUITE 205B SAN ANTONIO, TEXAS 78230			
Medicare 2:			PHONE:	FAX:
Phone (210) 375-5914	Fax (210) 375-5919		Services: Personal Assistance Services	
Type: Parent Agency	Administrator JESSICA TAYLOR			
County BEXAR	Region 07 Date Licensed	02/24/2014	Owner Information TJS MANAGEMENT LLC	
License # 016048 Lic Expire 2/28/2025	HOLY SAVIOR HOSPICE		3201 CHERRY RIDGE SUITE 205B	
Lic Expire 2/28/2025 Medicare 1: 741552 HOSPICE	3201 CHERRY RIDGE STE 205 B SAN ANTONIO, TX 78230		SAN ANTONIO, TX 78230	
Medicare 2:	,		PHONE:	FAX:
Phone (210) 375-5914	Fax (210) 375-5919		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator MELISSA GONZALES			
County BEXAR	Region 07 Date Licensed	10/13/2021	Owner Information HOLY SAVIOR HOSPICE, LLC	
License # 021123 Lic Expire 10/12/2024	HOLY SAVIOR HOSPICE AND PALLIATIVE OF 3201 CHERRY RIDGE SUITE 205-1	CARE		
Medicare 1:	SAN ANTONIO, TEXAS 78230			
Medicare 2:			PHONE:	FAX:
Phone (830) 219-0267	Fax		Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO	
Type: Parent Agency	Administrator MELISSA GONZALES			

County BEXAR License # 020914 Lic Expire 6/25/2023 Medicare 1: Medicare 2: Phone (210) 495-6300 Type: Parent Agency	Region 07 Date Licensed (HOME CARE ASSISTANCE OF HOUSTON CEN 14329 SAN PEDRO, SUITE B. SAN ANTONIO, TX 78232 Fax (210) 495-6301 Administrator SARA MARROW	06/25/2021 ITRAL, LLC	Owner Information HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC 1255 OAKMEAD PARKWAY SUNNYVALE, CALIFORNIA 94085 PHONE: FAX: Services: Personal Assistance Services	
County BEXAR License # 009363 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (210) 737-9230		10/21/2004	Owner Information HOME CARING LLC 301 BLANCO RD. STE. B SAN ANTONIO, TEXAS 78212 PHONE: (210) 737-9230 FAX: (210) 737-9	644
Type: Parent Agency County BEXAR	Administrator FELIPE VAZQUEZ	07/08/2011	Services: Personal Assistance Services Owner Information FIGUEROA CAREGIVING SERVICES, LLC	
License # 014204 Lic Expire 7/31/2024 Medicare 1: Medicare 2:	9984 ECHO PLAIN DR SAN ANTONIO, TX 78245		9984 ECHO PLAIN DRIVE SAN ANTONIO, TX 78245 PHONE: FAX:	
Phone (210) 627-7018 Type: Parent Agency	Fax (210) 757-3519 Administrator ABIGAIL FIGUEROA		Services: Personal Assistance Services Owner Information	
County BEXAR License # 007822 Lic Expire 1/31/2023 Medicare 1:	Region 07 Date Licensed (HOME INSTEAD OF SAN ANTONIO 4466 LOCKHILL SELMA STE# 101 SAN ANTONIO, TX 78249	01/09/2002	GULF STATE SENIOR SERVICES INC 4466 LOCKHILL SELMA ROAD, STE#101 SAN ANTONIO, TX 78249	
Medicare 2: Phone (210) 614-1132 Type: Parent Agency	Fax (210) 614-6399 Administrator JACKIE ROBB		PHONE: FAX: Services: Personal Assistance Services	
County BEXAR License # 010115 Lic Expire 7/31/2022 Medicare 1: 457251 HHA-18 Medicare 2:	Region 07 Date Licensed (HOME NURSING & THERAPY SERVICES 2018 AVENUE B STE 105 SAN ANTONIO, TEXAS 78215	07/09/2004	Owner Information BROWN & BROWN RESOURCES INC 2018 AVENUE B SUITE SUITE 105 SAN ANTONIO, TX 78215 PHONE: FAX:	
Phone (210) 822-8807 Type: Parent Agency	Fax (210) 822-8863 Administrator EDUARDO GUIMBARDA		Services: Licensed and Certified Home Health Services	
County BEXAR License # 010116 Lic Expire 7/31/2024 Medicare 1:	Region 07 Date Licensed (HOME NURSING & THERAPY SERVICES 2018 AVENUE B STE 105 SAN ANTONIO, TEXAS 78215	07/09/2004	Owner Information BROWN & BROWN RESOURCES INC 2018 AVENUE B SUITE SUITE 105 SAN ANTONIO, TX 78215	
Medicare 2: Phone (210) 822-8807 Type: Parent Agency	Fax (210) 822-8863 Administrator MANDY TORRES		PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services	
County BEXAR License # 017971 Lic Expire 2/28/2023 Medicare 1: 678191 HHA-18	Region 07 Date Licensed (HOMECARE DIMENSIONS 12500 NETWORK BOULEVARD SUITE #210 SAN ANTONIO, TX 78249)2/17/2017	Owner Information HOMECARE DIMENSIONS, INC 12500 NETWORK BLVD SUITE 210 SAN ANTONIO, TX 78249	
Medicare 2: Phone (210) 696-2626	Fax (210) 694-7800		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health	th Services

Administrator

ASHLEIGH STRICKLAND

County BEXAR License # 013040 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (210) 324-1162 Type: Parent Agency	Region 07 Date Licensed 12/17/2009 HOMECARE SUPPORT GROUP INC 12770 CIMARRON PATH SUITE 134 B SAN ANTONIO, TX 78249 Fax (210) 340-4451 Administrator PAMELA BALES	Owner Information HOMECARE SUPPORT GROUP INC 8515 SAN JUANICO STREET HOUSTON, TEXAS 77044 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR	Region 07 Date Licensed 09/14/2017	Owner Information
License # 018839 Lic Expire 9/30/2021 Medicare 1:	HOMEWATCH CAREGIVERS OF NORTH SAN ANTONIO 1802 NE LOOP 410 SUITE 515 SAN ANTONIO, TX 78217	J AND P JONES PROPRIETORS LLC 487 CEDAR BRIDGE SCHERTZ, TX 78154
Medicare 2:		PHONE: FAX:
Phone (210) 263-3143	Fax (210) 263-3147	Services: Personal Assistance Services
Type: Parent Agency	Administrator KATIE WALKER	
County BEXAR License # 020293 Lic Expire 11/5/2022 Medicare 1:	Region 07 Date Licensed 11/05/2020 HOMEWATCH CAREGIVERS OF STONE OAK 19210 HUEBNER ROAD, SUITE 101 SAN ANTONIO, TEXAS 78258	Owner Information Z RESOURCING, LLC
Medicare 2:		PHONE: FAX:
Phone (910) 583-4531	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator MICHAEL ZENDEJAS	
County BEXAR License # 015338 Lic Expire 6/30/2020 Medicare 1: 457910 HHA-18	Region 07 Date Licensed 06/25/2012 HONORCARE HOME HEALTH 7551 CALLAGHAN SUITE 102 A SAN ANTONIO, TX 78229	Owner Information HONORCARE HOME HEALTH INC 7551 CALLAGHAN SUITE 102A SAN ANTONIO, TX 78229
Medicare 2:	F (0.10) F0.1 0000	PHONE: FAX:
Phone (210) 524-9889	Fax (210) 524-0099 Administrator MARTHA LEWIS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency		Owner Information
County BEXAR	Region 07 Date Licensed 08/16/2011	SIXRSIG LLC
License # 014286 Lic Expire 8/31/2024	HOSPICE OF SAN ANTONIO 85 NE LOOP 410 SUITE 607	85 NE LOOP 410 STE 607
Medicare 1: 671767 HOSPICE	SAN ANTONIO, TX 78216	SAN ANTONIO, TX 78216
Medicare 2:	G. 1. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	PHONE: FAX:
Phone (210) 787-3343 Type: Parent Agency	Fax (210) 579-1023 Administrator FRANK HART	Services: Hospice In-Patient Hospice: NO
		Owner Information
County BEXAR License # 020295	Region 07 Date Licensed 11/05/2020	HUMMINGBIRD HOSPICE LLC
License # 020295 Lic Expire 11/5/2022	HUMMINGBIRD HOSPICE LLC 8420 GREENBRIAR DR	
Medicare 1: 971689	SAN ANTONIO, TEXAS 78209	
Medicare 2:	,	PHONE: 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 NURSING SERVICES	IJNA HOME HEALTH SERVICES, LLC
Lic Expire 8/21/2021	2379 NE LOOP 410 SUITE 115	
Medicare 1:	SAN ANTONIO, TEXAS 78217	
Medicare 2:	Fax (210) 314 9135	PHONE: FAX:
Phone (210) 314-8919	Fax (210) 314-8135	Services: Personal Assistance Services
Type: Parent Agency	Administrator BRANDON DIXON	

License # 009264 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (210) 969-6866 Type: Branch Agency	IN HOME HEALTH CARE SERVICES 1003 BECKETT AVE, SUITE 209 SAN ANTONIO, TEXAS 78213 Fax (210) 969-6962 Administrator MARIA ALICIA MORENO		JAL HEALTH SERVICES INC SAME AS PHYSICAL ADDRESS WESLACO, TEXAS 78596 PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 011553 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed IN HOME SENIOR CARE 4241 E. PIEDRAS, SUITE #118 SAN ANTONIO, TX 78228	08/30/2007	Owner Information VOTIVUS INC 5805 CALLAGHAN RD SUITE #300 SAN ANTONIO, TX 78228 PHONE: FAX:
Phone (210) 256-2273 Type: Parent Agency	Fax (210) 521-5980 Administrator ISABEL LEIJA		Services: Personal Assistance Services
County BEXAR License # 020814 Lic Expire 6/4/2024 Medicare 1:	Region 07 Date Licensed INDIGO PROVIDER SERVICES, LLC 4402 VANCE JACKSON RD #100 SAN ANTONIO, TX 78230	06/04/2021	Owner Information INDIGO PROVIDER SERVICES, LLC
Medicare 2: Phone (210) 881-6411 Type: Parent Agency	Fax (210) 881-1522 Administrator BRITTANY JOHNSON		PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 020611 Lic Expire 3/16/2024 Medicare 1: Medicare 2: Phone (571) 612-0301	Region 07 Date Licensed INNOVATIONS HOME HEALTH, LLC 12826 PERDIDO GRV SAN ANTONIO, TEXAS 78253 Fax (210) 507-7793	03/16/2021	Owner Information INNOVATIONS HOME HEALTH, LLC 12826 PERDIDO GRV SAN ANTONIO, TX 78253 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County BEXAR License # 011541 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (210) 614-8299 Type: Parent Agency	Administrator OSMAN DEEN Region 07 Date Licensed INTERIM HEALTHCARE 6800 PARK TEN BLVD, STE 270-W SAN ANTONIO, TEXAS 78213 Fax (210) 615-8559 Administrator VICKIE MCGIBONEY	06/15/2007	Owner Information BAYOU HOMECARE LP 3305 101ST STREET SUITE 100 LUBBOCK, TX 79423 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 011574 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (210) 979-0208 Type: Parent Agency	Region 07 Date Licensed INTERIM HEALTHCARE 6800 PARK TEN BLVD STE 270-W SAN ANTONIO, TX 78213 Fax (210) 340-0468 Administrator VICKIE MCGIBONEY	06/15/2007	Owner Information BAYOU HOMECARE LP 3305 101ST STREET SUITE 100 LUBBOCK, TX 79423 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 016860 Lic Expire 6/30/2023 Medicare 1: 74-7983 (HHA) Medicare 2: Phone (210) 504-3608	Region 07 Date Licensed JONSAN HOME HEALTH INCORPORATED 11120 WATT CIRCLE SAN ANTONIO, TX 78233 Fax (210) 787-4145	06/17/2015	Owner Information JONSAN HOME HEALTH INCORPORATED 5355 BREWSTER STREET SAN ANTONIO, TX 78233 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County BEXAR License # 019164 Lic Expire 12/20/2022 Medicare 1: 971638 Medicare 2: Phone (210) 455-0101 Type: Parent Agency	Region 07 Date Licensed JOURNEY HOSPICE LLC 10010 SAN PEDRO AVE STE 330 SAN ANTONIO, TX 78216 Fax (210) 455-0208 Administrator DENISE MATA	12/20/2018	Owner Information JOURNEY HOSPICE LLC 10010 SAN PEDRO AVE SUITE 330 SAN ANTONIO, TX 78216 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
	Region 07 Date Licensed	03/11/2019	Owner Information	
County BEXAR License # 019295	JOURNEYS HOSPICE OF TEXAS LLC	03/11/2019	JOURNEYS HOSPICE OF TEXAS LLC	
Lic Expire 3/11/2024	4831 WHIRLWIND STE 1		PO BOX 33472	
Medicare 1: 971543 (HOSPICE)	SAN ANTONIO, TEXAS 78217		SAN ANTONIO, TX 78265	
Medicare 2:			PHONE:	FAX:
Phone (833) 467-5468	Fax (833) 467-5468		Services: Hospice; Personal Assistance Services	
Type: Parent Agency	Administrator ANGEL RESENDIZ		In-Patient Hospice: NO	
<u></u>			Owner Information	
County BEXAR License # 020662	Region 07 Date Licensed JUNIPER HOSPICE LLC	03/31/2021	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:	FAX:
Phone (210) 729-1448	Fax (210) 729-6922		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator VANESSA LUNA			
County BEXAR	Region 07 Date Licensed	04/29/2011	Owner Information	
License # 014065	KIDS FIRST PEDIATRIC HOMECARE		NATIONAL NURSING & REHAB SA PEDIATRICS 85 NE LOOP 410 SUITE 500	, INC
Lic Expire 4/30/2024	121 INTERPARK BLVD SUITE 105		SAN ANTONIO, TX 78216	
Medicare 1: Medicare 2:	SAN ANTONIO, TX 78216		PHONE: (210) 822-0475	FAX:
Phone (210) 822-0475	Fax (210) 822-0485		Services: Licensed Home Health Services; Persona	
Type: Parent Agency	Administrator MARC PITROWSKI		Services. Licensed nome nearm Services, Persona	a Assistance Services
County BEXAR License # 011737 Lic Expire 11/30/2023 Medicare 1: 679074 HHA-18	Region 07 Date Licensed KINDRED AT HOME 4335 WEST PIEDRAS DRIVE SUITE 100 SAN ANTONIO, TX 78228	11/30/2007	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117	
Medicare 2:			PHONE:	FAX:
Phone (210) 614-0473	Fax (210) 614-0746		Services: Licensed and Certified Home Health Serv	ices; Licensed Home Health Services
Type: Parent Agency	Administrator YOLANDA GONZALES			
County BEXAR License # 007712	Region 07 Date Licensed KINDRED HOSPICE	07/01/2001	Owner Information ODYSSEY HEALTHCARE OPERATING A, LP	
Lic Expire 6/30/2023	4440 S PIEDRAS DRIVE SUITE 125		P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117	
Medicare 1: 451682 HOSPICE	SAN ANTONIO, TX 78228		•	TAV.
Medicare 2: Phone (210) 733-1212	Fax (210) 733-1331		PHONE:	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	KINDRED HOSPICE		FAMILY HOSPICE LTD	
Lic Expire 3/31/2023	4040 BROADWAY STREET SUITE 600		PO BOX 4060, ATTN: REGULATORY	
Medicare 1: 451563 HOSPICE	SAN ANTONIO, TX 78209		MOORESVILLE, NC 28117	
Medicare 2:			PHONE:	FAX:
Phone (210) 738-8141	Fax (210) 738-3507		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator MATTHEW FLORES			

Marking Mark	County BEXAR License # 013354	Region 07 Date Licensed 05/26/2010 KLARUS HOME CARE	Owner Information SIGNAL HOME HEALTH CARE LLC
Proceed 1017 Proceda 1017 Proceda 1017 Proceed 1017 Proceda 1017 Proceda 1017 Proc	Lic Expire 5/31/2022	4538 CENTERVIEW DR SUITE 170	4538 CENTERVIEW DR SUITE 170
Proce Priority	Medicare 1: 747579 HHA-18	SAN ANTONIO, TX 78228	SAN ANTONIO, TX 78228
Came	Medicare 2:		PHONE: FAX:
Corry SEAR Region 07	Phone (210) 732-7600	, ,	
Signate 1710	Type: Parent Agency	Administrator ELENA PENA	
Marieury 17 Marieury 1	County BEXAR	Region 07 Date Licensed 09/29/2015	Owner Information
Medicary 17-102 PHOSPICE	License # 017057	KLARUS HOSPICE	
Middlerse	Lic Expire 9/30/2023	4538 CENTERVIEW DR SUITE 170	
Point 2 (20) 732 / 7600	Medicare 1: 741622 HOSPICE	SAN ANTONIO, TX 78228	SAN ANTONIO, TX 78228
Type: Parent Agency	Medicare 2:		PHONE: FAX:
Claim BEAR	_		
County SEXAR Region 07 Date Licensed 05/32011 09/33015 FAX 2010 379 379 370	Type: Parent Agency	Administrator JOHN KUBLANK	
County BEXAR Region 07 Date Licensed 11/20/2013 20/20/20 10/00 CNNC NAT SET 187 20/20/20 20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20 20/20/20/20/20 20/20/20 20/20/20	County BEXAR	Region 07 Date Licensed 07/15/2016	
Medicare 741700 S37 FLENS NION ROLL SUIT 1919 SAN ANTONIO, TX 78240 PHONE C10) 395-3956 Fax (210) 334-2882 San Xinces Happide In-Planeth Medicare Type: Parent Agency Administrator MARIO BARRIOS	License # 017528	LA DIFERENCIA HOSPICE	ZOE HOSPICE LLC
Phone (210) 395-3395	Lic Expire 7/31/2022	933 PLEASANTON ROAD, SUITE 109	
Phone (210) 395-3395 Fax (210) 342-282 Services Services Hospice NO	Medicare 1: 74-1750	SAN ANTONIO, TEXAS 78214	SAN ANTONIO, TX 78240
Type: Parent Agency	Medicare 2:		PHONE: FAX:
Type	Phone (210) 395-3395	Fax (210) 334-2882	·
Date License # OFF Date Licensed OFF Dat	Type: Parent Agency	Administrator MARIO BARRIOS	In-Patient Hospice: NO
County SEXAR Region 0 Date Licensed 0.501/2013 0.501/201	ype. I dient Agency	Administrator MATTICO DATTITICO	Ourse Information
Medicare Sol	•	•	
Medicare SAN ANTONIO, TX. 78207 SAN ANTONIO, TX. 78207 SAN ANTONIO, TX. 78207 PHONE: FAX: FAX: PHONE: PROVIDED PHONE: PROV		LA ESTRELLA HOME CARE	
Medicare 2	·		
Phone		SAN ANTONIO, TX 78201	
Type: Parent Agency		Fav. (210) 579-6765	
Description			Services: Personal Assistance Services
License # 015879	ypo. I dicit/igolicy		Ourse Information
Lic Expire 11/30/2023 1007 FAIR AVE STE B PO BOX 33206 SAN ANTONIO, TEXAS 78265 SAN ANTONIO, TEXAS 78265 SAN ANTONIO, TEXAS 78265 PHONE: FAX:	•	.,	
Medicare 1: SAN ANTONIO, TX 78223 SAN ANTONIO, TX 78265 Medicare 2: PHONE: FAX:			
Medicare 2: FAX: PHONE: FAX: PHONE: FAX: PHONE: FAX: Services: Personal Assistance Services Type: Parent Agency Administrator BARBARA SALINAS County BEXAR Region of Date Licensed O5/07/2013 Owner Information License # 008442 LEGACY HOME HEALTH AGENCY INC LEGACY HOME HEALTH AGENCY INC Medicare 1: SAN ANTONIO, TX 78213 Services: Hospice In-Patient Hospice: NO Phone (210) 736-1855 Fax (210) 736-7120 Owner Information County BEXAR Region of Park ten Sultre 200 Owner Information County BEXAR Region of Park ten Sultre 200 Owner Information License # 008442 LEGACY HOME HEALTH AGENCY INC G6655 FIRST PARK TEN BLVD, SulTE 200 Owner Information License # 008442 LEGACY HOME HEALTH AGENCY INC G6655 FIRST PARK TEN SULTE 200	•		
Phone (210) 257-6669		SAN ANTONIO, TX 78223	,
Type: Parent Agency Administrator BARBARA SALINAS		Fax (210) 257-6573	
County BEXAR Region 07 Date Licensed 05/07/2013 Downer Information License # 008442 LEGACY HOME HEALTH AGENCY INC 6655 FIRST PARK TEN STE 200 6655 FIRST PARK TEN STE 200 SAN ANTONIO, TX 78213 SAN ANTONIO, TEXAS 78213	_		Services: Personal Assistance Services
License # 008442 LEGACY HOME HEALTH AGENCY INC C655 FIRST PARK TEN STE 200 C970/2013 C655 FIRST PARK TEN STE 200 C655 FIRST PARK TEN BLVD, SUITE 200 C655 FIRST PARK TEN SUITE 200 C655 FIRST PARK T	- Turchi Agency	, animodator District Orients to	Ourse Information
Lic Expire 2/28/2023 6655 FIRST PARK TEN STE 200 Medicare 1: SAN ANTONIO, TX 78213 SAN ANTONIO, TEXAS 78213 Medicare 2: PHONE: FAX: Phone (210) 736-1855 Fax (210) 736-7120 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator AMBROSE HERNANDEZ County BEXAR Region 07 Date Licensed 11/07/2011 Owner Information License # 008442 LEGACY HOME HEALTH AGENCY INC Lice Expire 2/28/2023 6655 FIRST PARK TEN SUITE 200 Medicare 1: SAN ANTONIO, TX 78213 Medicare 2: PHONE: FAX: PHONE: FAX: PHONE: FAX: PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services	•	· ·	
Medicare 1: SAN ANTONIO, TX 78213 SAN ANTONIO, TEXAS 78213 Medicare 2: PHONE: FAX: Phone (210) 736-1855 Fax (210) 736-7120 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator AMBROSE HERNANDEZ County BEXAR Region 07 Date Licensed 11/07/2011 Owner Information License # 008442 LEGACY HOME HEALTH AGENCY INC LEGACY HOME HEALTH AGENCY INC 6655 FIRST PARK TEN BUYD, SUITE 200 Medicare 1: SAN ANTONIO, TX 78213 SAN ANTONIO, TEXAS 78213 FAX: Medicare 2: PHONE: FAX: Phone (210) 736-1855 Fax (210) 736-7120 Services: Licensed Home Health Services; Personal Assistance Services			
Medicare 2: PHONE: FAX: Phone (210) 736-1855 Fax (210) 736-7120 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator AMBROSE HERNANDEZ County BEXAR Region 07 Date Licensed 11/07/2011 Owner Information License # 008442 LEGACY HOME HEALTH AGENCY INC LEGACY HOME HEALTH AGENCY INC G655 FIRST PARK TEN SUITE 200 G655 FIRST PARK TEN BLVD, SUITE 200 SAN ANTONIO, TEXAS 78213 PHONE: FAX: Phone (210) 736-1855 Fax (210) 736-7120 Services: Licensed Home Health Services; Personal Assistance Services	·		
Phone (210) 736-1855 Fax (210) 736-7120 Services: Hospice In-Patient Hospice: NO		SAN ANTONIO, TX 78213	
Type: Alternate Delivery Site		Fax (210) 736-7120	
Type: Alternate Delivery Site Administrator AMBROSE HERNANDEZ County BEXAR Region 07 Date Licensed 11/07/2011 Owner Information License # 008442 LEGACY HOME HEALTH AGENCY INC LEGACY HOME HEALTH AGENCY INC 6655 FIRST PARK TEN BLVD, SUITE 200 Medicare 1: SAN ANTONIO, TX 78213 SAN ANTONIO, TEXAS 78213 Medicare 2: PHONE: FAX: Phone (210) 736-1855 Fax (210) 736-7120 Services: Licensed Home Health Services; Personal Assistance Services	(210) 100 1000	1 4 (210) 700 7 720	
License # 008442 LEGACY HOME HEALTH AGENCY INC LEGACY HOME HEALTH AGENCY INC LEGACY HOME HEALTH AGENCY INC Lic Expire 2/28/2023 6655 FIRST PARK TEN SUITE 200 6655 FIRST PARK TEN BLVD, SUITE 200 Medicare 1: SAN ANTONIO, TX 78213 SAN ANTONIO, TEXAS 78213 Medicare 2: PHONE: FAX: Phone (210) 736-1855 Fax (210) 736-7120 Services: Licensed Home Health Services; Personal Assistance Services	Type: Alternate Delivery Site	Administrator AMBROSE HERNANDEZ	the state of the s
License # 008442 LEGACY HOME HEALTH AGENCY INC LEGACY HOME HEALTH AGENCY INC Lic Expire 2/28/2023 6655 FIRST PARK TEN SUITE 200 6655 FIRST PARK TEN BLVD, SUITE 200 Medicare 1: SAN ANTONIO, TX 78213 SAN ANTONIO, TEXAS 78213 Medicare 2: PHONE: FAX: Phone (210) 736-1855 Fax (210) 736-7120 Services: Licensed Home Health Services; Personal Assistance Services	County BEXAR	Region 07 Date Licensed 11/07/2011	Owner Information
Lic Expire 2/28/2023 6655 FIRST PARK TEN SUITE 200 6655 FIRST PARK TEN BLVD, SUITE 200 Medicare 1: SAN ANTONIO, TX 78213 SAN ANTONIO, TEXAS 78213 Medicare 2: PHONE: FAX: Phone (210) 736-1855 Fax (210) 736-7120 Services: Licensed Home Health Services; Personal Assistance Services	•	· ·	LEGACY HOME HEALTH AGENCY INC
Medicare 1: SAN ANTONIO, TX 78213 SAN ANTONIO, TEXAS 78213 Medicare 2: PHONE: FAX: Phone (210) 736-1855 Fax (210) 736-7120 Services: Licensed Home Health Services; Personal Assistance Services			6655 FIRST PARK TEN BLVD, SUITE 200
Phone (210) 736-1855 Fax (210) 736-7120 Services: Licensed Home Health Services; Personal Assistance Services			SAN ANTONIO, TEXAS 78213
Services. Licenseu nome nearm services, rensonal assistance services	Medicare 2:		PHONE: FAX:
	Phone (210) 736-1855	Fax (210) 736-7120	Services: Licensed Home Health Services; Personal Assistance Services
	Type: Branch Agency	Administrator AMBROSE HERNANDEZ	

County BEXAR License # 020727 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (210) 610-9727 Type: Parent Agency	Region 07 Date Licensed 04/30/2021 LENA'S LOVE HOSPICE LLC 26114 RAVEN FEATHER SAN ANTONIO, TX 78260 Fax (210) 783-1588 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 License # 017411 Lic Expire 5/31/2022 Medicare 1: 97-1528 Medicare 2: Phone (210) 907-8733	Region 07 Date Licensed 05/20/2016 LIFE CARE HOSPICE AND PALLIATIVE SERVICES LLC 8546 BROADWAY STREET, STE. 213 SAN ANTONIO, TEXAS 78217 Fax 18889773184	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
Type: Parent Agency County BEXAR License # 009943 Lic Expire 5/31/2022 Medicare 1: 677011 HHA-18 Medicare 2: Phone (877) 434-3153 Type: Parent Agency	Administrator DANIEL CASTILLO Region 07 Date Licensed 05/16/2005 LIFESPAN HOME HEALTH 6243 IH10 WEST SUITE 375 SAN ANTONIO, TX 78201 Fax (877) 463-1310 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
Type: Parent Agency County BEXAR License # 011059 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (210) 692-0222 Type: Parent Agency	Region 07 Date Licensed 02/06/2007 LITTLE ENGINE HOMECARE INC 3201 CHERRY RIDGE DR. STE D-400 SAN ANTONIO, TX 78230 Fax (210) 693-1230 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 License # 009962 Lic Expire 6/30/2023 Medicare 1: 457918 HHA-18 Medicare 2: Phone (210) 377-3444 Type: Parent Agency	Region 07 Date Licensed 06/15/2005 LIVING TREE OF LIFE 1800 NE LOOP 410 SUITE 400 SAN ANTONIO, TX 78217 Fax (210) 377-3447 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 License # 019739 Lic Expire 12/6/2021 Medicare 1: Medicare 2: Phone (210) 771-5497 Type: Parent Agency	Region 07 Date Licensed 12/06/2019 LIVING WORD HOME CARE SERVICE 1202 EVANS RD APT 1225 SAN ANTONIO, TX 78258 Fax (210) 462-9754 Administrator JASMINE WILLIAMS	Owner Information J PERSON INCORPORATED PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 017875 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (210) 616-2230 Type: Parent Agency	Region 07 Date Licensed 01/27/2017 LONE STAR PROVIDER CARE LLC 5309 WURZBACH RD SUITE 200-1 LEON VALLEY, TX 78238 Fax (210) 568-4503 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 License # 019188 Lic Expire 1/8/2021 Medicare 1:	Region 07 Date Licensed 01/08/2019 LOVECARE LIVING CARE ASSISTANCE SERVICES INC 9430 WILDSTONE PL SAN ANTONIO, TX 78254	Owner Information LOVECARES LIVING CARE ASSISTANCE SERVICES INC
Medicare 2:		PHONE: FAX:
Phone (361) 752-1663 Type: Parent Agency	Fax Administrator AMARACHI OGWU-CHINUWA	Services: Personal Assistance Services
County BEXAR License # 019750 Lic Expire 12/19/2023	Region 07 Date Licensed 03/10/2020 LOVING ARMS HOSPICE LLC 4414 CENTERVIEW DR., STE. 216	Owner Information MBG MANAGEMENT GROUP LLC
Medicare 1: 971579 Medicare 2:	SAN ANTONIO, TEXAS 78228	PHONE: FAX:
Phone (210) 281-8727	Fax (888) 369-9198	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator BRANDY GOMEZ	
County BEXAR License # 015357 Lic Expire 9/30/2022 Medicare 1: 747079 HHA-18 Medicare 2:	Region 07 Date Licensed 09/11/2012 LOVING CARE HOME HEALTH LLC 5805 CALLAGHAN ROAD SUITE 201 SAN ANTONIO, TX 78228	Owner Information LOVING CARE HOME HEALTH LLC P. O. BOX 35447 HOUSTON, TX 77235 PHONE: FAX:
Phone (210) 697-7200	Fax (210) 697-7204	
, ,	. ,	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County BEXAR License # 019254 Lic Expire 7/31/2024 Medicare 1: 97-1535 (HOSPICE	Administrator KANDI DEESE Region 07 Date Licensed 04/15/2020 MAGNOLIA HOSPICE COMPANY 2819 NW LOOP 410, STE E SAN ANTONIO, TEXAS 78230	Owner Information ESTANCIA, LLC
Medicare 2:	0/11/11/10/11/0, 12/0/10 10/200	PHONE: FAX:
Phone (210) 239-7598	Fax (210) 817-8613	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ROSA SUMEGA	
County BEXAR License # 020790 Lic Expire 5/27/2024 Medicare 1:	Region 07 Date Licensed 05/27/2021 MAPLE HOSPICE LLC 8746 WURZBACH RD STE 2011 SAN ANTONIO, TEXAS 78240	Owner Information MAPLE HOSPICE LLC
Medicare 2:	0.11.7.11.0.11.0, 1.2.1.0 1.02.10	PHONE: FAX:
Phone (210) 729-6922	Fax	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VANESSA LUNA	add. ti despect to
County BEXAR License # 012915 Lic Expire 1/31/2023 Medicare 1: 679310 HHA-18 Medicare 2: Phone (210) 341-3800	Region 07 Date Licensed 01/21/2009 MAXIM HEALTHCARE SERVICES INC 7550 IH 10 WEST SUITE 1001 SAN ANTONIO, TX 78229 Fax (855) 218-7226	Owner Information MAXIM HEALTHCARE SERVICES INC 7227 LEE DEFOREST DRIVE COLUMBIA, MD 21046 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator ANGELA BARKER	Personal Assistance Services
County BEXAR License # 004137 Lic Expire 12/31/2023 Medicare 1:	Region 07 Date Licensed 12/12/1995 MED TEAM INC 45 N E LOOP 410 STE 800 SAN ANTONIO, TX 78216	Owner Information THE HOME CARE TEAM, INC 45 NE LOOP 410, SUITE 800 SAN ANTONIO, TEXAS 78216
Medicare 2: Phone (210) 227-9900	Fax (210) 227-2003	PHONE: FAX:
Type: Parent Agency	Administrator LAURA SANCHEZ	Services: Licensed Home Health Services; Personal Assistance Services

County BEXAR License # 017760 Lic Expire 4/30/2022 Medicare 1: 457959 HHA-18 Medicare 2: Phone (210) 826-9393 Type: Parent Agency County BEXAR License # 016600	Region 07 Date Licensed 04/14 MERIDIAN HCS LLC 8546 BROADWAY #211 SAN ANTONIO, TX 78217 Fax (210) 826-8333 Administrator DANIEL VILLALOBOS Region 05 Date Licensed MGA HOMECARE DANIEL VILLALOBOS	MI 85 SA Ph Ser Per	Mer Information ERIDIAN HCS, LLC 546 BROADWAY STREET STE 211 AN ANTONIO, TX 78217 HONE: FAX: rvices: Licensed and Certified Home Health Services; Licensed Home Health Services; rsonal Assistance Services Mer Information GA HEALTHCARE TEXAS, LLC
Lic Expire 1/31/2023 Medicare 1: Medicare 2:	7550 I-10 WEST, SUITE 780 SAN ANTONIO, TEXAS 78229	SC	125 N SCOTTSDALE ROAD, SUITE 200 COTTSDALE, AZ 85253 HONE: FAX:
Phone (210) 200-8928 Type: Branch Agency	Fax (210) 579-2124 Administrator KEVIN WEISS	Ser	rvices: Licensed Home Health Services
County BEXAR License # 019982 Lic Expire 1/12/2022 Medicare 1:	Region 07 Date Licensed 01/12 MILESTONES PEDIATRIC HOME CARE, LLC 1003 BECKETT, STE. 201 SAN ANTONIO, TX 78213	2/2020	rner Information ILESTONES PEDIATRIC HOME CARE, LLC
Medicare 2: Phone (210) 722-4246	Fax (210) 783-8676		HONE: FAX: vices: Licensed Home Health Services
Type: Parent Agency	Administrator ZAKIA JOHNSON		
County BEXAR License # 020083 Lic Expire 7/29/2022 Medicare 1:	Region 07 Date Licensed 07/29 MILLENNIUM HOME CARE, LLC 1603 BABCOCK ROAD, SUITE 234 SAN ANTONIO, TEXAS 78229	MI 82	rner Information ILLENNIUM HOME CARE, LLC 219 CANTURA MLS AN ANTONIO, TEXAS 78109
Medicare 2: Phone (210) 239-8430	Fax (210) 346-1443		HONE: FAX: rvices: Licensed Home Health Services with Dialysis
Type: Parent Agency County BEXAR License # 019847 Lic Expire 12/1/2021 Medicare 1: 743121 Medicare 2: Phone (210) 524-2400 Type: Parent Agency County BEXAR License # 017293 Lic Expire 2/28/2022	MISSION HOME HEALTH 404 E RAMSEY RD, SUITE 105 SAN ANTONIO, TEXAS 78216 Fax (210) 524-2414 Administrator JILL CASTILLO	MI 18 SF PF Ser 5/2016	INSTITUTE INFORMATION INSTITUTE INFORMATION
Medicare 1: Medicare 2: Phone (210) 264-7925 Type: Parent Agency	SAN ANTONIO, TX 78229 Fax (210) 615-3989 Administrator MELISSA ALMAZAN	PH	AN ANTONIO, TX 78214 HONE: (210) 334-2437 FAX: (210) 922-6006 rvices: Licensed Home Health Services
County BEXAR License # 017995 Lic Expire 12/31/2022 Medicare 1: 457983 HHA-18 Medicare 2: Phone (210) 734-1300 Type: Parent Agency	Region 07 Date Licensed 12/22 MMCARE LLC 602 BABCOCK ROAD SUITE 100 SAN ANTONIO, TX 78201 Fax (210) 734-1301 Administrator MICHELLE CORTEZ	MI 70 SA PF	MCARE LLC DO BABCOCK RD AN ANTONIO, TX 78201 HONE: FAX: rvices: Licensed and Certified Home Health Services; Licensed Home Health Services

County BEXAR License # 020833 Lic Expire 6/16/2024 Medicare 1: Medicare 2: Phone (210) 418-9334	Region 07 Date Licensed 06/16/2021 MOUNT CALVARY HOSPICE 1550 NE LOOP 410, STE. 205 SAN ANTONIO, TEXAS 78209 Fax	Owner Information MOUNT CALVARY HOSPICE LLC PHONE: FAX:
Type: Parent Agency	Administrator DEBORAH PELAEZ	Services: Hospice In-Patient Hospice: NO
<u> </u>		Owner Information
County BEXAR License # 019196	Region 07 Date Licensed 09/14/2018 NATIONAL NURSING AND REHABSAN ANTONIO	REGENCY IHS HOME CARE SERVICES LLC
Lic Expire 9/14/2022	85 N.E. LOOP 410, SUITE 612	101 W GOODWIN AVE STE 600
Medicare 1: 679395	SAN ANTONIO, TX 78216	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	NEW CENTURY HOSPICE OF SAN ANTONIO	COSMOS HOSPICE OF SAN ANTONIO LLC
Lic Expire 1/31/2024	8207 CALLAGHAN RD #353	P.O. BOX 4060, ATTN: REGULATORY
Medicare 1: 671612 HOSPICE	SAN ANTONIO, TX 78230	MOORESVILLE, NC 28117
Medicare 2:		PHONE: FAX:
Phone (210) 520-7734	Fax (210) 520-7737	Services: Hospice
Type: Parent Agency	Administrator CASSANDRA ALEX	In-Patient Hospice: NO
<u></u>		Owner Information
County BEXAR	Region 07 Date Licensed 08/31/2021	3G HEALTHCARE LLC
License # 021016	NEW LIFE HOSPICE	4007 MCCULLOUGH STE. 184
Lic Expire 8/31/2024 Medicare 1:	7461 CALLAGHAN ROAD STE. 603 SAN ANTONIO, TEXAS 78229	SAN ANTONIO, TEXAS 78212
Medicare 1:	SAN ANTONIO, TEXAS 10229	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	NIGHTINGALE HOSPICE CARE, INC
Lic Expire 9/30/2022	2819 NW LOOP 410	
Medicare 1: 971643	SAN ANTONIO, TEXAS 78230	
Medicare 2:		PHONE: FAX:
Phone (210) 797-7321	Fax (210) 783-8171	Services: Hospice
Type: Parent Agency	Administrator ALFRED PEREZ	In-Patient Hospice: NO
County BEXAR	Region 07 Date Licensed	Owner Information
License # 010559	NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC	NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC
Lic Expire 6/30/2022	1003 BECKETT AVENUE, SUITE 209	1005 E 10TH STREET STE A
Medicare 1:	SAN ANTONIO, TEXAS 78213	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 COMMUNITY HOSPICE	NURSES IN TOUCH, INC
Lic Expire 11/30/2024	909 NE LOOP 410, SUITE 800E	909 NE LOOP 410, SUITE 800
Medicare 1: 451605 HOSPICE	SAN ANTONIO, TEXAS 782091311	SAN ANTONIO, TX
Medicare 2:	Fav. 920 2466007	PHONE: FAX:
Phone 830 2166303	Fax 830 2166907	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JAMES GRISMORE	

County BEXAR License # 016564 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (210) 451-8555 Type: Parent Agency	Region 07 Date Licensed OHANA PEDIATRIC HOME HEALTH LLC 11550 IH 10 WEST SAN ANTONIO, TX 78230 Fax (210) 451-8554 Administrator IAN WILEY-PETERSON	12/16/2014	Owner Information OHANA PEDIATRIC HOME HEALTH LLC 3201 CHERRY RIDGE STREET SUITE C-314 SAN ANTONIO, TX 78230 PHONE: Services: Licensed Home Health Services	FAX:
County BEXAR License # 019098 Lic Expire 8/17/2022 Medicare 1: 673190	Region 07 Date Licensed OMNICURE PLUS HOME HEALTHCARE 4201 MEDICAL DR SUITE 100 SAN ANTONIO, TX 78229	09/08/2018	Owner Information OMNICURE PLUS HOME HEALTHCARE LLC	
Medicare 2:			PHONE:	FAX:
Phone (210) 761-4000 Type: Parent Agency	Fax (210) 761-5000 Administrator JAKQUELYN CARRILLO		Services: Licensed and Certified Home Health Ser	rvices; Licensed Home Health Services
County BEXAR License # 016563 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (210) 432-6623	Region 07 Date Licensed ONCE UPON A TIME HOME HEALTH LLC 4211 GARDENDALE STE A202 SAN ANTONIO, TX 78229 Fax (210) 432-2663	12/16/2014	Owner Information ONCE UPON A TIME HOME HEALTH LLC 11107 WURZBACH SUITE 302 SAN ANTONIO, TX 78230 PHONE:	FAX:
Type: Parent Agency	Administrator NORMA VINTON		Services: Licensed Home Health Services	
County BEXAR License # 008410 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (210) 403-0429 Type: Parent Agency	Region 07 Date Licensed OPTION CARE 14220 NORTHBROOK DRIVE SUITE 100B SAN ANTONIO, TX 78232 Fax (210) 568-6144 Administrator ROSEANNA LEAL	04/11/2003	Owner Information OPTION CARE ENTERPRISES INC PO BOX 377 DEERFIELD, IL 60015 PHONE: Services: Licensed Home Health Services	FAX:
County BEXAR License # 014646 Lic Expire 2/28/2022	Region 03 Date Licensed OPTUM INFUSION SERVICES 305, LLC 5627 UNIVERSITY HEIGHTS, SUITE 105		Owner Information OPTUM INFUSION SERVICES 500, INC	
Medicare 1: Medicare 2:	SAN ANTONIO, TX 78249		PHONE:	FAX:
Phone (844) 899-4461 Type: Branch Agency	Fax (844) 553-7131 Administrator LAHILY HENDERSON-DAVIS	;	Services: Licensed Home Health Services	
County BEXAR License # 018026 Lic Expire 12/31/2022 Medicare 1: 741589 HOSPICE Medicare 2: Phone (210) 988-1461 Type: Parent Agency	Region 07 Date Licensed OPUSCARE OF TEXAS 2943 MOSSROCK DRIVE SAN ANTONIO, TX 78230 Fax (210) 404-9887 Administrator SONIA VELEZ	12/07/2016	Owner Information MY OWN HOSPICE LLC 200 NAVARRO STREET SUITE 100 SAN ANTONIO, TX 78205 PHONE: Services: Hospice; Licensed Home Health Service In-Patient Hospice: NO	FAX: es
County BEXAR	Region 07 Date Licensed	06/01/2000	Owner Information	
License # 007332	OUTREACH HOME CARE		OUTREACH HEALTH COMMUNITY CARE SER' 1919 S SHILOH RDSTE 102 LB 28	VICES, LP
Lic Expire 5/31/2023 Medicare 1:	4242 MEDICAL DR STE 1100 BLDG 1 SAN ANTONIO, TX 78229		GARLAND, TX 75042	
Medicare 1:	ONIVARIONIO, IA 10223		PHONE:	FAX: (972) 792-6739
Phone 210 7361812 Type: Parent Agency	Fax 210 7370843 Administrator NANCY PEREZ		Services: Licensed Home Health Services; Persor	nal Assistance Services

County BEXAR License # 012412 Lic Expire 1/31/2021 Medicare 1: 747452 HHA-18 Medicare 2: Phone (214) 501-6675 Type: Parent Agency County BEXAR License # 018649 Lic Expire 2/28/2022 Medicare 1: 671695 HOSPICE Medicare 2:	Region 07 Date Licensed 01/27/2009 PALOMA HOME HEALTHCARE 4400 PIEDRAS DR S, SUITE 209 SAN ANTONIO, TX 78228 Fax (214) 540-6627 Administrator KELLIE GIBSON Region 07 Date Licensed 02/05/2018 PALOMA HOSPICE AND PALLIATIVE CARE 4400 PIEDRAS DRIVE S SUITE 209 SAN ANTONIO, TEXAS 78228	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 Owner Information PALOMA HOSPICE AND PALLIATIVE CARE 1227 WOODSEY CT SOUTHLAKE, TX 76092 PHONE: () - 1 FAX:
Phone (210) 988-1680	Fax (210) 988-1740	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 020370 Lic Expire 12/3/2022 Medicare 1: Medicare 2: Phone (210) 591-6700 Type: Parent Agency	Administrator ALEXANDER STEVENS Region 07 Date Licensed 12/03/2020 PARAGON INFUSION CARE, INC 1922 DRY CREEK WAY, STE 110 SAN ANTONIO, TX 782591840 Fax (210) 519-2861 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 License # 021342 Lic Expire 1/21/2025 Medicare 1: Medicare 2: Phone (210) 489-0015	Region 07 Date Licensed PARENTHESIS HEALTH HOLDINGS 21750 HARDY OAK BLVD STE 102 SAN ANTONIO, TX 78258 Fax	Owner Information PARETHESIS HEALTH HOLDINGS LLC 20770 US HWY 281 N STE 108 SAN ANTONIO, TX 78258 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 017980 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (210) 455-9649 Type: Parent Agency	Administrator ESTHER COLOM Region 07 Date Licensed 03/31/2017 PASSIONATE HEALING HEALTHCARE SERVICES LLC 9010 GALLO CHASE SAN ANTONIO, TEXAS 78254 Fax (210) 455-9650 Administrator RHONDA SCARLETT	Owner Information PASSIONATE HEALING HEALTHCARE SERVICES LLC 9010 GALLOP CHASE SAN ANTONIO, TX 78254 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 009936 Lic Expire 4/30/2024 Medicare 1: 457891 HHA-18 Medicare 2: Phone (210) 340-4445 Type: Parent Agency	Region 07 Date Licensed 04/26/2005 PATIENCE HOME HEALTH CARE 12770 CIMARRON PATH STE 134 SAN ANTONIO, TX 78249 Fax (210) 340-4451 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 License # 019672 Lic Expire 10/29/2023 Medicare 1: Medicare 2: Phone (210) 890-2700 Type: Parent Agency	Region 07 Date Licensed 10/29/2019 PEACE HOSPICE AND PALLIATIVE CARE 12042 BLANCO RD STE 307 SAN ANTONIO, TEXAS 782165438 Fax (210) 890-2727 Administrator TOBI AGUIGUI	Owner Information TRILATERAL CONSULTING LLC PHONE: FAX: Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO

County BEXAR License # 016216 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (210) 251-2048 Type: Parent Agency	Region 07 Date Licensed PEDIATRIC HEALTH THERAPY INC 25315 BOERNE STAGE RD STE 102 SAN ANTONIO, TX 78255 Fax (210) 248-9088 Administrator TONY GARCIA	05/15/2014	Owner Information PEDIATRIC HEALTH THERAPY INC SAME AS ABOVE SAN ANTONIO, TX 78229 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 019529 Lic Expire 8/14/2021 Medicare 1: Medicare 2: Phone (855) 268-4098 Type: Parent Agency	Region 07 Date Licensed PEDIATRIC HEALTHCARE CONNECTION 16607 BLANCO RD. STE 12202 SAN ANTONIO, TEXAS 78232 Fax (866) 311-9885 Administrator KOREYAN CRAIN	08/14/2019	Owner Information TOTS IN TOW, LLC 12617 LEE PARK LANE AUSTIN, TX 78732 PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 017269 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (210) 625-7452 Type: Parent Agency	Region 07 Date Licensed PEDIATRIC HOME HEALTHCARE LLC 6800 PARK TEN BOULEVARD STE 140-E SAN ANTONIO, TX 78213 Fax (210) 293-0512 Administrator PAM HANSON-LONG	02/12/2016	Owner Information PEDATRIC HOME HEALTHCARE LLC 1341 W MOCKINGBIRD LN STE#900 DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 021087 Lic Expire 9/28/2024 Medicare 1: Medicare 2: Phone 210 7372444 Type: Parent Agency	Region 07 Date Licensed PEDIATRIC HOME SERVICE 1070 ARION CIRCLE, STE 164 SAN ANTONIO, TX 78216 Fax 210 7372445 Administrator MANDY OWENS	09/28/2021	Owner Information ALLIANCE MEDICAL SUPPLY, LLC PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 013924 Lic Expire 2/28/2024 Medicare 1: Medicare 2: Phone (800) 223-4376 Type: Parent Agency	Region 07 Date Licensed PENTEC HEALTH INC 18756 STONE OAK PARKWAY SUITE 200 SAN ANTONIO, TX 78258 Fax (610) 494-6148 Administrator LESLIE PICKARD	02/28/2011	Owner Information PENTEC HEALTH, INC 4 CREEK PARKWAY BOOTHWYN, PA 19061 PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 006603 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 829-1155 Type: Parent Agency	Region 07 Date Licensed PERSONAL CARE MANAGEMENT INC 3610 AVENUE B SAN ANTONIO, TX 78209 Fax (210) 829-1433 Administrator BRENDA N. JAYE	08/04/1998	Owner Information PERSONAL CARE MANAGEMENT INC 3610 AVENUE B SAN ANTONIO, TX 78209 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 020907 Lic Expire 7/15/2024 Medicare 1: Medicare 2: Phone 210 7291448 Type: Parent Agency	Region 07 Date Licensed PINE HOSPICE, LLC 8746 WURZBACH ST 201 - O SAN ANTONIO, TEXAS 78240 Fax 210 7297305 Administrator VANESSA LUNA	07/15/2021	Owner Information PINE HOSPICE LLC 8746 WURZBACH ST 201 SAN ANTONIO, TEXAS 78240 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County BEXAR License # 012928 Lic Expire 8/31/2023 Medicare 1: 747021 HHA-18 Medicare 2: Phone (210) 832-8031 Type: Parent Agency	Region 07 Date Licensed PINNACLE SENIOR CARE 5414 FREDERICKSBURG RD STE B100-B SAN ANTONIO, TX 78229 Fax (210) 832-8041 Administrator MICHELLE DOMINGUEZ (F/H	08/07/2009 (/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 License # 020733 Lic Expire 5/6/2024	Region 07 Date Licensed PRECIOUS STONE HEALTH SERVICES 5300 HEATH RD	05/06/2021	Owner Information ACADEMY OF CAREERS & TECHNOLOGIES , INC
Medicare 1:	SAN ANTONIO, TEXAS 78250		DIONE: FAY.
Medicare 2: Phone (210) 530-4127 Type: Parent Agency	Fax (210) 855-7466 Administrator TONJA NELSON		PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 018127 Lic Expire 5/31/2023 Medicare 1: 679655 HHA-18 Medicare 2: Phone (210) 231-0435 Type: Parent Agency	Region 07 Date Licensed PREMIER HOME HEALTH AGENCY 5405 HURLEY DR. SAN ANTONIO, TX 78238 Fax (210) 231-0440 Administrator VANESSA RUSSELL	05/19/2017	Owner Information GRACEFULL LLC 7400 PASTEUR DRIVE, STE#101 SAN ANTONIO, TX 78229 PHONE: FAX: Services: Licensed and Certified Home Health Services
County BEXAR License # 007102 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (210) 949-1303 Type: Parent Agency	Region 07 Date Licensed PRIDE PHC SERVICES INC 12500 SAN PEDRO SUITE #315 SAN ANTONIO, TX 78216 Fax (210) 949-1966 Administrator LUCINDA CRUZ	08/26/1999	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 License # 014612 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (210) 334-0955	Region 07 Date Licensed PRIMAVERA PHC 1007 FAIR AVENUE SAN ANTONIO, TX 78223 Fax (210) 334-0926	01/26/2012	Owner Information PRIMAVERA PRIMARY HOME CARE INC 1007 FAIR AVENUE SAN ANTONIO, TX 78223 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County BEXAR License # 019774 Lic Expire 2/28/2022 Medicare 1: 453194	Administrator BARBARA SALINAS Region 07 Date Licensed PRIME HOME HEALTH, LLC 4400 PIEDRAS DRIVE SOUTH SUITE 219 SAN ANTONIO, TEXAS 78228	02/01/2019	Owner Information PRIME HOME HEALTH, LLC
Medicare 2:	Foy. (210) 251 4467		PHONE: FAX:
Phone (210) 251-4973 Type: Parent Agency	Fax (210) 251-4467 Administrator IVAN VARGAS		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 019024 Lic Expire 10/9/2022 Medicare 1: 971582	Region 07 Date Licensed PRINCIPLE HOSPICE SERVICE LLC 9033 AERO STREET, SUITE 204 B SAN ANTONIO, TEXAS 78217	10/09/2018	Owner Information PRINCIPLE HOSPICE SERVICE LLC
Medicare 2: Phone (210) 455-6050	Fax (210) 310-3842		PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JORGE ARANGO		e e especial de la companya del companya del companya de la compan

County BEXAR License # 003513 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (210) 342-3464	PROFESSIONAL CARE HOME HEALTH INC 9516 CONTESSA SAN ANTONIO, TX 78216 Fax (210) 348-7074	06/12/1995	Owner Information PROFESSIONAL CARE HOME HEALTH INC 9516 CONTESSA SAN ANTONIO, TX 78216 PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency	Administrator LARA PINSON			
County BEXAR License # 003826 Lic Expire 11/30/2021 Medicare 1: 678101 HHA-18 Medicare 2: Phone (210) 673-0024	Region 07 Date Licensed PROGRESSIVE HOME CARE INC 11031 WYE DR STE 110 SAN ANTONIO, TX 78217 Fax (210) 680-9483	08/02/1995	Owner Information PROGRESSIVE HOME CARE INC 9258 CULEBRA RD SUITE 109 SAN ANTONIO, TX 78251 PHONE:	FAX:
1 Hone (210) 070-0024	1 ax (210) 000-0400		Services: Licensed and Certified Home Health Ser Personal Assistance Services	vices; Licensed Home Health Services;
Type: Parent Agency	Administrator JEANNIE LESTER			
County BEXAR License # 018706 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (210) 736-4677	Region 07 Date Licensed PROMISE SENIOR SOLUTIONS 5460 BABCOCK ROAD, SUITE 120-178 SAN ANTONIO, TEXAS 78240 Fax (844) 405-6984	04/16/2018	Owner Information PROMISE SENIOR SOLUTIONS LLC 1042 COUNTY ROAD 4511 HONDO, TX 78861-6024 PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency	Administrator SHERRY AUGG BIGLER AUGG	G BIGLER		
County BEXAR License # 018494 Lic Expire 12/31/2021 Medicare 1: Medicare 2:	Region 07 Date Licensed PROVIDER CARE AT HOME 900 NE LOOP 410 SUITE D427 SAN ANTONIO, TEXAS 78209	12/07/2017	Owner Information PROVIDER CARE AT HOME LLC 1714 FORTVIEW RD #106E AUSTIN, TX 78704 PHONE:	FAX:
Phone (512) 212-1402	Fax (210) 200-8544			FAA.
Type: Parent Agency	Administrator SHANE MILLER		Services: Personal Assistance Services	
County BEXAR License # 020332 Lic Expire 11/20/2022 Medicare 1: 971644 Medicare 2: Phone (210) 595-1146	Region 07 Date Licensed PURE HEART HOSPICE 4211 GARDENDALE STE A102 SAN ANTONIO, TEXAS 78229 Fax (210) 595-1148	11/20/2020	Owner Information ALLWELL CARE, LLC PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator STEPHEN OYINLOYE		iii Talloni Noopioo. No	
County BEXAR License # 021101 Lic Expire 2/26/2024 Medicare 1: 671640 HOSPICE	Region 07 Date Licensed QUALITY CARE, LLC 1803 S. ZARZAMORA ST SAN ANTONIO, TEXAS 78207	02/26/2021	Owner Information QUALITY CARE, LLC	
Medicare 2:			PHONE:	FAX:
Phone (210) 792-6404	Fax		Services: Hospice; Licensed and Certified Home H Services; Personal Assistance Services In-Patient Hospice: NO	lealth Services; Licensed Home Health
Type: Parent Agency	Administrator DANIEL CASTILLO			
County BEXAR License # 008669 Lic Expire 6/30/2022 Medicare 1: 459484 HHA-18	Region 07 Date Licensed QUALITY HOME HEALTH CARE SERVICES 4359 RITTMAN RD SAN ANTONIO, TX 78218	06/02/2003	Owner Information LEERS QUALITY HOME HEALTH CARE SVCS I 4359 RITTIMAN RD SAN ANTONIO, TX 78218	
Medicare 2: Phone (210) 229-9908	Fax (210) 229-9927		PHONE:	FAX:
Type: Parent Agency	Administrator EDWARD DAVIS		Services: Licensed and Certified Home Health Ser	vices; Licensed Home Health Services

County BEXAR	Region 07 Date Licensed 08/07/2017	Owner Information
License # 018233	R & R HOME CAREGIVERS LLC	R & R HOME CAREGIVERS LLC
		P.O. BOX 781118
Lic Expire 8/31/2023	8103 NORTH HOLLOW	SAN ANTOIO, TX 78278
Medicare 1:	SAN ANTONIO, TEXAS 78240	
Medicare 2:		PHONE: FAX:
Phone (210) 236-8955	Fax (888) 978-5038	Services: Personal Assistance Services
Type: Parent Agency	Administrator ROSANNA ROCHA	
County BEXAR	Region 07 Date Licensed 03/07/2012	Owner Information
License # 014682	RAINBOW PEDIATRIC HOME HEALTH PLLC	RAINBOW PEDIATRIC HOME HEALTH PLLC
Lic Expire 3/31/2022	22827 TORNILLO DR.	4211 GARDENDALE A-200
Medicare 1:	SAN ANTONIO, TX 78258	SAN ANTONIO, TX 78229
	SAN ANTONIO, IX 70230	DUONE. FAV.
Medicare 2:	Fav. (240) 792 9676	PHONE: FAX:
Phone (210) 722-4246	Fax (210) 783-8676	Services: Licensed Home Health Services
Type: Parent Agency	Administrator BRANT ZIMMERMAN	
County BEXAR	Region 07 Date Licensed 04/05/2021	Owner Information
License # 020672	REDWOOD HOSPICE LLC	REDWOOD HOSPICE LLC
Lic Expire 4/5/2024		
•	8746 WURZBACH RD STE 201-C	
Medicare 1:	SAN ANTONIO, TX 78240	BUOVE
Medicare 2:	_	PHONE: FAX:
Phone (210) 729-6922	Fax	Services: Hospice
Town Description	Administrator MANIFOCA LUNIA	In-Patient Hospice: NO
Type: Parent Agency	Administrator VANESSA LUNA	
County BEXAR	Region 07 Date Licensed 11/09/2020	Owner Information
License # 020302	REHAB WITHOUT WALLS NEUROSOLUTIONS	RWW HOME & COMMUNITY REHAB SERVICES, INC
Lic Expire 11/9/2022	814 ARION PARKWAY SUITE 434	9901 LINN STATION ROAD
Medicare 1:	SAN ANTONIO, TX 78216	LOUISVILLE, KY 40223
Medicare 2:	0, 11, 11, 10, 10, 10, 10, 10, 10, 10, 1	PHONE: FAX:
		THORE.
	Fay 18336260667	
Phone (210) 499-0063	Fax 18336260667	Services: Licensed Home Health Services
Type: Parent Agency	Fax 18336260667 Administrator SHANNON OXTON	Services: Licensed Home Health Services
,		Services: Licensed Home Health Services Owner Information
Type: Parent Agency	Administrator SHANNON OXTON	
Type: Parent Agency County BEXAR License # 019392	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE	Owner Information
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD	Owner Information REHABCARE GROUP EAST LLC
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1:	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2:	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX:
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2:	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX:
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX:
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1:	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2:	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112 SAN ANTONIO, TEXAS 78229	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX:
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1:	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS)
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone 210 5856352	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112 SAN ANTONIO, TEXAS 78229 Fax 210 9949118	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX:
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone 210 5856352 Type: Alternate Delivery Site	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112 SAN ANTONIO, TEXAS 78229 Fax 210 9949118 Administrator CASEY WILSON	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone 210 5856352	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112 SAN ANTONIO, TEXAS 78229 Fax 210 9949118	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone 210 5856352 Type: Alternate Delivery Site	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112 SAN ANTONIO, TEXAS 78229 Fax 210 9949118 Administrator CASEY WILSON	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information EDITION HEALTH SERVICES INC
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone 210 5856352 Type: Alternate Delivery Site County BEXAR	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112 SAN ANTONIO, TEXAS 78229 Fax 210 9949118 Administrator CASEY WILSON Region 05 Date Licensed	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information EDITION HEALTH SERVICES INC 101 W RENNER RD
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone 210 5856352 Type: Alternate Delivery Site County BEXAR License # 020034	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112 SAN ANTONIO, TEXAS 78229 Fax 210 9949118 Administrator CASEY WILSON Region 05 Date Licensed REMARKABLE HOSPICE	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information EDITION HEALTH SERVICES INC
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone 210 5856352 Type: Alternate Delivery Site County BEXAR License # 020034 Lic Expire 6/5/2022	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112 SAN ANTONIO, TEXAS 78229 Fax 210 9949118 Administrator CASEY WILSON Region 05 Date Licensed REMARKABLE HOSPICE 4335 W.PIEDRAS DR STE 215	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information EDITION HEALTH SERVICES INC 101 W RENNER RD
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone 210 5856352 Type: Alternate Delivery Site County BEXAR License # 020034 Lic Expire 6/5/2022 Medicare 1:	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112 SAN ANTONIO, TEXAS 78229 Fax 210 9949118 Administrator CASEY WILSON Region 05 Date Licensed REMARKABLE HOSPICE 4335 W.PIEDRAS DR STE 215	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information EDITION HEALTH SERVICES INC 101 W RENNER RD RICHARDSON, TEXAS 75082 PHONE: FAX:
Type: Parent Agency County BEXAR License # 019392 Lic Expire 5/28/2021 Medicare 1: Medicare 2: Phone 210 9477090 Type: Parent Agency County BEXAR License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone 210 5856352 Type: Alternate Delivery Site County BEXAR License # 020034 Lic Expire 6/5/2022 Medicare 1: Medicare 2: Medicare 2:	Administrator SHANNON OXTON Region 07 Date Licensed 05/28/2019 REHABCARE ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD SAN ANTONIO, TX 78256 Fax 210 8409007 Administrator ABLE ESCAMILLA Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 4203 GARDENDALE ST STE C112 SAN ANTONIO, TEXAS 78229 Fax 210 9949118 Administrator CASEY WILSON Region 05 Date Licensed REMARKABLE HOSPICE 4335 W.PIEDRAS DR STE 215 SAN ANTONIO, TEXAS 78228	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information EDITION HEALTH SERVICES INC 101 W RENNER RD RICHARDSON, TEXAS 75082

Type: Alternate Delivery Site

Administrator GRACE MILLS

County BEXAR License # 007241 Lic Expire 8/31/2020 Medicare 1: Medicare 2: Phone (210) 525-0820 Type: Branch Agency	Region 06 Date Licensed 05/14/2009 RESOURCE HOME HEALTH SERVICES 7551 CALLAGHAN ROAD # 102 SAN ANTONIO, TX 78229 Fax (210) 525-0830 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 License # 009828 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (210) 737-8090 Type: Branch Agency	Region 07 Date Licensed 02/21/2005 RESTORATIVE HEALTH CARE 8600 WURZBACH ROAD, SUITE 700 SAN ANTONIO, TX 78240 Fax (866) 653-2907 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 License # 009828 Lic Expire 2/28/2023 Medicare 1: 679006 HHA Medicare 2: Phone (210) 737-8090 Type: Parent Agency	Region 07 Date Licensed 02/21/2005 RESTORATIVE HEALTH CARE 8600 WURZBACH ROAD, SUITE 700 SAN ANTONIO, TX 78240 Fax (866) 653-2907 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 License # 013243 Lic Expire 12/31/2021 Medicare 1: 459488 HHA-18 Medicare 2: Phone (361) 937-7887 Type: Parent Agency	Region 07 Date Licensed 12/31/2009 RESTORATIVE HEALTH CARE OF SOUTH TEXAS 8600 WURZBACH RD. STE. 700 SAN ANTONIO, TX 78240 Fax (361) 937-9421 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 License # 010743 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (830) 625-1402 Type: Branch Agency	Region 07 Date Licensed 09/30/2008 RESTORATIVE PEDIATRICS 8600 WURZBACH ROAD, SUITE 700, 2ND FLOOR SAN ANTONIO, TX 78240 Fax (866) 630-6351 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 License # 010743 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (210) 733-0524 Type: Parent Agency	Region 07 Date Licensed 09/15/2006 RESTORATIVE PEDIATRICS 8600 WURZBACH ROAD, BLDG 700, 2ND FLOOR SAN ANTONIO, TX 78240 Fax (866) 760-4570 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 License # 018533 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (210) 308-9346	Region 07 Date Licensed 12/08/2017 RIGHT AT HOME SA 8700 CROWNHILL BLVD., SUITE 304 SAN ANTONIO, TEXAS 78209 Fax (210) 308-9352	Owner Information BLACK DOG HOME CARE, LLC 8700 CROWNHILL BLVD #706 SAN ANTONIO, TX 78209 PHONE: FAX: Services: Personal Assistance Services

Administrator

SLOANE WENDELL

County BEXAR License # 015062 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (210) 342-2273 Type: Parent Agency	Region 07 Date Licensed RIVER CITY HOME CARE 10221 DESERT SANDS # 107 SAN ANTONIO, TX 78216 Fax (210) 342-2278 Administrator ARTHUR J. PIKE	06/14/2012	Owner Information G & A MANAGEMENT INC 10221 DESSERT SANDS #107 SAN ANTONIO, TX 78216 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 013328 Lic Expire 5/31/2022 Medicare 1: 671655 HOSPICE Medicare 2: Phone (210) 858-9138 Type: Parent Agency	Region 07 Date Licensed RIVER CITY HOSPICE 5109 MEDICAL DRIVE SUITE 101 SAN ANTONIO, TX 78229 Fax (210) 568-4171 Administrator MARY VARELA	05/18/2010	Owner Information REAL LIFE HEALTHCARE SERVICES LLC PO BOX 20595 BEAUMONT, TEXAS 77720 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 014112 Lic Expire 5/31/2023 Medicare 1: 671716 HOSPICE Medicare 2: Phone (210) 858-9138	Region 07 Date Licensed RIVER CITY HOSPICE OF TEXAS LLC 5109 MEDICAL DRIVE SUITE 101 SAN ANTONIO, TEXAS 782295068 Fax (210) 568-4171	05/18/2011	Owner Information RIVER CITY HOSPICE OF TEXAS, LLC PO BOX 20595 BEAUMONT, TX 77720 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 020818 Lic Expire 6/7/2024 Medicare 1: Medicare 2: Phone (210) 729-6922	Administrator MARY VARELA Region 07 Date Licensed ROWAN HOSPICE LLC 8746 WURZBACH RD STE 201J SAN ANTONIO, TEXAS 78240 Fax	06/07/2021	Owner Information ROWAN HOSPICE LLC PHONE: FAX: Services: Hospice
Type: Parent Agency County BEXAR License # 017453 Lic Expire 4/30/2022 Medicare 1: 453135 HHA-18 Medicare 2: Phone (210) 798-2199 Type: Parent Agency	Administrator VANESSA LUNA Region 07 Date Licensed S A NURSES HOME HEALTH AGENCY 4414 CENTERVIEW DRIVE SUITE 210 SAN ANTONIO, TX 78228 Fax (210) 270-8215 Administrator VICKI LAYTON	04/07/2016	In-Patient Hospice: NO Owner Information SOLICITUDE SOLUTIONS INC 4414 CENTERVIEW DRIVE SUITE 210 SAN ANTONIO, TX 78228 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BEXAR License # 020554 Lic Expire 3/2/2023 Medicare 1:	Administrator VICKI LAYTON Region 07 Date Licensed SAFE HOMECARE 4414 CENTERVIEW DR., SUITE 126 SAN ANTONIO, TEXAS 78228	03/02/2021	Owner Information JIMENEZ SENIOR CARE INC
Medicare 2: Phone (210) 947-5701 Type: Parent Agency	Fax Administrator CHRISTINE MARTINEZ		PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 010616 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (210) 923-2285	Region 07 Date Licensed SAINT BENEDICTS HOME HEALTH INC 1313 SE MILITARY DR STE 105 SAN ANTONIO, TX 78214 Fax (210) 923-2286	03/27/2012	Owner Information SAINT BENEDICTS HOME HEALTH INC 424 E MAIN ROBSTOWN, TX 78380 PHONE: FAX:
1 110116 (210) 320-2200	1 un (210) 320-2200		Services: Personal Assistance Services

Type: Branch Agency

Administrator

BRENDA RAMON

Medicare 1: 45Q7865001 Medicare 2: Phone 361 396 1204 Type: Branch Agency	9842 LORENE LN. SAN ANTONIO, TEXAS 78216 Fax 361 6645862 Administrator OFELIA SALDIVAR		P. O. BOX 3531 ALICE, TEXAS 78333 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BEXAR License # 012658 Lic Expire 6/30/2023 Medicare 1: 747408 HHA-18 Medicare 2: Phone (210) 787-3343	Region 07 Date Licensed SAN ANTONIO HOME HEALTH 85 NE LOOP 410 SUITE 607 SAN ANTONIO, TX 78216 Fax (210) 579-1023	06/15/2009	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
Type: Parent Agency	Administrator FRANK HART	40/04/0040	Owner Information
County BEXAR License # 019166 Lic Expire 12/21/2023 Medicare 1: 971578 Medicare 2: Phone (210) 281-5888 Type: Parent Agency	Region 07 Date Licensed SAN ANTONIO HOSPICE CARE 1850 LOCKHILL SELMA, STE. #102 SAN ANTONIO, TEXAS 78213 Fax (210) 281-5888 Administrator COREY BURKS	12/21/2018	210 HOSPICE CARE LLC PO BOX 692128 SAN ANTONIO, TX 78269 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 017197 Lic Expire 12/31/2021 Medicare 1: 741637 HOSPICE Medicare 2: Phone (210) 290-8159	Region 07 Date Licensed SAN ANTONIO INSPIRE HOSPICE LLC 16675 HUEBNER RD SUITE 208 SAN ANTONIO, TX 78248 Fax (210) 290-8209	12/30/2015	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
Type: Parent Agency	Administrator HECTOR GUERRA		In-Patient Hospice: NO
County BEXAR License # 016288 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (210) 762-6460	Region 07 Date Licensed SAN ANTONIO VISITING ANGELS 6391 DE ZAVALA ROAD STE 104 SAN ANTONIO, TX 78249 Fax (210) 762-6462	06/27/2014	Owner Information YEUNG COL LLC 6391 DE ZAVALA ROAD, SUITE 104 SAN ANTONIO, TX 78249 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator MARK COLWELL		Services. Personal Assistance Services
County BEXAR License # 007530 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (210) 927-7712 Type: Parent Agency	Region 07 Date Licensed SAN JUAN PRIMARY HOME CARE AGENCY 545 MOURSUND BLVD SAN ANTONIO, TX 78221 Fax (210) 927-7713 Administrator AUGUSTIN ESTRADA	01/30/2001	Owner Information SAN JUAN PRIMARY HOME CARE AGENCY 545 MOURSUND BLVD SAN ANTONIO, TX 78221 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 015847 Lic Expire 10/31/2023 Medicare 1:	Region 07 Date Licensed SAN RAFAEL HEALTHCARE INC 400 NORTH LOOP 1604 EAST STE 350 SAN ANTONIO, TX 78232	10/31/2013	Owner Information SAN RAFAEL HEALTHCARE INC 400 NORTH LOOP 1604 EAST STE 350 SAN ANTONIO, TX 78232 PHONE: FAX:

County BEXAR License # 013877 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (210) 438-9357 Type: Parent Agency	Region 07 Date Licensed 01/01/2011 SANTANA PRIMARY HOME CARE INC 5419 BANDERA RD STE 703 SAN ANTONIO, TX 78238 Fax (210) 438-8102 Administrator REBECCA SANTANA	Owner Information SANTANA PRIMARY HOME CARE INC 5419 BANDERA ROAD STE 703 SAN ANTONIO, TX 78238 PHONE: FAX: Services: Personal Assistance Services
County BEXAR	Region 07 Date Licensed 03/22/2021	Owner Information
License # 020622	SBP HOME HEALTHCARE LLC	SBP HOME HEALTHCARE LLC
Lic Expire 3/22/2024	4203 WOODCOCK DRIVE STE 206	
Medicare 1:	SAN ANTONIO, TX 78228	BUQUE 51V
Medicare 2: Phone 210 457 9039	Fax	PHONE: FAX:
Type: Parent Agency	Administrator SHIYAR POYRAZ	Services: Personal Assistance Services
		Owner Information
County BEXAR	Region 07 Date Licensed 11/18/2011	SEASONS HOSPICE & PALLIATIVE CARE OF TEXASSAN ANTONIO, LLC
License # 014478	SEASONS HOSPICE & PALLIATIVE CARE OF TEXASSAN ANTONIO LLC	300 E SONTERRA BLVD., STE#1260
Lic Expire 11/30/2023 Medicare 1: 671721 HOSPICE	300 E SONTERRA BOULEVARD SUITE 1260 SAN ANTONIO, TX 78258	SAN ANTONIO, TX 78258
Medicare 2:	SAN ANTONIO, 1A 10230	PHONE: FAX:
Phone (210) 471-2300	Fax (210) 471-2301	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOHN WOOTEN	iii r didik riogios. No
County BEXAR	Region 07 Date Licensed 05/18/2011	Owner Information
License # 014111	SENIOR BUDDIES LLC	SENIOR BUDDIES, LLC
Lic Expire 10/29/2023	24137 BOERNE STAGE ROAD	24137 BOERNE STAGE RD
Medicare 1:	SAN ANTONIO, TX 78255	SAN ANTONIO, TX 78255
Medicare 2:		PHONE: FAX:
Phone (210) 698-7772	Fax (210) 735-8271	Services: Personal Assistance Services
Type: Parent Agency	Administrator JACOB KITCHEN	
County BEXAR License # 017648 Lic Expire 9/30/2022 Medicare 1:	Region 07 Date Licensed 09/23/2016 SENIOR HELPERS OF GREATER SAN ANTONIO 4837 FREDERICKSBURG ROAD SAN ANTONIO, TX 78229	Owner Information 78 ENTERPRIZE LLC 12937 PARK FOREST SAN ANTONIO, TX 78230
Medicare 2:	F (040) 040 0545	PHONE: FAX:
Phone (210) 810-3535 Type: Parent Agency	Fax (210) 810-3545 Administrator MARIA HOOPER	Services: Personal Assistance Services
County BEXAR License # 015064 Lic Expire 7/31/2022 Medicare 1: 747965 HHA-18	Region 07 Date Licensed 07/06/2012 SENIORBRIDGE 8123 DATA POINT DRIVE, SUITE 101 SAN ANTONIO, TX 78229	Owner Information HUMANA AT HOME SAN ANTONIO INC 404 BRAODWAY SUITE 200 SAN ATONIO, TX 78209
Medicare 2:		PHONE: FAX:
Phone (210) 822-9494	Fax (210) 804-0509	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SUSAN GREEN	
County BEXAR License # 019592 Lic Expire 12/31/2021 Medicare 1:	Region 07 Date Licensed 09/10/2019 SENT FROM ABOVE HOME HEALTH 8911 RAINBOW CREEK SAN ANTONIO, TEXAS 78245	Owner Information SENT FROM ABOVE HOME HEALTHCARE LLC 8911 RAINBOW CREEK SAN ANTONIO, TX 78245
Medicare 2:		PHONE: FAX:
Phone (256) 846-2401 Type: Parent Agency	Fax Administrator DAVID BURNETT	Services: Personal Assistance Services

County BEXAR License # 019071 Lic Expire 11/8/2022 Medicare 1: 74-1773	Region 07 Date Licensed 11/08/2018 SERENITY HOSPICE AND PALLIATIVE CARE OF TEXAS LLC 928 WAVERLY AVE. SAN ANTONIO, TEXAS 78201	Owner Information SERENITY HOSPICE AND PALLIATIVE CARE OF TEXAS LLC
Medicare 2:		PHONE: FAX:
Phone (210) 852-4009	Fax (210) 874-6598	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DEBBIE ROBLES	
County BEXAR License # 016603 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (979) 323-7099 Type: Branch Agency	Region 06 Date Licensed SHINING NIGHTINGALE HEALTH CARE 401 E SONTERRA BLVD, SUITE 375 SAN ANTONIO, TX 78258 Fax 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 License # 016470 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (210) 479-5875 Type: Parent Agency	Region 07 Date Licensed 10/08/2014 SIMPLY THE BEST HOME THERAPY LLC 13333 BLANCO RD. STE. 310 SAN ANTONIO, TX 78216 Fax (210) 479-2911 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 License # 011872 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (210) 733-9800 Type: Parent Agency	Region 07 Date Licensed 01/01/2008 SISTERS CARE AT THE VILLAGE 4707 BROADWAY SAN ANTONIO, TX 78209 Fax (210) 733-8223 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 License # 017713 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (210) 433-7707 Type: Parent Agency	Region 07 Date Licensed 04/14/2016 SOFT TOUCH HOME CARE INC 1222 CALLAGHAN ROAD SUITE #100 SAN ANTONIO, TX 78228 Fax (210) 433-0109 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 License # 017712 Lic Expire 4/30/2022 Medicare 1: 678109 HHA-18 Medicare 2: Phone (210) 433-0555 Type: Parent Agency	Region 07 Date Licensed 04/14/2016 SOFT TOUCH HOME CARE INC 1222 CALLAGHAN ROAD SUITE #200 SAN ANTONIO, TX 78228 Fax (210) 433-0109 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 License # 007459 Lic Expire 10/31/2023 Medicare 1: 679026 Medicare 2: Phone (210) 615-5242 Type: Parent Agency	Region 07 Date Licensed 10/18/2000 SPECIAL KIDS CARE 11124 WURZBACH RD SUITE 100 SAN ANTONIO, TX 78230 Fax (210) 615-5280 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 License # 019374 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (210) 352-5242	Region 07 Date Licensed SPECIALTY HOMECARE LLC 4203 GARDENDALE STE C256 SAN ANTONIO, TEXAS 78229 Fax (210) 352-5271	05/13/2019	Owner Information SPECIALTY HOMECARE LLC PHONE: FAX:
Type: Parent Agency	Administrator MEGAN MORALES		Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 013690 Lic Expire 11/30/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed SPEECH WEB HOME CARE LLC 105 BILTMORE SUITE 205 CASTLE HILLS, TX 78213	11/04/2010	Owner Information SPEECH WEB HOME CARE, LLC 105 BILTMORE #205 SAN ANTONIO, TX 78213 PHONE: FAX:
Phone (210) 525-1441 Type: Parent Agency	Fax (210) 525-0141 Administrator LORRAINE ESQUIVEL		Services: Licensed Home Health Services
County BEXAR License # 020832 Lic Expire 6/15/2024 Medicare 1:	Region 07 Date Licensed SPRUCE HOSPICE LLC 8746 WURZBACH ROAD, 201- K SAN ANTONIO, TEXAS 78240	06/15/2021	Owner Information SPRUCE HOSPICE LLC
Medicare 2:			PHONE: FAX:
Phone (210) 729-1448 Type: Parent Agency	Fax (210) 729-7305 Administrator VANESSA LUNA		Services: Hospice In-Patient Hospice: NO
County BEXAR License # 021022 Lic Expire 9/3/2024 Medicare 1:	Region 07 Date Licensed ST DORA SENIOR CARE 2600 NE INTERSTATE LOOP 410 APT 1502 SAN ANTONIO, TX 78217	09/03/2021	Owner Information SHOSWORLD LLC
Medicare 1:	SAN ANTONIO, IX 10211		PHONE: FAX:
Phone (210) 763-6504 Type: Parent Agency	Fax Administrator OLUSHOLA SANGODELE		Services: Personal Assistance Services
County BEXAR License # 020507 Lic Expire 2/3/2023 Medicare 1:	Region 07 Date Licensed ST JOSEPH'S ADULT HEALTHCARE, LLC 1100 NW LOOP 410 SUITE 700 SAN ANTONIO, TX 78213	02/03/2021	Owner Information ST JOSEPH'S ADULT HEALTHCARE, LLC
Medicare 2:			PHONE: FAX:
Phone (210) 740-9780 Type: Parent Agency	Fax Administrator JOSEPHINE NLEKWA		Services: Personal Assistance Services
County BEXAR License # 012830 Lic Expire 8/31/2023 Medicare 1: 747460 HHA-18 Medicare 2:	Region 07 Date Licensed ST MARK HOME HEALTH CARE LLC 5545 FREDERICKSBURG RD SUITE 205 SAN ANTONIO, TX 78229	08/31/2009	Owner Information ST MARK HOME HEALTH CARE, LLC 5545 FREDRICKSBURG ROAD STE#205 SAN ANTONIO, TX 78229 PHONE: (210) 366-2352 FAX:
Phone (210) 366-2352 Type: Parent Agency	Fax (210) 366-2350 Administrator YVONNE GONZALEZ		Services: Licensed and Certified Home Health Services; Personal Assistance Services
County BEXAR License # 015881 Lic Expire 11/30/2023 Medicare 1:	Region 07 Date Licensed ST MARY'S PHC 1007 FAIR AVENUE, SUITE A SAN ANTONIO, TX 78223	11/20/2013	Owner Information SANTA MARIA MEDICAL GROUP INC P. O. BOX 23067 SAN ANTONIO, TX 78223
Medicare 2: Phone (210) 257-8458 Type: Parent Agency	Fax (210) 257-8533 Administrator WILLIAM CANELA		PHONE: FAX: Services: Personal Assistance Services

County BEXAR License # 017425 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 960-2244 Type: Parent Agency	Region 07 Date Licensed ST MICHAEL PROVIDERS LLC 104 PARDO CIRCLE SAN ANTONIO, TX 78228 Fax (210) 960-2240 Administrator ESTHER SAN MIGUEL	05/27/2016	Owner Information ST MICHAEL PROVIDERS LLC 104 PARDO CIRCLE SAN ANTONIO, TX 78228 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 019372 Lic Expire 5/9/2021 Medicare 1:	Region 07 Date Licensed ST MICHAEL'S HOME CARE 5049 EDWARDS RANCH ROAD, FLOOR 4 FORT WORTH, TEXAS 76109	05/15/2019	Owner Information ST MICHAEL'S SENIOR CARE, LLC 1240 FOREST PARK DRIVE WEATHERFORD, TEXAS 76087
Medicare 2: Phone (210) 882-6559 Type: Parent Agency	Fax (210) 579-8297 Administrator BREANNA WILLIAMS		PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 012046 Lic Expire 2/28/2024 Medicare 1: 45-7912 (HHA); 97- Medicare 2: Phone (210) 615-3877	Region 07 Date Licensed SUMMIT HOME HEALTH CARE 100 NE LOOP 410, STE 1500-A SAN ANTONIO, TX 78216 Fax (210) 615-3876	03/01/2008	Owner Information SUMMIT HOMECARE SERVICES LLC 7475 CALLAGAN RD SUITE 203 SAN ANTONIO, TX 78229-2934 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 019623 Lic Expire 10/1/2023 Medicare 1: 971590	Administrator ANDREA BARCAK Region 07 Date Licensed SUNCREST HOSPICE SAN ANTONIO LLC 14100 SAN PEDRO AVE STE 300 SAN ANTONIO, TEXAS 78232	10/01/2019	Owner Information SUNCREST HOSPICE SAN ANTONIO LLC
Medicare 2: Phone (830) 637-2721	Fax (210) 978-5250 Administrator ANNE NISLEY		PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 019272 Lic Expire 2/21/2023 Medicare 1: 971550 (HOSPICE)	Region 07 Date Licensed SUNRISE HOSPICE, INC 4402 VANCE JACKSON RD STE 100 SAN ANTONIO, TEXAS 78230	02/21/2019	Owner Information SUNRISE HOSPICE, INC
Medicare 2: Phone (210) 239-7802	Fax (210) 817-8614		PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator RONNIE MUNIZ II		in auenthospice. No
County BEXAR License # 016017 Lic Expire 1/31/2025 Medicare 1: 677851	Region 07 Date Licensed SUPER HERO KIDS HOME HEALTH 8700 CROWNHILL BLVD. STE #105 SAN ANTONIO, TEXAS 78209	01/13/2014	Owner Information SUPER HERO KIDS HOME HEALTH, LLC 8700 CROWNHILL BLVD. STE. #105 SAN ANTONIO, TX 78209
Medicare 2: Phone (210) 937-1104 Type: Parent Agency	Fax (210) 255-8772 Administrator STEVAN ADAMS		PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 013689 Lic Expire 8/31/2022 Medicare 1: 679504 HHA-18	Region 07 Date Licensed SUPERIOR HOME HEALTH OF SAN ANTON 8000 VANTAGE DRIVE SAN ANTONIO, TX 78230	09/01/2010 IO LLC	Owner Information SUPERIOR HOME HEALTH OF SAN ANTONIO LLC 8000 VANTAGE DRIVE SAN ANTONIO, TX 78230
Medicare 2: Phone (210) 662-0004	Fax (210) 662-0619		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Derent Agency	Administrator DATCV DICCAINO		

Administrator PATSY BISCAINO

County BEXAR License # 014459 Lic Expire 2/1/2022 Medicare 1: 671739 HOSPICE Medicare 2: Phone (210) 877-5777 Type: Parent Agency	Region 07 Date Licensed 11/08/2011 SUPERIOR HOSPICE LLC 8000 VANTAGE DRIVE SAN ANTONIO, TX 78230 Fax (210) 877-5722 Administrator BELINDA JUAREZ	Owner Information SUPERIOR HOSPICE, LLC 8000 VANTAGE DRIVE SAN ANTONIO, TX 78230 PHONE: FAX: Services: Hospice In-Patient Hospice: NO	
County BEXAR License # 020728 Lic Expire 5/3/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed 05/03/2021 SUPERIOR HOSPICE V, LLC 8000 VANTAGE DR SAN ANTONIO, TEXAS 78230	Owner Information SUPERIOR HOSPICE V, LLC PHONE: FAX:	
Phone (210) 686-0144 Type: Parent Agency	Fax (210) 579-9465 Administrator PATSY BISCAINO	Services: Hospice In-Patient Hospice: NO	
County BEXAR License # 020942 Lic Expire 7/29/2024 Medicare 1:	Region 07 Date Licensed 07/29/2021 SUPERIOR HOSPICE VI, LLC 8000 VANTAGE DR SAN ANTONIO, TEXAS 78230	Owner Information SUPERIOR HOSPICE VI, LLC	
Medicare 2: Phone (210) 686-0683	Fax (210) 941-0116	PHONE: FAX: Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator PATSY BISCAINO	Our relations stice	
County BEXAR License # 020892 Lic Expire 7/9/2024 Medicare 1:	Region 07 Date Licensed 07/09/2021 SYCAMORE HOSPICE, LLC 8746 WURZBACH ROAD, 201- P SAN ANTONIO, TEXAS 78240	Owner Information SYCAMORE HOSPICE, LLC	
Medicare 2:	SAN ANTONIO, TEXAS 70240	PHONE: FAX:	
Phone (210) 729-1448 Type: Parent Agency	Fax (210) 729-7305 Administrator VANESSA LUNA	Services: Hospice In-Patient Hospice: NO	
County BEXAR License # 019583 Lic Expire 9/6/2024 Medicare 1: Medicare 2: Phone 210 2671252 Type: Parent Agency	Region 07 Date Licensed 08/22/2013 SYNERGY HOMECARE OF GREATER SAN ANTONIO 10715 GULFDALE STREET, SUITE 250 SAN ANTONIO, TEXAS 78216 Fax 210 2675598 Administrator BETTINA MCGRIGGLER	Owner Information INDEPENDENT LIVING SOLUTIONS INC 24719 CREEK LOOP SAN ANTONIO, TX 78266 PHONE: FAX: Services: Personal Assistance Services	
County BEXAR License # 018866 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 478-7906	Region 07 Date Licensed 08/02/2018 TC CARE 10615 PERRIN BEITEL RD, STE 602 SAN ANTONIO, TX 78217 Fax (210) 478-7906	Owner Information TC CARE LLC 6922 CUTTING CREEK SAN ANTONIO, TX 78244 PHONE: FAX: Services: Personal Assistance Services	
Type: Parent Agency County BEXAR License # 012487 Lic Expire 3/31/2023	Administrator TAMMI WARD Region 03 Date Licensed TEAM SELECT HOME CARE 4204 GARDENDALE SUITE 212	Owner Information VIVICARE HEALTH PARTNERS LLC 2999 N. 44TH STREET STE 100	
Medicare 1: Medicare 2: Phone (210) 714-0688	SAN ANTONIO, TX 78229 Fax (830) 201-1550	PHOENIX, AZ 85018 PHONE: FAX: Services: Licensed Home Health Services	
Type: Branch Agency	Administrator DANA TARRANT		

County BEXAR License # 015909	Region 07 Date Licensed 12/11/2013 TENDER TOUCH HOSPICE LLC	Owner Information TENDER TOUCH HOSPICE LLC 4203 GARDENDALE ST C-112
Lic Expire 12/31/2021 Medicare 1: 741559 HOSPICE	4203 GARDENDALE ST. SUITE C112 SAN ANTONIO, TX 78229	SAN ANTONIO, TX 78229
Medicare 2: Phone (210) 585-6352	Fax (210) 994-9118	PHONE: FAX:
		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHEILA GALINDO-CAMPOS	
County BEXAR	Region 07 Date Licensed 10/10/2005	Owner Information TEXAS HEALTH STAFFING SERVICES INC
License # 008583	TEXAS HEALTH STAFFING SERVICES INC	1115 CHIHUAHUA SUITE A
Lic Expire 9/30/2023 Medicare 1:	539 N GENERAL MCMULLEN SUITE 106 SAN ANTONIO, TX 78228	LAREDO, TX 78040
Medicare 2:	SAIVAINTOINIO, TA 70220	PHONE: FAX:
Phone (210) 433-3133	Fax (210) 433-3177	Services: Personal Assistance Services
Type: Branch Agency	Administrator EDNA VERNETTE RAETZSCH CARRANZA	Services. Personal Assistance Services
	Davis 07 Data Lisaasad 00/00/0005	Owner Information
County BEXAR License # 009956	Region 07 Date Licensed 06/06/2005 TEXAS HEALTHCARE SOLUTIONS, INC	TEXAS HEALTHCARE SOLUTIONS, INC
Lic Expire 6/30/2024	11550 W. INTERSTATE 10 STE. 170	11550 IH 35 10 WEST STE#170
Medicare 1: 679298 HHA-18	SAN ANTONIO, TX 78230	SAN ANTONIO, TX 78230
Medicare 2:		PHONE: FAX:
Phone (210) 877-5222	Fax (210) 877-5228	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator SHANNON BOWEN	
County BEXAR License # 017592 Lic Expire 5/31/2022	Region 07 Date Licensed 05/10/2016 TEXAS HEARTFELT PERSONAL CARE LLC 4203 GARDENDALE, SUITE C 207	Owner Information TEXAS HEARTFELT PERSONAL CARE LLC 4203 GARDENDALE ST., C202
Medicare 1:	SAN ANTONIO, TX 78229	SAN ANTONIO, TX 78229
Medicare 2:		PHONE: FAX:
Phone (210) 616-9790	Fax (210) 616-9791	Services: Personal Assistance Services
Type: Parent Agency	Administrator DELORES PATTERSON	
County BEXAR	Region 07 Date Licensed 02/15/2005	Owner Information
License # 007949	TEXAS HOME HEALTH SKILLED SERVICES	TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire 5/31/2022	4801 NW LOOP 410 SUITE 115	
Medicare 1:	SAN ANTONIO, TX 78229	DUONE: FAV.
Medicare 2: Phone (210) 349-7355	Fax (210) 349-7385	PHONE: FAX:
Type: Branch Agency	Administrator CHRISTINA MAYA-CRUZ	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Owner Information
County BEXAR License # 012864	Region 07 Date Licensed 09/21/2009 TEXAS TELEHEALTH	BRUSH COUNTRY HOME HEALTH INC
License # 012864 Lic Expire 9/30/2024	4414 CENTERVIEW DRIVE SUITE #150	SAME AS PHYSICAL ADDRESS
Medicare 1: 747609	SAN ANTONIO, TEXAS 78228	ZAPATA, TX 78076
Medicare 2:	0.11.11.10.110, 12.210 10.220	PHONE: FAX:
Phone 210 9479550	Fax 210 4550250	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JOSE L TREVINO III	Personal Assistance Services
County BEXAR	Region 07 Date Licensed 07/23/2014	Owner Information
License # 016333	TEXCARE HEALTHCARE SYSTEM LLC	TEXCARE HEALTHCARE SYSTEM LLC
Lic Expire 7/31/2022	1915 LA MANDA, SUITE#2	1915 LA MANDA
Medicare 1:	SAN ANTONIO, TEXAS 78201	SAN ANTONIO, TX 78201
Medicare 2:		PHONE: FAX:
Phone (210) 541-8111	Fax (210) 541-8110	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LAWRENCE OSEGHAE, R.N., M.B.A.	

County BEXAR License # 009902 Lic Expire 8/31/2023 Medicare 1: 677911 HHA-18 Medicare 2: Phone (210) 767-9044 Type: Parent Agency County BEXAR	Region 07 Date Licensed THANK YOU NURSES LTD 4242 WOODCOCK DRIVE STE 150 SAN ANTONIO, TX 78228 Fax (210) 767-9046 Administrator JENNIFER FLORES Region 07 Date Licensed	08/10/2005	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
License # 018123 Lic Expire 6/30/2023 Medicare 1: 741714 HOSPICE Medicare 2: Phone (210) 270-1393	THE MEDICAL TEAM INC 45 N.E. LOOP 410 STE 800 SAN ANTONIO, TX 782165837 Fax (210) 270-1367		THE MEDICAL TEAM INC 1902 CAMPUS COMMONS DRIVE, SUITE 650 RESTON, VA 20191 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MARTHA NARANJO		in didictiospiss. No
County BEXAR License # 018707 Lic Expire 8/1/2022 Medicare 1: 971703 Hospice Medicare 2: Phone (214) 373-1111 Type: Parent Agency	Region 07 Date Licensed THE MEDICAL TEAM INC 45 NE LOOP 410, SUITE 800A SAN ANTONIO, TX 78216 Fax (214) 238-8080 Administrator MARTHA NARANJO	04/17/2018	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 License # 001327 Lic Expire 7/31/2022 Medicare 1: 457491 HHA-18 Medicare 2: Phone (210) 227-9000	Region 07 Date Licensed THE MEDICAL TEAM INC 45 N E LOOP 410 SUITE 800 SAN ANTONIO, TX 78216 Fax (210) 224-2020	07/26/1983	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
Type: Parent Agency County BEXAR License # 015930 Lic Expire 9/30/2023 Medicare 1: 677248 HHA-18 Medicare 2: Phone (210) 616-3299 Type: Parent Agency	Administrator DAVID MYERS Region 07 Date Licensed THERACARE HOME HEALTH 8122 DATAPOINT DRIVE, SUITE 410A SAN ANTONIO, TX 78229 Fax (210) 616-3298 Administrator ROSALINDA FERREL	09/27/2013	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 License # 015930 Lic Expire 9/30/2023 Medicare 1: 67Q7248003 Medicare 2: Phone (210) 616-3299 Type: Branch Agency County BEXAR License # 020463 Lic Expire 1/14/2023 Medicare 1:	Region 07 Date Licensed THERACARE HOME HEALTH 8122 DATAPOINT DRIVE, SUITE 410C SAN ANTONIO, TX 78229 Fax (210) 616-3298 Administrator ROSALINDA FERREL Region 07 Date Licensed THERAPLAY 6710 LOMA CORONA SAN ANTONIO, TEXAS 78233	01/14/2021	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 Owner Information PROGRESSIVE THERAPY IN MOTION, INC
Medicare 2: Phone (210) 876-6600 Type: Parent Agency	Fax (210) 876-4778 Administrator NICO JOB GREGORIO DE G	UZMAN	PHONE: FAX: Services: Licensed Home Health Services

County BEXAR License # 007367 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone 12144679787 Type: Branch Agency	Region 03 Date Licensed THERAPY 2000 INC 1635 NE LOOP 410; STE 600 SAN ANTONIO, TX 78209 Fax 14699165800 Administrator DARLA GRANT		Owner Information THERAPY 2000 1431 GREENWAY DRIVE, SUITE 500 IRVING, TX 75038 PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 018144 Lic Expire 4/30/2024 Medicare 1: 741626 HOSPICE Medicare 2: Phone (210) 780-3003	Region 07 Date Licensed THREE OAKS HOSPICE SAN ANTONIO 9830 COLONNADE BLVD STE 470 SAN ANTONIO, TEXAS 78230 Fax (888) 507-0660	04/04/2017	Owner Information UNITY HOSPICE CARE LLC 10221 DESSERT SANDS SUITE 106A SAN ANTONIO, TX 78216 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 017864 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (210) 804-0193 Type: Branch Agency	Administrator JOYCE SMITH Region 05 Date Licensed THRIVE SKILLED PEDIATRIC CARE 8610 N. NEW BRAUNFELS AVE. SUITE 405 SAN ANTONIO, TX 782176358 Fax (210) 610-8782 Administrator IDALIA ARAGUZ, RN	11/01/2016	Owner Information FIRST CHOICE CHILDREN'S HOMECARE, LP 701 EDGEWATER DRIVE, SUITE 300 WAKEFIELD, MA 1880 PHONE: FAX: Services: Licensed Home Health Services
County BEXAR License # 008484 Lic Expire 6/30/2024 Medicare 1: 679343 HHA-18 Medicare 2: Phone (210) 736-6100 Type: Parent Agency	Region 07 Date Licensed TITAN HEALTH SERVICES LLC 19496 SOMERSET RD UNIT # 1 SOMERSET, TEXAS 78069 Fax (210) 736-6101 Administrator RUBEN GARCIA	06/02/2003	Owner Information TITAN HEALTH SERVICES LLC 10010 ROGER'S CROSSING STE 210 SAN ANTONIO, TX 78251 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 009281 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (210) 653-8475	Region 06 Date Licensed TOUCH OF CLASS 5413 BANDERA ROAD UNIT 401 SAN ANTONIO, TX 78238 Fax (210) 653-8012	09/01/2004	Owner Information TOUCH OF CLASS PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR License # 019582 Lic Expire 9/6/2021 Medicare 1: Medicare 2: Phone 210 4216078 Type: Parent Agency	Administrator JANET BOWLES Region 07 Date Licensed TOUCHING HEARTS AT HOME 8627 CINNAMON CREEK DRIVE, SUITE 601 SAN ANTONIO, TEXAS 78240 Fax Administrator ALAN BUMPUS	10/01/2018	Owner Information J & J INHOME CARE LLC 20079 STONE OAK PARKWAY SAN ANTONIO, TX 78258 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 011485 Lic Expire 7/31/2022 Medicare 1: 747024 HHA-18 Medicare 2: Phone (210) 541-8884 Type: Parent Agency	Region 07 Date Licensed TOUCHSTONE HEALTH 613 NW LOOP 410 SUITE 195 SAN ANTONIO, TX 78216 Fax (210) 541-8188 Administrator MICHELLE CORTEZ	07/23/2007	Owner Information ALAMO HOME HEALTHCARE INC 11411 RENDEZVOUS DR. SAN ANTONIO, TEXAS 78216 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO

County BEXAR License # 021364 Lic Expire 2/1/2025 Medicare 1: Medicare 2: Phone (210) 362-1433 Type: Parent Agency	Region 07 Date Licensed TRANQUILITY HOME CARE AND HOSPICE LLC 7205 BANDERA ROAD STE 203 SAN ANTONIO, TEXAS 78238 Fax (210) 855-7657 Administrator JAMES THOMAS JR.	Owner Information TRANQUILITY HOME CARE AND HOSPICE LLC 8452 FREDERICKSBURG RD #267 SAN ANTONIO, TX 78229 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 018741 Lic Expire 5/31/2022 Medicare 1: 971546 (HOSPICE) Medicare 2:	Region 07 Date Licensed 05/04/2018 TRANSCEND HOSPICE 1844 LOCKHILL SELMA RD., STE 101 G SAN ANTONIO, TEXAS 78213	Owner Information PEACE OF MIND HOSPICE 2, LLC 1840 LOCKHILL SELMA RD., STE. 103G SAN ANTONIO, TX 78213 PHONE: FAX:
Phone (210) 994-5388 Type: Parent Agency	Fax (210) 796-3049 Administrator HOLLY FOX	Services: Hospice In-Patient Hospice: NO
County BEXAR License # 018761 Lic Expire 5/31/2022 Medicare 1: 97-1536 (HOSPICE Medicare 2: Phone (210) 994-5388 Type: Parent Agency	Region 07 Date Licensed 05/25/2018 TRANSCEND HOSPICE 1844 LOCKHILL SELMA RD., STE 101 H SAN ANTONIO, TEXAS 78213 Fax (210) 796-3049 Administrator SANDRA MALDONADO	Owner Information PEACE OF MIND HOSPICE 3, LLC 1840 LOCKHILL SELMA RD. STE 103H SAN ANTONIO, TX 78213 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BEXAR License # 019763 Lic Expire 1/8/2022 Medicare 1: 971596 Hospice Medicare 2:	Region 07 Date Licensed 05/31/2018 TRANSCEND HOSPICE 1844 LOCKHILL SELMA RD., STE 101 M SAN ANTONIO, TEXAS 78213 Fax (210) 796-3049	Owner Information FELICA HOSPICE LLC PHONE: FAX:
Phone (210) 994-5388 Type: Parent Agency County BEXAR	Administrator HOLLY FOX Region 07 Date Licensed 05/31/2018	Services: Hospice In-Patient Hospice: NO Owner Information
License # 019772 Lic Expire 1/9/2022 Medicare 1: 971587 Medicare 2: Phone (210) 994-5388	TRANSCEND HOSPICE 1844 LOCKHILL SELMA RD., STE 101 K SAN ANTONIO, TEXAS 78213 Fax (210) 796-3049	CAYLOR HOSPICE LLC PHONE: FAX:
Type: Parent Agency	Administrator SANDRA MALDONADO	Services: Hospice In-Patient Hospice: NO
County BEXAR License # 018709 Lic Expire 4/30/2022 Medicare 1: 97-1503 (HOSPICE Medicare 2: Phone (210) 994-5388	Region 07 Date Licensed 04/17/2018 TRANSCEND HOSPICE 1844 LOCKHILL SELMA RD., STE 101 E SAN ANTONIO, TEXAS 78213 Fax (210) 796-3049	Owner Information LACKLAND HOSPICE LLC 1840 LOCKHILL SELMA RD STE 103E SAN ANTONIO, TX 78213 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR	Administrator HOLLY FOX Region 07 Date Licensed 07/14/2017	Owner Information
License # 018166 Lic Expire 7/31/2024 Medicare 1: 74-1751 Hospice	TRANSCEND HOSPICE 1844 LOCKHILL SELMA RD., STE 101 F SAN ANTONIO, TEXAS 78213	PEACE OF MIND HOSPICE LLC 1840 LOCKHILL SELMA RD STE 103I SAN ANTONIO, TX 78213
Medicare 2: Phone (210) 994-5388 Type: Parent Agency	Fax (210) 796-4049 Administrator HOLLY FOX	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
. JPO. I GIGIL AGEILTY		

County BEXAR License # 019197 Lic Expire 1/14/2023 Medicare 1: 741585 Medicare 2: Phone (210) 679-1485 Type: Parent Agency	Region 07 Date Licensed TRANSCEND HOSPICE 1844 LOCKHILL SELMA RD., SUITE 102 SAN ANTONIO, TEXAS 78213 Fax (888) 696-3440 Administrator FELICA ACOSTA- PETERS	01/14/2019	Owner Information TRANSITIONS HOSPICE LLC 1846 LOCKHILL SELMA RD SUITE 101 SAN ANTONIO, TX 78213 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
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: Medicare 2:	SAN ANTONIO, TEXAS 78213		PHONE:	FAX:
Phone (210) 994-5388	Fax (210) 796-3049		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator SANDRA MALDONADO		· 	
County BEXAR License # 020336	Region 07 Date Licensed TRANSCEND HOSPICE	11/23/2020	Owner Information	
Lic Expire 11/23/2022	1844 LOCKHILL SELMA RD. SUITE 101 U			
Medicare 1: Medicare 2:	SAN ANTONIO, TEXAS 78213		PHONE:	FAX:
Phone (210) 994-5388	Fax (210) 796-3049		Services: Hospice	TAX.
Type: Decent Agency	Administrator CLAUDIA GARCIA		In-Patient Hospice: NO	
Type: Parent Agency			Owner Information	
County BEXAR License # 020337	Region 07 Date Licensed TRANSCEND HOSPICE	11/23/2020	TRANSCEND HOSPICE 16 LLC	
Lic Expire 11/23/2022	1844 LOCKHILL SELMA RD, SUITE 101 R			
Medicare 1: 971676	SAN ANTONIO, TEXAS 78213		DUONE	FAV
Medicare 2: Phone (210) 994-5388	Fax (210) 796-3049		PHONE:	FAX:
			Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator SANDRA MALDONADO		O	
County BEXAR License # 020081	Region 07 Date Licensed TRANSCEND HOSPICE	09/05/2020	Owner Information 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 (210) 994-5388	Fax (210) 796-3049		PHONE:	FAX:
1 110110 (210) 001 0000	1 43. (210) 100 00 10		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator HOLLY FOX			
County BEXAR	Region 07 Date Licensed	09/01/2020	Owner Information TRANSCEND HOSPICE 15 LLC	
License # 020137 Lic Expire 9/1/2022	TRANSCEND HOSPICE 1844 LOCKHILL SELMA RD, SUITE 101Q		THURSDEND HOOF TO LED	
Medicare 1: 971630 Hospice	SAN ANTONIO, TEXAS 78213			
Medicare 2:	F (040) 700 0040		PHONE:	FAX:
Phone (210) 994-5388	Fax (210) 796-3049		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 Medicare 1: 971642	1844 LOCKHILL SELMA RD. SUITE 101 S SAN ANTONIO, TEXAS 78213			
Medicare 2:			PHONE:	FAX:
Phone (210) 994-5388	Fax (210) 796-3049		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator SANDRA MALDONADO			

County BEXAR	Region 07 Date Licensed	11/23/2020	Owner Information	
License # 020338	TRANSCEND HOSPICE	11/23/2020	TRANSCEND HOSPICE 18 LLC	
Lic Expire 11/23/2022	1844 LOCKHILL SELMA RD. SUITE 101 T			
Medicare 1:	SAN ANTONIO, TEXAS 78213			
Medicare 2:	Foy (240) 706 2040		PHONE:	FAX:
Phone (210) 994-5388	Fax (210) 796-3049		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: Medicare 2:	SAN ANTONIO, TEXAS 78213		PHONE:	FAX:
Phone (210) 994-5388	Fax (210) 796-3049		Services: Hospice	1700
			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 Medicare 2:	SAN ANTONIO, TEXAS 78213		PHONE:	FAX:
Phone (210) 994-5388	Fax (210) 796-3049			FAA.
(,,	(),		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 (210) 994-5388	Fax (210) 796-3049		PHONE:	FAX:
(270) 00 1 0000	14. (210) 100 00 10		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 (210) 457-4444	Fax (210) 457-4446		PHONE:	FAX:
Type: Parent Agency	Administrator HAZEM MOHAMED		Services: Personal Assistance Services	
<u> </u>			Owner Information	
County BEXAR	Region 07 Date Licensed	11/06/2019	Owner Information TRILATERAL CONSULTING LLC	
License # 019682 Lic Expire 11/6/2023	TRIBUTE HOSPICE AND PALLIATIVE CARE		THE TELVE CONCOLLING LEG	
Medicare 1: 971665	12042 BLANCO ROAD STE 120 SAN ANTONIO, TEXAS 78216			
Medicare 2:			PHONE:	FAX:
Phone (210) 890-2700	Fax (210) 890-2727		Services: Hospice; Licensed Home Health Services	
Type: Parent Agency	Administrator TOBI AGUIGUI		In-Patient Hospice: NO	
Type: Parent Agency			Owner Information	
County BEXAR	Region 07 Date Licensed	06/19/1996	Owner Information TRICARE HOME HEALTH SERVICES, INC	
License # 004624	TRICARE HOME HEALTH SERVICES INC		5124 KENWICK STREET	
Lic Expire 6/30/2024 Medicare 1: 678422 HHA-18	5724 KENWICK STREET SAN ANTONIO, TX 78238		SAN ANTONIO, TX 78238	
Medicare 2:			PHONE:	FAX:
Phone (210) 342-7777	Fax (210) 342-5030		Services: Licensed and Certified Home Health Servi Personal Assistance Services	
Type: Parent Agency	Administrator OKEY OKOYE			

County BEXAR License # 017865 Lic Expire 9/30/2022 Medicare 1: 741591 HOSPICE Medicare 2: Phone (210) 960-2223	Region 07 Date Licensed TRINITY HOSPICE 11122 WURZBACH STE 302 SAN ANTONIO, TX 78230 Fax (888) 820-3402	09/23/2016	Owner Information ECHO HOSPICE LLC 7219 HORSE WHIP SAN ANTONIO, TX 78240 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BEXAR License # 019260	Administrator RAY GOMEZ Region 07 Date Licensed TWINKLE HEALTHCARE SERVICES LLC	02/15/2019	Owner Information TWINKLE HEALTHCARE SERVICES, LLC
Lic Expire 2/15/2023 Medicare 1:	5500 WALZEM RD. SAN ANTONIO, TEXAS 78218		5500 WALZEM RD SAN ANTONIO, TEXAS 78218
Medicare 2: Phone (210) 783-0260	Fax (210) 783-0387		PHONE: FAX: Services: Licensed Home Health Services: Personal Assistance Services
Type: Parent Agency	Administrator NNENNA AWAGU		·
County BEXAR License # 011026 Lic Expire 12/31/2022 Medicare 1: 747015 HHA-18 Medicare 2: Phone (210) 924-6077 Type: Parent Agency	Region 07 Date Licensed UNIQUE HOME HEALTH 3463 MAGIC DR. STE. 140 SAN ANTONIO, TX 78229 Fax (855) 885-0502 Administrator ELIGIO FLORES	12/30/2006	Owner Information TWELVE LAC INC 123 WALEETKA ST SAN ANTONIO, TX 78210 PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 002358 Lic Expire 7/31/2023 Medicare 1:	Region 07 Date Licensed URESTI SENIOR ASSISTANCE 2406 COMMERCIAL AVE #135 SAN ANTONIO, TX 78221	09/28/2016	Owner Information E & O HOME HEALTH CARE INC P.O. BOX 691 KINGSVILLE, TEXAS 78363
Medicare 2: Phone (210) 592-6358 Type: Branch Agency	Fax (210) 592-6317 Administrator PATRICIA PEREZ		PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 008155 Lic Expire 5/31/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed VISITING ANGELS 358 W SUNSET SAN ANTONIO, TX 78209	10/17/2002	Owner Information LAM SERVICES INC 358 W. SUNSET SAN ANTONIO, TX 78209 PHONE: FAX:
Phone (210) 826-9200 Type: Parent Agency	Fax (210) 826-9206 Administrator MICHELLE FERGUSON		Services: Personal Assistance Services
County BEXAR License # 019679 Lic Expire 11/5/2021 Medicare 1:	Region 07 Date Licensed VISITING ANGELS OF NE SAN ANTONIO 12602 TOEPPERWEIN RD SUITE 210 SAN ANTONIO, TX 78233	11/05/2019	Owner Information L&L SENIOR HOME CARE, INC 20458 WAHL LANE GARDEN RIDGE, TX 78266
Medicare 2: Phone (210) 378-2430 Type: Parent Agency	Fax Administrator LEE INABINET		PHONE: FAX: Services: Personal Assistance Services
County BEXAR License # 007195 Lic Expire 11/30/2024 Medicare 1:	Region 07 Date Licensed VITAS HEALTHCARE OF TEXAS LP 5131 MEDICAL DRIVE, SUITE 310 SAN ANTONIO, TEXAS 78229	05/29/2003	Owner Information VITAS HEALTHCARE OF TEXAS LP
Medicare 2: Phone (210) 961-4060	Fax (210) 961-4075		PHONE: FAX: Services: Hospice In-Patient Hospice: YES
Type: Alternate Delivery Site	Administrator JOSEPH BRICKNER		

Piece 270 394 400 Fax 270 348 - 400 Fax	County BEXAR License # 007195 Lic Expire 11/30/2024 Medicare 1: 451591 HOSPICE Medicare 2:	Region 07 Date Licensed VITAS HEALTHCARE OF TEXAS LP 8401 DATAPOINT SUITE 300 SAN ANTONIO, TEXAS 78229	12/01/1998	Owner Information VITAS HEALTHCARE OF TEXAS LP PHONE:	FAX:
Control PEAR Region 07	Phone (210) 348-4040	Fax (210) 348-4040			
Marcian Marc	Type: Parent Agency	Administrator JOSEPH BRICKNER			
Profest Pro	License # 005412 Lic Expire 3/31/2023 Medicare 1:	WECARE HEALTH SERVICES INC 10306 CRYSTAL FIELD	03/31/1997	WECARE HEALTH SERVICES INC 10306 CRYSTAL FIELD SAN ANTONIO, TX 78250	FΔY·
County	Phone (210) 682-1424	• •			
Promos 2 (10) 783 - 0177	County BEXAR License # 019599 Lic Expire 9/13/2021	Region 07 Date Licensed WECARE PRIMARY HOME CARE LLC 2379 NE LOOP 410, SUITE 5	09/13/2019	<u> </u>	
Type: Perint Agency	Medicare 2:			PHONE:	FAX:
County SEX Region 07 Date License 128/03/10 Region 07 Date License 128/03/10 Region 07 Date License 128/03/10 Region 07 Date License 08/03/10 Region 08/03/10	• •	• •		Services: Personal Assistance Services	
Medicare 2	License # 021296 Lic Expire 12/28/2023	WECARE4U HOME HEALTHCARE LLC 6815 FLATSTONE PASS	12/28/2021		
Phone		CONVERSE, IX 70109		PHONE:	FAX:
Type: Parent Agency Administrator ILLLE LES County BEXAR Region 07 Date Licensed 09/30/2020 Owner Information Lice Expire 9/30/2022 2819 NW LOOP 410, SUITE F FAX: Medicare 1: 97/6599 2819 NW LOOP 410, SUITE F PHONE: FAX: PHONE: PHONE: FAX: PHONE: FAX: PHONE: FAX: PHONE: PHONE: FAX: PHONE: PHONE: PHON		Fax			
Velicense # 020208 Velicense # 020208	Type: Parent Agency	Administrator LILLIE LEE		00.1000. 1 0.00.14.7 00.04.100 00.1100	
PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE P	License # 020208 Lic Expire 9/30/2022	YELLOW ROSE HOSPICE CARE, INC 2819 NW LOOP 410, SUITE F	09/30/2020		
Type: Parent Agency Administrator ALFRED PEREZ County BOSQUE Region 05 Date Licensed 08/26/2019 Owner Information				PHONE:	FAX:
County BOSQUE Region 05 Date Licensed 08/26/2019 Owner Information		, ,		Services: Hospice In-Patient Hospice: NO	
License # 010595 HOSPICE SUNSET Lic Expire 7/31/2022 201 POSEY AVENUE Medicare 1: 671557 HOSPICE CLIFTON, TX 76634 Medicare 2: PHONE: (254) 675-3391 Fax (254) 675-3493 LUTHERAN SUNSET MINISTRIES LUTHERAN SUNSET MINISTRIES CLIFTON, TX 76634 CLIFTON, TX 76634 PHONE: (254) 675-8637 FAX: (254) 675-3044 Services: Hospice: Personal Assistance Services In-Patient Hospice: NO	County BOSQUE License # 019715 Lic Expire 8/26/2024 Medicare 1: 457688 Medicare 2: Phone (254) 675-4101	Region 05 Date Licensed GOODALLWITCHER HOME HEALTH AGENCY 201 POSEY AVENUE CLIFTON, TEXAS 766341200 Fax (254) 675-6260		BOSQUE COUNTY HOSPITAL DISTRICT PO BOX 549 CLIFTON, TX 76634 PHONE:	
In-Patient Hospice: NO	License # 010595 Lic Expire 7/31/2022 Medicare 1: 671557 HOSPICE Medicare 2:	HOSPICE SUNSET 201 POSEY AVENUE CLIFTON, TX 76634	07/07/2006	LUTHERAN SUNSET MINISTRIES PO BOX 71 CLIFTON, TX 76634 PHONE: (254) 675-8637	FAX: (254) 675-3044
	Type: Parent Agency	Administrator REBECCA BIRD			

County BOWIE License # 020482 Lic Expire 1/22/2023 Medicare 1: Medicare 2: Phone (903) 838-0394 Type: Parent Agency County BOWIE License # 020406 Lic Expire 12/15/2022 Medicare 1:	Region 04 Date Licensed 01/22/2021 ABOVE ALL TX LLC 901 N STATELINE AVE TEXARKANA, TEXAS 75501 Fax (903) 792-6553 Administrator JENNY CHOI Region 04 Date Licensed 12/15/2020 ALL AMERICAN SENIORCARE SERVICES LLC 2176 COUNTY ROAD 2001 NEW BOSTON, TX 75570	Owner Information ABOVE ALL TX LLC 835 MARGARET PLACE SHREVEPORT, LA 71101 PHONE: FAX: Services: Personal Assistance Services Owner Information ALL AMERICAN SENIORCARE SERVICES LLC
Medicare 2:	_	PHONE: FAX:
Phone (903) 278-5942	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator LINDA KAY GILDON	
County BOWIE License # 017788 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone 430 2004640	Region 03 Date Licensed CCD HOSPICE MP, LLC 1941 MOORES LANE TEXARKANA, TX 755034612 Fax 430 2004687	Owner Information CCD HOSPICE MP, LLC 201 W. 20TH STREET, SUITE 101 MOUNT PLEASANT, TX 75455 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS)
Type: Alternate Delivery Site	Administrator KELLY DALE	In-Patient Hospice: NO
County BOWIE License # 012602 Lic Expire 5/31/2023 Medicare 1: 747723 HHA-18 Medicare 2:	Region 03 Date Licensed 05/18/2009 CHAMBERS HOME HEALTH AGENCY 1939 MOORES LN. TEXARKANA, TEXAS 75503	Owner Information HEALTHCARE ASSOCIATES LLC 3704 BEN HOGAN LONGVIEW, TX 75605 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	Control. Electrod and Control Trought Controls, 1 change in Control
County BOWIE License # 018555 Lic Expire 10/31/2024 Medicare 1: 679372 HHA-18 Medicare 2:	Region 04 Date Licensed 11/01/2017 CHRISTUS HOMECARE ST MICHAEL 5495 SUMMERHILL ROAD, SUITE 5495 TEXARKANA, TX 755034608	Owner Information TEXAS HEALTH CARE GROUP OF TEXARKANA LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX:
Phone 903 2555100	Fax 903 2555190	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency County BOWIE License # 009660 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (903) 831-2975 Type: Parent Agency	Administrator HOLLY WINTERS Region 04 Date Licensed 03/29/2005 CORNERSTONE HOME HEALTH SERVICES 5704 RICHMOND RD TEXARKANA, TX 75503 Fax (903) 334-9135 Administrator KATRINA OTWELL	Owner Information MRC CORNERSTONE 4100 MOORES LANE TEXARKANA, TX 75503 PHONE: (281) 363-2600 FAX: (281) 292-6360 Services: Licensed Home Health Services; Personal Assistance Services
County BOWIE License # 018669 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (833) 569-1005	Region 04 Date Licensed 03/27/2018 CSI PHARMACY 811 NORTH KINGS HIGHWAY WAKE VILLAGE, TX 75501 Fax (430) 200-4870	Owner Information CLINICAL SPECIALTY INFUSIONS OF DALLAS, LLC 811 NORTH KINGS HIGHWAY WAKE VILLAGE, TX 75503 PHONE: FAX: Services: Licensed Home Health Services

Administrator

Type: Parent Agency

AMBER RECORD

County BOWIE License # 018042 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (903) 667-4588 Type: Branch Agency	Region 04 Date Licensed ELARA CARING 102 N CENTRE STREET DEKALB, TX 75559 Fax (903) 667-7488 Administrator KENDRA YAROSS	03/07/2017	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 License # 008181 Lic Expire 10/31/2023 Medicare 1: 457015 HHA-18 Medicare 2: Phone (903) 794-3102	Region 04 Date Licensed ELARA CARING 3505 SUMMERHILL RD SUITE 5 TEXARKANA, TX 75503 Fax (903) 793-1875	11/01/2002	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
Type: Parent Agency	Administrator DORIS GIBSON		
County BOWIE License # 017031 Lic Expire 6/30/2023 Medicare 1: 679641	Region 04 Date Licensed ENCOMPASS HEALTH HOME HEALTH 2900 ST. MICHAEL DR., SUITE 400C TEXARKANA, TEXAS 75503	07/01/2015	Owner Information AHM ACTION HOME HEALTH, LP 6688 N CENTRAL EXPRESSWAY STE 1300 DALLAS, TX
Medicare 2: Phone 903 7930265	Fax 903 8320314		PHONE: FAX: Services: Licensed and Certified Home Health Services: Licensed Home Health Services
Type: Parent Agency	Administrator STEPHANIE REED		del vices. Licensed and definited from the realith del vices, Licensed from the field of vices
County BOWIE License # 011277 Lic Expire 11/30/2023 Medicare 1:	Region 04 Date Licensed ENCOMPASS HEALTH HOME HEALTH 2900 ST. MICHAEL DRIVE, SUITE 400A TEXARKANA, TEXAS 75503	12/01/2006	Owner Information AHM ACTION HOME HEALTH, LP 6688 N CENTRAL EXPRESSWAY STE 1300 DALLAS, TX
Medicare 2: Phone 903 7930264	Fax 903 7930269		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator STEPHANIE REED		Services. Licensed and Certified Figure Fleatin Services, Licensed Figure Fleatin Services
County BOWIE License # 017794 Lic Expire 8/31/2022 Medicare 1: 451785 HOSPICE Medicare 2: Phone 903 2550430 Type: Parent Agency	Region 04 Date Licensed ENCOMPASS HEALTH HOSPICE 2900 ST. MICHAEL DR., SUITE 400B TEXARKANA, TEXAS 75503 Fax 903 2550433 Administrator LESIA SMITH	09/01/2016	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		11/04/2008	Owner Information
License # 012399 Lic Expire 11/30/2022 Medicare 1: 45Q8041006 Medicare 2: Phone (903) 255-0782	Region 04 Date Licensed GUARDIAN HEALTHCARE 5401 PLAZA DRIVE SUITE A TEXARKANA, TX 75503 Fax (903) 255-0785	11/04/2000	S FISHER AND S THOMAS, INC 1500 N GREENVILLE AVE, SUITE 300 RICHARDSON, TX 75081 PHONE: FAX:
Type: Branch Agency	Administrator BLAKELY HILL		Services: Licensed and Certified Home Health Services
County BOWIE License # 011470 Lic Expire 6/30/2023 Medicare 1: 458337 HHA-18 Medicare 2:	Region 04 Date Licensed HERITAGE HOME HEALTH 4605 TEXAS BOULEVARD TEXARKANA, TX 75503	06/05/2007	Owner Information FAMILY CARE HOME HEALTH INC 4605 TEXAS BOULEVARD TEXARKANA, TX 75503 PHONE: FAX:
Phone (903) 793-4900 Type: Parent Agency	Fax (903) 792-8412 Administrator MICCA SHEEDY		Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County BOWIE License # 011470 Lic Expire 6/30/2023 Medicare 1: 458337 HHA-18 Medicare 2: Phone (903) 793-4900 Type: Parent Agency County BOWIE License # 002490 Lic Expire 3/31/2023 Medicare 1: 451578 HOSPICE Medicare 2:	Region 04 Date Licensed HERITAGE HOME HEALTH 4605 TEXAS BOULEVARD TEXARKANA, TX 75503 Fax (903) 792-8412 Administrator MICCA SHEEDY Region 04 Date Licensed HOSPICE OF TEXARKANA INC 2407 GALLERIA OAKS TEXARKANA, TX 75503	03/29/1993	Owner Information FAMILY CARE HOME HEALTH INC 4605 TEXAS BOULEVARD TEXARKANA, TX 75503 PHONE: Services: Licensed and Certified Home Health Ser Owner Information HOSPICE OF TEXARKANA INC 2407 GALERIA OAKS TEXARKANA, TX 75503 PHONE:	FAX: vices; Licensed Home Health Services FAX:
Phone (903) 794-4263	Fax (430) 200-4677		Services: Hospice In-Patient Hospice: NO	Trv.
Type: Parent Agency County BOWIE License # 017499 Lic Expire 7/31/2022 Medicare 1: Medicare 2:	Administrator CYNTHIA MARSH Region 04 Date Licensed INFINITY HOME HEALTH SERVICES LLC 38 COUNTY RD 4216 SIMMS, TX 75574	07/07/2016	Owner Information INFINITY HOME HEALTH SERVICES, LLC 38 COUNTY ROAD 4216 SIMMS, TX 75574 PHONE:	FAX:
Phone (903) 556-5643 Type: Parent Agency	Fax (903) 543-2164 Administrator PAULA WOODLEY		Services: Licensed Home Health Services; Person	al Assistance Services
County BOWIE License # 013432 Lic Expire 5/31/2022 Medicare 1: 451583 HOSPICE Medicare 2: Phone (903) 675-8941 Type: Parent Agency	Region 04 Date Licensed KINDRED HOSPICE 5409 PLAZA DRIVE TEXARKANA, TX 75503 Fax (903) 675-2289 Administrator HOLLY RUCKER	05/03/2010	Owner Information INTEGRACARE OF ATHENSHOSPICE, LLC P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County BOWIE License # 016092 Lic Expire 12/31/2023 Medicare 1: 671514 HOSPICE Medicare 2: Phone (903) 793-6350	Region 04 Date Licensed LESTER DIERKSEN MEMORIAL HOSPICE 5520 PLAZA DRIVE TEXARKANA, TX 75503 Fax (903) 793-6354	12/31/2013	Owner Information HOSPICE CARE OF TEXAS, LLP 500 FAULCONER DRIVE, STE. 200 CHARLOTTESVILLE, VA 22903 PHONE: Services: Hospice	FAX:
Type: Parent Agency	Administrator ANNETTE MUGNO		In-Patient Hospice: NO	
County BOWIE License # 016263 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (903) 334-6980 Type: Branch Agency	Region 04 Date Licensed MAYS HOME HEALTH OF PARIS TX LLC 4144 MCKNIGHT ROAD TEXARKANA, TX 75503 Fax (903) 334-6991 Administrator SHARON HEVRON	04/30/2014	Owner Information PHONE: Services: Licensed and Certified Home Health Ser Personal Assistance Services	FAX: vices; Licensed Home Health Services;
County BOWIE License # 018364 Lic Expire 12/30/2024 Medicare 1: 677439 HHA-18 97 Medicare 2: Phone (903) 793-0282 Type: Parent Agency	Region 04 Date Licensed RETREAT HEALTH CARE SERVICES INC 4321 MCKNIGHT ROAD TEXARKANA, TEXAS 75503 Fax (903) 793-2586 Administrator RICKEY RIEBESELL	08/07/2017	Owner Information RETREAT HEALTH CARE SERVICES INC 2501 SUMMERHILL ROAD TEXARKANA, TX 75501 PHONE: Services: Hospice; Licensed and Certified Home Hospices In-Patient Hospice: NO	FAX: lealth Services; Personal Assistance

County BOWIE License # 018419 Lic Expire 2/26/2023 Medicare 1: Medicare 2: Phone (870) 216-2273 Type: Parent Agency	Region 04 Date Licensed 11/02/2017 SENIORS 4 SENIOR CARE OF AMERICA 5415 COWHORN CREEK ROAD TEXARKANA, TX 75503 Fax (870) 330-3213 Administrator MARK WREN	Owner Information SENIORS FOR SENIORS LIMITED LIABILITY COMPANY 9311 WATERVIEW ROAD DALLAS, TX 75218 PHONE: FAX: Services: Personal Assistance Services
County BOWIE License # 017658 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (832) 491-7578 Type: Branch Agency	Region 06 Date Licensed TGI BROOK HEALTHCARE 2605 TEXAS BLVD, STE 102 TEXARKANA, TEXAS 75503 Fax (832) 201-7759 Administrator OLUMIDE ADEBOWALE	Owner Information TGI BROOKSTREET INC 12808 WEST AIRPORT BLVD #327 SUGARLAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services
County BRAZORIA License # 016773 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (832) 370-1143 Type: Parent Agency	Region 06 Date Licensed 04/28/2015 1 DIVINE HOME CARE SERVICES 3045 BUSINESS CENTER DRIVE SUITE B001 PEARLAND, TX 77584 Fax (832) 201-6935 Administrator IRMA WILSON	Owner Information E & W ASSOCIATES LLC 13300 IRIS VIEW LN PEARLAND, TX 77584 PHONE: FAX: Services: Personal Assistance Services
County BRAZORIA License # 018039 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (832) 664-9462 Type: Parent Agency	Region 06 Date Licensed 05/05/2017 1 GOLDEN LIFE HOME CARE 3004 INGLEWOOD LN PEARLAND, TEXAS 77584 Fax (832) 533-9830 Administrator KIBIBI SELLERS	Owner Information KC3 & ASSOCIATES LLC 3004 INGLEWOOD LN PEARLAND, TX 77584 PHONE: FAX: Services: Personal Assistance Services
County BRAZORIA License # 020751 Lic Expire 5/14/2023 Medicare 1: Medicare 2: Phone (832) 291-4768 Type: Parent Agency	Region 06 Date Licensed 05/14/2021 A CARYNG HEALTH PROFESSIONAL LLC 2010 HUDSPETH DR ROSHARON, TEXAS 77583 Fax (713) 583-8106 Administrator NICKI HOLIDAY	Owner Information A CARYNG HEALTH PROFESSIONAL LLC 10910 S. GESSNER RD BOX 710941 HOUSTON, TX 77271 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BRAZORIA License # 015409 Lic Expire 10/31/2022 Medicare 1: 67Q7457001 Medicare 2: Phone (979) 848-8925 Type: Branch Agency	Region 06 Date Licensed 10/18/2012 A*MED HOME HEALTH 600 EAST CEDAR ANGLETON, TX 77515 Fax (979) 848-8565 Administrator JUNE LINGLE-HAAS	Owner Information AMED SERVICES INC 89001 EF LOWRY EXPWY STE 102 TEXAS CITY, TX 77591 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BRAZORIA License # 020104 Lic Expire 8/14/2022 Medicare 1: Medicare 2: Phone (281) 819-1888 Type: Parent Agency	Region 06 Date Licensed 08/14/2020 ABUNDANT HEART HOME CARE, LLC 3418 WHITMAN DR. IOWA COLONY, TEXAS 77583 Fax Administrator KATHERINE NUNN	Owner Information ABUNDANT HEART HOME CARE, LLC PO BOX 841501 PEARLAND, TX 77584 PHONE: FAX: Services: Personal Assistance Services

County BRAZORIA License # 020002 Lic Expire 6/16/2022 Medicare 1: Medicare 2: Phone (832) 282-1810 Type: Parent Agency	Region 06 Date Licensed ALL INCLUSIVE HOME HEALTH CARE LLC 17512 HWY 6, STE#F002 MANVEL, TX 77578 Fax (832) 426-7704 Administrator DORIS ROBINSON	06/16/2020	Owner Information ALL INCLUSIVE HOME HEALTH CARE LLC 3830 AURORA MIST HOUSTON, TEXAS 77578 PHONE: FAX: Services: Personal Assistance Services
County BRAZORIA License # 016465 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (281) 652-5492	Region 06 Date Licensed AMADA SENIOR CARE 2743 SMITH RANCH ROAD UNIT 503 PEARLAND, TX 77584 Fax (281) 652-5507	10/08/2014	Owner Information ORTHRUS INC 2600 S SHORE BLVD SUITE 300 LEAGUE CITY, TX 77573 PHONE: FAX: Services: Personal Assistance Services
County BRAZORIA License # 016465 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (281) 652-5492 Type: Parent Agency	Administrator KELLY LOVETT Region 06 Date Licensed AMADA SENIOR CARE 2743 SMITH RANCH ROAD UNIT 503 PEARLAND, TX 77584 Fax (281) 652-5507 Administrator KELLY LOVETT	10/08/2014	Owner Information ORTHRUS INC 2600 S SHORE BLVD SUITE 300 LEAGUE CITY, TX 77573 PHONE: FAX: Services: Personal Assistance Services
County BRAZORIA License # 014382 Lic Expire 4/30/2022 Medicare 1: 747838 HHA-18 Medicare 2: Phone (713) 480-6730	Region 06 Date Licensed AMITY HOME HEALTH 3202 WAGON TRAIL RD PEARLAND, TX 77584 Fax (713) 436-7982	09/28/2011	Owner Information THE BELCHMAN GROUP, LLC 10208 FOREST SPRING LANE PEARLAND, TX 77584 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County BRAZORIA License # 018356 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (281) 656-1056 Type: Parent Agency	Administrator ENRICO BELARGA Region 06 Date Licensed AMOYE HEALTHCARE SERVICES INC 38 TERRA BELLA DR MANVEL, TX 77578 Fax (281) 656-1055 Administrator LEKEYIA AMOYE	10/03/2017	Owner Information AMOYE HEALTHCARE SERVICES, INC 38 TERRA BELLA DR MANVEL, TX 77578 PHONE: FAX: Services: Personal Assistance Services
County BRAZORIA License # 008427 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (979) 297-3400 Type: Branch Agency	Region 06 Date Licensed ANGELS CARE HOME HEALTH 113 ABNER JACKSON PARKWAY SUITE #A LAKE JACKSON, TX 77566 Fax (979) 297-3428 Administrator ANGELA CRAWFORD	11/14/2003	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 BRAZORIA License # 008427 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (979) 297-3400 Type: Branch Agency	Region 06 Date Licensed ANGELS CARE HOME HEALTH 113 ABNER JACKSON PARKWAY SUITE #A LAKE JACKSON, TX 77566 Fax (979) 297-3428 Administrator ANGELA CRAWFORD	11/14/2003	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 BRAZORIA	Region 06 Date Licensed 08/24/2021	Owner Information
License # 020998	ANGELS OF GOSHEN	ANGELS OF GOSHEN HEALTHCARE INC
Lic Expire 8/24/2024	4511 STONE RIDGE LN	4511 STONE RIDGE LN
Medicare 1:	MANVEL, TX 77578	MANVEL, TX 77578
Medicare 2:	WWW.EL, IX 11010	PHONE: FAX:
Phone (510) 563-9285	Fax (713) 979-9148	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHIDERA OJUKWU	Services. Licensed notifie realiti Services, Fersonal Assistance Services
County DDAZODIA	Desire 00 Detailement 44/05/0004	Owner Information
County BRAZORIA	Region 06 Date Licensed 11/05/2004	ANGLETON HOME HEALTH INC
License # 009583	ANGLETON VISITING NURSES	1212 NORTH VELASCO SUITE 200
Lic Expire 11/30/2021	1212 N VELASCO SUITE #200	ANGLETON, TX 77515
Medicare 1: 679109 HHA-18	ANGLETON, TX 77515	
Medicare 2:	5 (070) 0.40,0005	PHONE: FAX:
Phone (979) 848-0219	Fax (979) 848-2025	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ELVA GUTIERREZ	Personal Assistance Services
County BRAZORIA	Region 06 Date Licensed 04/12/2021	Owner Information
License # 020691	ANURSE HEALTH CARE PROVIDERS LLC	ANURSE HEALTH CARE PROVIDERS LLC
Lic Expire 4/12/2024	2909 PERDIDO BAY LN.	
Medicare 1:	PEARLAND, TX 77584	
Medicare 2:	I LAILAND, IX 11304	PHONE: FAX:
Phone (281) 919-6627	Fax	Services: Licensed Home Health Services
Type: Parent Agency	Administrator MARIA DIAZ	Services. Licensed notifie reality services
County DDAZODIA	Design 06 Data Licensed 04/00/0046	Owner Information
County BRAZORIA	Region 06 Date Licensed 01/20/2016	REVA VENTURES, INC
License # 017228	ASSISTING HANDS OF PEARLAND	1600 EAST HWY 6, STE #401
Lic Expire 1/31/2025	1600 EAST HWY 6 STE 402	ALVIN, TX 77511
Medicare 1:	ALVIN, TX 77511	
Medicare 2:	Fav. (204) 724 9254	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 HOME CARE	BENEVOLENCE HEALTH SERVICES, LLC
Lic Expire 12/1/2022	11200 BROADWAY #1517 RESIDENCES AT PEARLAND TOWNCE	EN .
Medicare 1:	PEARLAND, TEXAS 77584	
Medicare 2:		PHONE: FAX:
Phone (832) 672-5292	Fax (832) 672-3742	Services: Personal Assistance Services
Type: Parent Agency	Administrator MICHELLE BERNARD	
County BRAZORIA	Region 06 Date Licensed 02/24/2016	Owner Information
License # 017289	BERNADETTE FIELDS HEALTHCARE	BERNADETTE FIELDS HEALTHCARE LLC
Lic Expire 2/28/2022	10606 WAGNER ST.	2101 KINGSLEY DR #8103
Medicare 1:	ROSHARON, TX 77583	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	Oci vices. 1º di sullai rassistatice oci vices
	Region 06 Date Licensed 03/01/2018	Owner Information
•	Region 06 Date Licensed 03/01/2018 BESTWAY HEALTHCARE SERVICES LLC	BESTWAY HEALTHCARE SERVICES LLC
		12809 FLAT CREEK DR
Lic Expire 5/29/2022 Medicare 1:	12809 FLAT CREEK DR	PEARLAND, TX 77584
Medicare 1:	PEARLAND, TX 77584	PHONE: FAX:
Phone (214) 803-5452	Fax (713) 340-1252	
	Administrator EDMINING/CEDI	Services: Licensed Home Health Services

Administrator

EDWIN NWOKEDI

County BRAZORIA License # 018630 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (346) 715-6084 Type: Parent Agency	Region 06 Date Licensed 02/21/2018 BOLAD HEALTHCARE SERVICES LLC 13828 SUTHERLAND SPRING LN ROSHARON, TX 77583 Fax (281) 595-7668 Administrator OLUBUNMI OKETUNMBI	Owner Information BOLAD HEALTHCARE SERVICES LLC 13828 SUTHERLAND SPRING LN ROSHARON, TX 77583 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BRAZORIA License # 020465 Lic Expire 1/14/2023 Medicare 1: 971690 Hospice	Region 06 Date Licensed 01/14/2021 CANAAN LAND HOSPICE CARE LLC 11200 BROADWAY, SUITE 2743 PEARLAND, TEXAS 77584	Owner Information CANAAN LAND HOSPICE CARE LLC
Medicare 2: Phone 432 6980722	Fax (832) 895-6401	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BRAZORIA License # 020629 Lic Expire 10/1/2023 Medicare 1: Medicare 2:	Administrator OLUFUNKE AJAYI Region 06 Date Licensed 10/01/2020 CAREBUILDERS AT HOMELAKE JACKSON 101 OYSTER CREEK DR LAKE JACKSON, TX 77566	Owner Information SUREFIRE HEALTH LLC PHONE: FAX:
Phone 979 2586728 Type: Parent Agency	Fax Administrator L'DONNA BERRYHILL	Services: Personal Assistance Services
County BRAZORIA License # 020499 Lic Expire 2/1/2023 Medicare 1:	Region 06 Date Licensed 02/01/2021 CARING HANDS HOME CARE AGENCY LLC 4707 PRAIRIE SPRINGS LANE ROSHARON, TX 775834112	Owner Information CARING HANDS HOME CARE AGENCY LLC
Medicare 2:		PHONE: FAX:
Phone (409) 599-2228 Type: Parent Agency	Fax Administrator MALTINIKI JOLLY	Services: Personal Assistance Services
County BRAZORIA License # 016203 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (979) 316-2965	Region 06 Date Licensed 05/13/2014 CARING SENIOR SERVICE OF BRAZORIA COUNTY 122 WEST WAY SUITE 300 LAKE JACKSON, TX 77566 Fax (979) 316-2970	Owner Information CNM HOMECARE LLC 53 PLANTATION CT LAKE JACKSON, TX 77566 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County BRAZORIA	Administrator ADRIANNE WALLS	
License # 013731 Lic Expire 11/30/2022 Medicare 1: 747815 HHA-18 Medicare 2: Phone (281) 485-5775	Region 06 Date Licensed 11/30/2010 CASA HEALTHCARE 1980 COUNTRY PLACE PARKWAY SUITE 100 PEARLAND, TX 77584 Fax (281) 588-2416 Administrator RACHELLE BAUM	Owner Information PEARLAND REGIONAL HOME HEALTH LLC 6606 W BROADWAY, SUITE B PEARLAND, TX 77581-7732 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
License # 013731 Lic Expire 11/30/2022 Medicare 1: 747815 HHA-18 Medicare 2:	CASA HEALTHCARE 1980 COUNTRY PLACE PARKWAY SUITE 100 PEARLAND, TX 77584	PEARLAND REGIONAL HOME HEALTH LLC 6606 W BROADWAY, SUITE B PEARLAND, TX 77581-7732 PHONE: FAX:
License # 013731 Lic Expire 11/30/2022 Medicare 1: 747815 HHA-18 Medicare 2: Phone (281) 485-5775 Type: Parent Agency County BRAZORIA License # 020163 Lic Expire 9/10/2022	CASA HEALTHCARE 1980 COUNTRY PLACE PARKWAY SUITE 100 PEARLAND, TX 77584 Fax (281) 588-2416 Administrator RACHELLE BAUM Region 06 Date Licensed 09/10/2020 CASA HOSPICE, LLC 1980 COUNTRY PLACE PARKWAY SUITE 100	PEARLAND REGIONAL HOME HEALTH LLC 6606 W BROADWAY, SUITE B PEARLAND, TX 77581-7732 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information

Administrator

RACHELLE BAUM

County BRAZORIA License # 009576 Lic Expire 2/28/2024 Medicare 1: 457995 HHA-18 Medicare 2: Phone (979) 299-3006	Region 06 Date Licensed 02/08/2005 COASTAL STAFF RELIEF INC 1029 DIXIE DR STE A CLUTE, TX 77531 Fax (979) 299-3113	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
Type: Parent Agency	Administrator DONNA LAWRENCE	
County BRAZORIA License # 021153 Lic Expire 10/26/2024 Medicare 1:	Region 06 Date Licensed 10/26/2021 COMPASSIONATE ANGELS CAREGIVER, LLC 12 CHUCKWAGON CT ANGLETON, TEXAS 775152748	Owner Information COMPASSIONATE ANGELS CAREGIVER, LLC
Medicare 2:		PHONE: FAX:
Phone (979) 709-1457	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator STACEY ALEXANDER-MCCOY	
County BRAZORIA License # 020559 Lic Expire 3/2/2023 Medicare 1:	Region 06 Date Licensed 03/02/2021 CONTINUOUS HEALTHCARE SOLUTIONS LLC 4207 TWIN LAKES TRAIL PEARLAND, TX 77584	Owner Information CONTINUOUS HEALTHCARE SOLUTIONS LLC 4207 TWIN LAKES TRAIL PEARLAND, TX 77584
Medicare 2: Phone (713) 443-5655	Fax	PHONE: FAX:
Type: Parent Agency	Administrator APRIL ARCENEAUX	Services: Personal Assistance Services
County BRAZORIA License # 020991 Lic Expire 8/19/2024 Medicare 1:	Region 06 Date Licensed 08/19/2021 CORNERSTONE FAMILY RESOURCE CENTER 2500 BUSINESS CENTER DR #7204 PEARLAND, TEXAS 77584	Owner Information CORNERSTONE FAMILY RESOURCE CENTER
Medicare 2:	FEARLAND, TEXAS 77304	PHONE: FAX:
Phone (281) 323-1078	Fax NA	Services: Personal Assistance Services
Type: Parent Agency	Administrator PERRY MCAFEE	
County BRAZORIA License # 020652 Lic Expire 3/26/2024 Medicare 1:	Region 06 Date Licensed 03/26/2021 COZ FATE HOME HEALTH AGENCY, LLC 5411 AUTUMN LEAF CT. ROSHARON, TEXAS 77583	Owner Information COZ FATE HOME HEALTH CARE
Medicare 2:	-	PHONE: FAX:
Phone (832) 387-0842 Type: Parent Agency	Fax Administrator QUOTERRIS GRAY	Services: Licensed Home Health Services; Personal Assistance Services
County BRAZORIA License # 021345 Lic Expire 1/21/2025 Medicare 1:	Region 06 Date Licensed CULTIVATING CARE AT HOME LLC 9814 CLEAR DIAMOND DR IOWA COLONY, TEXAS 77583	Owner Information CULTIVATING CARE AT HOME LLC
Medicare 2:		PHONE: FAX:
Phone (832) 723-2963	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator SHANNA ASHBERRY	
County BRAZORIA License # 018895 Lic Expire 8/31/2022 Medicare 1:	Region 06 Date Licensed 08/20/2018 D & J HEALTH SERVICES, LLC 25 MORRO BAY DR MANVEL, TX 77578	Owner Information D & J HEALTH SERVICES LLC PO BOX 653 ANGLETON, TX 77516
Medicare 2:		PHONE: FAX:
Phone 8322354712 OR 979327 Type: Parent Agency	Fax 9792002106 OR 9792677877 Administrator JESSE BARRAGAN	Services: Personal Assistance Services

County BRAZORIA License # 021300 Lic Expire 12/30/2024 Medicare 1: Medicare 2: Phone (214) 914-5377 Type: Parent Agency	Region 06 Date Licensed 12/30/2021 DAD CARE OF TEXAS 5727 CR 121 ROSHARON, TEXAS 77583 Fax NA 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 License # 017747 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (713) 550 2547	Region 06 Date Licensed DIVINITY HOSPICE 4005 TECHNOLOGY DR., SUITE 1048 ANGLETON, TX 77515 Fax (713) 357-6638	Owner Information A ASSURE HOSPICE, INC 10518 KIPP WAY DR STE A 1 HOUSTON, TX 77099 PHONE: FAX:
Phone (713) 550-2547 Type: Alternate Delivery Site	Administrator JASON CAMPBELL	Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County BRAZORIA License # 020916 Lic Expire 7/20/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 07/20/2021 ESSENTIAL HANDS HOME CARE PROVIDER SERVICE LLC 4806 WEST WALNUT STREET SUITE 200 PEARLAND, TEXAS 77581	Owner Information ESSENTIAL HANDS HOME CARE PROVIDER SERVICE LLC 14225 WINDY RIDGE LANE ROSHARON, TEXAS 77583 PHONE: FAX:
Phone (281) 485-5435	Fax (281) 485-5436	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County BRAZORIA License # 021282 Lic Expire 12/20/2024 Medicare 1:	Administrator FELICIA LAYSSARD Region 06 Date Licensed 12/20/2021 EXALTING HOSPICE AND PALLIATIVE CARE 9814 CLEAR DIAMOND DR IOWA COLONY, TEXAS 77583	Owner Information EXALTING HOSPICE AND PALLIATIVE CARE LLC
Medicare 2: Phone (832) 815-9086	Fax (281) 824-3156	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHANNA ASHBERRY	
County BRAZORIA License # 016415 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (713) 436-1811 Type: Parent Agency	Region 06 Date Licensed 09/10/2014 FIVE STAR HOME DIALYSIS 2310 BENDING SPRING DR PEARLAND, TEXAS 77584 Fax (281) 506-8751 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 License # 014899 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (281) 302-4138	Region 06 Date Licensed 06/28/2012 FRIENDLY FACES SENIOR CARE 11307 HARRIS AVENUE PEARLAND, TX 77584 Fax (281) 302-4138	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
Type: Parent Agency County BRAZORIA License # 020976 Lic Expire 8/13/2024 Medicare 1:	Administrator QIANA JAMES Region 06 Date Licensed 08/13/2021 GRACEFUL CARE HEALTH SERVICES, INC 3129 KINGSLEY DR, #110 PEARLAND, TEXAS 77584	Owner Information GRACEFUL CARE HEALTH SERVICES, INC
Medicare 2: Phone 832 8478586 Type: Parent Agency	Fax Administrator OLUWASEYI ADEYEMO	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County BRAZORIA License # 019723 Lic Expire 12/2/2021 Medicare 1: Medicare 2: Phone (443) 307-3595	Region 06 Date Licensed 12/02/2019 GREATGOLD CONCEPTS HEALTHCARE SERVICES 2722 NICKEL CANYON DR ROSHARON, TX 77583 Fax (281) 778-5489	Owner Information JOY A ESIGHASIM 2722 NICKEL CANYON DR ROSHARON, TX 77583 PHONE: FAX: Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
Type: Parent Agency	Administrator JOY ESIGHASIM	·
County BRAZORIA License # 008456 Lic Expire 5/31/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 05/13/2003 GULF COAST PRIMARY HOME CARE INC 190 ABNER JACKSON PKWY STE 230 LAKE JACKSON, TX 77566	Owner Information GULF COAST PRIMARY HOME CARE INC 190 ABNER JACKSON PKWY STE 230 LAKE JACKSON, TX 77566 PHONE: FAX:
Phone (979) 848-8500	Fax (979) 848-8548	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County BRAZORIA License # 020594 Lic Expire 3/11/2024 Medicare 1: Medicare 2: Phone (510) 563-9285 Type: Parent Agency	Administrator SUZELLE MARTIN Region 06 Date Licensed 03/11/2021 HEALING PALM GLOBAL HEALTHCARE INC 4511 STONE RIDGE LANE MANVEL, TEXAS 77578 Fax (510) 563-9285 Administrator IFEOMA OJUKWU	Owner Information HEALING PALM GLOBAL HEALTHCARE INC 4511 STONE RIDGE LN MANVEL, TX 77578 PHONE: (510) 563-9285 FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BRAZORIA License # 020545 Lic Expire 2/23/2024 Medicare 1:	Region 06 Date Licensed 02/23/2021 HEAVENLY TOUCH HOSPICE CARE, LLC 210 RABBIT TRAIL LAKE JACKSON, TEXAS 77566	Owner Information HEAVENLY TOUCH HOSPICE CARE, LLC
Medicare 2: Phone (979) 330-5096	Fax (979) 323-6484	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MARITZA CERVANTES	
County BRAZORIA License # 011551 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (979) 480-0197	Region 06 Date Licensed 08/28/2007 HELP INC 127 CIRCLE WAY LAKE JACKSON, TX 77566 Fax (979) 480-0332	Owner Information HELP, INC 127 CIRCLE WAY STREET LAKE JACKSON, TX 77566 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator SIGIFREDO ORTIZ	Services. Fersular Assistance Services
County BRAZORIA License # 011217 Lic Expire 4/30/2022 Medicare 1: 747036 HHA-18	Region 06 Date Licensed 04/02/2007 HOME CARE OPTIONS 2401 S WASHINGTON ST PEARLAND, TX 77581	Owner Information HOME CARE OPTIONS HOUSTON INC 2401 S. WASHINGTON ST. PEARLAND, TX 77581
Medicare 2: Phone (832) 328-0179	Fax (832) 218-7179	PHONE: FAX:
Type: Parent Agency	Administrator CHRIS COWART	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County BRAZORIA License # 019133 Lic Expire 7/16/2022 Medicare 1:	Region 06 Date Licensed 07/16/2018 HOME HELPERS HOME CARE 2010 E BROADWAY #136 PEARLAND, TEXAS 77581	Owner Information EVERY DAY MATTERS LLC 10418 SAGEGLOW DR HOUSTON, TX 77089-5202
Medicare 2:	Fox /281\484.1806	PHONE: FAX:
Phone (281) 557-4357 Type: Parent Agency	Fax (281) 484-1806 Administrator LEO WALKER	Services: Personal Assistance Services

County BRAZORIA License # 015195 Lic Expire 8/31/2022 Medicare 1: 678390 HHA-18 Medicare 2: Phone (281) 331-1516	Region 06 Date Licensed 08/31/2012 HOUSE CALLS HOME HEALTH 218 W COOMBS ALVIN, TX 77511 Fax (281) 331-1685	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;
Type: Parent Agency	Administrator JO-ANNE MACKLEY-DOBKINS	Personal Assistance Services
County BRAZORIA License # 020741 Lic Expire 5/7/2024 Medicare 1:	Region 06 Date Licensed 05/07/2021 IHEARTSENIORCARE,LLC 14208 WINDY RIDGE LN ROSHARON, TEXAS 77583	Owner Information IHEARTSENIORCARE,LLC
Medicare 2:		PHONE: FAX:
Phone (979) 479-1577 Type: Parent Agency	Fax Administrator TOYIA GREEN	Services: Personal Assistance Services
County BRAZORIA License # 019817 Lic Expire 2/10/2022 Medicare 1:	Region 06 Date Licensed 02/10/2020 IHELP HEALTHCARE SERVICES INCORPORATED 9442 RUBY MIST DR. ROSHARON, TEXAS 77583	Owner Information IHELP HEALTHCARE SERVICES INCORPORATED
Medicare 2:		PHONE: FAX:
Phone (346) 816-7961 Type: Parent Agency	Fax (346) 816-7960 Administrator BARBARA GEORGE	Services: Personal Assistance Services
County BRAZORIA License # 021207 Lic Expire 11/16/2024	Region 06 Date Licensed 11/16/2021 INNOVATE HEALTH LLC 10607 WAGNER ST	Owner Information INNOVATE HEALTH LLC
Medicare 1: Medicare 2:	IOWA COLONY, TX 775831339	PHONE: FAX:
Phone (832) 260-1500	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator UGOCHUKWU IDEGWU	50.1650. 2.001.000.101.01.000.1000.1.000.1.000
County BRAZORIA License # 017671 Lic Expire 7/31/2022 Medicare 1: 747159 HHA-18 Medicare 2:	Region 06 Date Licensed 07/18/2016 INTERIM HEALTHCARE 1920 COUNTRY PLACE PARKWAY, STE 310 PEARLAND, TX 77584	Owner Information HTOWN HEALTHCARE, LLC 2656 SOUTH LOOP WEST STE # 345 HOUSTON, TX 77054 PHONE: FAX:
Phone (713) 230-8329	Fax (713) 275-7815	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator JACOB MCCOY	Personal Assistance Services
County BRAZORIA License # 012561 Lic Expire 2/28/2023 Medicare 1: 458399 HHA-18 Medicare 2: Phone (979) 848-8151	Region 06 Date Licensed 02/10/2009 IPH HOME HEALTH CARE 190 ABNER JACKSON PKWY STE 210 LAKE JACKSON, TX 77566 Fax (979) 848-2028	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
Type: Parent Agency	Administrator LISA CHARBULA	
County BRAZORIA License # 012561 Lic Expire 2/28/2023 Medicare 1:	Region 06 Date Licensed 02/10/2009 IPH HOME HEALTH CARE 190 ABNER JACKSON PKWY STE 210 LAKE JACKSON, TX 77566	Owner Information IPH HEALTH CARE SERVICES INC 135 EAST HOSPITAL DRIVE ANGLETON, TX 77515
Medicare 2: Phone (979) 848-8151	Fax (979) 848-2028	PHONE: FAX:
Type: Branch Agency	Administrator LISA CHARBULA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County BRAZORIA License # 009412 Lic Expire 11/30/2022 Medicare 1: 451784 HOSPICE Medicare 2: Phone (800) 574-5179 Type: Parent Agency County BRAZORIA	IPH HOSPICE CARE INC 190 ABNER JACKSON PARKWAY SUITE 220 LAKE JACKSON, TEXAS 77566 Fax (979) 848-2028 Administrator LISA CHARBULA	11/17/2004	Owner Information IPH HOSPICE CARE INC 190 ABNER JACKSON PKWY STE #220 LAKE JACKSON, TX 77566 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information	FAX:
License # 020117 Lic Expire 8/21/2022	JOMA HOME CARE SERVICES, LLC 2812 SOUTH GALVESTON AVE.	00/21/2020	JOMA HOME CARE SERVICES, LLC	
Medicare 1: Medicare 2:	PEARLAND, TX 77581		PHONE:	FAX:
Phone (713) 366-9899	Fax			TAX.
Type: Parent Agency	Administrator CLAUDIA PENA		Services: Personal Assistance Services	
Type. I dient Agency	Administrator OLAODIA I ENA		Our and of a mostion	
County BRAZORIA	Region 06 Date Licensed	03/03/2017	Owner Information	
License # 017939	KERICO HEALTH CARE		KERICO HOME CLINIC SERVICES LLC	
Lic Expire 3/31/2023	11721 HEIGHTS TRAIL		11721 HEIGHTS TRAIL LN	
Medicare 1:	PEARLAND, TX 77584		PEARLAND, TX 77584	
Medicare 2:			PHONE:	FAX:
Phone (281) 809-7245	Fax (281) 520-3519		Services: Personal Assistance Services	
Type: Parent Agency	Administrator MICHAEL MORRIS			
County BRAZORIA	Region 06 Date Licensed		Owner Information	
License # 016867	LIVING & LOVING HOME CARE		LIVING & LOVING HOME CARE, LLC	
Lic Expire 6/30/2023	11200 BROADWAY ST. SUITE 2743		14615 CARMINE GLEN DR	
Medicare 1:	PEARLAND, TX 77584		HOUSTON, TX 77049	
Medicare 2:			PHONE:	FAX:
Phone (346) 888-6210	Fax (832) 218-3732		Services: Personal Assistance Services	
Type: Branch Agency	Administrator CREDESHA BROWN-BELLAN	GER		
County BRAZORIA	Region 06 Date Licensed	09/20/2005	Owner Information	
License # 010276	MARATHON HEALTH CARE	03/20/2000	PROVIDIAN HEALTH CARE, INC	
Lic Expire 9/30/2022	2421 ROY ROAD, SUITE 101		2421 ROY ROAD, SUITE 101	
Medicare 1: 457952	PEARLAND, TX 775818601		PEARLAND, TX	
Medicare 2:	1 2 11 2 11 2 , 17 17 17 17 17 17 17 17 17 17 17 17 17		PHONE:	FAX:
Phone (281) 997-6272	Fax (281) 997-6275			
, ,	, ,		Services: Licensed and Certified Home Health Ser Personal Assistance Services	vices, Licensed Home Health Services,
Type: Parent Agency	Administrator MERRILL MOHAN			
County BRAZORIA	Region 06 Date Licensed	06/01/2009	Owner Information	
License # 012657	MARATHON HEALTHCARE SERVICES LLC	00/01/2000	MARATHON HEALTHCARE SERVICES LLC	
Lic Expire 5/31/2021	2421 ROY ROAD		3614 MIDLAND DR	
Medicare 1: 747627 HHA-18	PEARLAND, TX 77581		MANVEL, TX 77578	
Medicare 2:			PHONE:	FAX:
Phone (281) 997-6272	Fax (281) 997-6275		Services: Licensed and Certified Home Health Ser	
Type: Parent Agency	Administrator MERRILL MOHAN		Personal Assistance Services	, , , , , , , , , , , , , , , , , , , ,
		11/01/0010	Owner Information	
County BRAZORIA	ŭ	11/01/2013	MAXICARE INC	
License # 016011	MAXICARE INC		17512 HWY 6 SUITE #F9	
Lic Expire 4/29/2022	17512 HIGHWAY 6 SUITE F9		MANVEL, TX 77578	
Medicare 1:	MANVEL, TX 77578			FAV
Medicare 2:	Eav. (832) 582 6780		PHONE:	FAX:
Phone (281) 216-3049	Fax (832) 582-6780		Services: Personal Assistance Services	
Type: Parent Agency	Administrator DIANE PHAM-HOANG			

County BRAZORIA License # 020617	Region 06 Date Licensed 03/19/2021 MERIDIANA HEALTH LLC	Owner Information MERIDIANA HEALTH LLC
Lic Expire 3/19/2024 Medicare 1:	9330 ECKERT ROAD IOWA COLONY, TEXAS 77583	
Medicare 2:	IOWA GOLGNI, ILAAG 17003	PHONE: FAX:
Phone (917) 841-3542	Fax	Services: Licensed Home Health Services
Type: Parent Agency	Administrator JOHNSON DUQUE	
County BRAZORIA	Region 06 Date Licensed 04/05/2007	Owner Information
License # 011234	MYNURSE HOME CARE INC	MYNURSE HOME CARE INC
Lic Expire 4/30/2024	11601 SHADOW CREEK PKWY SUITE # 107	11601 SHADOW CREEK PKWY SUITE # 107
Medicare 1: 743112 HHA-18	PEARLAND, TX 77584	PEARLAND, TX 77584
Medicare 2: Phone (713) 436-0999	Fax (713) 340-0676	PHONE: FAX:
Filone (713) 430-0999	Fax (713) 340-0070	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MISTY BAYS	, destruit destruit de est noce
County BRAZORIA	Region 06 Date Licensed 02/03/2020	Owner Information
License # 019322	PLATINUM SENIOR CARE	PLATINUM SENIOR SOLUTIONS, LLC
Lic Expire 4/11/2021	77 SUGAR CREEK CENTER BLVD, SUITE 600	
Medicare 1:	SUGAR LAND, TEXAS 77478	
Medicare 2:	F (020) 702 7470	PHONE: FAX:
Phone (281) 306-6615	Fax (832) 793-7170	Services: Personal Assistance Services
Type: Parent Agency	Administrator JESSICA TAYLOR	
County BRAZORIA	Region 06 Date Licensed 11/07/2012	Owner Information IMMACULATE HOME HEALTH, INC
License # 015319	PROVIDIAN HEALTH CARE	12929 GULF FREEWAY SUITE 101B
Lic Expire 11/30/2022 Medicare 1: 679266	2421 ROY RD SUITE. #102	HOUSTON, TX 77034
Medicare 1: 679266 Medicare 2:	PEARLAND, TX 775818601	PHONE: FAX:
Phone (281) 997-6272	Fax (281) 997-6275	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
_		Personal Assistance Services
Type: Parent Agency	Administrator MERRILL MOHAN	
County BRAZORIA	Region 06 Date Licensed 01/25/2013	Owner Information
License # 015341	RELIABLE HOME CARE	RHC RELIABLE HOME CARE, INC 1600 E HWY 6 SUITE 320
Lic Expire 1/31/2023 Medicare 1:	210 S. HOOD ST.	ALVIN, TX 77511
Medicare 1:	ALVIN, TX 77511	PHONE: FAX:
Phone (281) 331-3670	Fax (281) 331-3824	Services: Personal Assistance Services
Type: Parent Agency	Administrator MINERVA GONZALES	Services. Fersonial Assistance Services
County BRAZORIA	Region 06 Date Licensed 08/28/2007	Owner Information
License # 011545	RIVERKIDS PEDIATRIC HOME HEALTH	RIVERKIDS HOUSTON THERAPY, LLC
Lic Expire 8/31/2023	2011 BROADWAY STREET STE 130	2540 E BROADWAY, SUITE K
Medicare 1:	PEARLAND, TX 77581	PEARLAND, TX 77581
Medicare 2:		PHONE: FAX:
Phone (281) 997-8509	Fax (888) 449-0039	Services: Licensed Home Health Services
Type: Parent Agency	Administrator LANCE MONTGOMERY	
County BRAZORIA	Region 06 Date Licensed 04/13/2020	Owner Information
License # 019875	SAFE AT HOME HOMECARE, INC	SAFE AT HOME HOMECARE, INC
Lic Expire 4/13/2022	3705 PIN OAK DR E	
Medicare 1: Medicare 2:	PEARLAND, TX 77581	PHONE: FAX:
Phone (713) 425-2533	Fax NA	
Type: Parent Agency	Administrator JACQUELINE COOK	Services: Personal Assistance Services
Type. Talent Agency		

County BRAZORIA License # 015116 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (713) 413-8881 Type: Parent Agency	Region 06 Date Licensed 10/05/2012 SINGULAR CARE HOME HEMODIALYSIS SERVICES 11161 SHADOW CREEK PARKWAY, STE 229 PEARLAND, TX 77584 Fax (713) 413-8886 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 License # 019824 Lic Expire 2/11/2022	Region 06 Date Licensed 02/11/2020 STAR OF DAVID HOME HEALTHCARE INC 3122 SPRINGDALE DR	Owner Information STAR OF DAVID HOME HEALTHCARE, INC
Medicare 1: Medicare 2: Phone (832) 275-2686	PEARLAND, TX 77584 Fax (866) 292-3523	PHONE: FAX:
Type: Parent Agency	Administrator ISREAL HOLMES	Services: Personal Assistance Services
County BRAZORIA License # 015988 Lic Expire 12/31/2023 Medicare 1: 457537 HHA-18 Medicare 2: Phone (281) 997-7118	Region 06 Date Licensed 12/04/2013 STAT HOME HEALTH HOUSTON BELLAIRE LLC 9307 W BROADWAY SUITE 401 PEARLAND, TX 77584 Fax (281) 997-7203	Owner Information STAT HOME HEALTH HOUSTON BELLAIRE, LLC 10615 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 PHONE: FAX: Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator BELINDA NORDEN	
County BRAZORIA License # 011364 Lic Expire 6/30/2024 Medicare 1: 747010 Medicare 2:	Region 06 Date Licensed 06/04/2007 TEXAS CHOICE HEALTHCARE SERVICES INC 5605 SPRING KNOLL CT ROSHARON, TX 77583	Owner Information TEXAS CHOICE HEALTHCARE SERVICES INC 5605 SPRING KNOLL CT ROSHARON, TX 77583 PHONE: FAX:
Phone (281) 969-8378	Fax (877) 849-6234	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator NNENNAYA OJINGWA	
County BRAZORIA License # 007750 Lic Expire 10/31/2022	Region 06 Date Licensed 09/12/2005 TEXAS HOME HEALTH SKILLED SERVICES 477 THIS WAY STREET	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 1: Medicare 2:	LAKE JACKSON, TX 77566	PHONE: FAX:
Phone (979) 297-6726	Fax (979) 297-2061	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County BRAZORIA License # 020052 Lic Expire 7/14/2022 Medicare 1:	Administrator AMY COMEAUX Region 06 Date Licensed 07/14/2020 TEXAS SUPERIOR HOME HEALTH CARE SERVICES LLC 2703 J R DRIVE MANVEL, TEXAS 77578	Owner Information TEXAS SUPERIOR HOME HEALTH CARE SERVICES, LLC
Medicare 2:		PHONE: FAX:
Phone (832) 409-2788	Fax Administrator VEANNALILINTED	Services: Licensed Home Health Services
Type: Parent Agency County BRAZORIA License # 020702 Lic Expire 4/15/2024 Medicare 1:	Administrator KEANNA HUNTER Region 06 Date Licensed 04/15/2021 UPSCALE HOMECARE, INC 1930 KINGSLEY DR. #5110 PEARLAND, TX 77584	Owner Information UPSCALE HOMECARE, INC
Medicare 2:	,	PHONE: FAX:
Phone (346) 201-2480 Type: Parent Agency	Fax Administrator ALEXANDRIA BRIGHT CARTER	Services: Personal Assistance Services

County BRAZORIA License # 018562 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (979) 557-2687 Type: Parent Agency	Region 06 Date Licensed 01/17/2018 VISITING ANGELS 4005 TECHNOLOGY DRIVE STE 1008-S ANGLETON, TX 77515 Fax (832) 572-5156 Administrator LARRY MCVADE	Owner Information MCVADE GROUP LLC 27702 MERCHANT HILLS LANE KATY, TX 77494 PHONE: FAX: Services: Personal Assistance Services
County BRAZORIA License # 016206 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (832) 674-0423	Region 06 Date Licensed 05/14/2014 YES TO HOME CARE 2734 SUNRISE BLVD STE 404A PEARLAND, TX 77584 Fax (832) 674-0424	Owner Information INTEGRITY HEALTH GROUP INC 2734 SUNRISE BLVD SUITE 400 PEARLAND, TX 77584 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County BRAZOS License # 007379 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (979) 704-5044 Type: Branch Agency	Administrator ESTHER IWUNZE Region 04 Date Licensed 10/25/2017 A PINEYWOODS HOME SERVICES INC 3608 EAST 29TH STREET STE 108 BRYAN, TX 77802 Fax (979) 704-5048 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 License # 007587 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (979) 846-2692	Region 05 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 1605 ROCK PRAIRIE ROAD SUITE 206 COLLEGE STATION, TX 77845 Fax (979) 693-6787 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
Type: Branch Agency County BRAZOS License # 007587 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (979) 846-2692 Type: Branch Agency	Region 05 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 1605 ROCK PRAIRIE ROAD SUITE 206 COLLEGE STATION, TX 77845 Fax (979) 693-6787 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 License # 007587 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (979) 846-2692 Type: Branch Agency	Region 05 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 1605 ROCK PRAIRIE ROAD SUITE 206 COLLEGE STATION, TX 77845 Fax (979) 693-6787 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 License # 017963 Lic Expire 3/31/2023 Medicare 1: 747725 Medicare 2: Phone (979) 704-6684 Type: Parent Agency	Region 05 Date Licensed 03/09/2017 ALLUMINE HOME HEALTH 4030 STATE HWY 6 SOUTH STE: 350 COLLEGE STATION, TX 77845 Fax (979) 704-6690 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 License # 019358 Lic Expire 4/29/2023 Medicare 1: 74-1660 Medicare 2: Phone (979) 704-6684	Region 05 Date Licensed 04/29/2019 ALLUMINE HOSPICE 4030 HWY. 6 SOUTH, STE. 101 COLLEGE STATION, TX 77845 Fax (979) 704-6690	Owner Information SOLACE HOSPICE CARE, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DANA ROWSE	
County BRAZOS License # 016767 Lic Expire 6/30/2020 Medicare 1: Medicare 2: Phone (979) 704-6252	Region 05 Date Licensed 04/24/2015 ALOMEGA HOME HEALTH CARE LLC 4064 STATE HWY 6 SOUTH COLLEGE STATION, TX 77845 Fax (979) 704-6254	Owner Information ALOMEGA HOME HEALTH CARE 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 ALVERNA MCCULLOUGH	in additional in
County BRAZOS License # 013721 Lic Expire 11/30/2022 Medicare 1: 671679 HOSPICE	Region 05 Date Licensed 11/18/2010 AMEDISYS HOSPICE 3833 SOUTH TEXAS AVENUE, SUITE 200 BRYAN, TX 778024015	Owner Information COMPASSIONATE CARE HOSPICE OF BRYAN TEXAS, LLC 3833 S. TEXAS AVE., SUITE#200 BRYAN, TX 77802
Medicare 2: Phone (979) 260-9700	Fax (979) 260-7711	PHONE: FAX:
(0.0) 200 0.00		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOSHUA LASATER	
County BRAZOS License # 017213 Lic Expire 10/31/2023 Medicare 1: 747080 HHA-18	Region 05 Date Licensed 10/26/2015 ANGELS CARE HOME HEALTH OF COLLEGE STATION 707 TEXAS AVE S 100 A COLLEGE STATION, TX 77840	Owner Information E MEDICAL GROUP OF COLLEGE STATION LLC 707 TEXAS AVENUE SUITE 100A 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 License # 014927 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (979) 307-5850 Type: Branch Agency	Region 05 Date Licensed 12/18/2013 AVEANNA HEALTHCARE 2700 EARL RUDDER FREEWAY STE 1200 COLLEGE STATION, TX 77845 Fax (214) 466-1378 Administrator REYNALDO RAMOS	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County BRAZOS License # 016278 Lic Expire 6/30/2022	Region 05 Date Licensed 06/24/2014 BRAZOS HOME CARE 1135 N. EARL RUDDER FRWY, SUITE 102	Owner Information SHSSIG SELECT, INC 11200 BROADWAY, SUITE #2743 PEARLAND, TX 77584
Medicare 1: Medicare 2:	BRYAN, TX 77803	PHONE: FAX:
Phone (979) 704-6954	Fax (979) 704-6956	Services: Personal Assistance Services
Type: Parent Agency	Administrator ELENA BECKER	
County BRAZOS License # 020905 Lic Expire 7/15/2024 Medicare 1:	Region 05 Date Licensed 07/15/2021 BRIGHTSTAR CARE OF BRYANCOLLEGE STATION 3201 UNIVERSITY DR. E, #160 BRYAN, TX 77802	Owner Information OPTIMA VITAE, LLC 6601 FM 594 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

County BRAZOS License # 020103 Lic Expire 8/13/2022 Medicare 1: Medicare 2: Phone (979) 330-4544 Type: Parent Agency	Region 05 Date Licensed CENTURY HOME CARE PARTNERS LLC 4912 AUGUSTA CIRCLE COLLEGE STATION, TX 77845 Fax Administrator ADELA REED	04/08/2021	Owner Information CENTURY HOME CARE PARTNERS LLC 5412 CROSSWATER DR COLLEGE STATION, TX 77845 PHONE: FAX: Services: Personal Assistance Services
County BRAZOS License # 012482 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (979) 764-3076 Type: Parent Agency	Region 05 Date Licensed COMFORT KEEPERS #696 244 SOUTHWEST PKWY EAST COLLEGE STATION, TX 77840 Fax (979) 696-2061 Administrator ARON W COLLINS	03/04/2009	Owner Information ARONCARE INC 244 SOUTHWEST PKWY EAST COLLEGE STATION, TX 77840 PHONE: FAX: Services: Personal Assistance Services
County BRAZOS License # 016377 Lic Expire 5/31/2022 Medicare 1: 747505 HHA-18 Medicare 2: Phone 979 7649000 Type: Parent Agency	Region 05 Date Licensed ENCOMPASS HEALTH HOME HEALTH 3600 HIGHWAY 6 SOUTH, SUITE 100 COLLEGE STATION, TEXAS 77845 Fax 979 7649001 Administrator LISA HILBURN	05/05/2014	Owner Information HALLMARK HOMECARE, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BRAZOS License # 016142 Lic Expire 2/28/2022 Medicare 1: 747020 HHA-18 Medicare 2: Phone 979 7649000 Type: Parent Agency	Region 05 Date Licensed ENCOMPASS HEALTH HOME HEALTH 3600 HIGHWAY 6 SOUTH, SUITE 100 COLLEGE STATION, TEXAS 77845 Fax 979 7649001 Administrator LISA HILBURN	02/05/2014	Owner Information HALLMARK HOMECARE, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BRAZOS License # 016303 Lic Expire 5/31/2022 Medicare 1: 671738 HOSPICE Medicare 2: Phone 979 2684710 Type: Parent Agency	Region 05 Date Licensed ENCOMPASS HEALTH HOSPICE 3600 HIGHWAY 6 SOUTH, SUITE 100 COLLEGE STATION, TEXAS 77845 Fax 979 2684726 Administrator MARIAH NELSON	05/02/2014	Owner Information HALLMARK HOMECARE, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BRAZOS License # 011573 Lic Expire 7/31/2022 Medicare 1: 677153 HHA-18 Medicare 2: Phone (979) 774-7770 Type: Parent Agency	Region 05 Date Licensed GUARDIAN HEALTHCARE 1411 MEMORIAL DR., SUITE A BRYAN, TX 778025218 Fax (979) 778-9435 Administrator CRYSTAL CALLAHAM	07/06/2007	Owner Information OHERBST, INC 13737 NOEL RD, SUITE 1300 DALLAS, TX 75240 PHONE: FAX: Services: Licensed and Certified Home Health Services
County BRAZOS License # 011573 Lic Expire 7/31/2022 Medicare 1: 677153 HHA-18 Medicare 2: Phone (979) 774-7770 Type: Parent Agency	Region 05 Date Licensed GUARDIAN HEALTHCARE 1411 MEMORIAL DR., SUITE A BRYAN, TX 778025218 Fax (979) 778-9435 Administrator CRYSTAL CALLAHAM	07/06/2007	Owner Information OHERBST, INC 13737 NOEL RD, SUITE 1300 DALLAS, TX 75240 PHONE: FAX: Services: Licensed and Certified Home Health Services

County BRAZOS License # 011573 Lic Expire 7/31/2022 Medicare 1: 67Q7153009 Medicare 2: Phone (512) 863-3842 Type: Branch Agency	Region 06 Date Licensed 07/06/2007 GUARDIAN HEALTHCARE 1411 MEMORIAL DR., SUITE B BRYAN, TX 77802 Fax (512) 863-2018 Administrator CRYSTAL CALLAHAM	Owner Information OHERBST, INC 13737 NOEL RD, SUITE 1300 DALLAS, TX 75240 PHONE: FAX: Services: Licensed and Certified Home Health Services
County BRAZOS License # 011573 Lic Expire 7/31/2022 Medicare 1: 67Q7153009 Medicare 2: Phone (512) 863-3842 Type: Branch Agency	Region 06 Date Licensed 07/06/2007 GUARDIAN HEALTHCARE 1411 MEMORIAL DR., SUITE B BRYAN, TX 77802 Fax (512) 863-2018 Administrator CRYSTAL CALLAHAM	Owner Information OHERBST, INC 13737 NOEL RD, SUITE 1300 DALLAS, TX 75240 PHONE: FAX: Services: Licensed and Certified Home Health Services
County BRAZOS License # 010639 Lic Expire 7/31/2022 Medicare 1: 679685 HHA-18 Medicare 2: Phone (979) 846-7870 Type: Parent Agency	Region 05 Date Licensed 07/26/2006 HEALTHQUEST 3800 STATE HWY 6 SOUTH SUITE 108-C COLLEGE STATION, TX 77845 Fax (979) 691-5781 Administrator KIMBERLY JOHN	Owner Information TRINIDAD PEREZ 3501 SOUTH TEXAS AVENUE SUITE 202 BRYAN, TX 77802 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BRAZOS License # 017414 Lic Expire 5/31/2022 Medicare 1: 74-1758 Medicare 2: Phone (979) 267-2137	Region 05 Date Licensed 05/24/2016 HEART TO HEART HOSPICE OF BRYANCOLLEGE STATION, LLC 3201 UNIVERSITY DRIVE EAST, SUITE 350 BRYAN, TX 77802 Fax (979) 267-2137	Owner Information GENTLE HOSPICE CARE AND TRANSITION LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County BRAZOS License # 013790 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (979) 268-6880 Type: Parent Agency	Administrator CHRIS JOHN CURREY Region 05 Date Licensed 10/05/2010 HOME INSTEAD SENIOR CARE 1908 GREENFIELD PLAZA BRYAN, TX 77802 Fax (979) 260-3900 Administrator DAVID GEST	Owner Information DC CARE INC 1908 GREENFIELD PLAZA BRYAN, TX 77802-4344 PHONE: FAX: Services: Personal Assistance Services
County BRAZOS License # 017806 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (979) 260-0320 Type: Parent Agency	Region 05 Date Licensed 12/20/2016 HOMESPARK LLC 2405 TEXAS AVENUE SOUTH SUITE 310 COLLEGE STATION, TX 77840 Fax (979) 446-1473 Administrator DONOVAN FRENCH	Owner Information HOMESPARK, LLC 4311 VELENCIA CT COLLEGE STATION, TX 77845 PHONE: FAX: Services: Personal Assistance Services
County BRAZOS License # 002186 Lic Expire Medicare 1: Medicare 2: Phone (979) 446-0740 Type: Alternate Delivery Site	Region 05 Date Licensed 11/15/2011 HOSPICE BRAZOS VALLEY INC 1604 ROCK PRAIRIE ROAD, 2ND FLOOR COLLEGE STATION, TX 77845 Fax (979) 446-0963 Administrator CRAIG BORCHARDT	Owner Information HOSPICE BRAZOS VALLEY INC 502 WEST 26TH STREET BRYAN, TX 77803 PHONE: () - 512 Services: Hospice In-Patient Hospice: YES

County BRAZOS License # 002186 Lic Expire Medicare 1: 451547 HOSPICE Medicare 2: Phone (979) 821-2266 Type: Parent Agency	Region 05 Date Licensed HOSPICE BRAZOS VALLEY INC 502 W 26TH STREET BRYAN, TX 77803 Fax (979) 821-2763 Administrator LISA MCNAIR	02/11/1991	Owner Information HOSPICE BRAZOS VALLEY INC 502 WEST 26TH STREET BRYAN, TX 77803 PHONE: () - 512 FAX: Services: Hospice In-Patient Hospice: YES Owner Information
County BRAZOS License # 011181 Lic Expire 12/31/2023 Medicare 1: 67Q7694001 Medicare 2: Phone (979) 260-1100 Type: Branch Agency	Region 05 Date Licensed INTERIM HEALTHCARE OF WACO 3030 E 29TH ST STE 116 BRYAN, TX 77802 Fax (979) 268-4050 Administrator LAURA WATERS	12/23/2006	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 License # 014809 Lic Expire 5/31/2022 Medicare 1: 671795 Medicare 2: Phone (979) 260-1100 Type: Alternate Delivery Site	Region 05 Date Licensed INTERIM HOSPICE OF GRANBURY 3030 EAST 29TH STREET, STE 116 BRYAN, TEXAS 77802 Fax (979) 268-4050 Administrator BRENDA EAKIN	04/15/2015	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 License # 014809 Lic Expire 5/31/2022 Medicare 1: 671795 Medicare 2: Phone (979) 260-1100 Type: Alternate Delivery Site	Region 05 Date Licensed INTERIM HOSPICE OF GRANBURY 3030 EAST 29TH STREET, STE 116 BRYAN, TEXAS 77802 Fax (979) 268-4050 Administrator BRENDA EAKIN	04/15/2015	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 License # 014809 Lic Expire 5/31/2022 Medicare 1: 671795 Medicare 2: Phone (979) 260-1100 Type: Alternate Delivery Site	Region 05 Date Licensed INTERIM HOSPICE OF GRANBURY 3030 EAST 29TH STREET, STE 116 BRYAN, TEXAS 77802 Fax (979) 268-4050 Administrator BRENDA EAKIN	04/15/2015	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 License # 014809 Lic Expire 5/31/2022 Medicare 1: 671795 Medicare 2: Phone (979) 260-1100 Type: Alternate Delivery Site	Region 05 Date Licensed INTERIM HOSPICE OF GRANBURY 3030 EAST 29TH STREET, STE 116 BRYAN, TEXAS 77802 Fax (979) 268-4050 Administrator BRENDA EAKIN	04/15/2015	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 License # 010271 Lic Expire 5/30/2021 Medicare 1: Medicare 2: Phone (979) 703-1966 Type: Branch Agency	Region 05 Date Licensed MERRYMAN HOME HEALTH INC 1818 BARAK LANE SUITE#200 BRYAN, TX 77802 Fax (979) 703-1967 Administrator KIMBERLY MCCORMICK	10/14/2010	Owner Information MERRYMAN HOME HEALTH INC PO BOX 247 FRANKLIN, TX 77856 PHONE: FAX: Services: Licensed Home Health Services

County BRAZOS License # 012397 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (979) 774-2244 Type: Branch Agency	Region 06 Date Licensed PATHFINDER PEDIATRIC HOME CARE INC 3330 LONGMIRE DR. SUITE 110 COLLEGE STATION, TX 77845 Fax (281) 456-2479 Administrator CHARLES M WILCOX	06/29/2010	Owner Information PATHFINDER PEDIATRIC HOME CARE INC 318 BRIAR ROCK RD THE WOODLANDS, TX 77380 PHONE: Services: Licensed Home Health Services	FAX:
County BRAZOS License # 020034 Lic Expire 6/5/2022 Medicare 1: Medicare 2: Phone (979) 314-2620	Region 05 Date Licensed REMARKABLE HOSPICE 1645 GREENS PRAIRIE RD SUITE 401B COLLEGE STATION, TEXAS 77845 Fax (979) 314-2920	06/05/2020	Owner Information EDITION HEALTH SERVICES INC 101 W RENNER RD RICHARDSON, TEXAS 75082 PHONE: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	FAX:
Type: Parent Agency County BRAZOS License # 020616 Lic Expire 3/19/2023 Medicare 1: Medicare 2: Phone (979) 314-2620 Type: Parent Agency	Administrator GRACE MILLS Region 05 Date Licensed REMARKABLE HOSPICE 1645 GREENS PRAIRIE RD. STE: 401B-2 COLLEGE STATION, TEXAS 77845 Fax (979) 314-2920 Administrator GRACE MILLS	03/19/2021	Owner Information REMARKABLE LTC PARTNERS OF BRAZOS VA PHONE: Services: Hospice In-Patient Hospice: NO	ALLEY LP FAX:
County BRAZOS License # 017824 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (979) 422-2284 Type: Parent Agency	Region 05 Date Licensed RIGHT AT HOME 3644 COPPERCREST DR. #102 BRYAN, TX 77802 Fax (979) 485-2817 Administrator JEFFERSON CHRISTIAN	12/28/2016	Owner Information RAHBCS HOME CARE LLC 5104 GANTON CT COLLEGE STATION, TX 77845 PHONE: Services: Personal Assistance Services	FAX:
County BRAZOS License # 018783 Lic Expire 8/30/2022 Medicare 1: Medicare 2: Phone (979) 314-9771 Type: Parent Agency	Region 05 Date Licensed SENIOR HELPERS 4001 E. 29TH ST SUITE 190 BRYAN, TX 77802 Fax (979) 314-9762 Administrator LAUREL GRIGGS	06/13/2018	Owner Information LAUREL CARE INC 9415 WHITNEY LANE COLLEGE STATION, TX 77845 PHONE: Services: Personal Assistance Services	FAX:
County BRAZOS License # 014635 Lic Expire 2/28/2024 Medicare 1: 747824 HHA-18 Medicare 2: Phone (979) 693-3208 Type: Parent Agency	Region 05 Date Licensed SOTERA HEALTH LLC 1121 BRIARCREST DR. SUITE 102 BRYAN, TEXAS 77802 Fax (979) 314-9002 Administrator REGINA ROBERTSON	02/10/2012	Owner Information REGINA V ROBERTSON 1800 BROTHERS BLVD COLLEGE STATION, TX 77845 PHONE: Services: Licensed and Certified Home Health Services	FAX: vices; Licensed Home Health Services
County BRAZOS License # 010576 Lic Expire 3/31/2024 Medicare 1: 45Q3122001 Medicare 2: Phone (979) 776-0900 Type: Branch Agency	Region 05 Date Licensed STANDARDS HOME HEALTH 3833 SOUTH TEXAS AVENUE SUITE 201 BRYAN, TEXAS 77802 Fax (979) 776-5128 Administrator ROBYN HURST	06/27/2006	Owner Information STANDARDS OF CARE INC 111 WEST 2ND STREET CAMERON, TEXAS 76520 PHONE: Services: Licensed and Certified Home Health Services	FAX: vices

County BRAZOS License # 017978 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (512) 688-5694 Type: Branch Agency	Region 05 Date Licensed STRIVE HEALTH SERVICES, LLC 3000 BRIARCREST STE 204 BRYAN, TEXAS 77802 Fax (512) 688-5695 Administrator SIERRAH EDMONDS	Owner Information STRIVE HEALTH SERVICES LLC 1915 S AUSTIN AVE STE 108 GEORGETOWN, TX 78626 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County BRAZOS License # 018330 Lic Expire 7/31/2023 Medicare 1: 679189 HHA-18 Medicare 2: Phone 979 8461283	Region 05 Date Licensed 08/01/2017 TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC 1605 ROCK PRAIRIE ROAD SUITE #206 COLLEGE STATION, TX 77845 Fax 979 6930459	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;
Type: Parent Agency	Administrator JAMES MATTHEW LANG	Personal Assistance Services
County BRAZOS License # 016579 Lic Expire 12/31/2022 Medicare 1: 741588 HOSPICE Medicare 2: Phone (979) 314-9235	Region 05 Date Licensed 12/23/2014 TEXAS HOME HEALTH HOSPICE 1605 ROCK PRAIRIE ROAD SUITE 206 COLLEGE STATION, TX 77845 Fax (979) 314-7240	Owner Information TEXAS HOME HEALTH HOSPICE, LP 17855 N DALLAS PKWY STE 200 DALLAS, TX 75287-6857 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator ANDREA RICHARDSON	In-Patient Hospice: NO
County BRAZOS License # 017937 Lic Expire 12/31/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 03/16/2018 THRIVE SKILLED PEDIATRIC CARE 4030 STATE HIGHWAY 6 SOUTH, SUITE 325 COLLEGE STATION, TEXAS 778451803	Owner Information ADVOCATE PEDIATRIC HOME CARE, LLC 701 EDGEWATER DRIVE, SUITE 300 WAKEFIELD, MA 1880 PHONE: FAX:
Phone (979) 431-3380 Type: Branch Agency	Fax (979) 690-1008 Administrator BRITNEY BRAZELL, RN	Services: Licensed Home Health Services
County BRAZOS License # 014287 Lic Expire 7/31/2023 Medicare 1: 451753 HOSPICE Medicare 2: Phone (979) 822-5511	Region 05 Date Licensed 07/29/2011 TRADITIONS HEALTH 1103 ROCK PRAIRIE RD SUITE 2051B COLLEGE STATION, TX 77845 Fax (866) 908-8704	Owner Information THC HOSPICE CARE ACQUISITION, LLC PO BOX 9980 COLLEGE STATION, TX 77842 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator JILL VEZORAK	mer auent i rospice. No
County BRAZOS License # 014288 Lic Expire 7/31/2023 Medicare 1: 457877 HHA-18 Medicare 2: Phone (979) 822-5511 Type: Parent Agency	Region 05 Date Licensed 07/29/2011 TRADITIONS HEALTH 1103 ROCK PRAIRIE ROAD, SUITE 2051A COLLEGE STATION, TX 77845 Fax (866) 908-8704 Administrator JILL VEZORAK	Owner Information TRADITIONS HHC ACQUISITION, LLC PO BOX 9980 COLLEGE STATION, TX 77842 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BRAZOS License # 014288 Lic Expire 7/31/2023 Medicare 1: 457877 HHA-18 Medicare 2: Phone (979) 822-5511	Region 05 Date Licensed 07/29/2011 TRADITIONS HEALTH 1103 ROCK PRAIRIE ROAD, SUITE 2051A COLLEGE STATION, TX 77845 Fax (866) 908-8704	Owner Information TRADITIONS HHC ACQUISITION, LLC PO BOX 9980 COLLEGE STATION, TX 77842 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Administrator

JILL VEZORAK

County BRAZOS License # 014288 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (979) 822-5511 Type: Branch Agency	Region 05 Date Licensed TRADITIONS HEALTH 1103 ROCK PRAIRIE ROAD, SUITE 2051C COLLEGE STATION, TX 77845 Fax (866) 908-8704 Administrator CHESTER REKIETA	07/29/2011	Owner Information TRADITIONS HHC ACQUISITION, LLC PO BOX 9980 COLLEGE STATION, TX 77842 PHONE: FAX: Services: Licensed Home Health Services
<u> </u>		07/00/0044	Owner Information
County BRAZOS License # 014288 Lic Expire 7/31/2023 Medicare 1:	Region 05 Date Licensed TRADITIONS HEALTH 1103 ROCK PRAIRIE ROAD, SUITE 2051C COLLEGE STATION, TX 77845	07/29/2011	TRADITIONS HHC ACQUISITION, LLC PO BOX 9980 COLLEGE STATION, TX 77842
Medicare 2:	5 (000) 000 0704		PHONE: FAX:
Phone (979) 822-5511	Fax (866) 908-8704		Services: Licensed Home Health Services
Type: Branch Agency	Administrator CHESTER REKIETA		Our colotom store
County BRAZOS License # 015187 Lic Expire 11/30/2022 Medicare 1:	Region 05 Date Licensed VISITING ANGELS 707 TEXAS AVE., STE. 111A COLLEGE STATION, TX 77840	11/07/2012	Owner Information REW HOMECARE INC 707 TEXAS AVE STE 204A COLLEGE STATION, TX 77840
Medicare 2:			PHONE: FAX:
Phone (979) 209-0027 Type: Parent Agency	Fax (979) 393-0003 Administrator CLAUDIA MASSIE		Services: Personal Assistance Services
County BREWSTER License # 015776 Lic Expire 7/31/2024 Medicare 1: 747914 HHA-18 Medicare 2: Phone (432) 837-5907	Region 02 Date Licensed AGAVE HOME HEALTH LLC 610 E HOLLAND AVE ALPINE, TX 79830 Fax (866) 523-1745	07/26/2013	Owner Information AGAVE HOME HEALTH LLC 508 EAST AVENUE SUITE E ALPINE, TX 79830 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ANGELA JUETT		Personal Assistance Services
County BREWSTER License # 007333 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (432) 837-5451	Region 02 Date Licensed OUTREACH HOME CARE 802 W. HOLLAND ALPINE, TX 79830 Fax (432) 837-2901	06/01/2000	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
Type: Branch Agency	Administrator DEBORAH RODRIGUEZ		<u> </u>
County BROOKS License# 016722 Lic Expire 2/28/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed FIRST HOME HEALTHCARE, LLC 102 N. LAS PITAS STREET FALFURRIAS, TEXAS 78355		Owner Information FIRST HOME HEALTHCARE LLC PO BOX 1877 ALICE, TX PHONE: FAX:
Phone (361) 667-3410 Type: Branch Agency	Fax (361) 667-3411 Administrator ARELY MATHEWS		Services: Personal Assistance Services
County BROOKS License # 002164 Lic Expire 11/30/2022 Medicare 1: 67Q7285001 Medicare 2:	Region 07 Date Licensed HEALTH CARE UNLIMITED INC 333 N WILLIAMS FALFURRIAS, TX 78355	12/08/2000	Owner Information HEALTH CARE UNLIMITED, INC 1100 E LAUREL MCALLEN, TX 78504 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		

County BROOKS License # 013683 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (361) 664-3900 Type: Branch Agency	Region 07 Date Licensed MI CASA HOME HEALTH AGENCY 213 E RICE STREET FALFURRIAS, TEXAS 78355 Fax (361) 667-3277 Administrator BLANCA CASTILLO-GARCIA	Owner Information MI CASA HOME HEALTH AGENCY 2020 N JOHNSON STREET ALICE, TEXAS 78332 PHONE: FAX: Services: Personal Assistance Services
County BROOKS License # 008584 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (361) 325-1201 Type: Branch Agency	Region 07 Date Licensed 05/24/ PALM VALLEY HEALTH CARE II INC 641 N SAINT MARYS ST FALFURRIAS, TX 78355 Fax (361) 325-4732 Administrator HORACIO CANALES, III	Owner Information PALM VALLEY HEALTH CARE II INC 119E CANTON EDINBURG, TX 78539 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County BROWN License # 009222 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone NA Type: Alternate Delivery Site County BROWN License # 016067	Region 01 Date Licensed ALPHA OMEGA HOSPICE LP 104 SOUTH BROADWAY BROWNWOOD, TX 76801 Fax NA Administrator JACKIE HART Region 01 Date Licensed 11/01/ CARTER HEALTHCARE	Owner Information ALPHA OMEGA HOSPICE LP 500 FAULCONER DRIVE CHARLOTTESVILLE, VA 22903 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information CARTER HEALTHCARE OF BRADY LLC
Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (254) 893-5990 Type: Branch Agency County BROWN	403 N MAIN BROWNWOOD, TX 76801 Fax (254) 893-5992 Administrator DAVID BERNARD Region 01 Date Licensed 06/05/	3105 S. MERIDIAN AVE OKLAHOMA CITY, OK 73119 PHONE: FAX: Services: Licensed and Certified Home Health Services
License # 015793 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (325) 430-0151 Type: Branch Agency	CLEAR PATH HOME CARE LLC 2222 SOUTH HIGHWAY 377 SUITE 8 BROWNWOOD, TX 76801 Fax (325) 430-0152 Administrator JAMES SIMMONDS	CLEAR PATH HOME CARE LLC 1515 WEST WALKER BRECKENRIDGE, TX 76424 PHONE: FAX: Services: Personal Assistance Services
County BROWN License # 020902 Lic Expire 9/16/2022 Medicare 1: 677177 HHA Medicare 2:	Region 01 Date Licensed 09/16/ CMSKINDER HEARTS HOME HEALTH 1102 EARLY BLVD. EARLY, TEXAS 76802	PHONE: FAX:
Phone (325) 646-4900 Type: Parent Agency	Fax (325) 646-8605 Administrator JONATHAN "TRAVIS" JONES	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County BROWN License # 018129 Lic Expire 4/30/2023 Medicare 1: Medicare 2:	Region 01 Date Licensed 04/26/ ELARA CARING 521 E. BAKER ST., SUITE C, BROWNWOOD, TX 76801	Owner Information BRADY HEALTH CARE SERVICES, INC 521 E. BAKER ST., SUITE B BROWNWOOD, TX 76801 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

County BROWN License # 018129 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (325) 597-3994 Type: Branch Agency	Region 01 Date Licensed 04/26/2017 ELARA CARING 521 E. BAKER ST., SUITE A, BROWNWOOD, TX 76801 Fax (325) 597-0325 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 License # 018129 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (325) 372-3897 Type: Branch Agency	Region 01 Date Licensed 04/26/2017 ELARA CARING 521 E. BAKER ST., SUITE C, BROWNWOOD, TX 76801 Fax (325) 372-3968 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 License # 018129 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (325) 372-3897 Type: Branch Agency	Region 01 Date Licensed 04/26/2017 ELARA CARING 521 E. BAKER ST., SUITE C, BROWNWOOD, TX 76801 Fax (325) 372-3968 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 License # 018129 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (325) 597-3994 Type: Branch Agency	Region 01 Date Licensed 04/26/2017 ELARA CARING 521 E. BAKER ST., SUITE A, BROWNWOOD, TX 76801 Fax (325) 597-0325 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 License # 018129 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (325) 597-3994 Type: Branch Agency	Region 01 Date Licensed 04/26/2017 ELARA CARING 521 E. BAKER ST., SUITE A, BROWNWOOD, TX 76801 Fax (325) 597-0325 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 License # 010716 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 325 6465565 Type: Branch Agency	Region 01 Date Licensed 06/01/2006 ENCOMPASS HEALTH HOME HEALTH 2510 CROCKETT DRIVE BROWNWOOD, TEXAS 76801 Fax 325 6412399 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 License # 011726 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (325) 643-5604 Type: Parent Agency	Region 01 Date Licensed 11/30/2007 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 1423 COGGIN AVE BROWNWOOD, TX 768014233 Fax (325) 646-2278 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:	BROWNWOOD, 17 700014233	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:	51011111005, 17 100011200	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:	BROWNWOOD, 127/10 70040	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
·	EARLY, TEXAS 76802	EARLY, TX 76802
Medicare 1:		
Medicare 1: Medicare 2:	EARL1, 1EAAS 70002	PHONE: FAX:
Medicare 2:		PHONE: FAX:
Medicare 2: Phone (325) 220-2273	Fax (325) 242-8045	PHONE: FAX: Services: Personal Assistance Services
Medicare 2:		Services: Personal Assistance Services
Medicare 2: Phone (325) 220-2273	Fax (325) 242-8045	
Medicare 2: Phone (325) 220-2273 Type: Parent Agency	Fax (325) 242-8045 Administrator PATRICK BELL	Services: Personal Assistance Services
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS	Services: Personal Assistance Services Owner Information
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE	Services: Personal Assistance Services Owner Information FALCON SOUTH PLAINS HOSPICE LP
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS	Services: Personal Assistance Services Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2:	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801	Services: Personal Assistance Services Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX:
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE	Services: Personal Assistance Services Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2:	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801	Services: Personal Assistance Services Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX:
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON	Services: Personal Assistance Services Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME	Services: Personal Assistance Services Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007	Services: Personal Assistance Services Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400 OVERLAND PARK, KS 66213
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448 Lic Expire 6/30/2023	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME 118 SOUTH PARK DRIVE SUITE D	Services: Personal Assistance Services Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448 Lic Expire 6/30/2023 Medicare 1: 459371 HHA-18	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME 118 SOUTH PARK DRIVE SUITE D	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400 OVERLAND PARK, KS 66213
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448 Lic Expire 6/30/2023 Medicare 1: 459371 HHA-18 Medicare 2:	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME 118 SOUTH PARK DRIVE SUITE D BROWNWOOD, TX 76801	Services: Personal Assistance Services Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400 OVERLAND PARK, KS 66213 PHONE: FAX:
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448 Lic Expire 6/30/2023 Medicare 1: 459371 HHA-18 Medicare 2: Phone (325) 643-5525 Type: Parent Agency	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME 118 SOUTH PARK DRIVE SUITE D BROWNWOOD, TX 76801 Fax (325) 646-2158 Administrator MOLLY KENNEDY	Services: Personal Assistance Services Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400 OVERLAND PARK, KS 66213 PHONE: FAX:
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448 Lic Expire 6/30/2023 Medicare 1: 459371 HHA-18 Medicare 2: Phone (325) 643-5525 Type: Parent Agency County BROWN	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME 118 SOUTH PARK DRIVE SUITE D BROWNWOOD, TX 76801 Fax (325) 646-2158 Administrator MOLLY KENNEDY Region 01 Date Licensed 11/30/2007	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Licensed and Certified Home Health Services
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448 Lic Expire 6/30/2023 Medicare 1: 459371 HHA-18 Medicare 2: Phone (325) 643-5525 Type: Parent Agency County BROWN License # 011763	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME 118 SOUTH PARK DRIVE SUITE D BROWNWOOD, TX 76801 Fax (325) 646-2158 Administrator MOLLY KENNEDY Region 01 Date Licensed 11/30/2007 KINDRED HOSPICE	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Licensed and Certified Home Health Services Owner Information GIRLING HEALTH CARE, INC
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448 Lic Expire 6/30/2023 Medicare 1: 459371 HHA-18 Medicare 2: Phone (325) 643-5525 Type: Parent Agency County BROWN License # 011763 Lic Expire 011763 Lic Expire 11/30/2023	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME 118 SOUTH PARK DRIVE SUITE D BROWNWOOD, TX 76801 Fax (325) 646-2158 Administrator MOLLY KENNEDY Region 01 Date Licensed 11/30/2007 KINDRED HOSPICE 2400 CROCKETT DRIVE SUITE 300	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Licensed and Certified Home Health Services Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448 Lic Expire 6/30/2023 Medicare 1: 459371 HHA-18 Medicare 2: Phone (325) 643-5525 Type: Parent Agency County BROWN License # 011763 Lic Expire 11/30/2023 Medicare 1: 451707 HOSPICE	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME 118 SOUTH PARK DRIVE SUITE D BROWNWOOD, TX 76801 Fax (325) 646-2158 Administrator MOLLY KENNEDY Region 01 Date Licensed 11/30/2007 KINDRED HOSPICE	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Licensed and Certified Home Health Services Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448 Lic Expire 6/30/2023 Medicare 1: 459371 HHA-18 Medicare 2: Phone (325) 643-5525 Type: Parent Agency County BROWN License # 011763 Lic Expire 11/30/2023 Medicare 1: 451707 HOSPICE Medicare 2:	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME 118 SOUTH PARK DRIVE SUITE D BROWNWOOD, TX 76801 Fax (325) 646-2158 Administrator MOLLY KENNEDY Region 01 Date Licensed 11/30/2007 KINDRED HOSPICE 2400 CROCKETT DRIVE SUITE 300 BROWNWOOD, TX 76801	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Licensed and Certified Home Health Services Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER
Medicare 2: Phone (325) 220-2273 Type: Parent Agency County BROWN License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 Hospice Medicare 2: Phone (325) 643-1113 Type: Alternate Delivery Site County BROWN License # 011448 Lic Expire 6/30/2023 Medicare 1: 459371 HHA-18 Medicare 2: Phone (325) 643-5525 Type: Parent Agency County BROWN License # 011763 Lic Expire 11/30/2023 Medicare 1: 451707 HOSPICE	Fax (325) 242-8045 Administrator PATRICK BELL Region 01 Date Licensed 06/30/2015 INTERIM HOSPICE OF WEST TEXAS 118 C SOUTH PARK DRIVE BROWNWOOD, TX 76801 Fax (325) 643-1088 Administrator BRANDI LARSON Region 01 Date Licensed 07/01/2007 KINDRED AT HOME 118 SOUTH PARK DRIVE SUITE D BROWNWOOD, TX 76801 Fax (325) 646-2158 Administrator MOLLY KENNEDY Region 01 Date Licensed 11/30/2007 KINDRED HOSPICE 2400 CROCKETT DRIVE SUITE 300	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF OLNEY HOME HEALTH, LLC 12900 FOSTER STREET SUITE #400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Licensed and Certified Home Health Services Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117

Administrator

SAMANTHA SIMMONS

County BROWN License # 018546 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (325) 641-0272 Type: Parent Agency	Region 01 Date Licensed 04/12/2016 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: FAX: Services: Licensed Home Health Services Owner Information
County BROWN License # 017548	Region 03 Date Licensed KLARUS HOME CARE	KLARUS HOME CARE LLC
Lic Expire 4/30/2022	120 SOUTH PARK DR., SUITE E	6421 CAMP BOWIE BLVD, SUITE #100
Medicare 1: 67Q9784001	BROWNWOOD, TX 76801	FORT WORTH, TX 76116
Medicare 2:		PHONE: FAX:
Phone (817) 349-9050	Fax	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator BEVERLY STUBBS	
County BROWN	Region 03 Date Licensed 04/01/2002	Owner Information
License # 007938	SOLARIS HOSPICE INC	SOLARIS HOSPICE, INC
Lic Expire 3/31/2023	107 SOUTH PARK DRIVE SUITE D	2250 S FM 51 SUITE 400
Medicare 1: 45-1688	BROWNWOOD, TX 76801	DECATUR, TX 76234
Medicare 2:		PHONE: FAX:
Phone (940) 627-1011 Type: Alternate Delivery Site	Fax (940) 627-3160 Administrator LEANNE PETERSON	Services: Hospice In-Patient Hospice: NO
County BURNET License # 018353 Lic Expire 7/31/2023 Medicare 1: 679520 HHA-18 Medicare 2: Phone (830) 798-8272	Region 05 Date Licensed 08/01/2017 ACCENTCARE HOME HEALTH OF MARBLE FALLS 1100 MISSION HILLS DRIVE SUITE 100 MARBLE FALLS, TX 78654 Fax (830) 798-7025	Owner Information TEXAS HOME HEALTH GROUP OF MARBLE FALLS, LLC 1100 MISSION HILLS DR SUITE 100 MARBLE FALLS, TX 78654 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator CHRISTINE MORGAN	
County BURNET License # 019773 Lic Expire 10/25/2023 Medicare 1:	Region 05 Date Licensed ALTUS HOSPICE 1002 MARBLE HEIGHTS DRIVE, SUITE 3 MARBLE FALLS, TX 78654	Owner Information ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200 CHARLOTTESVILLE, VA 22903
Medicare 2:		PHONE: FAX:
Phone 830 6377938	Fax 830 6377942	Services: Hospice In-Patient Hospice: NO
County BURNET License # 019773 Lic Expire 10/25/2023 Medicare 1: Medicare 2: Phone 830 6377938	Administrator HEATHER COURTNEY Region 05 Date Licensed ALTUS HOSPICE 1002 MARBLE HEIGHTS DRIVE, SUITE 3 MARBLE FALLS, TX 78654 Fax 830 6377942	Owner Information ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200 CHARLOTTESVILLE, VA 22903 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator HEATHER COURTNEY	In-Patient Hospice: NO
County BURNET License # 016739 Lic Expire 3/31/2023 Medicare 1: 677154 HHA-18 Medicare 2:	Region 05 Date Licensed 03/04/2015 ASCENSION AT HOME 407 NORTH WATER ST BURNET, TX 786112450	Owner Information SETON HIGHLAND LAKES HOME HEALTH LLC 309 INDUSTRIAL BOULEVARD BURNET, TX 78611 PHONE: FAX:
Phone (512) 756-7511	Fax (844) 809-2238	Services: Licensed and Certified Home Health Services

Administrator

County BURNET License # 016739 Lic Expire 3/31/2023 Medicare 1: 677154 HHA-18 Medicare 2: Phone (512) 756-7511 Type: Parent Agency	Region 05 Date Licensed ASCENSION AT HOME 407 NORTH WATER ST BURNET, TX 786112450 Fax (844) 809-2238 Administrator	03/04/2015	Owner Information SETON HIGHLAND LAKES HOME HEALTH LLC 309 INDUSTRIAL BOULEVARD BURNET, TX 78611 PHONE: FAX: Services: Licensed and Certified Home Health Services
County BURNET License # 013472 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (830) 265-4209 Type: Branch Agency	Region 05 Date Licensed CAPITOL HOME HEALTH 101 HWY 281 NORTH STE 204 MARBLE FALLS, TX 78654 Fax (830) 265-4213 Administrator MELISA ARNETTE	08/16/2013	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 BURNET License # 010942 Lic Expire 10/31/2022 Medicare 1: 679292 HHA-18 Medicare 2: Phone 830 6932657 Type: Parent Agency	Region 05 Date Licensed ENCOMPASS HEALTH HOME HEALTH 1002 MARBLE HEIGHTS DRIVE, SUITE B MARBLE FALLS, TEXAS 78654 Fax 830 6934085 Administrator CATHERINE IVINS	10/16/2006	Owner Information HALLMARK HOMECARE, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BURNET License # 021321 Lic Expire 1/12/2025 Medicare 1: Medicare 2: Phone (830) 262-0808	Region 05 Date Licensed ENCOMPASS HEALTH HOSPICE 1002 MARBLE HEIGHTS DRIVE, STE B2 MARBLE FALLS, TEXAS 78654 Fax (830) 262-0788	01/12/2022	Owner Information APEX HOSPICE, LLC 6688 N. CENTRAL EXPRESSWAY, STE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BURNET License # 007156 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone (800) 859-3169 Type: Alternate Delivery Site	Administrator CATHERINE IVINS Region 07 Date Licensed HILL COUNTRY MEMORIAL HOSPICE 2511 HIGHWAY 281 STE 800 MARBLE FALLS, TX 78654 Fax (830) 997-3547 Administrator KAREN O'ROURKE	12/09/1999	Owner Information GREATER HILL COUNTRY HOSPICE P O BOX 835 FREDERICKSBURG, TEXAS 78624 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County BURNET License # 018627 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (512) 234-4050 Type: Parent Agency	Region 05 Date Licensed HOME INSTEAD 1800 MORMON MILL RD STE A-6 MARBLE FALLS, TX 78654 Fax (512) 234-4051 Administrator MONICA MONASMITH	02/21/2018	Owner Information RIVER PHOENIX HEALTH, LLC 1800 MORMON MILL RD # A-6 MARBLE FALLS, TX 78654 PHONE: FAX: Services: Personal Assistance Services
County BURNET License # 007810 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (830) 693-1963 Type: Branch Agency	Region 05 Date Licensed OUTREACH HOME CARE 503 FM 1431, SUITE 102 MARBLE FALLS, TX 78654 Fax (830) 693-6946 Administrator ANDREA AGUILERA	01/23/2006	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 BURNET	Region 05 Date Licensed	Owner Information
License # 012568	RIGHT AT HOME 1202	EDWIN YOUNG HEALTHCARE INC
Lic Expire 4/30/2023	1001 AVENUE E	5555 N. LAMAR BLVD., SUITE #C111
Medicare 1:	MARBLE FALLS, TEXAS 78654	AUSTIN, TX 78751
Medicare 2:		PHONE: FAX:
Phone (830) 201-1844	Fax (512) 465-9901	Services: Personal Assistance Services
Type: Branch Agency	Administrator KATE VANBENTHUYSEN	
County BURNET	Region 05 Date Licensed	Owner Information
License # 010520	STANDARDS HOME HEALTH	STANDARD REGIONAL HOME HEALTH, INC
Lic Expire 5/3/2023	705 HIGHWAY 281 SUITE 200	111 WEST 2ND STREET
Medicare 1:	MARBLE FALLS, TEXAS 76520	CAMERON, TEXAS 76520
Medicare 2:		PHONE: FAX:
Phone (830) 265-4274	Fax (830) 265-4273	Services: Licensed Home Health Services
Type: Branch Agency	Administrator RICKY GARCIA	Services. Licenseu Home Health Services
		Owner Information
County BURNET	Region 05 Date Licensed	TEXAS HOME HEALTH HOSPICEAUSTIN, LLC
License # 017838	TEXAS HOME HEALTH HOSPICEAUSTIN LLC	17855 N DALLAS PKWY SUITE 200
Lic Expire 12/31/2022	1100 MISSION HILLS DR. #100 RM HOS	
Medicare 1: Branch ID: 464189	MARBLE FALLS, TX 78654	DALLAS, TX 75287-6857
Medicare 2:		PHONE: FAX:
Phone (830) 522-2522	Fax (830) 265-6690	Services: Hospice
Type: Alternate Delivery Site	Administrator TAMI HATFIELD	In-Patient Hospice: NO
- Titernate Benvery One	- Taninistator Traville Travil	
County BURNET	Region 05 Date Licensed 08/24/2004	Owner Information
License # 007742	TEXAS HOME HEALTH SKILLED SERVICES	TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire 9/30/2022	1100 MISSION HILLS STE 100	
Medicare 1:	MARBLE FALLS, TX 78654	
Medicare 2:		PHONE: FAX:
Phone (830) 798-8272	Fax (830) 798-1025	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Describ Assess	Administrator CACCIE MITOLIELI	Personal Assistance Services
Type: Branch Agency	Administrator CASSIE MITCHELL	
County BURNET	Region 05 Date Licensed 08/24/2004	Owner Information
License # 007742	TEXAS HOME HEALTH SKILLED SERVICES	TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire 9/30/2022		
	1100 MISSION HILLS STE 100	
Medicare 1:	1100 MISSION HILLS STE 100 MARBLE FALLS, TX 78654	
Medicare 1: Medicare 2:	MARBLE FALLS, TX 78654	PHONE: FAX:
Medicare 1:		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Medicare 1: Medicare 2: Phone (830) 798-8272	MARBLE FALLS, TX 78654 Fax (830) 798-1025	
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453 Lic Expire 7/31/2023	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS 706 4TH STREET	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MUG HOME CARE INC 815 LAKE AIR DRIVE
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453 Lic Expire 7/31/2023 Medicare 1:	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MUG HOME CARE INC 815 LAKE AIR DRIVE WACO, TX 76710
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453 Lic Expire 7/31/2023 Medicare 1: Medicare 2:	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS 706 4TH STREET MARBLE FALLS, TX 78654	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MUG HOME CARE INC 815 LAKE AIR DRIVE WACO, TX 76710 PHONE: FAX:
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (830) 637-7118	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS 706 4TH STREET MARBLE FALLS, TX 78654 Fax (830) 637-7116	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MUG HOME CARE INC 815 LAKE AIR DRIVE WACO, TX 76710
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453 Lic Expire 7/31/2023 Medicare 1: Medicare 2:	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS 706 4TH STREET MARBLE FALLS, TX 78654	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MUG HOME CARE INC 815 LAKE AIR DRIVE WACO, TX 76710 PHONE: FAX: Services: Personal Assistance Services
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (830) 637-7118	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS 706 4TH STREET MARBLE FALLS, TX 78654 Fax (830) 637-7116	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MUG HOME CARE INC 815 LAKE AIR DRIVE WACO, TX 76710 PHONE: FAX: Services: Personal Assistance Services
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (830) 637-7118 Type: Parent Agency	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS 706 4TH STREET MARBLE FALLS, TX 78654 Fax (830) 637-7116 Administrator CRISTAL REVEN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MUG HOME CARE INC 815 LAKE AIR DRIVE WACO, TX 76710 PHONE: FAX: Services: Personal Assistance Services Owner Information STICK CHICK ENTERPRISES LLC
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (830) 637-7118 Type: Parent Agency County BURNET	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS 706 4TH STREET MARBLE FALLS, TX 78654 Fax (830) 637-7116 Administrator CRISTAL REVEN Region 05 Date Licensed 12/22/2017	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MUG HOME CARE INC 815 LAKE AIR DRIVE WACO, TX 76710 PHONE: FAX: Services: Personal Assistance Services Owner Information STICK CHICK ENTERPRISES LLC 17630 FM 963
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (830) 637-7118 Type: Parent Agency County BURNET License # 018529	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS 706 4TH STREET MARBLE FALLS, TX 78654 Fax (830) 637-7116 Administrator CRISTAL REVEN Region 05 Date Licensed 12/22/2017 YOUR DAYTIME DAUGHTER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MUG HOME CARE INC 815 LAKE AIR DRIVE WACO, TX 76710 PHONE: FAX: Services: Personal Assistance Services Owner Information STICK CHICK ENTERPRISES LLC
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (830) 637-7118 Type: Parent Agency County BURNET License # 018529 Lic Expire 12/31/2023	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS 706 4TH STREET MARBLE FALLS, TX 78654 Fax (830) 637-7116 Administrator CRISTAL REVEN Region 05 Date Licensed 12/22/2017 YOUR DAYTIME DAUGHTER 17630 F.M 963 BERTRAM, TEXAS 78605	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MUG HOME CARE INC 815 LAKE AIR DRIVE WACO, TX 76710 PHONE: FAX: Services: Personal Assistance Services Owner Information STICK CHICK ENTERPRISES LLC 17630 FM 963
Medicare 1: Medicare 2: Phone (830) 798-8272 Type: Branch Agency County BURNET License # 014453 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (830) 637-7118 Type: Parent Agency County BURNET License # 018529 Lic Expire 12/31/2023 Medicare 1:	MARBLE FALLS, TX 78654 Fax (830) 798-1025 Administrator CASSIE MITCHELL Region 05 Date Licensed 07/11/2011 VISITING ANGELS 706 4TH STREET MARBLE FALLS, TX 78654 Fax (830) 637-7116 Administrator CRISTAL REVEN Region 05 Date Licensed 12/22/2017 YOUR DAYTIME DAUGHTER 17630 F.M 963	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MUG HOME CARE INC 815 LAKE AIR DRIVE WACO, TX 76710 PHONE: FAX: Services: Personal Assistance Services Owner Information STICK CHICK ENTERPRISES LLC 17630 FM 963 BERTRAM, TX 78728

Administrator LEE GROVES

County CALDWELL License # 020986	Region 05 Date Licensed 08/17/2021 ELLA'S PERSONAL ASSISTANCE AND COMPANION CARE SERVICES LLC	Owner Information ELLA'S PERSONAL ASSISTANCE AND COMPANION CARE SERVICES LLC 11738 FM 1854
Lic Expire 8/17/2024 Medicare 1:	11738 FM 1854 DALE, TEXAS 78616	DALE, TEXAS 78616
Medicare 2:	DALE, TEXAS 70010	PHONE: FAX:
Phone (512) 559-0023	Fax (512) 559-0023	Services: Personal Assistance Services
Type: Parent Agency	Administrator CRYSTAL JOHNSON	
County CALHOUN License # 013682 Lic Expire 8/31/2022 Medicare 1: 457762 HHA-18 Medicare 2:	Region 07 Date Licensed 08/23/2010 CALHOUN HOME HEALTH LLC 1300 N VIRGINIA STREET STE 111 PORT LAVACA, TX 77979	Owner Information CALHOUN HOME HEALTH LLC P. O BOX 7126 VICTORIA, TX 77903-7126 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 License # 010343 Lic Expire 3/31/2022 Medicare 1: 679777 HHA-18 Medicare 2: Phone (956) 421-3999	Region 07 Date Licensed 03/13/2006 A & M NURSING SERVICES LLC 302 W ADAMS AVE HARLINGEN, TX 78550 Fax (956) 421-3902	Owner Information A & M NURSING SERVICES LLC P O BOX 532890 HARLINGEN, TX 78553 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARY FLORES	
County CAMERON License # 017716 Lic Expire 8/31/2022 Medicare 1:	Region 07 Date Licensed 08/31/2016 A BETTER CHOICE HOME HEALTH SERVICES INC 2501 PAREDES LINE RD, STE B1 BROWNSVILLE, TX 78526	Owner Information A BETTER CHOICE HOME HEALTH SERVICES INC 1725 BOCA CHICA BLVD SUITE E BROWNSVILLE, TX 78520
Medicare 2: Phone (956) 554-9995	Fax (956) 554-9994	PHONE: FAX:
Type: Parent Agency	Administrator NANCY BOTELLO	Services: Licensed Home Health Services; Personal Assistance Services
County CAMERON License # 020838 Lic Expire 6/17/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed 06/17/2021 A BETTER HOME CARE, LLC 6921 BONHAM RD. STE. C BROWNSVILLE, TEXAS 78521	Owner Information A BETTER HOME CARE, LLC PHONE: FAX:
Phone 9565946001, 95662197 Type: Parent Agency	Fax (956) 431-0461 Administrator SERGIO MENDOZA	Services: Licensed Home Health Services; Personal Assistance Services
County CAMERON License # 014979 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 08/06/2012 A ONE HEALTH SERVICE AGENCY 3670 BOCA CHICA BLVD STE 3 BROWNSVILLE, TX 78521	Owner Information MARIA BARRERA PO BOX 4352 BROWNSVILLE, TEXAS 78523 PHONE: FAX:
Phone (956) 574-0596	Fax (956) 574-0086	Services: Personal Assistance Services
Type: Parent Agency	Administrator MARIA BARRERA	
County CAMERON License # 005661 Lic Expire 5/31/2022 Medicare 1: 747457 HHA-18	Region 07 Date Licensed 05/30/1997 ABUNDANT LIFE HOME HEALTH INC 1900 PECAN STREET BROWNSVILLE, TX 78520	Owner Information ABUNDANT LIFE HOME HEALTH INC 45 FIRESIDE DRIVE BROWNSVILLE, TX 78521
Medicare 2: Phone 956 5447714	Fax 956 5441033	PHONE: FAX:
Tuno: Percet Agency	Administrator EDEDEDION CONTAL ES	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Administrator FREDERICK GONZALES

Type: Parent Agency

County CAMERON License # 007432 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 986-0942 Type: Parent Agency	Region 07 Date Licensed 09/14/2000 ACCLAIM HEALTH SERVICES INC 1076 E LOS EBANOS BLVD BROWNSVILLE, TEXAS 78520 Fax (956) 986-0961 Administrator ROGELIO CAZARES	Owner Information ACCLAIM HEALTH SERVICES INC 3505 BOCA CHICA BLVD STE 203 BROWNSVILLE, TX 78521 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 019838 Lic Expire 2/21/2022 Medicare 1:	Region 07 Date Licensed 02/21/2020 ACE ATTENDANT SERVICES, LLC 2106 N. MINNESOTA AVE. BROWNSVILLE, TEXAS 78521	Owner Information ACE ATTENDANT SERVICES, LLC
Medicare 2: Phone (956) 908-5900 Type: Parent Agency	Fax (956) 554-7829 Administrator DORA ZAVALA	PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 021036 Lic Expire 9/9/2024 Medicare 1:	Region 07 Date Licensed 09/09/2021 ADORABLE PRIMARY HOME CARE INCORPORATED 4002 PAREDES LINE RD STE 28 BROWNSVILLE, TEXAS 78526	Owner Information ADORABLE PRIMARY HOME CARE INCORPORATED
Medicare 2: Phone (956) 338-6655 Type: Parent Agency	Fax Administrator ROSA ISELA RIOS ZUNIGA	PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 007610 Lic Expire 4/30/2023 Medicare 1:	Region 07 Date Licensed 05/01/2001 ADVANCE PLUS HOME HEALTH 17 BOCA CHICA BLVD SUITE C BROWNSVILLE, TX 78520	Owner Information E L PANCIERA INC 17 BOCA CHICA BLVD SUITE C BROWNSVILLE, TX 78520
Medicare 2: Phone (956) 546-9444 Type: Parent Agency	Fax (956) 546-9477 Administrator EMIL PANCIERA	PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 016535 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (956) 365-3095	Region 07 Date Licensed 11/01/2014 AGUA CRISTALINA HOME CARE LLC 105 EAST JACKSON STE C HARLINGEN, TX 78550 Fax (956) 230-8180	Owner Information AGUA CRISTALINA HOME CARE LLC 105 E JACKSON SUITE C HARLINGEN, TX 78550 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County CAMERON License # 020746 Lic Expire 5/11/2024 Medicare 1: Medicare 2: Phone 956 264 7417 Type: Parent Agency	Administrator NANCY ECHAVARRIA Region 07 Date Licensed 05/11/2021 ALAMEDA HEALTH SERVICES, LLC 30891 LEAL ROAD SAN BENITO, TEXAS 78586 Fax Administrator RUDY LOPEZ	Owner Information ALAMEDA HEALTH SERVICES, LLC 30891 LEAL ROAD SAN BENITO, TEXAS 78586 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 017643 Lic Expire 9/30/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 09/21/2016 ALAS DE AMOR PHC INC 9801 KINGBIRD DRIVE HARLINGEN, TX 78552	Owner Information ALAS DE AMOR PHC INC PHONE: FAX:
Phone (956) 800-1698 Type: Parent Agency	Fax (956) 800-1690 Administrator MARICELA LOPEZ MATOS	Services: Licensed Home Health Services; Personal Assistance Services

County CAMERON License # 008620 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (956) 541-3484 Type: Parent Agency	Region 07 Date Licensed 08/28/2003 ALIVIO HOME CARE 3505 BOCA CHICA BLVD STE 107 BROWNSVILLE, TX 78521 Fax (956) 541-3036 Administrator CLAUDIA VALENCIA	Owner Information ALIVIO HOME CARE 1875 TAXCO DR BROWNSVILLE, TX 78521 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 009377 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (956) 504-6779 Type: Parent Agency	Region 07 Date Licensed 10/27/2004 ALIVIO HOME HEALTH INC 715 W JEFFERSON ST BROWNSVILLE, TX 78520 Fax (956) 986-2624 Administrator MARIA NEWTON	Owner Information ALIVIO HOME HEALTH INC 715 W JEFFERSON ST BROWNSVILLE, TEXAS 78520 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 011456 Lic Expire 5/31/2024 Medicare 1: 673110 Medicare 2: Phone (956) 412-3337 Type: Parent Agency	Region 07 Date Licensed 05/22/2007 ALL ABOUT KIDS HOME HEALTH 2102 W TEEGE AVENUE HARLINGEN, TX 78550 Fax (956) 412-3338 Administrator ANTONIO S. ALVIAR, JR., RN	Owner Information SANTA CRUZ HEALTH SERVICES INC 2102 W TEEGE AVENUE HARLINGEN, TX 78550 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County CAMERON License # 010852 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (956) 295-3233 Type: Branch Agency	Region 07 Date Licensed ALL SEASONS HOME CARE 222 N. EXPRESSWAY, SUITE 201A BROWNSVILLE, TEXAS 78521 Fax (956) 295-3259 Administrator AMBROSE HERNANDEZ	Owner Information LEGACY HOME CARE SERVICES INC PO BOX 61180 CORPUS CHRISTI, TX 78466 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 007328 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (956) 425-2273 Type: Parent Agency	Region 07 Date Licensed 05/05/2000 ALL TEXAS HEALTH CARE INC 302 E. TYLER AVE. # 2 HARLINGEN, TX 78550 Fax (956) 425-2218 Administrator LISA WELLS	Owner Information ALL TEXAS HEALTH CARE INC 302 E. TYLER AVENUE SUITE 2 HARLINGEN, TX 78550 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 012478 Lic Expire 3/31/2023 Medicare 1: 747314 Medicare 2: Phone (936) 756-2277 Type: Branch Agency	Region 06 Date Licensed ALLHEAL HOME HEALTH, INC 1821 SESAME SQ, SUITE 16 HARLINGEN, TX 785507941 Fax Administrator LINDSEY GROTHE	Owner Information ALLHEAL HOME HEALTH, INC 3305 WEST DAVIS, SUITE #100 CONROE, TX 77304 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County CAMERON License # 018635 Lic Expire 2/28/2022 Medicare 1: 74-1752 Medicare 2: Phone (956) 216-0013 Type: Parent Agency	Region 07 Date Licensed 02/26/2018 ALORA HOSPICE AND PALLIATIVE CARE LLC 513 E JACKSON STREET STE 317 HARLINGEN, TX 78550 Fax (956) 216-0014 Administrator BLANCA QUINTANILLA	Owner Information ALORA HOSPICE AND PALLIATIVE CARE LLC 513 E JACKSON STE 317 HARLINGEN, TX 78550 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County CAMERON	Region 07 Date Licensed 11/12/2019	Owner Information
License # 019693	ALPHA MED, LLC	ALPHA MED, LLC
		6724 GEORGIA PINE
Lic Expire 11/12/2021	745 E. SAINT CHARLES ST. STE. A	BROWNSVILLE, TEXAS 78526
Medicare 1: Medicare 2:	BROWNSVILLE, TEXAS 78520	PHONE: FAX:
Phone (956) 459-7133	Fax	FIIONE. TAX.
, ,		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	AMABLE HOME CARE LLC
Lic Expire 3/31/2024	615 NORTH MAIN STREET	PO BOX 432
Medicare 1: 971612 Hospice	LA FERIA, TX 78559	SANTA ROSA, TX 78593
Medicare 2:		PHONE: FAX:
Phone (956) 277-0351	Fax (956) 277-0446	Comisson Hamison Licensed Hama Hamilto Comisson Devandel Assistance Comisson
, ,	•	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator AMY PONCE	·
County CAMERON	Region 07 Date Licensed 11/27/2012	Owner Information
-	AMAZING GRACE PRIMARY HOME CARE LLC	AMAZING GRACE PRIMARY HOME CARE LLC
License # 015231		212 N ARROYO BLVD
Lic Expire 11/30/2022	220 E OCEAN BLVD	LOS FRESNOS, TX 78566
Medicare 1:	LOS FRESNOS, TX 78566	
Medicare 2:	5 (999) 977 9944	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	AMBIENTE ALEGRE INC
Lic Expire 11/30/2021	700 PAREDES AVENUE SUITE 109	347 RENFRO BLVD
Medicare 1:	BROWNSVILLE, TX 78521	BROWNSVILLE, TX 78521
Medicare 1:	BROWNOVILLE, TX 70021	PHONE: FAX:
Phone (956) 459-2073	Fax (956) 621-2884	
Type: Parent Agency	Administrator FERNANDO SALAZAR	Services: Personal Assistance Services
ype. I dient Agency	AUTHINISTICATION I ENTENDED GALAZAIX	
County CAMERON	Region 07 Date Licensed 05/15/2018	Owner Information
License # 019792	AMBROSE ETERNITY HOME SERVICES, LLC	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 CAMEDON	Pogion 07 Data Licensed 04/47/0000	Owner Information
County CAMERON	Region 07 Date Licensed 01/17/2020	AMEDISYS HOSPICE, LLC
License # 019788	AMEDISYS HOSPICE	3854 AMERICAN WAY, SUITE: A
Lic Expire 1/17/2025	512 VICTORIA LANE, STE 16B	BATON ROUGE, LOUISIANA
Medicare 1: 971583	HARLINGEN, TX 785503226	
Medicare 2:		PHONE: FAX:
Phone (956) 300-0865	Fax (888) 562-0818	Services: Hospice
Type: Parent Agongy	Administrator MIRIAM VALDIVIEZ	In-Patient Hospice: NO
Type: Parent Agency	AMININISTICAL INITANI VALDIVIEZ	
County CAMERON	Region 07 Date Licensed	Owner Information
License # 003177	AMERICAN MEDICAL HOME HEALTH SERVICES	HUB CITY HOME HEALTH INC
Lic Expire 11/30/2023	1409 N. STUART PLACE ROAD, SUITE C,	506 VALLEY BROOK RD, STE 201
Medicare 1: 67Q7522004	HARLINGEN, TX 78552	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;
		Personal Assistance Services
Tuno: Propoh Agonov	Administrator JECCICA MONTNEY	

Type: Branch Agency

Administrator

JESSICA MONTNEY

County CAMERON License # 009369 Lic Expire 10/31/2024 Medicare 1: 45Q7907001	Region 07 Date Licensed 07/09/2018 AMERICAN MEDICAL HOME HEALTH SERVICES SAN ANTONIO LLC 1042 GARNER FIELD RD STE A UVALDE, TX 78801	Owner Information AMERICAN MEDICAL HOME HEALTH SERVICE 506 VALLEY BROOK RD, STE 201 MCMURRAY, PA 15317	S SAN ANTONIO LLC
Medicare 2:		PHONE:	FAX:
Phone (830) 460-3013	Fax (830) 460-3411	Services: Licensed Home Health Services; Person	al Assistance Services
Type: Branch Agency	Administrator JESSICA MONTNEY		
County CAMERON License # 010645 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 982-8500 Type: Parent Agency	Region 07 Date Licensed 08/01/2006 AMIGO HEALTH SERVICES CORP 2414 E PRICE RD STE B103 BROWNSVILLE, TX 78521 Fax (956) 982-8501 Administrator CELINA MARTINEZ	Owner Information AMIGO HEATH SERVICES CORP 2394 E PRICE RD BROWNSVILLE, TX 78521 PHONE: Services: Personal Assistance Services	FAX:
County CAMERON License # 018897 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 621-3139 Type: Parent Agency	Region 07 Date Licensed 08/22/2018 AMIGOS HEALTH CARE INC 2024 N MINNESOTA AVE. BROWNSVILLE, TEXAS 78521 Fax (956) 621-1588 Administrator DAVID ZAVALA	Owner Information AMIGOS HEALTH CARE INC 2106 N. MINNESOTA AVENUE BROWNSVILLE, TX 78521 PHONE: Services: Personal Assistance Services	FAX:
County CAMERON License # 021035 Lic Expire 9/9/2024 Medicare 1:	Region 07 Date Licensed 09/09/2021 AMISTAD HOME CARE SERVICES, INC 24 DRAPER DR BROWNSVILLE, TEXAS 78521	Owner Information AMISTAD HOME CARE SERVICES, INC	
Medicare 2:	5.00	PHONE:	FAX:
Phone (956) 621-4828	Fax	Services: Personal Assistance Services	
Type: Parent Agency	Administrator ALBINITA BRISENO		
County CAMERON License # 007200 Lic Expire 12/31/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 12/16/1999 AMOR HEALTH SERVICES INC 1150 EAST 13TH STREET, SUITE B BROWNSVILLE, TX 78520	Owner Information AMOR HEALTH SERVICES INC 1150 EAST 13TH STREET OFFICE B BROWNSVILLE, TX 78520 PHONE:	FAX:
Phone (956) 986-6030 Type: Parent Agency	Fax (956) 541-8445 Administrator MARIA TORRE-CONLEY	Services: Personal Assistance Services	
County CAMERON License # 017602 Lic Expire 8/31/2022 Medicare 1:	Region 07 Date Licensed 08/30/2016 ANGELES DIVINOS HOME HEALTH CARE INC 1724 ED CAREY DRIVE SUITE B HARLINGEN, TX 78550	Owner Information ANGELES DIVINOS HOME HEALTH CARE INC SAME AS PHYSICAL ADDRESS HARLINGEN, TX 78550	
Medicare 2: Phone 956 3898000	Fax 956 4357228	PHONE:	FAX:
Type: Parent Agency	Administrator OSCAR C BURKHOLDER	Services: Personal Assistance Services	
County CAMERON License # 011177 Lic Expire 3/31/2022 Medicare 1:	Region 07 Date Licensed 03/22/2007 ANGELES GUARDIANES HOME HEALTH INC 55 WEST ELIZABETH ST BROWNSVILLE, TX 78520	Owner Information ANGELES GUARDIANES HOME HEALTH INC SAME BROWNSVILLE, TX 78521	
Medicare 2: Phone (956) 574-9423 Type: Parent Agency	Fax (956) 574-0155 Administrator MARIO RENE CAMPOS	PHONE: Services: Personal Assistance Services	FAX:

County CAMERON License # 007069 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 541-1975 Type: Parent Agency	Region 07 Date Licensed ANGELES HOME HEALTH INC 414 E ELIZABETH ST BROWNSVILLE, TX 78520 Fax (956) 504-9091 Administrator NORA M GARZA	06/30/1999	Owner Information ANGELES HOME HEALTH, INC 1635 W SAN MARCELO BLVD BROWNSVILLE, TX 78526-1967 PHONE: FAX: Services: Personal Assistance Services	
County CAMERON License # 006460 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (956) 943-3000 Type: Branch Agency	Region 07 Date Licensed ANGELITOS PRIMARY HOME CARE INC 117 W. QUEEN ISABELLA PORT ISABEL, TX 78578 Fax (956) 943-3002 Administrator JUAN PEREZ	09/11/2013	Owner Information ANGELITOS PRIMARY HOME CARE INC 704 E GRIFFIN PKWYSTE 100 MISSION, TX 78572 PHONE: (956) 624-6965 FAX: (95 Services: Personal Assistance Services	6) 581-9918
County CAMERON License # 014397 Lic Expire 9/30/2023 Medicare 1: 457193 HHA-18 Medicare 2: Phone (956) 428-8301 Type: Parent Agency	Region 07 Date Licensed APC HOME HEALTH SERVICES 1659 SAM HOUSTON DR. HARLINGEN, TX 785508123 Fax (956) 428-5291 Administrator ANDREW S. PAINTER	09/13/2011	Owner Information APC HOME HEALTH SERVICE, INC 1805 BELL STREET HARLINGEN, TX PHONE: () - 1 FAX: Services: Licensed and Certified Home Health Services; Licensed Home	me Health Services
County CAMERON License # 014398 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone 956 4287334 Type: Parent Agency	Region 07 Date Licensed APC HOMEMAKER SERVICES 1805 BELL STREET HARLINGEN, TX 785508208 Fax 956 4283336 Administrator JOVIE CANTU	09/13/2011	Owner Information APC HOME HEALTH SERVICE, INC 1805 BELL STREET HARLINGEN, TX PHONE: () - 1 FAX: Services: Licensed Home Health Services; Personal Assistance Services	ces
County CAMERON License # 020915 Lic Expire 7/19/2023 Medicare 1: Medicare 2: Phone 956 5640073	Region 07 Date Licensed APOLLO HEALTH CARE, INC 30317 SHARE 28 ROAD LOS FRESNOS, TEXAS 78566 Fax (956) 621-1588	07/19/2021	Owner Information APOLLO HEALTH CARE, INC PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	
Type: Parent Agency County CAMERON License # 016872 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (956) 544-7730 Type: Parent Agency	Administrator LESLIE KELM Region 07 Date Licensed AQUARIO PRIMARY HOME CARE 3116 E 14TH ST BROWNSVILLE, TX 78521 Fax (956) 621-0700 Administrator BRENDA CANO	06/23/2015	Owner Information AQUARIO PRIMARY HOME CARE 3116 EAST 14TH STREET BROWNSVILLE, TX 78521 PHONE: FAX: Services: Personal Assistance Services	
County CAMERON License # 021137 Lic Expire 10/18/2024 Medicare 1: Medicare 2: Phone (956) 579-8899 Type: Parent Agency	Region 07 Date Licensed ARMONIA FAMILIAR, INC 701 PALM VALLEY DR E HARLINGEN, TEXAS 78552 Fax Administrator MARTHA LOPEZ DAVILA	10/18/2021	Owner Information ARMONIA FAMILIAR INC PHONE: FAX: Services: Personal Assistance Services	

County CAMERON License # 007137 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (956) 425-2220 Type: Parent Agency	Region 07 Date Licensed ATHC PROVIDER SERVICES INC 302 E TYLER AVE, # 2 HARLINGEN, TX 78550 Fax (956) 425-2218 Administrator LISA WELLS	10/13/1999	Owner Information ATHC PROVIDER SERVICES INC 302 E. TYLER AVENUE, STE 2 HARLINGEN, TEXAS 78550 PHONE: FAX: Services: Personal Assistance Services
County CAMERON	Region 07 Date Licensed	05/15/2020	Owner Information
License # 019941	ATZ PRIMARY CARE, INC		ATZ PRIMARY CARE, INC
Lic Expire 5/15/2022	2024 N MINNESOTA AVE. B		
Medicare 1:	BROWNSVILLE, TEXAS 78521		DUONE
Medicare 2: Phone (956) 579-7881	Fax (956) 621-1588		PHONE: FAX:
Type: Parent Agency	Administrator DAVID ZAVALA		Services: Personal Assistance Services
County CAMERON License # 014807 Lic Expire 3/31/2022	Region 07 Date Licensed AVEANNA HEALTHCARE 7097 N EXPRESSWAY 77 SUITE 8 & 9	09/09/2015	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E
Medicare 1:	OLMITO, TX 78575		DALLAS, TX 75247
Medicare 2: Phone (956) 435-7638	Fax (956) 854-4338		PHONE: FAX:
Type: Branch Agency	Administrator EDUARDO HINOJOSA		Services: Licensed Home Health Services
County CAMERON License # 019765	Region 07 Date Licensed AYUDA HOME HEALTH INC	01/08/2020	Owner Information AYUDA HOME HEALTH INC
Lic Expire 1/8/2022 Medicare 1:	522 S TEXAS BLVD STE 105 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 T & B ESPINO INC
License # 018794 Lic Expire 6/30/2022	B & T ATTENDANT SERVICES		2226 ATHENS ST
Lic Expire 6/30/2022 Medicare 1:	2226 ATHENS ST. BROWNSVILLE, TX 78520		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		BEACON HARBOR HOME HEALTH INC 292 KINGS HIGHWAY SUITE 9
Lic Expire 3/31/2022 Medicare 1: 677897 HHA-18	302 KINGS HWY, SUITE 109		BROWNSVILLE, TX 78521
Medicare 1: 677897 HHA-18 Medicare 2:	BROWNSVILLE, TX 78521		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	BEE FIRST HOME HEALTH		CARINOSA HEALTHCARE INC
Lic Expire 5/20/2023 Medicare 1: 453108	2809 S EXPRESSWAY 83 STE F HARLINGEN, TX 78550		
Medicare 2:	HAINLINGLIN, IA 70000		PHONE: FAX:
Phone (956) 664-9667	Fax (965) 664-2190		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator NOEMI OLIVO		

County CAMERON	Region 07 Date Licensed 06/27/1997	Owner Information
License # 005782	BEE FIRST PRIMARY HOME CARE	FIRST PRIMARY HOME CARE, INC
Lic Expire 6/30/2023	2809 SOUTH EXPRESSWAY 83	2809 SOUTH EXPRESSWAY 83
Medicare 1: 741522 HOSPICE	HARLINGEN, TX 78550	HARLINGEN, TX 78550
Medicare 2:		PHONE: FAX:
Phone (888) 224-9897	Fax (956) 423-2027	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator MICHAEL THIEL	
County CAMERON	Region 07 Date Licensed 06/27/1997	Owner Information
License # 005782	BEE FIRST PRIMARY HOME CARE	FIRST PRIMARY HOME CARE, INC
Lic Expire 6/30/2023	2809 SOUTH EXPRESSWAY 83	2809 SOUTH EXPRESSWAY 83
Medicare 1: 741522 HOSPICE	HARLINGEN, TX 78550	HARLINGEN, TX 78550
Medicare 2:		PHONE: FAX:
Phone (888) 224-9897	Fax (956) 423-2027	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator MICHAEL THIEL	
County CAMERON	Region 07 Date Licensed 06/27/1997	Owner Information
License # 005782	BEE FIRST PRIMARY HOME CARE	FIRST PRIMARY HOME CARE, INC
Lic Expire 6/30/2023	2809 SOUTH EXPRESSWAY 83	2809 SOUTH EXPRESSWAY 83
Medicare 1: 741522 HOSPICE	HARLINGEN, TX 78550	HARLINGEN, TX 78550
Medicare 2:		PHONE: FAX:
Phone (888) 224-9897	Fax (956) 423-2027	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator MICHAEL THIEL	
County CAMERON	Region 07 Date Licensed 01/30/2006	Owner Information
License # 010266	BELIEVE IN US PRIMARY HOME CARE INC	BELIEVE IN US PRIMARY HOME CARE INC
Lic Expire 1/31/2023	2416 WEST BUSINESS HIGHWAY 77	2416 WEST BUSINESS HIGHWAY 77
Medicare 1:	SAN BENITO, TX 78586	SAN BENITO, TX 78586
Medicare 2:		PHONE: FAX:
Phone (956) 399-1511	Fax (956) 399-1561	Services: Personal Assistance Services
Type: Parent Agency	Administrator REBECCA VALDEZ	
County CAMERON	Region 07 Date Licensed 01/05/2021	Owner Information
License # 020433	BENDICION DIVINA PERSONAL ASSISTANCE SERVICES, LLC	BENDICION DIVINA PERSONAL ASSISTANCE SERVICES, LLC
Lic Expire 1/5/2023	7601 PECAN AVE.	
Medicare 1:	BROWNSVILLE, TEXAS 78526	
Medicare 2:		PHONE: FAX:
Phone (956) 466-5008	Fax 18668118644	Services: Personal Assistance Services
Type: Parent Agency	Administrator FRANCES ELIAS	
County CAMERON	Region 07 Date Licensed 10/01/2019	Owner Information
License # 019628	BLUEBONNET PRIMARY HOME CARE LLC	BLUEBONNET PRIMARY HOME CARE LLC
Lic Expire 10/1/2021	1342 SQUAW VALLEY DR UNIT B	
Medicare 1:	BROWNSVILLE, TEXAS 78521	
Medicare 2:		PHONE: FAX:
Phone (956) 517-6260	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator VANESSA TREVINO	
County CAMERON	Region 07 Date Licensed 06/23/2015	Owner Information
License # 016871	BUENA VIDA PRIMARY HOME CARE	ROSA ELIA MARTINEZ
Lic Expire 6/30/2023	4035 BOCA CHICA BLVD. STE 3	3116 E 14TH ST
Medicare 1:	BROWNSVILLE, TX 78521	BROWNSVILLE, TX 78521
Medicare 2:		PHONE: FAX:
Phone (956) 546-1115	Fax (956) 546-1104	Services: Personal Assistance Services
Type: Parent Agency	Administrator JAZMIN MARTINEZ	

County CAMERON License # 020988 Lic Expire 8/18/2024 Medicare 1:	Region 07 Date Licensed 08/18/2021 C&M HOSPICE LLC 20534 SAM HOUSTON BLVD. STE C RIO HONDO, TEXAS 78583	Owner Information C&M HOSPICE LLC
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	CALIDAD HOME HEALTH	FABIAN SILGUERO
Lic Expire 10/31/2023	1600 E EXPRESSWAY 83	PO BOX 595
Medicare 1: 747168 HHA-18;74	LA FERIA, TX 78559	LA FERIA, TX 78559
Medicare 2:		PHONE: FAX:
Phone (956) 797-4290	Fax (956) 797-4287	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator IDA NORIEGA	
County CAMERON	Region 07 Date Licensed 04/29/2021	Owner Information
License # 020726	CARDINAL HOSPICE LLC	CARDINAL HOSPICE LLC
Lic Expire 4/29/2024	20534 SAM HOUSTON BLVD.	
Medicare 1: 971669 Hospice	RIO HONDO, TEXAS 78583	
Medicare 2:	Fav	PHONE: FAX:
Phone (956) 793-3227	Fax	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator HEATHER KENON	пн ацентнозрое. Но
County CAMERON	Region 07 Date Licensed 10/01/1994	Owner Information
License # 003165	CARING FOR YOU HOME HEALTH INC	CARING FOR YOU HOME HEALTH INC
Lic Expire 9/30/2024	441 EAST WASHINGTON STREET	PO BOX 6218
Medicare 1: 677594 HHA-18	BROWNSVILLE, TX 78520	BROWNSVILLE, TX 78523
Medicare 2:		PHONE: FAX:
Phone (956) 546-1361 Type: Parent Agency	Fax (956) 542-3365 Administrator NOEMI TORRE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Owner Information
County CAMERON	Region 07 Date Licensed 12/13/2018	CARING HANDS HEALTHCARE AGENCY, LLC
License # 019155 Lic Expire 12/13/2022	CARING HANDS HEALTHCARE AGENCY	1405 N ILLINOIS AVE
Medicare 1:	6810 E. RUBEN M. TORRES BLVD SUITE E BROWNSVILLE, TEXAS 78521	BROWNSVILLE, TEXAS 78521
Medicare 2:	5.10.11.01.12.2., 1.27.10.1302.	PHONE: FAX:
Phone (956) 372-1060	Fax (956) 372-1068	Services: Personal Assistance Services
Type: Parent Agency	Administrator AIDE RUIZ	
County CAMERON	Region 07 Date Licensed 12/17/2003	Owner Information
License # 008815	CHRISTIAN QUALITY HOME HEALTH CARE INC	CHRISTIAN QUALITY HOME HEALTH CARE INC
Lic Expire 12/31/2024	113 E PORTE COURT	113 EAST PORTE COURT
Medicare 1: 679438 HHA-18	HARLINGEN, TX 78550	HARLINGEN, TX 78550
Medicare 2:	F (050) 405 0400	PHONE: FAX:
Phone (956) 425-9494	Fax (956) 425-9492	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CAZANDRA DE LOS SANTOS	
County CAMERON	Region 07 Date Licensed 10/31/2017	Owner Information
License # 018416	CME HOMEMAKER SERVICES LLC	CME HOMEMAKER SERVICES LLC
Lic Expire 10/31/2024	301 MEXICO BLVD, STE. G4	
Medicare 1:	BROWNSVILLE, TX 78520	
Medicare 2:	Fav. (056) 504 0045	PHONE: FAX:
Phone (956) 504-9944	Fax (956) 504-9945	Services: Personal Assistance Services
Type: Parent Agency	Administrator HERLINDA VASQUEZ	

County CAMERON License # 012190 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (956) 424-9897 Type: Branch Agency	Region 07 Date Licensed CMS PRIMARY HOME CARE INC 222 N EXPRESSWAY 77 SUITE 104 BROWNSVILLE, TEXAS 78521 Fax (866) 800-3018 Administrator SANTIAGO MORIN	Owner Information CMS PRIMARY HOME CARE INC 1300 N. 10TH STREET, STE #210 MCALLEN, TX 78501 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 020631 Lic Expire 3/23/2024 Medicare 1:	Region 07 Date Licensed 03/23/2021 COMFORCARE RIO GRANDE VALLEY EAST 6710 W EXPRESSWAY 83 STE A250 HARLINGEN, TEXAS 78552	Owner Information MBG HOME CARE
Medicare 2:	, , , , , , , , , , , , , , , , , , , ,	PHONE: FAX:
Phone (956) 357-7802	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator MICAH GIBBS	
County CAMERON License # 020096 Lic Expire 8/5/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 08/05/2020 COSTA HOME CARE, LLC 2740 W. ALTON GLOOR BLVD. SUITE A BROWNSVILLE, TEXAS 78520	Owner Information COSTA HOME CARE, LLC 5238 LOS ARBOLES AVE. BROWNSVILLE, TX 78520 PHONE: FAX:
Phone (956) 982-8578	Fax (956) 982-8741	Services: Personal Assistance Services
Type: Parent Agency	Administrator CYNTHIA GONZALEZ	Octivides. I crossial resistance octivides
County CAMERON License # 020896 Lic Expire 7/9/2024 Medicare 1:	Region 07 Date Licensed 07/09/2021 DAILY BLESSING HOME CARE 20796 FM 800 SAN BENITO, TEXAS 78586	Owner Information DAILY BLESSING HOME CARE, LLC
Medicare 2:	_	PHONE: FAX:
Phone (956) 272-5456	Fax Administrator EDUARDO OZUNA	Services: Personal Assistance Services
County CAMERON License # 015820 Lic Expire 10/31/2023 Medicare 1: 747941 HHA-18 Medicare 2: Phone (956) 312-9530	Region 07 Date Licensed 10/21/2013 DELCO HEALTH CARE LLC 35 BUSINESS DR SUITE A BROWNSVILLE, TX 78521 Fax (956) 284-0759	Owner Information DELCO HEALTH CARE, LLC 35 BUSINESS DRIVE SUITE A BROWNSVILLE, TX 78521 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LILY DELLOTA	
County CAMERON License # 016165 Lic Expire 2/28/2022 Medicare 1: 679503 HHA-18 Medicare 2: Phone (956) 548-2915	Region 07 Date Licensed 02/19/2014 DREAM CARE LLC 2501 PAREDES LINE RD, SUITE B1 BROWNSVILLE, TX 78526 Fax (956) 548-2901	Owner Information DREAM CARE LLC 1725 BOCA CHICA BLVD SUITE C BROWNSVILLE, TX 78520 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator NANCY BOTELLO	In-Patient Hospice: NO
County CAMERON License # 017705 Lic Expire 10/31/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 10/24/2016 EL BUEN CAMINO HOME HEALTH CARE 206 PAREDES LINE RD. SUITE A BROWNSVILLE, TX 78521	Owner Information EL BUEN CAMINO HOME HEALTH CARE LLC 305 CALLE AMISTOSA R202 BROWNSVILLE, TX 78520 PHONE: FAX:
Phone (956) 621-1772 Type: Parent Agency	Fax (956) 443-0472 Administrator LUIS PEREZ	Services: Personal Assistance Services

County CAMERON License # 020065 Lic Expire 7/21/2022 Medicare 1: Medicare 2: Phone (956) 483-2681 Type: Parent Agency	Region 07 Date Licensed 07/21/2020 EL SINAI HOMECARE, LLC 5307 N. MCCOLL RD. STE 3 MCALLEN, TEXAS 78504 Fax (956) 253-1684 Administrator RAFAEL ALVAREZ	Owner Information EL SINAI HOME CARE, LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County CAMERON License # 020264 Lic Expire 10/26/2022 Medicare 1:	Region 07 Date Licensed 10/26/2020 EL SINAI HOSPICE AND PALLIATIVE CARE LLC 6921 BONHAM RD STE B BROWNSVILLE, TEXAS 78521	Owner Information EL SINAI HOSPICE AND PALLIATIVE CARE LLC
Medicare 2: Phone (956) 431-0462	Fax (956) 431-0461	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County CAMERON License # 017898 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 368-5079 Type: Parent Agency	Administrator ISABEL ALANIZ Region 07 Date Licensed 02/02/2017 ETERNAL LOVE HEALTH CARE INC 208 N ARROYO BLVD STE A LOS FRESNOS, TEXAS 78566 Fax (956) 516-3580 Administrator ERASTO URESTE JR	Owner Information ETERNAL LOVE HEALTH CARE INC 617 HACKBERRY ST HARLINGEN, TX 78552 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County CAMERON License # 020239 Lic Expire 10/15/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 10/15/2020 EXCELLENCE HEALTH CARE 423 CHAMPIONS DR BROWNSVILLE, TEXAS 78520	Owner Information CJ SERVICES TEXAS LLC 423 CHAMPIONS DR BROWNSVILLE, TEXAS 78520 PHONE: FAX:
Phone (956) 280-5586 Type: Parent Agency	Fax (956) 280-5586 Administrator SERGIO JESUS ARRIAGA	Services: Personal Assistance Services
County CAMERON License # 020609 Lic Expire 3/16/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed 03/16/2021 EXCEPTIONAL HEALTH SERVICES, LLC 6857 WHITE PINE ST BROWNSVILLE, TEXAS 78526	Owner Information EXCEPTIONAL HEALTH SERVICES, LLC SAME , PHONE: FAX:
Phone (956) 567-9763 Type: Parent Agency	Fax (956) 253-3760 Administrator MAURICIO ARREDONDO	Services: Licensed Home Health Services; Personal Assistance Services
County CAMERON License # 020443 Lic Expire 1/8/2023 Medicare 1:	Region 07 Date Licensed 01/08/2021 FAITH FAMILY FRIENDS PHC, LLC 17827 ABD RD HARLINGEN, TEXAS 78552	Owner Information FAITH FAMILY FRIENDS PHC, LLC
Medicare 2:	_	PHONE: FAX:
Phone (956) 336-7125 Type: Parent Agency	Fax Administrator MERCEDES SAUCEDA	Services: Personal Assistance Services
County CAMERON License # 017930 Lic Expire 2/28/2023 Medicare 1:	Region 07 Date Licensed 02/23/2017 FIRST LIGHT PRIMARY HOME CARE LLC 23067 ROYAL PALM DRIVE HARLINGEN, TX 78552	Owner Information FIRST LIGHT PRIMARY HOME CARE, LLC 23067 ROYAL PALM DRIVE HARLINGEN, TX 78552
Medicare 2: Phone (956) 230-3892 Type: Parent Agency	Fax (956) 230-2292 Administrator MARIA DEL ROSARIO FERNANDEZ	PHONE: FAX: Services: Personal Assistance Services

County CAMERON License # 020696 Lic Expire 4/14/2024 Medicare 1: Medicare 2: Phone (956) 538-3664 Type: Parent Agency	Region 07 Date Licensed 04/14/2021 FLAMINGO PRIMARY HOME CARE, LLC 24 CUBA ST BROWNSVILLE, TX 78526 Fax 18009672518 Administrator MONICA FUENTES	Owner Information FLAMINGO PRIMARY HOME CARE, LLC SAME , PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County CAMERON License # 020468 Lic Expire 1/15/2023 Medicare 1: 748010	Region 07 Date Licensed 01/15/2021 FLOR DE LA FE HOME HEALTH LLC 4804 BEAVER POND DR BROWNSVILLE, TEXAS 78520	Owner Information FLOR DE LA FE HOME HEALTH LLC
Medicare 2:	BROWNSVILLE, TEXAS 70020	PHONE: FAX:
Phone (956) 466-8862	Fax (855) 761-1439	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator JOSEFINA MEDINA	
County CAMERON License # 015613	Region 07 Date Licensed 06/21/2013 GENESIS HEALTH CARE	Owner Information DAZ & ASSOCIATES LLC 5686 BUCKEYE CT.
Lic Expire 6/30/2023 Medicare 1:	1213 E ALTON GLOOR BLVD SUITE E BROWNSVILLE, TEXAS 78526	BROWNSVILLE, TX 78526
Medicare 2:	BROWNSVILLE, IEAAS 70320	PHONE: FAX:
Phone (956) 350-2300	Fax (956) 350-2185	Services: Personal Assistance Services
Type: Parent Agency	Administrator ADRIANA ZAMORA	
County CAMERON License # 019220 Lic Expire 5/31/2021 Medicare 1:	Region 07 Date Licensed 01/23/2019 GL HOSPICE CARE LLC 1313 E ALTON GLOOR STE I-4 BROWNSVILLE, TEXAS 78526	Owner Information GL HOSPICE CARE LLC
Medicare 2: Phone 956 5614413	Fax 956 6212301	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator XYLINA GUTIERREZ	III-r audit Hospice. NO
County CAMERON License # 021008 Lic Expire 3/17/2024 Medicare 1:	Region 07 Date Licensed 03/17/2021 GRANDPA & GRANDMA PRIMARY HOME CARE 123 OLD PORT ISABEL RD STE. A5 BROWNSVILLE, TEXAS 78521	Owner Information JUAN JOSE DE LEON JR
Medicare 2:	Bromonete, report 19921	PHONE: FAX:
Phone (956) 589-6813	Fax (956) 554-7336	Services: Personal Assistance Services
Type: Parent Agency	Administrator JUAN DELEON	
County CAMERON License # 012169 Lic Expire 8/31/2022 Medicare 1: 671629 HOSPICE Medicare 2: Phone (956) 428-2386	Region 07 Date Licensed 08/15/2008 GREATER VALLEY HOSPICE ALLIANCE LP 605 MACO DRIVE HARLINGEN, TX 78550 Fax (956) 428-2541	Owner Information GREATER VALLEY HOSPICE ALLIANCE LP 605 MACO DRIVE HARLINGEN, TX 78550 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator DANIELLE MARTINEZ	In-Patient Hospice: NO
Type: Parent Agency County CAMERON License # 009266 Lic Expire 8/31/2024 Medicare 1: 673104 HHA-18 Medicare 2:	Region 07 Date Licensed 08/25/2004 HALO HOME HEALTH LLC 425 E LOS EBANOS, SUITE 103 BROWNSVILLE, TEXAS 78520	Owner Information HALO HOME HEALTH LLC 1473 E. ALTON GLOOR SUITE D BROWNSVILLE, TX 78526 PHONE: FAX:
Phone (956) 541-2449 Type: Parent Agency	Fax (956) 546-6163 Administrator TAMMY RANGEL	Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County CAMERON License # 010995 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (956) 423-5900 Type: Parent Agency	Region 07 Date Licensed 01/12/2007 HANDS OF ANGELS HOME CARE 1724 ED CAREY DR STE C HARLINGEN, TX 78550 Fax (956) 440-1287 Administrator ELSA BURKHOLDER	Owner Information HANDS OF ANGELS HOME HEALTH CARE INC SAME AS PHYSICAL ADDRESS HARLINGEN, TX 78552 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 018764 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (956) 639-7201 Type: Parent Agency	Region 07 Date Licensed 05/30/2018 HAPPY FAMILY PRIMARY HOME CARE LLC 2331 E. 13TH STREET BROWNSVILLE, TX 78521 Fax (866) 249-6129 Administrator JOSEFINA BOLANOS	Owner Information HAPPY FAMILY PRIMARY HOME CARE LLC 30602 ST. FRANCIS AVE LOS FRESNOS, TEXAS 78566 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 003014 Lic Expire 7/31/2024 Medicare 1: 747943 HHA-18 Medicare 2: Phone (956) 412-2002 Type: Parent Agency	Region 07 Date Licensed 07/19/1994 HARLINGEN ACUTE CARE INC 8369 W BUSINESS 83 HARLINGEN, TX 78552 Fax (956) 412-2879 Administrator MARIA RUIZ	Owner Information HARLIINGEN ACUTE CARE, INC 27689 S BAKER POTTS RD HARLINGEN, TX 78552 PHONE: (956) 412-2002 FAX: (956) 412-2879 Services: Personal Assistance Services
County CAMERON License # 002164 Lic Expire 11/30/2022 Medicare 1: 67Q7285002 Medicare 2: Phone (956) 428-7878	Region 07 Date Licensed 04/04/2001 HEALTH CARE UNLIMITED INC 702 ED CAREY DRIVE SUITE B HARLINGEN, TX 78550 Fax (956) 428-8882	Owner Information HEALTH CARE UNLIMITED, INC 1100 E LAUREL MCALLEN, TX 78504 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County CAMERON License # 018085 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 956 6211002 Type: Parent Agency	Administrator JOSEPH RAMON III Region 07 Date Licensed 05/31/2017 HEART OF AN ANGEL PRIMARY HOME CARE AGENCY LLC 2776 W ALTON GLOOR BLVD, SUITE 7 BROWNSVILLE, TEXAS 78520 Fax 956 3297972 Administrator JEHU LEDEZMA	Owner Information HEART OF AN ANGEL PRIMARY HOME CARE AGENCY, LLC 6758 TENAZA DRIVE BROWNSVILLE, TX 78526 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 014945 Lic Expire 7/31/2022 Medicare 1: 747911 HHA-18 Medicare 2: Phone (956) 440-8023 Type: Parent Agency	Region 07 Date Licensed 07/23/2012 HOME HEALTH CHECK LLC 14693 PALIS ROAD LA FERIA, TX 78559 Fax (956) 440-8190 Administrator ROBERT VENTO	Owner Information HOME HEALTH CHECK LLC 14693 PALIS DRIVE LA FERIA, TX 78559 PHONE: FAX: Services: Licensed and Certified Home Health Services
County CAMERON License # 008530 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (956) 425-8300 Type: Parent Agency	Region 07 Date Licensed 06/27/2003 HOME HEALTH SOLUTIONS PLLC 2810 N 77 SUNSHINE STRIP HARLINGEN, TX 78550 Fax (956) 425-8355 Administrator LAURA SOSA	Owner Information HOME HEALTH SOLUTIONS, PLLC 2810 N 77 SUNSHINE STRIP HARLINGEN, TX 78550 PHONE: FAX: Services: Personal Assistance Services

County CAMERON License # 009456 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (956) 542-7232 Type: Parent Agency	Region 07 Date Licensed 12/01/2004 INFINITY CARE PROVIDERS INC 3505 BOCA CHICA STE 148 BROWNSVILLE, TX 78521 Fax (956) 542-5993 Administrator VIRGINIA RUIZ	Owner Information INFINITY CARE PROVIDERS INC 3505 BOCA CHICA BROWNSVILLE, TX 78521 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 002897 Lic Expire 5/31/2022 Medicare 1: 458093 HHA-18 Medicare 2: Phone (956) 541-4410	Region 07 Date Licensed 05/18/1994 INTERIM HEALTHCARE 26 S. CORIA ST SUITE E BROWNSVILLE, TX 78520 Fax (956) 541-4434	Owner Information TEMPCARE HOMEHEALTH SERVICES INC P.O. BOX 5108 BROWNSVILLE, TX 78523 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator HARIGOVINDAN NAMPOOTHIRI	Personal Assistance Services
County CAMERON License # 017509 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 281-4686	Region 07 Date Licensed 07/08/2016 J&M GUARDIANS PRIMARY HOME CARE LLC 2680 W. ALTON GLOOR STE.#1 BROWNSVILLE, TX 78520 Fax (956) 545-0462 Administrator VANESSA SERRATA PECERO	Owner Information J&M GUARDIANS PRIMARY HOME CARE, LLC 219 S CAGE BLVD SUITE 7 PHARR, TX 78577 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County CAMERON License # 019045 Lic Expire 8/20/2022 Medicare 1: Medicare 2: Phone (956) 561-4209 Type: Parent Agency	Administrator VANESSA SERRATA PECERO Region 07 Date Licensed 08/20/2018 J&M HOME HEALTH LLC 2681 REDWOOD DRIVE BROWNSVILLE, TEXAS 78521 Fax (956) 561-4398 Administrator BRIANNA YZAGUIRRE	Owner Information J&M HOME HEALTH LLC 183 KLEBERG AVE BROWNSVILLE, TEXAS 78526 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 009279 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 546-7500 Type: Parent Agency	Region 07 Date Licensed 08/31/2004 JERICHO HEALTH SERVICES INC 255 MORNINGSIDE RD BROWNSVILLE, TX 78521 Fax (956) 546-3245 Administrator JEHU LEDEZMA	Owner Information JERICHO HEALTH SERVICES INC 2815 CENTRAL BLVD SUITE D BROWNSVILLE, TX 78520 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 020974 Lic Expire 8/11/2024 Medicare 1:	Region 07 Date Licensed 08/11/2021 K&M HOSPICE LLC 20534 SAM HOUSTON BLVD. STE E RIO HONDO, TEXAS 78583	Owner Information K&M HOSPICE LLC
Medicare 2: Phone (956) 793-3227	Fax	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County CAMERON License # 014065 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (954) 440-0551	Administrator HEATHER KENON Region 07 Date Licensed 09/10/2014 KIDS FIRST PEDIATRIC HOMECARE 1720 E HARRISON AVENUE SUITE D HARLINGEN, TX 78550 Fax (954) 440-1942	Owner Information NATIONAL NURSING & REHAB SA PEDIATRICS, INC 85 NE LOOP 410 SUITE 500 SAN ANTONIO, TX 78216 PHONE: (210) 822-0475 FAX: Services: Licensed Home Health Services; Personal Assistance Services

Type: Branch Agency

Administrator

MARC PICTROWSKI

County CAMERON License # 012130 Lic Expire 7/31/2023 Medicare 1: 451667 HOSPICE Medicare 2: Phone (956) 423-1101	Region 07 Date Licensed 07/31/2008 KINDRED HOSPICE 410-A N. ED CAREY DRIVE HARLINGEN, TX 785507960 Fax (956) 423-1318	Owner Information ODYSSEY HEALTHCARE OF SOUTH TEXAS, LLC PO BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County CAMERON License # 008379 Lic Expire 3/31/2022 Medicare 1: Medicare 2:	Administrator JUDY PARISER Region 07 Date Licensed 03/25/2003 LA FAMILIA HOME CARE 910 EAST GRIMES AVENUE HARLINGEN, TX 78550	Owner Information MIZPAH RESIDENTIAL CARE INC 902 E GRIMES AVE HARLINGEN, TX 78550 PHONE: (956) 365-3654 FAX: (956) 230-5440
Phone (956) 365-3646 Type: Parent Agency	Fax (956) 365-3651 Administrator SAMANTHA SALAZAR	Services: Personal Assistance Services
County CAMERON License # 013049 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (830) 428-0147	Region 07 Date Licensed 11/19/2009 LA GUADALUPANA PRIMARY HOME CARE 913 E HARRISON ST STE 7 HARLINGEN, TX 78550 Fax (956) 428-0651	Owner Information LA GUADALUPANA PRIMARY HOME CARE LLC 338 N MONROE STREET EAGLE PASS, TX 78852 PHONE: FAX: Services: Personal Assistance Services
Type: Branch Agency County CAMERON License # 020521 Lic Expire 2/9/2023 Medicare 1:	Administrator RICHARD GARZA Region 07 Date Licensed 02/09/2021 LA PLAZA HOME HEALTH SERVICES 1244 E. 14TH ST. BROWNSVILLE, TEXAS 78520	Owner Information LA PLAZA HOME HEALTH SERVICES
Medicare 2: Phone (956) 266-1855 Type: Parent Agency	Fax (956) 542-5648 Administrator WENDOLYN ZAMORA	PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 019884 Lic Expire 4/21/2022 Medicare 1:	Region 07 Date Licensed 04/21/2020 LA VIDA DIVINA LLC 4652 BEAVER POND DR. BROWNSVILLE, TX 78520	Owner Information LA VIDA DIVINA LLC
Medicare 2: Phone (512) 696-7417 Type: Parent Agency	Fax (956) 396-0555 Administrator PRISCILLA TORRE	PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 014304 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (956) 550-0999	Region 07 Date Licensed 08/25/2011 LAS JACARANDAS HEALTHCARE SERVICES 645 VILLA MARIA BLVD. SUITE B BROWNSVILLE, TX 78520 Fax (956) 550-0993	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
Type: Parent Agency	Administrator ABRAHAM BARRIENTES	Owner Information
County CAMERON License # 008442 Lic Expire 2/28/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed LEGACY HOME HEALTH AGENCY INC 222 N. EXPRESSWAY, SUITE 201B BROWNSVILLE, TEXAS 78521	LEGACY HOME HEALTH AGENCY INC 6655 FIRST PARK TEN BLVD, SUITE 200 SAN ANTONIO, TEXAS 78213 PHONE: FAX:
Phone (956) 295-3233 Type: Branch Agency	Fax (956) 295-3259 Administrator AMBROSE HERNANDEZ	Services: Personal Assistance Services

County CAMERON License # 020660 Lic Expire 3/30/2024 Medicare 1: Medicare 2: Phone (956) 667-5309 Type: Parent Agency	Region 07 Date Licensed 03/30/2021 LEGENDS PRIMARY HOME CARE, LLC 3 CONQUISTADOR DRIVE BROWNSVILLE, TEXAS 78520 Fax (956) 667-5310 Administrator ARGELIO VELASQUEZ	Owner Information LEGENDS PRIMARY HOME CARE, LLC PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 020374 Lic Expire 12/4/2022 Medicare 1: Medicare 2: Phone (956) 421-1111 Type: Parent Agency	Region 07 Date Licensed 12/04/2020 LIBERTY HOME CARE, INC 18779 KILBOURN ROAD HARLINGEN, TX 785501956 Fax (956) 421-2222 Administrator NORA ESTRADA	Owner Information LIBERTY HOME CARE, INC P.O. BOX 3361 HARLINGEN, TX 78551 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 020086 Lic Expire 7/30/2022 Medicare 1: Medicare 2: Phone (956) 423-6100 Type: Parent Agency	Region 07 Date Licensed 07/30/2020 LINDENWOOD HOSPICE & PALLIATIVE CARE 2026 E. TYLER AVENUE HARLINGEN, TEXAS 78550 Fax (956) 365-3387 Administrator AMABELI GONZALEZ	Owner Information SUNGLO HOME HEALTH SERVICES INC 3201 S EXPRESSWAY 83 HARLINGEN, TEXAS 78550 PHONE: (956) 423-6100 FAX: (956) 365-3387 Services: Hospice In-Patient Hospice: NO
County CAMERON License # 020762 Lic Expire 5/18/2024 Medicare 1: Medicare 2: Phone (956) 620-4154 Type: Parent Agency	Region 07 Date Licensed 05/18/2021 LINE CARE HEALTH SERVICES, LLC 102 E. ELIZABETH ST. BROWNSVILLE, TX 78520 Fax (956) 435-0311 Administrator MARVELIA VARGAS	Owner Information LINE CARE HEALTH SERVICES, LLC SAME , PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 019827 Lic Expire 2/12/2022 Medicare 1: Medicare 2: Phone (956) 525-7014 Type: Parent Agency	Region 07 Date Licensed 02/12/2020 LITTLE HAVEN HOME HEALTH 2340 CENTRAL BLVD BROWNSVILLE, TX 785208714 Fax (956) 544-2780 Administrator SHUBHRA SHARMA	Owner Information LITTLE HAVEN PEDIATRIC HOME HEALTH LLC 2350 CENTRAL BLVD BROWNSVILLE, TX PHONE: FAX: Services: Licensed Home Health Services
County CAMERON License # 016330 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 797-2300 Type: Parent Agency	Region 07 Date Licensed 07/22/2014 LITTLE LIGHTHOUSE REHAB AT HOME LLC 313 W HIGHWAY 83 LA FERIA, TX 78559 Fax (956) 797-0000 Administrator NELFA YVETTE PEREZ	Owner Information LITTLE LIGHTHOUSE REHAB AT HOME LLC P.O. BOX 1965 LA FERIA, TEXAS 78559 PHONE: FAX: Services: Licensed Home Health Services
County CAMERON License # 015976 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone 956 4250606	Region 07 Date Licensed 01/14/2014 LITTLE MIRACLES HOME HEALTH 720 E HARRISON AVE HARLINGEN, TX 78550 Fax 956 4250620	Owner Information JLW HOME HEALTH INC 21271 VISTA DRIVE HARLINGEN, TX 78550 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

Administrator

JENNIFER WHITE

County CAMERON License # 014526	Region 07 Date Licensed 12/14/2011 LONE STAR HOME HEALTH	Owner Information LONE STAR HOME HEALTH
Lic Expire 12/31/2024	1409 TESORO AVE	SAME
Medicare 1:	RANCHO VIEJO, TX 78575	BROWNSVILLE, TX 78520
Medicare 2:		PHONE: FAX:
Phone (956) 203-3212	Fax (956) 550-8999	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DIANA GONZALEZ	
County CAMERON	Region 07 Date Licensed 03/03/2021	Owner Information
License # 020567	LOS GIRASOLES HOME CARE AGENCY, LLP	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: FAX:
Phone (956) 312-6878	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator MARIBEL AGUILAR	
County CAMERON	Region 07 Date Licensed	Owner Information
License # 021359	LUZ DE PADRES LLC	LUZ DE PADRES LLC
Lic Expire 1/27/2025	222 N EXPRESSWAY 77 83 STE 157	
Medicare 1:	BROWNSVILLE, TX 78521	
Medicare 2:		PHONE: FAX:
Phone 956 2464646	Fax 210 9618535	Services: Personal Assistance Services
Type: Parent Agency	Administrator AZUCENA CORTINAS	
County CAMERON	Region 07 Date Licensed 12/31/2020	Owner Information
License # 020427	MAGNOLIA HOME CARE	LRV GROUP LLC
Lic Expire 12/31/2022	1905 S. ARDEN ST	
Medicare 1:	HARLINGEN, TEXAS 78552	
Medicare 2:		PHONE: FAX:
Phone (956) 428-4911	Fax (956) 428-4911	Services: Personal Assistance Services
Type: Parent Agency	Administrator DAFFNE BUENO LOPEZ	
County CAMERON	Region 07 Date Licensed 06/22/2021	Owner Information
License # 020845	MAXIMO HOME HEALTHCARE LLC	MAXIMO HOME HEALTHCARE, LLC
Lic Expire 6/22/2024	21 GUERRERO ST	
Medicare 1:	BROWNSVILLE, TX 78520	
Medicare 2:		PHONE: FAX:
Phone (956) 372-5983	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator GUS RESENDEZ	
County CAMERON	Region 07 Date Licensed 01/13/2021	Owner Information
License # 020453	MED GUARD HOME CARE, LLC	MED GUARD HOME CARE, LLC
Lic Expire 1/13/2023	33990 MESQUITE BEAN DRIVE	
Medicare 1:	LOS FRESNOS, TEXAS 78566	
Medicare 2:		PHONE: FAX:
Phone (956) 801-6319	Fax (956) 477-5559	Services: Personal Assistance Services
Type: Parent Agency	Administrator EDNA CANTU	
County CAMERON	Region 07 Date Licensed 01/31/2013	Owner Information
License # 015421	MED TEAM INC	THE HOME CARE TEAM, INC
Lic Expire 1/31/2023	147 E. PRICE ROAD	45 NE LOOP 410, SUITE 800
Medicare 1:	BROWNSVILLE, TEXAS 785213527	SAN ANTONIO, TEXAS 78216
Medicare 2:		PHONE: FAX:
Phone (956) 565-9228	Fax (956) 565-9149	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ADEMAR GARZA	

County CAMERON License # 007958 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (956) 504-9000 Type: Parent Agency County CAMERON License # 007400 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (956) 423-5424	Region 07 Date Licensed MED TEAM INC 147 E PRICE ROAD BROWNSVILLE, TX 785213527 Fax (956) 504-9040 Administrator ADEMAR GARZA Region 07 Date Licensed MEDIC HOME CARE INCORPORATED 9001 WEST BUSINESS 83 HARLINGEN, TX 785524359 Fax (956) 423-0450	05/30/2002	Owner Information THE HOME CARE TEAM, INC 45 NE LOOP 410, SUITE 800 SAN ANTONIO, TEXAS 78216 PHONE: FAX: Services: Personal Assistance Services Owner Information MEDIC HOME CARE INCORPORATED 9001WEST BUSINESS 83 HARLINGEN, TX 78552 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator VICENTA HADDAD		
County CAMERON License # 015862 Lic Expire 10/31/2023 Medicare 1: 747445 HHA-18 Medicare 2: Phone (956) 550-1100 Type: Parent Agency	Region 07 Date Licensed MEDICAL CALLS HOME CARE LLC 5109 MORRISON RD. BROWNSVILLE, TX 78526 Fax (956) 550-1135 Administrator CAROLINA LEDEZMA	07/12/2013	Owner Information MEDICAL CALLS HOME CARE LLC 2815 CENTRAL BLVD SUITE C BROWNSVILLE, TX 78520 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County CAMERON License # 017186 Lic Expire 12/31/2021 Medicare 1: 748014 HHA Medicare 2: Phone (956) 372-1742	Region 07 Date Licensed MEDICAL CHOICE HOME HEALTH LLC 2604 CARLOS AVE BROWNSVILLE, TX 78526 Fax (956) 372-1748	12/17/2015	Owner Information MEDICAL CHOICE HOME HEALTH LLC 2604 CARLOS AVENUE BROWNSVILLE, TX 78526 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MAYRA RODRIGUEZ		
County CAMERON License # 008396 Lic Expire 3/31/2024 Medicare 1: 679289 HHA-18 Medicare 2: Phone (956) 554-0006 Type: Parent Agency	Region 07 Date Licensed MERCY HOME HEALTH 34 SOUTH PRICE RD. BROWNSVILLE, TX 78521 Fax (956) 554-0007 Administrator GEORGE CANO	03/31/2003	Owner Information AAA HEALTHWATCH INC 34 SOUTH PRICE RD BROWNSVILLE, TEXAS 78521 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County CAMERON	Region 07 Date Licensed	09/18/2017	Owner Information
License # 018366 Lic Expire 9/30/2021 Medicare 1: 747425 HHA-18 Medicare 2:	MESQUITE HOME HEALTH LLC 594 JOSE MARTI BLVD BROWNSVILLE, TEXAS 78526		MESQUITE HOME HEALTH LLC 724 N SAM HOUSTON BLVD SAN BENITO, TX 78586-5265 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 License # 020871 Lic Expire 6/29/2024 Medicare 1:	Region 07 Date Licensed MONARCA HEALTH CARE, LLC 491 AGUA VIVA LN BROWNSVILLE, TEXAS 78521	06/29/2021	Owner Information MONARCA HEALTH CARE, LLC
Medicare 2: Phone (956) 300-0193	Fax (956) 300-0194		PHONE: FAX:
Type: Derent Agency	Administrator CLAUDIA CADZA		Services: Personal Assistance Services

Administrator CLAUDIA GARZA

County CAMERON License # 020719 Lic Expire 4/26/2024 Medicare 1: Medicare 2: Phone (956) 374-2525 Type: Parent Agency	Region 07 Date Licensed MONARCA HOME CARE CORP 3116 E 14TH ST BROWNSVILLE, TEXAS 78521 Fax (956) 513-0685 Administrator RICARDO MARTINEZ JR	04/26/2021	Owner Information MONARCA HOME CARE CORP PHONE: Services: Personal Assistance Services	FAX:	
County CAMERON License # 018404 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (956) 551-6826	Region 07 Date Licensed MONTALVO HOME CARE COMPANY 844 W. PRICE RD UNIT 844 WP BROWNSVILLE, TX 78520 Fax (956) 621-0044	10/26/2017	Owner Information MONTALVO HOME CARE COMPANY 6604 GARDEN WOODS APT #B BROWNSVILLE, TX 78526 PHONE: Services: Personal Assistance Services	FAX:	
Type: Parent Agency County CAMERON License # 019486 Lic Expire 7/19/2024 Medicare 1: 971622 Hospice Medicare 2: Phone (956) 230-1627 Type: Parent Agency	Administrator MELISSA MONTALVO Region 07 Date Licensed MT SINAI HOSPICE 513 E JACKSON ST STE 201 HARLINGEN, TEXAS 785506877 Fax Administrator SARA AGUILERA	09/15/2018	Owner Information MT SINAI LLC 8006 WASHINGTONIA COURT HARLINGEN, TEXAS 78552 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:	
County CAMERON License # 016862 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (956) 542-3600 Type: Parent Agency	Region 07 Date Licensed MY SAFE HEAVEN CORPORATION 355 W. ELIZABETH ST SUITE 117 BROWNSVILLE, TX 78520 Fax (956) 561-4300 Administrator VIOLA ESPARZA	06/17/2015	Owner Information MY SAFE HEAVEN CORPORATION 3642 E 27TH ST BROWNSVILLE, TX 78521 PHONE: Services: Personal Assistance Services	FAX:	
County CAMERON License # 017763 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (956) 554-9068 Type: Parent Agency	Region 07 Date Licensed NCR HOME CARE SERVICES LLC 3744 MAGALI CIRCLE BROWNSVILLE, TX 78521 Fax (956) 554-9068 Administrator NORA CECILIA ROSAS	12/01/2016	Owner Information NCR HOME CARE SERVICES, LLC 3744 MAGALI CIRCLE BROWNSVILLE, TX 78521 PHONE: (956) 554-9068 Services: Personal Assistance Services	FAX:	
County CAMERON License # 020887 Lic Expire 7/8/2024 Medicare 1: Medicare 2: Phone (956) 626-3366 Type: Parent Agency	Region 07 Date Licensed NOVA PRIMARY HOME CARE, LLC 711 N SAM HOUSTON BLVD SAN BENITO, TEXAS 78586 Fax Administrator SAN JUANITA CAVAZOS	07/08/2021	Owner Information NOVA PRIMARY HOME CARE, LLC 711 N. SAM HOUSTON BLVD SAN BENITO, TEXAS 78586 PHONE: Services: Personal Assistance Services	FAX:	
County CAMERON License # 020324 Lic Expire 11/17/2022 Medicare 1: Medicare 2: Phone 956 8013100 Type: Parent Agency	Region 07 Date Licensed NOVAK PRIMARY HOME CARE 3536 MONTCLAIR ST. BROWNSVILLE, TEXAS 78520 Fax 956 8013101 Administrator ARNOLDO PENA	11/17/2020	Owner Information NOVAK PRIMARY HOME CARE LLC PHONE: Services: Personal Assistance Services	FAX:	(956) 801-3101

County CAMERON License # 018605 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone (956) 904-5105 Type: Parent Agency	Region 07 Date Licensed 02/08/2018 NUESTRA CASA HOMECARE SERVICES LLC 864 W PRICE RD BROWNSVILLE, TEXAS 78520 Fax (956) 904-5104 Administrator PATRICIO CARRANCO	Owner Information NUESTRA CASA HOME CARE SERVICES LLC 3535 OVIEDO BROWNSVILLE, TEXAS 78520 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 019960 Lic Expire 5/27/2022 Medicare 1: Medicare 2: Phone (956) 496-2755 Type: Parent Agency	Region 07 Date Licensed 02/15/2021 NUEVO DESTINO PRIMARY HOME CARE LLC 722 MORGAN BLVD SUITE R HARLINGEN, TX 78550 Fax (956) 496-2756 Administrator MINERVA RANGE;	Owner Information NUEVO DESTINO PRIMARY HOME CARE LLC 1132 CHAMPLAIN DR BROWNSVILLE, TEXAS 78526 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 015566 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 956 4288301 Type: Parent Agency	Region 07 Date Licensed 05/18/2011 NURSE PLACEMENT SERVICES 1805 BELL ST HARLINGEN, TX 78550 Fax 956 4285291 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 CAMERON License # 002388 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 412-0888	Region 07 Date Licensed 09/23/1995 NURSES THAT CARE 1301 S US HIGHWAY 83 HARLINGEN, TX 78550 Fax (956) 412-0890	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
Type: Branch Agency County CAMERON License # 002388 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 412-0888 Type: Branch Agency	Administrator ANDY SANCHEZ Region 07 Date Licensed 09/23/1995 NURSES THAT CARE 1301 S US HIGHWAY 83 HARLINGEN, TX 78550 Fax (956) 412-0890 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 CAMERON License # 004672 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (956) 364-2270 Type: Branch Agency	Region 07 Date Licensed 04/05/1996 NURSES THAT CARE SITTER SERVICES INC 1301 S US HIGHWAY 83 HARLINGEN, TX 78550 Fax (956) 412-5942 Administrator ANDY SANCHEZ	Owner Information NURSES THAT CARE SITTER SERVICES, INC PO BOX 52562 MCALLEN, TX 78501 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County CAMERON License# 020219 Lic Expire 10/8/2022	Region 07 Date Licensed 10/08/2020 ONE MEDICAL HOME CARE, LLC	Owner Information ONE MEDICAL HOME CARE, LLC

County CAMERON License # 020284 Lic Expire 11/3/2022	Region 07 Date Licensed 11/03/2020 OPTIMUM HOSPICE LLC 20534 SAM HOUSTON BLVD	Owner Information OPTIMUM HOSPICE LLC
Medicare 1: 971691	RIO HONDO, TEXAS 78583	
Medicare 2: Phone (956) 793-3227	Fax	PHONE: FAX:
1 110110 (300) 130 0221		Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator HEATHER KENON	
County CAMERON License # 018732 Lic Expire 4/30/2022 Medicare 1: 74-1793 (HOSPICE)	Region 07 Date Licensed 05/01/2018 OUR CARING HANDS HOSPICE AND PALLIATIVE CARE LLC 355 W ELIZABETH STREET SUITE 130 BROWNSVILLE, TX 78520	Owner Information OUR CARING HANDS HOSPICE AND PALLIATIVE CARE LLC 355 W ELIZABETH ST SUITE 130 BROWNSVILLE, TX 78520
Medicare 2:		PHONE: FAX:
Phone (956) 280-5339	Fax (956) 280-5655	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ISABEL MEDELEZ	III-raueii riospice. NO
County CAMERON License # 009058 Lic Expire 4/30/2023 Medicare 1: 453136 HHA-18 Medicare 2: Phone (956) 542-9130	Region 07 Date Licensed 04/28/2004 PARA NINOS DEL VALLE PEDIATRIC HOME HEALTH PLLC 1213 E ALTON GLOOR BLVD SUITE D BROWNSVILLE, TX 78526 Fax (956) 542-9135	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
Type: Parent Agency	Administrator CAROLINA GONZALEZ	
County CAMERON License # 019596 Lic Expire 9/12/2021 Medicare 1:	Region 07 Date Licensed 07/01/2018 PATRIOT PRIMARY HOME CARE, LLC 874 W. PRICE RD. BROWNSVILLE, TEXAS 78520	Owner Information PATRIOT PRIMARY HOME CARE, LLC
Medicare 2:		PHONE: FAX:
Phone 956 4551869	Fax 956 5442569	Services: Personal Assistance Services
Type: Parent Agency	Administrator DAVID TOBIAS	
County CAMERON License # 020844 Lic Expire 6/18/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed 06/18/2021 POR SU GRACIA PRIMARY HOME CARE LLC 5233 SAGEBRUSH RD. BROWNSVILLE, TEXAS 78526	Owner Information POR SU GRACIA PRIMARY HOME CARE PHONE: FAX:
Phone (956) 543-8700	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator JAZMIN MARTINEZ	
County CAMERON License # 019345 Lic Expire 4/24/2021 Medicare 1:	Region 07 Date Licensed 04/24/2019 PRESENCIA PRIMARY HOME CARE SERVICES LLC 1001 CHAMPLAIN DR. BROWNSVILLE, TEXAS 78526	Owner Information PRESENCIA PRIMARY HOME CARE SERVICES LLC
Medicare 2:		PHONE: FAX:
Phone 956 6211412	Fax 956 6211435	Services: Personal Assistance Services
Type: Parent Agency	Administrator DAVE GUERRERO	
County CAMERON License # 019518 Lic Expire 8/8/2021 Medicare 1:	Region 07 Date Licensed 08/08/2019 PRIME HOME CARE INC 805 W. PRICE RD. STE. C-5 BROWNSVILLE, TEXAS 78520	Owner Information PRIME HOME CARE INC
Medicare 2:		PHONE: FAX:
Phone (956) 579-4587 Type: Parent Agency	Fax Administrator ASHA VARGHESE	Services: Personal Assistance Services

County CAMERON License # 021002 Lic Expire 8/24/2024 Medicare 1:	Region 07 Date Licensed 08/24/2021 PROCARE HOSPICE AND PALLIATIVE HEALTH SERVICES, LLC 2500 E. PRICE RD. SUITE 500 BROWNSVILLE, TEXAS 78521	Owner Information PROCARE HOSPICE AND PALLIATIVE HEALTH SERVICES, LLC
Medicare 2:	Brownericz, 1250 o 10021	PHONE: FAX:
Phone (956) 299-3474	Fax (956) 545-0365	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator YESENIA CAMARILLO	<u> </u>
County CAMERON License # 018145 Lic Expire 7/31/2024 Medicare 1:	Region 07 Date Licensed 07/06/2017 PROTON PROVIDERS AT HOME LLC 2325 E. BOWIE AVENUE HARLINGEN, TX 78550	Owner Information PROTON PROVIDERS AT HOME, LLC 2325 E. BOWIE AVE 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 License # 020748 Lic Expire 5/12/2023 Medicare 1: Medicare 2: Phone (956) 617-5105	Region 07 Date Licensed 05/12/2021 PROVIDING PROVIDERS LLC 2130 ALEXANDRA CT BROWNSVILLE, TEXAS 78521 Fax	Owner Information PROVIDING PROVIDERS LLC PHONE: FAX:
Type: Parent Agency	Administrator ANTULIO RODRIGUEZ	Services: Personal Assistance Services
County CAMERON License # 010912 Lic Expire 5/31/2023 Medicare 1: 677859 HHA-18 Medicare 2: Phone 956 8381801	Region 07 Date Licensed 05/09/2006 PTL HEALTH CARE INC 150 UPTOWN AVE BROWNSVILLE, TX 78520 Fax 956 8380170	Owner Information PTL HEALTH CARE, INC 150 UPTOWN BROWNSVILLE, TX 78520 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator DIANA GARCIA	
County CAMERON License # 016031 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (956) 203-8773	Region 07 Date Licensed 02/11/2014 PURE VIP HEALTH CARE LLC 1873 APOLLO AVE. BROWNSVILLE, TX 78521 Fax (956) 443-0006	Owner Information PURE VIP HEALTH CARE LLC 1873 APOLLO AVE. BROWNSVILLE, TX 78521 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator JOSE ANGEL PEREZ	
County CAMERON License # 014283 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (956) 465-5293	Region 07 Date Licensed 08/15/2011 R GARCIA HEALTH SERVICES LLC 2115 BOCA CHICA BLVD SUITE C BROWNSVILLE, TX 78520 Fax (956) 504-0383	Owner Information R GARCIA HEALTH SERVICES LLC 2115 BOCA CHICA BLVD SUITE C BROWNSVILLE, TX 78520 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator RICHARD GARCIA	Owner Information
County CAMERON License # 003055 Lic Expire 5/31/2022 Medicare 1: 457089 HHA-18 Medicare 2:	Region 07 Date Licensed 01/21/1980 RIO GRANDE HOME HEALTH AGENCY INC 630 N. ED CAREY DRIVE HARLINGEN, TX 78550	Owner Information RIO GRANDE HOME HEALTH AGENCY INC 1713 E TYLER SUITE A HARLINGEN, TX 78550 PHONE: FAX:
Phone (956) 423-7100 Type: Parent Agency	Fax (956) 423-7241 Administrator SHIRLEY A BYRD	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County CAMERON	Region 07 Date Licensed 11/10/2021	Owner Information
License # 021199	RIO GRANDE PHC SERVICE, LLC	RIO GRANDE PHC SERVICES, LLC
Lic Expire 11/10/2024	2435 JAIME CIRCLE	SAME AS ABOVE
Medicare 1:	BROWNSVILLE, TEXAS 78521	1
Medicare 2:		PHONE: FAX:
Phone (956) 293-7104	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator PATRICIA RODRIGUEZ	Services. Personal Assistance Services
		Owner Information
County CAMERON	Region 07 Date Licensed 04/08/1999	SHALOM HOME CARE INC
License # 006957	S H A L O M HOME CARE INC	PO BOX 5567
Lic Expire 4/30/2022	2701 EAST PRICE ROAD SUITE F	
Medicare 1:	BROWNSVILLE, TX 78521	BROWNSVILLE, TX 78521
Medicare 2:		PHONE: FAX:
Phone (956) 504-9321	Fax (956) 504-9377	Services: Personal Assistance Services
Type: Parent Agency	Administrator PATRICIA COLUNGA	
County CAMERON	Region 07 Date Licensed 08/24/2009	Owner Information
License # 012803	SAFEHAVEN HOSPICE	SAFEHAVEN HEALTHCARE LLC
Lic Expire 8/31/2023	2340 CENTRAL BLVD	5453 RUSTIC MANOR DR
Medicare 1: 671641 HOSPICE	BROWNSVILLE, TX 78520	BROWNSVILLE, TX 78526
Medicare 2:		PHONE: FAX:
Phone (956) 504-2780	Fax (956) 544-2780	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator SHUBHRA SHARMA	
County CAMERON	Region 07 Date Licensed 08/04/2010	Owner Information
License # 010616	SAINT BENEDICTS HOME HEALTH INC	SAINT BENEDICTS HOME HEALTH INC
Lic Expire 7/31/2024	1830 W JEFFERSON AVE	424 E MAIN
Medicare 1:	HARLINGEN, TX 78550	ROBSTOWN, TX 78380
Medicare 2:		PHONE: FAX:
Phone (956) 364-2706	Fax (956) 364-2743	Services: Personal Assistance Services
Type: Branch Agency	Administrator BRENDA RAMON	Gervices. I distribution of vices
0 1 0445504	D : 07 D : 1 0047/0004	Owner Information
County CAMERON	Region 07 Date Licensed 09/17/2021	SAINT MICHAEL'S HOME HEALTH CARE LLC
License # 021060	SAINT MICHAEL'S HOME HEALTH CARE LLC	1132 CHAMPLAIN DR
Lic Expire	95 GREENWAY DRIVE	BROWNSVILLE, TEXAS 78550
Medicare 1: Medicare 2:	BROWNSVILLE, TEXAS 78520	PHONE: FAX:
Phone (956) 590-2364	Fax (956) 435-0211	
_	Administrator JULIO YANEZ JR	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JULIO FAINEZ JR	
County CAMERON	Region 07 Date Licensed 10/26/2017	Owner Information
License # 018402	SAN ANGEL PRIMARY HOME CARE LLC	SAN ANGEL PRIMARY HOME CARE LLC
Lic Expire 10/31/2023	860 W. PRICE ROAD	SAME AS PHYSICAL ADDRESS
Medicare 1:	BROWNSVILLE, TEXAS 78520	BROWNSVILLE, TX 78520
Medicare 2:		PHONE: FAX:
Phone (956) 621-0556	Fax (956) 443-0755	Services: Personal Assistance Services
Type: Parent Agency	Administrator JOSE DE LA O	
County CAMERON	Region 07 Date Licensed 10/09/1995	Owner Information
License # 004014	SAN MARTIN HOME HEALTH INC	SAN MARTIN HOME HEALTH INC
Lic Expire 10/31/2022	700 PAREDES AVENUE SUITE 300	700 PAREDES AVENUE SUITE 300
Medicare 1: 678233 HHA-18	BROWNSVILLE, TX 78521	BROWNSVILLE, TX 78521
Medicare 2:		PHONE: FAX:
Phone (956) 544-6385	Fax (956) 544-6536	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Personal Assistance Services
T 5	A L C C C C C C C C C C C C C C C C C C	

Administrator

SUSANA VILLARREAL

County CAMERON License # 013482 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 550-9901 Type: Parent Agency	Region 07 Date Licensed 07/23/2010 SANTA FE PRIMARY HOME CARE SERVICES 3465 E. RUBEN TORRES BLVD. STE B BROWNSVILLE, TX 78526 Fax (956) 550-8383 Administrator ESTRELLA FRAIRE	Owner Information SANTA FE PRIMARY HOME CARE SERVICES CORPORATION 3465 E RUBEN TORRES BLVD STE B BROWNSVILLE, TX 78526 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 011559 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (956) 621-0949 Type: Parent Agency	Region 07 Date Licensed 09/05/2007 SEASONS PRIMARY HOME CARE 5460 PAREDES LINE RD STE. 205 BROWNSVILLE, TX 78526 Fax (888) 844-4752 Administrator JUANA RINCON	Owner Information SEASONS HOME HEALTH LLC 5460 PAREDES LINE RD, STE 205 BROWNSVILLE, TX 78526 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 015115 Lic Expire 10/31/2022 Medicare 1: 747908 HHA-18 Medicare 2: Phone (956) 350-9707 Type: Parent Agency	Region 07 Date Licensed 10/04/2012 SINCERITY HEALTH SERVICES LLC 6820 N. EXPRESSWAY 77/83 SUITE A BROWNSVILLE, TEXAS 78521 Fax 18008789860 Administrator JAIME LOPEZ	Owner Information SINCERITY HEALTH SERVICES LLC 6683 PINO AZUL DRIVE BROWNSVILLE, TX 78526 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County CAMERON License # 013481 Lic Expire 7/31/2022 Medicare 1: 747779 HHA-18 Medicare 2: Phone (956) 412-1870 Type: Parent Agency	Region 07 Date Licensed 07/23/2010 SONRISA HOME CARE LLC 216 SOUTH 10TH STREET SANTA ROSA, TX 78593 Fax (956) 412-0773 Administrator EDWARD RIPPISTINE III	Owner Information SONRISA HOME CARE LLC PO BOX 1052 SANTA ROSA, TEXAS 78593 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County CAMERON License # 002649 Lic Expire 3/1/2022 Medicare 1: Medicare 2: Phone (956) 423-7477 Type: Parent Agency	Region 07 Date Licensed 10/04/1993 SOUTH TEXAS NURSING CARE INC 509 WEST HARRISON AVE HARLINGEN, TX 78550 Fax (956) 423-7240 Administrator JOSEPH SAUCEDA	Owner Information SOUTH TEXAS NURSING CARE INC 509 WEST HARRISON HARLINGEN, TX 78550 PHONE: FAX: Services: Personal Assistance Services
County CAMERON License # 010168 Lic Expire 11/30/2022 Medicare 1: 743155 HHA-18 Medicare 2: Phone (956) 554-7828	Region 07 Date Licensed 12/01/2005 STAT NURSING HOME HEALTH CARE INC 2100 N. MINNESOTA AVE BROWNSVILLE, TX 78521 Fax (956) 554-7829	Owner Information STAT NURSING HOME HEALTH CARE INC 1301 E LOS EBANOS BLDG B BROWNSVILLE, TX 78520 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County CAMERON License # 010603 Lic Expire 7/31/2022 Medicare 1: 747078 HHA-18 Medicare 2: Phone (956) 361-4407	Administrator DORA ZAVALA Region 07 Date Licensed 07/12/2006 STAY HEALTHY HOMECARE INC 1835 S SAM HOUSTON BLVD SAN BENITO, TX 78586 Fax (956) 361-4451	Owner Information STAY HEALTHY HOMECARE INC P.O. BOX 1560 SAN BENITO, TEXAS 78586 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services

Administrator

SABRINA LARA

County CAMERON License # 002231 Lic Expire 5/31/2022 Medicare 1: 677238 HHA-18	Region 07 Date Licensed 05/02/1991 SUNGLO HOME HEALTH SERVICES INC 2026 E. TYLER AVE HARLINGEN, TX 78550	Owner Information SUNGLO HOME HEALTH SERVICES INC 3201 S EXPRESSWAY 83 HARLINGEN, TEXAS 78550
Medicare 2: Phone (956) 423-6100	Fax (956) 365-3387	PHONE: (956) 423-6100 FAX: (956) 365-3387 Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator MARY YVETTE NIETO	Personal Assistance Services
County CAMERON License # 011422 Lic Expire 12/28/2021 Medicare 1: Medicare 2: Phone (866) 971-0037 Type: Branch Agency	Region 07 Date Licensed 04/04/2007 SUPERIOR HOME HEALTH SERVICES LLC 5020 IBC CIRCLE BROWNSVILLE, TX 78526 Fax (956) 971-0106 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 License # 014420 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (956) 878-1636 Type: Alternate Delivery Site	Region 07 Date Licensed 06/01/2017 SUPERIOR HOSPICE OF MCALLEN LLC 5020 IBC CIRCLE BROWNSVILLE, TX 78520 Fax (956) 878-1638 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 License # 014183 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (956) 545-9718 Type: Parent Agency	Region 07 Date Licensed 06/24/2011 TESOROS DE LA FE HOME HEALTH LLC 1247 LAKESIDE BLVD. BROWNSVILLE, TX 78520 Fax (956) 621-4312 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 License # 014554 Lic Expire 12/31/2024 Medicare 1: 747831 HHA-18 Medicare 2: Phone (956) 621-3203 Type: Parent Agency	Region 07 Date Licensed 12/29/2011 TEXAS NURSE CARE HOME HEALTH AGENCY LLC 1313 E ALTON GLOOR BLVD STE 1-2 BROWNSVILLE, TX 78526 Fax (956) 621-3201 Administrator JESSICA GUERRERO	Owner Information TEXAS NURSE CARE HOME HEALTH AGENCY LLC 1313 E. ALTON GLOOR STE I-2 BROWNSVILLEL, 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 License # 007243 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 412-1401 Type: Parent Agency	Region 07 Date Licensed 06/30/1999 TEXAS VISITING NURSE SERVICE LTD 814 E. TYLER HARLINGEN, TX 78550 Fax (956) 412-7952 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 License # 007243 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 548-1067 Type: Branch Agency	Region 07 Date Licensed 06/30/1999 TEXAS VISITING NURSE SERVICE LTD 422 E ELIZABETH STREET BROWNSVILLE, TX 78520 Fax (956) 548-1508 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 License # 020409 Lic Expire 12/16/2022	Region 07 Date Licensed THE LIGHTHOUSE PRIMARY HOME CARE, IN 36326 DODDS RD	12/16/2020 C	Owner Information THE LIGHTHOUSE PRIMARY HOME CARE, IN	С
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		THE MEDICAL TEAM INC	
Lic Expire 10/31/2023	2401 HAINE DRIVE		1902 CAMPUS COMMONS DRIVE, SUITE 650 RESTON, VA 20191	
Medicare 1: 74-1765	HARLINGEN, TEXAS 78550			
Medicare 2: Phone (956) 504-9000	Fax (956) 504-9040		PHONE:	FAX:
1 Hone (330) 304-3000	1 ax (350) 304-3040		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		TORRE HEALTH SERVICES, INC	
Lic Expire 4/30/2024	2414 E. PRICE RD. STE. A-103		2414 E. PRICE RD. STE. A-103	
Medicare 1:	BROWNSVILLE, TX 78521		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		TRICOUNTY KIDS CARE, LLC DBA TRICOUNT	Y HEALTHCARE
Lic Expire 2/28/2025	613 W. SESAME DRIVE		613 W SESAME DR	
Medicare 1:	HARLINGEN, TX 78550		HARLINGEN, TX 78550	
Medicare 2:			PHONE:	FAX:
Phone (956) 399-4500	Fax (956) 399-4505		Services: Licensed Home Health Services; Perso	nal Assistance Services
Type: Parent Agency	Administrator HENRY FERNANDEZ			
County CAMERON	Region 07 Date Licensed	03/03/2010	Owner Information	
License # 013146	TRINIDAD PHC		IRAZEMA ROBERTS	
Lic Expire 3/31/2022	102 E COLORADO		P O BOX 247 RIO HONDO, TX 78583 RIO HONDO, TEXAS 78583	
Medicare 1:	RIO HONDO, TX 78583			FAV
Medicare 2: Phone (956) 748-4711	Fax (956) 748-2667		PHONE:	FAX:
Type: Parent Agency	Administrator IRAZEMA ROBERTS		Services: Personal Assistance Services	
······································			Owner Information	
County CAMERON		07/30/1999	TRINITY HOME CARE INC	
License # 007302 Lic Expire 7/31/2023	TRINITY HOME HEALTH CARE SERVICES		PO BOX 1118	
Lic Expire 7/31/2023 Medicare 1: 678034 HHA-18	10300 NORTH EXPRESSWAY OLMITO, TX 78575		SANTA ROSA, TEXAS 78593	
Medicare 2:	SEMITO, 17, 10010		PHONE:	FAX:
Phone (956) 361-3568	Fax (956) 350-4122		Services: Licensed and Certified Home Health Se	
			Personal Assistance Services	rvices, Licensed Florite Fleditif Gervices,
Type: Parent Agency	Administrator DONAMARIE THEYS			
County CAMERON	Region 07 Date Licensed	11/29/2021	Owner Information	
License # 021230	TRUE CARE SERVICES LLC		TRUE CARE SERVICES, LLC	
Lic Expire 11/29/2024	3751 E. 14TH ST SUITE 111			
Medicare 1:	BROWNSVILLE, TEXAS 78521		DUONE.	FAV.
Medicare 2: Phone (956) 455-3349	Fax		PHONE:	FAX:
			Services: Licensed Home Health Services; Perso	nal Assistance Services
Type: Parent Agency	Administrator ALFREDO GARCIA			

County CAMERON	Region 07 Date Licensed 11/10/2016	Owner Information
•	•	UNIDOS PRIMARY HOME CARE LLC
License # 017915	UNIDOS PRIMARY HOME CARE LLC	16770 PRIMERA ROAD
Lic Expire 11/30/2022	3305 SOUTH EXPRESSWAY 83	
Medicare 1:	HARLINGEN, TEXAS 78550	HARLINGEN, TX 78550
Medicare 2:		PHONE: FAX:
Phone (956) 423-1164	Fax (866) 789-7010	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARY ANN VILLAFANA	
County CAMEDON	Posion 07 Data Licensed 09/07/4007	Owner Information
County CAMERON	Region 07 Date Licensed 02/07/1997	MARTHA LETICIA GARCIA
License # 005268	UNIQUE HOME HEALTH	1935 CORDOBA DRIVE
Lic Expire 2/28/2023	3505 BOCA CHICA BLVD SUITE 410	
Medicare 1:	BROWNSVILLE, TX 78521	BROWNSVILLE, TX 78521
Medicare 2:		PHONE: FAX:
Phone (956) 550-9001	Fax (956) 550-9042	Services: Personal Assistance Services
Type: Parent Agency	Administrator MARTHA GARCIA	Get vices. Telsorial Assistance del vices
- Tarone Agonoy	Administration in the control of the	
County CAMERON	Region 07 Date Licensed 12/01/1998	Owner Information
License # 006851	UNITED HOME CARE	PARADIGM HEALTH MANAGEMENT CORPORATION
Lic Expire 11/30/2023	2405 E HARRISON AVE	2405 E HARRISON AVE
Medicare 1: 459309 HHA-18	HARLINGEN, TX 78550	HARLINGEN, TX 78550
Medicare 2:	THAT TOOLS	PHONE: FAX:
Phone (956) 423-4747	Fax (956) 423-4167	
Filone (930) 423-4747	rax (900) 425-4107	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ANNA JAMES	
County CAMERON	Region 07 Date Licensed 01/10/2011	Owner Information
License # 014056	VALLEY ANGELS HOME HEALTH LLC	VALLEY ANGELS HOME HEALTH LLC
		26 SOUTH CORIA STREET SUITE D
Lic Expire 1/31/2024	315 JOSE MARTI SUITE A	BROWNSVILLE, TX 78520
Medicare 1: 673170 HHA-18	BROWNSVILLE, TX 78526	
Medicare 2:		PHONE: FAX:
Phone (956) 541-4400	Fax (956) 541-4924	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator GRACIELA CHONG	
County CAMERON	Region 07 Date Licensed 07/15/2006	Owner Information
License # 010693	VALLEY CARE HOME HEALTH SERVICES LLC	VALLEY CARE HOME HEALTH SERVICES LLC
		435 PAREDES LINE RD SUITE B
Lic Expire 7/31/2022	435 PAREDES LINE RD SUITE B	BROWNSVILLE, TX 78521
Medicare 1: 679181 HHA-18	BROWNSVILLE, TX 78520	
Medicare 2:		PHONE: FAX:
Phone (956) 542-1987	Fax (956) 542-7123	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator URANIA SORIA	Personal Assistance Services
. Jeo. I diolit/igolicy	, terrational of a start tool tart	Our relations at the
County CAMERON	Region 07 Date Licensed 05/19/1998	Owner Information
License # 006515	VALLEY VIEW PRIMARY HOME CARE	VALLEY VIEW PRIMARY HOME CARE
Lic Expire 5/31/2022	609 W. VAN BUREN	609 WEST VAN BUREN
Medicare 1:	HARLINGEN, TEXAS 78550	HARLINGEN, TX 78550
Medicare 2:		PHONE: FAX:
Phone (956) 440-9605	Fax (956) 440-9612	
` '	,	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LUZ ELIZARDE	
County CAMERON	Region 07 Date Licensed 01/26/2006	Owner Information
License # 010261	VALLEYWIDE HOME CARE	CAREWELL INC
		805 WEST PRICE ROAD STE B4
Lic Expire 1/31/2025	805 WEST PRICE ROAD STE B4	BROWNSVILLE, TX 78520
Medicare 1: 679781 HHA-18	BROWNSVILLE, TX 78520	
Medicare 2:		PHONE: FAX:
Phone (956) 544-3234	Fax (956) 544-3274	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Personal Assistance Services
Type: Derent Agency	Administrator CHLITEL VARVEV	

Administrator CHUTEI VARKEY

County CAMERON License # 004119 Lic Expire 12/31/2023 Medicare 1: 678165 HHA-18 Medicare 2: Phone (956) 412-7733 Type: Parent Agency	Region 07 Date Licensed VICKI ROY HOME HEALTH CARE INC 606 E LELA STREET SUITE A HARLINGEN, TX 78550 Fax (956) 412-8717 Administrator YOLANDA ANZALDUA	12/06/1995	Owner Information VICKI ROY HOME HEALTH CARE INC SAME AS ABOVE HARLINGEN, TX 78550 PHONE: Services: Licensed and Certified Home Health Se	FAX: rvices; Personal Assistance Services
County CAMERON License # 008271 Lic Expire 12/31/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed VICKI ROY HOME HEALTH SERVICE LP 606 LELA STREET SUITE B HARLINGEN, TX 78550	01/01/2003	Owner Information VICKI ROY HOME HEALTH SERVICE LP 606 LELA STREET STE B HARLINGEN, TX 78550 PHONE:	FAX:
Phone (956) 412-9400 Type: Parent Agency	Fax (956) 412-9407 Administrator SULEMA CATANO		Services: Licensed Home Health Services; Perso	nal Assistance Services
County CAMERON License # 021004 Lic Expire 8/24/2024 Medicare 1:	Region 07 Date Licensed VIDA HOME CARE SERVICES LLC 3865 VIVIAN DR BROWNSVILLE, TX 78521	08/24/2021	Owner Information VIDA HOME CARE SERVICES LLC	
Medicare 2:			PHONE:	FAX:
Phone (956) 589-5485 Type: Parent Agency	Fax Administrator KATIA TORRE		Services: Personal Assistance Services	
County CAMERON License # 019510 Lic Expire 8/5/2021 Medicare 1:	Region 07 Date Licensed VIRGINIA'S HOME CARE, INC 1607 ZAMORA DR BROWNSVILLE, TEXAS 78526	08/05/2019	Owner Information VIRGINIA'S HOME CARE, INC	
Medicare 2:	BROWNOVILLE, 127010 10020		PHONE:	FAX:
Phone (956) 544-1963	Fax (956) 544-1963		Services: Personal Assistance Services	
Type: Parent Agency	Administrator VIRGINIA RUIZ			
County CAMERON License # 019078 Lic Expire 11/8/2022 Medicare 1:	Region 07 Date Licensed VIVE HOME AND HEALTH SERVICES, LLC 1284 PAREDES LINE RD. STE. 2 BROWNSVILLE, TEXAS 78521	11/08/2018	Owner Information VIVE HOME AND HEALTH SERVICES, LLC 2404 EL GUSTO ST BROWNSVILLE, TEXAS 78520	
Medicare 2:			PHONE:	FAX:
Phone (956) 525-7555	Fax (956) 525-7071		Services: Personal Assistance Services	
Type: Parent Agency	Administrator MIGUEL GUTIERREZ-SALINA	AS		
County CAMERON License # 014661 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (956) 544-8300	Region 07 Date Licensed VON'D KIDS 3505 BOCA CHICA BLVD STE 204 BROWNSVILLE, TX 78521 Fax (956) 544-8301	02/27/2012	Owner Information VON'D KIDS LLC 3505 BOCA CHICA BLVD SUITE 204 BROWNSVILLE, TX 78521 PHONE:	FAX:
Type: Parent Agency	Administrator NORMA GRACIA		Services: Licensed Home Health Services; Perso	nal Assistance Services
County CAMERON License # 017861 Lic Expire 1/31/2023 Medicare 1:	Region 07 Date Licensed WALK IN FAITH PHC LLC 111 GIL DR SAN BENITO, TX 78586	01/17/2017	Owner Information WALK IN FAITH PHC LLC 6604 CAROLINA PINE BROWNSVILLE, TX 78526	
Medicare 2:			PHONE:	FAX:
Phone (956) 626-1422	Fax (844) 315-7635		Services: Personal Assistance Services	

County CAMERON License # 020763 Lic Expire 5/18/2024 Medicare 1: 971705 Medicare 2: Phone (956) 793-3227	Region 07 Date Licensed WILLOW HOSPICE CARE LLC 20534 SAM HOUSTON BLVD. RIO HONDO, TEXAS 78583 Fax	05/18/2021	Owner Information WILLOW HOSPICE CARE LLC PHONE: Services: Hospice	FAX:
Type: Parent Agency	Administrator HEATHER KENON		In-Patient Hospice: NO	
County CAMERON License # 011253 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (956) 541-3775 Type: Parent Agency	Region 07 Date Licensed ZADKIEL THE ANGEL HOME HEALTH LLC 857 E WASHINGTON SUITE A BROWNSVILLE, TX 78520 Fax (956) 542-3582 Administrator VIOLA ESPARZA	04/12/2007	Owner Information ZADKIEL THE ANGEL HOME HEALTH LLC 857 E WASHINGTON SUITE A BROWNSVILLE, TX 78520 PHONE: Services: Personal Assistance Services	FAX:
County CAMP License # 016734 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (903) 533-8383 Type: Alternate Delivery Site	Region 04 Date Licensed COMPASS HOSPICE OF EAST TEXAS LLC 214 LAFAYETTE PITTSBURG, TEXAS 75686 Fax (903) 533-8388 Administrator GLENDA STEGALL	01/11/2017	Owner Information SHORR HOSPICE HOLDINGS, LLC 1115 NTH 4TH STREET. LONGVIEW, TX 75601 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County CAMP License # 016734 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (903) 533-8383 Type: Alternate Delivery Site	Region 04 Date Licensed COMPASS HOSPICE OF EAST TEXAS LLC 214 LAFAYETTE PITTSBURG, TEXAS 75686 Fax (903) 533-8388 Administrator GLENDA STEGALL	01/11/2017	Owner Information SHORR HOSPICE HOLDINGS, LLC 1115 NTH 4TH STREET. LONGVIEW, TX 75601 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County CAMP License # 018375 Lic Expire Medicare 1: Medicare 2: Phone (903) 792-0716 Type: Alternate Delivery Site	Region 04 Date Licensed HERITAGE HOSPICE OF TEXARKANA LLC 150 QUITMAN ST. PITTSBURG, TX. 75686 Fax (903) 792-0719 Administrator CHRISTOPHER CLEMENS		Owner Information PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County CAMP License # 016257 Lic Expire 3/31/2022 Medicare 1: 679696 HHA-18 Medicare 2: Phone (888) 763-3274 Type: Parent Agency	Region 04 Date Licensed PURPLE HEARTS HOME HEALTH 504 N. GREER BLVD. PITTSBURG, TEXAS 75686 Fax (877) 667-0881 Administrator HOLLYE ROSEWELL	03/19/2014	Owner Information PREMIER HOME CARE INC SAME PITTSBURG, TX 75686 PHONE: Services: Licensed and Certified Home Health Ser	FAX: vices; Licensed Home Health Services;
County CAMP License # 018735 Lic Expire 2/28/2022 Medicare 1: 677037 HHA-18 Medicare 2: Phone 9037477696; 88862342	Region 04 Date Licensed UT HEALTH EAST TEXAS HOME HEALTH SE 19 COUNTY ROAD 4114 SUITE 2 PITTSBURG, TX 75686 Fax (866) 981-3081	03/01/2018 ERVICES	Owner Information EAST TEXAS HOME HEALTH SERVICES LLC ONE BURTON HILLS BOULEVARD, STE#250 NASHVILLE, TN 37215-6195 PHONE: Services: Licensed and Certified Home Health Ser	FAX: vices; Licensed Home Health Services;
Type: Parent Agency	Administrator KIMBRA BOGUE			

County CASS License # 015636 Lic Expire 4/30/2024 Medicare 1: 679741 HHA-18 Medicare 2: Phone (903) 639-1011 Type: Parent Agency	Region 04 Date Licensed ADVANTAGECARE HOME HEALTH INC 35 FARM ROAD 250 SOUTH HUGHES SPRINGS, TX 75656 Fax (903) 639-1012 Administrator TERRY WIMBERLY	04/23/2013	Owner Information HUGHES SPRINGS ADVANTAGECARE HOME P. O. BOX 552 HUGHES SPRINGS, TEXAS 75656 PHONE: Services: Licensed and Certified Home Health Ser	FAX:
		40/00/0004	Owner Information	
County CASS License # 002875	Region 04 Date Licensed AT HOME HEALTHCARE	10/03/2001	NORTHEAST TEXAS HOME HEALTH AGENCY	LTD
Lic Expire	215 PINECREST DRIVE		506 HWY 79 NORTH 9846 STATE HIGHWAY 31	E
Medicare 1:	ATLANTA, TX 75551		TYLER, TX 75705	
Medicare 2:	7112 uti 7, 17, 1000 i		PHONE:	FAX:
Phone (903) 650-9444	Fax (903) 650-9965			
Type: Branch Agency	Administrator RHONDA KELLY		Services: Licensed and Certified Home Health Ser	vices, Licensed nome nealth services
	Darian 04 Data Licensed		Owner Information	
County CASS License # 011470	Region 04 Date Licensed HERITAGE HOME HEALTH		FAMILY CARE HOME HEALTH INC	
			4605 TEXAS BOULEVARD	
Lic Expire 6/30/2023 Medicare 1:	904 W. MAIN ST		TEXARKANA, TX 75503	
Medicare 2:	ATLANTA, TEXAS 75551		PHONE:	FAX:
Phone 903 7934900	Fax			TAX.
Type: Branch Agency	Administrator JOHN COFFEE		Services: Licensed Home Health Services	
<u> </u>			Owner Information	
County CASS	Region 04 Date Licensed		FAMILY CARE HOME HEALTH INC	
License # 011470	HERITAGE HOME HEALTH		4605 TEXAS BOULEVARD	
Lic Expire 6/30/2023	904 W. MAIN ST		TEXARKANA, TX 75503	
Medicare 1:	ATLANTA, TEXAS 75551			
Medicare 2: Phone 903 7934900	Fax		PHONE:	FAX:
			Services: Licensed Home Health Services	
Type: Branch Agency	Administrator JOHN COFFEE			
County CASS	Region 04 Date Licensed	10/13/2017	Owner Information	
License # 018375	HERITAGE HOSPICE OF TEXARKANA LLC			
Lic Expire	307 G NORTH LOUISE ST.			
Medicare 1:	ATLANTA, TEXAS 75551			
Medicare 2:	_		PHONE:	FAX:
Phone (903) 799-7736	Fax		Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site	Administrator CHRISTOPHER CLEMENS			
County CASS	Region 04 Date Licensed	10/13/2017	Owner Information	
License # 018375	HERITAGE HOSPICE OF TEXARKANA LLC			
Lic Expire	904 W. MAIN ST			
Medicare 1: 671646 HOSPICE	ATLANTA, TEXAS 75551			
Medicare 2:			PHONE:	FAX:
	_		Condition Hospita	
Phone (903) 792-0716	Fax		Services: Hospice	
Phone (903) 792-0716			In-Patient Hospice: NO	
Phone (903) 792-0716 Type: Parent Agency	Administrator CHRISTOPHER CLEMENS	40,00,000	In-Patient Hospice: NO	
Phone (903) 792-0716 Type: Parent Agency County CASS	Administrator CHRISTOPHER CLEMENS Region 04 Date Licensed	10/06/2004	In-Patient Hospice: NO Owner Information	
Phone (903) 792-0716 Type: Parent Agency County CASS License # 009349	Administrator CHRISTOPHER CLEMENS Region 04 Date Licensed KELTON HOME HEALTH CARE	10/06/2004	In-Patient Hospice: NO Owner Information KELTON HOME HEALTH CARE INC	
Phone (903) 792-0716 Type: Parent Agency County CASS License # 009349 Lic Expire 10/31/2023	Administrator CHRISTOPHER CLEMENS Region 04 Date Licensed KELTON HOME HEALTH CARE 301 WEST MAIN STREET	10/06/2004	In-Patient Hospice: NO Owner Information KELTON HOME HEALTH CARE INC 301 W MAIN ST	
Phone (903) 792-0716 Type: Parent Agency County CASS License # 009349 Lic Expire 10/31/2023 Medicare 1: 673148 HHA-18	Administrator CHRISTOPHER CLEMENS Region 04 Date Licensed KELTON HOME HEALTH CARE	10/06/2004	In-Patient Hospice: NO Owner Information KELTON HOME HEALTH CARE INC 301 W MAIN ST ATLANTA, TX 75551	EAV
Phone (903) 792-0716 Type: Parent Agency County CASS License # 009349 Lic Expire 10/31/2023	Administrator CHRISTOPHER CLEMENS Region 04 Date Licensed KELTON HOME HEALTH CARE 301 WEST MAIN STREET	10/06/2004	In-Patient Hospice: NO Owner Information KELTON HOME HEALTH CARE INC 301 W MAIN ST	FAX:

County CHAMBERS License # 016431 Lic Expire 4/30/2022 Medicare 1: 677914 HHA-18 Medicare 2: Phone (409) 267-6194	Region 04 Date Licensed 04/10/2014 INNOVATIVE HEALTH SERVICES INC 203 SOUTH MAIN ST ANAHUAC, TX 77514 Fax (409) 299-3440	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
Type: Parent Agency	Administrator MELIZA CHAVEZ	
County CHEROKEE License # 009294 Lic Expire 9/30/2022 Medicare 1: 673120 HHA-18 Medicare 2: Phone (903) 586-8847	Region 04 Date Licensed 09/07/2004 HEALTH CONCEPTS HOME HEALTH INC 1520 E. RUSK STREET JACKSONVILLE, TEXAS 757665504 Fax (903) 586-8865 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
Type: Parent Agency		Owner Information
County CHEROKEE License # 018716 Lic Expire 2/28/2022 Medicare 1: Medicare 2:	Region 04 Date Licensed 03/01/2018 UT HEALTH EAST TEXAS HOME HEALTH SERVICES 1325 NORTH DICKINSON RUSK, TX 75785	EAST TEXAS HOME HEALTH SERVICES LLC ONE BURTON HILLS BOULEVARD, STE#250 NASHVILLE, TN 37215-6195 PHONE: FAX:
Phone (903) 675-8882	Fax (903) 675-8832	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator KIMBRA BOGUE	r el sottat Assistance del vices
County CHILDRESS License # 003085	Region 01 Date Licensed 07/13/1983 CHILDRESS REGIONAL MEDICAL CENTER HOME HEALTH SERVICES	Owner Information CHILDRESS COUNTY HOSPITAL DISTRICT PO BOX 1030
Lic Expire 7/31/2022 Medicare 1: 457489 HHA-18	901 HIGHWAY 83 NORTH CHILDRESS, TX 79201	CHILDRESS, TEXAS 79201
Medicare 2: Phone (940) 937-2500	Fax (940) 937-9626	PHONE: (940) 937-9178 FAX: (940) 937-9128 Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator HOLLY HOLCOMB	
County CHILDRESS License # 004642 Lic Expire 6/30/2023 Medicare 1: 451658 HOSPICE Medicare 2: 451658 HOSPICE	Region 01 Date Licensed 06/14/1996 CHILDRESS REGIONAL MEDICAL CENTER HOSPICE 901 HIGHWAY 83 NORTH CHILDRESS, TEXAS 79201	Owner Information CHILDRESS COUNTY HOSPITAL DISTRICT PO BOX 1030 CHILDRESS, TEXAS 79201 PHONE: (940) 937-9178 FAX: (940) 937-9128
Phone 940 9372500	Fax 940 9379626	Services: Hospice
Type: Parent Agency	Administrator HOLLY HOLCOMB	In-Patient Hospice: NO
County CLAY License # 002151 Lic Expire 6/30/2022 Medicare 1: 677277 HHA-18 Medicare 2: Phone (940) 538-5621	Region 01 Date Licensed 06/29/1990 CLAY COUNTY HOME HEALTH CARE 310 WEST SOUTH STREET HENRIETTA, TEXAS 76365 Fax (940) 235-1280	Owner Information COUNTY OF CLAY COUNTY MEMORIAL HOSPITAL 310 WEST SOUTH STREET HENRIETTA, TX 76365 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator DIANA MARTIN	Owner Information
County COLEMAN License # 015960 Lic Expire 1/31/2025 Medicare 1: 747956 HHA-18;74 Medicare 2:	Region 01 Date Licensed 01/08/2014 COLEMAN HOME HEALTH AND HOSPICE INC 115 WEST STREET COLEMAN, TEXAS 76834	Owner Information COLEMAN HOME HEALTH AND HOSPICE INC 206 W PECAN STREET COLEMAN, TX 76834-4148 PHONE: FAX:
Phone (325) 625-3222	Fax	Services: Hospice; Licensed and Certified Home Health Services In-Patient Hospice: NO
Type: Parent Agency	Administrator PENNY PHILLIPS	·

County COLLIN License # 010077 Lic Expire 10/31/2023 Medicare 1: 679542 Medicare 2: Phone (214) 905-1414	Region 03 Date Licensed 10/27/2005 1ST GENTLECARE HOME HEALTH LLC 4525 CLEVELAND DRIVE PLANO, TX 75093 Fax (214) 905-3441	Owner Information 1ST GENTLECARE 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
Type: Parent Agency	Administrator HENRY FOFANG	- Good and a contract of the c
County COLLIN License # 020635 Lic Expire 2/10/2023 Medicare 1:	Region 03 Date Licensed 02/10/2021 2ND FAMILY HOME CARE AND SUPPORT SERVICES 6600 CHASE OAKS BLVD SUITE 150 PLANO, TX 75023	Owner Information CARERITE HOME HEALTH PARTNERS LLC
Medicare 2:		PHONE: FAX:
Phone (469) 759-0248	Fax (469) 759-0248	Services: Personal Assistance Services
Type: Parent Agency County COLLIN License # 020910	Administrator CHERYL BEVINGTON Region 03 Date Licensed 07/16/2021 A & A DEVINE HOME HEALTH LLC	Owner Information A & A DEVINE HOME HEALTH LLC
Lic Expire 7/16/2024	3309 HERRON DRIVE	
Medicare 1: Medicare 2:	MELISSA, TX 75454	PHONE: FAX:
Phone (405) 314-6181	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ESTHER TABENYANG	Convices. Election Hollie Fredrik Genned, Fersonial Adolptine Genned
County COLLIN License # 019619 Lic Expire 12/31/2021	Region 03 Date Licensed 09/30/2019 A PLACE AT HOME 400 MISTY MEADOW DR	Owner Information TRANSITIONAL CARE RESOURCES INC
Medicare 1: Medicare 2:	ALLEN, TX 75013	PHONE: FAX:
Phone (972) 839-5074	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator JOSEPH CHRISTIE	Services. Personal Assistance Services
County COLLIN License # 011975 Lic Expire 4/30/2022 Medicare 1: 747089 HHA-18 Medicare 2:	Region 03 Date Licensed 04/25/2008 A&S HOME HEALTH CARE 17822 DAVENPORT ROAD SUITE D DALLAS, TX 75252	Owner Information VINAYAKA ASSOCIATES LLC 17822 DAVENPORT ROAD SUITE D DALLAS, TX 75252 PHONE: FAX:
Phone (972) 386-7744	Fax (972) 386-7747	Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SATHYAJITH NAIR	Covided. Election and obtained from Fredata oct vices, i closinal resistance oct vices
County COLLIN License # 021141 Lic Expire 10/18/2024 Medicare 1:	Region 03 Date Licensed 10/18/2021 AAA PERSONAL CARE SERVICE 7604 STONEY POINT DR PLANO, TEXAS 75025	Owner Information QUANG JOSEPH DANGTRAN
Medicare 2:	.,	PHONE: FAX:
Phone (408) 839-4497	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator QUANG DANGTRAN	
County COLLIN License # 016700 Lic Expire 3/31/2023 Medicare 1:	Region 03 Date Licensed 03/25/2015 ABC CARING HEALTH SERVICES INC 2102 PARKHURST COURT WYLIE, TX 75098	Owner Information ABC CARING HEALTH SERVICES INC 2102 PARKHURST COURT WYLIE, TX 75098
Medicare 2: Phone (469) 215-9961 Type: Parent Agency	Fax (972) 429-8648 Administrator UKACHI AKOGU	PHONE: FAX: Services: Personal Assistance Services

County COLLIN License # 015506 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (214) 600-0039 Type: Parent Agency	Region 03 Date Licensed 04/25/2013 ABSOLUTE CARE HOME HEALTHCARE LLC 2601 MCKINNEY RANCH PARKWAY #6304 MCKINNEY, TEXAS 75070 Fax (214) 227-2028 Administrator OMOWUNMI FAGBILE	Owner Information ABSOLUTE CARE HOME HEALTHCARE LLC 2616 ASPEN DRIVE MCKINNEY, TX 75070 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 018485 Lic Expire 7/31/2024 Medicare 1: 679236 HHA-18	Region 03 Date Licensed 08/01/2017 ACCENTCARE HOME HEALTH OF MCKINNEY 6800 WEISKOPF AVENUE SUITE 110 MCKINNEY, TX 75070	Owner Information TEXAS HOME HEALTH GROUP OF MCKINNEY, LLC 6800 WEISKOPF AVENUE SUITE 110 MCKINNEY, TX 75070-5241
Medicare 2: Phone (972) 569-8157 Type: Parent Agency	Fax (972) 529-5646 Administrator BECKY ABBOTT	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County COLLIN License # 021214 Lic Expire 11/18/2024 Medicare 1:	Region 03 Date Licensed 11/18/2021 ACCESS360 HOMECARE INC 555 REPUBLIC DRIVE SUITE 241 PLANO, TX 75074	Owner Information ACCESS360 HOMECARE INC
Medicare 2:	1 540, 17 10014	PHONE: FAX:
Phone (917) 603-9800	Fax	Services: Personal Assistance Services
Type: Parent Agency County COLLIN License # 015973 Lic Expire 1/31/2025 Medicare 1: 741528 HOSPICE Medicare 2: Phone 4698281107 97275006	Administrator JAVERIA NADEEM Region 03 Date Licensed 01/14/2014 ACCORDPHC 17400 N. DALLAS PARKWAY SUITE 240 DALLAS, TX 75287 Fax 8008617750 4698281020	Owner Information ACCORD PALLIATIVE AND HOSPICE CARE INC 17400 N. DALLAS PARKWAY, SUITE 240 DALLAS, TX 75287 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator TASHA GALLEGOS	In-Patient Hospice: NO
County COLLIN License # 018613 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (972) 595-7233 Type: Parent Agency	Region 03 Date Licensed 02/13/2018 ACOM LIVING HOME 1721 LAKEFRONT DRIVE PROSPER, TX 75078 Fax (972) 894-7896 Administrator ADEBUKOLA OBASANYA	Owner Information ACOM HEALTHCARE SERVICES LLC 5900 S LAKE FOREST DR SUITE 300 MCKINNEY, TX 75070 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 017938 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (972) 382-2014 Type: Branch Agency	Region 03 Date Licensed 11/15/2016 ACTIVE HOME HEALTH 201 S PRESTON RD SUITE 103 CELINA, TEXAS 75009 Fax (940) 686-0146 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
County COLLIN License # 020926 Lic Expire 3/31/2024 Medicare 1: Medicare 2:	Region 03 Date Licensed 03/31/2021 ADAPTIVE HOME HEALTH, LLC 500 NORTH CENTRAL EXPRESSWAY SUITE 440 PLANO, TX 75074	Owner Information ADAPTIVE HOME HEALTH, LLC PHONE: FAX:
Phone (214) 440-1394 Type: Parent Agency	Fax (214) 440-1523 Administrator CANDICE GRAHAM	Services: Licensed Home Health Services

County COLLIN License # 018481 Lic Expire 9/30/2023 Medicare 1: 677854 HHA-18 Medicare 2: Phone (972) 424-4024	Region 03 Date Licensed 09/18/20 ADELAIDE HOME HEALTH LLC 2000 N CENTRAL EXPRESSWAY SUITE 120 PLANO, TX 75074 Fax (972) 424-2244	O17 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
Type: Parent Agency	Administrator JOHNSON JACOB	
County COLLIN License # 018800 Lic Expire 8/31/2020 Medicare 1: Medicare 2: Phone (469) 684-9777 Type: Parent Agency	Region 03 Date Licensed 06/22/20 ADEPT CARE SERVICES PLLC 700 CENTRAL EXPY S STE 400 ALLEN, TX 75013 Fax (469) 533-1788 Administrator BRENDA SOWAH	OMMER Information ADEPT CARE SERVICES PLLC 1833 SHOELBILLE DRIVE LITTLE ELM, TX 75068 PHONE: FAX: Services: Licensed Home Health Services
County COLLIN License # 019113 Lic Expire 11/21/2020 Medicare 1: Medicare 2: Phone (469) 554-5423 Type: Parent Agency	Region 03 Date Licensed 11/21/20 ADEQUATE HEALTHCARE SERVICES 926 OAKCREST DRIVE WYLIE, TX 75098 Fax (972) 597-0008 Administrator ELIZABETH MUCHORI	O18 Owner Information ADEQUATE SERVICES INC 926 OAKCREST DRIVE WYLIE, TX 75098 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 018792 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (833) 619-1642 Type: Parent Agency	Region 03 Date Licensed 06/20/20 ADVANCED NURSING SOLUTIONS 18451 DALLAS PARKWAY STE 150 DALLAS, TX 75287 Fax (888) 298-2220 Administrator JYOTSNA PANT	ONNER Information INTRATHECAL CARE SOLUTIONS LLC 623 HIGHLAND COLONY PKWY SUITE 100 RIDGELAND, MS 39157 PHONE: FAX: Services: Licensed Home Health Services
County COLLIN License # 016395 Lic Expire 12/31/2024 Medicare 1: 679517 HHA-18 Medicare 2: Phone (469) 587-7940 Type: Parent Agency	Region 03 Date Licensed 12/03/20 ADVANCED SENIOR CARE HOME HEALTH 17822 DAVENPORT ROAD, SUITE D DALLAS, TX 75252 Fax (972) 838-9204 Administrator SURESH KUMAR	OMMER 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 License # 008958 Lic Expire 3/31/2021 Medicare 1: 673184 HHA-18 Medicare 2: Phone (972) 429-0057 Type: Parent Agency	Region 03 Date Licensed 03/10/20 ALBERT HOME HEALTH AGENCY INC 1309 LEEWARD LANE WYLIE, TX 75098 Fax (972) 575-8926 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 License # 014506 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (469) 888-9141 Type: Parent Agency	Region 03 Date Licensed 12/01/20 ALEXIAN HOME HEALTH LLC 1101 W PLANO PARKWAY SUITE 100 PLANO, TX 75075 Fax (972) 664-0139 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	ALL ABOUT YOU PAS, LLC
Lic Expire 3/31/2022	870 MELLIANE ST.	P.O. BOX 1492
Medicare 1:	CELINA, TEXAS 75009	ALLEN, TX 75009
Medicare 1:	CELINA, TEXAS 73009	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	ALL CARE HOME HEALTH LLC
Lic Expire 8/14/2023	5232 VILLAGE CREEK DRIVE, #201	SAME AS ABOVE
Medicare 1: 748020	PLANO, TEXAS 75093	ı
Medicare 2:	,	PHONE: FAX:
Phone (469) 304-9656	Fax (469) 304-9659	
(100) 001 0000	1 41 (100) 00 1 0000	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ANUJ BHATNAGAR	i ersonal Assistance del vices
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ourse left mostive
County COLLIN	Region 03 Date Licensed 07/13/2016	Owner Information
License # 017520	ALLIANCE UNITED HOSPICE CARE LLC	ALLIANCE UNITED HOSPICE CARE LLC
Lic Expire 1/31/2023	801 E PLANO PKWY, SUITE 214	4230 LBJ FREEWAY SUITE 200G
Medicare 1: 74-1736	PLANO, TX 75740	DALLAS, TX 75244
Medicare 2:		PHONE: FAX:
Phone (972) 200-3222	Fax 18883719394	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator ROY A. KOSHY	
County COLLIN	Region 03 Date Licensed 04/01/2019	Owner Information
County COLLIN		ALMAZ PERSONAL HOME CARE SERVICES LLC
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	ALMIGHTY HOME HEALTH	DJ HOME CARE INC
		9300 JOHN HICKMAN PKWY BLG 2 SUITE #205B
Lic Expire 11/30/2022	9300 JOHN HICKMAN PKWY BLDG 2 SUITE 205B	FRISCO, TX 75035-5711
Medicare 1: 677928 HHA-18	FRISCO, TX 75035	
		PUQUE
Medicare 2:		PHONE: FAX:
Medicare 2: Phone (214) 618-1396	Fax (214) 618-1397	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone (214) 618-1396		
	Fax (214) 618-1397 Administrator UMA GUMMADI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (214) 618-1396		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information
Phone (214) 618-1396 Type: Parent Agency	Administrator UMA GUMMADI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895 Lic Expire 1/31/2023	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE 6600 CHASE OAKS BLVD., STE. 150	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC 6600 CHASE OAKS BLVD SUITE 150
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895 Lic Expire 1/31/2023 Medicare 1: 741727 HOSPICE Medicare 2:	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE 6600 CHASE OAKS BLVD., STE. 150	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC 6600 CHASE OAKS BLVD SUITE 150 PLANO, TX 75023 PHONE: FAX:
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895 Lic Expire 1/31/2023 Medicare 1: 741727 HOSPICE	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE 6600 CHASE OAKS BLVD., STE. 150 PLANO, TEXAS 75023	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC 6600 CHASE OAKS BLVD SUITE 150 PLANO, TX 75023 PHONE: FAX: Services: Hospice; Personal Assistance Services
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895 Lic Expire 1/31/2023 Medicare 1: 741727 HOSPICE Medicare 2:	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE 6600 CHASE OAKS BLVD., STE. 150 PLANO, TEXAS 75023	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC 6600 CHASE OAKS BLVD SUITE 150 PLANO, TX 75023 PHONE: FAX:
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895 Lic Expire 1/31/2023 Medicare 1: 741727 HOSPICE Medicare 2: Phone (469) 327-5590 Type: Parent Agency	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE 6600 CHASE OAKS BLVD., STE. 150 PLANO, TEXAS 75023 Fax (469) 327-5557 Administrator TERESA BATES	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC 6600 CHASE OAKS BLVD SUITE 150 PLANO, TX 75023 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895 Lic Expire 1/31/2023 Medicare 1: 741727 HOSPICE Medicare 2: Phone (469) 327-5590 Type: Parent Agency County COLLIN	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE 6600 CHASE OAKS BLVD., STE. 150 PLANO, TEXAS 75023 Fax (469) 327-5557 Administrator TERESA BATES Region 03 Date Licensed 07/20/2011	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC 6600 CHASE OAKS BLVD SUITE 150 PLANO, TX 75023 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895 Lic Expire 1/31/2023 Medicare 1: 741727 HOSPICE Medicare 2: Phone (469) 327-5590 Type: Parent Agency County COLLIN License # 014225	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE 6600 CHASE OAKS BLVD., STE. 150 PLANO, TEXAS 75023 Fax (469) 327-5557 Administrator TERESA BATES Region 03 Date Licensed 07/20/2011 ALWAYS WITH YOU HOMECARE LLC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC 6600 CHASE OAKS BLVD SUITE 150 PLANO, TX 75023 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information ALWAYS WTH YOU HOMECARE LLC
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895 Lic Expire 1/31/2023 Medicare 1: 741727 HOSPICE Medicare 2: Phone (469) 327-5590 Type: Parent Agency County COLLIN License # 014225 Lic Expire 7/31/2024	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE 6600 CHASE OAKS BLVD., STE. 150 PLANO, TEXAS 75023 PLANO, TEXAS 75023 Fax (469) 327-5557 Administrator TERESA BATES Region 03 Date Licensed 07/20/2011 ALWAYS WITH YOU HOMECARE LLC 5232 VILLAGE CREEK DRIVE SUITE 201	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC 6600 CHASE OAKS BLVD SUITE 150 PLANO, TX 75023 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information ALWAYS WTH YOU HOMECARE LLC 5232 VILLAGE CREEK DRIVE SUITE 201
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895 Lic Expire 1/31/2023 Medicare 1: 741727 HOSPICE Medicare 2: Phone (469) 327-5590 Type: Parent Agency County COLLIN License # 014225	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE 6600 CHASE OAKS BLVD., STE. 150 PLANO, TEXAS 75023 Fax (469) 327-5557 Administrator TERESA BATES Region 03 Date Licensed 07/20/2011 ALWAYS WITH YOU HOMECARE LLC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC 6600 CHASE OAKS BLVD SUITE 150 PLANO, TX 75023 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information ALWAYS WTH YOU HOMECARE LLC
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895 Lic Expire 1/31/2023 Medicare 1: 741727 HOSPICE Medicare 2: Phone (469) 327-5590 Type: Parent Agency County COLLIN License # 014225 Lic Expire 7/31/2024 Medicare 1: Medicare 2:	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE 6600 CHASE OAKS BLVD., STE. 150 PLANO, TEXAS 75023 PLANO, TEXAS 75023 Fax (469) 327-5557 Administrator TERESA BATES Region 03 Date Licensed 07/20/2011 ALWAYS WITH YOU HOMECARE LLC 5232 VILLAGE CREEK DRIVE SUITE 201	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC 6600 CHASE OAKS BLVD SUITE 150 PLANO, TX 75023 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information ALWAYS WTH YOU HOMECARE LLC 5232 VILLAGE CREEK DRIVE SUITE 201
Phone (214) 618-1396 Type: Parent Agency County COLLIN License # 017895 Lic Expire 1/31/2023 Medicare 1: 741727 HOSPICE Medicare 2: Phone (469) 327-5590 Type: Parent Agency County COLLIN License # 014225 Lic Expire 7/31/2024 Medicare 1:	Administrator UMA GUMMADI Region 03 Date Licensed 01/31/2017 ALTA HOSPICE 6600 CHASE OAKS BLVD., STE. 150 PLANO, TEXAS 75023 PLANO, TEXAS 75023 Fax (469) 327-5557 Administrator TERESA BATES Region 03 Date Licensed 07/20/2011 ALWAYS WITH YOU HOMECARE LLC 5232 VILLAGE CREEK DRIVE SUITE 201	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC 6600 CHASE OAKS BLVD SUITE 150 PLANO, TX 75023 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information ALWAYS WTH YOU HOMECARE LLC 5232 VILLAGE CREEK DRIVE SUITE 201 PLANO, TX 75093

Administrator AARTI MATHUR

County COLLIN	Region 03 Date Licensed	07/13/2018	Owner Information	
icense # 018831	AM & PM NURSE		AM & PM HEALTHCARE INC	
ic Expire 7/31/2022	9320 FENWAY DRIVE		9320 FENWAY DRIVE	
Medicare 1:	MCKINNEY, TX 75070		MCKINNEY, TX 75070	
Medicare 2:	WORNINE 1, 1X 75070		PHONE:	FAX:
Phone (954) 260-8090	Fax (972) 886-8004		Services: Licensed Home Health Services; Persor	nal Assistance Services
Гуре: Parent Agency	Administrator IMAFIDON OSAGIE		Services. Licensed Florite Fleatur Services, 1 erson	iai Assistance del Vices
County COLLIN	Region 03 Date Licensed	10/17/2008	Owner Information	
License # 012515	AMERICAN CHOICE HEALTHCARE INC	10,11,2000	AMERICAN CHOICE HEALTHCARE INC	
ic Expire 10/31/2022	502 WATERS EDGE WAY		502 WATERS EDGE WAY	
Medicare 1: 747297 HHA-18	MURPHY, TX 75094		MURPHY, TEXAS 75094	
Medicare 2:			PHONE:	FAX:
Phone (214) 918-9972	Fax 972 9416965		Services: Hospice; Licensed and Certified Home H Services; Personal Assistance Services In-Patient Hospice: NO	
ype: Parent Agency	Administrator MOCHUMBE MEROKA		in radicity rospice. No	
County COLLIN	Region 03 Date Licensed	10/30/2009	Owner Information	
icense # 012934	AMERICAN FAMILY HEALTH SERVICES INC		AMERICAN FAMILY HEALTH SERVICES INC	
ic Expire 10/31/2024	707 BUSINESS WAY		707 BUSINESS WAY	
Medicare 1: 747577 HHA-18	WYLIE, TX 75098		WYLIE, TX 75098	
Medicare 2:	,		PHONE:	FAX:
Phone (972) 429-3902	Fax (972) 429-3903		Services: Licensed and Certified Home Health Ser Personal Assistance Services	vices; Licensed Home Health Services;
ype: Parent Agency	Administrator DIRISU MUSA			
County COLLIN	Region 03 Date Licensed	12/16/2014	Owner Information	
icense # 016565	AMERISTARS BEST CARE INC		AMERISTARS BEST CARE INC	
ic Expire 12/31/2022	2301 OHIO DRIVE SUITE # 285		4505 TORINO PLACE	
Medicare 1: 971577 (HOSPICE)	PLANO, TX 75093		PLANO, TX 75093	
Medicare 2:			PHONE:	FAX:
Phone (972) 468-8281	Fax (972) 468-8282		Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	
Type: Parent Agency	Administrator APRIL ALLEN		attack i suppositio	
County COLLIN	Region 03 Date Licensed	03/19/2010	Owner Information	
icense # 013181	AMY HOME HEALTH		AMY HOME HEALTH SERVICES INC	
ic Expire 3/31/2022	1221 ABRAMS ROAD SUITE 232		2905 REATA DRIVE	
Medicare 1: 747536 HHA-18	RICHARDSON, TX 750815578		WYLIE, TX	
Medicare 2:	,		PHONE:	FAX:
Phone (972) 784-4248	Fax (972) 782-4209		Services: Licensed and Certified Home Health Ser	
	A1 : : :		Personal Assistance Services	, 2.00000 1101110 11001111 001111000,
ype: Parent Agency	Administrator PRECIOUS EZEOMA		0 11 "	
County COLLIN	Region 03 Date Licensed	12/16/2014	Owner Information	
icense # 016566	ANCHOR OF HOPE HOSPICE		ANCHOR OF HOPE HOSPICE LLC	
ic Expire 12/31/2022	7708 SAN JACINTO PLACE STE 100		7708 SAN JACINTO PLACE STE 100	
Medicare 1: 741566 HOSPICE	PLANO, TX 75024		PLANO, TX 75024-3206	
Medicare 2:			PHONE:	FAX:
Phone (469) 351-4466	Fax (469) 327-3071		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator HEATHER CLARK		·	
County COLLIN	Region Date Licensed		Owner Information	
icense # 021373	ANEW HOME CARE SERVICES LLC		ANEW HOME CARE SERVICES LLC	
ic Expire 2/8/2025	2600 K AVE SUITE 259			
Medicare 1:	PLANO, TEXAS 75074			
Medicare 2:	•		PHONE:	FAX:
Phone (469) 786-0250	Fax			
Towns Described	Administrator MADOMANAGU		Services: Personal Assistance Services	

MADOM NASH

Administrator

Type: Parent Agency

County COLLIN License # 012734 Lic Expire 11/1/2023 Medicare 1: 747399 HHA-18 Medicare 2: Phone (972) 329-1777	Region 03 Date Licensed 04/24/2009 ANOINTED HOME HEALTH CARE 801 E PLANO PKWY, SUITE 140, ROOM 101 PLANO, TEXAS 75470 Fax (214) 306-5794 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
Type: Parent Agency		Owner Information
County COLLIN License # 021194 Lic Expire 11/9/2024 Medicare 1:	Region 03 Date Licensed 11/09/2021 APEX HOME HEALTH CARE AND MANAGEMENT LLC 1575 BOYLE PKWY ALLEN, TX 75013	APEX HOME HEALTH CARE AND MANAGEMENT LLC
Medicare 2:		PHONE: FAX:
Phone (972) 400-6818	Fax (214) 503-0433	Services: Personal Assistance Services
Type: Parent Agency	Administrator MELVIES EBEN	
County COLLIN License # 010684 Lic Expire 8/31/2024 Medicare 1: 743103 HHA-18 Medicare 2: Phone (972) 384-1476	Region 03 Date Licensed 08/16/2006 APPLECARE HOME HEALTH SERVICES INC 1141 ROCHESTER WAY PLANO, TX 75094 Fax (972) 202-0244	Owner Information APPLECARE 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
Type: Parent Agency	Administrator CHISOM OCHULOR	1 Grotial Accidence Corvices
County COLLIN License # 018377 Lic Expire 10/31/2021 Medicare 1: 74-1745	Region 03 Date Licensed 10/13/2017 ARABELLA PALLIATIVE AND HOSPICE CARE LLC 309 S. JUPITER RD, SUITE 100 ALLEN, TEXAS 75002	Owner Information ARABELLA PALLIATIVE AND HOSPICE CAR 3424 TEMPEST LANE OAK POINT, TX 75068
Medicare 2: Phone (469) 545-1995 Type: Parent Agency	Fax (214) 785-7195 Administrator FINA BOWIE	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County COLLIN License # 020397 Lic Expire 12/11/2022 Medicare 1: Medicare 2: Phone (704) 293-3984 Type: Parent Agency	Region 03 Date Licensed 12/11/2020 ARIETELLA HEALTHCARE LLC 7405 RIVER PARK DRIVE MCKINNEY, TX 75071 Fax (469) 815-7804 Administrator NDOHNWI MOMA	Owner Information ARIETELLA HEALTHCARE LLC 7405 RIVER PARK DRIVE MCKINNEY, TX 75071 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 021287 Lic Expire 12/22/2024 Medicare 1:	Region 03 Date Licensed 12/22/2021 ASISTENCIA EN CASA THERAPY SERVICES INC 3900 STONEBRIDGE DR STE 402C MCKINNEY, TX 75070	Owner Information ASISTENCIA EN CASA TERAPY SERVICES INC
Medicare 2:		PHONE: FAX:
Phone (214) 504-4613	Fax (214) 842-8440	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator HALIMA MORA	
County COLLIN License # 011508 Lic Expire 8/31/2019 Medicare 1: Medicare 2:	Region 03 Date Licensed 08/08/2007 ASSURANCE AT HOME 100 ALLENTOWN PKWY SUITE 206 ALLEN, TX 75002	Owner Information ASSURASOURCE LTD 100 ALLENTOWN PARKWAY, SUITE 206 ALLEN, TX 75002 PHONE: FAX:
Phone (469) 310-2992 Type: Parent Agency	Fax (469) 713-2878 Administrator ROB WYLEY	Services: Personal Assistance Services

County COLLIN License # 020686 Lic Expire 4/9/2023 Medicare 1: Medicare 2: Phone (469) 844-5286 Type: Parent Agency	Region 03 Date Licensed 04/09/2021 ASSURED HOSPICE LLC 2000 N CENTRAL EXPY STE 110 PLANO, TX 75074 Fax (469) 452-6018 Administrator ABIGAIL DEZOLLER	Owner Information ASSURED HOSPICE LLC 504 TWIN KNOLL DR. MCKINNEY, TX 75071 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County COLLIN License # 008994 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (469) 815-9933	Region 06 Date Licensed 11/20/2014 ASTROCARE CLASS INC 5055 W. PARK BLVD SUITE 400 PLANO, TX 75093 Fax (469) 718-0359	ASTROCARE CLASS, INC 14950 HEATHROW FOREST PARKWAY SUITE 300 HOUSTON, TX 77032 PHONE: FAX:
Type: Branch Agency County COLLIN License # 009758 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (469) 742-0700	Administrator GLADYS WADE Region 03 Date Licensed 05/13/2005 AUNT MAE'S HOME CARE INC 2570 ELDORADO PARKWAY #120 MCKINNEY, TX 75070 Fax (469) 519-0223	Services: Licensed Home Health Services; Personal Assistance Services Owner Information AUNT MAE'S HOME CARE INC 2908 CHEVERNY MCKINNEY, TX 75070 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County COLLIN License # 016571 Lic Expire 12/31/2020 Medicare 1: Medicare 2: Phone (972) 212-4144 Type: Parent Agency	Administrator SOMNATH BANERJEE Region 03 Date Licensed 12/18/2014 AUSTIN HOME HEALTHCARE 1932 HIGHLAND OAKS DRIVE WYLIE, TX 75098 Fax (972) 212-4562 Administrator BEATRICE OBI	Owner Information AUSTIN HOME HEALTHCARE INCORPORATED 1932 HIGHLAND OAKS DRIVE WYLIE, TX 75098 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 015029 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (214) 623-5900 Type: Parent Agency	Region 03 Date Licensed 03/28/2012 AVEANNA HEALTHCARE 17480 NORTH DALLAS PARKWAY SUITE 221 DALLAS, TX 75287 Fax (214) 623-5901 Administrator ERIK MILLER	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County COLLIN License # 019471 Lic Expire 7/9/2023 Medicare 1: Medicare 2: Phone (972) 378-9688 Type: Parent Agency	Region 03 Date Licensed 07/09/2019 BAYADA HOME HEALTH CARE, INC 5412 W PLANO PARKWAY, SUITE 100 B PLANO, TX 75093 Fax (972) 378-9699 Administrator TIFFANY BROWN	Owner Information BAYADA HOME HEALTH CARE, INC 1521 GREEN OAK PLACE STE 130 KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services
County COLLIN License # 009826 Lic Expire 6/30/2024 Medicare 1: 677944 HHA-18 Medicare 2: Phone 2145470736; 21460144 Type: Parent Agency	Region 03 Date Licensed 06/21/2005 BLEDKOB HOME HEALTH AGENCY INC 1314 WINECUP COURT ALLEN, TX 75002 Fax (214) 383-0241 Administrator BLESSING OGIDI	Owner Information BLEDKOB HOME HEALTH AGENCY INC 1314 WINECUP COURT ALLEN, TX 75002 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services

County COLLIN License # 020676 Lic Expire 4/6/2024 Medicare 1: Medicare 2: Phone (972) 781-8098 Type: Parent Agency	Region 03 Date Licensed BLOSSOM HOME HEALTH CARE LLC 9304 FOREST LANE, SUITE S230 DALLAS, TX 75243 Fax Administrator ALFREADA NYONEE	04/06/2021	Owner Information BLOSSOM HOME HEALTH CARE LLC PHONE: FAX: Services: Licensed Home Health Services
County COLLIN License # 020314 Lic Expire 11/12/2022 Medicare 1: Medicare 2: Phone (214) 548-5538 Type: Parent Agency County COLLIN License # 020242 Lic Expire 10/16/2022	Region 03 Date Licensed BLUECARE HOMEHEALTH SERVICES LLC 15298 SEA EAGLE LANE FRISCO, TEXAS 75035 Fax (214) 548-5538 Administrator SAMKEAH TITANJI Region 03 Date Licensed BNS HOME HEALTHCARE 1210 WILSHIRE CT	11/12/2020	Owner Information BLUECARE HOMEHEALTH SERVICES LLC 15298 SEA EAGLE LANE FRISCO, TEXAS 75035 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information BNS LEGACY LLC 190 E STACY RD SUITE 306 #342
Medicare 1: Medicare 2: Phone (469) 969-8664 Type: Parent Agency	ALLEN, TEXAS 75002 Fax Administrator CONNIE SCOTT		PHONE: FAX: Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County COLLIN License # 020189 Lic Expire 9/22/2022 Medicare 1:	Region 03 Date Licensed BONAFIDE STEADY HOME HEALTHCARE 7620 VINEYARD DR PLANO, TEXAS 75025	09/22/2020	Owner Information BONAFIDE STEADY HOME HEALTHCARE
Medicare 2: Phone (469) 500-9197 Type: Parent Agency	Fax Administrator GERTRUDE BAKASA		PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 020404 Lic Expire 12/15/2022 Medicare 1: Medicare 2: Phone 214 6122712 Type: Parent Agency	Region 03 Date Licensed BRIDGECARE HEALTH GROUP 5830 GRANITE PKWY STE 100, PLANO, TX 75024 Fax 877 7555741 Administrator DONALD ANDERSON	12/15/2020	Owner Information BRIDGECARE HEALTH GROUP LLC 1408 DUDLEY DRIVE CARROLLTON, TX 75007 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 017222 Lic Expire 11/30/2021 Medicare 1: 747070 HHA-18 Medicare 2: Phone (214) 758-0900 Type: Parent Agency	Region 02 Date Licensed BRIDGEWAY HEALTH SERVICES 10470 VISTA DEL SOL, SUITE 108 EL PASO, TX 79925 Fax (214) 758-0090 Administrator DEBORAH ELLIS	11/11/2015	Owner Information TAMCARE HOME HEALTH LLC 3880 HULEN ST. SUITE 670 FORT WORTH, TX 76107 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County COLLIN License # 017818 Lic Expire 9/30/2022 Medicare 1: 673165 HHA-18 Medicare 2: Phone (903) 509-3374 Type: Parent Agency	Region 04 Date Licensed BRIDGEWAY HEALTH SERVICES 1101 E SOUTHEAST LOOP 323 STE 110 TYLER, TX 75701 Fax (903) 509-3380 Administrator DEBORAH ELLIS	09/14/2016	Owner Information AIDING HOME HEALTH LLC 3880 HULEN ST SUITE 670 FORT WORTH, TX 76107 PHONE: FAX: Services: Licensed and Certified Home Health Services

County COLLIN License # 018214 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (972) 302-4826 Type: Parent Agency	Region 03 Date Licensed 07/28/2017 BRIGHT HORIZONS HOME HEALTHCARE INC 2620 BLUFFS CT MCKINNEY, TX 75071 Fax (469) 421-9345 Administrator MOSES ROP	Owner Information BRIGHT HORIZONS HOME HEALTHCARE INC 2620 BLUFFS CT MCKINNEY, TX 75071 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 018065 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (214) 295-4667	Region 03 Date Licensed 04/17/2017 BRIGHTSTAR CARE OF PLANO 660 N CENTRAL EXPRESSWAY, SUITE 250 PLANO, TEXAS 75074 Fax (972) 379-0555	Owner Information HOME CARE AND STAFFING SOLUTIONS LLC 630 N CENTRAL EXPRESSWAY SUITE 460 PLANO, TX 75074 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JENNIFER HELAL	
County COLLIN License # 015360 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (469) 872-4642	Region 03 Date Licensed 05/17/2017 BROOKDALE HOSPICE DFW 6404 INTERNATIONAL PARKWAY SUITE 2020 PLANO, TX 75093 Fax (469) 872-4643	Owner Information ARC THERAPY SERVICES, LLC 111 WESTWOOD PLACE SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator ANGELA KASICH	In-Patient Hospice: NO
County COLLIN License # 020471 Lic Expire 1/20/2023 Medicare 1:	Region 03 Date Licensed 01/20/2021 CAM'S CARE LLC 1575 REDBUD BLVD STE.218 MCKINNEY, TX 750694334	Owner Information CAM'S CARE LLC
Medicare 2:	MONIME 1, 174 70000 1001	PHONE: FAX:
Phone (469) 734-3805 Type: Parent Agency	Fax (469) 562-0176 Administrator TOWANDA CRAWFORD	Services: Personal Assistance Services
County COLLIN License # 002242 Lic Expire 9/30/2022 Medicare 1:	Region 01 Date Licensed 07/15/1999 CAPROCK HOME HEALTH SERVICES INC 2222 WEST SPRING CREEK PARKWAY STE 103 PLANO, TX 75023	Owner Information CAPROCK HOME HEALTH SERVICES INC 8806 UNIVERSITY AVENUE LUBBOCK, TX 79423
Medicare 2:		PHONE: FAX:
Phone (972) 943-5706 Type: Branch Agency	Fax (972) 943-5727 Administrator SHANNON STEIGLEDER	Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 021231 Lic Expire 11/29/2024 Medicare 1:	Region 03 Date Licensed 11/29/2021 CARDINAL HOME HEALTH SERVICES LLC 1209 NOCONA DRIVE MCKINNEY, TEXAS 75071	Owner Information CARDINAL HOME HEALTH SERVICES LLC
Medicare 2:		PHONE: FAX:
Phone (214) 548-5914	Fax	Services: Personal Assistance Services
Type: Parent Agency County COLLIN License # 009998 Lic Expire 9/30/2022 Medicare 1: Medicare 2:	Administrator THEA PATTERSON Region 03 Date Licensed 09/28/2005 CARE MOUNTAIN INC 9607 CUSTER RD, #322 PLANO, TX 75025	Owner Information CARE MOUNTAIN INC 814 SHARPSHIRE GRAND PRAIRIE, TX 75050 PHONE: FAX:
Phone (972) 266-8978	Fax 14693272784	Services: Personal Assistance Services

Administrator

Type: Parent Agency

RICK PUTCHIO

County COLLIN License # 020185 Lic Expire 9/18/2022 Medicare 1: Medicare 2: Phone (386) 717-1200 Type: Parent Agency	Region 03 Date Licensed 09/18/2020 CAREAID HOME HEALTH AGENCY LLC 429 FOREFRONT AVENUE CELINA, TEXAS 75009 Fax (682) 223-9349 Administrator KUDZANAYI MUSHAURWI	Owner Information CAREAID HOME HEALTH AGENCY LLC PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 011465 Lic Expire 7/31/2022 Medicare 1: 747026 HHA-18 Medicare 2: Phone (214) 501-2113 Type: Parent Agency	Region 03 Date Licensed 07/09/2007 CAREFUL CARE SERVICES LLC 4237 LAVACA DRIVE PLANO, TX 75074 Fax (972) 422-8626 Administrator FABIAN OJUKWU	Owner Information CAREFUL CARE SERVICES LLC 4237 LAVACA DIVE PLANO, TEXAS 75074 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 019540 Lic Expire 8/20/2021 Medicare 1: Medicare 2: Phone (646) 413-5680 Type: Parent Agency	Region 03 Date Licensed 08/20/2019 CARING HEART HOME HEALTH AGENCY INC 1808 BROWN STONE DRIVE PLANO, TEXAS 75074 Fax Administrator OKECHUKWU IMOH	Owner Information CARING HEART HOME HEALTH AGENCY INC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 021241 Lic Expire 11/30/2024 Medicare 1: Medicare 2: Phone (469) 335-4445 Type: Parent Agency	Region 03 Date Licensed 11/30/2021 CARING HOPE LLC 306 TRAKEHENER TRAIL CELINA, TEXAS 75009 Fax (682) 223-9349 Administrator MALVERN VITO	Owner Information CARING HOPE LLC PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 013264 Lic Expire 2/28/2022 Medicare 1: 677949 HHA-18 Medicare 2: Phone 972 871 8100 Type: Parent Agency	Region 03 Date Licensed 02/23/2010 CARMEL HEALTH CARE SERVICES PLLC 1309 URSULA COURT PLANO, TEXAS 75075 Fax 972 8718104 Administrator RAJAN CHIRAYIL	Owner Information CARMEL HEALTH CARE SERVICES, PLLC 4306 BAYSTONE COURT ROWLETT, TX 75088 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County COLLIN License # 017401 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (903) 458-9012 Type: Branch Agency	Region 04 Date Licensed CENTRIC HOME HEALTH 730 E. PARK BLVD SUITE 208 PLANO, TEXAS 75074 Fax (855) 710-7022 Administrator DAVID OCHOA	Owner Information VICTORY HOME HEALTH OF TEXAS LLC 3900 JOE RAMSEY BLVD BLDG 4 SUITE C GREENVILLE, TX 75401 PHONE: FAX: Services: Licensed and Certified Home Health Services
County COLLIN License # 017444 Lic Expire 11/30/2021 Medicare 1: 671583 HOSPICE Medicare 2: Phone (903) 458-9012	Region 03 Date Licensed 11/24/2015 CENTRIC HOSPICE 730 E. PARK BLVD PLANO, TX 75074 Fax (855) 710-7022	Owner Information VICTORY HOSPICE OF TEXAS LLC 3900 JOE RAMSEY BLVD EAST BLDG 4 SUITE C GREENVILLE, TX 75401 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

Administrator

DAVID OCHOA

County COLLIN License # 013013 Lic Expire 11/30/2021 Medicare 1: 747398 HHA-18 Medicare 2: Phone (214) 909-1815 Type: Parent Agency	Region 03 Date Licensed 11/19/2009 CENTRUM HEALTH CARE SERVICE INC 17740 PRESTON RD SUITE 200 DALLAS, TX 75252 Fax (972) 852-1185 Administrator PRINU THOMAS	Owner Information CENTRUM HEALTH CARE SERVICE INC 3012 S WELDON LANE ROYSE CITY, TX 75189-6199 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 014468 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (949) 298-3200 Type: Parent Agency	Region 03 Date Licensed 11/10/2011 CERNA HEALTHCARE OF TEXAS LLC 1425 1/2 K AVE #103 PLANO, TX 75074 Fax (877) 593-0964 Administrator NICK PAYZANT	Owner Information CERNA HEALTHCARE OF TEXAS LLC 2012 BUSINESS CENTER DR IRVINE, CA 92612 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 008759 Lic Expire 11/30/2021 Medicare 1: 453150 HHA-18 Medicare 2: Phone (972) 424-3200 Type: Parent Agency	Region 03 Date Licensed 11/17/2003 CHARLIN HEALTHCARE SERVICES INC 400 CHISHOLM PLACE SUITE 400 PLANO, TX 75075 Fax (972) 578-7803 Administrator CHARLES BRYCE	Owner Information CHARLIN HEALTHCARE SERVICES INC 400 CHISHOLM PL SUITE 400 PLANO, TX 75075 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 016531 Lic Expire 11/30/2022 Medicare 1: 741578 HOSPICE Medicare 2: Phone (972) 423-4170 Type: Parent Agency	Region 03 Date Licensed 11/18/2014 CHARLIN HOSPICE 400 CHISHOLM PLACE SUITE 400 PLANO, TX 75075 Fax (469) 368-0999 Administrator CHARLES BRYCE	Owner Information CHARLIN HOSPICE LLC 400 CHISHOLM PL STE 400 PLANO, TX 75075 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County COLLIN License # 017061 Lic Expire 6/30/2023 Medicare 1: 747717 HHA-18 Medicare 2: Phone (972) 590-0237 Type: Parent Agency	Region 03 Date Licensed 06/10/2015 CHOSEN HOME HEALTH SERVICES INC 17290 PRESTON ROAD SUITE 210 D DALLAS, TX 75252 Fax (972) 584-6073 Administrator BEENA KURUP	Owner Information CHOSEN HOME HEALTH SERVICES INC 17290 PRESTON ROAD STE 210D DALLAS, TX 75252 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 019063 Lic Expire 11/6/2022 Medicare 1: 971556 Medicare 2: Phone (469) 625-1030 Type: Parent Agency	Region 03 Date Licensed 11/06/2018 CHOSEN HOSPICE OF NORTH TEXAS 1445 HERITAGE DR SUITE B MCKINNEY, TX 75069 Fax (469) 562-0218 Administrator LORI GUERRERO	Owner Information CHOSEN HEALTHCARE HOLDINGS LLC 1445 HERITAGE DRIVE MCKINNEY, TEXAS 75069 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County COLLIN License # 002860 Lic Expire 4/30/2023 Medicare 1: 458160 HHA-18 Medicare 2: Phone (972) 633-5273 Type: Parent Agency	Region 03 Date Licensed 04/25/1994 CIFCA COMMUNITY INTEGRATED FAMILY CARE ADVOCATES 700 CENTRAL EXPRESSWAY SOUTH SUITE 400 ALLEN, TEXAS 75013 Fax (214) 383-7554 Administrator BRADLEY GRAY	Owner Information ADDITIONAL KARE FOR KIDS INC PO BOX 860847 PLANO, TX 75086-0847 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County COLLIN License # 021198 Lic Expire 11/9/2024 Medicare 1: Medicare 2: Phone (469) 888-9854 Type: Parent Agency	Region 03 Date Licensed 11/09/2021 CLEARHOME HEALTH LLC 2525 PRESTON RD STE 226 PLANO, TX 75093 Fax (972) 767-3390 Administrator REGINAH NYIKA	Owner Information CLEARHOME HEALTH LLC PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 017640 Lic Expire 6/30/2022 Medicare 1: 747469 HHA-18 Medicare 2: Phone (214) 484-2013	Region 03 Date Licensed 06/02/2016 CLOVER HEALTH LLC 801 E PLANO PKWY, SUITE 140, ROOM 102 PLANO, TEXAS 75074 Fax (214) 774-9309	Owner Information CLOVER HEALTH LLC 1004 CAVERN DRIVE MESQUITE, TX 75181-4419 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County COLLIN License # 020689 Lic Expire 4/10/2024 Medicare 1: Medicare 2: Phone 862 485 3204 Type: Parent Agency	Administrator JOHN THOMAS Region 03 Date Licensed 04/10/2021 COLLIN HOME HEALTH 1300 N CUSTER RD APT 3115 ALLEN, TX 75013 Fax Administrator CHIRAG CHAVDA	Owner Information CHAVDA HOLDINGS LLC PHONE: FAX: Services: Licensed Home Health Services
County COLLIN License # 016809 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (214) 592-0840	Region 03 Date Licensed 05/18/2015 COMFORCARE HOME CARE NORTH DALLAS 1836 W VIRGINIA SUITE 104-A MCKINNEY, TX 75069 Fax (214) 592-0842	Owner Information PICACHEMOLINA WWJD LLC 2016 RED ROCK DRIVE MCKINNEY, TX 75070 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County COLLIN License # 019842 Lic Expire 12/16/2021 Medicare 1: Medicare 2: Phone (972) 548-7333 Type: Parent Agency	Administrator RAMONCITO MOLINA Region 03 Date Licensed 12/16/2019 COMFORT KEEPERS 111 S. KENTUCKY STREET, SUITE 208 MCKINNEY, TEXAS 75069 Fax (972) 548-7351 Administrator JANET SMITH	Owner Information SDX HOME CARE OPERATIONS LLC 6640 POE AVE STE 200 DAYTON, OH 45414 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 021006 Lic Expire 8/24/2024 Medicare 1: Medicare 2: Phone (214) 440-1394 Type: Parent Agency	Region 03 Date Licensed 08/24/2021 CONNECTIVE HOME HEALTH LLC 500 N CENTRAL EXPRESSWAY STE 440 PLANO, TX 75074 Fax (214) 440-1523 Administrator CANDICE GRAHAM	Owner Information CONNECTIVE HOME HEALTH LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 012328 Lic Expire 12/31/2022 Medicare 1: 671658 HOSPICE Medicare 2: Phone (972) 200-7225 Type: Parent Agency	Region 03 Date Licensed 12/02/2008 CORNERSTONE HOSPICE CARE LLC 17776 PRESTON ROAD SUITE 210B DALLAS, TX 75252 Fax (888) 977-3370 Administrator FEBA FINNEY	Owner Information CORNERSTONE HOSPICE CARE LLC 17776 PRESTON ROAD DALLAS, TX 75252 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County COLLIN	Region 03 Date Licensed 06/08/2011	Owner Information
License # 014396	CRESCENT HOME HEALTH	ARISE TODAY INC
Lic Expire 6/30/2021	4085 OHIO DR SUITE 500	4220 S LANCASTER ROAD
Medicare 1: 679426	FRISCO, TX 75035	DALLAS, TX 75216-6459
Medicare 2:	111000, 111 10000	PHONE: FAX:
Phone (214) 375-0101	Fax (214) 375-0099	
Type: Parent Agency	Administrator ASSIA MAHMOOD	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Typo: Taront Agency	, tallinoudator , tooli , twi ti iwood	A 14 "
County COLLIN	Region 03 Date Licensed 01/20/2017	Owner Information
License # 017958	DEGUARDIAN HEALTH AGENCY INC	DEGUARDIAN HEALTH AGENCY INC
Lic Expire 1/31/2021	751 EAGLE LAKE CT	751 EAGLE LAKE CT
Medicare 1:	ALLEN, TX 75002	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
County COLLIN License # 020798	Region 03 Date Licensed 05/28/2021 DEVOTED HOME HEALTHCARE LLC	DEVOTED HOME HEALTHCARE LLC
Lic Expire 5/28/2024	2051 WHETSTONE WAY	
Medicare 1:	PROSPER, TX 75078	DUONE. FAV.
Medicare 2: Phone (972) 939-9736	Foy (692) 444 7042	PHONE: FAX:
_	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	DIVINE HEALTH CARE LLC
Lic Expire 9/11/2022	5851 LEGACY CIRCLE SUITE 600	
M P 4		
Medicare 1:	PLANO, TX 75024	
Medicare 1: Medicare 2:	PLANO, TX 75024	PHONE: FAX:
	PLANO, TX 75024 Fax	PHONE: FAX: Services: Personal Assistance Services
Medicare 2:		
Medicare 2: Phone (501) 353-5392 Type: Parent Agency	Fax Administrator LATOYAL ROBINSON	
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020	Services: Personal Assistance Services
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC	Services: Personal Assistance Services Owner Information
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE	Services: Personal Assistance Services Owner Information
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1:	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC	Services: Personal Assistance Services Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2:	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409	Services: Personal Assistance Services Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX:
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032	Services: Personal Assistance Services Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2:	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409	Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032	Services: Personal Assistance Services Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID	Services: Personal Assistance Services Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004	Services: Personal Assistance Services Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC 283 STONE RIDGE DR
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN License # 008907	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004 DOVE HOME CARE LLC	Services: Personal Assistance Services Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN License # 008907 Lic Expire 2/28/2022	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004 DOVE HOME CARE LLC 4105 W SPRING CREEK PRKWY SUITE#612 LB#13	Services: Personal Assistance Services Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC 283 STONE RIDGE DR
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN License # 008907 Lic Expire 2/28/2022 Medicare 1: 453112 HHA-18	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004 DOVE HOME CARE LLC 4105 W SPRING CREEK PRKWY SUITE#612 LB#13	Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC 283 STONE RIDGE DR SUNNYVALE, TX 75182
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN License # 008907 Lic Expire 2/28/2022 Medicare 1: 453112 HHA-18 Medicare 2: Phone (972) 864-0473	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004 DOVE HOME CARE LLC 4105 W SPRING CREEK PRKWY SUITE#612 LB#13 PLANO, TX 75024 Fax (972) 864-0479	Services: Personal Assistance Services Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC 283 STONE RIDGE DR SUNNYVALE, TX 75182 PHONE: FAX:
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN License # 008907 Lic Expire 2/28/2022 Medicare 1: 453112 HHA-18 Medicare 2:	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004 DOVE HOME CARE LLC 4105 W SPRING CREEK PRKWY SUITE#612 LB#13 PLANO, TX 75024	Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC 283 STONE RIDGE DR SUNNYVALE, TX 75182 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN License # 008907 Lic Expire 2/28/2022 Medicare 1: 453112 HHA-18 Medicare 2: Phone (972) 864-0473	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004 DOVE HOME CARE LLC 4105 W SPRING CREEK PRKWY SUITE#612 LB#13 PLANO, TX 75024 Fax (972) 864-0479	Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC 283 STONE RIDGE DR SUNNYVALE, TX 75182 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN License # 008907 Lic Expire 2/28/2022 Medicare 1: 453112 HHA-18 Medicare 2: Phone (972) 864-0473 Type: Parent Agency	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004 DOVE HOME CARE LLC 4105 W SPRING CREEK PRKWY SUITE#612 LB#13 PLANO, TX 75024 Fax (972) 864-0479 Administrator LETTY JOHN	Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC 283 STONE RIDGE DR SUNNYVALE, TX 75182 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information DOVER HEALTHCARE SERVICES LLC
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN License # 008907 Lic Expire 2/28/2022 Medicare 1: 453112 HHA-18 Medicare 2: Phone (972) 864-0473 Type: Parent Agency County COLLIN	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004 DOVE HOME CARE LLC 4105 W SPRING CREEK PRKWY SUITE#612 LB#13 PLANO, TX 75024 Fax (972) 864-0479 Administrator LETTY JOHN Region 03 Date Licensed 03/02/2007	Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC 283 STONE RIDGE DR SUNNYVALE, TX 75182 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN License # 008907 Lic Expire 2/28/2022 Medicare 1: 453112 HHA-18 Medicare 2: Phone (972) 864-0473 Type: Parent Agency County COLLIN License # 008907 Lic Expire 2/28/2022 Medicare 1: 453112 HHA-18 Medicare 2: Phone (972) 864-0473	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004 DOVE HOME CARE LLC 4105 W SPRING CREEK PRKWY SUITE#612 LB#13 PLANO, TX 75024 Fax (972) 864-0479 Administrator LETTY JOHN Region 03 Date Licensed 03/02/2007 DOVER HEALTHCARE SERVICES LLC	Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC 283 STONE RIDGE DR SUNNYVALE, TX 75182 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information DOVER HEALTHCARE SERVICES LLC
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN License # 008907 Lic Expire 2/28/2022 Medicare 1: 453112 HHA-18 Medicare 2: Phone (972) 864-0473 Type: Parent Agency County COLLIN License # 011119 License # 011119 Lic Expire 3/31/2022	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004 DOVE HOME CARE LLC 4105 W SPRING CREEK PRKWY SUITE#612 LB#13 PLANO, TX 75024 Fax (972) 864-0479 Administrator LETTY JOHN Region 03 Date Licensed 03/02/2007 DOVER HEALTHCARE SERVICES LLC 307 SOUTH MCDONALD STREET, SUITE 500	Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC 283 STONE RIDGE DR SUNNYVALE, TX 75182 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information DOVER HEALTHCARE SERVICES LLC 2516 SHADY GROVE LANE
Medicare 2: Phone (501) 353-5392 Type: Parent Agency County COLLIN License # 020153 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (469) 657-2183 Type: Parent Agency County COLLIN License # 008907 Lic Expire 2/28/2022 Medicare 1: 453112 HHA-18 Medicare 2: Phone (972) 864-0473 Type: Parent Agency County COLLIN License # 011119 License # 011119 Lic Expire 3/31/2022 Medicare 1: 679693	Fax Administrator LATOYAL ROBINSON Region 03 Date Licensed 09/08/2020 DOMINION HOME HEALTHCARE SERVICES, LLC 733 EDINBURGH DRIVE ANNA, TEXAS 75409 Fax (214) 831-4032 Administrator ADEREMILEKUN JUNAID Region 03 Date Licensed 02/12/2004 DOVE HOME CARE LLC 4105 W SPRING CREEK PRKWY SUITE#612 LB#13 PLANO, TX 75024 Fax (972) 864-0479 Administrator LETTY JOHN Region 03 Date Licensed 03/02/2007 DOVER HEALTHCARE SERVICES LLC 307 SOUTH MCDONALD STREET, SUITE 500	Owner Information DOMINION HOME HEALTHCARE SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information DOVE HOME CARE LLC 283 STONE RIDGE DR SUNNYVALE, TX 75182 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information DOVER HEALTHCARE SERVICES LLC 2516 SHADY GROVE LANE MCKINNEY, TX 75071

Administrator

OLASENI OBASANYA

County COLLIN License # 012463 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (469) 964-5238 Type: Parent Agency	Region 03 Date Licensed 02/25/2009 ECINA HOME HEALTH CARE SERVICES INC 2600 K AVENUE SUITE 235 PLANO, TX 75074 Fax (972) 801-6877 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 License # 018515 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (972) 238-7788	Region 06 Date Licensed 06/03/2016 ELIK DIALYSIS HOME THERAPY MEMORIAL INC 500 NORTH COIT ROAD, SUITE 2085 RICHARDSON, TEXAS 75080 Fax (972) 238-7699	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
Type: Branch Agency County COLLIN License # 020944 Lic Expire 7/15/2023 Medicare 1: Medicare 2:	Administrator MONICA BROOKS Region 03 Date Licensed 07/15/2020 EMERALD CHOICE HOMECARE SOLUTIONS 704 E 15TH ST PLANO, TEXAS 75074	Owner Information EMERALD CHOICE HOMECARE SOLUTIONS DALLAS LLC PHONE: FAX:
Phone (469) 914-0029 Type: Parent Agency	Fax Administrator TAMERAT BEKELE	Services: Personal Assistance Services
County COLLIN License # 016948 Lic Expire 6/30/2023 Medicare 1: 677952 HHA-18 Medicare 2: Phone 972 5294340 Type: Parent Agency	Region 03 Date Licensed 07/01/2015 ENCOMPASS HEALTH HOME HEALTH 780 NORTH WATTERS ROAD, SUITE 160 ALLEN, TEXAS 75013 Fax 972 5294335 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 License # 009527 Lic Expire 11/30/2023 Medicare 1: 457789 HHA-18 Medicare 2: Phone 214 3839880 Type: Parent Agency	Region 03 Date Licensed 12/01/2004 ENCOMPASS HEALTH HOME HEALTH 780 NORTH WATTERS ROAD, SUITE 160 ALLEN, TEXAS 75013 Fax 214 3839875 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 License # 018449 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (972) 425-0287	Region 03 Date Licensed 11/15/2017 ENCOMPASS PREMIER HEALTH CARE 5501 LEBEAU LN FRISCO, TX 75035 Fax (972) 425-0367	Owner Information ENCOMPASS PREMIER HEALTH CARE LIMITED LIABILITY COMPANY 5501 LEBEAU LN FRISCO, TX 75035 PHONE: FAX:
Type: Parent Agency	Administrator VERA BERGMAN	Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 019448 Lic Expire 6/27/2023 Medicare 1: 748015 HHA Medicare 2:	Region 03 Date Licensed 06/27/2019 ENVITAL HEALTHCARE INC 1609 WARM SPRINGS DRIVE ALLEN, TX 75002	Owner Information ENVITAL HEALTHCARE INC 1609 WARM SPRINGS DRIVE ALLEN, TX 75002 PHONE: FAX:
Phone (214) 697-0023	Fax (214) 509-9452	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County COLLIN	Region 03 Date Licensed 03/11/2020	Owner Information
License # 019852	EPIC HOME HEALTHCARE	SABA INTERNATIONAL INC
Lic Expire 3/11/2022	3990 LAKEWAY DR SUITE 109	9229 BLUE WATER DRIVE
Medicare 1:	ST. PAUL, TX 75098	PLANO, TX 75025
Medicare 2:	······································	PHONE: FAX:
Phone (469) 540-0266	Fax (469) 409-4060	Caminage Demonal Assistance Caminage
Type: Parent Agency	Administrator FAISAL MALIK	Services: Personal Assistance Services
······································		Owner Information
County COLLIN	Region 03 Date Licensed 08/19/2019	EVIDENCE HOME CARE LLC
License # 019533	EVIDENCE HOME CARE	818 BLACKHAWK DR
Lic Expire 8/19/2021	21501 S CENTRAL EXPRESSWAY, SUITE200	PRINCETON, TEXAS 75407
Medicare 1:	MCKINNEY, TEXAS 75070	
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	EXCEL PLUS HOME HEALTH INC
Lic Expire 10/31/2022	17822 DAVENPORT ROAD STE C & D	17822 DAVENPORT RD STE D
Medicare 1: 677847 HHA-18	DALLAS, TX 75252	DALLAS, TX 75252
Medicare 2:	BALLIO, TA TOLOZ	PHONE: FAX:
Phone (972) 386-7744	Fax (214) 367-5887	
,	. ,	Services: Hospice; Licensed and Certified Home Health Services In-Patient Hospice: NO
Type: Parent Agency	Administrator SATHYAJITH NAIR	
County COLLIN	Region 03 Date Licensed 03/30/2021	Owner Information
License # 020656	F & N CARE SERVICES, LLC	F & N CARE SERVICES, LLC
Lic Expire 3/30/2024		
Medicare 1:	716 GOLDEN NUGGET DR. MCKINNEY, TX 75069	
Medicare 1:	WICKINITET, TX 73009	PHONE: FAX:
Phone (405) 371-1734	Fax	
Type: Parent Agency	Administrator NGYE-SOH SAMA	Services: Personal Assistance Services
Type. Falent Agency	Autilitistiatoi NGTE-SOTTSAWA	
County COLLIN	Region 03 Date Licensed 09/24/2021	Owner Information
License # 021084	FAITH & FAVOR HEALTHCARE INC	FAITH & FAVOR HEALTHCARE INC
Lic Expire 9/24/2024	5609 DATEWOOD LANE	5609 DATEWOOD LANE
Medicare 1:	MCKINNEY, TEXAS 75071	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	FAVORITE HOME HEALTH CARE LLC
Lic Expire 1/31/2024	9555 LEBANON SUITE # 504	9555 LEBANON ROAD # 504
Medicare 1: 679487 HHA-18	9333 LEBANON 3011E # 304 FRISCO, TX 75035	FRISCO, TX 75035
Medicare 2:		PHONE: FAX:
Phone (972) 335-0410	Fax (972) 335-0420	
. ,	· <i>'</i>	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CATHERINE ISIOFIA-OKOYE	
-		Owner Information
County COLLIN	Region 03 Date Licensed 05/16/2010	Owner information
County COLLIN	Region 03 Date Licensed 05/16/2019	FIRST CALL HOME HEALTH AGENCY INC
License # 019382	FIRST CALL HOME HEALTH AGENCY INC	
License # 019382 Lic Expire 5/16/2023	FIRST CALL HOME HEALTH AGENCY INC 6937 HICKORY CREEK	FIRST CALL HOME HEALTH AGENCY INC
License # 019382 Lic Expire 5/16/2023 Medicare 1: 748026 HHA	FIRST CALL HOME HEALTH AGENCY INC	FIRST CALL HOME HEALTH AGENCY INC 6937 HICKORY CREEK PLANO, TX 75023
License # 019382 Lic Expire 5/16/2023 Medicare 1: 748026 HHA Medicare 2:	FIRST CALL HOME HEALTH AGENCY INC 6937 HICKORY CREEK PLANO, TX 75023	FIRST CALL HOME HEALTH AGENCY INC 6937 HICKORY CREEK PLANO, TX 75023 PHONE: FAX:
License # 019382 Lic Expire 5/16/2023 Medicare 1: 748026 HHA	FIRST CALL HOME HEALTH AGENCY INC 6937 HICKORY CREEK	FIRST CALL HOME HEALTH AGENCY INC 6937 HICKORY CREEK PLANO, TX 75023

Administrator

SHEILA HIMANJE-KALINDA

County COLLIN License # 019620 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (214) 929-0469 Type: Parent Agency	Region 03 Date Licensed 09/30/2019 FIRST PHYSICIANS HOME HEALTH SERVICE LLC 600 LEGACY DR, APT 616 PLANO, TEXAS 75023 Fax Administrator PERLA CRUZ	Owner Information FIRST PHYSICIANS HOME HEALTH SERVICE LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 019675 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (972) 863-2273	Region 03 Date Licensed 01/30/2020 FIRSTLIGHT HOME CARE OF NORTH EAST DALLAS 888 S. GREENVILLE AVE. SUITE 207 RICHARDSON, TEXAS 75081 Fax (972) 217-8588	Owner Information INDEPENDENT CARE AGENCY, LLC 3521 WILSHIRE WAY, APT. 3110 RICHARDSON, TEXAS 75082 PHONE: FAX:
Type: Parent Agency County COLLIN License # 021236	Administrator STEPHANIE JOHNSON Region 03 Date Licensed 11/30/2021 FIRSTLIGHT HOME CARE OF PLANO	Services: Personal Assistance Services Owner Information NEIMA CARE INC
Lic Expire Medicare 1: Medicare 2: Phone (973) 303-5262 Type: Parent Agency	500 N CENTRAL EXPRESS PKWY PLANO, TEXAS 75074 Fax (214) 271-8861 Administrator DEREJE ABEBE	PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 014423 Lic Expire 8/31/2023 Medicare 1: 679631 HHA-18 Medicare 2: Phone (972) 867-8700	Region 03 Date Licensed 09/01/2011 GENUINE HOME HEALTH SERVICES 28 BUCKINGHAM LN ALLEN, TX 75002 Fax (972) 867-8777	Owner Information SKAK ENTERPRISES INC 2828 W PARKER RD SUITE 106 PLANO, TX 75075-9197 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency County COLLIN License # 012466 Lic Expire 2/28/2021 Medicare 1: 747656 HHA-18	Administrator TOM KORUTHU Region 03 Date Licensed 02/25/2009 GLAD HOME HEALTH CARE 600 HANOVER DRIVE ALLEN, TX 75002	Personal Assistance Services Owner Information GLAD HOME HEALTH CARE , INC 600 HANOVER DRIVE ALLEN, TX 75002-4774
Medicare 2: Phone (214) 383-5815 Type: Parent Agency	Fax (214) 495-0337 Administrator GLADYS TAMBONG	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County COLLIN License # 019468 Lic Expire 7/3/2021 Medicare 1: Medicare 2: Phone (972) 987-9020 Type: Parent Agency	Region 03 Date Licensed 07/03/2019 GLOBAL HOME CARE SERVICES 1311 MARKETING PLACE DR. SUITE 180 GARLAND, TEXAS 75041 Fax (972) 698-7794 Administrator TOLULOPE LABEODAN	Owner Information LABET CONSULTING LLC 921 SPRING FALLS DR. MCKINNEY, TX 75071 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 004312 Lic Expire 2/28/2023 Medicare 1: 678308 HHA-18 Medicare 2: Phone (214) 342-1119 Type: Parent Agency	Region 03 Date Licensed 02/23/1996 GOODWIN HOME HEALTH CARE SERVICES INC 1201 S SHERMAN ST STE 201 ROOM B RICHARDSON, TX 75252 Fax (214) 342-1580 Administrator FARZANA KHAN	Owner Information GOODWIN HOME HEALTH CARE SERVICES INC 17822 DAVENPORT RD SUITE D DALLAS, TX 75252 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County COLLIN License # 008284 Lic Expire 1/31/2023 Medicare 1: 679309 HHA-18 Medicare 2: Phone (469) 326-1700	Region 03 Date Licensed 01/10/2003 GRACE HOME HEALTH INC 5045 LORIMAR DRIVE STE 260 PLANO, TX 75093 Fax (469) 326-1704	Owner Information GRACE HOME HEALTH INC 5045 LORIMAR DR SUITE 260 PLANO, TX 75093 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator GRACY ZACHARIAH	r etsorial Assistance Services
County COLLIN License # 021122 Lic Expire 10/12/2024 Medicare 1:	Region 03 Date Licensed 10/12/2021 GRACE LIFE HOME CARE AGENCY LLC 7825 MCCALLUM BLVD DALLAS, TX 75252	Owner Information GRACE LIFE HOME CARE AGENCY LLC
Medicare 1:	DALLAO, IX 10202	PHONE: FAX:
Phone 972 8033850	Fax 019728033850	Services: Personal Assistance Services
Type: Parent Agency	Administrator ABOSEDE SOWEMIMO	
County COLLIN License # 020973 Lic Expire 8/10/2024 Medicare 1:	Region 03 Date Licensed 08/10/2021 GRACE PRIMARY HOME HEALTH CARE, INC 5045 LORIMAR DRIVE, SUITE 265 PLANO, TX 750935720	Owner Information GRACE PRIMARY HOME HEALTH CARE, INC
Medicare 2: Phone 469 3261700	Fax 469 3261704	PHONE: FAX:
Type: Parent Agency	Administrator GRACY ZACHARIAH	Services: Personal Assistance Services
County COLLIN License # 016334 Lic Expire 7/31/2022 Medicare 1:	Region 03 Date Licensed 07/23/2014 GRANNY NANNIES DALLAS 17290 PRESTON ROAD SUITE 210 C DALLAS, TX 75252	Owner Information GRANNY NANNIES DALLAS, LLC 17290 PRESTON ROAD SUITE 210-C DALLAS, TX 75252
Medicare 2:	Fav. (244) 272 2404	PHONE: FAX:
Phone (972) 544-1169 Type: Parent Agency	Fax (214) 272-2401 Administrator GREGG YOUNG	Services: Personal Assistance Services
County COLLIN License # 020277 Lic Expire 10/29/2022 Medicare 1:	Region 03 Date Licensed 10/29/2020 GREATER JOY HOME HEALTHCARE SERVICES LLC 207 TRENTON DRIVE WYLIE, TX 75098	Owner Information GREATER JOY HOME HEALTHCARE SERVICES LLC 207 TRENTON DRIVE WYLIE, TX 75098
Medicare 2:		PHONE: FAX:
Phone (832) 990-2432 Type: Parent Agency	Fax (832) 905-0233 Administrator JOY IWEH	Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 016493 Lic Expire 10/31/2020 Medicare 1: 741636 HOSPICE Medicare 2: Phone (972) 803-3990	Region 03 Date Licensed 10/20/2014 GREEN HILLS HOSPICE LLC 2665 VILLA CREEK DRIVE SUITE # 120 DALLAS, TEXAS 75234 Fax (972) 803-3988	Owner Information GREEN HILLS HOSPICE LLC 2665 VILLA CREEK DRIVE, SUITE 254 DALLAS, TX 75234 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator NIEVA CUA	In-Patient Hospice: NO
County COLLIN License # 014269 Lic Expire 8/31/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 08/08/2011 GRISWOLD HOME CARE 3308 PRESTON RD., SUITE 350-200 PLANO, TX 75093	Owner Information DECOURSIN SPECIAL CARE INC 3308 PRESTON RD., SUITE 350-200 PLANO, TX 75093 PHONE: FAX:
Phone (469) 277-3540 Type: Parent Agency	Fax (469) 277-3820 Administrator DOUG DECOURSIN	Services: Personal Assistance Services

County COLLIN License # 015344 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (469) 301-2227 Type: Parent Agency	Region 03 Date Licensed 01/29/2 GRISWOLD HOME CARE GARLAND 7720 GLENWOOD SPRINGS LANE MCKINNEY, TX 75070 Fax (469) 301-2227 Administrator MARSHALL ODEN	Owner Information MKKC CORP 6841 VIRGINIA PARKWAY #103-168 MCKINNEY, TX 75071 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 011216 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (214) 678-9500 Type: Branch Agency	Region 03 Date Licensed 09/21/2 GUARDIAN HEALTHCARE 13737 NOEL RD, SUITE 1300 DALLAS, TX 75240 Fax (214) 678-0900 Administrator AMANDA PRUETT	QUARDIAN HEALTH CARE INC 13737 NOEL ROAD SUITE 1400 DALLAS, TX 75240 PHONE: FAX: Services: Licensed and Certified Home Health Services
County COLLIN License # 015191 Lic Expire 11/30/2022 Medicare 1: 741571 HOSPICE Medicare 2: Phone (972) 943-0349 Type: Parent Agency	Region 03 Date Licensed 11/08/2 HARBOR HOSPICE OF SOUTH DALLAS FORT WOR 2419 COIT ROAD, SUITE A PLANO, TEXAS 75075 Fax (972) 692-7232 Administrator DEBORAH THOMAS	HARROR HOSPICE OF SOLITH DALLASSORT WORTH LD
County COLLIN License # 012167 Lic Expire 8/31/2022 Medicare 1: 747118 HHA-18 Medicare 2: Phone (972) 612-5370	Region 03 Date Licensed 08/15/2 HEALTHY CHOICE HOMECARE LLC 4601 OLD SHEPARD PLACE SUITE 401 PLANO, TX 75093 Fax (972) 767-1820 Administrator XINGKUI "KURT" PAN	Owner Information HEALTHY CHOICE HOMECARE LLC 4521 FIREWHEEL DR PLANO, TX 75024 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County COLLIN License # 012285 Lic Expire 10/31/2020 Medicare 1: 747304 HHA-18 Medicare 2: Phone (972) 807-2541 Type: Parent Agency	Region 03 Date Licensed 10/30/2 HEBRON HEALTH CARE SERVICES INC 8800 TANGLEWOOD DR MCKINNEY, TX 750728345 Fax (972) 807-2542 Administrator IFEOMA IROKWE	Owner Information HEBRON HEALTH CARE SERVICES INC 9535 FOREST LN # 290 DALLAS, TX 75243 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 020029 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone (469) 320-1997 Type: Parent Agency	Region 03 Date Licensed 07/01/2 HELGA HEALTHCARE, PLLC 100 N CENTRAL EXPRESSWAY, SUITE 450 RICHARDSON, TX 75080 Fax (469) 533-9583 Administrator CELESTINE ORONDO	Owner Information HELGA HEALTHCARE, PLLC 4507 OLIVE LANE MELISSA, TX PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 014884 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (972) 422-0444 Type: Parent Agency	Region 03 Date Licensed 06/21/2 HELPING HANDS HOME SERVICES 2000 N CENTRAL EXPRESSWAY SUITE 102 PLANO, TX 75074 Fax (972) 422-8144 Administrator ALTON BLAKELY	Owner Information AND HOME HEALTHCARE, LLC 2000 N CENTRAL EXPRESSWAY STE 102 PLANO, TX 75074 PHONE: () - 1 FAX: Services: Licensed Home Health Services; Personal Assistance Services

Administrator ALTON BLAKELY

County COLLIN License # 020308 Lic Expire 11/11/2022 Medicare 1: Medicare 2: Phone (972) 904-2593 Type: Parent Agency	Region 03 Date Licensed 11/11/2020 HELPING HANDS SERVICESTEXAS, LLC 5916 FOSSIL RIDGE DR PLANO, TEXAS 75093 Fax Administrator MICHAEL ELKIN	Owner Information HELPING HANDS SERVICESTEXAS, LLC PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 014533 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (214) 432-5451 Type: Parent Agency	Region 03 Date Licensed 12/15/2011 HERITAGE KEEPERS LLC 17766 PRESTON ROAD DALLAS, TX 75252 Fax (888) 811-8916 Administrator MARY KASINGER	Owner Information HERITAGE KEEPERS LLC 6505 WEST PARK BLVD. PLANO, TEXAS 75093 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 011581 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (972) 232-8086 Type: Parent Agency	Region 03 Date Licensed 09/13/2007 HIGHLAND SPRINGS HOME CARE LLC 8000 FRANKFORD ROAD DALLAS, TX 75252 Fax (800) 281-9558 Administrator ROSE ANDERSON	Owner Information HIGHLAND SPRINGS HOME CARE LLC 8000 FRANKFORD ROAD DALLAS, TX 75252 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 019154 Lic Expire 12/13/2022 Medicare 1: Medicare 2: Phone (972) 369-7383 Type: Parent Agency	Region 03 Date Licensed 12/13/2018 HOLISTIC PLUS HOME CARE SERVICES LLC 2532 SLALOM DRIVE MCKINNEY, TEXAS 75071 Fax Administrator TABETH MASENDA	Owner Information HOLISTIC PLUS HOME CARE SERVICES LLC SAME AS ABOVE , PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 020931 Lic Expire 7/23/2024 Medicare 1: Medicare 2: Phone 469 688 3437 Type: Parent Agency	Region 03 Date Licensed 07/23/2021 HOME AGAIN HOME CARE SERVICES LLC 104 PARKHURST LANE ALLEN, TEXAS 75013 Fax Administrator SIMBA MUKETIWA	Owner Information HOME AGAIN HOME CARE SERVICES LLC 104 PARKHURST LANE ALLEN, TX 75013 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 018410 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (214) 586-0120 Type: Parent Agency	Region 03 Date Licensed 07/24/2017 HOME CARE ASSISTANCE 4709 W PARKER ROAD SUITE 470 PLANO, TX 75093 Fax (214) 586-0119 Administrator MENDY NDEWEMAAN	Owner Information MD FRIEND MEDICALBILLING SOLUTIONS LLC 8825 SMOKEY DR PLANO, TX 75025 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 017593 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (972) 548-0392 Type: Parent Agency	Region 03 Date Licensed 08/24/2016 HOME CARE ASSISTANCE OF NORTH COLLIN COUNTY 906 W MCDERMOTT DR, STE 128 ALLEN, TX 75013 Fax (972) 782-4664 Administrator MATTHEW PRINCIOTTO	Owner Information TEP PRODUCTIONS INC 4265 CHEVY CHASE LANE FRISCO, TX 75033 PHONE: FAX: Services: Personal Assistance Services

County COLLIN License # 020422 Lic Expire 12/30/2022 Medicare 1: Medicare 2: Phone (682) 307-0116	Region 03 Date Licensed 12/30/2020 HOME CARE FOR THE 21ST CENTURY ALLEN TX 850 CENTRAL PARKWAY EAST #250 PLANO, TX 75074	Owner Information APF HEALTH CARE ENTERPRISE LLC 1813 TRUSCOTT LANE ALLEN, TX 78013 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator YI XIONG	
County COLLIN License # 020334 Lic Expire 11/20/2022 Medicare 1: 748011 Medicare 2:	Region 03 Date Licensed 11/20/2020 HOME CARE FOR THE 21ST CENTURY HH ALLEN TX 850 CENTRAL PARKWAY EAST #250 PLANO, TX 750745545	Owner Information APF HEALTH CARE ENTERPRISE LLC 1813 TRUSCOTT LANE ALLEN, TX 78013 PHONE: FAX:
Phone (682) 370-0116	Fax	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Personal Assistance Services
Type: Parent Agency	Administrator YI XIONG	
County COLLIN License # 012791 Lic Expire 8/31/2023 Medicare 1: 747410 HHA-18 Medicare 2: Phone 2144176418972369730	Region 03 Date Licensed 08/19/2009 HOME HEALTH & BEYOND SERVICES LLC 2300 WEST WHITE AVENUE SUITE 110 MCKINNEY, TEXAS 75071 Fax (972) 369-7193	Owner Information HOME HEALTH & BEYOND SERVICES,LLC 7432 ELM FORK DRIVR MCKINNEY, TEXAS 75071 PHONE: 11214417641 FAX: Services: Licensed and Cartified Home Health Services: Licensed Home Health Services:
		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FATMATA WILLIAMS	
County COLLIN License # 021029 Lic Expire 9/7/2024 Medicare 1:	Region 03 Date Licensed 09/07/2021 HOME HELPERS HOME CARE 2212 ABERDEEN AVENUE MCKINNEY, TEXAS 75072	Owner Information HOQUE HEALTH LLC
Medicare 2:		PHONE: FAX:
Phone (540) 424-5102	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator TANIMA HOQUE	
County COLLIN License # 016614 Lic Expire 12/31/2022 Medicare 1:	Region 03 Date Licensed 01/01/2015 HOME INSTEAD SENIOR CARE 520 CENTRAL PARKWAY E. SUITE 200 PLANO, TX 75074	Owner Information T A FELKER ENTERPRISES LLC 6316 WALLING LN PLANO, TX 75093
Medicare 2:		PHONE: FAX:
Phone (972) 744-9898	Fax (972) 744-9890	Services: Personal Assistance Services
Type: Parent Agency	Administrator TODD FELKER	
County COLLIN License # 016614 Lic Expire 10/14/2023 Medicare 1:	Region 03 Date Licensed HOME INSTEAD SENIOR CARE 5900 S. LAKE FOREST, SUITE 300 MCKINNEY, TX 75070	Owner Information T A FELKER ENTERPRISES LLC 6316 WALLING LN PLANO, TX 75093
Medicare 2:	_	PHONE: FAX:
Phone 972 744 9898	Fax	Services: Personal Assistance Services
County COLLIN License # 017182 Lic Expire 12/31/2023 Medicare 1: Medicare 2:	Administrator TODD FELKER Region 03 Date Licensed 12/16/2015 HOMEWELL CARE SERVICES PLANO 101 E PARK BLVD SUITE 457 PLANO, TEXAS 75074	Owner Information BUTLERWHATLEY ENTERPRISES INC DBA HOMEWELL CARE SERVICES 1333 WEST MCDERMOTT DR SUITE 200 ALLEN, TX 75013 PHONE: FAX:
Phone (469) 596-6500	Fax (469) 519-1009	Services: Personal Assistance Services

Administrator

STEVE WHATLEY

County COLLIN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2: Phone (469) 225-9562 Type: Alternate Delivery Site	Region 03 Date Licensed HOSPICE PLUS 1575 REDBUD BLVD., STE 201 MCKINNEY, TX 750693226 Fax (469) 712-2673 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
·· · · · · · · · · · · · · · · · · · ·		Owner Information
County COLLIN License # 009235	Region 03 Date Licensed HOSPICE PLUS	INTERNATIONAL TUTORING SERVICES LLC
Lic Expire 8/31/2022	1575 REDBUD BLVD., STE 201	PO BOX 4060 ATTN: REGULATORY
Medicare 1: 451780	MCKINNEY, TX 750693226	MOORESVILLE, NC 28117
Medicare 2:		PHONE: FAX:
Phone (469) 225-9562	Fax (469) 712-2673	Services: Hospice
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON	In-Patient Hospice: NO
<u> </u>		Owner Information
County COLLIN License # 009235	Region 03 Date Licensed HOSPICE PLUS	INTERNATIONAL TUTORING SERVICES, LLC
Lic Expire 8/31/2022	1575 REDBUD BLVD., STE 201	
Medicare 1: 451780	MCKINNEY, TX 750693226	
Medicare 2:		PHONE: FAX:
Phone (469) 225-9562	Fax (469) 712-2673	Services: Hospice
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON	In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JETT ENGON	Ounce Information
County COLLIN	Region 03 Date Licensed 06/19/2018	Owner Information HOSPICE SPECIALIST OF TEXAS LLC
License # 018791	HOSPICE SPECIALIST OF TEXAS LLC	2665 VILLA CREEK DR STE 104-6
Lic Expire 6/30/2022 Medicare 1: 74-1798 (HOSPICE	100 ALLENTOWN PKWY SUITE 214 ALLEN, TX 75002	DALLAS, TX 75234
Medicare 2:	ALLEN, IX 70002	PHONE: FAX:
Phone (214) 536-8273	Fax (214) 383-7594	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator DAVID GROOM	
County COLLIN	Region 03 Date Licensed 03/23/2015	Owner Information
License # 016696	IMPLANTED PUMP MANAGEMENT LLC	IMPLANTED PUMP MANAGEMENT, LLC 1401 VALLEY ROAD
Lic Expire 3/31/2023 Medicare 1:	17304 PRESTON ROAD SUITE 800 OFFICE 806B DALLAS, TX 75252	WAYNE, NJ 7470
Medicare 2:	DALLAO, 1A 13232	PHONE: FAX:
Phone (201) 475-9635	Fax (201) 475-9630	Services: Licensed Home Health Services
Type: Parent Agency	Administrator MARISSA AMARI	CONTROL. Electrical Health Controls
County COLLIN	Region 03 Date Licensed 08/13/2008	Owner Information
License # 012159	JOAB HOMEHEALTH SERVICES	JOAB HOMEHEALTH AGENCY LLC
Lic Expire 8/31/2022	2600 AVENUE K SUITE 214	2600 AVENUE K SUITE 214
Medicare 1: 747207 HHA-18	PLANO, TX 75074	PLANO, TX 75074
Medicare 2:	F (070) 400 5040	PHONE: FAX:
Phone (972) 423-5606	Fax (972) 423-5610	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SAFURATU OSAMEDE SALAMI	Feisoliai Assistatice Services
County COLLIN	Region 03 Date Licensed 05/11/2021	Owner Information
License # 020744	JOCHEBED HOME HEALTHCARE INC	JOCHEBED HOME HEALTHCARE INC
Lic Expire 5/11/2023	1090 W EXCHANGE PKWY APT 3320	1090 W EXCHANGE PKWY APT 3320
Medicare 1:	ALLEN, TX 75013	ALLEN, TX 75013
Medicare 2:		PHONE: FAX:
Phone (972) 900-5133	Fax (469) 838-6478	Services: Personal Assistance Services
Type: Parent Agency	Administrator ANNIE DAVIES	

Medicare	County COLLIN License # 010221 Lic Expire 1/31/2025 Medicare 1: 679535 HHA-18 Medicare 2: Phone (214) 227-5800 Type: Parent Agency County COLLIN License # 019418 Lic Expire 6/12/2023	Region 03 Date Licensed KBS HOME HEALTH AGENCY INC 7214 HIGHWAY 78, SUITE 18 SACHSE, TX 75048 Fax (214) 227-5844 Administrator BOB OCHULO Region 05 Date Licensed KINESIS HOME HEALTH CARE LLC 8900 INDEPENDENCE PARKWAY #14206	01/02/2006	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 Owner Information KINESIS HOME HEALTH CARE LLC
Profestional Assistance Services Profestional Assistance Services Loarsed Home Health				
County	Medicare 2:			PHONE: FAX:
Cutry COLIN Region 03	Phone (512) 551-9159	Fax NA		
Note	Type: Branch Agency	Administrator HILDA CASTILLO		
County COLLIN Region 03 Date Licensed 0814/2018 Licenses 161616 LALA HEALTHCARE SOLUTIONS LIC 4713 PARKHAWTONR AFRICAN TO NAME AFR	License # 010715 Lic Expire 8/31/2022 Medicare 1: 677836 HHA-18 Medicare 2: Phone (972) 384-1039	KOC HEALTHCARE SERVICES INC 3200 14TH STREET SUITE 504 PLANO, TX 75074 Fax (972) 202-3055	08/31/2006	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;
County C	<u></u>		00// 4/00/40	Owner Information
AFT SPANKHAVEN DR AFT	•	· ·	08/14/2018	
Medicare :				4713 PARKHAVEN DR
Phone (469) 829-4900 Fax (866) 740-7952 Services: Licensed Home Health Services; Personal Assistance Services Type: Planch Agency Administrator MICHELLE BRILL County County <td>•</td> <td></td> <td></td> <td>GARLAND, TX 75043</td>	•			GARLAND, TX 75043
Type: Branch Agency Administrator MICHELLE BRILL	Medicare 2:			PHONE: FAX:
County Collin Region R	Phone (469) 829-4900	Fax (866) 740-7952		Services: Licensed Home Health Services; Personal Assistance Services
County C	Type: Branch Agency	Administrator MICHELLE BRILL		
Phone (972) 423-8500 Fax (972) 423-600 Services: Licensed and Certified Home Health Services; Licensed Home Health Services Home Home Home Hom	License # 009311 Lic Expire 9/30/2023 Medicare 1: 457804 HHA-18	LIFELINE HEALTHCARE SERVICES INC 2600 K AVENUE SUITE 102	09/15/2004	LIFELINE HEALTHCARE SERVICES, INC P O BOX 740788 DALLAS, TX 75374
Type: Parent Agency Administrator MERCY ALAO County COLLIN Region 03 Date Licensed 02/04/2020 Owner Information License # 019801 LIZ AND MEG HOME HEALTH CARE Lic Expire 24/2022 217 LAMONT ROAD Medicare 1: ANNA, TX 75409 Medicare 2: PHONE: FAX: Phone (469) 878-9490 Fax (469) 425-1239 Services: Personal Assistance Services Type: Parent Agency Administrator MACDONALD JEGEDE County COLLIN Region 03 Date Licensed 10/01/2021 Owner Information License # 021092 LOVEWELL HOSPICE Lic Expire 10/1/2024 5900 SOUTH LAKE FOREST DR SUITE 300 Medicare 1: MCKINNEY, TX 75070 Medicare 2: PHONE: FAX: Phone (469) 496-5699 Fax (469) 496-5383 Fax (469) 496-5699 Fax (469) 496-5383 Fax (469) 496-5699 Fax (469) 496-5383		Fay (072) 423 6600		
County COLLIN Region 03 Date Licensed 02/04/2020 Owner Information License # 019801 LIZ AND MEG HOME HEALTH CARE Lic Expire 2/4/2022 217 LAMONT ROAD Medicare 1: ANNA, TX 75409 Medicare 2: PHONE: FAX: Phone (469) 878-9490 Fax (469) 425-1239 Services: Personal Assistance Services Type: Parent Agency Administrator MACDONALD JEGEDE County COLLIN Region 03 Date Licensed 10/01/2021 Owner Information License # 021092 LOVEWELL HOSPICE Lic Expire 10/1/2024 5900 SOUTH LAKE FOREST DR SUITE 300 Medicare 1: MCKINNEY, TX 75070 Medicare 2: PHONE: FAX: Phone (469) 496-5699 Fax (469) 496-5383 Fax (469) 496-5383 Pate Licensed 02/04/2020 Owner Information LiCense Hospice In-Patient Hospice: NO	, ,			
Phone (469) 878-9490 Fax (469) 425-1239 Services: Personal Assistance Services Type: Parent Agency Administrator MACDONALD JEGEDE Services: Personal Assistance Services County COLLIN Region 03 Date Licensed 10/01/2021 Owner Information License # 021092 LOVEWELL HOSPICE LIVEWELL ASSOCIATES LLC Lice Expire 10/1/2024 5900 SOUTH LAKE FOREST DR SUITE 300 Medicare 1: MCKINNEY, TX 75070 Medicare 2: PHONE: FAX: Phone (469) 496-5699 Fax (469) 496-5383 Services: Hospice In-Patient Hospice; NO	County COLLIN License # 019801 Lic Expire 2/4/2022	Region 03 Date Licensed LIZ AND MEG HOME HEALTH CARE 217 LAMONT ROAD	02/04/2020	
Type: Parent Agency Administrator MACDONALD JEGEDE County COLLIN Region 03 Date Licensed 10/01/2021 Owner Information License # 021092 LOVEWELL HOSPICE Lic Expire 10/1/2024 5900 SOUTH LAKE FOREST DR SUITE 300 Medicare 1: MCKINNEY, TX 75070 Medicare 2: PHONE: FAX: Phone (469) 496-5699 Fax (469) 496-5383 Services: Personal Assistance Services LIVEWELL ASSOCIATES LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO	Medicare 2:			PHONE: FAX:
County COLLIN Region 03 Date Licensed 10/01/2021				Services: Personal Assistance Services
Livense # 021092 Lovewell Hospice Livewell Associates LLC	Type: Parent Agency	Administrator MACDONALD JEGEDE		
Medicare 2: PHONE: FAX: Phone (469) 496-5699 Fax (469) 496-5383 Services: Hospice In-Patient Hospice: NO	License # 021092 Lic Expire 10/1/2024	LOVEWELL HOSPICE 5900 SOUTH LAKE FOREST DR SUITE 300	10/01/2021	
Phone (469) 496-5699 Fax (469) 496-5383 Services: Hospice In-Patient Hospice: NO		MCKINNEY, TX 75070		DIONE
·		Fax (469) 496-5383		Services: Hospice
	Type: Parent Agency	Administrator DAWN M MORGAN		salati noproc. no

County COLLIN License # 017719 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (972) 752-3214 Type: Parent Agency	Region 03 Date Licensed 09/13/2016 LOVING HEALTH CARE SERVICES LLC 820 IDLEWOOD DRIVE ALLEN, TX 75002 Fax (972) 924-5713 Administrator CONSTANCE NAMBUH	Owner Information LOVING HEALTH CARE SERVICES LLC 820 IDLEWOOD DRIVE ALLEN, TX 75002 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 011703 Lic Expire 11/30/2021 Medicare 1: 743191 HHA-18 Medicare 2: Phone (972) 664-0945 Type: Parent Agency	Region 03 Date Licensed 11/21/2007 LUCENT HOME HEALTH LLC 1101 W PLANO PKWY STE 101 PLANO, TX 75075 Fax (972) 664-0139 Administrator FESTUS MADUBUIKE	Owner Information LUCENT HOME HEALTH LLC 1101 W PLANO PARKWAY STE 101 PLANO, TX 75075 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 021339 Lic Expire 1/20/2025 Medicare 1: Medicare 2: Phone (469) 251-6618	Region 03 Date Licensed MABEL HOME HEALTH CARE 1504 OAK TREE ROAD ALLEN, TEXAS 75002	Owner Information MABEL'S HOME HEALTH CARE LLC PHONE: FAX:
Type: Parent Agency County COLLIN License # 009562 Lic Expire 1/31/2021 Medicare 1: 747283 HHA-18	Administrator EMMA QUAYE Region 03 Date Licensed 01/31/2005 MAM UNIQUE HEALTH SERVICES INC 424 ST ANDREWS DRIVE ALLEN, TX 75002	Services: Personal Assistance Services Owner Information MAM UNIQUE HEALTH SERVICES INC 424 ST ANDREWS DRIVE ALLEN, TX 75002
Medicare 2: Phone (972) 678-1410 Type: Parent Agency	Fax (972) 678-1295 Administrator MARIANA A MBAH	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County COLLIN License # 017390 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (214) 341-6201	Region 03 Date Licensed 05/10/2016 MDJ HEALTH CARE SERVICES 801 K AVENUE, SUITE 13 PLANO, TEXAS 75074 Fax (214) 540-6621	Owner Information MDJ MEDICAL SUPPLIES & SERVICES INC 1721 WEST PLANO PARKWAY STE 217 PLANO, TX 75075 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County COLLIN License # 021052 Lic Expire 9/16/2024 Medicare 1: Medicare 2: Phone (248) 907-3917	Administrator SYLVIA OSINLOYE Region 03 Date Licensed 09/16/2021 MEL CARES FOR YOU AT HOME CARE, LLC 102 S OKLAHOMA DR CELINA, TEXAS 75009 Fax	Owner Information MEL CARES FOR YOU AT HOME CARE, LLC 102 S OKLAHOMA DR. CELINA, TX 75009 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 019532 Lic Expire 8/16/2021 Medicare 1: Medicare 2: Phone (214) 865-6885	Administrator MELISSA WALKER Region 03 Date Licensed 08/16/2019 MENSA HEALTH CARE SERVICE 5301 CROSSVINE LANE MCKINNEY, TEXAS 75070 Fax (214) 865-6815	Owner Information MENSA HEALTH CARE SERVICE PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
		Solvious. Liverised French Frauth Oct vives, i Gravital Assistance Oct vives

Administrator

Type: Parent Agency

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County COLLIN License # 017664 Lic Expire 9/30/2022 Medicare 1: 679250 HHA-18 Medicare 2: Phone (214) 491-1777 Type: Parent Agency	Region 03 Date Licensed 0 MERIDIAN HOME HEALTH CARE 1485 RICHARDSON DRIVE, SUITE 135 RICHARDSON, TEXAS 75080 Fax (469) 453-3338 Administrator BENECIA HERNANDEZ	09/22/2016	Owner Information MERIDIAN HEALTH SERVICES LLC 1408 BRIDLE TRAIL ALLEN, TX 75002-8376 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County COLLIN License # 018273 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (469) 300-2288 Type: Parent Agency	Region 03 Date Licensed 0 MONARCH SENIOR SOLUTIONS LLC 7708 SAN JACINTO PLACE SUITE #100 PLANO, TX 75024 Fax (972) 767-5069 Administrator MARY GILLIAM	08/23/2017	Owner Information MONARCH SENIOR SOLUTIONS LLC 7708 SAN JACINTO PLACE UNIT #100 PLANO, TX 75024 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 021032 Lic Expire 9/8/2024 Medicare 1:		09/08/2021	Owner Information MUCHAM HEALTHCARE SERVICES, LLC
Medicare 2:			PHONE: FAX:
Phone (972) 201-6965 Type: Parent Agency	Fax Administrator NIKKY OKONKWO		Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 021245 Lic Expire 12/2/2024 Medicare 1:	Region 03 Date Licensed MY CHOSEN COMPANION SERVICES, LLC 1445 HERITAGE DRIVE SUITE B MCKINNEY, TX 75069	12/02/2021	Owner Information MY CHOSEN COMPANION SERVICES, LLC
Medicare 2:	,		PHONE: FAX:
Phone 972 294 9666	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator LORI GUERRERO		Services. Fersonal Assistance Services
County COLLIN License # 020900 Lic Expire 7/12/2024	Region 03 Date Licensed 0 NEXA HOME CARE 555 REPUBLIC DR, SUITE 227	07/12/2021	Owner Information NEXA CARE, HOME HEALTHCARE AGENCY, LLC
County COLLIN License # 020900	Region 03 Date Licensed 0	07/12/2021	Owner Information
County COLLIN License # 020900 Lic Expire 7/12/2024 Medicare 1:	Region 03 Date Licensed 0 NEXA HOME CARE 555 REPUBLIC DR, SUITE 227	07/12/2021	Owner Information NEXA CARE, HOME HEALTHCARE AGENCY, LLC
County COLLIN License # 020900 Lic Expire 7/12/2024 Medicare 1: Medicare 2: Phone (972) 836-2548 Type: Parent Agency County COLLIN License # 019364 Lic Expire 5/7/2021 Medicare 1: Medicare 2:	Region 03 Date Licensed 0 NEXA HOME CARE 555 REPUBLIC DR, SUITE 227 PLANO, TX 75074 Fax Administrator SAMINA SHEHZAD Region 03 Date Licensed 0 NIK HOME CARE LLC 1408 SUMMIT AVE. SUITE # 7 PLANO, TX 75074	07/12/2021 07/01/2019	Owner Information NEXA CARE, HOME HEALTHCARE AGENCY, LLC PHONE: FAX:
County COLLIN License # 020900 Lic Expire 7/12/2024 Medicare 1: Medicare 2: Phone (972) 836-2548 Type: Parent Agency County COLLIN License # 019364 Lic Expire 5/7/2021 Medicare 1:	Region 03 Date Licensed 0 NEXA HOME CARE 555 REPUBLIC DR, SUITE 227 PLANO, TX 75074 Fax Administrator SAMINA SHEHZAD Region 03 Date Licensed 0 NIK HOME CARE LLC 1408 SUMMIT AVE. SUITE # 7		Owner Information NEXA CARE, HOME HEALTHCARE AGENCY, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information NIK HOME CARE LLC SAME
County COLLIN License # 020900 Lic Expire 7/12/2024 Medicare 1: Medicare 2: Phone (972) 836-2548 Type: Parent Agency County COLLIN License # 019364 Lic Expire 5/7/2021 Medicare 1: Medicare 2: Phone (972) 633-8910	Region 03 Date Licensed 0 NEXA HOME CARE 555 REPUBLIC DR, SUITE 227 PLANO, TX 75074 Fax Administrator SAMINA SHEHZAD Region 03 Date Licensed 0 NIK HOME CARE LLC 1408 SUMMIT AVE. SUITE # 7 PLANO, TX 75074 Fax (972) 633-8912 Administrator AFSAR ATASHZAMZAM		Owner Information NEXA CARE, HOME HEALTHCARE AGENCY, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information NIK HOME CARE LLC SAME , PHONE: FAX:
County COLLIN License # 020900 Lic Expire 7/12/2024 Medicare 1: Medicare 2: Phone (972) 836-2548 Type: Parent Agency County COLLIN License # 019364 Lic Expire 5/7/2021 Medicare 1: Medicare 2: Phone (972) 633-8910 Type: Parent Agency County COLLIN License # 013364 Lic Expire 5/31/2022	Region 03 Date Licensed 0 NEXA HOME CARE 555 REPUBLIC DR, SUITE 227 PLANO, TX 75074 Fax Administrator SAMINA SHEHZAD Region 03 Date Licensed 0 NIK HOME CARE LLC 1408 SUMMIT AVE. SUITE # 7 PLANO, TX 75074 Fax (972) 633-8912 Administrator AFSAR ATASHZAMZAM Region 03 Date Licensed 0 NOBLE CHOICE HOME HEALTHCARE INC 3132 MILLER ROAD, SUITE E	07/01/2019	Owner Information NEXA CARE, HOME HEALTHCARE AGENCY, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information NIK HOME CARE LLC SAME , PHONE: FAX: Services: Personal Assistance Services Owner Information NOBLE CHOICE HOME HEALTHCARE INC 605 BLUE FLUMAR COURT

County COLLIN License # 020556 Lic Expire 3/2/2023 Medicare 1: Medicare 2: Phone (214) 772-8416 Type: Parent Agency	Region 03 Date Licensed NOEL HOME HEALTH AGENCY 719 WHITE OAK ST ALLEN, TEXAS 75002 Fax Administrator MICHAEL MUKORA	03/02/2021	Owner Information MICHAEL MUKORA PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 014124 Lic Expire 5/31/2024 Medicare 1: 747851 HHA-18 Medicare 2: Phone (972) 612-4800	Region 03 Date Licensed NORTH TEXAS HOME HEALTH CARE INC 5501 INDEPENDENCE PKWY SUITE #211 PLANO, TX 75023 Fax (214) 299-8667	05/24/2011	Owner Information NORTH TEXAS HOME HEALTH CARE INC 5501 INDEPENDENCE PKWY SUITE #211 PLANO, TX 75023 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County COLLIN License # 018691 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (214) 434-8793 Type: Parent Agency	Administrator ASHOK CHANDRA Region 03 Date Licensed NTS SENIOR SERVICES LLC 1617 ROLLINS DR. ALLEN, TX 75013 Fax (972) 767-4612 Administrator ANDREA BRITTON	12/29/2017	Owner Information NTS SENIOR SERVICES LLC 2828 W PARKER RD #22H PLANO, TX 75075 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 016437 Lic Expire 5/31/2022 Medicare 1: 457973 HHA-18 Medicare 2: Phone (972) 492-3091 Type: Parent Agency	Region 03 Date Licensed NULIF HOME HEALTHCARE SERVICES INC 801 E PLANO PKWY STE 140 ROOM 103 PLANO, TX 75074 Fax (972) 394-4304 Administrator JOHN THOMAS	05/16/2014	Owner Information NULIF HOME HEALTHCARE SERVICES INC 1933 E FRANKFORD ROAD SUITE 160 CARROLLTON, TX 75007-5334 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 018448 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (469) 718-7301 Type: Parent Agency	Region 03 Date Licensed NURSE NEXT DOOR 520 CENTRAL PARKWAY EAST, SUITE 112 PLANO, TX 75074 Fax (469) 718-7296 Administrator HEATHER GREEN	11/15/2017	Owner Information R & H SERVICES LLC 5201 CEDAR MOUNTAIN DR MCKINNEY, TX 75071 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 019560 Lic Expire 8/28/2023 Medicare 1: Medicare 2: Phone 214 9700203 Type: Parent Agency	Region 03 Date Licensed NURSE NEXT DOOR DALLAS NORTHWEST 5717 LEGACY DR, SUITE 250 PLANO, TEXAS 75024 Fax Administrator STEVEN SINES	05/15/2018	Owner Information SKPK 2000 GROUP LLC PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 014070 Lic Expire 12/31/2022 Medicare 1: 677822 HHA-18 Medicare 2: Phone 9729347060; 86693470	Region 03 Date Licensed NYS HOME HEALTH LLC 5550 GRANITE PARKWAY, SUITE 265 PLANO, TX 75024 Fax 2145752777; 8445752777	12/30/2010	Owner Information NYS HOME HEALTH LLC 17754 PRESTON RD SUITE 200 DALLAS, TX 75252 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Administrator ZAUR GASANOV

County COLLIN License # 020514 Lic Expire 2/8/2023 Medicare 1: Medicare 2: Phone 214 6864480	Region 03 Date Licensed OMNI HOME CARE AGENCY 555 REPUBLIC DR SUITE 525 PLANO, TX 75074 Fax	02/08/2021	Owner Information OMNI HOME CARE AGENCY LLC PHONE:	FAX:
Type: Parent Agency	Administrator SAMEH BEKHEET		Services: Personal Assistance Services	
County COLLIN License # 017442 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (469) 951-0477 Type: Parent Agency	Region 03 Date Licensed ON SITE HOME HEALTH CARE LLC 1120 FIREWHEEL PLACE MCKINNEY, TX 75069 Fax (214) 865-6648 Administrator SALOME SUTTER	06/06/2016	Owner Information ON SITE HOME HEALTH CARE LLC 1120 FIREWHEEL PLACE MCKINNEY, TX 75069 PHONE: Services: Licensed Home Health Services; Pers	FAX: onal Assistance Services
County COLLIN License # 020377 Lic Expire 12/7/2022 Medicare 1:	Region 03 Date Licensed ONE YOU LOVE HOMECARE 825 WATTER'S CREEK BLVD., BUILDING M, ALLEN, TEXAS 75013	12/07/2020 SUITE 250	Owner Information SOULE HAVEN, LLC	
Medicare 2:			PHONE:	FAX:
Phone (972) 996-4540	Fax		Services: Personal Assistance Services	
Type: Parent Agency County COLLIN License # 020405 Lic Expire 12/15/2022 Medicare 1:	Administrator GREG SOULE Region 03 Date Licensed ONE YOU LOVE HOMECARE 14800 QUORUM DRIVE, SUITE 249 DALLAS, TX 75254	12/15/2020	Owner Information EV SENIOR CARE, LLC	
Medicare 2:	,		PHONE:	FAX:
Phone (972) 217-8811	Fax		Services: Personal Assistance Services	
Type: Parent Agency	Administrator DONNA CANTRELL			
County COLLIN License # 020249 Lic Expire 10/19/2022 Medicare 1:	Region 03 Date Licensed OPTASIA GRACE LLC 1908 TRANSCENDENCE DRIVE WYLIE, TEXAS 75098	10/19/2020	Owner Information OPTASIA GRACE LLC	
Medicare 2:	,		PHONE:	FAX:
Phone (214) 229-1962	Fax		Services: Licensed Home Health Services; Pers	onal Assistance Services
County COLLIN License # 004423 Lic Expire 1/31/2022 Medicare 1: 458486 HHA-18 Medicare 2: Phone (469) 367-0097 Type: Parent Agency	Administrator CLEOPAS SIMBI Region 03 Date Licensed OPTIMA HOME HEALTH SERVICES 1217 WILLOW POINT DRIVE MURPHY, TX 75094 Fax (469) 367-4909 Administrator JULIANA ASONYE	01/24/1996	Owner Information OPTIMA PROFESSIONAL SERVICES INC 1217 WILLOW POINT DRIVE MURPHY, TX 75041 PHONE: Services: Licensed and Certified Home Health S Personal Assistance Services	FAX: ervices; Licensed Home Health Services;
County COLLIN	Region 03 Date Licensed	09/08/2004	Owner Information	
License # 009300	OPTIMUM HOME HEALTH CARE INC		OPTIMUM HOME HEALTH CARE INC	
Lic Expire 9/30/2022	5501 INDEPENDENCE PKWY SUITE 304		5501 INDEPENDENCE PKWY STE 304 PLANO, TX 75023	
Medicare 1: 457978 HHA-18 Medicare 2:	PLANO, TX 75023		PHONE:	FAX:
Phone (972) 596-6442			I HONE.	I AV.

County COLLIN License # 004803 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (800) 950-3963 Type: Parent Agency County COLLIN	Region 03 Date Licensed 03/08/1996 OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC 1311 W. PRESIDENT GEORGE BUSH HWY, SUITE 121 B RICHARDSON, TEXAS 75080 Fax (678) 324-2297 Administrator ALISSA KIELY Region 03 Date Licensed 06/01/2000	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 Owner Information OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
License # 007339 Lic Expire 5/31/2022 Medicare 1:	OUTREACH HOME CARE 251 RENNER PARKWAY SUITE 100 RICHARDSON, TX 75080	1919 S SHILOH RDSTE 102 LB 28 GARLAND, TX 75042
Medicare 2: Phone (972) 840-7200 Type: Parent Agency	Fax (972) 840-7201 Administrator NICKY YOUNG	PHONE: FAX: (972) 792-6739 Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 018649 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (210) 998-1680	Region 07 Date Licensed PALOMA HOSPICE AND PALLIATIVE CARE 2000 CENTRAL EXPRESSWAY SUITE 213 PLANO, TEXAS 75074 Fax	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
Type: Alternate Delivery Site	Administrator KELLIE GIBSON	п-гацент поѕрюе. NO
County COLLIN License # 014152 Lic Expire 6/30/2023 Medicare 1: 747818 HHA-18 Medicare 2:	Region 03 Date Licensed 06/10/2011 PARADIGM REHAB & HEALTHCARE LLC 2000 N CENTRAL EXPRESSWAY SUITE 209 PLANO, TX 75074	Owner Information PARADIGM REHAB & HEALTHCARE LLC PO BOX 130010 TYLER, TX 75713 PHONE: FAX:
Phone (972) 422-0033 Type: Parent Agency	Fax (469) 736-0068 Administrator JULIE ODNEAL	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County COLLIN License # 020032 Lic Expire 7/2/2022 Medicare 1:	Region 03 Date Licensed 07/02/2020 PARADISE CARE SERVICES, LLC 801 LEGACY DRIVE APT #811 PLANO, TEXAS 75023	Owner Information PARADISE CARE SERVICES, LLC
Medicare 2:	FLANO, 12AAO 70020	PHONE: FAX:
Phone (469) 685-2655	Fax	Services: Personal Assistance Services
County COLLIN License # 020410 Lic Expire 12/16/2022 Medicare 1:	Administrator SHERYL HARDMAN Region 03 Date Licensed 03/22/2021 PARAGON INFUSION CARE, INC 3033 W PRESIDENT GEORGE BUSH HIGHWAY, SUITE 100 PLANO, TX 75075	Owner Information PARAGON INFUSION CARE, INC 3033 W. PRESIDENT GEORGE BUSH HWY, STE 100 PLANO, TX 75075
Medicare 2:		PHONE: FAX:
Phone (972) 588-1000 Type: Parent Agency	Fax (972) 588-1001 Administrator CYNTHIA SUMRALL	Services: Licensed Home Health Services
County COLLIN License # 021283 Lic Expire 12/21/2024 Medicare 1:	Region 03 Date Licensed 12/21/2021 PARK AVENUE HOME HEALTH 14908 PALM DESERT LANE FRISCO, TX 75035	Owner Information PARK AVENUE HOME HEALTH LLC
Medicare 2:	Fay (214) 507 0006	PHONE: FAX:
Phone (214) 597-9905	Fax (214) 597-9906	Services: Licensed Home Health Services

Administrator

Type: Parent Agency

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County COLLIN License # 020501 Lic Expire 2/2/2023	Region 03 Date Licensed 02/02/2021 PASSIONATE HELPERS LLC 9779 GAYLORD PARKWAY APT 432	Owner Information PASSIONATE HELPERS LLC
Medicare 1:	FRISCO, TX 75035	
Medicare 2:	Fax	PHONE: FAX:
Phone (469) 720-3517 Type: Parent Agency	Administrator OGHENETEGA OBRUTSE	Services: Personal Assistance Services
<u></u>		Owner Information
County COLLIN License # 020870	Region 03 Date Licensed 06/29/2021	PASSIONATE HOME CARE SERVICES, LLC
License # 020870 Lic Expire 6/29/2024	PASSIONATE HOME CARE SERVICES, LLC 5700 TENNYSON PARKWAY SUITE 300	
Medicare 1:	PLANO, TEXAS 75024	
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	PATHFINDER HOME HEALTH	PROS HOME HEALTHCARE, INC
Lic Expire 7/31/2022	4025 E. UNIVERSITY DRIVE, SUITE E-500	318 BRIAR ROCK ROAD THE WOODLANDS, TX 77380
Medicare 1: 677569 HHA-18 Medicare 2:	MCKINNEY, TEXAS 75069	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	Services. Licensed and Certined notifie nearth Services, Licensed notifie nearth Services
County COLLIN License # 003264 Lic Expire 9/30/2022 Medicare 1: 458277 HHA-18 Medicare 2:	Region 03 Date Licensed 09/12/1994 PATIENT CENTERED SERVICES INC 3415 CUSTER ROAD SUITE 190 PLANO, TX 75023	Owner Information PATIENT CENTERED SERVICES INC 321 N. CENTRAL EXPRESSWAY SUITE 350 MCKINNEY, TX 75070 PHONE: (972) 424-4454 FAX: (972) 423-7906
Phone (972) 424-4454	Fax (972) 423-7906	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator SUZANNE ALEX	
County COLLIN License # 016256 Lic Expire 6/30/2022 Medicare 1: 741567 HOSPICE Medicare 2: Phone (972) 578-1502	Region 03 Date Licensed 06/11/2014 PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC 1721 WEST PLANO PARKWAY SUITE 216 PLANO, TX 75075 Fax (972) 578-1500	Owner Information PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC 1721 WEST PLANO PARKWAY SUITE 130 PLANO, TX 75075 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator PAMELA EYAMBE	
County COLLIN License # 020955 Lic Expire 8/4/2024 Medicare 1:	Region 03 Date Licensed 08/04/2021 PEARLS TENDER CARE LLC 1412 CARANCHO DR LITTLE ELM, TEXAS 75068	Owner Information PEARLS TENDER CARE ,LLC
Medicare 2:	_	PHONE: FAX:
Phone (214) 690-4266	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator IFEANYI UDOROH	Our solution of so
County COLLIN License # 020055 Lic Expire 7/15/2022 Medicare 1:	Region 03 Date Licensed 07/15/2020 PECULIAR HOMECARE AGENCY LLC 509 KELVINGTON DR. ANNA, TX 75409	Owner Information PECULIAR HOMECARE AGENCY LLC
Medicare 2:		PHONE: FAX:
Phone (469) 325-9217 Type: Parent Agency	Fax Administrator ALBERTINA NYANTEE	Services: Personal Assistance Services

County COLLIN License # 016313 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (214) 347-4611 Type: Parent Agency	Region 03 Date Licensed 07/16/2014 PEDIATRIC HOME HEALTHCARE LLC 17950 PRESTON ROAD SUITE 370 DALLAS, TX 75252 Fax (214) 206-9314 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 License # 008297 Lic Expire 12/31/2023 Medicare 1: 679131 HHA-18 Medicare 2: Phone (214) 340-4000	Region 03 Date Licensed 01/01/2003 PINNACLE HEALTH SERVICES INCORPORATED 910 FALCON TRAIL MURPHY, TX 75094 Fax (214) 340-4097	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;
Type: Parent Agency County COLLIN License # 020711 Lic Expire 4/21/2024	Administrator ADETOKUNBO BROOKS Region 03 Date Licensed 04/21/2021 PISTISCARE PEDIATRICS HOME HEALTH LLC 2525 APPALOOSA LANE	Personal Assistance Services Owner Information PISTISCARE PEDIATRICS HOME HEALTH LLC
Medicare 1: Medicare 2: Phone (469) 202-3045 Type: Parent Agency	CELINA, TX 75009 Fax (469) 202-3045 Administrator REBECCA HORTON	PHONE: FAX: Services: Licensed Home Health Services
County COLLIN License # 009873 Lic Expire 7/31/2022 Medicare 1: 677915 Medicare 2: Phone (972) 398-0643	Region 03 Date Licensed 07/20/2005 POSITIVE HOME HEALTH AGENCY 2600 K AVE STE. 264 PLANO, TX 75074 Fax (972) 398-6044	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;
Type: Parent Agency	Administrator MAUREEN ANYIAM	Personal Assistance Services
County COLLIN License # 018473 Lic Expire 11/30/2019 Medicare 1: Medicare 2: Phone (214) 200-5267 Type: Parent Agency	Region 03 Date Licensed 11/29/2017 PREMIER CARE SERVICES 17740 PRESTON RD SUITE 200D DALLAS, TX 75252 Fax (972) 930-0525 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 License # 010294 Lic Expire 11/30/2022 Medicare 1: 679371 Medicare 2: Phone (972) 747-0821 Type: Parent Agency	Region 03 Date Licensed 12/01/2005 PRESTIGE HEALTH SERVICES 303 S. JUPITER ROAD #200 ALLEN, TX 75002 Fax (972) 747-9215 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 License # 019449 Lic Expire 6/27/2023 Medicare 1: 971696 Medicare 2: Phone (469) 328-7219 Type: Parent Agency	Region 03 Date Licensed 03/16/2020 PRIM PALLIATIVE & HOSPICE CARE INC 5048 TENNYSON PARKWAY STE 250 PLANO, TX 75024 Fax (469) 277-8468 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

County COLLIN License # 012696 Lic Expire 7/31/2024 Medicare 1: 747490 HHA-18 Medicare 2: Phone (972) 727-0784	Region 03 Date Licensed 07/09/2009 PRINCEWILL HEALTHCARE SERVICES INC 974 SHADDOCK PARK LANE ALLEN, TX 75013 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 License # 012950 Lic Expire 11/30/2023 Medicare 1: 747631 HHA-18 Medicare 2:	Region 03 Date Licensed 11/04/2009 PRISTINE HOME HEALTH SERVICES INC 3913 ROCKWOOD DRIVE PLANO, TX 75074	Owner Information PRISTINE HOME HEALTH SERVICES INC 3913 ROCKWOOD DR PLANO, TX 75074 PHONE: FAX:
Phone (972) 881-5551	Fax (972) 881-5553 Administrator AKOUETE ADJETEY	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 007756 Lic Expire 10/31/2022 Medicare 1: 679143 HHA-18 Medicare 2: Phone (972) 712-6956	Administrator AKOUETE ADJETEY Region 03 Date Licensed 10/15/2001 PROCARE HOME CARE AGENCY 7924 PRESTON ROAD SUITE 100A PLANO, TX 75024 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	Personal Assistance Services
County COLLIN License # 011151 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (972) 808-2351	Region 03 Date Licensed 01/01/2007 REHABCARE 4300 COTTON GIN ROAD, SUITE 100 FRISCO, TX 75034 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 License # 020325 Lic Expire 11/18/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 11/18/2020 RELIABLE ALTERNATIVE HOME CARE, INC 5309 SPICEWOOD DR. MCKINNEY, TEXAS 75070	Owner Information RELIABLE ALTERNATIVE HOME CARE, INC PHONE: FAX:
Phone (214) 856-4364 Type: Parent Agency	Fax (469) 625-2444 Administrator CASSANDRA JOHNSON	Services: Licensed Home Health Services
County COLLIN License # 018611 Lic Expire 8/31/2021 Medicare 1: 679352 HHA-18 Medicare 2: Phone (972) 390-7733	Region 03 Date Licensed 08/17/2017 RELIANT AT HOME 3033 W. PRESIDENT GEORGE BUSH HIGHWAY, SUITE 150 PLANO, TX 75075 Fax (972) 390-7738	Owner Information HOME CARE PATIENT SERVICES, LLC 1101 RAINTREE CIRCLE SUITE 180 ALLEN, TX 75013 PHONE: FAX:
Type: Parent Agency	Administrator LANELL BOAZ	Services: Licensed and Certified Home Health Services
County COLLIN License # 018496 Lic Expire 8/31/2024 Medicare 1: Medicare 2:	Region 03 Date Licensed 08/17/2017 RELIANT AT HOME CONCIERGE CARE 3033 W. PRESIDENT GEORGE BUSH HIGHWAY, SUITE 150 PLANO, TX 75075	Owner Information RELIANT CONCIERGE CARE LLC 1101 RAINTREE CIR STE 180 ALLEN, TX 75013 PHONE: FAX:
Phone (972) 390-7699 Type: Parent Agency	Fax (972) 390-7738 Administrator SUZANNE STARK	Services: Personal Assistance Services

County COLLIN License # 018474 Lic Expire 8/31/2024 Medicare 1: 741594 HOSPICE Medicare 2: Phone (214) 667-8040	Region 03 Date Licensed 08/17/2017 RELIANT AT HOME HOSPICE 3033 W. PRESIDENT GEORGE BUSH HIGHWAY, SUITE 150 PLANO, TX 75075 Fax (214) 667-8045	Owner Information BLUE HAVEN HOSPICE LLC 1101 RAINTREE CIRCLE, SUITE #130 ALLEN, TX 75013 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ANGELA HAMMONS	
County COLLIN License # 009432 Lic Expire 2/28/2023 Medicare 1: 677898 HHA-18 Medicare 2: Phone (972) 528-9079 Type: Parent Agency	Region 03 Date Licensed 02/11/2005 RESILIENT HOME HEALTH AGENCY 5700 GRANITE PARKWAY SUITE #370 PLANO, TX 75024 Fax (972) 767-4604 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 License # 011982 Lic Expire 4/30/2023 Medicare 1: 747219 HHA-18 Medicare 2: Phone (469) 633-9557 Type: Parent Agency	Region 03 Date Licensed 04/29/2008 REVIVAL HOME HEALTHCARE SERVICES INC 8717 SMOKEY CANYON WAY PLANO, TX 75024 Fax (469) 633-9555 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 License # 019479 Lic Expire 7/11/2021 Medicare 1: Medicare 2:	Region 03 Date Licensed 12/20/2019 ROCKET PEDIATRIC THERAPY 700 CENTRAL EXPRESSWAY S STE 400 ALLEN, TEXAS 75013	Owner Information ROCKET PT, LLC PHONE: FAX:
Phone (214) 218-3680 Type: Parent Agency	Fax (888) 270-1301 Administrator AMELIA GANNAWAY	Services: Licensed Home Health Services
County COLLIN License # 020830 Lic Expire 6/14/2024 Medicare 1:	Region 03 Date Licensed 06/14/2021 ROCKHAVEN HOSPICE, LLC 3904 NEVEDA COURT MCKINNEY, TEXAS 75070	Owner Information ROCKHAVEN HOSPICE, LLC
Medicare 2:		PHONE: FAX:
Phone (832) 661-7501 Type: Parent Agency	Fax Administrator APRIL ALLEN	Services: Hospice In-Patient Hospice: NO
County COLLIN License # 020849 Lic Expire 6/23/2024 Medicare 1: Medicare 2: Phone (469) 919-7682	Region 03 Date Licensed 06/23/2021 RONALDS LOVING HEART IN HOME CARE SERVICES LLC 6501 MEYER WAY APT 7233 MCKINNEY, TEXAS 75070 Fax	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
Type: Parent Agency	Administrator EBONY MCCOY	
County COLLIN License # 019535 Lic Expire 8/19/2021 Medicare 1: Medicare 2:	Region 03 Date Licensed 08/19/2019 ROPHE HOME HEALTH LLC 6304 RED STONE DRIVE FRISCO, TX 75035	Owner Information ROPHE HOME HEALTH LLC 6304 RED STONE DRIVE FRISCO, TX 75035 PHONE: FAX:
Phone (469) 325-1525 Type: Parent Agency	Fax (469) 325-1525 Administrator BOBY GEORGE	Services: Licensed Home Health Services; Personal Assistance Services

County COLLIN License # 020542 Lic Expire 2/12/2024 Medicare 1: Medicare 2: Phone (214) 394-3939 Type: Parent Agency	Region 03 Date Licensed 02/12/2021 ROYAL CHOICE HOME HEALTH CARE INC 1346 SPIRIT FALLS DRIVE FRISCO, TX 75033 Fax (214) 975-1083 Administrator TOI SMITH	Owner Information ROYAL CHOICE HOME HEALTH CARE INC 1346 SPIRIT FALLS DRIVE FRISCO, TX 75033 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN	Region 03 Date Licensed 10/30/2020	Owner Information
License # 020278	ROYAL PASSION HOMEHEALTH CARE SERVICES INC	ROYAL PASSION HOMEHEALTH CARE SERVICES INC 1001 MERCURY DRIVE
Lic Expire 10/30/2022 Medicare 1:	1001 MERCURY DRIVE LAVON, TX 75166	LAVON, TX 75166
Medicare 2:	LAVON, 1X 75100	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 License # 018379	Region 03 Date Licensed 06/28/2017 RUBY HOME HEALTH CARE LLC	Owner Information RUBY HOME HEALTH CARE LLC
Lic Expire 6/30/2023	1255 W 15TH STREET, SUITE 450	17950 PRESTON ROAD SUITE 440 DALLAS, TX 75252-5793
Medicare 1: 747857 Medicare 2:	PLANO, TX 75075	PHONE: FAX:
Phone (214) 708-0420	Fax (214) 594-8428	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator SATHYAJITH NAIR	Personal Assistance Services
		Owner Information
County COLLIN License # 017634	Region 03 Date Licensed 09/19/2016 SAINTS HOSPICE INC	SAINTS HOSPICE, INC
Lic Expire 9/30/2022	502 WATERS EDGE WAY SUITE B	502 WATERS EDGE WAY SUITE B
Medicare 1: 97-1511 (HOSPICE	MURPHY, TX 75094	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	SECOND FAMILY HOME CARE, LLC 8105 RASOR BLVD STE 244
Lic Expire 7/31/2022 Medicare 1:	8105 RASOR BLVD SUITE 275 PLANO, TX 75024	PLANO, TX 75024
Medicare 2:	FLANO, 1A 73024	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	SELECT HOME CARE DALLAS LLC
Lic Expire 3/31/2021	6901 S CUSTER RD #5303	10305 RASPBERRY RD MCKINNEY, TX 75070
Medicare 1: Medicare 2:	MCKINNEY, TX 75070	PHONE: FAX:
Phone (469) 362-5290	Fax (469) 362-5593	Services: Personal Assistance Services
Type: Parent Agency	Administrator WENDY PERRY	Gervices. 1 etsorial Assistance Gervices
County COLLIN	Region 03 Date Licensed 03/10/2021	Owner Information
License # 020580	SENGY, LLC	SENGY, LLC
Lic Expire 3/10/2024	5324 WILLOW WOOD LN.	
Medicare 1:	DALLAS, TEXAS 75252	PUQUE
Medicare 2: Phone (214) 457-4476	Fax	PHONE: FAX:
Type: Parent Agency	Administrator GALINA NAROSOV	Services: Personal Assistance Services
- 1 Archit Agonoy	AMILIANDIA CALIFY A TYPICOUT	

County COLLIN License # 019665 Lic Expire 10/28/2021 Medicare 1:	Region 03 Date Licensed SENIOR HELPERS MCKINNEY 1720 W VIRGINIA STREET MCKINNEY, TX 75069	03/16/2020	Owner Information RIVERSTONE CARE LLC	
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		SENIOR SHIELD HOME CARE, LLC	
Lic Expire 9/25/2021	1333 W MCDERMOTT DR. SUITE 236			
Medicare 1:	ALLEN, TEXAS 75013			
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		SHELTER HEALTHCARE INC	
Lic Expire 10/28/2021	9831 VICKIE LN		9831 VICKIE LN FRISCO, TEXAS 75035	
Medicare 1:	FRISCO, TEXAS 75035			E.V.
Medicare 2: Phone (469) 235-3173	Fax		PHONE:	FAX:
` '	Administrator VALSAMMA THOMAS		Services: Licensed Home Health Services; Persona	Il Assistance Services
Type: Parent Agency	Autilitistiatoi VALSAIVIIVIA THOIVIAS		- I	
County COLLIN	Region 03 Date Licensed	11/12/2007	Owner Information	
License # 011681	SILVERLINE HEALTHCARE NETWORK INC		SILVERLINE HEALTHCARE NETWORK INC 923 S JUPITER ROAD	
Lic Expire 11/30/2019	923 S JUPITER RD		GARLAND, TX 75042	
Medicare 1: 747131 HHA-18	GARLAND, TX 75042			ΓΛV.
Medicare 2: Phone (972) 494-5400	Fax (972) 494-4700		PHONE:	FAX:
Type: Parent Agency	Administrator PAUL EKE UDUMA		Services: Licensed and Certified Home Health Serv Personal Assistance Services	ices; Licensed Home Health Services;
			Owner Information	
County COLLIN	Desire 02 Detailered	10/04/0046		
County COLLIN		12/01/2016	SINCERE HOME HEALTH CARE INC	
License # 017867	SINCERE HOME HEALTH CARE INC	12/01/2016		
License # 017867 Lic Expire 11/30/2022	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202	12/01/2016	SINCERE HOME HEALTH CARE INC	
License # 017867	SINCERE HOME HEALTH CARE INC	12/01/2016	SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE	FAX:
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202	12/01/2016	SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE:	
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430	12/01/2016	SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025	
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2:	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098	12/01/2016	SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv	
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA	12/01/2016 03/25/2021	SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv	
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA		SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC	
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency County COLLIN	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA Region 03 Date Licensed		SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC 5827 CHARLOTTE DR APT 451	
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency County COLLIN License # 020647 Lic Expire 3/25/2023 Medicare 1:	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA Region 03 Date Licensed SOLACE HOME HEALTHCARE AGENCY LLC		SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC 5827 CHARLOTTE DR APT 451 SAN JOSE, CA 95123	ices; Licensed Home Health Services;
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency County COLLIN License # 020647 Lic Expire 3/25/2023 Medicare 1: Medicare 2:	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA Region 03 Date Licensed SOLACE HOME HEALTHCARE AGENCY LLC 8492 CHAPOTE RD FRISCO, TEXAS 75035		SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC 5827 CHARLOTTE DR APT 451	
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency County COLLIN License # 020647 Lic Expire 3/25/2023 Medicare 1: Medicare 2: Phone (469) 579-4711	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA Region 03 Date Licensed SOLACE HOME HEALTHCARE AGENCY LLC 8492 CHAPOTE RD FRISCO, TEXAS 75035 Fax (469) 579-4712		SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC 5827 CHARLOTTE DR APT 451 SAN JOSE, CA 95123	ices; Licensed Home Health Services;
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency County COLLIN License # 020647 Lic Expire 3/25/2023 Medicare 1: Medicare 2:	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA Region 03 Date Licensed SOLACE HOME HEALTHCARE AGENCY LLC 8492 CHAPOTE RD FRISCO, TEXAS 75035		SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC 5827 CHARLOTTE DR APT 451 SAN JOSE, CA 95123 PHONE: Services: Licensed Home Health Services	ices; Licensed Home Health Services;
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency County COLLIN License # 020647 Lic Expire 3/25/2023 Medicare 1: Medicare 2: Phone (469) 579-4711	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA Region 03 Date Licensed SOLACE HOME HEALTHCARE AGENCY LLC 8492 CHAPOTE RD FRISCO, TEXAS 75035 Fax (469) 579-4712 Administrator ANJEH SIMAZE CHO		SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC 5827 CHARLOTTE DR APT 451 SAN JOSE, CA 95123 PHONE: Services: Licensed Home Health Services Owner Information	ices; Licensed Home Health Services;
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency County COLLIN License # 020647 Lic Expire 3/25/2023 Medicare 1: Medicare 2: Phone (469) 579-4711 Type: Parent Agency	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA Region 03 Date Licensed SOLACE HOME HEALTHCARE AGENCY LLC 8492 CHAPOTE RD FRISCO, TEXAS 75035 Fax (469) 579-4712 Administrator ANJEH SIMAZE CHO	03/25/2021	SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC 5827 CHARLOTTE DR APT 451 SAN JOSE, CA 95123 PHONE: Services: Licensed Home Health Services Owner Information SOLEMNITY HOSPICE LLC	ices; Licensed Home Health Services;
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency County COLLIN License # 020647 Lic Expire 3/25/2023 Medicare 1: Medicare 2: Phone (469) 579-4711 Type: Parent Agency County COLLIN License # 020742 Lic Expire 7/23/2024	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA Region 03 Date Licensed SOLACE HOME HEALTHCARE AGENCY LLC 8492 CHAPOTE RD FRISCO, TEXAS 75035 Fax (469) 579-4712 Administrator ANJEH SIMAZE CHO Region 03 Date Licensed SOLEMNITY HOSPICE LLC 520 CENTRAL PKWY E STE 220	03/25/2021	SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC 5827 CHARLOTTE DR APT 451 SAN JOSE, CA 95123 PHONE: Services: Licensed Home Health Services Owner Information SOLEMNITY HOSPICE LLC 520 CENTRAL PKWY E STE 220	ices; Licensed Home Health Services;
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency County COLLIN License # 020647 Lic Expire 3/25/2023 Medicare 1: Medicare 2: Phone (469) 579-4711 Type: Parent Agency County COLLIN License # 020742 Lic Expire 7/23/2024 Medicare 1:	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA Region 03 Date Licensed SOLACE HOME HEALTHCARE AGENCY LLC 8492 CHAPOTE RD FRISCO, TEXAS 75035 Fax (469) 579-4712 Administrator ANJEH SIMAZE CHO Region 03 Date Licensed SOLEMNITY HOSPICE LLC	03/25/2021	SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC 5827 CHARLOTTE DR APT 451 SAN JOSE, CA 95123 PHONE: Services: Licensed Home Health Services Owner Information SOLEMNITY HOSPICE LLC 520 CENTRAL PKWY E STE 220 PLANO, TX 75074	ices; Licensed Home Health Services; FAX:
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency County COLLIN License # 020647 Lic Expire 3/25/2023 Medicare 1: Medicare 2: Phone (469) 579-4711 Type: Parent Agency County COLLIN License # 020742 Lic Expire 7/23/2024 Medicare 1: Medicare 1: Medicare 2:	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA Region 03 Date Licensed SOLACE HOME HEALTHCARE AGENCY LLC 8492 CHAPOTE RD FRISCO, TEXAS 75035 Fax (469) 579-4712 Administrator ANJEH SIMAZE CHO Region 03 Date Licensed SOLEMNITY HOSPICE LLC 520 CENTRAL PKWY E STE 220 PLANO, TX 75074	03/25/2021	SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC 5827 CHARLOTTE DR APT 451 SAN JOSE, CA 95123 PHONE: Services: Licensed Home Health Services Owner Information SOLEMNITY HOSPICE LLC 520 CENTRAL PKWY E STE 220 PLANO, TX 75074 PHONE:	ices; Licensed Home Health Services;
License # 017867 Lic Expire 11/30/2022 Medicare 1: 673187 HHA-18 Medicare 2: Phone (972) 429-1072 Type: Parent Agency County COLLIN License # 020647 Lic Expire 3/25/2023 Medicare 1: Medicare 2: Phone (469) 579-4711 Type: Parent Agency County COLLIN License # 020742 Lic Expire 7/23/2024 Medicare 1:	SINCERE HOME HEALTH CARE INC 801 S HWY 78 SUITE #202 WYLIE, TX 75098 Fax 972429 1430 Administrator VIMALKUMAR SHUKLA Region 03 Date Licensed SOLACE HOME HEALTHCARE AGENCY LLC 8492 CHAPOTE RD FRISCO, TEXAS 75035 Fax (469) 579-4712 Administrator ANJEH SIMAZE CHO Region 03 Date Licensed SOLEMNITY HOSPICE LLC 520 CENTRAL PKWY E STE 220	03/25/2021	SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services Owner Information SOLACE HOME HEALTHCARE AGENCY LLC 5827 CHARLOTTE DR APT 451 SAN JOSE, CA 95123 PHONE: Services: Licensed Home Health Services Owner Information SOLEMNITY HOSPICE LLC 520 CENTRAL PKWY E STE 220 PLANO, TX 75074	ices; Licensed Home Health Services; FAX:

County COLLIN License # 020287 Lic Expire 11/4/2022 Medicare 1: Medicare 2: Phone (214) 995-6186 Type: Parent Agency	Region 03 Date Licensed 11/04/2020 SPECTRUM HEALTH SERVICES INC 1606 WAGON WHEEL DRIVE ALLEN, TX 75002 Fax (972) 212-6927 Administrator CHARLES ASEMOTA	Owner Information SPECTRUM HEALTH SERVICES INC 1060 WAGON WHEEL DRIVE ALLEN, TX 75002 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 019573 Lic Expire 8/30/2021 Medicare 1:	Region 03 Date Licensed 08/30/2019 SPRING OF LIFE HEALTHCARE LLC 3700 MAPLESHADE LN #2072 PLANO, TEXAS 75075	Owner Information SPRING OF LIFE HEALTHCARE LLC
Medicare 2:		PHONE: FAX:
Phone (469) 647-0228	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator CLEMENCIA MABUYA	
County COLLIN License # 019274 Lic Expire 2/21/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 02/21/2019 ST PETER HEALTH CARE, LLC 5809 COLDCREEK CT. PLANO, TEXAS 75093	Owner Information ST PETER HEALTH CARE, LLC PO BOX DALLAS, TEXAS 75274 PHONE: FAX:
Phone (469) 203-3878	Fax (877) 710-7898	
Type: Parent Agency	Administrator ANZOA ROSOUR	Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 016331 Lic Expire 11/30/2023 Medicare 1:	Region 03 Date Licensed 07/23/2014 STELINA COMPANION AND PERSONAL CARE SERVICES LLC 1333 WILDFLOWER LANE WYLIE, TX 75098	Owner Information STELINA COMPANION AND PERSONAL CARE SERVICES LLC 1333 WILDFLOWER LANE WYLIE, TX 75098
Medicare 2:	For NA	PHONE: FAX:
Phone (860) 655-6910	Fax NA	Services: Personal Assistance Services
County COLLIN License # 015765 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (214) 677-5488	Administrator STELLA SQUIRE Region 03 Date Licensed 09/12/2013 STN HOME HEALTH SERVICES LLC 3001 LAKE TERRACE DRIVE WYLIE, TX 75098 Fax (469) 893-5359	Owner Information STN HOME HEALTH SERVICES LLC 3001 LAKE TERRACE DR WYLIE, TX 75098 PHONE: FAX:
Type: Parent Agency	Administrator SUNDAY NWAJAGU	Services: Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 018185 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (214) 693-4678 Type: Parent Agency	Region 03 Date Licensed 07/21/2017 SUNLIFE HOME CARE LLC 2007 N. COLLINS BLVD, SUITE #305 RICHARDSON, TX 75080 Fax (214) 440-1250 Administrator ROBERT MURPHY	Owner Information SUNLIFE HOME CARE LLC 627 N 6TH AVE TUCSON, AZ 85705 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 008219 Lic Expire 11/30/2021 Medicare 1: 679285 HHA-18 Medicare 2: Phone (972) 994-9993	Region 03 Date Licensed 11/22/2002 SUPERIOR HOME HEALTH CARE 5405 KEATING COURT RICHARDSON, TX 75082 Fax (972) 994-0253 Administrator NIEVA CUA	Owner Information AVEIN GROUP INC 5405 KEATING CT RICHARDSON, TX 75082 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator NIEVA CUA	

County COLLIN License # 020699 Lic Expire 4/14/2024 Medicare 1: Medicare 2: Phone (469) 600-4161 Type: Parent Agency	Region 03 Date Licensed 04/14/2021 SUPPORTIVE IN HOME CARE LLC 670 W ARAPAHO RD STE. 5 RICHARDSON, TEXAS 75080 Fax 18004195441 Administrator NICOLE PORTWOOD	Owner Information SUPPORTIVE IN HOME CARE LLC 11750 US HWY 380 STE. 130 #263 CROSSROADS, TX 76227 PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 019086 Lic Expire 11/30/2022 Medicare 1:	Region 03 Date Licensed 11/30/2018 SYNERGY HOMECARE 100 ALLENTOWN PARKWAY SUITE 102 ALLEN, TEXAS 75002	Owner Information FRANK AND REES LIMITED LIABILITY COMPANY
Medicare 2: Phone (972) 390-7579	Fax (972) 364-1203	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County COLLIN License # 021076 Lic Expire 9/27/2024	Administrator MICHELLE MINNICH Region 03 Date Licensed 09/27/2021 SYNERGY HOMECARE NORTHWEST DALLAS 1212 COIT ROAD, SUITE 109	Owner Information ENZ CARE, INC
Medicare 1: Medicare 2: Phone (972) 596-0124 Type: Parent Agency	PLANO, TEXAS 75075 Fax (214) 396-1184 Administrator TERESITA GORALSKI	PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 012314 Lic Expire 9/30/2022 Medicare 1: 677987 Medicare 2:	Region 03 Date Licensed 09/12/2008 TEMPLE HOME HEALTHCARE SERVICES INC 5913 CHEYENNE WAY FRISCO, TX 75034	Owner Information TEMPLE HOME HEALTHCARE SERVICES INC 5913 CHEYENNE WAY FRISCO, TX 75034 PHONE: FAX:
Phone (214) 912-1284 Type: Parent Agency	Fax (214) 618-2440 Administrator LUCY NZE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County COLLIN License # 018363 Lic Expire 8/31/2023 Medicare 1: 741652 HOSPICE Medicare 2: Phone (214) 307-7048	Region 03 Date Licensed 08/31/2017 TEXAS HOME HEALTH HOSPICE 6800 WEISKOPF AVENUE STE 105 MCKINNEY, TX 75070 Fax (214) 383-9114	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: Parent Agency County COLLIN License # 020476 Lic Expire 1/20/2023 Medicare 1:	Administrator JOSEPH MORANDA Region 03 Date Licensed 01/20/2021 TEXAS PRO HOMECARE INC 2706 SEABISCUIT ROAD CELINA, TEXAS 75009	Owner Information TEXAS PRO HOMECARE INC
Medicare 2: Phone (832) 385-1341 Type: Parent Agency	Fax 972 8484073 Administrator GIMA MUDOH	PHONE: FAX: Services: Personal Assistance Services
County COLLIN License # 018775 Lic Expire 6/30/2022 Medicare 1: 74-1795 (HOSPICE Medicare 2: Phone (972) 244-7700	Region 03 Date Licensed 06/07/2018 THE LEGACY AT HOME INC 6101 OHIO DRIVE, SUITE 100 PLANO, TX 750242722 Fax (972) 244-7701	Owner Information THE LEGACY AT HOME, INC 6101 OHIO DR STE 100 PLANO, TX 75024 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JESSICA HAECKER	In-Patient Hospice: NO

County COLLIN License # 013810 Lic Expire 1/31/2023 Medicare 1:	Region 03 Date Licensed THE LEGACY AT HOME, INC 8240 MANDERVILLE LANE STE. 100 DALLAS, TX 75231	11/14/2016	Owner Information THE LEGACY AT HOME, INC 6101 OHIO DR STE 100 PLANO, TX 75024
Medicare 2:	-,		PHONE: FAX:
Phone (972) 244-7700	Fax (972) 244-7701		Services: Personal Assistance Services
Type: Branch Agency	Administrator JESSICA HAECKER		SUPPOSE. 1 GOSTIAL / GOSTI
County COLLIN	Region 03 Date Licensed	01/10/2011	Owner Information
License # 013810	THE LEGACY AT HOME, INC	01/10/2011	THE LEGACY AT HOME, INC
Lic Expire 1/31/2023			6101 OHIO DR STE 100
Medicare 1: 747734 HHA-18	6101 OHIO DRIVE, SUITE 100 PLANO, TX 75024		PLANO, TX 75024
Medicare 2:	1 D WO, 17 10024		PHONE: FAX:
Phone (972) 244-7700	Fax (972) 244-7701		
, ,	, ,		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JESSICA HAECKER		
County COLLIN	Region 03 Date Licensed	11/01/2016	Owner Information
License # 017833	THRIVE SKILLED PEDIATRIC CARE		FIRST CHOICE CHILDREN'S HOMECARE, LP
Lic Expire 10/31/2022	1255 W 15TH STREET SUITE 1025		701 EDGEWATER DRIVE, SUITE 300
Medicare 1:	PLANO, TX 750757253		WAKEFIELD, MA 1880
Medicare 2:			PHONE: FAX:
Phone (972) 673-0404	Fax (469) 626-9670		Services: Licensed Home Health Services
Type: Parent Agency	Administrator MARCO HERNANDEZ		
County COLLIN	Region 03 Date Licensed	11/01/2016	Owner Information
License # 017833	THRIVE SKILLED PEDIATRIC CARE		FIRST CHOICE CHILDREN'S HOMECARE, LP
Lic Expire 10/31/2022	1255 W 15TH STREET SUITE 1025		701 EDGEWATER DRIVE, SUITE 300
Medicare 1:	PLANO, TX 750757253		WAKEFIELD, MA 1880
Medicare 2:			PHONE: FAX:
Phone (972) 673-0404	Fax (469) 626-9670		Services: Licensed Home Health Services
Type: Parent Agency	Administrator MARCO HERNANDEZ		
County COLLIN	Region 03 Date Licensed	06/29/2021	Owner Information
License # 020872	TIMECARE HEALTH SERVICES, LLC		TIMECARE HEALTH SERVICES, LLC
Lic Expire 6/29/2024	1196 OAK HILL LN		
Medicare 1:	MURPHY, TEXAS 75094		
Medicare 2:			PHONE: FAX:
Phone (469) 305-1816	Fax (469) 277-4406		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator BABATUNDE BABALOLA		
County COLLIN	Region 03 Date Licensed	04/26/2018	Owner Information
License # 018734	TOUCHING HEARTS AT HOME		BANT HOLDINGS, LLC
Lic Expire 4/30/2022	5900 LAKE FOREST DR STE 300		2804 MEADOWSIDE DR.
Medicare 1:	MCKINNEY, TX 75070		MCKINNEY, TX 75071
Medicare 2:			PHONE: FAX:
Phone (469) 342-8750	Fax (469) 342-8751		Services: Personal Assistance Services
Type: Parent Agency	Administrator TERRI VAN STAVERN		
County COLLIN	Region 03 Date Licensed	11/04/2014	Owner Information
License # 016747	TRADITIONS HOME HEALTHCARE		TRADITIONS CARE TEAM INC
Lic Expire 11/30/2022	5045 LORIMAR DR SUITE 230		5045 LORIMAR DR., SUITE 230
Medicare 1: 747337 HHA-18	PLANO, TX 75093		PLANO, TEXAS 75093
Medicare 2:			PHONE: FAX:
Phone (972) 378-7902	Fax (972) 378-7909		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Times Descrit A	A L COLOR DI FORMANIA		Personal Assistance Services

Administrator

BLESSY SIMON

County COLLIN License # 019280 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (972) 954-3604 Type: Alternate Delivery Site	Region 04 Date Licensed TRADITIONS HOSPICE 333 EAST BETHANY DRIVE, SUITE K120 ALLEN, TEXAS 75002 Fax (972) 954-3696 Administrator JOANNA MATTHEWS		Owner Information TRADITIONS HOSPICE OF TYLER, LLC P.O. BOX 9980 COLLEGE STATION, TX 77842 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
·· · · · · · · · · · · · · · · · · · ·			Owner Information	
County COLLIN License # 020495 Lic Expire 1/28/2023 Medicare 1:	Region 03 Date Licensed TRAN HOMECARE LLC 3426 MEADOWSIDE DR SACHSE, TEXAS 75048	01/28/2021	TRAN HOMECARE LLC	
Medicare 2:	_		PHONE:	FAX:
Phone (714) 878-1813	Fax		Services: Licensed and Certified Home Health S Personal Assistance Services	Services; Licensed Home Health Services;
Type: Parent Agency	Administrator SYNDY NGUYEN		1 disorial resistance outrices	
County COLLIN License # 019900 Lic Expire 4/28/2022 Medicare 1:	Region 03 Date Licensed TRICORD INHOME CARE LLC 101 E. PARK BLVD, SUITE 600 PLANO, TX 75074	04/28/2020	Owner Information TRICORD INHOME CARE LLC	
Medicare 2:			PHONE:	FAX:
Phone (214) 727-0300	Fax		Services: Personal Assistance Services	
Type: Parent Agency	Administrator GLORIA OGBONNA			
County COLLIN License # 019706 Lic Expire 11/18/2024 Medicare 1: 748022 HHA	Region 03 Date Licensed TRUE HARMONY HOME HEALTH LLC 700 CENTRAL EXPY S., SUITE 400 ALLEN, TEXAS 75013	11/18/2019	Owner Information TRUE HARMONY HOME HEALTH LLC	
Medicare 2:			PHONE:	FAX:
Phone (972) 372-0400	Fax Administrator SANDRA CORMIER		Services: Licensed and Certified Home Health S Personal Assistance Services	Services; Licensed Home Health Services;
Type: Parent Agency	Administrator SANDRA CORMIER		Owner Information	
County COLLIN License # 020018 Lic Expire 6/25/2022 Medicare 1:	Region 03 Date Licensed TRULY LOVING HOME CARE 832 ROYAL CREST CT MCKINNEY, TX 75072	06/25/2020	AFFORD HOME PROPERTIES, LLC	EAY
Medicare 2: Phone 562 965 4220	Fax (972) 767-4220		PHONE:	FAX:
Type: Parent Agency	Administrator SUNIL SHAH		Services: Personal Assistance Services	
County COLLIN License # 019797 Lic Expire 1/29/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed TX NEWLIFE HOME HEALTH CARE LLC 3411 CEDAR LANE MELISSA, TX 75454	01/29/2020	Owner Information TX NEWLIFE HOME HEALTH CARE LLC 3411 CEDAR LANE MELISSA, TX 75454 PHONE:	FAX:
Phone (214) 989-5762	Fax (972) 369-7949		Services: Licensed Home Health Services; Pers	sonal Assistance Services
Type: Parent Agency	Administrator SANDRA MADUBUIKE		,	
County COLLIN License # 021150 Lic Expire 10/25/2024 Medicare 1:	Region 03 Date Licensed ULTIMATE CARE HOME HEALTH AGENCY 203 WATERWOOD DRIVE WYLIE, TEXAS 75098	10/25/2021	Owner Information RATIDZO MAGUNJE	
Medicare 2:			PHONE:	FAX:
Phone (214) 951-5721 Type: Parent Agency	Fax Administrator RATIDZO MAGUNJE		Services: Personal Assistance Services	

County COLLIN License # 019999 Lic Expire 6/15/2022 Medicare 1:	Region 03 Date Licensed UNCONDITIONAL LOVE HOME CARE 1302 CEDAR BRANCH DR. WYLIE, TX 75098	06/15/2020	Owner Information BIG HEART COMPANION LLC	
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 UNIQUE HOSPICE CARE INC	
License # 020449	UNIQUE HOSPICE CARE INC		1012 HIDDEN CREEK DR	
Lic Expire 1/12/2023	1012 HIDDEN CREEK DR		ALLEN, TEXAS 75002	
Medicare 1: Medicare 2:	ALLEN, TEXAS 75002		PHONE:	FAX:
Phone (630) 862-9057	Fax (469) 421-8626			1704.
, ,	. ,		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator FUHRER NDOKOH			
County COLLIN	Region 03 Date Licensed	05/26/2020	Owner Information	
License # 019959	VENARKS HOSPICE INC		VENARKS HOSPICE INC	
Lic Expire 5/26/2022	815 BLUEWOOD STREET		1618 BLACKBURN WAY	
Medicare 1:	PRINCETON, TX 75407		PRINCETON, TX 75407	
Medicare 2:	F (400) 044 0007		PHONE:	FAX:
Phone (469) 247-9720 Type: Parent Agency	Fax (469) 914-9997 Administrator REGINALD NWORKA		Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	
			Owner Information	
County COLLIN	Region 03 Date Licensed	03/14/2014	VENUS HEALTHCARE INCORPORATED	
License # 016080 Lic Expire 3/31/2022	VENUS HEALTHCARE INCORPORATED		5409 S COLLINS ST STE 101	
Lic Expire 3/31/2022 Medicare 1:	4304 NARBERTH DRIVE PLANO, TEXAS 75024		ARLINGTON, TX 76002	
Medicare 2:	1 2 410, 12,410 10321		PHONE:	FAX:
Phone (469) 353-8070	Fax (817) 466-7273		Services: Licensed Home Health Services; Persor	al Assistance Services
Type: Parent Agency	Administrator INNOCENT MORGAN		50.110001001.001.1101.1101.1100.11000, 1.0100.	an 7 100 10 tan 100 00 1 1 1 0 0 0
County COLLIN	Region 03 Date Licensed	06/08/2005	Owner Information	
License # 009798	VERITAS HOME HEALTH		VERITAS HOME HEALTH LLC	
Lic Expire 6/30/2023	2825 REGAL ROAD SUITE 105		2825 REGAL ROAD SUITE 105	
Medicare 1: 677811 HHA-18	PLANO, TX 75075		PLANO, TX 75075	
Medicare 2:			PHONE:	FAX:
Phone (972) 519-0308	Fax (972) 519-8331		Services: Licensed and Certified Home Health Ser	vices; Licensed Home Health Services;
Type: Parent Agency	Administrator OLGA LEVIT		Personal Assistance Services	
County COLLIN	Region 03 Date Licensed	04/11/2012	Owner Information	
License # 014915	VISITING ANGELS		BRIGHT GOLD LLC	
Lic Expire 4/30/2022	1400 PRESTON ROAD SUITE 400		1400 PRESTON ROAD, SUITE 400	
Medicare 1:	PLANO, TX 75093		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	VISITING ANGELS		COLLIN COUNTY CAREGIVING, LLC	
Lic Expire 12/31/2024	4500 ELDORADO PKWY STE 1500			
Medicare 1:	MCKINNEY, TEXAS 75070		DUONE:	FAV
Medicare 2: Phone 214 4911999	Fax (469) 617-7863		PHONE:	FAX:
Type: Parent Agency	Administrator KOBY SPEARS		Services: Personal Assistance Services	
ype. I arent Agency	AMIIIIII NODI OFLANO			

County COLLIN License # 012887 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (469) 298-2327 Type: Parent Agency County COLLIN	Region 03 Date Licensed VITA HOME HEALTH CARE LLC 3302 ELKHART DRIVE SACHSE, TX 75048 Fax (469) 298-2328 Administrator IFEANYI UZOWULU Region 03 Date Licensed	10/02/2009	Owner Information VITA HOME HEALTH CARE LLC PO BOX 831922 RICHARDSON, TX 75083 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information
License # 020317 Lic Expire 11/13/2022 Medicare 1: Medicare 2: Phone (469) 346-0097	VITALITY PEDIATRIC HEALTHCARE , LLC 3822 BASTROP STREET MELISSA, TEXAS 75454 Fax	11/13/2020	VITALITY PEDIATRIC HEALTHCARE,LLC PHONE: FAX:
Type: Parent Agency	Administrator GEORGE EYAKOH		Services: Licensed Home Health Services
County COLLIN License # 001531 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (972) 562-0140 Type: Alternate Delivery Site	Region 03 Date Licensed VNA 7290 VIRGINIA PARKWAY SUITE 2300 MCKINNEY, TX 75071 Fax (972) 562-6539 Administrator OLIVIA ROGERS	10/02/1995	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 COLLIN License # 001531 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (972) 562-0140	Region 03 Date Licensed VNA 7290 VIRGINIA PARKWAY SUITE 2300 MCKINNEY, TX 75071 Fax (972) 562-6539	10/02/1995	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
Type: Alternate Delivery Site County COLLIN License # 001531 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (972) 562-0140 Type: Alternate Delivery Site	Administrator OLIVIA ROGERS Region 03 Date Licensed VNA 7290 VIRGINIA PARKWAY SUITE 2300 MCKINNEY, TX 75071 Fax (972) 562-6539 Administrator OLIVIA ROGERS	10/02/1995	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 COLLIN License # 001531 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (972) 562-0140 Type: Alternate Delivery Site	Region 03 Date Licensed VNA 7290 VIRGINIA PARKWAY SUITE 2300 MCKINNEY, TX 75071 Fax (972) 562-6539 Administrator OLIVIA ROGERS	10/02/1995	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 COLLIN License # 003625 Lic Expire 1/31/2021 Medicare 1: Medicare 2: Phone (972) 562-0140 Type: Branch Agency	Region 03 Date Licensed VNA 7290 VIRGINIA PARKWAY, SUITE 2300 MCKINNEY, TEXAS 75071 Fax (972) 562-6539 Administrator KATHERINE KRAUSE	01/17/1995	Owner Information THE VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY SUITE 400 DALLAS, TX 75235 PHONE: FAX: Services: Licensed and Certified Home Health Services

County COLLIN License # 019085 Lic Expire 11/12/2022 Medicare 1: 971569 (HOSPICE) Medicare 2: Phone (469) 907-1099 Type: Parent Agency	Region 03 Date Licensed WELLNESS PROXY RESOURCES LLC 1833 W HUNT ST., BLDG. B, STE. 203-9 MCKINNEY, TX 75069 Fax (469) 907-1055 Administrator MICHELLO BROWN	11/12/2018	Owner Information WELLNESS PROXY RESCOURCES, LLC 13455 BOISE D ARC LANE FRISCO, TX 75035 PHONE: (469) 907-1099 FAX: (469) 907-1055 Services: Hospice In-Patient Hospice: NO
County COLLIN	Region 03 Date Licensed		Owner Information
License # 021370	WILLOW BEND HOME CARE LLC		WILLOW BEND HOME CARE LLC
Lic Expire 2/7/2025 Medicare 1:	500 BACHON CIRCLE # B WYLIE, TEXAS 75098		
Medicare 2:	111212, 127010 10000		PHONE: FAX:
Phone (469) 685-6258	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator ROSE NDUMBI		
County COLLIN License # 019964 Lic Expire 5/28/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed WILLOW HOSPICE LLC 202 FISHERMAN TRAIL MELISSA, TEXAS 75454	05/28/2020	Owner Information WILLOW HOSPICE LLC 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 WITHOUT A DOUBT HOME HEALTH LLC
License # 021088	WITHOUT A DOUBT HOME HEALTH LLC		P.O. BOX 754
Lic Expire 9/29/2024 Medicare 1:	708 COTTONWOOD WAY JOSEPHINE, TX 75189		ROYSE CITY, TX 75189
Medicare 2:	OOOLI TIINE, TX TOTOS		PHONE: FAX:
Phone 4696513296, 46961007	Fax (469) 717-9044		Services: Personal Assistance Services
Type: Parent Agency	Administrator KIZZIE COLEMAN		
County COLLIN License # 020168 Lic Expire 9/11/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed YONA HOME CARE LLC 2403 MASTON DRIVE ANNA, TEXAS 75409	09/11/2020	Owner Information YONA HOME CARE LLC PHONE: FAX:
Phone (214) 303-7914	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator JACOB TOFA		
County COLLIN License # 011890 Lic Expire 2/28/2023 Medicare 1: 747151 HHA-18	Region 03 Date Licensed ZIONROCK HEALTHCARE SERVICES 2000 N CENTRAL EXPY STE 110 PLANO, TX 75074	02/19/2008	Owner Information ZION ROCK SERVICES LLC 1107 SAVAGE DRIVE 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		O
County COLLIN License # 018614 Lic Expire 2/28/2022 Medicare 1:	Region 03 Date Licensed ZUVA HEALTHCARE SERVICES LLC 5225 PINEWOOD DR MCKINNEY, TX 75071	02/13/2018	Owner Information ZUVA HEALTHCARE SERVICES LLC 5225 PINEWOOD DR MCKINNEY, TX 75071
Medicare 2:			PHONE: FAX:
Phone (469) 662-7759 Type: Parent Agency	Fax Administrator JOHANNES MHEMBERE		Services: Personal Assistance Services

County COLLINGSWORTH License # 013610 Lic Expire 7/31/2022 Medicare 1: 457550 HHA-18;74 Medicare 2: Phone (806) 447-2541 Type: Parent Agency County COLORADO License # 017190 Lic Expire 10/31/2023	Region 01 Date Licensed 07/19/2010 BLUEBONNET HOME HEALTH & HOSPICE COMPANY 1613 AMARILLO STREET WELLINGTON, TX 79095 Fax (806) 447-1264 Administrator PENNY PHILLIPS Region 06 Date Licensed 10/25/2015 1ST TEXAS HOME HEALTH 121 EAST MAIN	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 Owner Information INTEGRATED MANAGEMENT SOLUTIONS, INC PO BOX 529
Medicare 1: Medicare 2:	WEIMAR, TX 78962	WHITESBORO, TX 76273 PHONE: FAX:
Phone (979) 725-6647	Fax (979) 725-6977	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator SUZANNE BOZEMAN	·
County COLORADO License # 020783 Lic Expire 5/24/2024 Medicare 1: Medicare 2: Phone (970) 623-2449 Type: Parent Agency	Region 06 Date Licensed 05/24/2021 COUNTRY CARE COMPANIONS LLC 832 WASHINGTON ST COLUMBUS, TX 78934 Fax Administrator TERESA HENDRYX	Owner Information COUNTRY CARE COMPANIONS LLC P.O BOX 2935 GRAND JUNCTION, CO 81502 PHONE: FAX: Services: Personal Assistance Services
County COLORADO	Region 06 Date Licensed 02/12/2021	Owner Information
License # 020537 Lic Expire 2/12/2023 Medicare 1:	HELPING HANDS HOME CARE AGENCY LLC 1722 FANNIN STREET COLUMBUS, TEXAS 78934	HELPING HANDS HOME CARE AGENCY LLC
Medicare 2:		PHONE: FAX:
Phone (979) 234-0896	Fax CTACY CAPTER	Services: Personal Assistance Services
Type: Parent Agency	Administrator STACY CARTER	Owner Information
County COMAL License # 017321 Lic Expire 12/31/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed 12/30/2015 AA CARE SERVICES 1106 NORTH WALNUT NEW BRAUNFELS, TX 78130	AA SENIOR CARE SERVICES LLC 8546 BROADWAY STE# 109 SAN ANTONIO, TX 78217 PHONE: FAX:
Phone (830) 609-9128	Fax (830) 609-9138	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator HELEN TROWSDALE	
County COMAL License # 021079 Lic Expire Medicare 1: Medicare 2: Phone 830 515 7734 Type: Parent Agency	Region 07 Date Licensed 09/24/2021 ACTIKARE 1026 TERLAN DR NEW BRAUNFELS, TEXAS 78130 Fax 830 302 7636 Administrator THERESA WOLFE	Owner Information YANA SERVICES LLC 2907 NICHOLAS COVE NEW BRAUNFELS, TX 78130 PHONE: FAX: Services: Personal Assistance Services
County COMAL	Region 07 Date Licensed 11/06/2017	Owner Information
License # 018542	ADVANCED HH LLC	ADVANCED HH, LLC
Lic Expire 11/30/2023	215 COURTYARD	113 N. MAIN
Medicare 1: 67Q7247004	NEW BRAUNFELS, TX 78130	HALLETTSVILLE, TX 75038
Medicare 2: Phone (830) 625-4144	Fax (830) 625-4959	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator KRISTEN SCHIEVELBEIN	Co. 11000. Electroda and octained frome frequences, Electroda Frome frequences

County COMAL License # 017723 Lic Expire 11/30/2022 Medicare 1: 741665 HOSPICE Medicare 2: Phone (830) 387-2209	Region 07 Date Licensed 11/04/2016 ALAMO HOSPICE 1423 N. WALNUT AVENUE SUITE 101 NEW BRAUNFELS, TX 78130 Fax (830) 500-3595	Owner Information ALAMO AREA HOME HOSPICE, LP 6303 COWBOYS WAY, SUITE 600 FRISCO, TEXAS 75034 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator GEORGETTE ROBBINS	III-ralletit nospice. NO
County COMAL License # 017218 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phage (512) 397 5797	Region 05 Date Licensed 01/12/2016 BLUE STAR HOME CARE 1067 FM 306, UNIT 401 NEW BRAUNFELS, TX 78130	Owner Information FOUR K HEALTH CARE LLC 187 ELMHURST, STE D KYLE, TX 78640 PHONE: FAX:
Phone (512) 387-5787 Type: Parent Agency	Fax 18006169324 Administrator PANNA JONES	Services: Licensed Home Health Services; Personal Assistance Services
County COMAL License # 019062 Lic Expire 11/6/2022 Medicare 1:	Region 07 Date Licensed 11/06/2018 CANYON LAKE SENIOR HOME CARE, INC 1215 HIGHLAND TERRACE DR CANYON LAKE, TX 78133	Owner Information CANYON LAKE SENIOR HOME CARE INC
Medicare 2:		PHONE: FAX:
Phone (830) 743-5388	Fax TUOMAG ANDEDGON	Services: Personal Assistance Services
Type: Parent Agency County COMAL License # 009707 Lic Expire 4/30/2022 Medicare 1:	Administrator THOMAS ANDERSON Region 07 Date Licensed 04/18/2005 CARING SENIOR SERVICE NEW BRAUNFELS PLUS 779 LOOP 337 NEW BRAUNFELS, TX 78130	Owner Information TLC SENIOR CARE INC 779 LOOP 337 NEW BRAUNFELS, TX 78130
Medicare 2:	5.1 (0.11 = 25), 10 (00	PHONE: FAX:
Phone (830) 629-0509	Fax (830) 629-0832	Services: Personal Assistance Services
Type: Parent Agency	Administrator CATHERINE TRLICA	
County COMAL License # 018346 Lic Expire 6/30/2024 Medicare 1: 747685 HHA-18	Region 07 Date Licensed 06/03/2017 CARTER HEALTHCARE 2163 STEPHENS PLACE SUITE 100 NEW BRAUNFELS, TX 78130	Owner Information EMOSS HEALTHCARE INC 3105 S MERIDIAN AVE OKLAHOMA CITY, OK 73119
Medicare 2:		PHONE: FAX:
Phone (281) 379-7052 Type: Parent Agency	Fax (281) 376-4357 Administrator BRIAN CARTER	Services: Licensed and Certified Home Health Services
County COMAL License # 018423 Lic Expire 8/31/2023 Medicare 1: 677544 HHA-18 Medicare 2:	Region 07 Date Licensed 09/01/2017 CHRISTUS HOMECARE 921 LAKEVIEW BLVD, SUITE 2 NEW BRAUNFELS, TEXAS 781304135	Owner Information LHCG CXV, LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX:
Phone 830 6297568	Fax 830 6290615	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator PATRICIA GARCEZ	
County COMAL License # 012989 Lic Expire 11/30/2023 Medicare 1: 671650 HOSPICE Medicare 2:	Region 07 Date Licensed 11/10/2009 CIMA HOSPICE A PART OF THE ELARA CARING NETWORK 300 LANDA NEW BRAUNFELS, TX 78130	Owner Information CIMA HOSPICE OF CENTRAL TEXAS, LP 14295 MIDWAY ROAD STE#400 DALLAS, TX 75001 PHONE: FAX:
Phone (830) 643-1971	Fax (830) 643-1964	Services: Hospice
Type: Parent Agency	Administrator SARAH HOPPER	In-Patient Hospice: NO

County COMAL License # 021244 Lic Expire 12/3/2024 Medicare 1:	Region 07 Date Licensed 12/01/2021 COMFORCARE HOME CARE NEW BRAUNFELS 1281 COMMON STREET NEW BRAUNFELS, TX 78130	Owner Information MAGNET CARE, LLC
Medicare 2:	NEW BIGINI EEG, IX 10100	PHONE: FAX:
Phone (830) 832-4218	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator CHAD OTTE	
County COMAL License # 018109 Lic Expire 12/30/2023 Medicare 1:	Region 05 Date Licensed 06/15/2017 COMFORT KEEPERS 1619 E COMMON ST STE 203 NEW BRAUNFELS, TX 78130	Owner Information EMERALD FOREST VENTURES LLC 1318 CANON YEOMANS TRL 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 License # 020030 Lic Expire 7/1/2022 Medicare 1:	Region 07 Date Licensed 07/01/2020 EDENCARE PERSONAL ASSISTANCE SERVICES 631 LAKEVIEW BLVD. NEW BRAUNFELS, TX 78130	Owner Information EDENCARE PERSONAL ASSISTANCE SERVICES
Medicare 2:		PHONE: FAX:
Phone (830) 302-4888	Fax (830) 625-1328	Services: Personal Assistance Services
Type: Parent Agency	Administrator TERESA LOPEZ	
County COMAL License # 016590 Lic Expire 1/31/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed 01/02/2015 EQUALITY HOMECARE INC 297 W SAN ANTONIO ST NEW BRAUNFELS, TX 78130	Owner Information EQUALITY HOMECARE INC SAME NEW BRAUNFELS, TX 78130 PHONE: FAX:
Phone (830) 500-2384	Fax (888) 879-9559	Services: Personal Assistance Services
Type: Parent Agency	Administrator TERESA LOPEZ	CONTICOS. I CISORAN ROSISTANICO CONTICOS
County COMAL License # 018637 Lic Expire 6/15/2023 Medicare 1: 97-1519 (HOSPICE Medicare 2:	Region 07 Date Licensed 02/26/2018 HEART OF TEXAS HOSPICE 18568 FORTY SIX PKWY, SUITE 3001 SPRING BRANCH, TEXAS 78070	Owner Information MMCARE HOSPICE, LLC 18568 FORTY SIX PARKWAY STE 3001B SPRING BRANCH, TX 78070 PHONE: FAX:
Phone (830) 730-7711	Fax (210) 568-6524	Services: Hospice
Type: Parent Agency	Administrator DARRAN DOLLARHIDE	In-Patient Hospice: NO
County COMAL License # 017462 Lic Expire 1/31/2025 Medicare 1: 451712 HOSPICE Medicare 2: Phone (830) 730-7711	Region 07 Date Licensed 01/29/2016 HEART OF TEXAS HOSPICE 18568 FORTY SIX PARKWAY, SUITE 3001A SPRING BRANCH, TX 78070 Fax (210) 568-6524	Owner Information HEART OF TEXAS HOSPICELONESTAR, LLC 18568 FORTY SIX PARKWAY 3001A BULVERDE, TX 78070 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DARRAN DOLLARHIDE	
County COMAL License # 020868 Lic Expire 4/16/2024 Medicare 1:	Region 07 Date Licensed 04/16/2021 HOME INSTEAD 910 GRUENE RD, BLDG. #5A NEW BRAUNFELS, TX 78130	Owner Information MANUS SERVIENTES OF TEXAS CORPORATION
Medicare 2:		PHONE: FAX:
Phone (830) 624-8380 Type: Parent Agency	Fax (830) 620-5381 Administrator JEREMY FARBER	Services: Personal Assistance Services

County COMAL License # 020577 Lic Expire 3/8/2024 Medicare 1: Medicare 2: Phone (830) 217-6711 Type: Parent Agency	Region 07 Date Licensed 03/08/2021 HOMESTEAD FAMILY HEALTH LLC 1619 E COMMON ST SUITE 701 NEW BRAUNFELS, TX 78130 Fax Administrator DECONTE COOPER	Owner Information HOMESTEAD FAMILY HEALTH LLC PHONE: FAX: Services: Personal Assistance Services
County COMAL License # 020800 Lic Expire 6/1/2024 Medicare 1:	Region 07 Date Licensed 06/01/2021 HOMEWELL CARE SERVICES 1067 FM 306 SUITE 603 NEW BRAUNFELS, TX 78130	Owner Information SHORT GRASS INVESTMENT HOLDINGS, LLC
Medicare 2: Phone (512) 749-3913 Type: Parent Agency	Fax Administrator KASI GRAVELL	PHONE: FAX: Services: Personal Assistance Services
County COMAL License # 001917 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (210) 686-3131 Type: Alternate Delivery Site	Region 07 Date Licensed 11/13/2017 HOPE HOSPICE 29710 US 281 NORTH SUITE 200 BULVERDE, TX 78163 Fax (830) 438-0271 Administrator AUDRIE (NICKIE) NICOLE DRUMMOND	Owner Information HOPE HOSPICE 611 NORTH WALNUT NEW BRAUNFELS, TX 78130 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County COMAL License # 001917 Lic Expire 3/31/2022 Medicare 1: 451522 HOSPICE Medicare 2: Phone (830) 625-7500	Region 07 Date Licensed 04/01/1988 HOPE HOSPICE 611 NORTH WALNUT NEW BRAUNFELS, TX 78130 Fax (830) 606-1388	Owner Information HOPE HOSPICE 611 NORTH WALNUT NEW BRAUNFELS, TX 78130 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County COMAL License # 011575 Lic Expire 6/30/2022 Medicare 1: 677504 HHA-18 Medicare 2: Phone (830) 214-0039 Type: Parent Agency	Administrator AUDRIE (NICKIE) DRUMMOND Region 07 Date Licensed 06/15/2007 INTERIM HEALTHCARE 164 SOUTH UNION AVENUE, STE 101 NEW BRAUNFELS, TEXAS 78130 Fax (830) 214-0318 Administrator COREY HURT	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 COMAL License # 019440 Lic Expire 6/25/2021 Medicare 1: Medicare 2:	Region 07 Date Licensed 06/25/2019 LOVING THE CARE GIVEN HOME HEALTH, LLC 7990 JETHRO LANE SAN ANTONIO, TX 78266	Owner Information LOVING THE CARE GIVEN HOME HEALTH LLC PHONE: FAX:
Phone (210) 552-4854 Type: Parent Agency County COMAL License # 004137 Lic Expire 12/31/2023	Fax Administrator CAROLINA GAMEZ Region 07 Date Licensed 10/02/2000 MED TEAM INC 719 LANDA STREET SUITE B	Owner Information THE HOME CARE TEAM, INC 45 NE LOOP 410, SUITE 800
Medicare 1: Medicare 2: Phone (830) 626-3525 Type: Branch Agency	NEW BRAUNFELS, TX 78130 Fax (830) 629-2465 Administrator TRACIE CLEMONS	SAN ANTONIO, TEXAS 78216 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County COMAL License # 019436 Lic Expire 6/24/2021	Region 07 Date Licensed 05/04/20 MISSION HOMECARE 18568 FORTY SIX PKWY, SUITE 2001	MISSION HOMECARE SERVICES, LLC
Medicare 1:	SPRING BRANCH, TEXAS 78070	DIONE. FAV.
Medicare 2: Phone (830) 730-7711	Fax (210) 568-6524	PHONE: FAX:
Type: Parent Agency	Administrator JASON BOOTZ	Services: Personal Assistance Services
ype. Falent Agency	Administrator JASON BOOTZ	Ourse Information
County COMAL	Region 07 Date Licensed 04/01/20	Owner Information MKARE MANAGEMENT, INC
License # 013997	MKARE MANAGEMENT INC	20540 HWY 46 W. STE. 115 PMB 409
Lic Expire 3/31/2023	147 AUBURN RIDGE	SPRING BRANCH, TX 78070
Medicare 1: Medicare 2:	SPRING BRANCH, TX 78070	PHONE: FAX:
Phone (210) 663-0169	Fax (210) 579-7277	
Type: Parent Agency	Administrator LAURIE MAYHUGH	Services: Licensed Home Health Services
		Owner Information
County COMAL	Region 07 Date Licensed 07/25/20	RIVERSIDE HEALTHCARE PARTNERS INC
License # 019497	SENIOR HELPERS	TO ENGINE TENETHONICE I PICTURE TO INO
Lic Expire 7/25/2021 Medicare 1:	2075 FM 2673 SUITE E CANYON LAKE, TEXAS 78133	
Medicare 2:	CANTON LANE, TEXAS 70133	PHONE: FAX:
Phone (830) 358-6715	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator BRIAN ARCHER	Services: Personal Assistance Services
County COMAL	Region 07 Date Licensed 09/23/20	Owner Information
License # 020195	SOAR HOME CARE LLC	SOAR HOME CARE LLC
Lic Expire 9/23/2022	285 N CASTELL AVE	
Medicare 1: 748007 HHA	NEW BRAUNFELS, TEXAS 78130	
Medicare 2:	_	PHONE: FAX:
Phone (214) 412-4408	Fax	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
	Fax Administrator NICOLE STUART	
Phone (214) 412-4408		Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information
Phone (214) 412-4408 Type: Parent Agency	Administrator NICOLE STUART	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information CANTEX HOME HEALTH AUSTIN LLC
Phone (214) 412-4408 Type: Parent Agency County COMAL	Administrator NICOLE STUART Region 05 Date Licensed	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information CANTEX HOME HEALTH AUSTIN LLC 525 ROUND ROCK WEST DRIVE, SUITE#A170
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information CANTEX HOME HEALTH AUSTIN LLC 525 ROUND ROCK WEST DRIVE, SUITE#A170 ROUND ROCK, TX 78681
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2:	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information CANTEX HOME HEALTH AUSTIN LLC 525 ROUND ROCK WEST DRIVE, SUITE#A170
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665	Services: Licensed and Certified Home Health Services; Licensed Home Health Services 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
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2:	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130	Services: Licensed and Certified Home Health Services; Licensed Home Health Services 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
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665	Services: Licensed and Certified Home Health Services; Licensed Home Health Services 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 FENER Owner Information
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663 Type: Branch Agency	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665 Administrator CHERLYNN ANGENETT "ANGIE" SHA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services 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 FFNER Owner Information JMILL ENTERPRISES INC
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663 Type: Branch Agency County COMAL	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665 Administrator CHERLYNN ANGENETT "ANGIE" SHA Region 07 Date Licensed 10/13/20	Services: Licensed and Certified Home Health Services; Licensed Home Health Services 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 FFNER Owner Information JMILL ENTERPRISES INC 1491 S. MAIN STREET
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663 Type: Branch Agency County COMAL License # 017225 Lic Expire 10/31/2024 Medicare 1:	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665 Administrator CHERLYNN ANGENETT "ANGIE" SHA Region 07 Date Licensed 10/13/20 VISITING ANGELS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services 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 FENER Owner Information JMILL ENTERPRISES INC 1491 S. MAIN STREET BOERNE, TX 78006
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663 Type: Branch Agency County COMAL License # 017225 Lic Expire 10/31/2024 Medicare 1: Medicare 2:	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665 Administrator CHERLYNN ANGENETT "ANGIE" SHA Region 07 Date Licensed 10/13/20 VISITING ANGELS 451 S. CASTELL AVE. NEW BRAUNFELS, TX 78130	Services: Licensed and Certified Home Health Services; Licensed Home Health Services 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 FENER Owner Information JMILL ENTERPRISES INC 1491 S. MAIN STREET
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663 Type: Branch Agency County COMAL License # 017225 Lic Expire 10/31/2024 Medicare 1:	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665 Administrator CHERLYNN ANGENETT "ANGIE" SHA Region 07 Date Licensed 10/13/20 VISITING ANGELS 451 S. CASTELL AVE.	Services: Licensed and Certified Home Health Services; Licensed Home Health Services 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 FENER Owner Information JMILL ENTERPRISES INC 1491 S. MAIN STREET BOERNE, TX 78006
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663 Type: Branch Agency County COMAL License # 017225 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (830) 625-5414 Type: Branch Agency	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665 Administrator CHERLYNN ANGENETT "ANGIE" SHA Region 07 Date Licensed 10/13/20 VISITING ANGELS 451 S. CASTELL AVE. NEW BRAUNFELS, TX 78130 Fax (830) 625-5395 Administrator JON MILLER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services 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 FENER Owner Information JMILL ENTERPRISES INC 1491 S. MAIN STREET BOERNE, TX 78006 PHONE: FAX: Services: Personal Assistance Services
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663 Type: Branch Agency County COMAL License # 017225 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (830) 625-5414 Type: Branch Agency County COOKE	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665 Administrator CHERLYNN ANGENETT "ANGIE" SHA Region 07 Date Licensed 10/13/20 VISITING ANGELS 451 S. CASTELL AVE. NEW BRAUNFELS, TX 78130 Fax (830) 625-5395 Administrator JON MILLER Region 03 Date Licensed 03/20/20	Services: Licensed and Certified Home Health Services; Licensed Home Health Services 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 FENER Owner Information JMILL ENTERPRISES INC 1491 S. MAIN STREET BOERNE, TX 78006 PHONE: FAX: Services: Personal Assistance Services
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663 Type: Branch Agency County COMAL License # 017225 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (830) 625-5414 Type: Branch Agency County COOKE License # 010041	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665 Administrator CHERLYNN ANGENETT "ANGIE" SHA Region 07 Date Licensed 10/13/20 VISITING ANGELS 451 S. CASTELL AVE. NEW BRAUNFELS, TX 78130 Fax (830) 625-5395 Administrator JON MILLER Region 03 Date Licensed 03/20/20 ANGELS CARE HOME HEALTH	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 FNER Owner Information JMILL ENTERPRISES INC 1491 S. MAIN STREET BOERNE, TX 78006 PHONE: FAX: Services: Personal Assistance Services FAX: Services: Personal Assistance Services
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663 Type: Branch Agency County COMAL License # 017225 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (830) 625-5414 Type: Branch Agency County COOKE License # 010041 Lic Expire 10/31/2023	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665 Administrator CHERLYNN ANGENETT "ANGIE" SHA Region 07 Date Licensed 10/13/20 VISITING ANGELS 451 S. CASTELL AVE. NEW BRAUNFELS, TX 78130 Fax (830) 625-5395 Administrator JON MILLER Region 03 Date Licensed 03/20/20 ANGELS CARE HOME HEALTH 106 W MAIN STREET	Services: Licensed and Certified Home Health Services; Licensed Home Health Services 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 FENER Owner Information JMILL ENTERPRISES INC 1491 S. MAIN STREET BOERNE, TX 78006 PHONE: FAX: Services: Personal Assistance Services Owner Information EMEDICAL GROUP OF NORTH TEXAS INC
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663 Type: Branch Agency County COMAL License # 017225 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (830) 625-5414 Type: Branch Agency County COOKE License # 010041	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665 Administrator CHERLYNN ANGENETT "ANGIE" SHA Region 07 Date Licensed 10/13/20 VISITING ANGELS 451 S. CASTELL AVE. NEW BRAUNFELS, TX 78130 Fax (830) 625-5395 Administrator JON MILLER Region 03 Date Licensed 03/20/20 ANGELS CARE HOME HEALTH	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 FENER Owner Information JMILL ENTERPRISES INC 1491 S. MAIN STREET BOERNE, TX 78006 PHONE: FAX: Services: Personal Assistance Services Owner Information E MEDICAL GROUP OF NORTH TEXAS INC 2301 FM 1187, STE 203
Phone (214) 412-4408 Type: Parent Agency County COMAL License # 015885 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (512) 459-4663 Type: Branch Agency County COMAL License # 017225 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (830) 625-5414 Type: Branch Agency County COOKE License # 010041 Lic Expire 10/31/2023 Medicare 1:	Administrator NICOLE STUART Region 05 Date Licensed THERACARE HOME HEALTH 1672 INDEPENDENCE DRIVE, SUITE 105 NEW BRAUNFELS, TX 78130 Fax (512) 459-4665 Administrator CHERLYNN ANGENETT "ANGIE" SHA Region 07 Date Licensed 10/13/20 VISITING ANGELS 451 S. CASTELL AVE. NEW BRAUNFELS, TX 78130 Fax (830) 625-5395 Administrator JON MILLER Region 03 Date Licensed 03/20/20 ANGELS CARE HOME HEALTH 106 W MAIN STREET	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 FFNER Owner Information JMILL ENTERPRISES INC 1491 S. MAIN STREET BOERNE, TX 78006 PHONE: FAX: Services: Personal Assistance Services Owner Information EMEDICAL GROUP OF NORTH TEXAS INC 2301 FM 1187, STE 203 MANSFIELD, TX 76063

County COOKE License # 019115 Lic Expire 11/26/2020 Medicare 1: Medicare 2: Phone (940) 736-8904 Type: Parent Agency	Region 03 Date Licensed 11/26/2018 HOME HELPERS HOME CARE 122 KIOWA DRIVE N LAKE KIOWA, TX 76240 Fax (940) 665-7123 Administrator GWEN POTZ-NIELSEN	Owner Information HH4U LLC 122 KIOWA DR N LAKE KIOWA, TX 76240 PHONE: FAX: Services: Personal Assistance Services
County COOKE License # 001861 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone 940 6659891 Type: Alternate Delivery Site	Region 03 Date Licensed 08/21/1994 HOME HOSPICE 316 S CHESTNUT GAINESVILLE, TX 76240 Fax 940 6658607 Administrator TINA GARNER	Owner Information HOME HOSPICE OF GRAYSON COUNTY PO BOX 2306 SHERMAN, TX 75091-2306 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County COOKE License # 001861 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone 940 6659891 Type: Alternate Delivery Site County COOKE	Region 03 Date Licensed 08/21/1994 HOME HOSPICE 316 S CHESTNUT GAINESVILLE, TX 76240 Fax 940 6658607 Administrator TINA GARNER Region 03 Date Licensed 03/09/2020	Owner Information HOME HOSPICE OF GRAYSON COUNTY PO BOX 2306 SHERMAN, TX 75091-2306 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information LOCAL HEARTS, LLC
Lic Expire 8/26/2021 Medicare 1: Medicare 2: Phone (940) 736-0496 Type: Parent Agency	LOCAL HEARTS, LLC 117 E MAIN ST STE B LINDSAY, TEXAS 76250 Fax Administrator GINA BEZNER	PHONE: FAX: Services: Personal Assistance Services Owner Information
County COOKE License # 019262 Lic Expire 12/20/2022 Medicare 1: 457497 Medicare 2: Phone (940) 668-2094 Type: Parent Agency	Region 03 Date Licensed 12/20/2018 NTMC HOME HEALTH 1615 HOSPITAL BLVD STE B GAINESVILLE, TX 76240 Fax (940) 668-2445 Administrator BARBARA HEEREN-ROHRBOUGH	GAINESVILLE COMMUNITY HOSPITAL INC 7800 DALLAS PARKWAY, STE 200 PLANO, TX 75024 PHONE: FAX: Services: Licensed and Certified Home Health Services
County COOKE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011	Region 03 Date Licensed 12/21/2011 SOLARIS HOSPICE INC 101 E CALIFORNIA STREET GAINESVILLE, TX 762404001 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 County CORYELL License # 021131 Lic Expire 10/14/2024 Medicare 1: Medicare 2: Phone (601) 549-9437	Administrator LEANNE PETERSON Region 05 Date Licensed 10/14/2021 AGAPE'S LOVING TOUCH HEALTHCARE SERVICES LLC 1278 JESTER COURT COPPERAS COVE, TEXAS 76522 Fax	Owner Information AGAPE'S LOVING TOUCH HEALTHCARE SERVICES LLC PHONE: FAX:
1 110110 (001) 343-3431	ı ux	Services: Personal Assistance Services

Administrator BRITLEY MYERS

County CORYELL License # 019694 Lic Expire 11/12/2021 Medicare 1: Medicare 2: Phone (254) 278-6199	Region 05 Date Licensed CHARIS HEALTH AND HOSPICE LLC 909 S 17TH STREET COPPERAS COVE, TEXAS 76522 Fax (512) 575-4334	11/12/2019	Owner Information CHARIS HEALTH AND HOSPICE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator EBELE OKEKE		·
County CORYELL License # 001525 Lic Expire 7/31/2022 Medicare 1: 457668 HHA-18 Medicare 2: Phone (254) 865-9233	Region 05 Date Licensed CORYELL HOME HEALTH 402 EAST MAIN STREET GATESVILLE, TX 76528 Fax (254) 865-8605	07/24/1984	Owner Information CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY 1507 W MAIN STREET GATESVILLE, TX 76528 PHONE: (254) 865-6251 FAX: (254) 248-6306 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator REBECCA TERRELL		
County CORYELL License # 007938 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (940) 627-1011	Region 03 Date Licensed SOLARIS HOSPICE INC 606 E LEON STREET GATESVILLE, TX 765282070 Fax (940) 627-1011		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 CROSBY License # 012273 Lic Expire 10/31/2022 Medicare 1: 677078 HHA-18 Medicare 2: Phone (806) 894-2375 Type: Parent Agency	Region 01 Date Licensed CALVERT HOME HEALTH CARE 131 N GRAIN CROSBYTON, TX 79322 Fax (806) 894-4743 Administrator JULIE STACY	10/04/2008	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 DALLAS License # 017043 Lic Expire 3/1/2022 Medicare 1: Medicare 2: Phone (469) 401-7301 Type: Parent Agency	Region 03 Date Licensed 1 GUARDIAN ANGELS SERVICES 426 BIRCH LANE RICHARDSON, TX 75081 Fax (972) 234-4041 Administrator JOSHUA KARIUKI	09/22/2015	Owner Information GUARDIAN ANGELS GROUP HOME LLC 426 BIRCH LANE RICHARDSON, TX 75081 PHONE: (972) 234-4041 Services: Personal Assistance Services
County DALLAS License # 020222 Lic Expire 10/9/2022 Medicare 1:	Region 03 Date Licensed 1 PERSONAL ASSISTANCE SERVICES 9550 SKILLMAN STREET #340 DALLAS, TX 75243	10/09/2020	Owner Information 1 PERSONAL ASSISTANCE SERVICES
Medicare 2:	F (070) 540 0707		PHONE: FAX:
Phone (214) 597-1035 Type: Parent Agency	Fax (972) 546-2767 Administrator JOYCE BRANCH		Services: Personal Assistance Services
County DALLAS License # 015989 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (214) 235-1986	Region 03 Date Licensed 1ADVOCATE HOME HEALTH 1138 HOLLAND DR GARLAND, TX 75040 Fax (214) 594-8302	01/21/2014	Owner Information DOMINQUE BECK 1138 HOLLAND DR GARLAND, TX 75040 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator DOMINIQUE BECK		

County DALLAS License # 020821 Lic Expire 6/8/2024 Medicare 1: Medicare 2: Phone 469 7932249 Type: Parent Agency	Region 03 Date Licensed 06/08/2021 1KEMS HOME CARE LLC 5867 CANDLELIGHT LN. GRAND PRAIRIE, TX 75052 Fax Administrator EDDIE LOVAN	Owner Information 1KEMS HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 020724 Lic Expire 11/1/2022 Medicare 1: 747129 Medicare 2: Phone (972) 618-8001 Type: Parent Agency	Region 03 Date Licensed 11/01/2020 1ST AID HEALTHCARE, CORP 2011 N COLLINS BLVD SUITE 607 RICHARDSON, TEXAS 75080 Fax (972) 692-8080 Administrator BRIAN HAMMOND	Owner Information HAMMOND HOME HEALTH CARE, LLC 2011 N COLLINS BLVD SUITE 607 RICHARDSON, TEXAS 75080 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 020603 Lic Expire 3/15/2024 Medicare 1: Medicare 2: Phone (312) 478-5661 Type: Parent Agency	Region 03 Date Licensed 03/15/2021 1ST NOVA HEALTHCARE INC 1404 W. WALNUT HILL LN #118 IRVING, TEXAS 75038 Fax Administrator GUILIT NSEKA	Owner Information 1ST NOVA HEALTH CARE 420 COLD MOUNTAIN TRL FORT WORTH, TEXAS 76131 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 010811 Lic Expire 10/31/2021 Medicare 1: 679770 HHA-18 Medicare 2: Phone (972) 464-7036	Region 03 Date Licensed 10/17/2006 1ST PRECIOUS HOME HEALTHCARE AGENCY 5928 SUMMERWOOD DR GRAND PRAIRIE, TX 75052 Fax (972) 475-4269	Owner Information 1ST PRECIOUS HEALTH SERVICES INC 5928 SUMMERWOOD DR GRAND PRAIRIE, TX 75052 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 017231 Lic Expire 4/30/2023 Medicare 1: 677875 HHA-18 Medicare 2: Phone (972) 248-8282 Type: Parent Agency	Administrator VICTORINE TEBONG Region 03 Date Licensed 04/30/2015 A FRIENDLY HOME HEALTH CARE LLC 100 N CENTRAL EXPY STE 190 ROOM 112 RICHARDSON, TX 75080 Fax (972) 248-9077 Administrator ANI GOPALAKRISHNAN	Owner Information A FRIENDLY HOME HEALTH CARE, LLC 100 N CENTRAL EXPY STE 190, ROOM 112 RICHARDSON, TX 75080 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DALLAS License # 020238 Lic Expire 10/15/2022 Medicare 1: Medicare 2: Phone (469) 863-1004 Type: Parent Agency	Region 03 Date Licensed 10/15/2020 A & D HOME HEALTH CARE LLC 1718 HOLLOW CREEK COURT GARLAND, TX 75040 Fax (469) 466-6785 Administrator YAW DWOMOH	Owner Information A & D HOME HEALTH CARE LLC 1718 HOLLOW CREEK CT GARLAND, TX 75040 PHONE: (469) 237-6029 FAX: Services: Personal Assistance Services
County DALLAS License # 011047 Lic Expire 1/31/2022 Medicare 1: 743122 HHA-18 Medicare 2: Phone (214) 703-9665 Type: Parent Agency	Region 03 Date Licensed 01/31/2007 A & D HOME HEALTH SERVICES INC 750 COLONEL DRIVE SUITE #2A GARLAND, TX 75043 Fax (214) 703-6663 Administrator ANNA AFANGIDEH	Owner Information A & D HOME HEALTH SERVICES INC 750 COLONEL DRIVE, STE #2A GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County DALLAS License # 016279 Lic Expire 4/30/2022 Medicare 1: 747572 HHA-18 Medicare 2: Phone (214) 591-0110	Region 03 Date Licensed 04/11/2014 A 1 HOME HEALTH SERVICES LLC 1304 W WALNUT HILL LANE SUITE 380 IRVING, TX 75038 Fax (214) 591-0106	Owner Information A1 HOME HEALTH SERVICES LLC 17822 DAVENPORT STE #B DALLAS, TX 75252 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator BRENDA FUENTES	Personal Assistance Services
County DALLAS License # 021220 Lic Expire 11/22/2024 Medicare 1:	Region 03 Date Licensed 11/22/2021 A BETTER SOLUTION IN HOME CARE WEST DALLAS 1700 PACIFIC AVENUE, SUITE 4545 DALLAS, TX 75201	Owner Information JBV CARE LLC 218 SULLIVAN POINT DANDRIDGE, TN 37725
Medicare 2: Phone (877) 585-9011	Fax	PHONE: FAX:
Type: Parent Agency	Administrator DIANA YOUNG	Services: Personal Assistance Services
County DALLAS License # 019933 Lic Expire 5/13/2022 Medicare 1: Medicare 2: Phone (678) 674-9996 Type: Parent Agency	Region 03 Date Licensed 05/13/2020 A BRIGHTER DAY HEALTHCARE SERVICES 3960 BROADWAY BLVD SUITE 120 GARLAND, TEXAS 75043 Fax (214) 723-7016 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 License # 020070 Lic Expire 7/23/2022 Medicare 1:	Region 03 Date Licensed 07/23/2020 A GRADE HOME HEALTH 5601 NAAMAN FOREST BLVD #1736 GARLAND, TEXAS 75044	Owner Information A GRADE HOME HEALTH, LLC
Medicare 2:		PHONE: FAX:
Phone 214 6242931	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHARLES JOMO	
County DALLAS License # 021232 Lic Expire 11/29/2024	Region 03 Date Licensed 11/29/2021 A HOSPICE BOUTIQUE LLC 4823 BISMARK DR	Owner Information A HOSPICE BOUTIQUE LLC
Medicare 1: Medicare 2:	DALLAS, TEXAS 75216	PHONE: FAX:
Phone (214) 789-4038 Type: Parent Agency	Fax (877) 257-3774 Administrator TRACY KING	Services: Hospice In-Patient Hospice: NO
County DALLAS License # 019149 Lic Expire 12/13/2022 Medicare 1: Medicare 2: Phone (972) 685-0644	Region 03 Date Licensed 08/09/2019 A MARVELOUS HOME COMMUNITY SUPPORT SERVICES 8500 N. STEMMONS FRWY # 5011 DALLAS, TEXAS 75247 Fax (214) 677-6954	Owner Information MARVA JAY 119 PHEASANT LN SEAGOVILLE, TX 75159 PHONE: FAX:
Type: Parent Agency	Administrator MARVA JAY	Services: Personal Assistance Services
County DALLAS License # 014469 Lic Expire 3/1/2025 Medicare 1: 747804 Medicare 2:	Region 03 Date Licensed 11/10/2011 A NEWDAY HOMEHEALTH INC 17290 PRESTON ROAD, SUITE 200D - ROOM B DALLAS, TX 75252	Owner Information A NEWDAY HOMEHEALTH INC 17822 DAVENPORT STE B DALLAS, TX 75252 PHONE: FAX:
Phone (469) 547-5310	Fax (469) 424-2875	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ADHANET ASCEDOM BN	1 51301101 M3313101105 351 YILG3

Administrator ADHANET ASGEDOM, RN

Type: Parent Agency

County DALLAS License # 006886 Lic Expire 6/30/2021 Medicare 1: 459323 HHA-18 Medicare 2: Phone (972) 283-9499	Region 03 Date Licensed 07/01/1998 A ONE PLUS HOME HEALTH CARE AGENCY LLC 107 NORTH CEDAR RIDGE DRIVE SUITE 112 DUNCANVILLE, TX 75116 Fax (972) 283-3310	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
Type: Parent Agency	Administrator SHIRLEY LINDSEY	i disorial Assistance del vices
County DALLAS License # 016045 Lic Expire 12/31/2024 Medicare 1: 747111 HHA-18 Medicare 2: Phone (817) 868-7100 Type: Parent Agency	Region 03 Date Licensed 12/13/2013 A SENSITIVE TOUCH HOME HEALTHCARE LLC 331 MELROSE DR, SUITE 150 RICHARDSON, TX 75080 Fax (817) 284-2431 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 License # 008010 Lic Expire 7/30/2023 Medicare 1: 679110 HHA-18 Medicare 2: Phone (972) 216-7311	Region 03 Date Licensed 05/01/2002 A UNIFIED HOME HEALTH AGENCY INC 2033 MILITARY PARKWAY STE 400 D MESQUITE, TX 75149 Fax (972) 290-4722	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 License # 020420 Lic Expire 12/29/2022 Medicare 1: Medicare 2:	Administrator AUGUSTINE UKE Region 03 Date Licensed 12/29/2020 AADL HEALTHCARE SERVICES, LLC 3801 VITRUVIAN WAY, STE 362 ADDISON, TX 75001	Owner Information AADL HEALTHCARE SERVICES, LLC PHONE: FAX:
Phone (214) 470-0470 Type: Parent Agency	Fax (469) 574-7964 Administrator AKINYEMI LADITI	Services: Personal Assistance Services
County DALLAS License # 009587 Lic Expire 11/30/2020 Medicare 1: 673168 HHA-18 Medicare 2: Phone (214) 467-3880 Type: Parent Agency	Region 03 Date Licensed 02/14/2005 AARON HOME HEALTH CARE SERVICES INC 315 S. COCKRELL HILL ROAD STE. 208 DUNCANVILLE, TX 75116 Fax (214) 467-3886 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 License # 020211 Lic Expire 10/1/2022 Medicare 1: Medicare 2: Phone (972) 670-6238 Type: Parent Agency	Region 03 Date Licensed 10/01/2020 ABASAP HOME HEALTH CARE LLC 2000 E ARAPAHO RD APT 22207 RICHARDSON, TX 75081 Fax (469) 519-0858 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 License # 015943 Lic Expire 7/31/2023 Medicare 1: 747472 HHA-18 Medicare 2: Phone (214) 553-5587	Region 03 Date Licensed 07/15/2013 ABASI HOME HEALTHCARE INC 11110 PETAL STREET SUITE 500 DALLAS, TX 75238 Fax (214) 553-1679	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

Administrator CHRISTIE ECHIKWA

County DALLAS	Decision 02 Data Licensed 05/40/2040	Owner Information
County DALLAS	Region 03 Date Licensed 05/12/2010	ABB HEALTHCARE SERVICES LLC
License # 013310	ABB HEALTHCARE SERVICES LLC	6102 SLILLMAN STREET SUITE 110
Lic Expire 5/31/2022	6102 SKILLMAN STREET SUITE 110	DALLAS, TX 75231
Medicare 1: 747524 HHA-18	DALLAS, TX 75231	
Medicare 2:	For (000) 004 0007	PHONE: FAX:
Phone (214) 340-4444	Fax (866) 904-2927	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator WILLIAM AIYEOJENKU	
County DALLAS	Region 03 Date Licensed 02/19/2009	Owner Information
License # 012455	ABBACARE HOME HEALTH INCORPORATED	ABBACARE HOME HEALTH INCORPORATED
Lic Expire 2/28/2024	610 UPTOWN BLVD STE 2000	610 UPTOWN BLVD STE 2000
Medicare 1: 747432 HHA-18	CEDAR HILL, TX 75104	CEDAR HILL, TX 75104
Medicare 2:		PHONE: FAX:
Phone (469) 523-1373	Fax (469) 523-1374	Caminage Lineared and Cartified Hama Health Continue Lineared Hama Health Continue
,	, ,	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ROFINA ANOSIKE	
County DALLAS	Region 03 Date Licensed 02/07/2008	Owner Information
License # 011865	ABIDING CARE SERVICES INC	ABIDING CARE SERVICES, INC
		2121 W SPRING CREEK PARKWAY SUITE 205
Lic Expire 2/28/2022	3019 RUBY DR	PLANO, TX 75023
Medicare 1: 747317 HHA-18	WYLIE, TEXAS 750988925	
Medicare 2:	F (400) 540 0040	PHONE: FAX:
Phone (469) 814-0426	Fax (469) 519-0249	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JOSEPH UKUKU	
County DALLAS	Region 03 Date Licensed 02/12/2010	Owner Information
License # 013104	ABOUNDING HOME HEALTH CARE INC	ABOUNDING HOME HEALTH CARE INC
Lic Expire 2/28/2022	310 EAST I 30 SUITE B108	4569 DONEGAL DRIVE
Medicare 1: 747474 HHA-18	GARLAND, TX 75043	FRISCO, TX 75034
Medicare 2:		PHONE: FAX:
Phone (214) 327-3783	Fax (888) 567-4172	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(,	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SHAWN CHACKO	
County DALLAS	Region 03 Date Licensed 06/23/2017	Owner Information
License # 018130	ABOUNDING HOSPICE CARE INC	ABOUNDING HOSPICE CARE, INC
		310 EAST I-30 #B 108
Lic Expire 6/30/2023	310 EAST I-30 # B 108	GARLAND, TX 75043
Medicare 1: 74-1731	GARLAND, TX 75043	
Medicare 2:	Fax (866) 469-4677	PHONE: FAX:
Phone (972) 746-8428	rax (000) 403-4011	Services: Hospice
Type: Parent Agency	Administrator SHAWN CHACKO	In-Patient Hospice: NO
		Owner Information
County DALLAS	Region 03 Date Licensed 07/12/2019	Owner Information
License # 019290	ABRAMS HEALTHCARE SERVICES LLC	ABRAMS HEALTHCARE SERVICES LLC
Lic Expire 3/1/2022	9696 SKILLMAN STREET STE 150	10925 ESTATE LANE STE 240
Medicare 1:	DALLAS, TX 75243	DALLAS, TX 75238
Medicare 2:		PHONE: FAX:
Phone (972) 310-6070	Fax (972) 982-2519	Services: Personal Assistance Services
Type: Parent Agency	Administrator CHRISTIAN EWELIKE	
County DALLAS	Region 03 Date Licensed 06/22/2016	Owner Information
License # 017475	ABSOLUTE HEALTHCARE	LEJ ENTERPRISES INC
		1721 TENDERFOOT LANE
Lic Expire 6/30/2022	1721 TENDERFOOT LANE	DESOTO, TX 75115
Medicare 1:	DESOTO, TX 75115	
Medicare 2:	Fav. (214) 357 4600	PHONE: FAX:
Phone (442) 286-0599	Fax (214) 357-4690	Services: Personal Assistance Services
Type: Parent Agency	Administrator LAVONDA DAVISON	

County DALLAS License # 019890 Lic Expire 4/22/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 04/22/2020 ACACIA COMMUNITY ASSISTANCE SERVICES, LLC 2325 BONNYWOOD DR LANCASTER, TEXAS 75134	Owner Information ACACIA COMMUNITY ASSISTANCE SERVICES, LLC PHONE: FAX:
Phone (214) 395-4140	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator AUBRANEE ROBISON	devices. Telsonal Assistance devices
County DALLAS License # 019905 Lic Expire 3/13/2022 Medicare 1: Medicare 2: Phone 214 8660085 Type: Parent Agency	Region 03 Date Licensed 03/13/2020 ACAPPELLA IN HOME CARE 7920 BELT LINE RD, STE 380 DALLAS, TX 75254 Fax Administrator JENNIFER MOORE	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 DALLAS License # 018685 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone 972 2248100 Type: Parent Agency	Region 03 Date Licensed 03/31/2018 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 1615 OSPREY DRIVE STE 101 DESOTO, TX 75115 Fax 972 2243610 Administrator DANETTE CHASTAIN	Owner Information TEXAS HOME HEALTH OF AMERICA, LP 17855 N. DALLAS PKWY, SUITE 200 DALLAS, TEXAS 75287 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 020160 Lic Expire 9/9/2022 Medicare 1: Medicare 2: Phone (972) 201-3373 Type: Parent Agency	Region 03 Date Licensed 09/09/2020 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 3939 BELTLINE ROAD, SUITE 120 ADDISON, TX 750014323 Fax 214 7261596 Administrator KEVIN SHIPMAN	Owner Information TEXAS HOME HEALTH OF AMERICA, LP 17855 N. DALLAS PKWY, SUITE 200 DALLAS, TEXAS 75287 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 019512 Lic Expire 8/6/2023 Medicare 1: 747995 HHA Medicare 2: Phone 214 2578585 Type: Parent Agency	Region 03 Date Licensed 08/06/2019 ACCEPTANCE HOME HEALTH, LLC 10830 N CENTRAL EXPY STE 255 DALLAS, TX 75231 Fax 214 3039986 Administrator ANDREW MEYER	Owner Information ACCEPTANCE HOME HEALTH, LLC 4848 LEMMON AVENUE STE 360 DALLAS, TX 75219 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DALLAS License # 017470 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (972) 289-1000 Type: Parent Agency	Region 03 Date Licensed 06/21/2016 ACCESS HOME HEALTH CARE INC 3637 US HWY 80E MESQUITE, TX 75150 Fax (972) 289-1002 Administrator DENNY TITUS	Owner Information ACCESS HOME HEALTH CARE INC 3637 US HWY 80E MESQUITE, TX 75150 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 012381 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (972) 203-2300	Region 03 Date Licensed 07/10/2008 ACCESS PRIMARY HOME CARE INC 350 OAKS TRAIL SUITE 201 GARLAND, TX 75043 Fax (972) 203-2303	Owner Information ACCESS PRIMARY HOME CARE INC 350 OAKS TRAIL SUITE 201 GARLAND, TX 75043 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

Administrator

DARLENE TITUS

County DALLAS License # 008037 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (877) 315-6140 Type: Parent Agency	Region 03 Date Licensed 06/14/2002 ACCREDO HEALTH GROUP INC 4343 WEST ROYAL LANE SUITE #124 IRVING, TX 75063 Fax (866) 435-8451 Administrator ROBERT CLEVELAND	Owner Information ACCREDO HEALTH GROUP INC ONE EXPRESS WAY ST LOUIS, MO 63121 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 016547 Lic Expire 8/31/2022 Medicare 1: 677816 HHA-18 Medicare 2: Phone (214) 377-9183 Type: Parent Agency	Region 03 Date Licensed 08/19/2014 ACCURATECARE HOME HEALTH AGENCY 2111 NORTH BELTLINE RD STE 2 MESQUITE, TX 75150 Fax (214) 377-7521 Administrator JESSY THOMAS	Owner Information ACCURATECARE HEALTH SERVICES INC 7017 STETTER DR ARLINGTON, TX 76001 PHONE: (817) 468-9062 FAX: (817) 468-9062 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 015468 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (214) 444-6820 Type: Parent Agency	Region 03 Date Licensed 04/05/2013 ACHIEVE HOME HEALTH CARE SERVICES LLC 4516 MILL CREEK ROAD DALLAS, TX 75244 Fax (972) 591-2147 Administrator LYNETTE BENNETT	Owner Information ACHIEVE HOME HEALTH CARE SERVICES LLC 4516 MILL CREEK ROAD DALLAS, TX 75244 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 016701 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (972) 240-4099 Type: Parent Agency	Region 03 Date Licensed 10/30/2014 ACME HEALTHCARE, INC 350 OAK TRAIL SUITE #202 GARLAND, TX 75043 Fax (214) 602-3949 Administrator JOHNSON OOMMEN	Owner Information ACME HEALTHCARE, INC 350 OAKS TRAIL SUITE 202 GARLAND, TX 75043 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 018843 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (972) 544-1112 Type: Parent Agency	Region 03 Date Licensed 07/23/2018 ACROSS HEALTH HOMECARE 640 E MAIN STREET LANCASTER, TX 75146 Fax (972) 474-6902 Administrator JESSICA REVA	Owner Information ACROSS HEALTH SOLUTIONS LLC 640 E MAIN ST LANCASTER, TX 75146 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 019683 Lic Expire 11/6/2021 Medicare 1: Medicare 2: Phone (601) 541-2729	Region 03 Date Licensed 11/06/2019 ACTIKARE RESPONSIVE INHOME CARE 11601 AUDELIA ROAD APT 210 DALLAS, TX 75243 Fax Administrator JAQUARIOUS WILLIAMS	Owner Information PARAMOUNT HEALTH GROUP PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County DALLAS License # 020296 Lic Expire 6/13/2022 Medicare 1: 679768 Medicare 2: Phone (214) 371-8888	Administrator JAQUARIOUS WILLIAMS Region 03 Date Licensed 06/13/2020 ACUTE HOME HEALTH CARE SERVICES 1605 NORTH GARLAND AVENUE, STE. A GARLAND, TEXAS 75040 Fax (972) 722-8449	Owner Information DYNAMIX ADULT DAY CARE SERVICES, LLC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Administrator

Type: Parent Agency

RONALD BARONA

County DALLAS License # 005253 Lic Expire 6/30/2020 Medicare 1: 459317 HHA-18 Medicare 2: Phone (972) 926-4558	Region 03 Date Licensed 02/05/1997 ADA LIGHT HOME HEALTH LLC 3200 BROADWAY BLVD STE 274 GARLAND, TX 75043 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 License # 017427 Lic Expire 5/31/2022 Medicare 1:	Region 03 Date Licensed 05/27/2016 ADELE HEALTH CARE 1410 HORTON DRIVE CEDAR HILL, TX 75104	Owner Information ESTARR GROUP LLC
Medicare 2:		PHONE: FAX:
Phone (972) 293-8155	Fax (972) 293-8157	Services: Personal Assistance Services
Type: Parent Agency	Administrator DIAMOND VAUGHN	
County DALLAS License # 014297 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (817) 539-9485 Type: Parent Agency	Region 03 Date Licensed 08/18/2011 ADF HOMECARE SERVICES LLC 1015 E DALLAS STE B MANSFIELD, TX 76063 Fax (682) 292-9330 Administrator CHIKETA KELLY	Owner Information ADF HOMECARE SERVICES LLC 2306 OAKLANE SUIT 10 GRAND PRAIRIE, TEXAS 75052 PHONE: (817) 539-9485 Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS	Region 03 Date Licensed 03/26/2008	Owner Information
License # 011942	ADONAI OF LEGACY HOMEHEALTH CARE	ADONAI MEDHEALTH SERVICES INC
Lic Expire 3/31/2023	11615 FOREST CENTRAL DRIVE STE. 112	4500 LEGACY DRIVE SUITE #400 DALLAS, TX 75024
Medicare 1: Medicare 2:	DALLAS, TX 75243	PHONE: FAX:
Phone (972) 491-2077	Fax (972) 801-2078	
Type: Parent Agency	Administrator MARIBEL TURNEY	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 020097 Lic Expire 8/6/2022 Medicare 1: Medicare 2: Phone (469) 313-3098 Type: Parent Agency	Region 03 Date Licensed 08/06/2020 ADONIA PROVIDER HOME CARE LLC 11615 FOREST CENTRAL DRIVE STE. 112 DALLAS, TEXAS 75243 Fax (972) 335-0895 Administrator THOMAS JEFFERSON	Owner Information ADONIA PROVIDER HOME CARE LLC 11615 FOREST CENTRAL SUITE 203 DALLAS, TEXAS 75243 PHONE: FAX: Services: Personal Assistance Services
County DALLAS	Region 03 Date Licensed 04/11/2013	Owner Information
License # 015471	ADORATION HOMECARE INC	ADORATION HOMECARE, INC P O BOX 542222
Lic Expire 4/30/2023 Medicare 1:	8611 STRATHMORE DRIVE DALLAS, TX 75238	DALLAS, TX 75354
Medicare 1:	DALLAS, IX 13230	PHONE: FAX:
Phone (214) 951-5488	Fax (214) 351-5559	Services: Personal Assistance Services
Type: Parent Agency	Administrator CLIVE ANYANNA	
County DALLAS	Region 03 Date Licensed 01/01/2014	Owner Information
License # 016052	ADVANCE HEALTH CARE	ADVANCE ALLIANCE INC 125 W WHEATLAND RD
Lic Expire 12/31/2021 Medicare 1:	125 W WHEATLAND ROAD	DUNCANVILLE, TX 75116
Medicare 1:	DUNCANVILLE, TX 75116	PHONE: FAX:
Phone (972) 780-5525	Fax (972) 780-5653	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FELICIA VAUGHN	·

County DALLAS License # 007562 Lic Expire 3/31/2023 Medicare 1: 451752 HOSPICE Medicare 2: Phone (972) 248-8829	Region 03 Date Licensed 03/02/2001 ADVANCE HOSPICE CARE OF AMERICA INC 1177 ROCKINGHAM DRIVE SUITE 200 RICHARDSON, TX 75080 Fax (972) 818-9489	Owner Information ADVANCE HOSPICE CARE OF AMERICA INC 1177 ROCKINGHAM DRIVE #200 RICHARDSON, TX 75080 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator WING CHUN	
County DALLAS License # 019562 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (972) 292-7255 Type: Parent Agency	Region 03 Date Licensed 08/28/2019 ADVANCED CARE & HOME SUPPORT INC 2880 CLAREMONT DRIVE GRAND PRAIRIE, TX 75052 Fax (972) 292-7251 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 License # 018805 Lic Expire 11/30/2024 Medicare 1: 679671 HHA-18 Medicare 2: Phone (972) 445-9117 Type: Parent Agency	Region 03 Date Licensed 11/07/2017 ADVANCED HOME HEALTH SERVICES 1212 CORPORATE DRIVE, SUITE 125 IRVING, TEXAS 75038 Fax (469) 524-8613 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 License # 012089 Lic Expire 7/31/2022 Medicare 1: 747284 Medicare 2: Phone (214) 553-9712	Region 03 Date Licensed 07/08/2008 ADVANT HOME HEALTH SERVICES INC 11615 FOREST CENTRAL DRIVE SUITE 205 DALLAS, TX 75243 Fax (214) 553-9713	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;
Type: Parent Agency	Administrator HELEN UMOCHE	Personal Assistance Services
County DALLAS License # 012416 Lic Expire 1/31/2024 Medicare 1: 747412 HHA-18 Medicare 2: Phone (972) 642-2400	Region 03 Date Licensed 01/27/2009 ADVENT HOME CARE 3635 BROADWAY BLVD STE. C GARLAND, TX 75043 Fax (972) 642-2402 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
Type: Parent Agency County DALLAS License # 014275 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (214) 503-6854 Type: Parent Agency	Administrator FAITH ONYILIMBA Region 03 Date Licensed 08/09/2011 ADVENT ONE HOME CARE AGENCY INC 10925 ESTATE LANE SUITE 216 DALLAS, TX 75238 Fax (214) 503-6853 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 License # 018724 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (469) 278-1154 Type: Parent Agency	Region 03 Date Licensed 04/26/2018 AETNA HOME CARE & MANAGEMENT INC 8500 NORTH STEMMONS FRWY SUITE 1095 DALLAS, TEXAS 75247 Fax (972) 692-5795 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 License # 018486 Lic Expire 8/31/2024 Medicare 1: 747839 HHA-18 Medicare 2: Phone (469) 904-8364 Type: Parent Agency	Region 03 Date Licensed 08 AFFLUENS HOME HEALTH LLC 2655 VILLA CREEK DR STE 110 FARMERS BRANCH, TX 75234 Fax (469) 904-8378 Administrator MYRNA BERRY	3/18/2017	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 License # 007146 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (972) 216-3500 Type: Parent Agency	Region 03 Date Licensed 07 AFFORDABLE ELDER CARE INC 12115 SELF PLAZA DRIVE DALLAS, TX 75218 Fax (972) 216-3511 Administrator THOMAS VARUGHESE	7/31/1999	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 License # 008557 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (972) 285-2500 Type: Branch Agency		3/04/2005	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 License # 008557 Lic Expire 7/31/2022 Medicare 1: 679481 HHA-18 Medicare 2: Phone (972) 285-2500	Region 03 Date Licensed 07 AFFORDABLE HOME HEALTH 12115 SELF PLAZA DR DALLAS, TX 75218 Fax (972) 285-2503	7/17/2003	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
Type: Parent Agency County DALLAS License # 008557 Lic Expire 2/12/2022 Medicare 1: Medicare 2: Phone (972) 285-2500	AFFORDABLE HOME HEALTH 12115 SELF PLAZA DR DALLAS, TX 75218 Fax (972) 285-2503	8/09/2005	Owner Information VICTORY INSTITUTE INC 12115 SELF PLAZA DR. DALLAS, TX 75218 PHONE: FAX: Services: Licensed and Certified Home Health Services
County DALLAS License # 004681 Lic Expire 9/30/2021 Medicare 1: 458154 HHA-18 Medicare 2: Phone (972) 681-2247	Administrator THOMAS VARUGHESE Region 03 Date Licensed 10 AGAPE HOME HEALTHCARE 18770 LYNDON B JOHNSON FREEWAY SUITE 1 MESQUITE, TX 75150 Fax (972) 681-8425	0/01/1995	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
Type: Parent Agency County DALLAS License # 013593 Lic Expire 9/30/2022 Medicare 1: 671683 HOSPICE Medicare 2: Phone (972) 279-1000	Administrator SHINEY DANIEL Region 03 Date Licensed 09 AGAPE HOSPICE CARE 3030 TOWNE CENTRE DRIVE SUITE 200 MESQUITE, TX 75150 Fax (972) 279-1014	9/30/2010	Owner Information AGAPE GROUP INC PO BOX 870180 MESQUITE, TX 75187 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

Administrator SHAJI DANIEL

Data Data Data Data Data License Data Data License Data D	County DALLAS License # 008015 Lic Expire 7/31/2022 Medicare 1: 679202 HHA-18 Medicare 2: Phone (469) 778-0124	Region 03 Date Licensed 07/23/2002 AHEALTHSTAR MEDICAL SERVICES INC 1417 NORTH COCKRELL HILL ROAD SUITE 106 DALLAS, TEXAS 75211 Fax (469) 778-0118	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
License # 012192	Type: Parent Agency	Administrator EBERECHI AGBARA	
Phone (214) 217-0131	License # 012192 Lic Expire 8/31/2023	AJ HOME HEALTH SERVICES INC 123 EXECUTIVE WAY SUITE 209	AJ HOME HEALTH SERVICES INC 123 EXECUTIVE WAY #209
Type: Parent Agency Administrator JUDE UGBOMOH		Fav. (014) 017 0120	PHONE: FAX:
County DALLAS Region 03 Date Licensed 01/16/2017 AJ HOMECARE CONNECTION INC	Priorie (214) 217-0131	Fax (214) 217-0132	· · · · · · · · · · · · · · · · · · ·
License # 017934	Type: Parent Agency	Administrator JUDE UGBOMOH	
Type: Parent Agency	License # 017934 Lic Expire 1/31/2023 Medicare 1: 747797 HHA-18 Medicare 2:	AJ HOMECARE CONNECTION INC 1925 E. BELT LINE ROAD SUITE 253 CARROLLTON, TX 75006	AJ HOMECARE CONNECTION INC 1925 E BELT LINE RD CARROLLTON, TX 75006 PHONE: FAX:
County DALLAS Region 03 Date Licensed 01/21/2020 Owner Information License # 019789 AL2GETHER HOME CARE SERVICES Lic Expire 1/21/2022 1019 GROVER CT Medicare 1: CEDAR HILL, TEXAS 75104 Medicare 2: PHONE: FAX: Phone (945) 444-0564 Fax (214) 292-1167 Services: Personal Assistance Services Type: Parent Agency Administrator ANGELA MORRIS 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: FAX:			Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	License # 019789 Lic Expire 1/21/2022 Medicare 1:	AL2GETHER HOME CARE SERVICES 1019 GROVER CT	ANGELA MORRIS
County DALLAS Region 03 Date Licensed 02/15/2008 Owner Information License # 012090 ALCOMED HOMEHEALTH SERVICES INC ALCOMED HOMEHEALTH SERVICES INC Lic Expire 2/28/2023 11615 FOREST CENTRAL DRIVE SUITE 322 9330 AMBERTON PKWY STE 2220 Medicare 1: 457990 HHA-18 DALLAS, TX 75243 DALLAS, TX 75243 Medicare 2: PHONE: FAX:	Phone (945) 444-0564	Fax (214) 292-1167	Services: Personal Assistance Services
License # 012090 ALCOMED HOMEHEALTH SERVICES INC ALCOMED HOMEHEALTH SERVICES INC Lic Expire 2/28/2023 11615 FOREST CENTRAL DRIVE SUITE 322 9330 AMBERTON PKWY STE 2220 Medicare 1: 457990 HHA-18 DALLAS, TX 75243 DALLAS, TX 75243 Medicare 2: PHONE: FAX:	Type: Parent Agency	Administrator ANGELA MORRIS	
	License # 012090 Lic Expire 2/28/2023 Medicare 1: 457990 HHA-18	ALCOMED HOMEHEALTH SERVICES INC 11615 FOREST CENTRAL DRIVE SUITE 322	ALCOMED HOMEHEALTH SERVICES INC 9330 AMBERTON PKWY STE 2220 DALLAS, TX 75243
Phone (972) 442-5443 Fax (214) 570-8335		Fax (214) 570-8335	
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	(072) 112 0110	1 4.1 (211) 010 0000	
Type: Parent Agency Administrator LAWRENCE ARUM	Type: Parent Agency	Administrator LAWRENCE ARUM	
County DALLAS Region 03 Date Licensed 07/19/2004 Owner Information License # 009209 ALFRED HEALTHCARE SERVICES INC ALFRED HEALTHCARE SERVICES INC Lic Expire 7/31/2022 115 EXECUTIVE WAY, SUITE 208 1601 E LAMAR BLVD STE 117 Medicare 1: 457849 HHA-18 DESOTO, TX 75115 ARLINGTON, TX 76011 Medicare 2: PHONE: FAX:	License # 009209 Lic Expire 7/31/2022 Medicare 1: 457849 HHA-18 Medicare 2:	ALFRED HEALTHCARE SERVICES INC 115 EXECUTIVE WAY, SUITE 208 DESOTO, TX 75115	ALFRED HEALTHCARE SERVICES INC 1601 E LAMAR BLVD STE 117 ARLINGTON, TX 76011
Phone (817) 548-8500 Fax (817) 548-8505 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Type: Parent Agency Administrator ALFRED AKINOLA	. ,		
County DALLAS Region 03 Date Licensed 07/12/2012 Owner Information License # 016190 ALINE HOME HEALTH CARE OF TEXAS INC ALINE HOME HEALTH CARE OF TEXAS INC Lic Expire 7/31/2022 1140 EMPIRE CENTRAL DRIVE STE 625 1140 EMPIRE CENTRAL DRIVE STE 625 Medicare 1: 459472 DALLAS, TX 75247	License # 016190 Lic Expire 7/31/2022 Medicare 1: 459472	ALINE HOME HEALTH CARE OF TEXAS INC 1140 EMPIRE CENTRAL DRIVE STE 625	ALINE HOME HEALTH CARE OF TEXAS INC 1140 EMPIRE CENTRAL DRIVE STE 625 DALLAS, TX 75247
Medicare 2: PHONE: FAX: Phone (214) 267-1707 Fax (214) 267-1720 Services: Licensed and Certified Home Health Services; Licensed Home Health Services:		Fax (214) 267-1720	
Type: Parent Agency Administrator SIMON ODUEZE		Administrator SIMON ODUEZE	· · · · · · · · · · · · · · · · · · ·

County DALLAS License # 013791 Lic Expire 10/31/2022 Medicare 1: 747048 HHA-18 Medicare 2: Phone (972) 230-2332	Region 03 Date Licensed 11/01/2010 ALIVE HOME HEALTH CARE INC 350 OAKS TRL STE 140 GARLAND, TX 75043 Fax (972) 274-6756	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 License # 021256 Lic Expire 12/6/2024 Medicare 1: Medicare 2: Phone (214) 912-0807	Administrator JOHNSON OOMMEN Region 03 Date Licensed 12/06/2021 ALL ABOUT LIVING HOSPICE LLC 1333 INDIAN CREEK DRIVE DESOTO, TEXAS 75115 Fax (972) 637-3476	Owner Information ALL ABOUT LIVING HOSPICE LLC 614 TREES CT CEDAR HILL, TEXAS 75104 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County DALLAS License # 010939 Lic Expire 12/31/2021 Medicare 1: 747377 HHA-18 Medicare 2: Phone (214) 550-0215 Type: Parent Agency	Administrator TRACY KING Region 03 Date Licensed 12/15/2006 ALL BY GRACE HOME HEALTH CARE INC 8035 EAST R.L. THORNTON FREEWAY, SUITE 130 DALLAS, TX 75228 Fax (214) 550-0885 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 License # 013454 Lic Expire 7/31/2022 Medicare 1: 747571 HHA-18 Medicare 2: Phone (972) 740-3417 Type: Parent Agency	Region 03 Date Licensed 07/12/2010 ALL STAR HOME HEALTH SERVICES INC 2410 LUNA ROAD STE 206 CARROLLTON, TX 75006 Fax (972) 200-0542 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 License # 018610 Lic Expire 2/29/2020 Medicare 1: Medicare 2: Phone (469) 345-9551 Type: Parent Agency	Region 03 Date Licensed 02/12/2018 ALL WEATHER FRIENDS FOR SENIORS 2351 W NORTHWEST HWY SUITE 3237 DALLAS, TX 75220 Fax (469) 519-0620 Administrator MOLIN KADIRIRE	Owner Information MOLIN KADIRIRE 901 LAKESIDE CIRCLE, APT 901 LEWISVILLE, TX 75057 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 008631 Lic Expire 3/31/2020 Medicare 1: 453183 HHA-18 Medicare 2: Phone (214) 596-9357	Region 03 Date Licensed 03/06/2003 ALLIANCE APLUS HOME HEALTH CARE INC 7125 MARVIN D LOVE FREEWAY SUITE 320 DALLAS, TX 75237 Fax (214) 596-0463	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 License # 015611 Lic Expire 3/31/2023 Medicare 1: 679273 HHA-18 Medicare 2: Phone (972) 620-2006 Type: Parent Agency	Administrator DARCY WILLIAMS DONELSON Region 03 Date Licensed 03/20/2013 ALLIED HOME HEALTH CARE SERVICES INC 1925 E BELTLINE RD, STE 284 CARROLLTON, TX 75006 Fax (972) 476-1093 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

WOODS Date Licensed ERVICES		
Date Licensed		PHONE: FAX:
		Services: Licensed Home Health Services; Personal Assistance Services
GATE	12/08/2020	Owner Information ALLSTATE HEALTHCARE SERVICES LLC 10007 WHITE LN IRVING, TEXAS 75063 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Date Licensed D. SUITE 404		Owner Information ALLY AT HOME INC PHONE: FAX:
		Services: Licensed Home Health Services; Personal Assistance Services
)		
Date Licensed STE 117	06/12/2014	Owner Information COVENANT PLUS HEALTH CARE INC 5430 GLEN LAKES DRIVE STE 260 DALLAS, TX 75231 PHONE: FAX:
		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Date Licensed RVICES	05/06/2009	Owner Information ALPHA HOME HEALTH SERVICES P.O. BOX 495998 GARLAND, TX 75049 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Date Licensed	12/31/2020	Owner Information ALPHA HOSPICE PLUS INC
		PHONE: FAX:
		Services: Hospice In-Patient Hospice: NO
DMAS	05/16/2006	Owner Information ALPHA MK HEALTHCARE INC 509 CREEK COURT LEWISVILLE, TX 75067 PHONE: FAX:
	Date Licensed C SUITE 1215	С

County DALLAS License # 016998 Lic Expire 5/31/2023 Medicare 1: 679425 HHA-18 Medicare 2: Phone (214) 349-5973 Type: Parent Agency	Region 03 Date Licensed 05/28/2015 ALPHASTAR HOME HEALTH CARE 331 MELROSE DR, SUITE 150 RICHARDSON, TX 75080 Fax (866) 776-8470 Administrator ROBERT BARKER	Owner Information PRECIOUS HEALTH CORP SAME DALLAS, TX 75243 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DALLAS License # 012982 Lic Expire 11/30/2021 Medicare 1: 747470 HHA-18 Medicare 2: Phone (214) 328-8600	Region 03 Date Licensed 11/09/2009 ALTRUIST HOME HEALTH CARE INC 12660 COIT ROAD SUITE 200 DALLAS, TEXAS 75251 Fax (214) 328-8601	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
Type: Parent Agency	Administrator LALANII JONES	
County DALLAS License # 018531 Lic Expire 12/15/2022 Medicare 1: 74-1778 Medicare 2: Phone (972) 685-2400	Region 03 Date Licensed 12/27/2017 ALTRUIST HOSPICE INC 12660 COIT ROAD, SUITE 200 DALLAS, TEXAS 75251 Fax (972) 692-8888	Owner Information ALTRUIST HOSPICE INC PO BOX 570869 DALLAS, TEXAS 75227 PHONE: FAX: Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator LALANII JONES	
County DALLAS License # 012356 Lic Expire 12/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 12/17/2008 ALWAYS BEST CARE SENIOR SERVICES 13101 PRESTON RD STE 515 DALLAS, TX 75240	Owner Information PROVIDENCE SENIOR SERVICES LLC 13101 PRESTON RD STE 515 DALLAS, TX 75240 PHONE: FAX:
Phone (972) 739-8886 Type: Parent Agency	Fax (972) 767-4209 Administrator MARCUS GARDNER	Services: Personal Assistance Services
County DALLAS License # 019655 Lic Expire 10/21/2021 Medicare 1:	Region 03 Date Licensed 10/21/2019 ALWAYS FOCUSED HOMECARE LLC 4007 KENTSHIRE LANE DALLAS, TEXAS 75287	Owner Information ALWAYS FOCUSED HOMECARE LLC
Medicare 2:	DALLAU, ILAAO 19201	PHONE: FAX:
Phone (972) 978-2955 Type: Parent Agency	Fax Administrator SEDI ALIAN	Services: Personal Assistance Services
County DALLAS License # 018073 Lic Expire 5/31/2023 Medicare 1:	Region 03 Date Licensed 05/24/2017 ALWAYS PATIENT'S CHOICE HOME HEALTH LLC 4101 MCEWEN RD, STE 527 DALLAS, TEXAS 75244	Owner Information ALWAYS PATIENT'S CHOICE HOME HEALTH LLC 1501 DORIS DR MESQUITE, TX 75149
Medicare 2: Phone (214) 971-1925	Fax (214) 594-8862	PHONE: FAX:
Type: Parent Agency	Administrator TERRY TIJANI	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 021191 Lic Expire 11/8/2024 Medicare 1:	Region 03 Date Licensed 11/08/2021 ALWAYS THERE HOME CARE 9901 E VALLEY RANCH PKWY SUITE 2042 IRVING, TEXAS 75063	Owner Information ALWAYS THERE CAREGIVERS LLC
Medicare 2:	Fav	PHONE: FAX:
Phone (469) 493-1015	Fax	Services: Personal Assistance Services

Administrator

NOAH NURU

County DALLAS License # 018693 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (214) 550-5040 Type: Parent Agency	Region 03 Date Licensed 04/10/2018 AMADA SENIOR CARE OF CENTRAL DALLAS 14330 MIDWAY RD, SUITE 100 DALLAS, TX 75244 Fax (214) 310-1507 Administrator STACEY ROBINSON	Owner Information EVG VENTURES, LLC 311 BOWIE ST APT. 2713 AUSTIN, TX 78703 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 015807	Region 03 Date Licensed 10/10/2013 AMARIS HEALTH CARE INC	Owner Information AMARIS HEALTH CARE, INC
Lic Expire 10/31/2023 Medicare 1:	13140 COIT RD SUITE 220 DALLAS, TX 75240	13140 COIT RD SUITE 220 DALLAS, TX 75240
Medicare 2:	DILLIO, IX 102-0	PHONE: FAX:
Phone (972) 925-0766	Fax (972) 925-0761	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LILIANE DJILO OMGBA	
County DALLAS	Region 03 Date Licensed 02/20/2014	Owner Information
License # 016315	AMATUS HEALTH CARE LLC	AMATUS HEALTH CARE LLC 2010 VALLEY VIEW LN STE 200
Lic Expire 2/28/2024	2010 VALLEY VIEW LANE STE 200	FARMERS BRANCH, TX 75234
Medicare 1: 747682 HHA-18 Medicare 2:	FARMERS BRANCH, TX 75234	PHONE: FAX:
Phone (972) 249-4999	Fax (972) 468-6991	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SAJI RAJU	
County DALLAS	Region 03 Date Licensed 09/29/2017	Owner Information
License # 018351	AMATUS HOSPICE AND PALLIATIVE CARE LLC	AMATUS HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 9/30/2023	2010 VALLEY VIEW LANE STE 210	2010 VALLEY VIEW LANE STE 210 FARMERS BRANCH, TX 75234
Medicare 1: 74-1737	FARMERS BRANCH, TX 75234	
Medicare 2: Phone (972) 249-4999	Fax (972) 468-6991	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SAJI RAJU	
County DALLAS	Region 03 Date Licensed 08/25/2021	Owner Information
License # 021007	AMAZING FAITH HOME HEALTH LLC	AMAZING FAITH HOME HEALTH LLC
Lic Expire 8/25/2024	15950 N. DALLAS PKWY	
Medicare 1:	DALLAS, TX 75248	
Medicare 2:		PHONE: FAX:
Phone (847) 651-0946	Fax NONE	Services: Personal Assistance Services
Type: Parent Agency	Administrator FAITH NGANGA	
County DALLAS	Region 03 Date Licensed 01/04/2016	Owner Information
License # 017550	AMAZING HEALTH SERVICES	CARELIFE HEALTH SERVICES INC
Lic Expire 1/31/2025	1908 ROYAL LANE SUITE 750	1908 ROYAL LANE SUITE 750
Medicare 1: 679651 HHA-18	DALLAS, TX 75229	DALLAS, TEXAS 75229
Medicare 2: Phone (972) 638-8053	Fax (972) 755-4906	PHONE: FAX:
Type: Parent Agency	Administrator LINH ATKINS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Owner Information
County DALLAS License # 018845	Region 03 Date Licensed 07/24/2018 AMAZING HOME CARE LLC	AMAZING HOME CARE LLC
Lic Expire 7/31/2022	218 E TAYLOR DR	
Medicare 1:	GARLAND, TX 75040	
Medicare 2:		PHONE: FAX:
Phone (469) 229-7142	Fax (469) 443-0093	Services: Personal Assistance Services
	A L L L L L CATHEDINE NOUBE	

Administrator

CATHERINE NCUBE

County DALLAS License # 017846 Lic Expire 1/31/2024 Medicare 1: 747770 HHA-18 Medicare 2: Phone (214) 987-2100 Type: Parent Agency	Region 03 Date Licensed AMCARE PRO HOME HEALTH 1222 E. ARAPAHO RD #305 RICHARDSON, TX 75081 Fax (214) 987-2104 Administrator MUFADDAL BOOTWALA	01/08/2017	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 License # 020130 Lic Expire 8/31/2022 Medicare 1: 748001 Medicare 2: Phone 469 3891028	Region 03 Date Licensed AMEDICUS HOME HEALTH INC 9550 FOREST LANE, STE 125 DALLAS, TX 75243 Fax 469 6060835	08/31/2020	Owner Information AMEDICUS HOME HEALTH INC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator CATHERINE MCCOY		Services: Licensed and Certined nome nearth Services, Licensed nome nearth Services
County DALLAS License # 018888 Lic Expire 8/31/2022 Medicare 1: 741799 Medicare 2: Phone (469) 389-1028 Type: Parent Agency	Region 03 Date Licensed AMEDICUS HOSPICE INC 9550 FOREST LANE STE. 125 DALLAS, TX 75243 Fax (469) 606-0835 Administrator LAKEITHA HESTER	08/15/2018	Owner Information AMEDICUS HOSPICE INC 2712 CHARTER OAK DR. PLANO, TX 75074 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County DALLAS License # 013503 Lic Expire 8/31/2022 Medicare 1: 671674 HOSPICE Medicare 2: Phone (972) 547-3600	Region 03 Date Licensed AMEDISYS HOSPICE 13612 MIDWAY RD STE 294 DALLAS, TX 752443407 Fax (972) 547-3890	08/02/2010	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
Type: Parent Agency	Administrator C'ANN GORDON		Our solution atten
County DALLAS License # 017046 Lic Expire 9/30/2024 Medicare 1: 741651 HOSPICE Medicare 2: Phone (877) 786-0099 Type: Parent Agency	Region 03 Date Licensed AMERI HOSPICE 50 BUSINESS PARKWAY STE F-2 RICHARDSON, TX 75081 Fax (877) 512-6442 Administrator MANSOOR KAZI	09/22/2015	Owner Information AMERIHEALTH GROUP INC 50 BUSINESS PARKWAY, SUITE F-2 RICHARDSON, TEXAS PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County DALLAS License # 019039 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (318) 209-0204 Type: Parent Agency	Region 03 Date Licensed AMERICA HEALTH CARE CAPITAL LLC 610 UPTOWN BLVD. STE. 267 CEDAR HILL, TX 75104 Fax 18008660799 Administrator JOSHLAN RAYMO	10/31/2018	Owner Information AMERICA HEALTH CARE CAPITAL LLC 610 UPTOWN BLVDE CEDAR HILL, TX 75104 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 013320 Lic Expire 5/31/2022 Medicare 1: 671678 HOSPICE Medicare 2: Phone 972 661 9911 Type: Parent Agency	Region 03 Date Licensed AMERICAN BEST CARE HOSPICE INC 12655 N CENTRAL EXPY, SUITE # 350 DALLAS, TEXAS 75243 Fax 972 661 9913 Administrator GARY WAYNE GONZALES	05/14/2010	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 License # 007525 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (972) 686-6447 Type: Branch Agency County DALLAS License # 009063 Lic Expire 2/28/2022	Region 04 Date Licensed 10/01/2001 AMERICAN HOME CARE 2944 MOTLEY DRIVE SUITE 410 MESQUITE, TX 75150 Fax (972) 686-6485 Administrator CHORLECIA PRITCHETT Region 03 Date Licensed 03/01/2004 AMERICAN PILGRIMS HEALTH SERVICES LTD CO 2500 TEXAS DRIVE SUITE 101	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 Owner Information AMERICAN PILGRIMS HEALTH SERVICES LTD CO 2500 TEXAS DR. STE. 101
Medicare 1: Medicare 2:	IRVING, TX 75062	IRVING, TX 75062 PHONE: FAX:
Phone (972) 255-2600	Fax (972) 255-2700 Administrator ISIOMA EHIOBU	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 015964 Lic Expire 1/31/2022 Medicare 1: 747968 HHA-18 Medicare 2:	Region 03 Date Licensed 01/09/2014 AMERICAN STAR HOME HEALTH CARE DFW INC 2050 N COLLINS BLVD SUITE 102 RICHARDSON, TX 75080	Owner Information AMERICAN STAR HOME HEALTH CARE DFW INC 2050 N COLLINS BLVD SUITE 104 RICHARDSON, TX 75080-9998 PHONE: FAX:
Phone (972) 685-3185	Fax (972) 685-3187	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 004828 Lic Expire 8/31/2021 Medicare 1: 459021 HHA-18	Administrator ASIF QAMAR Region 03 Date Licensed 08/18/1996 AMERICANSENIOR 1177 ROCKINGHAM DRIVE SUITE 200 RICHARDSON, TX 75080	Owner Information WINGHING CHUN INC 1177 ROCKINGHAM DRIVE SUITE 200 RICHARDSON, TX 75093
Medicare 2: Phone (972) 818-9488	Fax (972) 818-9489	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator WING CHUN	Personal Assistance Services
County DALLAS License # 019760 Lic Expire 8/19/2023 Medicare 1: 747722 (HHA)	Region 03 Date Licensed 08/19/2019 AMERICARE HOME HEALTH SYSTEM INC 12989 JUPITER ROAD STE 103 DALLAS, TX 75238	Owner Information AMERICARE HOME HEALTH SYSTEM INC 12989 JUPITER ROAD STE 103 DALLAS, TX 75238
Medicare 2: Phone (214) 221-8603	Fax (214) 221-8609	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator PATIENCE AKPANDEM	Personal Assistance Services
County DALLAS License # 020654 Lic Expire 3/29/2024 Medicare 1:	Region 03 Date Licensed 03/29/2021 AMERICARE NORTH DALLAS LLC 4925 GREENVILLE AVE SUITE 200 DALLAS, TEXAS 75206	Owner Information AMERICARE NORTH DALLAS LLC
Medicare 2:	-	PHONE: FAX:
Phone 972 7689671 Type: Parent Agency	Fax Administrator STEPHEN WARNER	Services: Personal Assistance Services
County DALLAS License # 016384 Lic Expire Medicare 1: 741551 HOSPICE Medicare 2:	Region 03 Date Licensed 08/20/2014 AMERIPRIME HOSPICE LLC 2929 N CENTAL EXPRESSWAY SUITE 200-A RICHARDSON, TX 75080	Owner Information AMERIPRIME HOSPICE LLC 50 BUSINESS PARKWAY SUITE B RICHARDSON, TX 75081-5047 PHONE: FAX:
Phone (800) 899-9790 Type: Parent Agency	Fax (877) 512-6442 Administrator MANSOOR KAZI	Services: Hospice In-Patient Hospice: NO

County DALLAS License # 020024 Lic Expire 6/30/2022 Medicare 1:	Region 03 Date Licensed 09/02/2020 AMERITOUCH HOME HEALTH SERVICES INC 9304 FOREST LANE STE S125 DALLAS, TX 75243	Owner Information AMERITOUCH HOME HEALTH SERVICES INC 1705 N GREENVILLE AVE APT 231 RICHARDSON, TX 75081
Medicare 2: Phone (469) 324-8225	Fax (469) 206-0908	PHONE: FAX:
Type: Parent Agency	Administrator GRACE EGANZA	Services: Personal Assistance Services
County DALLAS	Region 03 Date Licensed 02/19/2015	Owner Information
License # 016757	AMITY HEALTH CARE SERVICES	HERALD HOME HEALTH CARE LLC
Lic Expire 2/28/2023	17311 N DALLAS PARKWAY SUITE # 245	17311 N DALLAS PKWY
Medicare 1: 747539 HHA-18	DALLAS, TX 75248	DALLAS, TX 75248
Medicare 2:		PHONE: FAX:
Phone (972) 931-5400	Fax (972) 931-5403	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator SAIRA HASAN	
County DALLAS	Region 03 Date Licensed 09/16/2011	Owner Information
License # 014355	AMITY HOSPICE	NSN GROUP, LLC 17311 N DALLAS PARKWAY SUITE # 125
Lic Expire 9/30/2024	17311 N DALLAS PARKWAY SUITE #240	DALLAS, TX 75248-1131
Medicare 1: 671707 HOSPICE Medicare 2:	DALLAS, TX 75248	PHONE: FAX:
Phone (972) 931-5400	Fax (972) 931-5403	
, ,	, ,	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CANDACE ROBSON	
County DALLAS	Region 03 Date Licensed 05/14/2020	Owner Information
License # 019936	AMTRUST HOME HEALTH LLC	AMTRUST HOME HEALTH LLC
Lic Expire 5/14/2022	4101 MCEWEN RD STE 527	
Medicare 1:	DALLAS, TEXAS 75244	DUONIC. FAV.
Medicare 2: Phone (214) 662-0982	Fax (214) 594-8862	PHONE: 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	ANDI'S ANGELS HOME CARE, LLC
Lic Expire 3/24/2023	1360 PRESIDENTIAL DR, SUITE 150	
Medicare 1:	RICHARDSON, TX 75081	
Medicare 2:	_	PHONE: FAX:
Phone (650) 630-1668	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator ANDREA TAUBMAN	
County DALLAS	Region 03 Date Licensed 01/17/1997	Owner Information
License # 005225	ANGEL CARE HOME HEALTH SERVICES INC	ANGEL CARE HOME HEALTH SERVICES, INC 1839 S CARRIER PKWY
Lic Expire 1/31/2024 Medicare 1: 459412 HHA-18	1839 SOUTH CARRIER PARKWAY	GRAND PRAIRIE, TEXAS
Medicare 1: 459412 HHA-18 Medicare 2:	GRAND PRAIRIE, TX 75051	PHONE: FAX:
Phone (972) 262-6435	Fax (972) 237-1495	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ANNAMMA MALIYIL	Personal Assistance Services
<u></u>		Owner Information
County DALLAS License # 014778	Region 03 Date Licensed 04/01/2012 ANGEL CARE HOSPICE	ANGEL CARE PLUS HOSPICE LLC
License # 014776 Lic Expire 3/31/2022	1350 E. ARAPAHO RD., STE # 207	1701 N GREENVILLE AVENUE SUITE # 1109
Medicare 1: 671675 HOSPICE	RICHARDSON, TEXAS 75081	RICHARDSON, TX 75081-1850
Medicare 2:	•	PHONE: FAX:
Phone (972) 301-5600	Fax (972) 301-5606	Services: Hospice
Type: Parent Agency	Administrator CLIMA IACOD	In-Patient Hospice: NO

Administrator

SUMA JACOB

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:	FAX:
Phone (469) 363-9953	Fax (650) 489-3138		Services: Personal Assistance Services	
Type: Parent Agency	Administrator DIANE MOSLEY			
County DALLAS	Region 03 Date Licensed	07/18/2017	Owner Information	
License # 018411	ANGEL HANDS HOSPICE		STAR HEARTS INC, DBA ANGEL HANDS HOSPIG	DE
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:	5,1216,1276,702.0		PHONE:	FAX:
Phone (214) 267-1800	Fax (214) 267-1802			1700
(211) 201 1000	(=) =		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator LAURIE STOKES BELL		in ration risopios. No	
<u></u>			Owner Information	
County DALLAS	Region 03 Date Licensed	02/03/2016		
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:	FAX:
Phone (972) 848-3572	Fax (972) 848-3573		Services: Hospice	
			In-Patient Hospice: NO	
Type: Parent Agency	Administrator LAURIE STOKES-BELL			
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	
	ZOO WINEFILMET OF COME TO			
Medicare 1: 747214 HHA-18	MESQUITE TX 75149		MESQUITE, TX 75149-3476	
Medicare 1: 747214 HHA-18	MESQUITE, TX 75149			FAX·
Medicare 2:			PHONE:	FAX:
	MESQUITE, TX 75149 Fax (972) 303-5723		PHONE: Services: Licensed and Certified Home Health Servi	
Medicare 2:			PHONE:	
Medicare 2: Phone (972) 346-6502 Type: Parent Agency	Fax (972) 303-5723 Administrator TOBIN DANIEL	00/10/2012	PHONE: Services: Licensed and Certified Home Health Servi	
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed	09/19/2012	PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services	
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP	09/19/2012	PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information	
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103	09/19/2012	PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103	
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP	09/19/2012	PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149	ces; Licensed Home Health Services;
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2:	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149	09/19/2012	PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103	
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103	09/19/2012	PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice	ces; Licensed Home Health Services;
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2:	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149	09/19/2012	PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE:	ces; Licensed Home Health Services;
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL		PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice	ces; Licensed Home Health Services;
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed	09/19/2012	PHONE: Services: Licensed and Certified Home Health Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO	ces; Licensed Home Health Services;
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC		PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC	ces; Licensed Home Health Services;
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC 2665 VILLA CREEK DR . SUITE 129 A		PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC 346 OAKS TRAIL SUITE 203	ces; Licensed Home Health Services;
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC		PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC 346 OAKS TRAIL SUITE 203 GARLAND, TX 75043	ces; Licensed Home Health Services;
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796 Medicare 2:	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC 2665 VILLA CREEK DR . SUITE 129 A DALLAS, TX 75234		PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC 346 OAKS TRAIL SUITE 203	ces; Licensed Home Health Services;
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC 2665 VILLA CREEK DR . SUITE 129 A		PHONE: Services: Licensed and Certified Home Health Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC 346 OAKS TRAIL SUITE 203 GARLAND, TX 75043 PHONE: Services: Hospice; Licensed Home Health Services;	FAX:
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796 Medicare 2:	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC 2665 VILLA CREEK DR . SUITE 129 A DALLAS, TX 75234		PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC 346 OAKS TRAIL SUITE 203 GARLAND, TX 75043 PHONE:	FAX:
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796 Medicare 2: Phone (469) 249-8440 Type: Parent Agency	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC 2665 VILLA CREEK DR . SUITE 129 A DALLAS, TX 75234 Fax (469) 249-8444 Administrator NEASA BARNES	05/26/2017	PHONE: Services: Licensed and Certified Home Health Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC 346 OAKS TRAIL SUITE 203 GARLAND, TX 75043 PHONE: Services: Hospice; Licensed Home Health Services;	FAX:
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796 Medicare 2: Phone (469) 249-8440 Type: Parent Agency County DALLAS	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC 2665 VILLA CREEK DR . SUITE 129 A DALLAS, TX 75234 Fax (469) 249-8444 Administrator NEASA BARNES Region 03 Date Licensed		PHONE: Services: Licensed and Certified Home Health Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC 346 OAKS TRAIL SUITE 203 GARLAND, TX 75043 PHONE: Services: Hospice; Licensed Home Health Services; In-Patient Hospice: NO	FAX:
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796 Medicare 2: Phone (469) 249-8440 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796 Medicare 2: Phone (469) 249-8440	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC 2665 VILLA CREEK DR . SUITE 129 A DALLAS, TX 75234 Fax (469) 249-8444 Administrator NEASA BARNES Region 03 Date Licensed ANGELS FROM HEAVEN LLC	05/26/2017	PHONE: Services: Licensed and Certified Home Health Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC 346 OAKS TRAIL SUITE 203 GARLAND, TX 75043 PHONE: Services: Hospice; Licensed Home Health Services; In-Patient Hospice: NO Owner Information	FAX:
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796 Medicare 2: Phone (469) 249-8440 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796 Medicare 2: Phone (469) 249-8440 Type: Parent Agency County DALLAS License # 019425 Lic Expire 6/17/2024	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC 2665 VILLA CREEK DR . SUITE 129 A DALLAS, TX 75234 Fax (469) 249-8444 Administrator NEASA BARNES Region 03 Date Licensed ANGELS FROM HEAVEN LLC 2137 DIANE DR	05/26/2017	PHONE: Services: Licensed and Certified Home Health Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC 346 OAKS TRAIL SUITE 203 GARLAND, TX 75043 PHONE: Services: Hospice; Licensed Home Health Services; In-Patient Hospice: NO Owner Information	FAX:
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796 Medicare 2: Phone (469) 249-8440 Type: Parent Agency County DALLAS License # 019425 Lic Expire 6/17/2024 Medicare 1:	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC 2665 VILLA CREEK DR . SUITE 129 A DALLAS, TX 75234 Fax (469) 249-8444 Administrator NEASA BARNES Region 03 Date Licensed ANGELS FROM HEAVEN LLC	05/26/2017	PHONE: Services: Licensed and Certified Home Health Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC 346 OAKS TRAIL SUITE 203 GARLAND, TX 75043 PHONE: Services: Hospice; Licensed Home Health Services; In-Patient Hospice: NO Owner Information ANGELS FROM HEAVEN LLC	FAX: Personal Assistance Services
Medicare 2: Phone (972) 346-6502 Type: Parent Agency County DALLAS License # 015074 Lic Expire 9/30/2022 Medicare 1: 671794 HOSPICE Medicare 2: Phone (214) 432-2636 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796 Medicare 2: Phone (469) 249-8440 Type: Parent Agency County DALLAS License # 018079 Lic Expire 5/31/2023 Medicare 1: 741796 Medicare 2: Phone (469) 249-8440 Type: Parent Agency County DALLAS License # 019425 Lic Expire 6/17/2024	Fax (972) 303-5723 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL HOSPICE CORP 208 W KEARNEY STREET SUITE 103 MESQUITE, TX 75149 Fax (214) 432-6570 Administrator TOBIN DANIEL Region 03 Date Licensed ANGEL VALLEY HOSPICE LLC 2665 VILLA CREEK DR . SUITE 129 A DALLAS, TX 75234 Fax (469) 249-8444 Administrator NEASA BARNES Region 03 Date Licensed ANGELS FROM HEAVEN LLC 2137 DIANE DR	05/26/2017	PHONE: Services: Licensed and Certified Home Health Services Owner Information ANGEL HOSPICE CORP 208 W KEARNEY ST 103 MESQUITE, TX 75149 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information ANGEL VALLEY HOSPICE LLC 346 OAKS TRAIL SUITE 203 GARLAND, TX 75043 PHONE: Services: Hospice; Licensed Home Health Services; In-Patient Hospice: NO Owner Information	FAX:

Administrator

MORYA JACKSON

County DALLAS	Region 03 Date Licensed 07/20/2001	Owner Information
License # 008103	ANGELS HOME HEALTH AGENCY	ANGELS HOME HEALTH AGENCY
Lic Expire 7/31/2021	415 WEAVER ST	P 0 B0X 622
Medicare 1: 679045	CEDAR HILL, TX 75104	CEDAR HILL, TX 75104
Medicare 2:	F (077) 070 7000	PHONE: FAX:
Phone (469) 454-6826	Fax (877) 850-5030	Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SHIRLEY ASONIBE	
County DALLAS	Region 03 Date Licensed 12/29/2014	Owner Information
License # 016680	ANGELS OF CARE HOME HEALTH INCORPORATED	ANGELS OF CARE HOME HEALTH INCORPORATED 12200 FORD ROAD SUITE # 350
Lic Expire 12/31/2022	12200 FORD ROAD SUITE 350	DALLAS, TX 75243-8118
Medicare 1: 747640 HHA-18	DALLAS, TX 75234	
Medicare 2: Phone (214) 484-1362	Fax (214) 432-6161	
11010 (211) 101 1002	1 dx (211) 102 0101	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator RENJI PHILIPOSE	
County DALLAS	Region 03 Date Licensed 01/19/2011	Owner Information
License # 010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC
Lic Expire 8/31/2022	13601 PRESTON ROAD SUITE 210W	P O BOX 338
Medicare 1:	DALLAS, TX 75240	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 01/19/2011	Owner Information
License # 010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC
Lic Expire 8/31/2022	13601 PRESTON ROAD SUITE 210W	P O BOX 338
Medicare 1:	DALLAS, TX 75240	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 01/19/2011	Owner Information
License # 010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC
Lic Expire 8/31/2022	13601 PRESTON ROAD SUITE 210W	P O BOX 338
Medicare 1:	DALLAS, TX 75240	HOWE, TX 75459
Medicare 2:	F (000) 500 4404	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 01/19/2011	Owner Information
License # 010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC
Lic Expire 8/31/2022	13601 PRESTON ROAD SUITE 210W	P O BOX 338 HOWE, TX 75459
Medicare 1:	DALLAS, TX 75240	
Medicare 2: Phone (972) 702-0300	Fax (903) 532-1401	PHONE: FAX:
Type: Branch Agency	Administrator HEATHER RODGERS	Services: Licensed Home Health Services; Personal Assistance Services
<u></u>		Owner Information
County DALLAS	Region 03 Date Licensed 01/19/2011	AOC TX, LLC
License # 010691 Lic Expire 8/31/2022	ANGELS OF CARE PEDIATRIC HOME HEALTH	P O BOX 338
Medicare 1:	13601 PRESTON ROAD SUITE 210W DALLAS, TX 75240	HOWE, TX 75459
Medicare 1:	DILLING IN IDETO	PHONE: FAX:
Phone (972) 702-0300	Fax (903) 532-1401	Services: Licensed Home Health Services: Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	Controde. Electrode Frente Fredrik Controde Fredrik Assistance Centrode
		

County DALLAS License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (972) 702-0300 Type: Branch Agency County DALLAS License # 008812	Region 03 Date Licensed 01/19/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 13601 PRESTON ROAD SUITE 210W DALLAS, TX 75240 Fax (903) 532-1401 Administrator HEATHER RODGERS Region 03 Date Licensed 12/16/2003 ANGELS OF HANDS HOME HEALTH AGENCY CORP	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information ANGELS OF HANDS HOME HEALTH AGENCY CORP PO BOX 181
Lic Expire 12/31/2020	2401 N HOUSTON SCHOOL ROAD	DESOTO, TEXAS 75123
Medicare 1: Medicare 2:	LANCASTER, TX 75134	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	Services. Personal Assistance Services
County DALLAS License # 021152 Lic Expire 10/25/2024 Medicare 1:	Region 03 Date Licensed 10/25/2021 ANGLES PROVIDING CARE 1411 E CAMPBELL RD STE 400 RICHARDSON, TX 75081	Owner Information ANGELS PROVIDING CARE STAFFING LLC
Medicare 2:		PHONE: FAX:
Phone (469) 274-2828	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator VANESSA HARRINGTON	
County DALLAS License # 007896 Lic Expire 4/30/2024 Medicare 1: 679342 HHA-18 Medicare 2:	Region 03 Date Licensed 04/09/2002 ANI HOME HEALTH AGENCY LTD CO 215A EXECUTIVE WAY #120 DESOTO, TX 75115	Owner Information ANI HOME HEALTH AGENCY LTD CO 215A EXECUTIVE WAY #120 DESOTO, TX 75115 PHONE: FAX:
Phone (972) 228-4100	Fax (972) 283-6198	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ORITSEBEMIGHO EDEGBELE	Personal Assistance Services
County DALLAS License # 015703 Lic Expire 12/30/2020 Medicare 1: Medicare 2: Phone (972) 228-4100	Region 03 Date Licensed 08/08/2013 ANI PERSONAL ASSISTANCE SERVICES AGENCY LTD CO 215A EXECUTIVE WAY #120 DESOTO, TX 75115 Fax (972) 283-6198	Owner Information ANI PERSONAL ASSISTANCE SERVICES AGENCY LTD CO 1145 RANCH VALLEY DR DESOTO, TX 75115 PHONE: FAX:
Type: Parent Agency	Administrator ORITSEBEMIGHO EDEGBELE	Services: Personal Assistance Services
County DALLAS License # 020698 Lic Expire 4/14/2023 Medicare 1: Medicare 2: Phone (214) 785-8385	Region 03 Date Licensed 04/14/2021 ANITALIAMS FIRSTCLASS CARE LLC 1667 W CAMPBELL ROAD APT 5213 GARLAND, TX 75044 Fax (469) 722-5465	Owner Information ANITALIAMS FIRSTCLASS CARE LLC 1667 W CAMPBELL ROAD APT 5213 GARLAND, TX 75044 PHONE: FAX:
Type: Parent Agency	Administrator ANTIA WILLIAMS	Services: Personal Assistance Services
County DALLAS License# 020862	Region 03 Date Licensed 06/25/2021 ANNA CARE, INC	Owner Information ANNA CARE, INC
Lic Expire 6/25/2024 Medicare 1:	1870 CROWN DRIVE SUITE 1520 FARMERS BRANCH, TEXAS 75234	
•		PHONE: FAX:

County DALLAS License # 017476 Lic Expire 4/30/2022 Medicare 1: 747548 HHA-18 Medicare 2: Phone (972) 416-0078	Region 03 Date Licensed APEX HOME CARE 2840 KELLER SPRINGS ROAD SUITE 901 CARROLLTON, TX 75006 Fax (972) 416-0079	04/05/2016	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
Type: Parent Agency	Administrator SANTHI KUMAR		
County DALLAS License # 017729 Lic Expire 6/30/2022 Medicare 1: 743104 HHA-18 Medicare 2: Phone (972) 602-0896	Region 03 Date Licensed APEX HOMECARE INC 610 N O'CONNOR RD IRVING, TX 75061 Fax (972) 602-1084	06/20/2016	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;
Type: Parent Agency	Administrator JERALD ABRAHAM		Personal Assistance Services
County DALLAS License # 010766 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (469) 619-5474 Type: Parent Agency	Region 03 Date Licensed APPLE CARE AND COMPANION 5119 QUAIL LAKE DRIVE DALLAS, TEXAS 75287 Fax (469) 619-5475 Administrator LAURIE MILLER	09/26/2006	Owner Information AIP GROUP LLC 2201 MIDWAY RD SUITE 112 CARROLLTON, TX 75006 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 018762 Lic Expire 5/31/2020 Medicare 1: Medicare 2: Phone (817) 449-7705	Region 03 Date Licensed APPLE RENAL CARE LLC 5784 JILLIAN WAY GRAND PRAIRIE, TX 75052 Fax	05/25/2018	Owner Information APPLE RENAL CARE, LLC 5784 JILLIAN WAY GRAND PRAIRIE, TX 75052 PHONE: FAX:
Type: Parent Agency	Administrator JOSEPHAT KIROCHI		Services: Licensed Home Health Services with Dialysis
County DALLAS License # 012528 Lic Expire 3/31/2021 Medicare 1: 747348 HHA-18 Medicare 2: Phone (214) 792-9761 Type: Parent Agency	Region 03 Date Licensed AQUINAI HOME HEALTHCARE INC 8330 LBJ FREEWAY STE 475 DALLAS, TX 75243 Fax (214) 954-7384 Administrator MICHAEL UDOESSIEN	03/30/2009	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 License # 016798 Lic Expire 2/28/2023 Medicare 1: 747624 HHA-18 Medicare 2: Phone (214) 872-2733 Type: Parent Agency	Region 03 Date Licensed ARBOR TRINITY HOME HEALTH LLC 700 HIGHLANDER BLVD STE 410 ARLINGTON, TX 760154329 Fax (214) 872-2703 Administrator DARWIN NOLASCO	02/24/2015	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 License # 021284 Lic Expire 9/20/2024 Medicare 1: 457667 Medicare 2: Phone (214) 424-6100 Type: Parent Agency	Region 03 Date Licensed ARDENT AT HOME 14785 PRESTON ROAD, SUITE 460 DALLAS, TEXAS 75254 Fax (214) 424-6112 Administrator KRYSTAL ALVARADO	09/20/2021	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 License # 012034 Lic Expire 5/31/2024 Medicare 1: 747318 Medicare 2: Phone (469) 200-4471	Region 03 Date Licensed 05/29/2008 ARIEL AMANA HEALTHCARE INC 8111 LBJ FREEWAY, SUITE 1365 DALLAS, TEXAS 75251 Fax (469) 200-4472	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
Type: Parent Agency	Administrator OASOGIE OHOME	
County DALLAS License # 018393 Lic Expire 9/30/2023 Medicare 1: 747692 Medicare 2: Phone (214) 221-8136	Region 03 Date Licensed 09/24/2017 ARIEL HEALTHCARE SYSTEM INC 12225 GREENVILLE AVE STE 1060 DALLAS, TX 75243 Fax (214) 221-6933	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
Type: Parent Agency	Administrator OGECHI EYI	
County DALLAS License # 014100 Lic Expire 5/31/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 07/09/2014 ARK HOME HEALTH CARE PEDIATRIC SERVICES 400 E ROYAL LANE BLDG 3, SUITE 290 IRVING, TX 75039	Owner Information HEALING ARK HOME HEALTH PEDIATRIC SERVICES INC 1240 SOUTHRIDGE COURT HURST, TEXAS 76053 PHONE: FAX:
Phone (817) 952-3093 Type: Branch Agency	Fax (817) 952-3095 Administrator CATHY WILLIAMSON	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 014100 Lic Expire 5/31/2023 Medicare 1:	Region 03 Date Licensed 07/09/2014 ARK HOME HEALTH CARE PEDIATRIC SERVICES 400 E ROYAL LANE BLDG 3, SUITE 290 IRVING, TX 75039	Owner Information HEALING ARK HOME HEALTH PEDIATRIC SERVICES INC 1240 SOUTHRIDGE COURT HURST, TEXAS 76053
Medicare 2:		PHONE: FAX:
Phone (817) 952-3093 Type: Branch Agency	Fax (817) 952-3095 Administrator CATHY WILLIAMSON	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 009163 Lic Expire 6/30/2022 Medicare 1: 673192 HHA-18 Medicare 2: Phone (972) 226-5884	Region 03 Date Licensed 06/28/2004 ASCEND HOME CARE LLC 2611 NORTH BELTLINE ROAD SUITE 105 SUNNYVALE, TX 75182 Fax (972) 203-8766	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;
Type: Parent Agency	Administrator MOLLY MATHEW	Personal Assistance Services
County DALLAS License # 021348 Lic Expire 1/21/2025 Medicare 1:	Region 03 Date Licensed ASSISTING HANDS FRISCO 6600 LBJ FREEWAY DALLAS, TEXAS 75240	Owner Information BETZ WILLEMS CARE LLC
Medicare 1:	DALLO, ILAGO 19240	PHONE: FAX:
Phone (214) 836-8028	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator WOLFGANG WILLEMS	
County DALLAS License # 017250 Lic Expire 2/28/2022 Medicare 1:	Region 03 Date Licensed 02/02/2016 ASSISTING HANDS OF PRESTON HOLLOW 6600 LBJ FREEWAY SUITE 188 DALLAS, TX 75240	Owner Information NPLH INC 6600 LBJ FREEWAY SUITE 188 DALLAS, TEXAS 75240
Medicare 2: Phone (214) 420-1212 Type: Parent Agency	Fax (214) 420-1215 Administrator ROBERT MCCULLOUGH	PHONE: FAX: Services: Personal Assistance Services

County DALLAS License # 013246 Lic Expire 4/30/2022 Medicare 1: 747791 HHA-18 Medicare 2: Phone (972) 278-2021 Type: Parent Agency	Region 03 Date Licensed 04/15/2010 ASSURANCE HOME CARE SOLUTIONS LLC 1919 S SHILOH RD STE 430 GARLAND, TX 75042 Fax (972) 278-2022 Administrator OBIOMA OGBONNA	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
		Owner Information
County DALLAS License # 020235	Region 03 Date Licensed 10/14/2020 ASSURANCE HOME HEALTH SERVICES INC	ASSURANCE HOME HEALTH SERVICES INC
Lic Expire 10/14/2022	9319 LBJ FWY SUITE 105	SAME
Medicare 1:	DALLAS, TEXAS 75243	
Medicare 2:		PHONE: FAX:
Phone (773) 966-8793	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	Owner Information
License # 013027	ASTER HOME HEALTHCARE LLC	ASTER HOME HEALTHCARE LLC
Lic Expire 12/31/2021	112 KINGSRIDGE DR	112 KINGSRIDGE DR
Medicare 1: 747522 HHA-18	COPPELL, TX 75019	COPPELL, TEXAS 75019
Medicare 2: Phone (972) 360-7482	Fax (972) 906-7229	PHONE: FAX:
(0.2) 000 1.02	(0.2) 000 : 220	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	Owner Information
License # 021218	ASTER HOSPICE LLC	ASTER HOSPICE LLC
Lic Expire 11/22/2024	2410 LUNA RD STE 286	
Medicare 1:	CARROLLTON, TX 75006	
Medicare 2:	F (044) 200 7004	PHONE: FAX:
Phone (214) 432-4358	Fax (214) 390-7994	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BIJILI VARANATH	and adolt hoppos. No
County DALLAS	Region 03 Date Licensed 09/01/2020	Owner Information
License # 020138	ASTONISHING HOSPICE CARE OF TEXAS LLC	ASTONISHING HOSPICE CARE OF TEXAS LLC
Lic Expire 9/1/2022	614 TREES CT.	
Medicare 1:	CEDAR HILL, TX 75104	
Medicare 2:	F	PHONE: FAX:
Phone (214) 744-3509	Fax	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TRACY KING	an adorthospios. No
County DALLAS	Region 03 Date Licensed 03/25/2009	Owner Information
License # 012525	AT HOME HEALTHCARE	HELPING HANDS HOMECARE, LTD
Lic Expire	2736 TOWNE CENTRE DRIVE STE A	9846 HIGHWAY 31 EAST
Medicare 1:	MESQUITE, TX 75150	TYLER, TX 75705
Medicare 2:		PHONE: FAX:
Phone (214) 484-4236	Fax (903) 525-3855	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JENNIFER HUFFMAN	
County DALLAS	Region 04 Date Licensed 02/19/2002	Owner Information
License # 007685	AT HOME HEALTHCARE	NORTHEAST TEXAS HOME HEALTH AGENCY, LTD 506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
Lic Expire 7/31/2022	2736 TOWNE CENTRE DRIVE SUITE A	TYLER, TX 75705
Medicare 1: Medicare 2:	MESQUITE, TX 75150	PHONE: FAX:
Phone (214) 484-3332	Fax (214) 484-2578	
Type: Branch Agency	Administrator JENNIFER JACKSON	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
i ypo. Dialion Agency	Administrator JENNII EN JAONSON	

County DALLAS	Region 03 Date Licensed 05/26/2006	Owner Information
License # 010489	AT HOME PERSONAL CARE	AHPC2, LLC
Lic Expire 5/31/2022	10000 NORTH CENTRAL EXPRESSWAY SUITE 400	7557 RAMBLER RD # 758
Medicare 1:	DALLAS, TX 75231	DALLAS, TX 75231
Medicare 2: Phone (214) 540-4940	Fax (214) 540-4941	PHONE: FAX:
Type: Parent Agency	Administrator LATONYA RICHARDSON	Services: Personal Assistance Services
<u> </u>	Administration EATONTA NOTIALESON	Ounce Information
County DALLAS	Region 03 Date Licensed 09/23/2021	Owner Information AT HOME SENIOR CARE24 LLC
License # 021068 Lic Expire 9/23/2024	AT HOME SENIOR CARE	
Medicare 1:	4007 BLOCK DR, APT 2126 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	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 In-Patient Hospice: NO
Type: Parent Agency	Administrator BRUCE DAVIS	in radioit respice. No
County DALLAS	Region 03 Date Licensed 08/14/2012	Owner Information
License # 015008	AUGUSTINE AT EDGEMERE	AUGUSTINE HOME HEALTH TEXAS LLC
Lic Expire 8/31/2022	8523 THACKERY STREET	PO BOX 2058
Medicare 1:	DALLAS, TX 75225	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	AUGUSTINE HOME HEALTH CARE	THIRTEEN LAC, INC PO BOX 2058
Lic Expire 1/31/2022 Medicare 1:	8523 THACKERY ST DALLAS, TX 75225	GARNER, NC 27529
Medicare 2:	DALLAS, 1X 13225	PHONE: FAX:
Phone (214) 265-5055	Fax (214) 265-5995	
Type: Parent Agency	Administrator SHERITA GLANVILLE	Services: Personal Assistance Services
County DALLAS	Region 03 Date Licensed 12/02/1994	Owner Information
License # 003322	AUTISM TREATMENT CENTER INC	AUTISTIC TREATMENT CENTER INC
Lic Expire 5/31/2023	10503 METRIC DRIVE	15911 NACOGDOCHES ROAD
Medicare 1:	DALLAS, TX 75243	SAN ANTONIO, TEXAS 78247
Medicare 2:		PHONE: (972) 644-2076 FAX: (972) 644-5650
Phone (972) 644-2076	Fax (972) 644-5650	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ANNA P HUNDLEY	
County DALLAS	Region 03 Date Licensed 02/28/2014	Owner Information
License # 016056	AUXIEGOLDIE HOME HEALTH SERVICES INC	AUXIEGOLDIE HOME HEALTH SERVICES INC 10818 WATERVIEW PKWAY
Lic Expire 2/28/2022 Medicare 1:	10818 WATERVIEW PARKWAY	ROWLETT, TX 75089
Medicare 2:	ROWLETT, TX 75089	PHONE: FAX:
Phone (214) 674-5990	Fax (469) 298-0591	Services: Licensed Home Health Services; Personal Assistance Services
Torrest Arrange	Administrator ALICUICTINE ODADA II ODADA II	33. 11333. Elochood Florito Floritati Colfficolo, Folocial Floridation Colfficol

Administrator

Type: Parent Agency

AUGUSTINE OPARAJI OPARAJI

County DALLAS License # 012156 Lic Expire 8/31/2024 Medicare 1: 747175 HHA-18 Medicare 2: Phone (214) 966-0466 Type: Parent Agency	Region 03 Date Licensed AVAIL HOME HEALTH SERVICES LLC 15060 E BELTWOOD PARKWAY ADDISON, TX 75001 Fax (214) 751-3663 Administrator MAHROSH NAWAZ	08/13/2008	Owner Information AVAIL HOME HEALTH SERVICES LLC 15060 E BELTWOOD PARKWAY ADDISON, TX 75001 PHONE: FAX: Services: Licensed and Certified Home Health Services
County DALLAS License # 015022 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (214) 265-0420 Type: Branch Agency	Region 03 Date Licensed AVEANNA HEALTHCARE 2400 EMPIRE CENTRAL DRIVE, SUITE B DALLAS, TEXAS 752354390 Fax (214) 265-0737 Administrator ROBERT DENNIS	06/23/2014	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 015022 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (214) 265-0420 Type: Branch Agency	Region 03 Date Licensed AVEANNA HEALTHCARE 2400 EMPIRE CENTRAL DRIVE, SUITE B DALLAS, TEXAS 752354390 Fax (214) 265-0737 Administrator ROBERT DENNIS	06/23/2014	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 015022 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (214) 265-0420 Type: Branch Agency	Region 03 Date Licensed AVEANNA HEALTHCARE 2400 EMPIRE CENTRAL DRIVE, SUITE B DALLAS, TEXAS 752354390 Fax (214) 265-0737 Administrator ROBERT DENNIS	06/23/2014	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 015022 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (469) 364-8600 Type: Parent Agency	Region 03 Date Licensed AVEANNA HEALTHCARE 1349 EMPIRE CENTRAL DRIVE STE 516 DALLAS, TX 75247 Fax (855) 275-2406 Administrator MIGUEL ZUNIGA	03/28/2012	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 015022 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (469) 518-7762 Type: Branch Agency	Region 03 Date Licensed AVEANNA HEALTHCARE 18640 LBJ FREEWAY SUITE 200 MESQUITE, TX 75150 Fax (469) 518-7769 Administrator ROBERT DENNIS	12/19/2013	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 015022 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (469) 518-7762 Type: Branch Agency	Region 03 Date Licensed AVEANNA HEALTHCARE 18640 LBJ FREEWAY SUITE 200 MESQUITE, TX 75150 Fax (469) 518-7769 Administrator ROBERT DENNIS	12/19/2013	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services

County DALLAS License # 015022 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (469) 364-8600 Type: Parent Agency	Region 03 Date Licensed 03/28/2 AVEANNA HEALTHCARE 1349 EMPIRE CENTRAL DRIVE STE 516 DALLAS, TX 75247 Fax (855) 275-2406 Administrator MIGUEL ZUNIGA	2012 Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 015022 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (469) 364-8600 Type: Parent Agency	Region 03 Date Licensed 03/28// AVEANNA HEALTHCARE 1349 EMPIRE CENTRAL DRIVE STE 516 DALLAS, TX 75247 Fax (855) 275-2406 Administrator MIGUEL ZUNIGA	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 015022 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (469) 518-7762 Type: Branch Agency	Region 03 Date Licensed 12/19/2 AVEANNA HEALTHCARE 18640 LBJ FREEWAY SUITE 200 MESQUITE, TX 75150 Fax (469) 518-7769 Administrator ROBERT DENNIS	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 015977 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (469) 786-6755 Type: Parent Agency	Region 03 Date Licensed 01/14/2 AVENUE HOME HEALTH SERVICES INC 11111 BELT LINE RD STE 201 GARLAND, TX 75040 Fax (844) 705-0153 Administrator GILBERT KABERIA	Owner Information AVENUE HOME HEALTH SERVICES, INC 3939 US HIGHWAY 80 E STE 458B MESQUITE, TX 75150 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 015626 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (972) 308-6627 Type: Parent Agency	Region 03 Date Licensed 07/02/2 AXEL HEALTHCARE INC 1349 EMPIRE CENTRAL DRIVE SUITE 640 DALLAS, TX 75247 Fax (972) 308-6628 Administrator FRANCIS DEKU	Owner Information AXEL HEALTHCARE INC P.O BOX 182526 DALLAS, TX 76096 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 017561 Lic Expire 8/31/2022 Medicare 1: 74-1743 Medicare 2: Phone (214) 396-6565 Type: Parent Agency	Region 03 Date Licensed 08/08/2 AXEL HOSPICE CARE LLC 1350 E. ARAPAHO RD., SUITE #236 RICHARDSON, TEXAS 75081 Fax (214) 396-6555 Administrator MATHEW KORAH	Owner Information AXEL HOSPICE CARE LLC 1701 N GREENVILLE AVE SUITE 1109A RICHARDSON, TX 75081 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County DALLAS License # 012947 Lic Expire 11/30/2021 Medicare 1: 747694 HHA-18 Medicare 2: Phone (972) 264-1121	Region 03 Date Licensed 11/04// AZ HEALTHCARE AGENCIES AND HOMECARE LLC PARC OAK PLAZA 2304-3A OAKLANE SUITE 11 GRAND PRAIRIE, TX 75051 Fax (866) 827-3933	Owner Information AZ HEALTHCARE AGENCIES AND HOMECARE LLC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator OLUFUNKE ALADEYELU	Personal Assistance Services

County DALLAS License # 019855 Lic Expire 3/13/2022 Medicare 1: Medicare 2: Phone (469) 565-2353	Region 03 Date Licensed 03/13/2020 AZORA HEALTHCARE LLC 4425 W. AIRPORT FREEWAY SUITE 305 IRVING, TEXAS 75062 Fax (469) 565-2452	Owner Information AZORA HEALTHCARE, LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ADERONKE AKANDE	
County DALLAS License # 019681 Lic Expire 11/5/2021 Medicare 1: Medicare 2: Phone (214) 514-9497 Type: Parent Agency	Region 03 Date Licensed 11/05/2019 BALI HEALTH LLC 1605 CHACON CANYON DESOTO, TEXAS 75115 Fax Administrator KENDRA FANTROY	Owner Information BALI HEALTH LLC PO BOX 2382 DESOTO, TEXAS 75123 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 014021 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (214) 566-0919 Type: Parent Agency	Region 03 Date Licensed 04/07/2011 BARRY & BRIGHT HEALTHCARE SERVICES INC 2804 SONORA LN MESQUITE, TX 75181 Fax (972) 222-3744 Administrator NKEMJIKA ANYANYA	Owner Information BARRY & BRIGHT HEALTHCARE SERVICES INC 2804 SONORA LANE MESQUITE, TX 75181 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 013395 Lic Expire 6/30/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 06/17/2010 BEGINNING "N" THE END HOME HEALTH SERVICES INC 5787 SOUTH HAMPTON ROAD SUITE 270 DALLAS, TX 752322255	Owner Information BEGINNING N THE END HOME HEALTH SERVICES INC 3120 LONGBOW DRIVE GRAND PRAIRIE, TX 75052 PHONE: FAX:
Phone (972) 262-4455 Type: Parent Agency	Fax (866) 929-4853 Administrator MONTUNRAYO ARIYO	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 017047 Lic Expire 4/30/2021 Medicare 1: 741517 HOSPICE Medicare 2:	Region 03 Date Licensed 05/01/2015 BELLA HOSPICE AND HEALTHCARE LLC 4120 GUS THOMASSON ROAD MESQUITE, TX 75150	Owner Information BELLA HOSPICE AND HEALTHCARE LLC 2093 COLLINS BLVD SUITE A RICHARDSON, TX 75080 PHONE: FAX:
Phone (214) 535-3731	Fax (214) 203-1399	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County DALLAS License # 012585 Lic Expire 5/31/2021 Medicare 1: 747800 HHA-18 Medicare 2: Phone (972) 200-4467	Administrator LEELAMMA ISSAC Region 03 Date Licensed 05/07/2009 BENEDAL HEALTHCARE SERVICES INC 14822 BRIDLE BEND DR BALCH SPRINGS, TEXAS 751803638 Fax (972) 200-3934	Owner Information BENEDAL HEALTHCARE SERVICES INC 14822 BRIDLE BEND DR BALCH SPRINGS, TX 75180 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ALVINE METOHO-EKE	Overseleformetics
County DALLAS License # 009081 Lic Expire 5/31/2022 Medicare 1:	Region 03 Date Licensed 05/07/2004 BENEFICIAL HOME HEALTH CARE SERVICES INC 5787 SOUTH HAMPTON ROAD SUITE 455 DALLAS, TX 75232	Owner Information BENEFICIAL HOME HEALTH CARE SERVICES INC 5787 SOUTH HAMPTON ROAD SUITE 255 DALLAS, TX 75232
Medicare 2: Phone (214) 330-7030	Fax (214) 330-7073	PHONE: FAX: Services: Licensed Home Health Services: Personal Assistance Services
Type: Parent Agency	Administrator IAMES HALL	Services: Licensed Home Health Services; Personal Assistance Services

Administrator

JAMES HALL

County DALLAS License # 013175 Lic Expire 3/31/2022 Medicare 1: 747671 Medicare 2: Phone (214) 886-9106 Type: Parent Agency	Region 03 Date Licensed 03/16/2010 BERITER HEALTHCARE LLC 1618 SKYLINE DRIVE GARLAND, TX 75043 Fax (214) 440-1033 Administrator DOROTHY BUDZI BUDZI	Owner Information BERITER HEALTHCARE LLC 1618 SKYLINE DRIVE GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 018594 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (214) 629-2815 Type: Parent Agency	Region 03 Date Licensed 02/06/2018 BEST CARE 2828 FOREST LANE SUITE 1102 DALLAS, TEXAS 75234 Fax (888) 205-0443 Administrator JUDITH JOHNSON	Owner Information JUDITH JOHNSON 9428 WOODHURST DRIVE MCKINNEY, TX 75070 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 012040 Lic Expire 6/30/2023 Medicare 1: 747533 Medicare 2: Phone (224) 639-8646 Type: Parent Agency	Region 03 Date Licensed 06/02/2008 BEST CHOICE HOME CARE INC 12160 ABRAMS ROAD STE 210 DALLAS, TX 75243 Fax (214) 231-2829 Administrator KATE KULBACHNA	Owner Information BEST CHOICE HOME CARE INC 12959 JUPITER ROAD STE 254 DALLAS, TX 75238 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 010038 Lic Expire 10/31/2022 Medicare 1: 679563 HHA-18 Medicare 2: Phone (972) 203-1414	Region 03 Date Licensed 10/11/2005 BEST HEALTHCARE SERVICES 329 OAKS TRAIL SUITE 139 GARLAND, TX 75043 Fax (972) 203-8140	Owner Information BEST HEALTHCARE SERVICES 329 OAKS TRAIL SUITE 139 GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 021176 Lic Expire Medicare 1:	Administrator OGEBEYALU UKAPI Region 03 Date Licensed 11/02/2021 BEST KEPT AT HOME HEALTHCARE LLC 3309 ELM ST. SUITE 102/225 DALLAS, TX 75226	Owner Information BEST KEPT AT HOME HEALTHCARE LLC
Medicare 2: Phone (214) 824-9009 Type: Parent Agency	Fax na Administrator NIKA SHELTON	PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 012821 Lic Expire 5/31/2023 Medicare 1: 747417 HHA-18 Medicare 2: Phone (214) 217-4005	Region 03 Date Licensed 05/20/2009 BEST SHEPHERD HOME HEALTH SERVICES OF DALLAS INC 9535 FOREST LANE SUITE 204 DALLAS, TX 75243 Fax (214) 217-4006	Owner Information BEST SHEPHERD HOME HEATLH SERVICES OF DALLAS INC 9535 FOREST LANE STE 204 DALLAS, TX 75243 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency County DALLAS License # 012898 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (214) 445-0742	Administrator EUCHARIA OKEREKE Region 03 Date Licensed 10/15/2009 BETHSAIDA HOME HEALTHCARE SERVICES INC 3727 DILIDO ROAD # 136 DALLAS, TX 75228 Fax (214) 445-6307	Personal Assistance Services Owner Information BETHSAIDA HOME HEALTHCARE SERVICES INC 3727 DILIDO ROAD # 136 DALLAS, TX 75228 PHONE: FAX:
Type: Parent Agency	Administrator COMFORT EKPENYONG	Services: Licensed Home Health Services; Personal Assistance Services

County DALLAS License # 020697 Lic Expire 4/14/2023 Medicare 1: Medicare 2: Phone (972) 476-0304 Type: Parent Agency	Region 03 Date Licensed 04/14/2021 BETTER HOME HEALTH SERVICES LLC 325 N. SAINT PAUL STREET STE. 3100 DALLAS, TEXAS 75201 Fax (972) 476-0310 Administrator DESIREE' DIGGS	Owner Information BETTER HOME HEALTH SERVICES LLC 1815 SHANNA DR. LANCASTER, TEXAS 75134 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 012254	Region 03 Date Licensed 06/13/2008 BETTER OPTIONS HOMECARE SERVICES INC	Owner Information BETTER OPTIONS HOMECARE SERVICES INC
Lic Expire 6/30/2022 Medicare 1: 747108 HHA-18	310 EAST IH 30 SUITE 103 GARLAND, TX 75043	310 E IH 30 SUITE 103 GARLAND, TX 75043-4070
Medicare 2: Phone (972) 203-8517	Fax (972) 203-8518	PHONE: FAX:
Type: Parent Agency	Administrator LUCY T KANYANGI	Services: Personal Assistance Services
County DALLAS License # 018391 Lic Expire Medicare 1: Medicare 2: Phone (972) 943-0952 Type: Branch Agency	Region 03 Date Licensed 08/31/2017 BEYONDFAITH HOMECARE & REHAB 1221 ABRAMS ROAD, SUITE 109A RICHARDSON, TX 75081 Fax (972) 943-3841 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 License # 018391 Lic Expire Medicare 1: 679335 HHA-18 Medicare 2: Phone (972) 644-3000	Region 03 Date Licensed 08/31/2017 BEYONDFAITH HOMECARE & REHAB 1221 ABRAMS ROAD, SUITE 107 RICHARDSON, TEXAS 75081 Fax (972) 644-3040	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;
Type: Parent Agency	Administrator ELIZABETH KERR	Personal Assistance Services
County DALLAS License # 018361 Lic Expire Medicare 1: 747521 HHA-18 Medicare 2: Phone (817) 441-2747 Type: Parent Agency	Region 01 Date Licensed 08/31/2017 BEYONDFAITH HOMECARE & REHAB OF FT WORTH 107 LARSON LANE, STE. 200 ALEDO, TX 76008 Fax (817) 441-2772 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 License # 018326 Lic Expire Medicare 1: 677917 HHA-18 Medicare 2: Phone (940) 521-0300	Region 01 Date Licensed 08/31/2017 BEYONDFAITH HOMECARE & REHAB OF GRAHAM 604 OAK STREET #102 GRAHAM, TX 76450 Fax (940) 521-0323	Owner Information BEYONDFAITH HOMECARE & REHAB OF GRAHAM LLC 2150 S. CENTRAL EXPRESSWAY, STE 200 MCKINNEY, TX 75070 PHONE: FAX:
Type: Parent Agency	Administrator ROBIN SCHERIGER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 018371 Lic Expire Medicare 1: 747518 HHA-18	Region 01 Date Licensed 08/31/2017 BEYONDFAITH HOMECARE & REHAB OF SAN ANTONIO 18838 STONE OAK PKWY, STE. 102 SAN ANTONIO, TX 78258	Owner Information BEYONDFAITH HOMECARE & REHAB OF ABILENE LLC 2150 S. CENTRAL EXPRESSWAY STE 200 MCKINNEY, TX 75070
Medicare 2: Phone (210) 900-3640	Fax (210) 900-4014	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator SCOTT GALLIARDT	

County DALLAS License # 018386 Lic Expire Medicare 1: 743162 HHA-18 Medicare 2: Phone (940) 696-8004	Region 03 Date Licensed 08/31/2017 BEYONDFAITH HOMECARE & REHAB OF WICHITA FALLS 900 8TH STREET, SUITE 425 WICHITA FALLS, TEXAS 76301 Fax (940) 696-8009	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;
Type: Parent Agency	Administrator ELIZABETH KERR	Personal Assistance Services
County DALLAS License # 021158 Lic Expire 10/26/2024 Medicare 1:	Region 03 Date Licensed 10/26/2021 BIANCA HOME CARE LLC 4317 SILVERTHORNE DRIVE BALCH SPRINGS, TEXAS 75180	Owner Information BIANCA HOME CARE LLC
Medicare 2:		PHONE: FAX:
Phone (781) 502-1722	Fax NA	Services: Personal Assistance Services
Type: Parent Agency	Administrator LINDA BETANGA	
County DALLAS License # 019276 Lic Expire 2/22/2021 Medicare 1:	Region 03 Date Licensed 02/22/2019 BIENESTAR CARE SERVICES LLC 1933 PROCTOR DRIVE GRAND PRAIRIE, TX 75051	Owner Information BIENESTAR CARE SERVICES LLC
Medicare 2:	F (070) 700 0000	PHONE: FAX:
Phone (972) 891-1914 Type: Parent Agency	Fax (972) 730-9238 Administrator LETICIA BARRAGAN	Services: Personal Assistance Services
County DALLAS License # 020940 Lic Expire 7/28/2024 Medicare 1:	Region 03 Date Licensed 07/28/2021 BILL HEALTH CARE SERVICES INC 337 OAKS TRAIL SUITE 101C GARLAND, TEXAS 75043	Owner Information BILL HEALTH CARE SERVICES INC
Medicare 1:	O/112/110/ 10040	PHONE: FAX:
Phone (214) 924-2110	Fax	Services: Licensed Home Health Services
Type: Parent Agency	Administrator CAREN MUNAI	
County DALLAS License # 016084 Lic Expire 3/31/2022 Medicare 1:	Region 03 Date Licensed 03/14/2014 BLESSING U WITH LOVING CARE INC 875 STRAUS ROAD, SUITE 500 CEDAR HILL, TX 75104	Owner Information BLESSING U WITH LOVING CARE INC PO BOX 485 CEDAR HILL, TX 75104
Medicare 2: Phone (972) 293-8701	Fax (972) 293-8752	PHONE: FAX:
Type: Parent Agency	Administrator ROSELYN KINGSBURY	Services: Personal Assistance Services
County DALLAS License # 008774 Lic Expire 11/30/2022 Medicare 1: 679482 HHA-18	Region 03 Date Licensed 11/25/2003 BLESSINGS HOME HEALTH AGENCY 3149 INTERSTATE 30, SUITE C MESQUITE, TX 75150	Owner Information WESTAR HEALTH MANAGEMENT INC PO BOX 461702 GARLAND, TEXAS 75046
Medicare 2:		PHONE: FAX:
Phone (972) 698-7451	Fax (972) 698-7453	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LOVELINE IHEME	
County DALLAS License # 018695 Lic Expire 3/31/2022 Medicare 1: 677807 HHA-18 Medicare 2:	Region 03 Date Licensed 03/23/2018 BLOSSOM HOME HEALTHCARE SERVICES 12959 JUPITER ROAD SUITE 253 DALLAS, TX 75238	Owner Information BLOSSOM GROUPS CORPORATION 12959 JUPITER ROAD STE 253 DALLAS, TX 75238 PHONE: FAX:
Phone (469) 906-6359	Fax (469) 906-6385	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator UKACHI AKOGU	

County DALLAS	Region 03 Date Licensed 12/08/2020	Owner Information
License # 020388	BLUE STAR HOSPICE	BLUE STAR HOMEHEALTH AGENCY INC
Lic Expire 12/8/2022	1140 EMPIRE CENTRAL DR STE 630	
Medicare 1:	DALLAS, TEXAS 75247	
Medicare 2:		PHONE: FAX:
Phone 972 4086409	Fax 214 2532655	Services: Hospice
Type: Parent Agency	Administrator ALERO OKUNDIA	In-Patient Hospice: NO
County DALLAS	Region 03 Date Licensed 07/24/2003	Owner Information
License # 008568	BLUEBONNET HOME CARE	TEXAS BLUEBONNET HOLDINGS, INC
Lic Expire 7/31/2021	6400 MAPLE AVE STE 850	3613-B WEST PIONEER SUITE B
Medicare 1: 679361 HHA-18	DALLAS, TX 752355521	ARLINGTON, TX 76013
Medicare 2:		PHONE: FAX:
Phone (214) 828-9991	Fax (214) 828-9011	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DEIDRA FETTINGER	1 Good Addition Convers
County DALLAS	Region 03 Date Licensed 02/02/2006	Owner Information
License # 010273	BLUEBONNET HOSPICE OF EAST TEXAS INC	BLUEBONNET HOSPICE OF EAST TEXAS INC
Lic Expire 2/29/2020	6400 MAPLE AVE STE 850	3613-B WEST PIONEER PKWY
Medicare 1: 671544 HOSPICE	DALLAS, TX 752355521	ARLINGTON, TX 76013
Medicare 2:		PHONE: FAX:
Phone (214) 828-9997	Fax (214) 828-9011	
		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator GEORGE FETTINGER	
County DALLAS	Region 03 Date Licensed 03/10/2008	Owner Information
License # 011919	BONYL HEALTHCARE SERVICES INC	BONYL HEALTHCARE SERVICES INC
Lic Expire 3/31/2022	2655 VILLA CREEK DRIVE, SUITE 107	400 RED CASTLE DR
Medicare 1: 747161	FARMERS BRANCH, TEXAS 75234	LEWISVILLE, TX 75056
Medicare 2:		PHONE: FAX:
Phone (214) 350-0075	Fax (214) 350-0095	Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator GODLING ONYEGBUNWA	
County DALLAS	Region 03 Date Licensed 10/09/2012	Owner Information
License # 015126	BOTAG HOME HEALTHCARE SERVICES INC	BOTAG HOME HEALTHCARE SERVICES INC
Lic Expire 10/31/2020	8035 E R L THORNTON FWY #560	8035 E RL THORNTON FWY STE 586
Medicare 1:	DALLAS, TX 75228	DALLAS, TX 75228
Medicare 2:		PHONE: FAX:
Phone (214) 442-3081	Fax (972) 499-0018	Services: Personal Assistance Services
Type: Parent Agency	Administrator GERTRUDE AKANNA	CONTROL. 1 COOKER / COOKER COO
County DALLAS	Region 03 Date Licensed 08/27/2009	Owner Information
License # 012822	BREEZE HOME HEALTHCARE LLC	BREEZE HOME HEALTHCARE LLC
Lic Expire 8/31/2021	346 OAKS TRL, STE 212	5226 ALEC DR
Medicare 1: 747555 HHA-18	GARLAND, TEXAS 75043	GARLAND, TX 75043
Medicare 2:		PHONE: FAX:
Phone (469) 321-1603	Fax (972) 591-5582	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator LISSY MATHEW	Personal Assistance Services
		Owner Information
County DALLAS	Region 03 Date Licensed 01/14/2009	BREMA HEALTHCARE INC
License # 012401	BREMA HEALTHCARE INC	PO BOX 346
Lic Expire 1/31/2023	401 S. SHERMAN ST., STE. 309	DESOTO, TX 75123
Medicare 1: 747205 HHA-18	RICHARDSON, TX 75081	
Medicare 2: Phone (214) 339-9466	Fax (214) 339-2733	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator VAISHALI PATEL	Personal Assistance Services

County DALLAS License # 016746 Lic Expire 4/30/2024 Medicare 1: 74-1771 Medicare 2: Phone (214) 473-4790	Region 03 Date Licensed 04/16/2015 BRIDGELIGHT HOSPICE CARE 3132 MILLER ROAD SUITE C GARLAND, TX 75041 Fax (469) 620-3137	Owner Information MESQUITE HOSPICE INC 10935 ESTATE LANE SUITE 475D DALLAS, TX 75238 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KOMAL SANDHU	
County DALLAS License # 014989 Lic Expire 1/31/2025 Medicare 1: 45Q8178002 Medicare 2:	Region 03 Date Licensed 01/27/2012 BRIDGEWAY HEALTH SERVICES INC 739 JUSTIN ROAD ROCKWALL, TX 75087	Owner Information BRIDGEWAY HEALTH SERVICES LLC 3033 W. PRESIDENT GEORGE BUSH HWY, #150 PLANO, TX 75075 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 License # 020962 Lic Expire 8/5/2024 Medicare 1:	Region 03 Date Licensed 08/05/2021 BRIGHT HOSPICE LLC 2410 LUNA RD, SUITE #141 CARROLLTON, TEXAS 75006	Owner Information BRIGHT HOSPICE LLC
Medicare 2:		PHONE: FAX:
Phone (469) 767-1670 Type: Parent Agency	Fax (214) 390-7994 Administrator BIJILI VARANATH	Services: Hospice In-Patient Hospice: NO
County DALLAS License # 017631 Lic Expire 12/31/2022 Medicare 1: 741725 HOSPICE Medicare 2: Phone (972) 403-0448	Region 03 Date Licensed 09/16/2016 BRIGHT STAR HOSPICE CARE 5045 LORIMAR DRIVE SUITE #240 PLANO, TX 75093	Owner Information FOREST GATE HOSPICE INC 10935 ESTATE LANE #475 A DALLAS, TX 75238 PHONE: FAX:
Phone (972) 403-0448 Type: Parent Agency	Administrator MIKE WHATLEY	Services: Hospice In-Patient Hospice: NO
County DALLAS License # 012043 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (972) 278-8500	Region 03 Date Licensed 06/02/2008 BROOKDALE AT HOME DALLASFORT WORTH 1245 COLONEL DRIVE GARLAND, TX 75043 Fax (972) 271-9931	Owner Information BKD PERSONAL ASSISTANCE SERVICES LLC 111 WESTWOOD PLACE, SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator BRYAN BARBA	CONTICO. I CISOTIAI AUSISTATICO CONTICOS
County DALLAS License # 008028 Lic Expire 7/31/2023 Medicare 1: 679606 HHA-18 Medicare 2: Phone (817) 916-2101 Type: Parent Agency	Region 03 Date Licensed 07/26/2002 BROOKDALE HOME HEALTH DFW 1255 CORPORATE DRIVE, STE 150 IRVING, TX 75038 Fax (817) 346-6949 Administrator COLIN HUGHES	Owner Information ARC THERAPY SERVICES, LLC 111 WESTWOOD PLACE SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 012452 Lic Expire 2/28/2023 Medicare 1: 747488 HHA-18 Medicare 2: Phone (214) 774-9643	Region 03 Date Licensed 02/17/2009 BROOKS HOME CARE SERVICES INC 9304 FOREST LANE SUITE N165 A DALLAS, TEXAS 75243 Fax (972) 382-5999	Owner Information BROOKS HOME CARE SERVICES INC 709 GOLDWOOD DRIVE DALLAS, TX 75232 PHONE: (214) 774-9463 FAX: (972) 228-1628
Type: Parent Agency	Administrator LILLIAN ODIACHI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County DALLAS License # 019866 Lic Expire 4/6/2022 Medicare 1: Medicare 2: Phone (214) 416-6877	Region 03 Date Licensed 04/06/2020 BUGG US HOME HEALTHCARE SERVICES 9715 KERRVILLE ST. DALLAS, TX 75227 Fax	Owner Information BUGG US HOME HEALTHCARE SERVICES LLC PHONE: FAX:
Type: Parent Agency	Administrator NATASHA BUGGS-HILL	Services: Personal Assistance Services
County DALLAS License # 011605 Lic Expire 9/30/2024 Medicare 1: 747092 HHA-18 Medicare 2: Phone (214) 678-1950	Region 03 Date Licensed 09/25/2007 CALVARY HEALTH CARE INC 2840 KELLER SPRINGS SUITE 801 CARROLLTON, TX 75006 Fax (214) 678-1940	Owner Information CALVARY HEALTH CARE INC 2840 KELLER SPRINGS ROAD BUILDING 8 CARROLLTON, TX 75006 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FABIAN OGALA	
County DALLAS License # 020101 Lic Expire 8/12/2022 Medicare 1: Medicare 2: Phone (214) 493-2339 Type: Parent Agency	Region 03 Date Licensed 08/12/2020 CAMBRIAN HOMECARE 1220 RIVER BEND DRIVE, #134 DALLAS, TEXAS 75247 Fax Administrator PAUL QUIROZ	Owner Information CAMBRIAN HOMECARE P.O. BOX 90158 LONG BEACH, CA 90809 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 016438 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (972) 423-3600	Region 03 Date Licensed 09/19/2014 CAMBRIDGE CAREGIVERS LLC 12770 COIT RD SUITE 1020 DALLAS, TX 75251 Fax (972) 423-5889	Owner Information CAMBRIDGE CAREGIVERS LLC 5720 LBJ FREEWAY SUITE #630 DALLAS, TX 75075 PHONE: FAX: Services: Licensed Home Health Services: Personal Assistance Services
Type: Parent Agency	Administrator ADAM LAMPERT	08.1000. 200.000. 1
County DALLAS License # 013115 Lic Expire 2/28/2022 Medicare 1: 747567 HHA-18 Medicare 2: Phone (214) 253-2244	Region 03 Date Licensed 02/18/2010 CANAAN HOME HEALTHCARE AGENCY LLC 9550 SKILLMAN STREET SUITE 107 DALLAS, TX 75243 Fax (214) 253-2245	Owner Information CANAAN HOME HEALTHCARE AGENCY LLC 9550 SKILLMAN STREET SUITE 107 DALLAS, TX 75243 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ESTHER OKORONKWO	Personal Assistance Services
County DALLAS License # 009183 Lic Expire 7/31/2022 Medicare 1: 457811 HHA-18 Medicare 2: Phone (214) 879-0343	Region 03 Date Licensed 07/06/2004 CANDID HOME HEALTH CARE SERVICES LLC 9319 LBJ FREEWAY SUITE # 205 DALLAS, TX 75243 Fax (214) 879-0373	Owner Information CANDID HOME HEALTH CARE SERVICES LLC 9319 LBJ FREEWAY SUITE # 205 DALLAS, TX 75243 PHONE: FAX:
Type: Parent Agency	Administrator THEOPHILUS OKORO	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 020544 Lic Expire 2/23/2024	Region 03 Date Licensed 02/23/2021 CARE HOSPICE LLC 2735 VILLA CREEK DRIVE SUITE 130C	Owner Information CARE HOSPICE LLC
Medicare 1: 971711 Hospice Medicare 2: Phone 1 214 7022790	DALLAS, TEXAS 752347454 Fax 1214 3076071	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator VARGHESE ZACHARIA	In-Patient Hospice: NO

County DALLAS	Region 03 Date Licensed 10/01/2008	Owner Information
License # 012311	CARE OPTIONS FOR KIDS	OCI ACQUISTION, LLC
Lic Expire 9/30/2022	12770 COIT ROAD SUITE 870	4300 SIGMA ROAD SUITE 130
Medicare 1: 677454 HHA-18	DALLAS, TEXAS 75243	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 MENEFEE	
County DALLAS	Region 03 Date Licensed 08/15/2011	Owner Information
License # 014284	CAREALOT HOME HEALTH AGENCY INC	CAREALOT HOME HEALTH AGENCY INC
Lic Expire 8/31/2024	3200 W. PLEASANT RUN RD. STE. 405	605 CHAPMAN DR
Medicare 1:	LANCASTER, TX 75146	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	Services. Licensed Figure Health Services, Personal Assistance Services
<u> </u>	D : 00 D : 11 D 00///2004	Owner Information
County DALLAS	Region 03 Date Licensed 06/11/2021	CAREFIRST HOSPICE, LLC
License # 020826	CAREFIRST HOSPICE, LLC	3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
Lic Expire 6/11/2024	13601 PRESTON RD. SUITE W-312A	
Medicare 1: Medicare 2:	DALLAS, TEXAS 75240	PHONE: FAX:
Phone 469 249 8440	Fax 469 249 8444	
1 110110 100 2 10 0 110	100 210 0111	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHLIEA TABBYTITE	
County DALLAS	Region 03 Date Licensed 05/06/2021	Owner Information
License # 020734	CAREGIVERS OF FAITH HOME CARE OF DALLAS LLC	CAREGIVERS OF FAITH HOME CARE OF DALLAS LLC
Lic Expire 5/6/2024	701 COMMERCE ST STE 603	
Medicare 1:	DALLAS, TX 75202	
Medicare 2:		PHONE: FAX:
Phone 972 6387935	Fax 972 6660303	Services: Personal Assistance Services
Type: Parent Agency	Administrator CASSANDRA MALONE	33.1633.1.3.601.2.1.200.2.1.00
County DALLAS	Region 03 Date Licensed 05/14/2021	Owner Information
License # 020755	CAREGIVING SOLUTIONS OF TEXAS LLC	CAREGIVING SOLUTIONS OF TEXAS LLC
Lic Expire 5/14/2024	13505 INWOOD ROAD #1430	6125 LUTHER LANE #198
Medicare 1:	DALLAS, TEXAS 75244	DALLAS, TX 75225
Medicare 2:	,	PHONE: FAX:
Phone (214) 727-8584	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator LATARIKA BONDS	33.1633.1.3.601.2.1.000.2.1.00
County DALLAS	Region 03 Date Licensed 11/04/2009	Owner Information
License # 012943	CAREPLUS HEALTH SERVICES INC	CAREPLUS HEALTH SERVICES INC
Lic Expire 11/30/2023	1039 N INTERSTATE 35 E #304	1039 INTERSTATE 35-E, SUITE #304
Medicare 1: 747535 HHA-18	CARROLLTON, TX 75006	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	Commons. Enversed and Continued Frontier Frequences, Felsonial Assistance Oct vices
<u> </u>	Region 03 Date Licensed 05/20/1996	Owner Information
County DALLAS License # 004589	.,	CAREWORKS HOME HEALTH SERVICES INC
License # 004589 Lic Expire 5/31/2022	CAREWORKS HOME HEALTH SERVICES INC	13612 MIDWAY ROAD SUITE 103
Medicare 1: 678363 HHA-18	13612 MIDWAY ROAD SUITE 103 DALLAS, TX 75244	DALLAS, TX 75244
Medicare 2:	DILLIO, IN 10277	PHONE: FAX:
Phone (972) 991-9966	Fax (972) 991-5577	
. ,		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
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Administrator

NGAN LE PANGILINAN

County DALLAS License # 011717 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (469) 454-6826 Type: Parent Agency	Region 03 Date Licensed 08/02/2007 CARING HANDS HOME HEALTH AGENCY 415 WEAVER STREET CEDAR HILL, TX 75104 Fax (877) 850-5030 Administrator SHIRLEY ASONIBE	Owner Information AMESHI MANAGEMENT CORPORATION P.O. BOX 622 CEDAR HILL, TEXAS 75104 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 019114 Lic Expire 11/26/2022 Medicare 1:	Region 03 Date Licensed 11/26/2018 CARING HANDS NURSING LLC 15305 DALLAS PARKWAY ADDISON, TEXAS 75001	Owner Information CARING HANDS NURSING LLC
Medicare 2: Phone (469) 379-8500 Type: Parent Agency	Fax (469) 333-7999 Administrator TERESA SAYLES	PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 009100 Lic Expire 5/31/2023 Medicare 1: 457895 Medicare 2: Phone (972) 226-2929 Type: Parent Agency	Region 03 Date Licensed 05/14/2004 CARING HOME HEALTH INC 2515 NORTH BELT LINE ROAD SUNNYVALE, TX 75182 Fax (972) 226-1141 Administrator SHAJI DANIEL	Owner Information CARING HOME HEALTH INC 18770 LBJ FWY MESQUITE, TEXAS 75150 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 014581 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (214) 327-5100	Region 03 Date Licensed 01/13/2012 CARING SENIOR SERVICE OF NE DALLAS 801 E CAMPBELL ROAD SUITE 380 RICHARDSON, TX 75081 Fax (214) 279-0001	Owner Information JANE KELLEY ENTERPRISES LLC 801 E CAMPBELL ROAD STE 160 RICHARDSON, TX 75081 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County DALLAS License # 020869 Lic Expire 6/28/2024	Administrator DELIA SOUSA Region 03 Date Licensed 06/28/2021 CARING STAR HOSPICE LLC 4521 WILLETT LN	Owner Information CARING STAR HOSPICE LLC
Medicare 1: Medicare 2: Phone (469) 655-4275 Type: Parent Agency	GARLAND, TEXAS 75043 Fax (469) 436-3916 Administrator SHAJU POTTAKKATTIL JOHN	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County DALLAS License # 020675 Lic Expire 4/6/2024 Medicare 1:	Region 03 Date Licensed 04/06/2021 CARISMA'S CARE HOME HEALTH AGENCY LLC 4976 PRAIRIE RANCH DRIVE APT 122 GRAND PRAIRIE, TEXAS 75052	Owner Information CARISMA'S CARE HOME HEALTH AGENCY LLC
Medicare 2: Phone (214) 429-9577 Type: Parent Agency	Fax (469) 460-9031 Administrator CARISMA JOLLIFF	PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 017969 Lic Expire 1/31/2019 Medicare 1: 747174 HHA-18	Region 03 Date Licensed 01/06/2017 CARJO HOME HEALTH AGENCY LLC 13601 PRESTON ROAD SUITE 527W DALLAS, TX 75240	Owner Information CARJO HOME HEALTH AGENCY LLC 13601 PRESTON ROAD SUITE 527W DALLAS, TX 75240
Medicare 2: Phone (214) 348-4500 Type: Parent Agency	Fax (866) 490-8109 Administrator IVYONNE GARRETT	PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services

County DALLAS	Region 03 Date Licensed 07/16/2018	Owner Information
License # 018834	CAROLYN'S LOVING HOMECARE LLC	CAROLYN'S LOVING HOMECARE LLC
Lic Expire 7/31/2022	14934 WEBB CHAPEL RD STE 16 B	139 S. CLARK ROAD APT 25
Medicare 1:	FARMERS BRANCH, TX 75234	CEDAR HILL, TX 75104
Medicare 2:		PHONE: FAX:
Phone (972) 292-7399	Fax	
Type: Parent Agency	Administrator RI-CHARDRIANNE POWELL	Services: Personal Assistance Services
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County DALLAS	Region 03 Date Licensed 02/28/2011	Owner Information
License # 014181	CARTER HEALTHCARE OF NORTH TEXAS LLC	CARTER HEALTHCARE OF NORTH TEXAS LLC
Lic Expire 2/28/2023	4425 W. AIRPORT FREEWAY SUITE 100	4425 WEST AIRPORT FREEWAY SUITE 100
Medicare 1: 679724 HHA-18	IRVING, TX 75062	IRVING, TX 75062
Medicare 2:		PHONE: FAX:
Phone (972) 255-3840	Fax (972) 255-3879	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator JAMES CARTER	
County DALLAS	Region 03 Date Licensed 02/10/2016	Owner Information
License # 017657	CATER 2 YOU HOME HEALTH CARE	MEGASTAR HOME HEALTH SERVICES INC
Lic Expire 2/28/2025	318 THISTLE DRIVE	318 THISTLE DRIVE
Medicare 1: 747803 HHA-18	GARLAND, TX 75043	GARLAND, TX 75043
Medicare 2:	GARLAND, TA 75045	PHONE: FAX:
Phone (972) 235-7100	Fax (972) 235-7101	
()	· · · · · · · · · · · · · · · · · · ·	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SHAJU POTTAKKATTIL JOHN	
County DALLAS	Region 03 Date Licensed 08/18/1993	Owner Information
•	·	CC YOUNG MEMORIAL HOME
License # 003140	CC YOUNG HOME HEALTH AND HOSPICE	4847 WEST LAWTHER DRIVE SUITE 100
Lic Expire 8/31/2023	4849 WEST LAWTHER DRIVE	DALLAS, TX 75214
Medicare 1: 747252 HHA-18;45	DALLAS, TX 75214	
Medicare 2:	Fav. (244) 270 2020	PHONE: (214) 827-8080 FAX: (214) 841-2890
Phone (214) 841-2825	Fax (214) 370-2830	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		In-Patient Hospice: NO
Type: Parent Agency	Administrator CATHERINE THOMAS	
County DALLAS	Region 03 Date Licensed 03/23/2006	Owner Information
License # 010353	CENTURY HOME HEALTHCARE SERVICES LLC	CENTURY HOME HEALTHCARE SERVICES LLC
Lic Expire 3/31/2022		11615 FOREST CENTRAL DRIVE SUITE 315
Medicare 1: 679670 HHA-18	1601 RAINBOW DRIVE RICHARDSON, TX 75081	DALLAS, TX 75243
	RICHARDSON, IX 73001	DUONE: EAV.
Medicare 2: Phone (972) 235-6700	Fax (972) 699-7598	PHONE: FAX:
_ ` `		Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator COLLETTE ADEYEMI	
County DALLAS	Region 03 Date Licensed 11/04/2021	Owner Information
License # 021186	CHARISE HOSPICE CARE LLC	CHARISE HOSPICE CARE, LLC
Lic Expire 11/4/2024	1350 E. ARAPAHO RD., SUITE #207A	
Medicare 1:	RICHARDSON, TEXAS 75081	
Medicare 2:		PHONE: FAX:
Phone (469) 895-2180	Fax (469) 895-2190	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator MATHEW KORAH	
County DALLAS	Region 03 Date Licensed 03/30/2004	Owner Information
License # 008997	CHARISMA HOME HEALTHCARE	CAROL NZERIBE
		PO BOX 622
Lic Expire 3/31/2020 Medicare 1: 457831	415 WEAVER STREET	CEDAR HILL, TX 75104
Medicare 2:	CEDAR HILL, TX 75104	PHONE: FAX:
Phone (469) 454-6826	Fax (877) 850-5030	
(100) 101-0020	(011) 000 0000	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
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Administrator

SHIRLEY ASONIBE

County DALLAS License # 007740 Lic Expire 9/30/2022 Medicare 1: 673189 Medicare 2: Phone (214) 503-1700 Type: Parent Agency	Region 03 Date Licensed CHEMANA HOME HEALTH SERVICES INC 5913 NORTHWEST DRIVE MESQUITE, TX 75150 Fax (214) 503-1716 Administrator EMILY ANUKEM	09/25/2001	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 License # 019957 Lic Expire 5/22/2022	Region 03 Date Licensed CHERISHED CARE HOMECARE LLC 1204 PARKVIEW TRL	05/22/2020	Owner Information CHERISHED CARE HOMECARE LLC
Medicare 1: Medicare 2:	GLENN HEIGHTS, TEXAS 75154		PHONE: FAX:
Phone (214) 881-3000	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator SHAMONICA KELLEY		Services. Personal Assistance Services
County DALLAS License # 012740 Lic Expire 7/31/2021 Medicare 1: 747626 HHA-18 Medicare 2: Phone 469 2982764	Region 03 Date Licensed CHESTHER HOME HEALTH SERVICES INC 3024 LOIS LANE ROWLETT, TX 75088 Fax 469 3612435	07/24/2009	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
Type: Parent Agency	Administrator ESTHER ANYANWU		Personal Assistance Services
County DALLAS License # 009937 Lic Expire 9/30/2023 Medicare 1:	Region 03 Date Licensed CHILDRENS HOME HEALTHCARE 901 WATERFALL WAY STE 105 RICHARDSON, TX 75080	10/05/2009	Owner Information DJK HOME HEALTHCARE LLC 901 WATERFALL WAY SUITE 105 RICHARDSON, TX 75080
Medicare 2: Phone (972) 661-3737 Type: Branch Agency	Fax (972) 661-3721 Administrator MELISSA BULLOCK		PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 009937 Lic Expire 9/30/2023 Medicare 1:	Region 03 Date Licensed CHILDRENS HOME HEALTHCARE 901 WATERFALL WAY STE 105 RICHARDSON, TX 75080	10/05/2009	Owner Information DJK HOME HEALTHCARE LLC 901 WATERFALL WAY SUITE 105 RICHARDSON, TX 75080
Medicare 2:	F (070) 004 0704		PHONE: FAX:
Phone (972) 661-3737 Type: Branch Agency	Fax (972) 661-3721 Administrator MELISSA BULLOCK		Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 013144 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (214) 315-0130 Type: Parent Agency	Region 03 Date Licensed CHRIST ARMS HOME HEALTH CARE INC 1115 W MAIN ST LANCASTER, TX 75146 Fax (972) 224-8317 Administrator ADEYINKA ADEOYE	03/02/2010	Owner Information CHRIST ARMS HOME HEALTH CARE INC 1115 W MAIN STREET LANCASTER, TX 75146 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 001565 Lic Expire 12/31/2021 Medicare 1: 678148 Medicare 2: Phone (972) 613-7945	Region 03 Date Licensed CHRISTIAN CARE HOME HEALTH 900 WIGGINS PARKWAY MESQUITE, TX 75150 Fax (972) 682-7947	12/27/1993	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;
Type: Parent Agency	Administrator TIFFANY MARSHALL		Personal Assistance Services

County DALLAS License # 010470 Lic Expire 5/31/2023 Medicare 1: 671548 HOSPICE Medicare 2: Phone (972) 686-3753	Region 03 Date Licensed 05/22/2006 CHRISTIAN CARE HOSPICE 900 WIGGINS PARKWAY MESQUITE, TEXAS 75150 Fax (972) 682-7947	Owner Information CHRISTIAN CARE CENTERS, INC PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator TIFFANY MARSHALL		
County DALLAS License # 014369 Lic Expire 3/31/2021 Medicare 1: Medicare 2: Phone (972) 572-5700 Type: Parent Agency	Region 03 Date Licensed 03/30/2011 CHRISTIAN COMPANION SENIOR CARE 3705 LAKEVIEW PKWY SUITE 210 ROWLETT, TX 75088 Fax (972) 572-5701 Administrator RONNIE HOWELL	Owner Information ZOE CHRISTIAN SENIOR CARE LLC 3705 LAKEVIEW PKWY SUITE 210 ROWLETT, TX 75088 PHONE: Services: Personal Assistance Services	FAX:
County DALLAS License # 017784 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (214) 843-5403 Type: Parent Agency	Region 03 Date Licensed 12/13/2016 CHRISTIAN FAITH HOMECARE SERVICES LLC 8111 LBJ FREEWAY, SUITE 1000 DALLAS, TX 75251 Fax (877) 233-3611 Administrator ANGELA TAYLOR	Owner Information CHRISTIAN FAITH HOMECARE SERVICES LLC 3504 SPRUCE STREET ROYSE CITY, TX 75189 PHONE: Services: Personal Assistance Services	FAX:
County DALLAS License # 019040 Lic Expire 9/20/2020 Medicare 1: Medicare 2: Phone (214) 371-4285 Type: Parent Agency	Region 03 Date Licensed 09/20/2018 CHRISTIAN HEIGHTS ADULT DAY & HEALTH CARE 4710 WADSWORTH DR DALLAS, TX 75216 Fax (972) 492-5402 Administrator CAROLYN F. GREER	Owner Information CHRISTIAN HEIGHTS COMMUNITY CARE 1432 INDIAN SPRINGS CARROLLTON, TX 75007 PHONE: (972) 492-5313 Services: Personal Assistance Services	FAX: (972) 492-5402
County DALLAS License # 020794 Lic Expire 5/27/2024 Medicare 1: Medicare 2: Phone (323) 921-0533 Type: Parent Agency	Region 03 Date Licensed 05/27/2021 CHRISTLOVE HOME CARE SERVICES, LLC 3884 DURANGO DRIVE DALLAS, TEXAS 75220 Fax Administrator SAMPSON BAFFOUR-AWUAH	Owner Information CHRISTLOVE HOME CARE SERVICES, LLC SAME , PHONE: Services: Personal Assistance Services	FAX:
County DALLAS License # 020529 Lic Expire 2/10/2024 Medicare 1: Medicare 2: Phone (972) 982-2227 Type: Parent Agency	Region 03 Date Licensed 02/10/2021 CHRISTWAY HOME HEALTHCARE 1327 EMPIRE CENTRAL DR. SUITE 114 DALLAS, TEXAS 75247 Fax 855 7951957 Administrator HANIEL CHRISTSON	Owner Information CHRISTWAY HOME HEALTHCARE, LLC PHONE: Services: Licensed Home Health Services; Persona	FAX: al Assistance Services
County DALLAS License # 019175 Lic Expire 10/16/2021 Medicare 1: Medicare 2: Phone (214) 350-8833 Type: Parent Agency	Region 03 Date Licensed 03/31/2010 CIMOIC PERSONAL ASSISTANCE SERVICES 2305 OAK LN STE 211 GRAND PRAIRIE, TX 75051 Fax (214) 357-7127 Administrator OLUWATOYIN OLUWASOLA	Owner Information SOLAR HOMECARE INC PHONE: Services: Personal Assistance Services	FAX:

County DALLAS License # 015904 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (972) 331-9100 Type: Branch Agency	CIRCLE OF CARE 8585 N STEMMONS FREEWAY STE M21 DALLAS, TX 75247 Fax (972) 331-9102 Administrator CHARLOTTE CHANDLER	09/17/2013	Owner Information CTW HOME HEALTH, LLC 4553 N LOOP 1604 W STE#1119 SAN ANTONIO, TX 78249 PHONE: Services: Licensed Home Health Services	FAX:
County DALLAS License # 013947 Lic Expire 3/31/2023 Medicare 1: 747808 HHA-18 Medicare 2: Phone (469) 778-0099	Region 03 Date Licensed CITIZENS HEALTHCARE SERVICES LLC 1701 GATEWAY BLVD STE 447 RICHARDSON, TX 75080 Fax (469) 778-0109	03/10/2011	CITIZENS HEALTHCARE SERVICES LLC 1401 N.CENTRAL EXPRESSWAY SUITE 390 RICHARDSON, TX 75080 PHONE: Services: Licensed and Certified Home Health Se Personal Assistance Services	FAX: rvices; Licensed Home Health Services;
Type: Parent Agency	Administrator FEMI AIYEJUTO			
County DALLAS License # 020642 Lic Expire 3/24/2024 Medicare 1: Medicare 2: Phone (469) 867-6999	Region 03 Date Licensed CJ HEALTH AND HOSPICE, INC 5730 BENTLEY DRIVE/ SUITE B GARLAND, TX 75043 Fax (214) 328-6210	03/24/2021	Owner Information CJ HEALTH AND HOSPICE INC 5730 BENTLEY DRIVE SUITE B GARLAND, TX 75043 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator CHRISTIANA NWAMUO			
County DALLAS License # 014784 Lic Expire 1/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed CJ PRIMARY HOME CARE 4121 MARVIN D LOVE FRWY BLD 200 STE 202 DALLAS, TX 75224	01/16/2012	Owner Information TRUE VINE HEALTHCARE SERVICES INC 4121 MARVIN D LOVE FREEWAY SUITE 2020 DALLAS, TEXAS 75224 PHONE:	FAX:
Phone (214) 375-2323 Type: Parent Agency	Fax (214) 375-2411 Administrator KAZEEM OYEWALE		Services: Licensed Home Health Services; Person	nal Assistance Services
County DALLAS License # 019229 Lic Expire 1/28/2021 Medicare 1:	Region 03 Date Licensed CLASSIC HOME HEALTHCARE LLC 777 S CENTRAL EXPRESSWAY STE 1-K RICHARDSON, TX 75080	01/28/2019	Owner Information CLASSIC HOME HEALTHCARE LLC	
Medicare 2:	,		PHONE:	FAX:
Phone (972) 365-8224	Fax 972 7674004		Services: Licensed Home Health Services; Person	nal Assistance Services
Type: Parent Agency County DALLAS License # 015813 Lic Expire 10/31/2021 Medicare 1: Medicare 2:	Administrator DICKSON ALAO Region 03 Date Licensed CLASSIC LIFE HOME HEALTH CARE LLC 5317 VIEWSIDE DRIVE GARLAND, TX 75043	10/11/2013	Owner Information CLASSIC LIFE HOME HEALTH CARE LLC 5317 VIEWSIDE DRIVE GARLAND, TX 75043 PHONE:	FAX:
Phone (214) 336-1885	Fax (972) 240-8899		Services: Licensed Home Health Services; Person	
Type: Parent Agency	Administrator MODUPE A ALI OKE		OGIVICES. LICENSEU FICHIE FIEDIUT SELVICES, PELSOI	iai / watalai ide dei Videa
County DALLAS License # 013205 Lic Expire 3/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed CLEAR CHOICE SENIOR CARE 4514 ROWLETT RD STE 102 ROWLETT, TX 75088	03/31/2010	Owner Information PATBAR LLC 4514 ROWLETT RD STE 102 ROWLETT, TX 75088 PHONE:	FAX:
Phone (469) 549-4785	Fax (972) 219-5371		Services: Personal Assistance Services	
T D 14	A L CCC DATOV DALEV			

Administrator

PATSY BALEY

County DALLAS License # 018180 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (214) 382-3811 Type: Parent Agency	Region 03 Date Licensed CLEARVIEW HEALTHCARE INC 10935 ESTATE LN S305 DALLAS, TX 75238 Fax (214) 231-9072 Administrator GABRIEL NWACHUKWU	07/20/2017	Owner Information CLEARVIEW HEALTHCARE INC 12959 JUPITER RD STE 155 DALLAS, TX 75238 PHONE: Services: Personal Assistance Services	FAX:
County DALLAS License # 020674 Lic Expire 4/5/2024 Medicare 1: Medicare 2:	Region 03 Date Licensed CMS PRIMARY HOME HEALTH CARE LLC 1110 E WINTERGREEN RD # 501 DESOTO, TEXAS 75115	04/05/2021	Owner Information CMS PRIMARY HOME HEALTH CARE LLC 1110 E WINTERGREEN RD APT 501 DESOTO, TEXAS 75115 PHONE:	FAX:
Phone (972) 703-3448 Type: Parent Agency	Fax 800 8670804 Administrator TAMAKA GRAHAM		Services: Personal Assistance Services	
County DALLAS License # 020557 Lic Expire 3/2/2023 Medicare 1: Medicare 2: Phone (817) 902-5959 Type: Parent Agency	Region 03 Date Licensed CMSP HOSPICE CARE INC 2100 NORTH HWY 360 STE 1105B GRAND PRAIRIE, TX 75052 Fax (940) 233-1049 Administrator DONATUS BENSON	03/02/2021	Owner Information CMSP HOSPICE CARE INC 2100 NORTH HWY 360 STE 1105B GRAND PRAIRIE, TX 75052 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County DALLAS License # 007763 Lic Expire 10/31/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed CNC HOME CARE 8111 PRESTON ROAD SUITE 415 DALLAS, TX 75225	10/16/2001	Owner Information AT HOME CARE SERVICES INC 8111 PRESTON RD., STE 415 DALLAS, TX 75225 PHONE:	FAX:
Phone (214) 540-5942 Type: Parent Agency	Fax (214) 540-5947 Administrator CHRISTIAN F. CLAUSEN		Services: Personal Assistance Services	
County DALLAS License # 021302 Lic Expire 12/31/2024 Medicare 1:	Region 03 Date Licensed COK HEALTH SERVICES LLC 1509 JASPER DRIVE MESQUITE, TX 75181	12/31/2021	Owner Information COK HEALTH SERVICES LLC	
Medicare 2: Phone (214) 937-1845	Fax (469) 310-8933		PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency	Administrator CHIDI OKPARA		Services. Fersorial Assistance Services	
County DALLAS License # 019419 Lic Expire 6/12/2023 Medicare 1:	Region 03 Date Licensed COMFORCARE DALLASUPTOWN 12700 HILLCREST RD STE 125 DALLAS, TX 75230	08/01/2019	Owner Information SMITHEN GROUP, LLC	
Medicare 2: Phone (214) 681-1138	Fax		PHONE:	FAX:
Type: Parent Agency	Administrator DAVID SMITHEN		Services: Personal Assistance Services	
County DALLAS License # 016901 Lic Expire 7/31/2021 Medicare 1:	Region 03 Date Licensed COMFORT CARE PROVIDER SERVICES 206 OAK MEADOW LANE CEDAR HILL, TX 75104	07/09/2015	Owner Information COMFORT CARE PROVIDER SERVICES, LLC 206 OAK MEADOW LANE CEDAR HILL, TX 75104	
Medicare 2: Phone (972) 293-9631 Type: Parent Agency	Fax (214) 292-8843 Administrator JUDY ROSS		PHONE: Services: Personal Assistance Services	FAX:

County DALLAS License # 008288 Lic Expire 1/31/2023 Medicare 1: 679252 HHA-18 Medicare 2: Phone (972) 203-1010	Region 03 Date Licensed 01/15/2003 COMFORT HOME HEALTH CARE INC 6133 ALDWICK DRIVE GARLAND, TX 75043 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 County DALLAS License # 013951 Lic Expire 9/30/2022 Medicare 1: 671633 HOSPICE Medicare 2: Phone (972) 871-0100	Administrator LISSY JOSEPH Region 03 Date Licensed 09/07/2010 COMFORT HOSPICE 4545 FULLER DRIVE, SUITE #330 IRVING, TX 75038 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 County DALLAS License # 013951 Lic Expire 9/30/2022 Medicare 1: 671633 HOSPICE Medicare 2: Phone (972) 871-0100	Administrator CAROL HRDWICK Region 03 Date Licensed 09/07/2010 COMFORT HOSPICE 4545 FULLER DRIVE, SUITE #330 IRVING, TX 75038 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 County DALLAS License # 008489 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (972) 303-4599 Type: Parent Agency	Administrator CAROL HRDWICK Region 03 Date Licensed 06/04/2003 COMFORT KEEPERS 13140 COIT RD STE 202 DALLAS, TX 75240 Fax (214) 553-0045 Administrator LORI NESLER	Owner Information LJN SOLUTIONS INC 13140 COIT RD STE 202 DALLAS, TX 75240 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 011443 Lic Expire 2/28/2022 Medicare 1: 677809 HHA-18 Medicare 2: Phone (972) 306-5060 Type: Parent Agency	Region 03 Date Licensed 02/26/2007 COMMITTED HOME HEALTH CARE INC 17776 PRESTON RD SUITE 210A DALLAS, TX 75252 Fax (972) 307-6699 Administrator SALLY E JACOB	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
County DALLAS License # 017740 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (972) 259-2097 Type: Parent Agency	Region 03 Date Licensed 04/27/2016 COMMUNITY BRIDGE HEALTH CARE SERVICES LLC 1425 W PIONEER DRIVE SUITE 142 IRVING, TX 75061 Fax (972) 259-2064 Administrator JEFFERY AKHAROH	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
County DALLAS License # 005692 Lic Expire 12/31/2022 Medicare 1: 451622 HOSPICE Medicare 2: Phone (214) 920-8450 Type: Parent Agency	Region 03 Date Licensed 01/01/1997 COMMUNITY HEALTHCARE OF TEXAS 1341 W MOCKINGBIRD LANE # 210E DALLAS, TX 75247 Fax (214) 920-8436 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 DALLAS	Region 03 Date Licensed 08/08/2011	Owner Information
•	ů	LOS COLINAS COMPANION CARE FOR SENIORS INC
License # 014270	COMPANION CARE FOR SENIORS	400 GINKGO CIRCLE
Lic Expire 8/31/2021	7119 SUGAR MAPLE DR	
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 SHOGHER AINSWORTH	Services. 1 ersonal Assistance Services
- r arone rigorio	, ammissads. Grootlett/attovotti	
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:
	Fax	FIIONE. I FAX.
Phone (952) 594-0846		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
ŕ	COMPASSIONATE HOSPICE CARE LLC	COMPASSIONATE HOSPICE CARE LLC
		2665 VILLA CREEK DR. STE 245D
Lic Expire 7/31/2020	2665 VILLA CREEK DR STE 245D	DALLAS, TX. 75234
Medicare 1:	DALLAS, TX 75234	
Medicare 2:		PHONE: FAX:
Phone (214) 735-6622	Fax (972) 681-7779	Services: Hospice
		In-Patient Hospice: NO
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
	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 DALLAC	Region 03 Date Licensed 11/21/2019	Owner Information
County DALLAS	ů	COMPLETE HOME HEALTHCARE, LLC
License # 019713	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	
0 1 011110	D. i oo D. I.i. I oogogood	Owner Information
County DALLAS	Region 03 Date Licensed 03/03/2021	COMPLETE INTEGRATIVE HEALTHCARE LLC
License # 020562	COMPLETE INTEGRATIVE HEALTHCARE	OOM LETE MILEOWING THE METHONICE EED
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
		In-Patient Hospice: NO
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
		ONE CVS DRIVE MC # 1160
Lic Expire 11/30/2022	10105 TECHNOLOGY BLVD SUITE 102	WOONSOCKET, RI 2895
Medicare 1:	DALLAS, TX 75220	
Medicare 2:		PHONE: FAX:
Phone (214) 351-8300	Fax (214) 351-8344	Services: Licensed Home Health Services

Administrator

JAMES RANKIN

County DALLAS License # 013502 Lic Expire 7/31/2022 Medicare 1: 747747 HHA-18 Medicare 2: Phone (972) 603-6676	Region 03 Date Licensed 07/29/2010 CORDIAL CARE HOME HEALTH SERVICES INC 10935 ESTATE LANE SUITE 182 DALLAS, TEXAS 75238 Fax (214) 377-9919	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
Type: Parent Agency	Administrator ELVIS TAMIN	
County DALLAS License # 012256 Lic Expire 9/30/2022 Medicare 1: 679716 HHA-18 Medicare 2: Phone (469) 464-2296 Type: Parent Agency	Region 03 Date Licensed 09/17/2008 CORNERSTONE HOME HEALTH AGENCY 2201 MIDWAY RD, STE 112 CARROLLTON, TX 75006 Fax (469) 464-2298 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 License # 013952 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (972) 237-0100 Type: Parent Agency	Region 03 Date Licensed 03/14/2011 CORNERSTONE PEDIATRIC THERAPY 1000 W CROSBY ROAD SUITE 136 CARROLLTON, TX 75006 Fax (972) 237-0101 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 License # 018622 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (214) 210-9699 Type: Parent Agency	Region 03 Date Licensed 02/20/2018 COSMETIC COMPANIONS LLC 222 WEST LAS COLINAS BLVD. SUITE 1650 IRVING, TEXAS 75039 Fax (972) 719-2545 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 License # 014337 Lic Expire 3/31/2021 Medicare 1: 743105 HHA-18 Medicare 2: Phone (972) 216-3530 Type: Parent Agency	Region 03 Date Licensed 03/02/2011 COUNTY HOME HEALTH 12115 SELF PLAZA DR SUITE 101 DALLAS, TX 75218 Fax (972) 421-6585 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 License # 016310 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (972) 437-0099 Type: Parent Agency	Region 03 Date Licensed 12/31/2013 COURAGE HEALTH CARE SERVICES INC 9304 FOREST LANE, SUITE N 165B DALLAS, TEXAS 75243 Fax (972) 437-1199 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 License # 020799 Lic Expire 5/29/2023 Medicare 1: Medicare 2: Phone (469) 209-3783 Type: Parent Agency	Region 03 Date Licensed 05/29/2021 COVENANT HOME HEALTH LLC 4229 GLENHAVEN DRIVE GARLAND, TEXAS 75042 Fax (972) 918-5166 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	Owner Information
License # 010825	CREDENCE HOME HEALTH SERVICES INC	CREDENCE HOME HEALTH SERVICES INC
Lic Expire 10/31/2024	9319 LBJ FREEWAY SUITE 203	9319 LBJ FREEWAY, SUITE 203
Medicare 1: 679703 HHA-18	DALLAS, TX 75243	DALLAS, TEXAS 75243
Medicare 2:	Fav. (070) 004 0004	PHONE: FAX:
Phone (972) 994-9200	Fax (972) 994-9201	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator AGATHA ASONGANYI	
County DALLAS	Region 03 Date Licensed 07/01/2017	Owner Information
License # 018161	CREST HEALTHCARE SERVICES INC	CREST HEALTHCARE SERVICES INC
Lic Expire 6/30/2023	1111 BELT LINE RD SUITE 201B	1111 BELT LINES RD., SUITE 201B
Medicare 1: 457933 HHA-18	GARLAND, TX 75040	GARLAND, TX 75040
Medicare 2:		PHONE: FAX:
Phone 972 496 5252	Fax 844 705 0153	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Personal Assistance Services
Type: Parent Agency	Administrator MARY ERINGO	
County DALLAS	Region 03 Date Licensed 04/05/2016	Owner Information
License # 017460	CRITERION HEALTH CARE INC	CRITERION HEALTH CARE INC
Lic Expire 4/30/2022	1202 E. ARAPAHO ROAD SUITE 147	900 S STEWART RD SUITE 14
Medicare 1: 679179	RICHARDSON, TEXAS 75081	MISSION, TX 78572
Medicare 2:		PHONE: FAX:
Phone (956) 583-4520	Fax (956) 583-4521	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator CHRISTINA HALL	
County DALLAS	Region 03 Date Licensed 09/23/2013	Owner Information
License # 016012	CRYSTAL CARE HOME HEALTH SERVICES INC	CRYSTAL CARE HOME HEALTH SERVICES, INC
		1675 REPUBLIC PARKWAY SUITE 200
•	1675 REPUBLIC PARKWAY SUITE 200	MESQUITE, TX 75150
Medicare 1: 459369 HHA-18	MESQUITE, TX 75150	PHONE: FAX:
Medicare 2: Phone (972) 203-2121	Fax (972) 203-8384	
1110116 (372) 200-2121	1 ax (372) 200-0004	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator KEYNA OMENUKOR	Total Accidence Col Macc
County DALLAS	Pagin 02 Pata Licensed 12/17/2021	Owner Information
County DALLAS	Region 03 Date Licensed 12/17/2021	CSD HOME CARE, INC
License # 021267	CSD HOME CARE, INC	005 1101112 0.1112, 1110
Lic Expire 12/17/2024	1341 WEST MOCKINGBIRD LANE, STE. 115	
Medicare 1:	DALLAS, TEXAS 752476913	
Medicare 2:	F	PHONE: FAX:
Phone (214) 630-8844	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SHERANNA RAMEY	
County DALLAS	Region 03 Date Licensed 08/18/2010	Owner Information
License # 013708	CUDDLE ME HOME CARE	CUDDLE ME HOME CARE PLLC
Lic Expire 8/31/2022	10935 ESTATE LN STE 190	6830 HOMINY RIDGE
Medicare 1: 457970 HHA-18	DALLAS, TEXAS 75238	ROWLETT, TX 75030
Medicare 2:		PHONE: FAX:
Phone (214) 272-8824	Fax (214) 272-9206	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Personal Assistance Services
Type: Parent Agency	Administrator CORINE NGAHA	
County DALLAS	Region 03 Date Licensed 02/28/2011	Owner Information
License # 014084	CUSTOM CAREGIVERS	HOME TELEHEALTH LLC
Lic Expire 2/28/2024	16660 DALLAS PKWY STE 2500	3330 EARHART DR STE 210
Medicare 1:	DALLAS, TX 75248	CARROLLTON, TX 75006
Medicare 2:		PHONE: FAX:
Phone (972) 938-0703	Fax (469) 548-6872	
Type: Parent Agency	Administrator DAVID STANLEY	Services: Personal Assistance Services
·····	:	

County DALLAS License # 020436 Lic Expire 1/6/2023	Region 03 Date Licensed 01/06/2021 DALLAS HOME HEALTH CARE, INC 4501 GRANTHAM DR.	Owner Information DALLAS HOME HEALTH CARE INC
Medicare 1: Medicare 2:	GARLAND, TEXAS 75043	PHONE: FAX:
Phone (214) 227-4577	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MATHEW CHACKO	del vices. Elcensed Home Health del vices, il elsonial resistance del vices
County DALLAS	Region 03 Date Licensed 04/04/2013	Owner Information
License # 015697	DALLAS HORIZON HOME HEALTH AGENCY LLC	DALLAS HORIZON HOME HEALTH AGENCY LLC
Lic Expire 4/30/2023	2775 VILLA CREEK DR STE 120	2775 VILLA CREEK DRIVE STE 123
Medicare 1: 453162	DALLAS, TX 75234	DALLAS, TX 75234
Medicare 2:		PHONE: FAX:
Phone (972) 241-8633	Fax (972) 243-5482	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator VICTOR UGWA	
County DALLAS	Region 03 Date Licensed 06/26/2019	Owner Information
License # 019447	DALLAS PLUS HOMECARE SERVICES LLC	DALLAS PLUS HOMECARE SERVICES LLC
Lic Expire 10/29/2021	2612 TEXAS DR	2612 TEXAS DRIVE IRVING, TX 75062-7058
Medicare 1:	IRVING, TX 75062	,
Medicare 2: Phone (972) 255-6009	Fax (972) 257-3193	PHONE: FAX:
Type: Parent Agency	Administrator THAZHATHA PARADIYIL CHACKO	Services: Personal Assistance Services
County DALLAS	Region 03 Date Licensed 10/14/2020	Owner Information
License # 020233	DALLAS TEXAS CAREGIVERS LLC	DALLAS TEXAS CAREGIVERS LLC
Lic Expire 10/14/2022	13155 NOEL RD SUITE 900	8811 TEEL PARKWAY STE 100-5234
Medicare 1:	DALLAS, TEXAS 75240	FRISCO, TX 75036
Medicare 2:		PHONE: (469) 430-3642 FAX:
Phone (469) 430-3642	Fax (469) 430-3642	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator NICODEMUS OBUYA	
County DALLAS	Region 03 Date Licensed 10/11/2010	Owner Information
License # 013623	DANIELLA HOME HEALTH SERVICES INC	DANIELLA HOME HEALTH SERVICES INC
Lic Expire 10/31/2020	9550 FOREST LANE STE 635	9550 FOREST LANE, STE#635
Medicare 1: 747612 HHA-18	DALLAS, TX 75243	DALLAS, TX 75243
Medicare 2:	F (21)	PHONE: FAX:
Phone (214) 503-0335	Fax (214) 503-0433	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MELVIES EBEN	
County DALLAS	Region 03 Date Licensed 01/13/2017	Owner Information
License # 017399	DAYBREAK COMMUNITY SERVICES TEXAS LLC	DAYBREAK COMMUNITY SERVICES TEXAS LLC
Lic Expire 5/31/2022	1636 N. HAMPTON ROAD STE 270	4100 INTERNATIONAL PLAZA SUITE 800
Medicare 1:	DESOTO, TX 75115	FORT WORTH, TX 76109
Medicare 2:	Fox (070) 200 2402	PHONE: FAX:
Phone (972) 228-5830 Type: Branch Agency	Fax (972) 228-3103 Administrator DEBBIE YOUNGBLOOD	Services: Licensed Home Health Services; Personal Assistance Services
<u> </u>		Owner Information
County DALLAS	Region 03 Date Licensed 06/21/2013 DE LOVELY HOME CARE INC	
License # 015612 Lic Expire 6/30/2023	4442 HANOVER STREET	
Medicare 1:	GRAND PRAIRIE, TX 75052	
Medicare 2:		PHONE: FAX:
Phone (214) 881-1888	Fax (469) 375-2476	Services: Personal Assistance Services
Type: Parent Agency	Administrator EVBU OSUNDE	

County DALLAS License # 016550 Lic Expire 7/31/2022 Medicare 1: 747396 HHA-18 Medicare 2: Phone (972) 572-6400	Region 03 Date Licensed 0 DEBTAG HOME HEALTH SERVICES INC 3205 BENT OAK DRIVE MESQUITE, TX 75181 Fax (972) 572-6402	07/31/2014	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
Type: Parent Agency	Administrator DEBORAH FASORO		
County DALLAS License # 018880 Lic Expire 8/31/2020 Medicare 1: Medicare 2: Phone (214) 735-6622	Region 03 Date Licensed 0 DEDICATED HOSPICE CARE LLC 2665 VILLA CREEK SUITE 256 DALLAS, TEXAS 75234 Fax (972) 681-7779 Administrator DANIEL GHIAS	08/09/2018	Owner Information DEDICATED HOSPICE CARE LLC 2665 VILLA CREEK DR DALLAS, TX 75234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency		00/47/0047	Owner Information
County DALLAS License # 018253 Lic Expire 8/31/2021 Medicare 1: Medicare 2:	Region 03 Date Licensed (DEFAITH HOME HEALTH AGENCY INC 777. S CENTRAL EXPRESSWAY, SUITE 1-F RICHARDSON, TX 75080	08/17/2017	DEFAITH HOME HEALTH AGENCY INC 2331 GUS THOMASSON ROAD SUITE 137 DALLAS, TX 75228 PHONE: FAX:
Phone (972) 330-9214	Fax (972) 437-4199		Services: Personal Assistance Services
Type: Parent Agency	Administrator DEBORAH UGWA		
County DALLAS License # 009249 Lic Expire 8/31/2022 Medicare 1: 457817 HHA-18	Region 03 Date Licensed 0 DELTA HOME HEALTH CARE 10211 GARLAND ROAD DALLAS, TX 75218	08/12/2004	Owner Information DELTA HOME HEALTH CARE 10211 GARLAND ROAD DALLAS, TX 75218
Medicare 2: Phone (214) 660-0685 Type: Parent Agency	Fax (214) 321-3598 Administrator JOHN OYIBO		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
			Owner Information
County DALLAS License # 016741 Lic Expire 4/30/2023 Medicare 1: 741597 HOSPICE Medicare 2:	Region 03 Date Licensed (DELTA HOSPICE LLC 2410 LUNA ROAD, SUITE 140 CARROLLTON, TEXAS 75006	04/14/2015	DELTA HOSPICE LLC 2410 LUNA ROAD STE 140 CARROLLTON, TX 75006 PHONE: FAX:
Phone (214) 432-4358 Type: Parent Agency	Fax (214) 390-7994 Administrator BIJILI VARANATH		Services: Hospice In-Patient Hospice: NO
County DALLAS License # 009062 Lic Expire 1/31/2023 Medicare 1: 453195 HHA-18	Region 03 Date Licensed (DELTACARE HOME HEALTH SERVICES LLC 2608 TEXAS DRIVE IRVING, TX 75062	01/26/2004	Owner Information DELTACARE HOME HEALTH SERVICE LLC 2121 W AIRPORT FREEWAY SUI TE 320 IRVING, TX 75062-6028
Medicare 2:	Fav. (070) 057 2402		PHONE: FAX:
Phone (972) 255-6171 Type: Parent Agency	Fax (972) 257-3193 Administrator SOPHIAMMA CHACKO		Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DALLAS License # 018027 Lic Expire 4/30/2023 Medicare 1: 679381 HHA-18 Medicare 2:	Region 03 Date Licensed 0 DEPENDABLE HOME CARE INC 3617 BROADWAY BLVD STE A GARLAND, TX 75043	04/14/2017	Owner Information DEPENDABLE HOME CARE INC 3617 BROADWAY BLVD., SUITE A GARLAND, TX 75043-1663 PHONE: FAX:
Phone (214) 221-7900 Type: Parent Agency	Fax (214) 221-7911 Administrator SAM VARGHESE		Services: Licensed and Certified Home Health Services

County DALLAS License # 012731 Lic Expire 3/31/2023 Medicare 1: 747240 Medicare 2: Phone (972) 757-8914 Type: Parent Agency	Region 03 Date Licensed 03/25/2009 DESTINY CARE HOME HEALTH 2930 LANDERSHIRE LANE GARLAND, TX 75044 Fax (972) 675-2104 Administrator GERALDINE OKPARA	Owner Information DESTINY FIRST HOME HEALTH CARE INC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information
County DALLAS License # 019050 Lic Expire 8/9/2022 Medicare 1: 679244 HHA-18 Medicare 2: Phone (214) 321-1323	Region 03 Date Licensed 12/13/2012 DESTINYS HOME HEALTH CARE LLC 337 OAKS TRAIL STE 104 GARLAND, TX 75043 Fax (214) 321-1326	DESTINY'S HOME HEALTH CARE LLC 337 OAKS TRAIL STE 104 GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 008474 Lic Expire 5/31/2024 Medicare 1: 679453 HHA-18 Medicare 2: Phone (972) 871-9152 Type: Parent Agency	Administrator ANNIE SUNNY Region 03 Date Licensed 05/27/2003 DEVINE HOME HEALTH AGENCY INC 800 WEST AIRPORT FREEWAY SUITE 514 IRVING, TX 75062 Fax (972) 871-9172 Administrator CHINWE ANYAEGBUNAM	Owner Information DEVINE HOME HEALTH AGENCY INC 800 W AIRPORT FREEWAY SUITE 514 IRVING, TX 75065 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 017357 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (860) 880-0256	Region 03 Date Licensed 04/14/2016 DEVOTED ASSISTANCE INC 1309 OAK MEADOWS DRIVE DALLAS, TX 75232 Fax (972) 476-0971	Owner Information DEVOTED ASSISTANCE INC 512 N HAMPTON ROAD #105 DESOTO, TX 75115 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 011892 Lic Expire 2/28/2023 Medicare 1: 679136 HHA-18 Medicare 2: Phone (972) 287-8300 Type: Parent Agency	Administrator HENRY YOUNG Region 03 Date Licensed 02/08/2008 DFW CONSOLIDATED HEALTHCARE SERVICES LLC 217 E. CAMP WISDOM RD. SUITE E DUNCANVILLE, TX 751162769 Fax (972) 287-1882 Administrator PATRICIA MAZIE-KALU	Owner Information DFW CONSOLIDATED HEALTHCARE SERVICES LLC P. O. BOX 764677 DALLAS, TEXAS 75356 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 020673 Lic Expire 4/5/2024 Medicare 1: Medicare 2: Phone (682) 816-0324 Type: Parent Agency	Region 03 Date Licensed 04/05/2021 DFW HOME CARE 2323 W ROCHELLE ROAD 7 STE #B1 IRVING, TX 75062 Fax (682) 816-0325 Administrator ASHRUF KHAN	Owner Information DFW HOME HEALTH INC 2323 W ROCHELLE ROAD 7 STE #B1 IRVING, TX 75062 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 015223 Lic Expire 6/30/2022 Medicare 1: 458444 HHA-18 Medicare 2: Phone (214) 891-8700 Type: Parent Agency	Region 03 Date Licensed 07/01/2012 DFW HOME HEALTH 13140 COIT RD, SUITE 450 DALLAS, TX 752405735 Fax (214) 891-8799 Administrator JILLIAN BARRAGAN	Owner Information LHCG XXXIII, LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX: Services: Licensed and Certified Home Health Services

County DALLAS License # 018032 Lic Expire 5/31/2021 Medicare 1: Medicare 2: Phone (469) 941-4022 Type: Parent Agency County DALLAS	Region 03 Date Licensed 05/02/2017 DIADEM HEARTS INC 111 EXECUTIVE WAY, SUITE 102, DESOTO, TX 75115 Fax 18668038759 Administrator SIMINIBE MONEKE Region 03 Date Licensed 12/01/2004	Owner Information DIADEM HEARTS INC 7268 PORTILLO GRAND PRAIRIE, TEXAS 75054 PHONE: FAX: Services: Personal Assistance Services
License # 009433 Lic Expire 11/30/2023 Medicare 1: 457997 HHA-18	DIAMOND CARE HEALTH SERVICES LLC 777 SOUTH CENTRAL EXPRESSWAY SUITE 7E RICHARDSON, TX 75080	DIAMOND CARE HEALTH SERVICES LLC 777 S. CENTRAL EXPRESSWAY SUITE 7E RICHARDSON, TEXAS 75080
Medicare 2:	110.17 ILECO1, 17. 10000	PHONE: FAX:
Phone (972) 479-1888 Type: Parent Agency	Fax (972) 479-1887 Administrator STEVE NWOSE	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DALLAS License # 018598 Lic Expire 2/28/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 02/07/2018 DIAMOND HEALTHCARE SERVICES LLC 102 N SHILOH ROAD SUITE 212 GARLAND, TX 75042	Owner Information DIAMOND HEALTHCARE SERVICES LLC 102 N SHILOH RD, STE #212 GARLAND, TX 75042 PHONE: FAX:
Phone (469) 626-0152 Type: Parent Agency	Fax (469) 626-0153 Administrator IFEOMA EZENNIA	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 021108 Lic Expire 10/7/2024 Medicare 1:	Region 03 Date Licensed 10/07/2021 DIGNITY AND POISE HOSPICE, INC 218 GRANITE FALLS DR. SUNNYVALE, TX 75182	Owner Information DIGNITY AND POISE HOSPICE, INC
Medicare 2: Phone (678) 642-3843	Fax (949) 245-1455	PHONE: FAX:
Friorie (070) 042-3043	1 dx (343) 240-1400	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BRENDA SCOTT	<u> </u>
County DALLAS License # 019371 Lic Expire 5/9/2021 Medicare 1:	Region 03 Date Licensed 05/09/2019 DIGNITY HOME HEALTHCARE LLC 1510 BLUE JAY RD GARLAND, TEXAS 75043	Owner Information DIGNITY HOME HEALTHCARE LLC
Medicare 2:	,,	PHONE: FAX:
Phone (214) 892-3729 Type: Parent Agency	Fax (469) 782-0403 Administrator ELVIS TAMIN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 017537 Lic Expire 12/31/2021 Medicare 1: 741529 HOSPICE Medicare 2: Phone (972) 997-5941	Region 03 Date Licensed 12/31/2015 DIGNITY HOSPICE 13601 PRESTON ROAD, SUITE W400 DALLAS, TX 75240 Fax (972) 499-1864	Owner Information HEBRON HOME HEALTH AND HOSPICE INC 8330 LBJ FREEWAY STE 720 DALLAS, TX 75243 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOELLE MILSTEIN-WOMACK	пт павли порнов. Но
County DALLAS License # 018743 Lic Expire 5/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 05/10/2018 DIRECT CARE SERVICES LLC 1412 MEADOW DRIVE IRVING, TX 75063	Owner Information DIRECT CARE SERVICES LLC 1412 MEADOW DRIVE IRVING, TX 75248 PHONE: FAX:
Phone (770) 837-4820	Fax (972) 598-0384	Services: Personal Assistance Services
Type: Derent Agency	Administrator IOV OHAVIVE	

Administrator

JOY OHAKWE

County DALLAS License # 017973 Lic Expire 2/28/2023 Medicare 1: 747842 HHA-18 Medicare 2: Phone (877) 551-6668	Region 03 Date Licensed 02/17/2017 DIRECT HOME HEALTH SERVICES INC 9319 LBJ FREEWAY STE 210 DALLAS, TX 75243 Fax (877) 247-2003	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;
Type: Parent Agency	Administrator COURAGE EHIMWONZEE	Personal Assistance Services
County DALLAS License # 017842 Lic Expire 1/31/2023 Medicare 1:	Region 03 Date Licensed 01/09/2017 DISABILITY SERVICES OF THE SOUTHWEST INC 7929 BROOKRIVER DRIVE STE 600 DALLAS, TX 75247	Owner Information DISABILITY SERVICES OF THE SOUTHWEST, INC 6243 IH 10 WEST, STE. 375 SAN ANTONIO, TX 78201
Medicare 2: Phone (214) 231-0425 Type: Parent Agency	Fax (877) 463-1310 Administrator FRANKIE DAVIS	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 019455 Lic Expire 6/28/2021 Medicare 1:	Region 03 Date Licensed 06/28/2019 DIVICARE HOME HEALTHCARE SERVICES LLC 8005 N. MACARTHUR BLVD., SUITE 2017 IRVING, TEXAS 750637648	Owner Information DIVICARE HOME HEALTHCARE SERVICES LLC
Medicare 2: Phone (469) 990-2915	Fax (214) 889-7700	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County DALLAS License # 012225 Lic Expire 8/31/2022 Medicare 1: 747372 HHA-18 Medicare 2: Phone (972) 999-3107	Administrator EDITH MONTGOMERY Region 03 Date Licensed 08/29/2008 DIVINE EDGE HEALTH SERVICES LLC 8330 LBJ FREEWAY SUITE 315 DALLAS, TX 75243 Fax (888) 958-2383	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
Type: Parent Agency County DALLAS	Administrator OLUYEMISI AKINODE Region 03 Date Licensed 10/15/2015	Owner Information
License # 017402 Lic Expire 10/31/2023 Medicare 1: 679265 HHA-18 Medicare 2:	DIVINE HEALTH CARE SERVICES INC 3200 BROADWAY BLVD, SUITE 268 GARLAND, TX 75043	DIVINE HEALTH CARE SERVICES INC 3200 TROUP HIGHWAY SUITE 228 TYLER, TX 75701 PHONE: FAX:
Phone (903) 595-2400 Type: Parent Agency	Fax (903) 595-2415 Administrator HAJARA BABALE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 018470 Lic Expire 8/31/2023 Medicare 1: 679401 HHA-18 Medicare 2: Phone (214) 221-0790 Type: Parent Agency	Region 03 Date Licensed 08/11/2017 DIVINE HOME HEALTH AGENCY LLC 2700 W PLEASANT RUN ROAD SUITE 380 LANCASTER, TX 75146 Fax (972) 685-7898 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 License # 014984 Lic Expire 7/31/2022 Medicare 1: 673172 HHA-18 Medicare 2: Phone 972 939 1076, 214 789 Type: Parent Agency	Region 03 Date Licensed 07/29/2012 DIVINE HOME HEALTH CARE 4312 ONYX DR CARROLLTON, TEXAS 75010 Fax (972) 242-6925 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 License # 018785 Lic Expire 6/30/2020 Medicare 1: Medicare 2: Phone (214) 367-0315 Type: Parent Agency	Region 03 Date Licensed 06 DIVINE PHC LLC 11551 FOREST CENTRAL DRIVE SUITE 101 ROC DALLAS, TEXAS 75243 Fax (214) 647-1866 Administrator JOY FLETCHER	S/14/2018 OM #2	Owner Information DIVINE PHC LLC 808 ORIOLE DRIVE FORNEY, TX 75126 PHONE: FAX: Services: Personal Assistance Services
County DALLAS	Region 03 Date Licensed 08	3/24/2018	Owner Information
License # 018900	DIVINE PLUS HOSPICE		NURSE CALL HOSPICE CARE INC
Lic Expire 8/31/2022	17290 PRESTON ROAD, SUITE 200D - ROOM C		752 WILDWOOD LANE
Medicare 1: 971580	DALLAS, TEXAS 75252		ROCKWALL, TX 75087
Medicare 2:			PHONE: FAX:
Phone (972) 590-0231	Fax (972) 590-0232		Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator ADHANET ASGEDOM		
County DALLAS	Region 03 Date Licensed 10	0/19/2020	Owner Information
License # 020010	DIVINE ROSES HOSPICE		INFINITE HEALTH CARE SERVICES LLC
Lic Expire 6/23/2022	3000 KELLER SPRINGS RD 406 A		
Medicare 1:	CARROLLTON, TEXAS 75006		PHONE: FAX:
Medicare 2: Phone (972) 695-6455	Fax (972) 984-7967		
(. 2. (. 2,		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator AMINA SULTAN		·
County DALLAS	Region 03 Date Licensed 05	5/31/2013	Owner Information
License # 015633	DIVINEHEART HEALTHCARE INC		DIVINEHEART HEALTHCARE INC
Lic Expire 8/31/2023	10935 ESTATE LN S305		12959 JUPITER RD STE 180
Medicare 1: 677945	DALLAS, TX 75238		DALLAS, TX 75238
Medicare 2:			PHONE: FAX:
Phone (214) 452-6253	Fax (214) 231-9072		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator GABRIEL NWACHUKWU		
County DALLAS	Region 03 Date Licensed 07	7/20/2017	Owner Information
License # 018299	DIVINIS CARE HOSPICE		SYNERHEALTH CARE LLC
Lic Expire 7/31/2023	5050 QUORUM DRIVE, SUITE 700		1111 W MOCKINGBIRD LANE SUITE 950 DALLAS, TX 75247-5028
Medicare 1: 741655 HOSPICE	DALLAS, TX 75254		,
Medicare 2: Phone (833) 348-4647	Fax (214) 530-2051		PHONE: FAX:
1 110110 (000) 040-4047	1 4 (214) 330-2001		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator PETER LYNCH		•
County DALLAS	Region 03 Date Licensed 04	1/29/2010	Owner Information
License # 013277	DLS HOME HEALTH SERVICES		DALLAS LENDING SOURCE LLC
Lic Expire 4/30/2022	105 TERRACE DR		P.O. BOX 4503
Medicare 1: 747591 HHA-18	DESOTO, TX 75115		CEDAR HILL, TX 75106
Medicare 2:			PHONE: FAX:
Phone (214) 893-3531	Fax (972) 499-2458		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MELISSA GIPSON		
County DALLAS	Region 03 Date Licensed 03	3/02/2016	Owner Information
License # 017298	DREAM LAND HEALTHCARE INC		DREAM LAND HEALTHCARE INC
Lic Expire 3/31/2022	3213 IH - 30, SUITE 304		3213 IH - 30 SUITE 304
Medicare 1:	MESQUITE, TX 75150		MESQUITE, TX 75150
Medicare 2:	Fav. (244) F04 7070		PHONE: FAX:
Phone (469) 264-4376	Fax (214) 594-7679		Services: Personal Assistance Services

Administrator

RITA AGU

County DALLAS License # 015310 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone (214) 545-2738 Type: Parent Agency	Region 03 Date Licensed 01/15/2013 E & C HOME HEALTHCARE CORPORATION 13339 N CENTRAL EXPY STE 100 DALLAS, TX 75243 Fax (214) 628-9599 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 License # 014538 Lic Expire 8/31/2021 Medicare 1: 747182 HHA-18 Medicare 2: Phone (214) 484-1644 Type: Parent Agency	Region 03 Date Licensed 08/04/2011 E CARE HOME HEALTH SERVICES INC 3939 US HWY 80 E STE 326B MESQUITE, TX 75150 Fax (214) 484-1200 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 License # 013312 Lic Expire 5/31/2022 Medicare 1: 747759 HHA-18 Medicare 2: Phone (214) 809-0449 Type: Parent Agency	Region 03 Date Licensed 05/12/2010 E E CORNERSTONE HOME HEALTH INC 203 LONGHORN TRAIL GRAND PRAIRIE, TX 75052 Fax (972) 854-6632 Administrator CAROLINE NWACHUKWU	Owner Information E E CORNERSTONE HOME HEALTH INC 203 LONGHORN TRL GRAND PRAIRE, TX 75052 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DALLAS License # 019219 Lic Expire 1/23/2021 Medicare 1: Medicare 2: Phone (214) 865-6165	Region 03 Date Licensed 04/01/2019 EARTHLY VESSEL SENIOR CARE LLC 17304 PRESTON RD SUITE 800 DALLAS, TX 75252 Fax	Owner Information EARTHLY VESSELS SENIOR CARE LLC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County DALLAS License # 020186 Lic Expire 9/21/2022 Medicare 1: Medicare 2: Phone (469) 558-8239 Type: Parent Agency	Administrator DEANDRA MITCHELL Region 03 Date Licensed 09/21/2020 EASY INHOMECARE 3213 INTERSTATE 30, SUITE 410 MESQUITE, TEXAS 75150 Fax (214) 484-3243 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 License # 010358 Lic Expire 3/31/2023 Medicare 1: 677948 HHA-18 Medicare 2: Phone (972) 289-9400 Type: Parent Agency	Region 03 Date Licensed 03/24/2006 EBENEZER HOME HEALTH 1515 E KEARNEY ST SUITE 100 MESQUITE, TX 75149 Fax (972) 289-9402 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 License # 010094 Lic Expire 10/31/2022 Medicare 1: 677819 HHA-18 Medicare 2: Phone (972) 222-0322	Region 03 Date Licensed 10/31/2005 ECLIPSE HOME HEALTH SERVICES INC 1452 JUNCTION RUN MESQUITE, TX 75181 Fax (972) 222-0396	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

Administrator

FLORENCE CHINWUBA

County DALLAS License # 012172 Lic Expire 8/31/2023 Medicare 1: 747141 HHA-18 Medicare 2: Phone (972) 331-5703 Type: Parent Agency	Region 03 Date Licensed 08/15/2008 EFE HEALTHCARE SERVICES INC 888 SOUTH GREENVILLE AVENUE SUITE 111 RICHARDSON, TX 75081 Fax (972) 331-5704 Administrator FRANKLIN HADOME	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
County DALLAS License # 020665 Lic Expire 4/1/2024 Medicare 1:	Region 03 Date Licensed 04/01/2021 EFFORDABLE SERVICES LLC 15330 LYNDON B JOHNSON FWY SUITE 101 MESQUITE, TEXAS 75150	Owner Information EFFORDABLE SERVICES LLC
Medicare 2:		PHONE: FAX:
Phone (469) 709-8215	Fax (469) 709-8216	Services: Personal Assistance Services
Type: Parent Agency	Administrator MYKEL BOYD	
County DALLAS License # 012902 Lic Expire 10/31/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 10/16/2009 EGO HEALTH SERVICES 2912 NORTH MACARTHUR BLVD SUITE 104 IRVING, TX 750624489	Owner Information EGO GROUP, INC SAME AS ABOVE IRVING, TX 75062 PHONE: FAX:
Phone (972) 871-1818	Fax (972) 252-3300	Services: Personal Assistance Services
Type: Parent Agency	Administrator EBUBE EHIOBU	
County DALLAS License # 013359 Lic Expire 5/31/2022 Medicare 1: 747588 Medicare 2: Phone (214) 637-1128	Region 03 Date Licensed 05/27/2010 EHS ENTERPRISE HOME HEALTH SOLUTIONS LLC 1420 W. MOCKINGBIRD LANE #575 DALLAS, TX 75247 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 Services: In Patient Maniera NO
Type: Parent Agency	Administrator JACKIE EUBANKS	In-Patient Hospice: NO
County DALLAS License # 018129 Lic Expire 4/30/2023 Medicare 1: 677455 HHA-18 Medicare 2: Phone (325) 643-4999 Type: Parent Agency	Region 01 Date Licensed 04/26/2017 ELARA CARING 521 E. BAKER ST., SUITE B BROWNWOOD, TX 76801 Fax (325) 643-5538 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 DALLAS License # 018191 Lic Expire 4/30/2021 Medicare 1: 459481 HHA-18 Medicare 2: Phone (254) 554-3500 Type: Parent Agency	Region 05 Date Licensed 04/26/2017 ELARA CARING 108 E FM 2410 STE A HARKER HEIGHTS, TX 76548 Fax (254) 554-3458 Administrator HEIDI TINCH	Owner Information TEXAS HOME HEALTHCARE PARTNERS, LP 700 HIGLANDER SUITE 160 ARLINGTON, TX 76015 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 018129 Lic Expire 4/30/2023 Medicare 1: 677455 HHA-18 Medicare 2: Phone (325) 643-4999 Type: Parent Agency	Region 01 Date Licensed 04/26/2017 ELARA CARING 521 E. BAKER ST., SUITE B BROWNWOOD, TX 76801 Fax (325) 643-5538 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 DALLAS License # 018128 Lic Expire 4/30/2021 Medicare 1: 679013 HHA-18 Medicare 2: Phone (817) 336-3257 Type: Parent Agency	Region 03 Date Licensed ELARA CARING 1333 CORPORATE DR. STE. 350A IRVING, TX 75038 Fax 817 336 3267 Administrator VINCENT BARRY	04/26/2017	Owner Information TEXAS HOME HEALTHCARE PARTNERS, LP 700 HIGLANDER SUITE 160 ARLINGTON, TX 76015 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 018129 Lic Expire 4/30/2023 Medicare 1: 677455 HHA-18 Medicare 2:	Region 01 Date Licensed ELARA CARING 521 E. BAKER ST., SUITE B BROWNWOOD, TX 76801	04/26/2017	Owner Information BRADY HEALTH CARE SERVICES, INC 521 E. BAKER ST., SUITE B BROWNWOOD, TX 76801 PHONE: FAX:
Phone (325) 643-4999	Fax (325) 643-5538		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency County DALLAS License # 016494 Lic Expire 8/31/2022 Medicare 1: 678097 HHA-18 Medicare 2: Phone (325) 677-2903 Type: Parent Agency	Administrator SUSAN GREENWAY Region 01 Date Licensed ELARA CARING 23 HOSPITAL DRIVE, SUITE 103 ABILENE, TX 79606 Fax (325) 677-2530 Administrator SUSAN GREENWAY	08/06/2014	Owner Information PRIMARY NURSE CARE, INC 14295 MIDWAY ROAD SUITE 400 ADDISON, TX 75001 PHONE: FAX: Services: Licensed and Certified Home Health Services
County DALLAS License # 017965 Lic Expire 1/31/2023 Medicare 1: 671699 HOSPICE Medicare 2: Phone (866) 446-1067	Region 03 Date Licensed ELARA CARING 1333 CORPORATE DR. STE 350 C IRVING, TX 75038 Fax (855) 852-5141	01/06/2017	Owner Information GRAPEVINE MISSION HOSPICE, LLC 14295 MIDWAY ROAD, SUITE #400 ADDISON, TX 75001 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County DALLAS License # 018042 Lic Expire 3/31/2023 Medicare 1: 459063 HHA-18 Medicare 2: Phone (903) 784-8088 Type: Parent Agency	Administrator TIFFANY CLARK Region 04 Date Licensed ELARA CARING 4027 LAMAR AVE, SUITE A PARIS, TX 75462 Fax (903) 737-8714 Administrator ROBIN WEBB	03/07/2017	Owner Information HOMETOWN HOME HEALTH SERVICES, INC 3025 LAMAR AVE PARIS, TX 75460-5013 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 018188 Lic Expire 4/30/2023 Medicare 1: 457661 HHA-18 Medicare 2: Phone (512) 733-1515 Type: Parent Agency	Region 05 Date Licensed ELARA CARING 1 CHISHOLM TRAIL, SUITE 250 A ROUND ROCK, TX 78681 Fax (512) 733-1525 Administrator HEIDI TINCH	04/26/2017	Owner Information TEXAS HOME HEALTHCARE PARTNERS, LP 700 HIGLANDER SUITE 160 ARLINGTON, TX 76015 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 016866 Lic Expire 4/30/2024 Medicare 1: 741664 HOSPICE Medicare 2: Phone (361) 248-4776 Type: Parent Agency	Region 07 Date Licensed ELARA CARING 4444 CORONA DR STE 234 CORPUS CHRISTI, TX 78411 Fax (361) 248-4638 Administrator ALICIA GARCIA	04/14/2015	Owner Information CIMA HOSPICE OF CORPUS CHRISTI, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County DALLAS License # 017542 Lic Expire 1/31/2022 Medicare 1: 459238 HHA-18 Medicare 2: Phone (940) 683-6370	Region 03 Date Licensed ELARA CARING 1502 10TH STREET STE B BRIDGEPORT, TX 76426 Fax (940) 683-2691	02/01/2016	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
Type: Parent Agency	Administrator LINDA ADAIR		
County DALLAS License # 018015 Lic Expire 1/31/2023 Medicare 1: 451748 HOSPICE Medicare 2: Phone (817) 517-7336	Region 05 Date Licensed ELARA CARING 827 N MAIN ST CLEBURNE, TX 76033 Fax (817) 202-8731	01/06/2017	Owner Information DALLAS HOSPICE, INC 14925 MIDWAY RD SUITE 400 ADDISON, TX 75001 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TIFFANY MOORE		III-ratient nospice. NO
County DALLAS License # 017314 Lic Expire 1/31/2022 Medicare 1: 677908 HHA-18 Medicare 2: Phone (903) 395-2811 Type: Parent Agency	Region 04 Date Licensed ELARA CARING 4027 LAMAR AVE, SUITE C PARIS, TX 75462 Fax (903) 537-8996 Administrator KENDRA YAROSS	02/01/2016	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 License # 015084 Lic Expire 9/30/2022 Medicare 1: 671759 HOSPICE Medicare 2:	Region 04 Date Licensed ELARA CARING 4027 LAMAR AVE, SUITE B PARIS, TX 75462	09/24/2012	Owner Information CIMA HOSPICE OF TEXARKANA, LLC 14295 MIDWAY ROAD SUITE 400 ADDISON, TX 75001 PHONE: FAX:
Phone (903) 794-2462 Type: Parent Agency	Fax (903) 255-0540 Administrator GREGORY BROOKS		Services: Hospice In-Patient Hospice: NO
County DALLAS License # 015154 Lic Expire 7/31/2022 Medicare 1: 679275 HHA-18 Medicare 2: Phone (210) 342-9922 Type: Parent Agency	Region 07 Date Licensed ELARA CARING 12400 NETWORK BLVD. SAN ANTONIO, TX 78249 Fax (210) 342-9929 Administrator ROBERT CONTRERAS	07/16/2012	Owner Information DOMINION CARE MANAGEMENT GROUP, LLC 14295 MIDAWAY ROAD, STE#400 ADDISON, TX 75001 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 015098 Lic Expire 5/31/2022 Medicare 1: 743142 HHA-18 Medicare 2: Phone (972) 756-1080 Type: Parent Agency	Region 03 Date Licensed ELARA CARING 1333 CORPORATE DR. STE. 350B IRVING, TX 75038 Fax (972) 756-1072 Administrator KAREN TORTI	05/25/2012	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 License # 011269 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (409) 384-6577 Type: Parent Agency	Region 04 Date Licensed ELARA CARING 714 WEST GIBSON SUITE 10 JASPER, TX 75951 Fax (409) 384-6569 Administrator REBECCA THOMAS	04/01/2007	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 License # 011267 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (713) 472-3198 Type: Parent Agency	Region 06 Date Licensed 04/01/2007 ELARA CARING 4205 FAIRMONT PARKWAY SUITE 150 PASADENA, TX 77504 Fax (713) 472-2587 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 License # 011260 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (210) 737 1700	Region 07 Date Licensed 04/01/2007 ELARA CARING 12400 NETWORK BLVD. SAN ANTONIO, TX 78249	Owner Information CHARTWELL COMMUNITY SERVICES, INC 14295 MIDWAY ROAD SUITE 400 ADDISON, TX 75001 PHONE: FAX:
Phone (210) 737-1700 Type: Parent Agency	Fax (210) 785-9908 Administrator KRYSELDA LOPEZ-MIRANDA	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 010469 Lic Expire 5/31/2022 Medicare 1: 671558 HOSPICE Medicare 2: Phone (956) 631-4354 Type: Parent Agency	Region 07 Date Licensed 05/19/2006 ELARA CARING 3524 W ALBERTA ROAD EDINBURG, TX 78539 Fax (956) 631-4042 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 License # 011829 Lic Expire 1/31/2022 Medicare 1: 457087 HHA-18 Medicare 2:	Region 05 Date Licensed 01/03/2008 ELARA CARING 110 N BEATON STREET CORSICANA, TX 75110	Owner Information HOME HEALTH OF TARRANT COUNTY, INC 14295 MIDWAY RD STE 400 ADDISON, TX 75001 PHONE: FAX:
Phone (972) 937-1359 Type: Parent Agency	Fax (972) 937-1971 Administrator TINA ANDERSON	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 011265 Lic Expire 3/31/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 04/01/2007 ELARA CARING 4444 CORONA DRIVE SUITE 233 CORPUS CHRISTI, TX 78411	Owner Information CHARTWELL COMMUNITY SERVICES, INC 14295 MIDWAY ROAD SUITE 400 ADDISON, TX 75001 PHONE: FAX:
Phone (361) 855-2090 Type: Parent Agency	Fax (361) 855-0973 Administrator KRYSELDA LOPEZ-MIRANDA	Services: Personal Assistance Services
County DALLAS License # 010496 Lic Expire 5/31/2024 Medicare 1: 451765 HOSPICE Medicare 2: Phone (210) 561-5522	Region 07 Date Licensed 05/31/2006 ELARA CARING 12400 NETWORK BLVD. SAN ANTONIO, TX 78249 Fax (210) 561-5633	Owner Information CIMA HOSPICE OF SAN ANTONIO, LP 14295 MIDWAY RD STE 400 ADDISON, TX 75001 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SARAH HOPPER MARQUIS	III didittiogice. No
County DALLAS License # 008276 Lic Expire 12/31/2022 Medicare 1: 458346 HHA-18	Region 04 Date Licensed 01/01/2003 ELARA CARING 2039 CROCKETT RD PALESTINE, TX 75801	Owner Information JHS OPERATIONS, LLC 2039 CROCKETT RD. PALESTINE, TX 75801
Medicare 2: Phone (903) 723-1657	Fax (903) 723-5227	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator TINA ANDEDSON	

Administrator

TINA ANDERSON

County DALLAS License # 008275 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (903) 537-3600 Type: Parent Agency	Region 04 Date Licensed 01/01/2003 ELARA CARING 412 HIGHWAY 37 SOUTH MOUNT VERNON, TX 75457 Fax (903) 537-3300 Administrator CYNTHIA GORE	Owner Information JHC OPERATIONS, LLC 14295 MIDWAY RD., SUITE#400 ADDISON, TX 75001 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 008274 Lic Expire 12/31/2022 Medicare 1: 677660 HHA-18 Medicare 2: Phone (409) 489-9104	Region 04 Date Licensed 01/01/2003 ELARA CARING 714 WEST GIBSON ST SUITE 4 JASPER, TX 75951 Fax (409) 489-0551	Owner Information JHS OPERATIONS, LLC 2039 CROCKETT RD. PALESTINE, TX 75801 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency County DALLAS License # 018501 Lic Expire 8/31/2023 Medicare 1: 747088 HHA-18 Medicare 2: Phone (972) 807-2727 Type: Parent Agency	Administrator GILLIAN MORRIS Region 03 Date Licensed 08/03/2017 ELI HOME HEALTH SERVICES INC 9550 FOREST LANE STE 319 DALLAS, TX 75243 Fax (972) 807-2790 Administrator KENNETH OCHULOR	Owner Information ELI HOME HEALTH SERVICES INC 9550 FOREST LANE STE 319 DALLAS, TX 75243 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 009560 Lic Expire 1/31/2023 Medicare 1: 457962 HHA-18 Medicare 2: Phone (972) 290-9721 Type: Parent Agency	Region 03 Date Licensed 01/31/2005 ELIM HOME HEALTH INC 18601 LYNDON B JOHNSON FWY STE 110 MESQUITE, TEXAS 75150 Fax (972) 288-1764 Administrator JESSY THOMAS	Owner Information ELIM HOME HEALTH INC 8344 E RL THORNTON FWY SUITE 315 DALLAS, TX 75228 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 018550 Lic Expire 1/31/2020 Medicare 1: Medicare 2: Phone (469) 340-2149 Type: Parent Agency	Region 03 Date Licensed 01/05/2018 ELIM HOSPICE LLC 18601 LYNDON B JOHNSON FWY SUITE 110 MESQUITE, TEXAS 75150 Fax (972) 288-1764 Administrator LARRY BARTHEL	Owner Information ELIM HOSPICE LLC 8344 E RL THORNTON FWY, SUITE 315E DALLAS, TX 75228 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County DALLAS License # 017885 Lic Expire 2/26/2021 Medicare 1: 741512 HOSPICE Medicare 2: Phone (972) 770-0597 Type: Parent Agency	Region 03 Date Licensed 10/25/2016 ELITE HOSPICE OF TEXAS 13601 PRESTON RD, SUITE E0600 DALLAS, TX 75240 Fax (972) 770-0598 Administrator LATAYA FORWARD	Owner Information GIFT OF LIFE HOSPICE LLC 10935 ESTATE LANE STE S 362 DALLAS, TX 75238 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County DALLAS License # 008959 Lic Expire 3/31/2025 Medicare 1: 451776 HOSPICE Medicare 2: Phone (972) 770-0597 Type: Parent Agency	Region 03 Date Licensed 03/10/2004 ELITE HOSPICE OF TEXAS 13601 PRESTON RD SUITE# E0600 DALLAS, TX 752404936 Fax (972) 770-0598 Administrator SHIBU SAMUEL	Owner Information BISHOP HOSPICE LLC 809 MEADOWSIDE CT GARLAND, TX 75043 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO

County DALLAS License # 020522 Lic Expire 2/9/2023 Medicare 1:	Region 03 Date Licensed 02/0 ELIZABETH HEALTHCARE SERVICES INC 115 EXECUTIVE WAY STE 214 DESOTO, TEXAS 75115	03/2021	Owner Information ELIZABETH HEALTHCARE SERVICES INC
Medicare 2:	525010, 12300 75110	1	PHONE: FAX:
Phone (469) 677-0098	Fax (469) 677-0118	S	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ALFRED AKINOLA		
County DALLAS License # 017496 Lic Expire 7/31/2022 Medicare 1:	Region 03 Date Licensed 07/0 ELOQUENT HOME HEALTH 10945 ESTATE LANE SUITE E158 DALLAS, TX 75238	00/2010	Owner Information ELOQUENT HOME HEALTH INC 10945 ESTATE LANE SUITE E158 DALLAS, TX 75238
Medicare 2:		1	PHONE: FAX:
Phone (972) 807-6868	Fax (972) 807-6742	S	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JANE UWAGA		
County DALLAS License # 017765 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (469) 372-0947	ELVIS HOME HEALTH CARE LLC 9535 FOREST LANE SUITE 246 DALLAS, TX 75243 Fax (469) 420-5373	23/2010	Owner Information ELVIS HOME HEALTH CARE LLC 9535 FOREST LANE STE 246 DALLAS, TX 75243 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator EMMANUEL EBEN		Non-relative
County DALLAS License # 012079 Lic Expire 6/30/2022 Medicare 1: 671613 HOSPICE Medicare 2:	Region 03 Date Licensed 07/0 ELYSIAN HOSPICE LLC 16750 WESTGROVE SUITE 100 ADDISON, TX 75001	01/2006	Dwner Information ELYSIAN HOSPICE LLC 2537 GOLDEN BEAR DRIVE CARROLLTON, TX 75006 PHONE: FAX:
Phone 972 2241876	Fax 972 2241494	S	Services: Hospice n-Patient Hospice: NO
Type: Parent Agency	Administrator LATASHA HOLLIS		
County DALLAS License # 019308 Lic Expire 12/31/2022 Medicare 1: 74-1721	Region 03 Date Licensed 12/3 EMBRACE HOSPICE 642 COMAL AVE NEW BRAUNFELS, TX 78130	31/2010	<u>Owner Information</u> ADORATION HOSPICE CARE TEXAS, LLC
Medicare 2:		1	PHONE: FAX:
Phone (469) 995-2456 Type: Parent Agency	Fax (469) 995-2809 Administrator KEITH BECKER		Services: Hospice n-Patient Hospice: NO
County DALLAS License # 020467 Lic Expire 1/15/2023 Medicare 1:	Region 03 Date Licensed 01/ EMERALD HEALTHCARE SERVICES INC 1500 E BELT LINE RD CARROLLTON, TEXAS 75006	13/2021	Owner Information EMERALD HEALTHCARE SERVICES INC
Medicare 2: Phone (214) 517-1979	Fax		PHONE: FAX:
Type: Parent Agency	Administrator VICTOR AGUMALU	S	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 019277	EMERSON ON HARVEST HILL PERSONAL ASSIS SERVICES	STANCE	Owner Information 5550 HARVEST HILL ROAD OPCO, LLC 4900 AIRPORT PARKWAY, BOX 13
Lic Expire 2/25/2021	5550 HARVEST HILL ROAD		ADDISON, TEXAS 75001
Medicare 1: Medicare 2:	DALLAS, TEXAS 75230		PHONE: FAX:
Phone (972) 619-6250	Fax (469) 287-5892		Services: Personal Assistance Services
Type: Parent Agency	Administrator YESENIA RODRIGUEZ		

County DALLAS	Region 03 Date Licensed 09/15/2005	Owner Information EMINENT HOME HEALTHCARE LLC
License # 009960	EMINENT HOME HEALTHCARE LLC	PO BOX 870446
Lic Expire 9/30/2022	10864 AUDELIA RD #100	MESQUITE, TX 75187
Medicare 1: 677937 HHA-18 Medicare 2:	DALLAS, TX 75238	PHONE: FAX:
Phone (214) 660-4404	Fax (214) 660-4406	
Tune: Derent Agency	Administrator VALCAMMA KOCHV	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator VALSAMMA KOSHY	
County DALLAS	Region 03 Date Licensed 08/14/2018	Owner Information
License # 018886	EMMANUAL CURAE HOSPICE CARE LLC	EMMANUAL CURAE HOSPICE CARE LLC
Lic Expire 8/31/2022	4505 STIRLING DR	4505 STIRLING DR
Medicare 1: 971615	GARLAND, TX 75043	GARLAND, TX 75043
Medicare 2:		PHONE: FAX:
Phone (682) 812-9294	Fax (972) 240-5523	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DELENE MARONEY (GEORGE)	
County DALLAS	Region 03 Date Licensed 08/11/2006	Owner Information
License # 010679	EMRICK HOME HEALTH	EMRICK SERVICES INCORPORTED
Lic Expire 8/31/2022	1919 S SHILOH ROAD STE 540	1919 S SHILOH ROAD STE 540
Medicare 1: 743125 HHA-18	GARLAND, TX 75042	GARLAND, TX 75042
Medicare 2:		PHONE: FAX:
Phone (972) 494-5444	Fax (972) 494-2331	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PATRICK JACKSON	
County DALLAS	Region 03 Date Licensed 06/03/2011	Owner Information
License # 014255	ENCOMPASS HEALTH HOME HEALTH	EH HOME HEALTH OF DFW, LLC
Lic Expire 6/30/2024	150 E. HIGHWAY 67, SUITE 250	6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	DUNCANVILLE, TEXAS 75137	DALLAS, TEXAS
Medicare 2:		PHONE: FAX:
Phone 972 2983400	Fax 972 2983408	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator LINDA FARRIS	
County DALLAS	Region 03 Date Licensed 01/07/2008	Owner Information
License # 011957	ENCOMPASS HEALTH HOME HEALTH	TEXAS SENIOR CARE, LP
Lic Expire 1/31/2025	10300 NORTH CENTRAL EXPRESSWAY, SUITE 355	6688 N CENTRAL EXPRESSWAY SUITE 1300
Medicare 1: 678243 HHA-18	DALLAS, TEXAS 75231	DALLAS, TX 75206-3950
Medicare 2:		PHONE: FAX:
Phone 214 5037700	Fax 214 5031221	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator KARA BAGLEY	
County DALLAS	Region 03 Date Licensed 12/20/2013	Owner Information
License # 015841	ENCOMPASS HEALTH HOSPICE	APEX HOSPICE, LLC
Lic Expire 9/30/2023	10300 N CENTRAL EXPRESSWAY, SUITE 358	6688 N. CENTRAL EXPRESSWAY, STE 1300
Medicare 1:	DALLAS, TEXAS 75231	DALLAS, TEXAS 75206
Medicare 2:		PHONE: FAX:
Phone 469 6773100	Fax 214 3634348	Services: Hospice
Type: Alternate Delivery Site	Administrator RANDY PICKERING	In-Patient Hospice: NO
County DALLAS	Region 03 Date Licensed	Owner Information
License # 021331	ENTRUSTED PEDIATRIC HOME CARE	ENTRUSTED PEDIATRIC HOME CARE
Lic Expire 12/1/2024	275 W CAMPBELL ROAD, STE 255	7600 CHEVY CHASE DR BLDG 2 STE 300
Medicare 1:	RICHARDSON, TEXAS 75080	AUSTIN, TX 78752
Medicare 2:		PHONE: FAX:
Phone (214) 885-0199	Fax (512) 735-2061	Services: Licensed Home Health Services
Type: Parent Agency	Administrator NICHOLAS NORWOOD	
<u> </u>		

County DALLAS License # 012183 Lic Expire 8/31/2022 Medicare 1: 747266 HHA-18 Medicare 2: Phone (972) 285-7286 Type: Parent Agency	Region 03 Date Licensed ENVISION HOME HEALTH CARE LLC 310 E I-30 SUITE 314 GARLAND, TX 75043 Fax (972) 285-7296 Administrator BOBBY KOSHY	08/19/2008	Owner Information ENVISION HOME HEALTH CARE LLC 310 E I-30 SUITE #314 GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DALLAS	Region 03 Date Licensed	11/04/2020	Owner Information
License # 020289 Lic Expire 11/4/2022 Medicare 1:	ENVISION HOSPICE 310 E I 30 # 314 GARLAND, TX 75043	11/04/2020	ENVISION HOSPICE
Medicare 2:			PHONE: FAX:
Phone (972) 285-7286	Fax (972) 285-7296		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BOBBY KOSHY		
County DALLAS	Region 03 Date Licensed		Owner Information
License # 014228	ENVOY HOSPICE LLC		ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200
Lic Expire 7/31/2023	14860 MONTFORT DR., SUITE 105		CHARLOTTESVILLE, VA 22903
Medicare 1: Medicare 2:	DALLAS, TX 75254		PHONE: FAX:
Phone (972) 233-0525	Fax (972) 233-0553		Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator ALICIA RICHARDSON		
County DALLAS License # 017869 Lic Expire 4/30/2022	Region 03 Date Licensed ESPREE HEALTH SERVICES 3939 US HIGHWAY 80 E SUITE 239A	04/27/2016	Owner Information CHANNEL HEALTH GROUP OF COMPANIES, INC 3939 US HWY 80 E, STE 239A MESQUITE, TX
Medicare 1: 453176 HHA-18 Medicare 2:	MESQUITE, TX 75150		PHONE: FAX:
Phone (972) 394-0205	Fax (972) 394-0147		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator NAINAN ANJILIMOOTHIL		Services. Licensed and Certified Floring Fleatin Services, Licensed Floring Fleatin Services
County DALLAS License # 021185 Lic Expire 11/4/2024 Medicare 1:	Region 03 Date Licensed ETCHED QUALITY CARE LLC 3626 NORTH HALL STREET, STE 610 DALLAS, TEXAS 75216	11/04/2021	Owner Information ETCHED QUALITY CARE LLC
Medicare 2:			PHONE: FAX:
Phone (972) 737-4493 Type: Parent Agency	Fax (972) 737-4492 Administrator BENEDICT KAZORA		Services: Personal Assistance Services
County DALLAS License # 011696 Lic Expire 11/30/2022 Medicare 1: 747042 HHA-18	Region 03 Date Licensed EVEREST HOME HEALTH CARE INC 611 N MACARTHUR BLVD SUITE 105 IRVING, TX 75061	11/19/2007	Owner Information EVEREST HOME HEALTH CARE INC 611 N MACARTHUR BLVD STE 105 IRVING, TX 75061
Medicare 2:			PHONE: FAX:
Phone (972) 790-9730	Fax (972) 790-9732		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator KUSUMAM JACOB		
County DALLAS License # 019997 Lic Expire 6/12/2022 Medicare 1:	Region 03 Date Licensed EXCEED HOME HEALTH CARE INC 9550 FOREST LN SUITE 208-D DALLAS, TX 75243	06/12/2020	Owner Information EXCEED HOME HEALTH CARE INC
Medicare 2:	E (044) F00 00 10		PHONE: FAX:
Phone (214) 613-2444 Type: Parent Agency	Fax (214) 580-2810 Administrator DELIA YAKUBOV		Services: Licensed Home Health Services; Personal Assistance Services

County DALLAS License # 017471 Lic Expire 5/31/2022 Medicare 1: 679215 HHA-18 Medicare 2: Phone (214) 553-1205 Type: Parent Agency	Region 03 Date Licensed 05/06/2016 EXCEL HOME HEALTH SERVICES LLC 12200 FORD ROAD SUITE 340 DALLAS, TX 75234 Fax (972) 664-0572 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 License # 015809 Lic Expire 1/31/2022 Medicare 1: 747937 Medicare 2: Phone (817) 370-4653 Type: Parent Agency	Region 03 Date Licensed 10/10/2013 EXCELLENT CARE HOME HEALTH LLC 2410 LUNA ROAD SUITE #252 CARROLLTON, TEXAS 750066538 Fax (817) 295-4445 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 License # 019237 Lic Expire 5/31/2023 Medicare 1: 747638 HHA-18 Medicare 2: Phone (469) 697-6500 Type: Parent Agency	Region 03 Date Licensed 10/01/2018 EXCEPTIONAL PATRIOTS HEALTHCARE, LLC 12100 FORD ROAD STE 46 DALLAS, TX 75234 Fax (972) 476-1284 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 License # 010402 Lic Expire 3/31/2023 Medicare 1: 673122 HHA-18 Medicare 2: Phone 972 2718646	Region 03 Date Licensed 04/01/2006 EXCLUSIVE HEALTH SERVICES INC 405 MAYFIELD AVE SUITE A GARLAND, TX 75041 Fax 972 2785750	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
Type: Parent Agency County DALLAS License # 013010 Lic Expire 11/30/2021 Medicare 1: 747495 HHA-18 Medicare 2: Phone (972) 222-5752	Administrator OFONIME DANIEL Region 03 Date Licensed 11/19/2009 EXODUS HEALTHCARE SERVICES INC 1815 EDWARDS CHURCH ROAD MESQUITE, TX 75181 Fax (972) 222-5852	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
Type: Parent Agency County DALLAS License # 020382 Lic Expire 12/7/2022 Medicare 1: Medicare 2: Phone (214) 924-2474 Type: Parent Agency	Administrator SARAH FANKA Region 03 Date Licensed 12/07/2020 EXPRESS HOMECARE SERVICES INC 124 GROSS RD STE F MESQUITE, TX 75149 Fax (214) 670-3305 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 License # 018293 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (972) 427-4055 Type: Parent Agency	Region 03 Date Licensed 09/01/2017 EXTRAORDINARY HOMECARE SERVICES 811 S CENTRAL EXPRESSWAY STE. 303 RICHARDSON, TX 75080 Fax (972) 217-8787 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 License # 009934 Lic Expire 8/31/2021 Medicare 1: 679558 HHA-18 Medicare 2: Phone (214) 575-8565	Region 03 Date Licensed 08/31/2005 F & F DEVOTED HOME HEALTH SERVICES INC 9304 FOREST LANE SUITE 275 DALLAS, TX 75243 Fax (214) 342-8566	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
Type: Parent Agency	Administrator FLORENCE IGBINIGIE	
County DALLAS License # 021172 Lic Expire 10/28/2024 Medicare 1:	Region 03 Date Licensed 10/28/2021 FAITH IN CARE HEALTH SERVICES LLC 310 EAST INTERSTATE 30 STE.312 GARLAND, TEXAS 75041	Owner Information FAITH IN CARE HEALTH SERVICES LLC
Medicare 2:		PHONE: FAX:
Phone (469) 577-4068	Fax (866) 372-2505	Services: Personal Assistance Services
Type: Parent Agency	Administrator DENA SINGLETON	
County DALLAS License # 008712 Lic Expire 10/31/2022 Medicare 1: 451754 HOSPICE Medicare 2:	Region 03 Date Licensed 10/24/2003 FAITH PRESBYTERIAN HOSPICE 12477 MERIT DR DALLAS, TX 75251	Owner Information GRACE PRESBYTERIAN MINISTRIES INC 550 E ANN ARBOR AVE S, TX 75216 PHONE: (214) 376-1701 FAX: (214) 376-8694
Phone (972) 239-5300 Type: Parent Agency	Fax (214) 413-1555 Administrator JOHN MEZO	Services: Hospice In-Patient Hospice: NO
County DALLAS License # 016661 Lic Expire 11/30/2022 Medicare 1: 679445 HHA-18 Medicare 2: Phone (214) 941-9522	Region 03 Date Licensed 11/21/2014 FAMILY CONNECTIONS HOME HEALTH CARE 401 S SHERMAN ST, STE 309 RICHARDSON, TX 750814005 Fax (469) 733-1877	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;
Type: Parent Agency	Administrator STAN THOMAS	Personal Assistance Services
County DALLAS License # 012840 Lic Expire 9/30/2023 Medicare 1: 747468 HHA-18 Medicare 2:	Region 03 Date Licensed 09/03/2009 FAMILY NURSES HOME HEALTH AGENCY 777 SOUTH CENTRAL EXPRESSWAY SUITE 1-A RICHARDSON, TX 75080	Owner Information FAMILY NURSES HOME HEALTH SERVICES INC 777 SOUTH CENTRAL EXPRESS WAY SUITE 1-A RICHARDSON, TX 75080 PHONE: FAX:
Phone (214) 570-0022 Type: Parent Agency	Fax (214) 570-0002 Administrator OMONO OMOKHODION	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 021374 Lic Expire 2/8/2025 Medicare 1:	Region 03 Date Licensed FIRST AMERICAN LOVING CARE LLC 2525 EMPIRE DRIVE, # 4155 RICHARDSON, TX 75080	Owner Information FIRST AMERICAN LOVING CARE LLC
Medicare 2:		PHONE: FAX:
Phone (469) 468-1909	Fax na	Services: Personal Assistance Services
Type: Parent Agency	Administrator JOSEPH ELIJAH	
County DALLAS License # 013451 Lic Expire 7/31/2022 Medicare 1:	Region 03 Date Licensed 07/12/2010 FIRST CALL OF DALLAS INC 8010 N STEMMONS FREEWAY SUITE 101 DALLAS, TX 75247	Owner Information FIRST CALL OF DALLAS INC 8010 N STEMMONS FREEWAY SUITE 101 DALLAS, TX 75247
Medicare 2: Phone (214) 631-9200 Type: Parent Agency	Fax (214) 631-9202 Administrator SUSAN HOGUE	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County DALLAS License # 006374 Lic Expire 8/31/2021 Medicare 1: 678475 HHA-18 Medicare 2: Phone (972) 780-1117 Type: Parent Agency	Region 03 Date Licensed 08/31/1997 FIRST CHOICE HOME HEALTH CARE AGENCY 106 EAST FAIN DUNCANVILLE, TX 75116 Fax (972) 780-1231 Administrator CHARLES ETTA WILLIAMS	Owner Information FIRST CHOICE HOME HEALTH CARE LLC 106 E FAIN STREET DUNCANVILLE, TX 75116 PHONE: FAX: Services: Licensed and Certified Home Health Services
<u> </u>		Owner Information
County DALLAS License # 013087	Region 03 Date Licensed 01/29/2010 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: FAX:
Phone (214) 377-1760	Fax (972) 408-3436	Services: Personal Assistance Services
Type: Parent Agency	Administrator BERNIE FRANCIS	
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: FAX:
Phone (972) 279-0682	Fax (972) 279-0689	Services: Personal Assistance Services
Type: Parent Agency	Administrator KENYA OMENUKOR	
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: FAX:
Phone (972) 240-5300	Fax (972) 240-5332	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 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: FAX:
Phone (972) 871-1800	Fax (972) 871-1802	Services: Licensed Home Health Services
Type: Parent Agency	Administrator JACK GABEHART	
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	
Medicare 2:		PHONE: FAX:
Dhana (214) 614 6744		
Phone (214) 614-6744	Fax (214) 304-7279	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Fax (214) 304-7279 Administrator BIJILI VARANATH	
Type: Parent Agency	Administrator BIJILI VARANATH	In-Patient Hospice: NO
Type: Parent Agency County DALLAS	Administrator BIJILI VARANATH Region 03 Date Licensed 10/13/2014	In-Patient Hospice: NO Owner Information
Type: Parent Agency County DALLAS License # 016482	Administrator BIJILI VARANATH Region 03 Date Licensed 10/13/2014 FMS NORTH TEXAS HOME STAFF ASSIST	In-Patient Hospice: NO Owner Information BIO MEDICAL APPLICATIONS OF TEXAS INC
Type: Parent Agency County DALLAS License # 016482 Lic Expire 1/29/2021	Administrator BIJILI VARANATH Region 03 Date Licensed 10/13/2014 FMS NORTH TEXAS HOME STAFF ASSIST 8700 NORTH STEMMONS FWY SUITE 135	In-Patient Hospice: NO Owner Information BIO MEDICAL APPLICATIONS OF TEXAS INC 8925 HIGHWAY 6 NORTH, SUITE #100
Type: Parent Agency County DALLAS License # 016482 Lic Expire 1/29/2021 Medicare 1:	Administrator BIJILI VARANATH Region 03 Date Licensed 10/13/2014 FMS NORTH TEXAS HOME STAFF ASSIST 8700 NORTH STEMMONS FWY SUITE 135	In-Patient Hospice: NO Owner Information BIO MEDICAL APPLICATIONS OF TEXAS INC 8925 HIGHWAY 6 NORTH, SUITE #100 HOUSTON, TX 77095

County DALLAS License # 017928 Lic Expire 11/30/2022 Medicare 1: 679790 HHA-18 Medicare 2: Phone (972) 283-9500	Region 03 Date Licensed 11/22/2016 FORTRESS HOME HEALTH AGENCY INC 8330 LBJ FREEWAY SUITE 490 DALLAS, TX 75243 Fax (972) 283-9501	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
Type: Parent Agency	Administrator MICHAEL UDOESSIEN	
County DALLAS	Region 03 Date Licensed 11/06/2009	Owner Information
License # 012971	FOUR SEASONS HOME HEALTH SERVICES INC	FOUR SEASONS HOME HEALTH SERVICES INC 531 CEDARBIRD TRAIL
Lic Expire 11/30/2023	9304 FOREST LANE SUITE S201	MURPHY, TX 75094
Medicare 1: 747467 HHA-18 Medicare 2:	DALLAS, TX 75243	PHONE: FAX:
Phone (972) 925-0735	Fax (972) 925-0482	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LAWRENCE OLIOBI	
County DALLAS	Region 03 Date Licensed 01/04/2018	Owner Information
License # 018547	FREE SPIRIT COMPANION CARE	MAURICE SIMMONS
Lic Expire 1/31/2020	3131 MCKINNEY AVE STE 600	5008 HOLLAND AVENUE SUITE 16
Medicare 1:	DALLAS, TX 75204	DALLAS, TX 75209
Medicare 2:	Fav. (244) F04 G404	PHONE: FAX:
Phone (214) 643-6060	Fax (214) 594-6101 Administrator MAURICE SIMMONS	Services: Personal Assistance Services
Type: Parent Agency	Administrator MAURICE SIMMONS	
County DALLAS	Region 03 Date Licensed 05/30/2003	Owner Information FRIENDLY HEALTHCARE SERVICES LLC
License # 008476	FRIENDLY HEALTHCARE SERVICES LLC	1105 REGAL DRIVE
Lic Expire 5/31/2024	11325 PEGASUS STREET SUITE W 101	GARLAND, TX 75040
Medicare 1: 679404 Medicare 2:	DALLAS, TX 75238	PHONE: FAX:
Phone (214) 341-0741	Fax (214) 341-1312	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SYLVESTER AKUNNE	
County DALLAS License # 017871 Lic Expire 9/30/2022 Medicare 1: 743188 HHA-18	Region 03 Date Licensed 09/23/2016 FRONTVIEW HOME HEALTH 2323 W ROCHELLE RD, 7 SUITES # A IRVING, TX 75062	Owner Information FRONTVIEW PROVIDER SERVICES INC 2505 TEXAS DRIVE STE 113-A IRVING, TX 75062
Medicare 2:		PHONE: FAX:
Phone (972) 424-1691 Type: Parent Agency	Fax (972) 423-2610 Administrator ASHRUF KHAN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 013262 Lic Expire 4/30/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 04/22/2010 FUNDAMENTAL CARE HOME HEALTH AGENCY INC 8330 LBJ FREEWAY SUITE 670 DALLAS, TX 75243	Owner Information FUNDAMENTAL CARE HOME HEALTH AGENCY, INC SAME AS ABOVE MESQUITE, TX 75181 PHONE: FAX:
Phone (469) 403-7868	Fax (888) 551-3229	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JUDE OHUMAEGBULEM	·
County DALLAS License # 019588 Lic Expire 9/10/2021 Medicare 1:	Region 03 Date Licensed 09/10/2019 G & R COMMUNITY HEALTHCARE SERVICES 3939 US HIGHWAY 80 SUITE 390 D MESQUITE, TEXAS 75150	Owner Information G & R COMMUNITY HEALTH SERVICES GP
Medicare 2: Phone (972) 236-4126	Fay (972) 441-2496	PHONE: FAX:
Phone (972) 236-4126	Fax (972) 441-2496	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator RAYMOND AGBADIBA	

County DALLAS	Region 03 Date Licensed 11/25/2003	Owner Information
License # 008773	GARLAND HOME HEALTHCARE AGENCY INC	GARLAND HOME HEALTHCARE AGENCY INC
Lic Expire 11/30/2023	3302 BLUE RIDGE LANE	3302 BLUE RIDGE LANE
Medicare 1: 453128 HHA-18	GARLAND, TX 75042	GARLAND, TX 75042
Medicare 2:	Orace and the foote	PHONE: FAX:
Phone (214) 876-9669	Fax (972) 276-3305	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LINUS AYOZIE	
County DALLAS	Region 03 Date Licensed 09/02/2020	Owner Information
License # 020141	GENCARE HEALTH SERVICES LLC	GENCARE HEALTH SERVICES LLC
Lic Expire 9/2/2022	8620 SECRET FOREST DR	
Medicare 1:	DALLAS, TX 752494022	
Medicare 1:	DALLAG, IX 102404022	PHONE: FAX:
Phone (214) 882-8439	Fax	
, ,		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SUE IKOMI	
County DALLAS	Region 03 Date Licensed 09/09/2019	Owner Information
License # 019584	GENESIS MENTAL HEALTH & GROUP HOME SERVICES	GENESIS MENTAL HEALTH SERVICES LLC
Lic Expire 9/9/2021	10990 SWITZER AVENUE STE.301	
Medicare 1:	DALLAS, TEXAS 75238	
Medicare 2:		PHONE: FAX:
Phone (214) 221-0277	Fax	
Type: Parent Agency	Administrator GREGORY BALOGUN	Services: Personal Assistance Services
- Taront Agonoy	, tallimorator of teoditi B/ teodoti	O
County DALLAS	Region 03 Date Licensed 09/09/2020	Owner Information
License # 020158	GENIX HOME HEALTHCARE LLC	GENIX HOME HEALTHCARE LLC
Lic Expire 9/9/2022	1349 EMPIRE CENTRAL DR. #640	P.O BOX 182526
Medicare 1:	DALLAS, TEXAS 75247	ARLINGTON, TX 76096
Medicare 2:		PHONE: FAX:
Phone (469) 399-6489	Fax (214) 256-3028	Services: Personal Assistance Services
Type: Parent Agency	Administrator FRANCIS DEKU	SUPPOSE. P GOOTAL / G
County DALLAS	Region 03 Date Licensed 08/15/2008	Owner Information
County DALLAS	·	LAKESHIA KIJUAN EALY
License # 012165	GENTLE HANDS HOME HEALTH CARE	9304 FOREST LANE STE S200
Lic Expire 8/31/2020	9304 FOREST LANE STE S200	DALLAS, TX 75243
Medicare 1: 747499 HHA-18	DALLAS, TX 75243	
Medicare 2:	5	PHONE: FAX:
Phone (214) 342-2600	Fax (214) 342-2601	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator LAKESHIA EALY	Personal Assistance Services
	AMENIOU CONTRACTOR CON	0 17 %
County DALLAS	Region 03 Date Licensed 08/03/2017	Owner Information
License # 018229	GERYN HOME HEALTH CARE AGENCY INC	GERYN HOME HEALTH CARE
Lic Expire 8/31/2023	2279 DORIAN PLACE	2279 DORIAN PLACE
Medicare 1: 458496	DALLAS, TEXAS 75228	DALLAS, TEXAS 75228
Medicare 2:		PHONE: FAX:
Phone (972) 228-4960	Fax (972) 228-4994	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator GARY HASTY	Personal Assistance Services
County DALLAS	Region 03 Date Licensed 09/30/2013	Owner Information
License # 015999	GIFTED HEALTHCARE INC	GIFTED HEALTHCARE INC
		811 S. CENTRAL EXPRESSWAY STE 235G
Lic Expire 12/31/2023	811 S CENTRAL EXPRESSWAY SUITE 235G	RICHARDSON, TX 75080
Medicare 1: 747442 HHA-18	RICHARDSON, TX 75080	
Medicare 2:	Fav. (079) 229 7109	PHONE: FAX:
Phone (972) 238-7191	Fax (972) 238-7192	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ROSELYN OKORIE	

County DALLAS License # 008934 Lic Expire 2/28/2024 Medicare 1: 453179 Medicare 2: Phone (214) 703-0699 Type: Parent Agency	Region 03 Date Licensed 02/26/2004 GILS HOME HEALTH CARE SERVICES INC 3960 BROADWAY BLVD SUITE 109 GARLAND, TX 75043 Fax (214) 703-6899 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 License # 013727 Lic Expire 11/30/2022 Medicare 1: 747663 HHA-18 Medicare 2: Phone (214) 603-2038	Region 03 Date Licensed 11/24/2010 GIODERK HOME HEALTH INC 3439 BELLVILLE DR DALLAS, TX 75228 Fax (214) 321-0019	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;
Type: Parent Agency	Administrator EMMANUEL ONYIA	Personal Assistance Services
County DALLAS License # 011756 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (214) 739-6900	Region 03 Date Licensed 11/30/2007 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 8131 LBJ FREEWAY SUITE 200 DALLAS, TX 75251 Fax (214) 739-8075	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 009657 Lic Expire 11/30/2020 Medicare 1: 677806 HHA-18 Medicare 2: Phone (972) 223-7400	Administrator KATRINA JOHNSON Region 03 Date Licensed 03/25/2005 GLOBAL CARE HOME HEALTH AGENCY INC 1636 N HAMPTON RD STE 104 DESOTO, TX 75115 Fax (972) 223-7407	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
Type: Parent Agency	Administrator CLEMENT ADEWUNMI	
County DALLAS License # 011070 Lic Expire 12/31/2022 Medicare 1: 457808 HHA-18 Medicare 2: Phone (214) 607-4027 Type: Parent Agency	Region 03 Date Licensed 01/01/2007 GLORIOUS HOME HEALTH CARE INC 329 OAKS TRAIL ENTRANCE A SUITE 95 GARLAND, TEXAS 75043 Fax (214) 607-4028 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 License # 014905 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (214) 414-5929 Type: Parent Agency	Region 03 Date Licensed 06/29/2012 GLORIOUS HOME HEALTH SERVICES 9696 SKILLMAN STREET SUITE 254 DALLAS, TX 75243 Fax (214) 660-1106 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 License # 017618 Lic Expire 5/31/2022 Medicare 1: 747806 HHA-18 Medicare 2: Phone (972) 672-2899	Region 03 Date Licensed 05/14/2016 GLOVIS HOME HEALTH SERVICES INC 13154 COIT ROAD SUITE 202 DALLAS, TX 75240 Fax (972) 755-8720	Owner Information GLOVIS HOME HEALTH SERVICES INC 6060 VILLAGE BEND DR #504 DALLAS, TX 75206 PHONE: FAX:

Administrator

OMOBOLANLE NOGHAYIN

County DALLAS License # 020157 Lic Expire 9/9/2022 Medicare 1:	Region 03 Date Licensed 09/09/2020 GODIA GROUP OF HOMES LLC 7050 ARAPAHO RD APT 2051 DALLAS, TEXAS 75248	Owner Information GODIA GROUP OF HOMES LLC
Medicare 2:		PHONE: FAX:
Phone (214) 245-2395	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator YVONNE GODIA	
County DALLAS License # 018679 Lic Expire 3/31/2022 Medicare 1:	Region 03 Date Licensed 03/29/2018 GOLDEN HOME CARE LLC 2130 WINDY RIDGE LN GARLAND, TX 75044	Owner Information GOLDEN HOME CARE LLC 2130 WINDY RIDGE LN GARLAND, TX 75044
Medicare 2:		PHONE: FAX:
Phone (469) 888-1008	Fax (469) 284-0017	Services: Personal Assistance Services
Type: Parent Agency	Administrator TAMMIE TRAN	
County DALLAS License # 009951 Lic Expire 9/30/2023 Medicare 1: 677855 Medicare 2:	Region 03 Date Licensed 09/12/2005 GOLDEN STAR HOME HEALTH AGENCY INC 8035 E. RL THORNTON FRWY. SUITE 247 DALLAS, TX 75228	Owner Information GOLDEN STAR HOME HEALTH AGENCY INC 8344 EAST R L THORNTON FRWY SUITE 410 DALLAS, TX 75228 PHONE: FAX:
Phone (469) 726-0760	Fax (469) 726-0761	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHIMATARA NWOKE	
County DALLAS	Region 03 Date Licensed 04/23/2015	Owner Information
License # 016873	GOOD HEALTH SERVICES INC	GOOD HEALTH SERVICES INC 9304 FOREST LANE SUITE S255
Lic Expire 4/30/2023	9304 FOREST LN STE S228	DALLAS, TX 75243
Medicare 1: 679337 HHA-18	DALLAS, TX 75243	
Medicare 2: Phone (214) 660-8828	Fax (214) 660-8083	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JULIUS NNANDILOBI	Tersonial resistance del vices
County DALLAS	Region 03 Date Licensed 03/07/2016	Owner Information
License # 017375	GOOD SAMARITAN HOME HEALTH AGENCY	GOOD SAMARITAN CAREGIVERS LLC
Lic Expire 3/31/2022	2500 TEXAS DR, STE 102	2510 TEXAS DRIVE 100
Medicare 1: 679191 HHA-18	IRVING, TX 75062	IRVING, TX 75062
Medicare 2:	•	PHONE: FAX:
Phone (972) 594-0646	Fax (972) 261-0166	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MAGDALENE ARREY	
County DALLAS License # 008810 Lic Expire 12/31/2022 Medicare 1: 679478 HHA-18 Medicare 2: Phone (972) 222-1282	Region 03 Date Licensed 12/16/2003 GOOD SAMARITAN HOME HEALTH CARE INC 9550 SKILLMAN ST SUITE #320 DALLAS, TX 75243 Fax (972) 222-1493	Owner Information GOOD SAMARITAN HOME HEALTH CARE INC SAME MESQUITE, TEXAS 75181 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator FELICIA OKAFOR	Personal Assistance Services
County DALLAS License # 018578 Lic Expire 11/30/2021 Medicare 1: 67Q9113001 Medicare 2:	Region 03 Date Licensed 12/01/2017 GOOD SAMARITAN SOCIETY HOME HEALTH 700 N. TOWN EAST BLVD #159 MESQUITE, TEXAS 75150	Owner Information GOOD SAMARITAN SOCIETY HCBSTX, LLC 700 NORTH TOWN EAST BLVD., SUITE 159 MESQUITE, TX 75150 PHONE: FAX:
Phone 972 686 4366	Fax 972 686 4372	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator TRACI WOOLFOLK	

County DALLAS License # 014670 Lic Expire 12/3/2021 Medicare 1: 679114 HHA-18 Medicare 2: Phone (469) 620-9028	Region 03 Date Licensed 09/23/2011 GOOD SHEPHERD HEALTH CARE SERVICES 415 EAST AIRPORT FREEWAY #230 IRVING, TX 75062 Fax (972) 421-1881	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
Type: Parent Agency	Administrator IKE NWOHA	
County DALLAS	Region 03 Date Licensed 04/08/2005	Owner Information
License # 009686	GOOD SHEPHERD HOME HEALTHCARE AGENCY	GOOD SHEPHERD HOME HEALTHCARE AGENCY INC
Lic Expire 4/30/2024	811 S CENTRAL EXPRESSWAY SUITE #444	9421 ANNS WAY
Medicare 1: 677817 HHA-18	RICHARDSON, TX 75080	PLANO, TX 75025
Medicare 2:	F (070) 470 0007	PHONE: FAX:
Phone (972) 470-0440	Fax (972) 470-0307	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FIDELIS SIMO	
County DALLAS	Region 03 Date Licensed 03/15/2005	Owner Information
License # 009630	GOOD SHEPHERD HOSPICE OF DALLAS LLC	GOOD SHEPHERD HOSPICE OF DALLAS LLC
Lic Expire 3/31/2023	7920 BELT LINE ROAD, SUITE 760	4350 WILL ROGERS PKWY, STE 400
Medicare 1: 451799 HOSPICE	DALLAS, TX 752548188	OKLAHOMA CITY, OK
Medicare 2:		PHONE: FAX:
Phone (972) 870-9991	Fax (972) 870-9993	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KIMBERLY CODR	addit i deposit i d
County DALLAS	Region 03 Date Licensed 08/26/2013	Owner Information
License # 015732	GOODCARE HOME HEALTH AGENCY	ENOCK MUPOPERI
Lic Expire 8/31/2021	11555 FERGUSON ROAD SUITE 400	
Medicare 1:	DALLAS, TX 75228	
Medicare 2:		PHONE: FAX:
Phone (214) 772-7079	Fax (972) 279-1370	Services: Personal Assistance Services
Type: Parent Agency	Administrator ENOCK MUPOPERI	
County DALLAS	Region 03 Date Licensed 11/03/2008	Owner Information
License # 012288	GOODWILL HEALTHCARE SERVICES	ALPHATRENDS, INC
Lic Expire 11/30/2022	9535 FOREST LANE STE 200	2503 WHITETAIL DR
Medicare 1: 747291 HHA-18	DALLAS, TEXAS 75243	MESQUITE, TX 75181
Medicare 2:		PHONE: FAX:
Phone (214) 631-9900	Fax (214) 631-9902	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator EMMANUEL UBANI	
County DALLAS	Region 03 Date Licensed 01/14/2011	Owner Information
License # 013832	GRACE COMPASSION HOME HEALTH AGENCY	GRADARK COMPASSION CARE INC
Lic Expire 1/31/2023	8330 LBJ FREEWAY STE 915	91230 CRESTWICK DRIV
•		MURPHY, TEXAS
Medicare 1: 747729 HHA-18	DALLAS, TX 75243	WUNFIT, TEXAS
Medicare 1: 747729 HHA-18 Medicare 2:	DALLAS, TX 75243	PHONE: FAX:
	DALLAS, TX 75243 Fax (888) 607-7023	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Medicare 2:		PHONE: FAX:
Medicare 2: Phone (972) 516-1069	Fax (888) 607-7023	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Medicare 2: Phone (972) 516-1069 Type: Parent Agency	Fax (888) 607-7023 Administrator GRACE OPUNI-DARKO	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Medicare 2: Phone (972) 516-1069 Type: Parent Agency County DALLAS	Fax (888) 607-7023 Administrator GRACE OPUNI-DARKO Region 03 Date Licensed 09/01/2004	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information
Medicare 2: Phone (972) 516-1069 Type: Parent Agency County DALLAS License # 009284	Fax (888) 607-7023 Administrator GRACE OPUNI-DARKO Region 03 Date Licensed 09/01/2004 GRACE UNLIMITED	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information UNLIMITED GRACE HEALTH CARE LLC
Medicare 2: Phone (972) 516-1069 Type: Parent Agency County DALLAS License # 009284 Lic Expire 8/31/2024	Fax (888) 607-7023 Administrator GRACE OPUNI-DARKO Region 03 Date Licensed 09/01/2004 GRACE UNLIMITED 2411 GATEWAY DRIVE SUITE 100	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information UNLIMITED GRACE HEALTH CARE LLC 2401 GATEWAY DR STE 110
Medicare 2: Phone (972) 516-1069 Type: Parent Agency County DALLAS License # 009284 Lic Expire 8/31/2024 Medicare 1: 457956 HHA-18	Fax (888) 607-7023 Administrator GRACE OPUNI-DARKO Region 03 Date Licensed 09/01/2004 GRACE UNLIMITED 2411 GATEWAY DRIVE SUITE 100	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information UNLIMITED GRACE HEALTH CARE LLC 2401 GATEWAY DR STE 110 IRVING, TX 75063

County DALLAS License # 015694 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (972) 925-0120 Type: Parent Agency	Region 03 Date Licensed 08/07/ GRACIA HOME HEALTH AGENCY INC 10610 METRIC DRIVE STE 150 DALLAS, TX 75243 Fax (800) 901-4794 Administrator SOLOMON TOCHE	Owner Information GRACIA HOME HEALTH AGENCY INC 9550 FOREST LANE STE 214 DALLAS, TX 75243 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 019812 Lic Expire 2/7/2022 Medicare 1: Medicare 2: Phone (972) 903-1965 Type: Parent Agency	Region 03 Date Licensed 02/07/ GRACIA HOME HEALTH CARE INC 10610 METRIC DRIVE STE 150 DALLAS, TX 75243 Fax (800) 901-4794 Administrator SOLOMON TOCHE	Owner Information GRACIA HOME HEALTH CARE INC 2314 WOODGLEN DRIVE GARLAND, TX 75040 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 012974 Lic Expire 11/30/2024 Medicare 1: 747599 HHA-18 Medicare 2: Phone 972 5980871 Type: Parent Agency	Region 03 Date Licensed 11/06/ GRACIOUS CARE HEALTH SERVICES INC 777 S. CENTRAL EXPRESSWAY, SUITE 1-F RICHARDSON, TX 75080 Fax 972 9189229 Administrator DEBORAH UGWA	Owner Information GRACIOUS CARE HEALTH SERVICES INC 3503 SPIREA DRIVE WYLIE, TX 75098 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 016883 Lic Expire 8/31/2023 Medicare 1: 747394 HHA-18 Medicare 2: Phone (469) 779-3643	Region 03 Date Licensed 05/01/ GRANDCARE HOME HEALTH LLC 12100 FORD RD, STE 318 FARMERS BRANCH, TX 75234 Fax (469) 333-8002	2015 Owner Information GRANDCARE HOME HEALTH LLC 15851 DALLAS PKWY STE 620A DALLAS, TX 75001 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 013137 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (214) 467-9787 Type: Parent Agency	Administrator SAMUEL PHILIPS Region 03 Date Licensed 02/26/ GREEN APPLE THERAPY 1431 GREENWAY DRIVE STE 500 IRVING, TX 75038 Fax (214) 741-3655 Administrator STEPHANIE CONE	Owner Information GREEN APPLE LLC 250 SANTE FE DRIVE #101 WEATHERFORD, TX 76086 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 015552 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (972) 850-9945 Type: Parent Agency	Region 03 Date Licensed 05/21/ GRISWOLD HOME CARE MESQUITE OFFICE 2833 BLUE RIDGE MESQUITE, TX 75150 Fax (866) 496-5016 Administrator MICHAEL GIBSON	Owner Information MILOC CORP 3330 N. GALLOWAY AVE SUITE 304-119 MESQUITE, TX 75150 PHONE: (972) 850-9945 FAX: Services: Personal Assistance Services
County DALLAS License # 018454 Lic Expire 6/30/2024 Medicare 1: 679760 HHA-18 Medicare 2: Phone (972) 247-8203 Type: Parent Agency	Region 03 Date Licensed 06/16/ GUARDIAN ANGELS ATHOME CARE INC 100 N CENTRAL EXPY SUITE 190 ROOM 110 RICHARDSON, TX 75080 Fax (972) 247-8805 Administrator SHARMATHA RAJESH	Owner Information GUARDIAN ANGELS ATHOME CARE INC 3207 SKYLANE DRIVE SUITE 110 CARROLLTON, TX 75006 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County DALLAS License # 014539 Lic Expire 12/31/2021 Medicare 1: 747875 Medicare 2: Phone (972) 672-3050	Region 03 Date Licensed 12/19/2011 GUIDANCE HOME HEALTH SERVICES INC 602 WATERVIEW DRIVE COPPELL, TX 75019 Fax (972) 459-7759	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
Type: Parent Agency	Administrator JUSTIN ULAHANNAN	
County DALLAS License # 013191 Lic Expire 3/31/2022 Medicare 1: 747701 HHA-18 Medicare 2: Phone (281) 530-8181	Region 03 Date Licensed 03/24/2010 GUIDING HOME CARE INC 5405 PINNACLE OAK DR SACHSE, TEXAS 75048 Fax (281) 530-8188	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
Type: Parent Agency	Administrator CHRISTINA KIZZEE	
County DALLAS License # 019810 Lic Expire 2/7/2022 Medicare 1:	Region 03 Date Licensed 02/07/2020 H AND M HEALTHCARE OF TEXAS INC 7413 KALLAN DRIVE ROWLETT, TX 75089	Owner Information H AND M HEALTHCARE OF TEXAS INC 7413 KALLAN DRIVE ROWLETT, TX 75089
Medicare 2:	Fav. (244) 202 4540	PHONE: FAX:
Phone (214) 282-4548 Type: Parent Agency	Fax (214) 282-4548 Administrator HUMPHREY CHAMA	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 019309 Lic Expire 3/27/2021 Medicare 1:	Region 03 Date Licensed 03/27/2019 HAMACARE SERVICES INC 3809 SPIER CIRCLE BALCH SPRINGS, TEXAS 75180	Owner Information HAMACARE SERVICES INC 3809 SPIER CIRCLE BALCH SPRINGS, TX 75180
Medicare 2:		PHONE: FAX:
Phone (214) 772-4133	Fax (214) 484-9096	Services: Personal Assistance Services
Type: Parent Agency County DALLAS License # 020605 Lic Expire 3/16/2023 Medicare 1: Medicare 2: Phone 214 2955265 Type: Parent Agency	Administrator AMOS AGWE Region 03 Date Licensed 03/16/2021 HANDS OF GOD HOME & CARE LLC 10729 AUDELIA RD STE 112 DALLAS, TEXAS 75238 Fax 214 4846572	Owner Information HANDS OF GOD HOME & CARE LLC 1030 CACTUS DRIVE DUNCANVILLE, TEXAS 75137 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator CRYSTAL SMITH	Owner Information
County DALLAS License # 018602 Lic Expire 2/28/2022 Medicare 1:	Region 03 Date Licensed 02/08/2018 HANDS OF HEALING PROVIDER SERVICES PC 4444 W JEFFERSON SUITE 614 DALLAS, TX 75211	HANDS OF HEALING PROVIDER SERVICES PC 2903 LAVANDA GRAND PRAIRIE, TEXAS 75054
Medicare 2:	Fav. (244) 224 2024	PHONE: FAX:
Phone (713) 416-7187 Type: Parent Agency	Fax (214) 331-2021 Administrator ADANNE LACY	Services: Personal Assistance Services
County DALLAS License # 020543 Lic Expire 2/22/2024 Medicare 1: Medicare 2:	Region 03 Date Licensed 02/22/2021 HANNAH TOUCH 1341 W. MOCKINGBIRD LANE SUITE 600W DALLAS, TEXAS 75247	Owner Information HANNAH TOUCH, INC 1341 W MOCKINGBIRD LANE 600 W DALLAS, TX 75247 PHONE: FAX:
Phone 469 8098488 Type: Parent Agency	Fax 469 2832689 Administrator LARYSA ILLA	Services: Personal Assistance Services

County DALLAS License # 015167 Lic Expire 10/31/2022 Medicare 1: 741663 HOSPICE Medicare 2: Phone (469) 329-3321	Region 03 Date Licensed 11/01/2012 HARBOR HOSPICE OF EAST DALLAS FORT WORTH LP 2617 BOLTON BOONE DRIVE SUITE C2 DESOTO, TX 75115 Fax (972) 649-8915	Owner Information HARBOR HOSPICE OF EAST DALLASFORT WORTH LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator GARY GONZALES	
County DALLAS License # 015169 Lic Expire 10/31/2022 Medicare 1: 741550 HOSPICE Medicare 2: Phone (469) 329-3321	Region 03 Date Licensed 11/01/2012 HARBOR HOSPICE OF NORTH DALLAS FORT WORTH LP 2617 BOLTON BOONE DRIVE SUITE C1 DESOTO, TX 75115 Fax (972) 649-8915	Owner Information HARBOR HOSPICE OF NORTH DALLASFORT WORTH LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice
Types Describ Assessed	Administrator CADV CONTALES	In-Patient Hospice: NO
County DALLAS License # 017364 Lic Expire 4/30/2022 Medicare 1: 679291 HHA-18 Medicare 2: Phone (972) 644-3000 Type: Parent Agency	Administrator GARY GONZALES Region 03 Date Licensed 04/22/2016 HAVEN HOME HEALTH ABRAMS STE 109 1221 ABRAMS RD., SUITE 109 RICHARDSON, TX 75081 Fax (972) 644-3040 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 License # 017364 Lic Expire 4/30/2022 Medicare 1:	Region 03 Date Licensed 04/22/2016 HAVEN HOME HEALTH ABRAMS STE 136 1221 ABRAMS ROAD, SUITE 136 RICHARDSON, TX 75081	Owner Information HAVEN HOME HEALTH LLC 12160 NORTH ABRAMS RD SUITE 100 DALLAS, TX 75243
Medicare 2: Phone (972) 878-0303 Type: Branch Agency	Fax (972) 878-0055 Administrator MICHAEL MCGIBBON	PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 018884 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 08/13/2018 HEALTH AT HOME 14785 PRESTON ROAD SUITE 460 DALLAS, TX 75254	Owner Information HOME HEALTH CARE SERVICES LLC PO BOX 200 AUGUSTA, GA 30903-0200 PHONE: FAX:
Phone (214) 424-6100 Type: Parent Agency	Fax (214) 424-6112 Administrator KATINA KING	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 008123 Lic Expire 9/30/2021 Medicare 1: 679218 HHA-18 Medicare 2: Phone (972) 412-1540	Region 03 Date Licensed 09/26/2002 HEALTH QUEST HOME HEALTH INC 9410 CHIMNEYWOOD DR ROWLETT, TX 75089 Fax (972) 475-4443	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;
Type: Parent Agency	Administrator LISA ANN FERINA	Personal Assistance Services
County DALLAS License # 019863 Lic Expire 4/3/2022 Medicare 1:	Region 03 Date Licensed 04/03/2020 HEALTHCARE OPTIONS FOR YOU 1520 WYNDMERE DESOTO, TX 75115	Owner Information STRINGFELLOW & ASSOCIATES LLC
Medicare 2: Phone (972) 375-8500 Type: Parent Agency	Fax Administrator CARLOS STRINGFELLOW	PHONE: FAX: Services: Personal Assistance Services

County DALLAS License # 009773 Lic Expire 4/30/2022 Medicare 1: 679271 HHA-18 Medicare 2: Phone (972) 792-7770 Type: Parent Agency	Region 03 Date Licensed 04/05/2004 HEALTHWATCH PROFESSIONALS 1100 E. CAMPBELL ROAD, SUITE 215 RICHARDSON, TX 75081 Fax (972) 792-7448 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 License # 009773 Lic Expire 4/30/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed HEALTHWATCH PROFESSIONALS 3200 W. PLEASANT RUN ROAD. SUITE 240 LANCASTER, TX 75146	Owner Information 2M HEALTHWATCH PROFESSIONALS INC 11520 N CENTRAL EXPY SUITE 220 DALLAS, TX 75243 PHONE: FAX:
Phone 972 2740133	Fax 972 2740182 Administrator MAURICE NICOL	Services: Personal Assistance Services
Type: Branch Agency County DALLAS License # 018138 Lic Expire 5/31/2023 Medicare 1: 741531 HOSPICE Medicare 2: Phone (214) 944-1453	Region 03 Date Licensed 05/18/2017 HEART TO HEART HOSPICE OF DALLAS LLC 5787 SOUTH HAMPTON ROAD SUITE# 430 DALLAS, TX 75232 Fax (214) 944-1458	Owner Information HEART TO HEART HOSPICE OF DALLAS, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator KIMBERLY HAMILTON	In-Patient Hospice: NO
County DALLAS License # 016091 Lic Expire 10/31/2023 Medicare 1: 451741 HOSPICE Medicare 2:	Region 03 Date Licensed 10/25/2013 HEART TO HEART HOSPICE OF TEXAS LTD 1406 HALSEY WAY STE 110 CARROLLTON, TX 75007	Owner Information HEART TO HEART HOSPICE OF TEXAS LTD 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX:
Phone (972) 479-0766	Fax (972) 479-0365	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County DALLAS License # 017872 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (214) 458-3103 Type: Parent Agency	Administrator PATRICIA GRAY Region 03 Date Licensed 01/25/2017 HEARTS THAT CARE HOME CARE AGENCY LLC 12100 FORD ROAD SUITE 138 FARMERS BRANCH, TX 75234 Fax (972) 292-7879 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 License # 020917 Lic Expire 7/20/2024 Medicare 1: Medicare 2: Phone (469) 789-4222 Type: Parent Agency	Region 03 Date Licensed 07/20/2021 HEARTS THAT CARE PROVIDER SERVICES LLC 4412 ST. FRANCIS AVE. DALLAS, TX 75227 Fax (469) 917-9205 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 License # 014365 Lic Expire 5/31/2024 Medicare 1: 747489 Medicare 2: Phone (972) 331-4477	Region 03 Date Licensed 05/05/2011 HEAVEN GLORIOUS HOME HEALTH AGENCY INC 2665 VILLA CREEK DRIVE STE 248 DALLAS, TX 75234 Fax (972) 488-9200	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

Administrator BREAGET FUMUDOHS

County DALLAS License # 012900 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (972) 270-9552 Type: Parent Agency	Region 03 Date Licensed 10/16/2009 HEAVENLY BLESSINGS HOME HEALTHCARE LLC 3939 E US HWY 80 SUITE 486 MESQUITE, TX 75150 Fax (888) 790-4274 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 License # 010838	Region 03 Date Licensed 10/27/2006	Owner Information HEAVENLY HOST, INC
	HEAVENLY HOST HOME HEALTH	536 S. BRYAN-BELT LINE ROAD
Lic Expire 10/31/2022 Medicare 1: 679778 HHA-18	536 S BRYAN-BELT LINE ROAD MESQUITE, TX 75149	MESQUITE, TX 75149-5031
Medicare 2:	MEGGOTTE, TA 10140	PHONE: FAX:
Phone (972) 289-3800	Fax (972) 289-3801	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator VIJI ANTONY	
County DALLAS	Region 03 Date Licensed 11/12/2021	Owner Information
License # 021200	HEAVENLY LOVE HOMECARE LLC	HEAVENLY LOVE HOMECARE LLC
Lic Expire 11/12/2024	1515 N. TOWN BLVD. #138 #132	1515 N. TOWN EAST BLVD. #138 #132
Medicare 1:	MESQUITE, TX 75150	MESQUITE, TX 75150
Medicare 2:		PHONE: FAX:
Phone (214) 355-8288	Fax (972) 707-9565	Services: Personal Assistance Services
Type: Parent Agency	Administrator JESSICA WILLIAMS	
County DALLAS License # 020260 Lic Expire 10/22/2022 Medicare 1:	Region 03 Date Licensed 10/22/2020 HELPING HANDS & HEALING HEARTS LLC 701 COMMERCE ST DALLAS, TX 75202	Owner Information HELPING HANDS & HEALING HEARTS LLC
Medicare 2:	DALLING, TA 10202	PHONE: FAX:
Phone 800 4701990	Fax 214 7719044	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator KELISHIA WILLIAMS-NELSON	Services. Licensed nome nealth Services, Personal Assistance Services
<u></u>		Owner Information
County DALLAS	Region 03 Date Licensed 09/10/1996	GLENNWOOD ENTERPRISES INC
License # 004870	HERITAGE HOMECARE	402 WEST WHEATLAND RD. STE 170
Lic Expire 9/30/2022	402 WEST WHEATLAND SUITE 170	DUNCANVILLE, TX 75116
Medicare 1: 459027 HHA-18 Medicare 2:	DUNCANVILLE, TX 75116	PHONE: FAX:
Phone (972) 283-8124	Fax (972) 283-8127	
(**=/====	(0.4) 200 0.2	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator STARLA TIMBERLAKE	
County DALLAS License # 006074 Lic Expire 7/31/2024 Medicare 1: 459130 HHA-18	Region 03 Date Licensed 07/26/1997 HIGH QUALITY HOME HEALTH SERVICES INC 12484 ABRAMS ROAD SUITE 2202 DALLAS, TX 75243	Owner Information HIGH QUALITY HOME HEALTH SERVICES INC PO BOX 744224 DALLAS, TX 75374
Medicare 2:	_	PHONE: (972) 671-9393 FAX:
Phone (972) 671-9393	Fax (972) 671-9396	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator BLANKSON ASIAMA	Personal Assistance Services
County DALLAS License # 019230 Lic Expire 9/30/2022 Medicare 1: 74-7267	Region 03 Date Licensed 09/30/2018 HIGHER STANDARDS HOME HEALTH LLC 17430 CAMPBELL ROAD STE 112 DALLAS, TX 75252	Owner Information HIGHER STANDARDS HOME HEALTH LLC 17430 CAMPBELL ROAD STE 112 DALLAS, TX 75252
Medicare 2:		PHONE: FAX:
Phone (214) 628-9047	Fax (214) 628-9049	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Derent Assess	Administrator MADCLIC ODLOWCKI	

Administrator MARCUS ORLOWSKI

County DALLAS License # 017903 Lic Expire 7/30/2021 Medicare 1: Medicare 2: Phone (214) 724-0234 Type: Parent Agency	Region 03 Date Licensed 02/06/2017 HIGHLAND HOLLOW HOME HEALTH SOLUTIONS LP THREE LINCOLN CENTER 5430 LBJ FREEWAY STE 1200 DALLAS, TX 75240 Fax (214) 613-3113 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 License # 013165 Lic Expire 3/31/2022 Medicare 1: 747532 Medicare 2: Phone (972) 329-0036	Region 03 Date Licensed 03/10/2010 HILFORD HOME HEALTHCARE LLC 10935 ESTATE LANE SUITE 109 DALLAS, TX 75238 Fax (972) 692-7152	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
Type: Parent Agency County DALLAS License # 013929 Lic Expire 2/28/2023 Medicare 1: 747700 HHA-18 Medicare 2: Phone (972) 930-7999	Administrator FLORENCE DAVIES-COLE Region 03 Date Licensed 03/01/2011 HILLCREST HOME HEALTH 16910 DALLAS PARKWAY STE 210 DALLAS, TX 75248 Fax (972) 930-7966	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
Type: Parent Agency County DALLAS License # 020579 Lic Expire 3/9/2023 Medicare 1: Medicare 2: Phone (972) 220-9720	Administrator VINIL PATEL Region 03 Date Licensed 03/09/2021 HILLPOINT HOMECARE INC 2245 KELLER WAY, STE 370 CARROLLTON, TX 750062515 Fax	Owner Information HILLPOINT HOMECARE INC PHONE: FAX:
Phone (972) 220-9720 Type: Parent Agency County DALLAS License # 011399 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (830) 625-8338	Administrator SHIMYA JAMES Region 07 Date Licensed 06/15/2007 HIMMEL HOME HEALTH LLC 1431 GREENWAY DRIVE IRVING, TX 75038 Fax (830) 214-1842	Services: Personal Assistance Services Owner Information HIMMEL HOME HEALTH LLC PO BOX 310030 NEW BRAUNFELS, TX 78131 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County DALLAS License # 019496 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (214) 229-3485	Administrator STEPHANIE CONE Region 03 Date Licensed 07/25/2019 HIS EDGE, LLC 8330 LBJ FWY. SUITE 315 DALLAS, TX 752431166 Fax (877) 299-6288 Administrator ILIDE OHLIMAEGRI II EM	Owner Information HIS EDGE LLC SAME AS ABOVE , PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 016021 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (214) 694-4117 Type: Parent Agency	Administrator JUDE OHUMAEGBULEM Region 03 Date Licensed 02/06/2014 HOFMEIR HOME CARE & MANAGEMENT INC 808 OLDE TOWNE DRIVE IRVING, TX 75061 Fax (214) 292-9769 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 License # 016382	Region 03 Date Licensed 08/19/2014 HOLDING HANDS HOSPICE	Owner Information HEALTHCOR CAPITAL LLC 10935 ESTATE LANE #213
Lic Expire 8/31/2022 Medicare 1: 741587 HOSPICE	8111 LBJ FREEWAY SUITE 1000 DALLAS, TX 75251	DALLAS, TX 75238-2315
Medicare 2:	DALLAS, 1A 75251	PHONE: FAX:
Phone (214) 221-0070	Fax 18889071614	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator AQUA UMOREN	
County DALLAS	Region 03 Date Licensed 01/08/2018	Owner Information
License # 018551	HOLY HOSPICE AND PALLIATIVE CARE LLC	HOLY HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 1/31/2025	2300 VALLEY VIEW LN STE 915	2665 VILLA CREEK DR. SUITE 206H
Medicare 1: 97-1509 (HOSPICE	IRVING, TEXAS 75062	FARMERS BRANCH, TX 75234
Medicare 2: Phone 214 5563300	Fax 214 5563361	PHONE: FAX:
_	Administrator JORGE DECENA	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JORGE DECENA	Ourseleft most is a
County DALLAS	Region 03 Date Licensed 06/10/2014	Owner Information HOLY TRINITY ANGELS PALLIATIVE AND HOSPICE CARE INC
License # 016253	HOLY TRINITY ANGELS PALLIATIVE AND HOSPICE CARE INC	337 OAKS TRAIL SUITE 250
Lic Expire 6/30/2022 Medicare 1: 74-1777	337 OAK TRAIL SUITE 250 GARLAND, TX 75043	GARLAND, TEXAS 75043
Medicare 2:	GARLAND, IX 13043	PHONE: FAX:
Phone (844) 914-2273	Fax (844) 914-2273	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator THOMAS KUNJACHAN	
County DALLAS	Region 03 Date Licensed 01/20/2012	Owner Information
License # 014598	HOMAGE HEALTHCARE SERVICES INC	HOMAGE HEALTHCARE SERVICES INC
Lic Expire 1/31/2022	102 NORTH SHILOH RD SUITE 114	SAME AS ABOVE
Medicare 1:	GARLAND, TX 75042	GRAND PRAIRIE, TX 75054
Medicare 2:		PHONE: FAX:
Phone (972) 736-8116	Fax (972) 736-8117	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SHARON OTWOMA	
County DALLAS	Region 03 Date Licensed 01/26/2018	Owner Information
License # 018576	HOME CARE ASSISTANCE	L & B HEALTH ANGELS INC
Lic Expire 1/31/2022	6850 N SHILOH RD SUITE R	6850 N. SHILOH ROAD SUITE R
Medicare 1:	GARLAND, TX 75044	GARLAND, TEXAS 75044
Medicare 2:	Fav. 400 0004027	PHONE: FAX:
Phone 469 5734213	Fax 469 2091637	Services: Personal Assistance Services
Type: Parent Agency	Administrator LUKEYSHA ISAAC	
County DALLAS	Region 03 Date Licensed 01/05/2018	Owner Information
License # 017091	HOME CARE ASSISTANCE OF DALLAS	CAPLAN HOME CARE LLC 15750 SPECTRUM DRIVE #2227
Lic Expire 10/31/2023	4305 MAPLE AVENUE, SUITE B	ADDISON, TX 75001
Medicare 1: Medicare 2:	DALLAS, TEXAS 75219	
Phone (214) 363-3400	Fax (214) 363-3401	
Type: Branch Agency	Administrator JARED CAPLAN	Services: Personal Assistance Services
		Owner Information
County DALLAS License # 017091	Region 03 Date Licensed 10/20/2015 HOME CARE ASSISTANCE OF DALLAS	CAPLAN HOME CARE LLC
Lic Expire 10/31/2023	5005 ADDISON CIRCLE	15750 SPECTRUM DRIVE #2227
Medicare 1:	ADDISON, TX 75001	ADDISON, TX 75001
Medicare 2:		PHONE: (214) 363-3400 FAX:
Phone (214) 363-3400	Fax (214) 363-3401	Services: Personal Assistance Services
Type: Parent Agency	Administrator JARED CAPLAN	

County DALLAS License # 016637 Lic Expire 2/28/2021 Medicare 1: Medicare 2: Phone (214) 377-0711 Type: Parent Agency	Region 03 Date Licensed 02/06/2015 HOME CARE BOOK 12770 MERIT DRIVE SUITE 925 DALLAS, TX 75251 Fax (214) 390-3011 Administrator NICHOLAS PAULEIT	Owner Information STAYHOME ROCKS LLC 12770 MERIT DRIVE SUITE 925 DALLAS, TX 75251 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 015975 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (972) 437-8974 Type: Branch Agency	Region 04 Date Licensed 10/14/2013 HOME CARE NETWORK 1701 N HAMPTON ROAD SUITE G DESOTO, TX 75115 Fax (972) 437-8975 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 License # 008936 Lic Expire 2/28/2024 Medicare 1: 453157 HHA-18 Medicare 2: Phone (214) 435-2249 Type: Parent Agency	Region 03 Date Licensed 02/27/2004 HOME CARE PROVIDERS OF TEXAS 5339 ALPHA ROAD SUITE 200 DALLAS, TX 75240 Fax (972) 735-0821 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 License # 014481 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (214) 295-8213 Type: Parent Agency	Region 03 Date Licensed 11/21/2011 HOME HEALTH COMPANIONS 8215 WESTCHESTER SUITE 213 DALLAS, TX 75225 Fax (214) 295-8261 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 License # 012366 Lic Expire 10/31/2022 Medicare 1: 457977 HHA-18 Medicare 2: Phone (214) 341-6868 Type: Parent Agency	Region 03 Date Licensed 10/30/2008 HOME HEALTH PLUS INC 12115 SELF PLAZA DR DALLAS, TX 75218 Fax (214) 341-6874 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 License # 016702 Lic Expire 12/31/2022 Medicare 1: 457812 HHA-18 Medicare 2: Phone (214) 368-1100 Type: Parent Agency	Region 03 Date Licensed 12/15/2014 HOME HEALTH PROFESSIONALS DALLAS 8150 N CENTRAL EXPRESSWAY # M2103 DALLAS, TX 75206 Fax (214) 368-1106 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 License # 013569 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (972) 233-6636	Region 03 Date Licensed 09/23/2010 HOME HELPERS #58064 8111 LYNDON B JOHNSON FWY SUITE #465 DALLAS, TX 75251 Fax (972) 239-8678	Owner Information TEXAS HELPERS INC 8111 LBJ FREEWAY SUITE 465 DALLAS, TX 75251 PHONE: FAX: Services: Personal Assistance Services

Administrator

SCOTT SUTHERLAND

County DALLAS License # 016452 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (469) 269-0227 Type: Parent Agency	Region 03 Date Licensed HOME HELPERS & DIRECT LINK #58766 3200 BROADWAY BLVD STE # 530 GARLAND, TX 75043 Fax (214) 444-7599 Administrator JONATHAN NELSON	09/29/2014	Owner Information NGUYENNELSON ENTERPRISES, INC 3449 TIMBERVIEW RD DALLAS, TX 75229 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 019375 Lic Expire 5/13/2021 Medicare 1:	Region 03 Date Licensed HOME HELPERS HOME CARE 4300 SIGMA RD STE 120 DALLAS, TEXAS 75244	05/13/2019	Owner Information TEN20 LIVING ASSISTANCE LLC
Medicare 2: Phone 214 4839933 Type: Parent Agency	Fax 214 4839944 Administrator JASON PAPES		PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 018776 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (972) 709-8888 Type: Parent Agency	Region 03 Date Licensed HOME INSTEAD SENIOR CARE 515 N CEDAR RIDGE DRIVE SUITE 8 DUNCANVILLE, TX 75116 Fax (972) 709-8897 Administrator SANDI ALLEN	04/16/2018	Owner Information MOLLIE'S HEART LLC 3530 PLEASANTVILLE ROAD MIDLOTHIAN, TX 76065 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 018796 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (972) 243-6100 Type: Parent Agency	Region 03 Date Licensed HOME INSTEAD SENIOR CARE 113 TX 121 STE 100 COPPELL, TX 75019 Fax (972) 243-6116 Administrator TEMI CHARRIER	06/16/2018	Owner Information JT4 SENIOR CARE LLC 3956 SUNSET LAKE DR LAKELAND, FL 33810 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 018796 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (972) 243-6100 Type: Parent Agency	Region 03 Date Licensed HOME INSTEAD SENIOR CARE 113 TX 121 STE 100 COPPELL, TX 75019 Fax (972) 243-6116 Administrator TEMI CHARRIER	06/16/2018	Owner Information JT4 SENIOR CARE LLC 3956 SUNSET LAKE DR LAKELAND, FL 33810 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 008262 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (972) 239-3934 Type: Parent Agency	Region 03 Date Licensed HOME INSTEAD SENIOR CARE 12850 SPURLING DRIVE SUITE 100 DALLAS, TX 75230 Fax (972) 239-5958 Administrator NANCY OPPENHEIMER-MAR	12/27/2002 KS	Owner Information OPPENHEIMERMARKS SERVICES LLC 5720 LBJ FREEWAY SUITE 185 DALLAS, TX 75240 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 007678 Lic Expire 7/31/2021 Medicare 1: 679144 HHA-18 Medicare 2: Phone (972) 406-0003 Type: Parent Agency	Region 03 Date Licensed HOME MEDICAL CARE INC 4004 BELT LINE ROAD, SUITE 230 ADDISON, TX 75001 Fax (972) 406-9620 Administrator PAUL CHACKO	07/19/2001	Owner Information HOME MEDICAL CARE, INC 4004 BELT LINE ROAD SUITE 230 ADDISON, TX 75001 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County DALLAS License # 011588	Region 03 Date Licensed 06/26/2007 HOMELAND HOME HEALTH AGENCY INC	Owner Information HOMELAND HOME HEALTH AGENCY INC
Lic Expire 6/30/2023	1919 SOUTH SHILOH ROAD STE 515	1919 SOUTH SHILOH ROAD STE 515
Medicare 1: 677825 HHA-18	GARLAND, TX 75042	GARLAND, TX 75042
Medicare 2:	F (970) 970 7400	PHONE: FAX:
Phone (972) 278-7213	Fax (972) 278-7163	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JOSEPH KIMUNAI	
County DALLAS	Region 03 Date Licensed 08/07/2019	Owner Information
License # 019516	HOMEWATCH CAREGIVERS OF NORTHEAST GARLAND	OWENS MANAGEMENT SERVICES LLC
Lic Expire 8/7/2021	675 TOWN SQUARE BLVD., STE. 200, BLDG. 1A	
Medicare 1:	GARLAND, TEXAS 75040	
Medicare 2:		PHONE: FAX:
Phone (214) 299-7600	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator KERI OWENS	
County DALLAS	Region 03 Date Licensed 07/12/2013	Owner Information
License # 015647	HOMEWATCH CAREGIVERS OF PLANO LEWISVILLE & GREATER	RANEY FRANCHISES, LLC
	NORTH DALLAS	3660 GUINN GATE DRIVE
Lic Expire	5220 SPRING VALLEY ROAD SUITE 250	
Medicare 1:	DALLAS, TX 75254	FRISCO, TX 75034
Medicare 2:		PHONE: FAX:
Phone (972) 530-7145	Fax (972) 530-5131	Services: Personal Assistance Services
Type: Parent Agency	Administrator WENDY RANEY	
County DALLAS	Region 03 Date Licensed 06/06/2016	Owner Information
License # 017583	HOPE HEALTH CARE	PEACEWAY HOSPICE LLC
Lic Expire 6/30/2022	3200 BROADWAY BLVD SUITE 220	4119 STONE HAVEN DRIVE
Medicare 1: 741556 HOSPICE	GARLAND, TX 75043	GARLAND, TX 75043-7293
Medicare 2:		PHONE: FAX:
Phone (972) 366-5030	Fax (469) 391-9960	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator CHAD HIGBEE	
County DALLAS	Region 03 Date Licensed 02/17/2021	Owner Information
License # 020050	HOPE HOME HEALTH CARE AGENCY	MUSSIE ABED
Lic Expire 7/13/2022	13140 COIT RD SUITE 204	
Medicare 1:	DALLAS, TX 75240	
Medicare 2:		PHONE: FAX:
Phone (214) 579-1811	Fax (469) 533-6918	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MUSSIE ABED	
County DALLAS	Region 03 Date Licensed 09/16/2011	Owner Information
License # 014356	HOPE HORIZON LLC	HOPE HORIZON LLC
Lic Expire 9/30/2021	888 S GREENVILLE AVE SUITE 201	888 S GREENVILLE AVE STE 201
Medicare 1:	RICHARDSON, TX 75081	RICHARDSON, TX 75081
Medicare 2:		PHONE: FAX:
Phone (972) 234-9001	Fax (972) 234-9008	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LUKE LEOPOID KELLY	Convious. Liverised i forme meditif dervices, i ensullai Assistative dervices
···		Owner Information
County DALLAS	Region 03 Date Licensed 12/03/2015	HOPE LAND HOME HEALTHCARE INC
License # 017309	HOPE LAND HOME HEALTH CARE INC	650 N MACARTHUR BLVD
Lic Expire 12/31/2021	650 N MACARTHUR BLVD	COPPELL, TEXAS 75019
Medicare 1: 743129 HHA-18	COPPELL, TX 75019	
Medicare 2: Phone (972) 518-0100	Fax (972) 518-8444	
		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator SHAJIMON ALAPATT	

County DALLAS License # 015840 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (214) 396-4673 Type: Parent Agency	Region 03 Date Licensed 10/29/2013 HOPE PEDIATRICS LLC 1420 W MOCKINGBIRD LANE #500 DALLAS, TX 75247 Fax (214) 396-4678 Administrator JACINDA LAWTON	Owner Information HOPE PEDIATRICS LLC 1420 W MOCKINGBIRD LANE SUITE 500 DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 020778 Lic Expire 5/21/2024	Region 03 Date Licensed 05/21/2021 HOPE PEDIATRICS LLC 1420 W MOCKINGBIRD LANE SUITE 500	Owner Information HOPE PEDIATRICS LLC 1420 W MOCKINGBIRD LANE SUITE 500
Medicare 1: Medicare 2:	DALLAS, TX 75247	DALLAS, TX 75247 PHONE: FAX:
Phone (214) 396-4673 Type: Parent Agency	Fax (214) 396-4678 Administrator JACINDA LAWTON	Services: Licensed Home Health Services
County DALLAS License # 020977 Lic Expire 8/13/2024 Medicare 1: Medicare 2:	Region 03 Date Licensed 08/13/2021 HOSPICE ANGELS, LLC 350 OAKS TRAIL, SUITE # 201 GARLAND, TX 75043	Owner Information HOSPICE ANGELS, LLC PHONE: FAX:
Phone (469) 769-9650 Type: Parent Agency	Fax (972) 600-2323 Administrator DARLENE TITUS	Services: Hospice In-Patient Hospice: NO
County DALLAS License # 008690 Lic Expire 8/31/2023 Medicare 1: 451629 HOSPICE Medicare 2: Phone 972 6906632	Region 03 Date Licensed 08/30/2003 HOSPICE COMPASSUS DFW 1500 NORTH GREENVILLE AVENUE, SUITE 210 RICHARDSON, TX 75081	Owner Information THI OF TEXAS AT SAMARITAN HOSPICE, LLC 10 CADILLAC DRIVE, SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX:
Type: Parent Agency	Administrator CAROLE PICARD	Services: Hospice In-Patient Hospice: NO
County DALLAS License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 HOSPICE Medicare 2: Phone (903) 675-4444	Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 2777 N. STEMMONS FREEWAY, SUITE 1100 DALLAS, TX 75207 Fax (903) 292-1739	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator REBECCA JEFFERSON	In-Patient Hospice: NO
County DALLAS License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 HOSPICE Medicare 2: Phone (903) 675-4444	Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 2777 N. STEMMONS FREEWAY, SUITE 1100 DALLAS, TX 75207 Fax (903) 292-1739	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX:
Type: Parent Agency	Administrator REBECCA JEFFERSON	Services: Hospice In-Patient Hospice: NO
County DALLAS License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 HOSPICE	Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 2777 N. STEMMONS FREEWAY, SUITE 1100 DALLAS, TX 75207	Owner Information INTERNATIONAL TUTORING SERVICES, LLC
Medicare 2: Phone (903) 675-4444	Fax (903) 292-1739	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator REBECCA JEFFERSON	In-Patient Hospice: NO

County DALLAS License # 017226 Lic Expire 1/31/2024 Medicare 1: 741723 HOSPICE Medicare 2: Phone (972) 853-7704	Region 03 Date Licensed 01/19/2016 HOSPICE PROFESSIONALS INC 2611 N BELT LINE ROAD, SUITE 207 SUNNYVALE, TEXAS 75182 Fax (877) 519-7473	Owner Information HOSPICE PROFESSIONALS, INC 2611 N BELT LINE ROAD, SUTIE 207 SUNNYVALE, TX 75182 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator NEENA JOHNSON	
County DALLAS	Region 03 Date Licensed 01/21/2014	Owner Information HOSPICE PROVIDERS INC
License # 015991	HOSPICE PROVIDERS INC	2665 VILLA CREEK DR # 245A
Lic Expire 1/31/2022 Medicare 1: 741563 HOSPICE	2925 SKYWAY CIRCLE N STE 120	DALLAS, TX 75234
Medicare 1: 741563 HOSPICE Medicare 2:	IRVING, TEXAS 750383510	PHONE: FAX:
Phone (972) 916-9063	Fax (888) 841-3657	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOSEPHINE DEVADOSS	
County DALLAS	Region 03 Date Licensed 01/15/2011	Owner Information
License # 014027	HOSPICE SELECT	KMS HEALTH INC
Lic Expire 1/31/2023	8330 LYNDON B JOHNSON FWY SUITE B840	12068 FORESTGATE DRIVE., SUITE B
Medicare 1: 671622 HOSPICE	DALLAS, TX 75243	DALLAS, TX 75238-5411
Medicare 2:		PHONE: FAX:
Phone (214) 221-9216	Fax (214) 221-9262	Services: Hospice
Type: Parent Agency	Administrator PATRICIA WESTFALL	In-Patient Hospice: NO
<u></u>		Owner Information
County DALLAS	Region 03 Date Licensed 03/02/2017	PEGASUS HOSPICE LLC
License # 018093	HOSPICE SELECT EAST	3939 US HIGHWAY 80 SUITE 202
Lic Expire 3/31/2023 Medicare 1: 671799 HOSPICE	3939 US 80 E HIGHWAY SUITE 202 MESQUITE, TX 75150	MESQUITE, TX 75150-3359
Medicare 2:	MESQUITE, IX 13130	PHONE: FAX:
Phone (972) 270-0048	Fax (972) 270-0049	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator SANTHOSH THOMAS	
County DALLAS	Region 03 Date Licensed 03/03/2020	Owner Information
License # 019845	HOSPICE SERVICES INC	HOSPICE SERVICES INC
Lic Expire 3/3/2022	2925 SKYWAY CIR N STE 100	
Medicare 1:	IRVING, TEXAS 750383510	DUONE
Medicare 2: Phone (214) 296-9623	Fax (972) 791-8211	PHONE: FAX:
1 110110 (214) 230 3020	100 (312) 131 0211	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SUMANA KETHA	
County DALLAS	Region 03 Date Licensed 08/21/2000	Owner Information
License # 007404	HUMAN TOUCH HOME HEALTH INC	HUMAN TOUCH HOME HEALTH INC
Lic Expire 8/31/2021	3727 DILIDO ROAD SUITE 138	3727 DILIDO ROAD #138
Medicare 1: 679037 HHA-18	DALLAS, TX 75228	DALLAS, TX 75228
Medicare 2:		PHONE: FAX:
Phone (214) 275-8898	Fax (214) 275-9986	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator COMFORT EKPENYONG	
County DALLAS	Region 03 Date Licensed 11/07/2008	Owner Information
License # 012295	HUMANE HOME HEALTH SERVICES INCORPORATED	HUMANE HOME HEALTH SERVICES INCORPORATED
Lic Expire 11/30/2022	9241 LYNDON B JOHNSON FRWY STE 209	P.O. BOX 740634
Medicare 1: 747540 HHA-18	DALLAS, TX 75243	DALLAS, TEXAS 75243
Medicare 2: Phone (972) 234-4100	Fax (972) 692-7026	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Percent Assistance Services
Type: Parent Agency	Administrator JACOB UDEME	Personal Assistance Services
··· 3··· 7		

County DALLAS License # 017854 Lic Expire 11/30/2022 Medicare 1: 677605 HHA-18	Region 03 Date Licensed 11/15/2016 HUNTER MEDICAL SERVICES INC 1231 E. PLEASANT RUN RD., STE 113 DESOTO, TX 75115	Owner Information TV & MK VARUGHESE FAMILY TRUST
Medicare 2: Phone (972) 780-9233	Fax (972) 780-8690	PHONE: FAX:
		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 01/22/2021	Owner Information ICARE HOME HEALTH SERVICES INC
License # 020483 Lic Expire 1/22/2024	ICARE HOME HEALTH SERVICES INC 2306 GUTHRIE ROAD,SUITE # 260-F2	
Medicare 1:	GARLAND, TEXAS 75043	
Medicare 2:		PHONE: FAX:
Phone (469) 673-8139	Fax 214 377 7127	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JOBI ABRAHAM	
County DALLAS	Region 03 Date Licensed 05/28/2015	Owner Information
License # 016969	ICON HOSPICE	DELTACARE HOSPICE LLC
Lic Expire 5/31/2023	10925 ESTATE LANE, SUITE 304	10935 ESTATE LANE SUITE 475 DALLAS, TX 75238-2354
Medicare 1: 671698 HOSPICE Medicare 2:	DALLAS, TX 75238	PHONE: FAX:
Phone (214) 553-5675	Fax (214) 553-5676	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator KOMAL SANDHU	
County DALLAS	Region 03 Date Licensed 08/17/2021	Owner Information
License # 020985	ICONE CARE	ICONE LLC
Lic Expire 8/17/2024	3301 CONFLANS RD. SUITE 308	
Medicare 1: Medicare 2:	IRVING, TX 75061	PHONE: FAX:
Phone (512) 953-3471	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator OLUFEMI HAMED	Scivices. Fersonal Assistance Scivices
County DALLAS	Region 03 Date Licensed 03/20/2007	Owner Information
License # 011169	IMANUEL HEALTH SERVICES	IMANUEL HEALTH SERVICES LLC
Lic Expire 3/31/2022	10717 SPYGLASS HILL	10717 SPYGLASS HILL
Medicare 1: 747496 HHA-18	ROWLETT, TX 75089	ROWLETT, TX 75089
Medicare 2:	Face (070) 475 4000	PHONE: FAX:
Phone (214) 663-3175	Fax (972) 475-4269	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator AMAKA ALINTAH NWAKIBU	, 3,03,14,7,03,04,100 CS,1100C
County DALLAS	Region 03 Date Licensed 05/31/2017	Owner Information
License # 018083	IMPRINT HEALTHCARE SERVICES	IMPRINT HEALTHCARE SERVICES LLC
Lic Expire 5/31/2019	514 SAN PEDRO DR	514 SAN PEDRO DR.
Medicare 1:	GARLAND, TX 75043	GARLAND, TX 75043
Medicare 2: Phone (214) 336-9417	Fax (214) 336-9417	PHONE: FAX:
Type: Parent Agency	Administrator WILLIE MCELROY	Services: Personal Assistance Services
·· · · · · · · · · · · · · · · · · · ·		Owner Information
County DALLAS License # 020147	Region 03 Date Licensed 09/04/2020 IN LOVING HANDS OF BRANDY LLC	IN LOVING HANDS OF BRANDY LLC
License # 020147 Lic Expire 9/4/2022	9707 WALNUT HILL LANE APT 234	
Medicare 1:	DALLAS, TX 75238	
Medicare 2:		PHONE: FAX:
Phone (469) 687-0075	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator SHARNICE MCGEE	

County DALLAS License # 013071 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (972) 227-0362 Type: Parent Agency	Region 03 Date Licensed 01/08/2010 INSPIRED TO CARE HOME HEALTH AGENCY 1927 CREPE MYRTLE DRIVE LANCASTER, TX 75146 Fax (972) 275-1511 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
<u> </u>	Desire 00 Detailinged 40/05/0000	Owner Information
County DALLAS License # 010917	Region 03 Date Licensed 12/05/2006 INTEGRITY HOME HEALTH CARE SERVICES	REBECCA MWONGA
Lic Expire 4/29/2022	1118 CAVALCADE DR	2300 VALLEY VIEW LANE SUITE 870
Medicare 1: 747120 HHA-18	GRAND PRAIRIE, TX 75052	IRVING, TX 75062
Medicare 2:		PHONE: FAX:
Phone (817) 803-5884	Fax (469) 520-5801	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator REBECCA MWONGA	
County DALLAS	Region 03 Date Licensed 01/01/2007	Owner Information
License # 011298	INTEGRITY HOME HEALTH CARE SERVICES	LIVINGWELL HOME HEALTH AGENCY INC 1106 N HIGHWAY 360 SUITE 220
Lic Expire 12/31/2022	1106 N HIGHWAY 360 SUITE 220	GRAND PRAIRIE, TX 75050
Medicare 1: 677956 HHA-18 Medicare 2:	GRAND PRAIRIE, TX 75050	PHONE: FAX:
Phone (972) 522-0044	Fax (972) 522-0088	
Type: Parent Agency	Administrator CHINEDU OKAFOR	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS	Design 04 Data Licensed 06/44/9042	Owner Information
County DALLAS License # 010782	Region 01 Date Licensed 06/11/2013 INTERIM HEALTHCARE	INTERIM HEALTHCARE OF WEST TEXAS, LLC
Lic Expire 5/31/2023	14465 WEB CHAPEL ROAD STE 209	3305 101ST STREET, STE 100
Medicare 1:	FARMERS BRANCH, TX 75234	LUBBOCK, TEXAS 79423
Medicare 2:		PHONE: () - 1 FAX:
Phone (214) 360-9090	Fax (214) 987-4384	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator SUZANNE CHILDERS	
County DALLAS License # 017688 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed 08/02/2016 INTOUCH HEALTH SERVICES LLC 606 ORIOLE BLVD SUITE 102 DUNCANVILLE, TX 75116	Owner Information IN TOUCH HEALTH SERVICESLLC 606 ORIOLE BLVD., SUITE 102 DUNCANVILLE, TX 75116
Medicare 2:		PHONE: FAX:
Phone (469) 776-5444 Type: Parent Agency	Fax (972) 708-9292 Administrator ROSEMARY EHIOGUH	Services: Licensed Home Health Services
County DALLAS License # 011304 Lic Expire 5/31/2024 Medicare 1: 743187 HHA-18 Medicare 2: Phone (469) 326-2100	Region 03 Date Licensed 05/02/2007 INTOUCH HOME HEALTH INC 329 OAKS TRAIL ENTRANCE A SUITE 115 GARLAND, TX 75043 Fax (469) 326-2105	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;
Type: Parent Agency	Administrator FELICIA EKWEREKWU	Personal Assistance Services
County DALLAS License # 017769 Lic Expire 12/31/2022 Medicare 1: 741695 HOSPICE Medicare 2:	Region 03 Date Licensed 12/07/2016 J & J HOMELY HOSPICE AND PALLIATIVE CARE LLC 1111 S MAIN ST, SUITE 113 GRAPEVINE, TX 76051	Owner Information J & J HOMELY HOSPICE AND PALLIATIVE CARE LLC 2735 VILLA CREEK DRIVE SUITE 165C FARMERS BRANCH, TX 75234 PHONE: FAX:
Phone (214) 385-4398	Fax (214) 385-4368	Services: Hospice; Personal Assistance Services
		In-Patient Hospice: NO

Administrator ANTHONY FLORES

County DALLAS	Region 03 Date Licensed	09/27/2010	Owner Information
License # 013581	JACOP HEALTHCARE SERVICES INC	00/21/2010	JACOP HEALTHCARE SERVICES, INC
Lic Expire 9/30/2022	3560 QUANNAH DRIVE		3560 QUANNAH DR
Medicare 1: 747598 HHA-18	GRAND PRAIRIE, TEXAS 75052		GRAND PRAIRIE, TX 75052
Medicare 2:	GRAND FRAIRIE, TEXAS 73032		PHONE: FAX:
Phone (972) 325-1598	Fax 97275270879726742923		
, ,			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ANGELA ANANTI		
County DALLAS	Region 03 Date Licensed	09/29/2010	Owner Information
License # 013591	JAICSTAR HOME CARE INC		JAICSTAR HOME CARE INC
Lic Expire 9/30/2022	3617 BROADWAY BLVD, SUITE B		346 OAKS TRAIL SUITE 213
Medicare 1: 747633	GARLAND, TX 75043		GARLAND, TX 75043
Medicare 2:			PHONE: FAX:
Phone (469) 304-1130	Fax (469) 304-1133		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SAM VARGHESE		Pelsoliai Assisiatice Services
County DALLAS	Region 03 Date Licensed	04/23/2015	Owner Information
License # 016763	JAMBO HEALTH CARE SERVICES		ANTHONY NGARUIYA & DENIS MWANGI
Lic Expire 4/30/2023	2727 LBJ FREEWAY SUITE 820		PO BOX 79461
Medicare 1:	DALLAS, TEXAS 75234		FORT WORTH, TX 76179
Medicare 1:			PHONE: FAX:
Phone (214) 643-2969	Fax (817) 518-9320		
,			Services: Personal Assistance Services
Type: Parent Agency	Administrator DENIS MWANGI		
County DALLAS	Region 03 Date Licensed	09/02/2020	Owner Information
License # 020143	JAP CARE, INC		JAP CARE, INC
Lic Expire 9/2/2022	601 S GREAT SOUTHWEST PKWY, SUITE 10	06	
Medicare 1:	GRAND PRAIRIE, TEXAS 75051		
modical o 1.	GIVAND I IVAIIVIL, ILXAG 13031		
Medicare 2:	ORAND FRANCE, TEXAS 15001		PHONE: FAX:
	Fax (214) 518-6186		
Medicare 2:			PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Medicare 2: Phone (214) 412-2528 Type: Parent Agency	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON	00/22/2004	
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed	09/22/2004	Services: Licensed Home Health Services; Personal Assistance Services
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC	09/22/2004	Services: Licensed Home Health Services; Personal Assistance Services Owner Information JCARE HOME HEALTH AGENCY LLC
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD,SUITE B115	09/22/2004	Services: Licensed Home Health Services; Personal Assistance Services Owner Information JCARE HOME HEALTH AGENCY LLC 2305 OAK LANE SUITE 229
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC	09/22/2004	Services: Licensed Home Health Services; Personal Assistance Services Owner Information JCARE HOME HEALTH AGENCY LLC 2305 OAK LANE SUITE 229 GRAND PRAIRIE, TX 75051
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2:	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD, SUITE B115 FARMERS BRANCH, TEXAS 75234	09/22/2004	Services: Licensed Home Health Services; Personal Assistance Services Owner Information JCARE HOME HEALTH AGENCY LLC 2305 OAK LANE SUITE 229
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD,SUITE B115	09/22/2004	Services: Licensed Home Health Services; Personal Assistance Services 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;
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD,SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228	09/22/2004	Services: Licensed Home Health Services; Personal Assistance Services Owner Information JCARE HOME HEALTH AGENCY LLC 2305 OAK LANE SUITE 229 GRAND PRAIRIE, TX 75051 PHONE: FAX:
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD, SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI		Services: Licensed Home Health Services; Personal Assistance Services 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
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD,SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228	09/22/2004	Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD, SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI		Services: Licensed Home Health Services; Personal Assistance Services 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
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD,SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed		Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS License # 020306	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD, SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed JCB HOME HEALTH CARE INC		Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD,SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed JCB HOME HEALTH CARE INC 1772 PRESCOTT PL		Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1:	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD,SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed JCB HOME HEALTH CARE INC 1772 PRESCOTT PL		Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information JCB HOME HEALTH CARE INC
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1: Medicare 2:	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD,SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed JCB HOME HEALTH CARE INC 1772 PRESCOTT PL FARMERS BRANCH, TEXAS 75234		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 Owner Information JCB HOME HEALTH CARE INC PHONE: FAX:
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1: Medicare 2: Phone (214) 347-9447 Type: Parent Agency	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD, SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed JCB HOME HEALTH CARE INC 1772 PRESCOTT PL FARMERS BRANCH, TEXAS 75234 Fax (214) 764-1877 Administrator REBECCA ROBLES	11/10/2020	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 Owner Information JCB HOME HEALTH CARE INC PHONE: FAX:
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1: Medicare 2: Phone (214) 347-9447 Type: Parent Agency County DALLAS	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD, SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed JCB HOME HEALTH CARE INC 1772 PRESCOTT PL FARMERS BRANCH, TEXAS 75234 Fax (214) 764-1877 Administrator REBECCA ROBLES Region 03 Date Licensed		Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information JCB HOME HEALTH CARE INC PHONE: FAX: Services: Personal Assistance Services
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1: Medicare 2: Phone (214) 347-9447 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1: Medicare 2: Phone (214) 347-9447 Type: Parent Agency County DALLAS License # 009658	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD, SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed JCB HOME HEALTH CARE INC 1772 PRESCOTT PL FARMERS BRANCH, TEXAS 75234 Fax (214) 764-1877 Administrator REBECCA ROBLES Region 03 Date Licensed JCP & P HOME HEALTHCARE AGENCY	11/10/2020	Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information JCB HOME HEALTH CARE INC PHONE: FAX: Services: Personal Assistance Services
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1: Medicare 2: Phone (214) 347-9447 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1: Medicare 2: Phone (214) 347-9447 Type: Parent Agency County DALLAS License # 009658 Lic Expire 3/31/2023	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD, SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed JCB HOME HEALTH CARE INC 1772 PRESCOTT PL FARMERS BRANCH, TEXAS 75234 Fax (214) 764-1877 Administrator REBECCA ROBLES Region 03 Date Licensed JCP & P HOME HEALTHCARE AGENCY 3605 BROADWAY BLVD SUITE B	11/10/2020	Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information JCB HOME HEALTH CARE INC PHONE: FAX: Services: Personal Assistance Services Owner Information JCP & P HEALTHCARE SERVICES INC 3605 BROADWAY BLVD STE B
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1: Medicare 2: Phone (214) 347-9447 Type: Parent Agency County DALLAS License # 009658 License # 009658 Lic Expire 3/31/2023 Medicare 1: 677877 HHA-18	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD, SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed JCB HOME HEALTH CARE INC 1772 PRESCOTT PL FARMERS BRANCH, TEXAS 75234 Fax (214) 764-1877 Administrator REBECCA ROBLES Region 03 Date Licensed JCP & P HOME HEALTHCARE AGENCY	11/10/2020	Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information JCB HOME HEALTH CARE INC PHONE: FAX: Services: Personal Assistance Services Owner Information JCP & P HEALTHCARE SERVICES INC 3605 BROADWAY BLVD STE B GARLAND, TEXAS 75043
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1: Medicare 2: Phone (214) 347-9447 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1: Medicare 2: Phone (214) 347-9447 Type: Parent Agency County DALLAS License # 009658 Lic Expire 3/31/2023	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD, SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed JCB HOME HEALTH CARE INC 1772 PRESCOTT PL FARMERS BRANCH, TEXAS 75234 Fax (214) 764-1877 Administrator REBECCA ROBLES Region 03 Date Licensed JCP & P HOME HEALTHCARE AGENCY 3605 BROADWAY BLVD SUITE B	11/10/2020	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 Owner Information JCB HOME HEALTH CARE INC PHONE: FAX: Services: Personal Assistance Services Owner Information JCB HOME HEALTH CARE INC 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;
Medicare 2: Phone (214) 412-2528 Type: Parent Agency County DALLAS License # 009321 Lic Expire 9/30/2021 Medicare 1: 673197 HHA-18 Medicare 2: Phone (972) 264-2737 Type: Parent Agency County DALLAS License # 020306 Lic Expire 11/10/2022 Medicare 1: Medicare 2: Phone (214) 347-9447 Type: Parent Agency County DALLAS License # 009658 License # 009658 Lic Expire 3/31/2023 Medicare 1: 677877 HHA-18 Medicare 2:	Fax (214) 518-6186 Administrator AUGUSTINE FOMBON Region 03 Date Licensed JCARE HOME HEALTH AGENCY LLC 12100 FORD ROAD, SUITE B115 FARMERS BRANCH, TEXAS 75234 Fax (972) 692-8228 Administrator MRUGESH SONI Region 03 Date Licensed JCB HOME HEALTH CARE INC 1772 PRESCOTT PL FARMERS BRANCH, TEXAS 75234 Fax (214) 764-1877 Administrator REBECCA ROBLES Region 03 Date Licensed JCP & P HOME HEALTH CARE AGENCY 3605 BROADWAY BLVD SUITE B GARLAND, TX 75043	11/10/2020	Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information JCB HOME HEALTH CARE INC PHONE: FAX: Services: Personal Assistance Services Owner Information JCP & P HEALTHCARE SERVICES INC 3605 BROADWAY BLVD STE B GARLAND, TEXAS 75043 PHONE: FAX:

County DALLAS License # 017744 Lic Expire 8/31/2022 Medicare 1: 747642 HHA-18 Medicare 2: Phone (469) 677-0086 Type: Parent Agency	Region 03 Date Licensed 08/23/2016 JEFTONS HEALTH CARE SERVICES INC 337 OAKS TRAIL STE 105 GARLAND, TX 75043 Fax (469) 677-0119 Administrator CAREN JEPKSOGEI	Owner Information JEFTONS 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 License # 009952 Lic Expire 9/30/2022 Medicare 1: 677831 HHA-18 Medicare 2: Phone (214) 703-9444 Type: Parent Agency	Region 03 Date Licensed 09/12/2005 JENMERIT HOME HEALTH INC 1913 MESA COURT GARLAND, TX 75040 Fax (972) 278-4606 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 License # 018154 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (469) 661-9249 Type: Parent Agency County DALLAS License # 006779	Region 03 Date Licensed 07/11/2017 JESSE HEALTHCARE SERVICES LLC 746 COLONEL DRIVE E1 GARLAND, TX 75043 Fax (972) 495-0367 Administrator WINIFRED NWAOKOLO Region 03 Date Licensed 07/01/1998 JESSNIC HOME HEALTH AGENCY INC	Owner Information JESSE HEALTHCARE SERVICES,LLC 746 COLONEL DRIVE E1 GARLAND, TX 75043 PHONE: FAX: Services: Personal Assistance Services Owner Information JESSNIC HOME HEALTH AGENCY, INC
Lic Expire 6/30/2022 Medicare 1: 678208 HHA-18 Medicare 2: Phone (972) 871-1988 Type: Parent Agency County DALLAS	1111 SOUTH IRVING HEIGHTS DR, SUITE 105 IRVING, TX 75060 Fax (972) 871-1819 Administrator JOHN OMOILE Region 03 Date Licensed 06/08/2012	111 SOUTH IRVING HEIGHTS DR SUITE 105 IRVING, TX 75060 PHONE: FAX: Services: Licensed and Certified Home Health Services Owner Information
License # 014860 Lic Expire 6/30/2022 Medicare 1: 748023 Medicare 2: Phone (469) 735-6843 Type: Parent Agency	JESSY EFFECTIVE HOME HEALTH CARE 8410 S. WESTMORELAND ROAD, APT 602 DALLAS, TX 75237 Fax 9726855406, EFAX;18773117858 Administrator JESSY OGBU	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 License # 019426 Lic Expire 6/17/2024 Medicare 1: 747990 Medicare 2: Phone 469 2063041 Type: Parent Agency	Region 03 Date Licensed 06/17/2019 JJ HOME HEALTH SERVICES, INC 346 OAKS TRL STE 200 GARLAND, TX 75043 Fax 469 2060051 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 License # 019475 Lic Expire 7/10/2021 Medicare 1: Medicare 2: Phone 469 2063041 Type: Parent Agency	Region 03 Date Licensed 07/10/2019 JJ PRIMARY CARE SERVICES INC 346 OAKS TRL STE 200 GARLAND, TX 75043 Fax 469 2060051 Administrator SABU JOSEPH	Owner Information JJ PRIMARY CARE SERVICES, INC PHONE: FAX: Services: Personal Assistance Services

County DALLAS License # 012649 Lic Expire 9/30/2023 Medicare 1: 747378 HHA-18 Medicare 2: Phone (972) 861-5540	Region 03 Date Licensed 06/10/2009 JJIREH HEALTHCARE SERVICES LLC 1140 EMPIRE CENTRAL DR. STE# 645 DALLAS, TX 75247 Fax (972) 861-5542	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
Type: Parent Agency	Administrator FLORENCE O. NGWU	
County DALLAS License # 009373 Lic Expire 10/31/2021 Medicare 1: 457980 HHA-18 Medicare 2:	Region 03 Date Licensed 10/26/2004 JK HOME HEALTH SERVICE 609 NORTH EBRITE STREET SUITE 103 MESQUITE, TX 75149	Owner Information AMERICAN HEALTHCARE CONCEPTS, INC 609 NORTH EBRITE STREET SUITE 103 MESQUITE, TX 75149 PHONE: FAX:
Phone (972) 329-3900	Fax (972) 329-3903	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ZACHARY CRISS	
County DALLAS License # 020352 Lic Expire 11/24/2022 Medicare 1:	Region 03 Date Licensed 11/24/2020 JOHNDAVID HOME HEALTH CARE SERVICES, LLC 8330 LBJ FREEWAY SUITE 670 DALLAS, TEXAS 75243	Owner Information JOHNDAVID HOME HEALTH CARE SERVICES, LLC
Medicare 2:	2.22.4, .23.2	PHONE: FAX:
Phone (214) 229-3485 Type: Parent Agency	Fax (888) 958-2383 Administrator OLUYEMISI AKINODE	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 020583 Lic Expire 3/10/2023 Medicare 1:	Region 03 Date Licensed 03/10/2021 JOHNSON HEALTH SERVICES LLC 19002 DALLAS PARKWAY APT.1838 DALLAS, TEXAS 75287	Owner Information JOHNSON HEALTH SERVICES LLC
Medicare 2:	BALLIO, ILIVIO 10201	PHONE: FAX:
Phone (214) 931-4595 Type: Parent Agency	Fax Administrator YETTA JOHNSON	Services: Personal Assistance Services
County DALLAS License # 005184 Lic Expire 10/31/2021 Medicare 1: 459445 HHA-18 Medicare 2: Phone (214) 941-8585 Type: Parent Agency	Region 03 Date Licensed 08/01/1996 JOHNSON HOME HEALTH CARE NURSING INC 1130 SOUTH EWING DALLAS, TX 75216 Fax (214) 948-1631 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 License # 017789 Lic Expire 12/31/2022 Medicare 1:	Region 03 Date Licensed 12/13/2016 JOVIAL ANGELS AT HOME CARE SERVICES LLC 2300 VALLEY VIEW LANE SUITE 342 IRVING, TX 75062	Owner Information JOVIAL ANGELS AT HOME CARE SERVICES LLC 4127 WEST PIONEER DRIVE IRVING, TX 75061
Medicare 2:		PHONE: (469) 855-7196 FAX:
Phone (469) 680-3816	Fax (469) 680-3817	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 014799 Lic Expire 1/31/2022 Medicare 1: 747513 HHA-18 Medicare 2: Phone (214) 772-6422	Administrator HELLEN MURAGE Region 03 Date Licensed 01/02/2012 JP AND P HEALTHCARE AGENCY INC 11551 FOREST CENTRAL DRIVE SUITE 101 DALLAS, TEXAS 75243 Fax (469) 519-6240	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

Administrator JOY FLETCHER

County DALLAS License # 018643 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (210) 401-0111 Type: Parent Agency	Region 03 Date Licensed 03/06/2018 JSGA HEALTHCARE MANAGEMENT SERVICES LLC 2307 OAK LANE SUITE 211 GRAND PRAIRIE, TX 75051 Fax (469) 533-0332 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 License # 012702 Lic Expire 7/31/2023 Medicare 1: 747393 HHA-18 Medicare 2: Phone (469) 592-4145 Type: Parent Agency County DALLAS License # 021001	Region 03 Date Licensed 07/10/2009 JSHALOM HOME HEALTH SERVICES INC 1416 JUNCTION RUN MESQUITE, TX 75181 Fax (972) 591-4589 Administrator OKUNBOR ALFRED-IYAMU Region 03 Date Licensed 08/24/2021 JUANITA'S TOUCH HOME HEALTHCARE INC	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 Owner Information JUANITA'S TOUCH HOME HEALTHCARE INC
Lic Expire 8/24/2024 Medicare 1: Medicare 2: Phone (469) 544-2114 Type: Parent Agency	1451 EMPIRE CENTRAL DRIVE STE 900 DALLAS, TX 75247 Fax (214) 376-7899 Administrator LAKISHA HENDERSON	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 019865 Lic Expire 4/6/2022 Medicare 1:	Region 03 Date Licensed 04/06/2020 JUBILEE HOME HEALTH INC 5828 SOMERTON DR GRAND PRAIRIE, TX 750528590	Owner Information JUBILEE HOME HEALTH INC
Medicare 2: Phone (817) 983-9986	Fax NA	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County DALLAS License # 019042 Lic Expire 11/30/2020 Medicare 1:	Administrator GRACE UWAGBAI Region 03 Date Licensed 08/24/2018 K MONIE CARE LLC 2004 PINENUT DRIVE	Owner Information K MONIE CARE LLC
Medicare 2: Phone (469) 442-5170 Type: Parent Agency	MESQUITE, TX 75181 Fax (469) 442-5170 Administrator LILIAN MONIE	PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 018535 Lic Expire 9/30/2024 Medicare 1: 747781 HHA-18 Medicare 2: Phone (972) 649-6400	Region 03 Date Licensed 10/01/2017 K S HOME HEALTHCARE INC 2500 PLEASANT RUN ROAD SUITE 260 LANCASTER, TX 75146 Fax (972) 649-4604	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;
Type: Parent Agency	Administrator CAROLYN SEPHUS	Personal Assistance Services
County DALLAS License # 018810 Lic Expire 6/30/2022 Medicare 1:	Region 03 Date Licensed 06/27/2018 KABAFUSION TX 4950 WESTGROVE DR. #100 DALLAS, TX 75248	Owner Information IVEDCO, LLC 4950 WESTGROVE DR., # 100 DALLAS, TX 75248
Medicare 2: Phone (800) 333-0660 Type: Parent Agency	Fax (888) 837-2716 Administrator JEAN BREMER	PHONE: FAX: Services: Licensed Home Health Services

County DALLAS License # 018210 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (614) 746-5160 Type: Parent Agency	Region 03 Date Licensed 07/28/2017 KALIBRA HOME CARE LLC 275 W CAMPBELL RD #230 RICHARDSON, TX 75080 Fax (614) 746-5160 Administrator SYLVIE MENASCE-ANDERSON	Owner Information KALIBRA HOME CARE LLC 275 W CAMPBELL RD #225 RICHARDSON, TX 75080 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 013199 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (972) 352-7845 Type: Parent Agency	Region 03 Date Licensed 03/29/2010 KASODEL HOME HEALTH SERVICES LLC 809 WOODWAY LANE RICHARDSON, TX 75081 Fax (972) 744-0366 Administrator ESTHER ATUCHUKWU	Owner Information KASODEL HOME HEALTH SERVICES LLC 809 WOODWAY LANE RICHARDSON, TX 75081-5125 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 007799 Lic Expire Medicare 1: 459473 Medicare 2: Phone (972) 289-2211 Type: Parent Agency	Region 03 Date Licensed 04/30/2001 KC HOME HEALTH AGENCY INC 346 OAKS TRAIL #204 GARLAND, TEXAS 75043 Fax (972) 289-2237 Administrator GERTRUDE NWOKE	Owner Information KC HOME HEALTH AGENCY INC 2601 GUS THOMASSON ROAD #100 MESQUITE, TX 75150 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 018523 Lic Expire 12/31/2021 Medicare 1: 45-1772 Medicare 2: Phone (214) 919-5797	Region 03 Date Licensed 12/20/2017 KDB HOSPICE 1510 NORTH HAMPTON ROAD STE 260 DESOTO, TX 75115 Fax (888) 414-5160 Administrator KENNETH BOWIE	Owner Information KDB HOSPICE, LLC 1510 NORTH HAMPTON ROAD, SUITE #260 DESOTO, TX 75115 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County DALLAS License # 011359 Lic Expire 2/28/2022 Medicare 1: 457999 Medicare 2: Phone (972) 262-4300 Type: Parent Agency	Region 03 Date Licensed 02/20/2007 KEMG HOME HEALTH CARE INC 810 A DALWORTH STREET GRAND PRAIRIE, TX 75050 Fax (972) 262-4302 Administrator ISABELLA BROCKMAN	Owner Information KEMG HOME HEALTH CARE INC 810 A DALWORTH STREET GRAND PRAIRIE, TX 75050 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 021180 Lic Expire 11/2/2024 Medicare 1: Medicare 2: Phone (214) 476-1222 Type: Parent Agency	Region 03 Date Licensed 11/02/2021 KEY ENGAGEMENT IN TEXAS HEALTHCARE, LLC 6297 DENHAM CIRCLE DALLAS, TEXAS 75217 Fax Administrator QUINTHEIS ELSE	Owner Information KEY ENGAGEMENT IN TEXAS HEALTHCARE LLC PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 019257 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (214) 875-6842 Type: Parent Agency	Region 03 Date Licensed 02/13/2019 KEYS TO LOVE, LLC 3906 W CAMP WISDOM RD STE 108 DALLAS, TX 75237 Fax NA Administrator LASHONDRA BOLLIN	Owner Information KEYS TO LOVE, LLC PHONE: FAX: Services: Personal Assistance Services

County DALLAS License # 017508 Lic Expire 5/31/2022 Medicare 1: 747319 HHA-18 Medicare 2: Phone (972) 262-9501	Region 03 Date Licensed KEYSTONE HEALTHCARE INC 777 S CENTRAL EXPRESSWAY STE I-H RICHARDSON, TX 75080 Fax (972) 767-4004	05/30/2016	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 Assistance Services	censed Home Health Services;
Type: Parent Agency	Administrator DICKSON ALAO			
County DALLAS License # 020162 Lic Expire 9/10/2022 Medicare 1:	Region 03 Date Licensed KHARIS HEALTH SERVICES, LLC 1246 BETHEL CT, COPPELL, TX 75019	09/10/2020	Owner Information KHARIS HEALTH SERVICES LLC	
Medicare 2:			PHONE: FAX:	
Phone 952 807 3480 Type: Parent Agency	Fax Administrator ETTA PAASEWE		Services: Licensed Home Health Services; Personal Assist	ance Services
County DALLAS License # 015467 Lic Expire 4/30/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed KIDS THERAPY BY DESIGN 2001 BRYAN STREET SUITE 3135 DALLAS, TX 75201	04/05/2013	Owner Information THERAPY BY DESIGN LLC 2001 BRYAN ST SUITE 3125 DALLAS, TX 75201 PHONE: FAX:	
Phone (469) 206-7349 Type: Parent Agency	Fax (469) 206-7531 Administrator AMANDA CARTER		Services: Licensed Home Health Services	
County DALLAS License # 008464 Lic Expire 5/31/2024 Medicare 1: 679341 Medicare 2: Phone (866) 919-3240 Type: Parent Agency	Region 03 Date Licensed KIDSCARE HOME HEALTH 14651 N. DALLAS PARKWAY, SUITE 200 DALLAS, TX 75254 Fax (877) 300-7450 Administrator SHANNON HANBERRY	05/16/2003	Owner Information THERAPY MANAGEMENT SERVICES, LLC 15820 ADDISON RD DALLAS, TX 75001 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed	censed Home Health Services
County DALLAS License # 004059 Lic Expire 3/31/2022 Medicare 1: 451527 HOSPICE Medicare 2: Phone (214) 231-3914	Region 03 Date Licensed KINDRED HOSPICE 7557 RAMBLER RD STE 510 DALLAS, TX 75231 Fax (214) 630-4032	04/01/1995	Owner Information FAMILY HOSPICE LTD PO BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency County DALLAS License # 020214 Lic Expire 10/6/2022 Medicare 1: Medicare 2:	Administrator IDA WHITEMAN Region 03 Date Licensed KING VISION OF FORT WORTH LLC 5863 FOXGLOVE LN DALLAS, TEXAS 75249	10/06/2020	Owner Information KING VISION OF FORT WORTH, LLC PHONE: FAX:	
Phone (214) 476-2448	Fax (877) 257-3774		Services: Hospice In-Patient Hospice: NO	
County DALLAS License # 009978 Lic Expire 9/30/2022 Medicare 1: 677982 HHA-18 Medicare 2:	Administrator TRACY KING Region 03 Date Licensed KINGLY HOME HEALTH CARE INCORPORA 1219 STEWART DRIVE IRVING, TX 75061	09/20/2005 FED	Owner Information KINGLY HOME HEALTH CARE INCORPORATED 1219 STEWARD DRIVE IRVING, TX 75061 PHONE: FAX:	
Phone (469) 586-4560 Type: Parent Agency	Fax (469) 586-4561 Administrator RACHEL PHILIP		Services: Licensed and Certified Home Health Services; Licensed An	censed Home Health Services

County DALLAS	Region 03 Date Licensed 08/13/200	9 Owner Information
License # 012781	KINGS HEALTH CARE LLC	KINGS HEALTH CARE LLC
Lic Expire 8/31/2023	9550 SKILLMAN STREET SUITE 102	9550 SKILLMAN STREET STE 102
Medicare 1: 747476 HHA-18	DALLAS, TX 75243	DALLAS, TX 75243
Medicare 2:		PHONE: FAX:
Phone (214) 221-0147	Fax (214) 221-0175	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ADEKUNLE AKINWOLE	
County DALLAS	Region 03 Date Licensed 11/30/201	8 Owner Information
License # 019243	KLARUS HOME CARE	KLARUS HOME CARE LLC
Lic Expire 11/30/2022	2302 GUTHRIE ROAD SUITE 240	6421 CAMP BOWIE BLVD, SUITE #100
Medicare 1: 747397	GARLAND, TEXAS 75043	FORT WORTH, TX 76116
Medicare 2:		PHONE: FAX:
Phone (214) 440-1004	Fax (214) 440-2334	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator MARIA CRISTINA BACUD	
County DALLAS	Region 03 Date Licensed 06/27/200	Owner Information
License # 012077	KOREAN HOME HEALTH	KOREAN HOME HEALTH CARE INC
Lic Expire 6/30/2022		1908 ROYAL LANE, SUITE 100
Medicare 1: 747139 HHA-18	1908 ROYAL LANE SUITE 100 DALLAS, TX 75229	DALLAS, TEXAS 75229
Medicare 2:	DALLAG, IX 10229	PHONE: FAX:
Phone (972) 241-9996	Fax (972) 241-9997	
Type: Parent Agency	Administrator LINH ATKINS	Services: Licensed and Certified Home Health Services; Personal Assistance Services
·· · · · · · · · · · · · · · · · · · ·		Owner Information
County DALLAS	Region 03 Date Licensed 06/24/202	KORI'S KIND HELPERS LLC
License # 020852	KORI'S KIND HELPERS LLC	KOKI 3 KIND FILLE LIKS LLC
Lic Expire 6/24/2024	1121 HAMPSHIRE LN. SUITE 240	
Medicare 1:	RICHARDSON, TEXAS 75080	PUDUE FAV
Medicare 2:	Fox	PHONE: FAX:
Phone (469) 579-2679	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator ROBERT WANYOIKE	
County DALLAS	Region 03 Date Licensed 09/11/201	
License # 019593	LAKEHOUSE HOME HEALTH AGENCY, LLC	LAKEHOUSE HOME HEALTH AGENCY, LLC
Lic Expire 9/11/2021	10935 ESTATE LN STE 119	
Medicare 1:	DALLAS, TX 75238	
Medicare 2:	_	PHONE: FAX:
Phone (469) 206-0395	Fax (469) 206-0395	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CORINE NGAHA	
County DALLAS	Region 03 Date Licensed 10/07/200	8 <u>Owner Information</u>
License # 012259	LAKESHORE HEALTHCARE SERVICES INC	LAKESHORE HEALTHCARE SERVICES INC
Lic Expire 10/31/2022	9550 FOREST LANE SUITE 102	9550 FOREST LANE SUITE 102
Medicare 1: 747320 HHA-18	DALLAS, TX 75243	DALLAS, TX 75243
Medicare 2:		PHONE: FAX:
Phone (214) 348-9700	Fax (214) 348-9701	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
T 5	A L L L L L L L L L L L L L L L L L L L	Personal Assistance Services
Type: Parent Agency	Administrator ANTHONY NWEDO	
County DALLAS	Region 03 Date Licensed 02/05/201	
License # 016016	LALA HEALTHCARE SOLUTIONS LLC	LALA HEALTHCARE SOLUTIONS LLC
Lic Expire 2/28/2024	1341 W. MOCKINGBIRD LANE, SUITE 214W	4713 PARKHAVEN DR
Medicare 1:	DALLAS, TEXAS 75247	GARLAND, TX 75043
Medicare 2:		PHONE: FAX:
Phone (214) 310-0610	Fax (866) 740-7952	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MICHELLE ROLL	

Administrator

MICHELLE BRILL

County DALLAS License # 020536 Lic Expire 2/12/2023 Medicare 1: Medicare 2: Phone (214) 597-4512 Type: Parent Agency	Region 03 Date Licensed LAZON HOME HEALTH INC 10701 WESTERN HILLS DRIVE ROWLETT, TEXAS 75089 Fax (214) 731-7861 Administrator SAM ODILI	02/12/2021	Owner Information LAZON HOME HEALTH INC 10701 WESTERN HILLS DRIVE ROWLETT, TEXAS 75089 PHONE: FAX: Services: Personal Assistance Services	
County DALLAS License # 016858 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (214) 755-0806 Type: Parent Agency	Region 03 Date Licensed LEGACY HOME HEALTH CARE 1229 EAST PLEASANT RUN ROAD STE. 122 DESOTO, TEXAS 75115 Fax (972) 227-5087 Administrator BRIDGET WILLIAMS	06/16/2015	Owner Information KHBW INC 518 BRANCHWOOD DR LANCASTER, TX 75146 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services	
County DALLAS License # 008359 Lic Expire 3/31/2022 Medicare 1: 679323 Medicare 2: Phone (214) 328-6200 Type: Parent Agency	Region 03 Date Licensed LEGEND HOME HEALTHCARE INC 5730 BENTLEY DRIVE GARLAND, TX 750435460 Fax (214) 328-6210 Administrator CHRISTIAN NWAMUO	03/11/2003	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	rices;
County DALLAS License # 011143 Lic Expire 3/31/2022 Medicare 1: 747050 HHA-18 Medicare 2: Phone (214) 227-2510	Region 03 Date Licensed LEONE HOMEHEALTH CARE AGENCY INC 3334 BROADWAY BLVD. SUITE 422 GARLAND, TX 75043 Fax (214) 227-2410 Administrator ALIE PATRICK KOROMA	03/09/2007	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	rices;
Type: Parent Agency County DALLAS License # 017487 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (214) 331-1112 Type: Parent Agency		05/13/2016	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 License # 019069 Lic Expire 11/7/2020 Medicare 1: Medicare 2: Phone (214) 682-9299	Region 03 Date Licensed LIBERTY HOSPICE CARE INC 9304 FOREST LANE, SUITE N266 DALLAS, TEXAS 75243 Fax (214) 593-4700	08/12/2019	Owner Information LIBERTY HOSPICE CARE INC PHONE: FAX: Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO	
Type: Parent Agency County DALLAS License # 020539 Lic Expire 2/12/2024 Medicare 1: Medicare 2: Phone (313) 978-4561	Administrator LILLIAN ODIACHI Region 03 Date Licensed LIFE VIEW HOMECARE SERVICES 18949 MARSH LANE UNIT 714 DALLAS, TEXAS 75287 Fax	02/12/2021	Owner Information LIFE VIEW HOMECARE SERVICES LLC PHONE: FAX: Services: Personal Assistance Services	

Administrator ANGEL JALLICE

County DALLAS License # 017823 Lic Expire 8/31/2022 Medicare 1: 679279 HHA-18 Medicare 2: Phone (469) 554-5482	Region 03 Date Licensed 08/23/2016 LIFEGATE HEALTH CARE SERVICES INC 310 E I30 STE B105 GARLAND, TX 75043 Fax (972) 925-0891	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
Type: Parent Agency	Administrator STEPHANIE CHUKWUKELU	i disorial nasistance del vices
County DALLAS License # 017748 Lic Expire 11/30/2022 Medicare 1: 671691 HOSPICE Medicare 2: Phone (214) 420-4014 Type: Parent Agency	Region 03 Date Licensed 11/17/2016 LIFEPOINTE HOSPICE DALLAS METROPLEX LLC 12810 HILLCREST RD STE B-127 DALLAS, TX 75230 Fax (214) 420-4016 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 License # 015425 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (877) 434-3153 Type: Parent Agency	Region 03 Date Licensed 03/12/2013 LIFESPAN HOME HEALTH 7929 BROOKRIVER DRIVE SUITE 600 DALLAS, TX 75247 Fax (877) 463-1310 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 License # 019756 Lic Expire 12/30/2021 Medicare 1: Medicare 2: Phone (214) 339-2266 Type: Parent Agency	Region 03 Date Licensed 12/30/2019 LIFETIME CARE, LLC 5801 MARVIN D. LOVE FWY STE.309 DALLAS, TEXAS 75237 Fax (214) 339-2216 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 License # 020378 Lic Expire 12/7/2022 Medicare 1: Medicare 2: Phone (214) 393-5114 Type: Parent Agency	Region 03 Date Licensed 12/07/2020 LITHONIA HEALTHCARE DEVELOPMENT LLC 8204 ELMBROOK DR STE 108 DALLAS, TEXAS 75247 Fax (214) 602-4077 Administrator ADRIAN TAYLOR	Owner Information LITHONIA HEALTHCARE DEVELOPMENT LLC PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 016419 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (214) 520-7571 Type: Parent Agency	Region 03 Date Licensed 09/18/2014 LIVINGSTON SENIOR CARE 4504 LIVINGSTON AVENUE DALLAS, TX 75205 Fax (214) 396-1904 Administrator RUSSELL WOOLERY	Owner Information FHL HOME CARE LLC 4504 LIVINGSTON AVE DALLAS, TX 75205 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 012006 Lic Expire 5/31/2024 Medicare 1: 747152 Medicare 2: Phone (972) 234-5646 Type: Parent Agency	Region 03 Date Licensed 05/09/2008 LOGOS HEALTHCARE SERVICES 1701 GATEWAY BLVD SUITE 460 RICHARDSON, TX 75080 Fax (972) 234-5665 Administrator MOBOLAJI IKUJENYO	Owner Information SIMPLY T & T INCORPORATED SAME AS ABOUVE , PHONE: FAX: Services: Personal Assistance Services

County DALLAS License # 008330 Lic Expire 2/28/2023 Medicare 1: 679267 HHA-18 Medicare 2: Phone (214) 441-0791 Type: Parent Agency	Region 03 Date Licensed 02/18/200 LONE STAR HOME HEALTH SERVICES 3129 ESTERS ROAD SUITE 101 IRVING, TX 75062 Fax (214) 441-0291 Administrator SARA CHAMATHIL	Owner Information MEDIGUARD AMERICA INC 3129 ESTERS RD SUITE #101 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	Owner Information
License # 021344 Lic Expire 1/21/2025 Medicare 1:	LONE STAR HOME HEALTH SERVICES LLC 9550 FOREST LN BLDG 1 STE 131 DALLAS, TX 75243	LONE STAR HOME HEALTH LLC
Medicare 2:		PHONE: FAX:
Phone (214) 694-6924	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator CAROLYNE BELL	
County DALLAS	Region 03 Date Licensed 10/18/200	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:	E (070) 044 7405	PHONE: FAX:
Phone (214) 575-7992	Fax (972) 644-7495	Services: Personal Assistance Services
Type: Parent Agency	Administrator VAISHALI PATEL	
County DALLAS License # 020946 Lic Expire 8/2/2024	Region 03 Date Licensed 08/02/202 LONGEVITY HOME CARE 2709 BECHTOL ST	Owner Information LONGEVITY HOME CARE LLC
Medicare 1: Medicare 2:	GARLAND, TEXAS 75042	PHONE: FAX:
Phone (469) 321-3066	Fax (972) 494-3883	
Type: Parent Agency	Administrator WILLIAM QUACH	Services: Licensed Home Health Services with Dialysis; Personal Assistance Services
County DALLAS License # 021163 Lic Expire 10/27/2024	Region 03 Date Licensed 10/27/202 LORDS CARE HOSPICE, LLC 2665 VILLA CREEK DR SUITE 205A	Owner Information LORDS CARE HOSPICE LLC
Medicare 1: Medicare 2:	DALLAS, TEXAS 75234	PHONE: FAX:
Phone (214) 735-6622	Fax (972) 499-9099	
()	(- /	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOSEPHINE DEVADOSS	
County DALLAS License # 020319 Lic Expire 11/16/2022 Medicare 1: Medicare 2: Phone (469) 267-2777	Region 03 Date Licensed 11/16/202 LOVING HOME CARE LLC 8035 E R L THORNTON FWY SUITE 245 DALLAS, TEXAS 75228 Fax (972) 677-7978	Owner Information LOVING HOME CARE LLC 4128 ARBOR CT MESQUITE, TX 75150 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator EVANGELISTA ANUGWOM	טט יונפט. ו טיטיומו השטיטמוונס שט יונפט
County DALLAS License # 021221 Lic Expire 11/22/2024 Medicare 1:	Region 03 Date Licensed 11/22/202 LS HEALTHCARE SERVICES LLC 632 MAGNOLIA TRL DESOTO, TEXAS 75115	Owner Information LS HEALTHCARE SERVICES LLC
Medicare 2:		PHONE: FAX:
Phone (214) 970-2881 Type: Parent Agency	Fax Administrator LIONEL SANDJONG	Services: Licensed Home Health Services

County DALLAS License # 009374 Lic Expire 10/31/2022 Medicare 1: 457921 HHA-18 Medicare 2: Phone (972) 412-2379 Type: Parent Agency	Region 03 Date Licensed 10/26. LYDIA HOME HEALTH CARE LLC 2805 CHAHA ROAD ROWLETT, TX 75088 Fax (972) 412-2977 Administrator AJO JAMES	S/2004 Description LYDIA HOME HEALTH CARE LLC 2805 CHAHA ROAD ROWLETT, TX 75088 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 018851 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (469) 412-1778	Region 03 Date Licensed 07/27. LYXX CARE LLC 6920 MARIGOLD CT PLANO, TX 75074 Fax (469) 269-2352	7/2018 Description
Type: Parent Agency County DALLAS License # 020227 Lic Expire 10/13/2022 Medicare 1:	Administrator PRISCA WILLIAMS Region 03 Date Licensed 10/13. M & C HOME HEALTH CARE SOLUTIONS LLC 10410 BENT TREE DRIVE ROWLETT, TEXAS 75089	3/2020 Owner Information M & C HOME HEALTH CARE SOLUTIONS, LLC
Medicare 2: Phone (469) 735-0765 Type: Parent Agency	Fax (469) 519-2487 Administrator BRIDGET UMUNNA	PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 015303 Lic Expire 1/31/2023 Medicare 1: 741500 HOSPICE Medicare 2: Phone (972) 228-8500	Region 03 Date Licensed 01/14, M & L MEDICAL SERVICES HOSPICE INC 610 UPTOWN BLVD, SUITE 2000 CEDAR HILL, TX 75104 Fax (972) 228-8812	M & L MEDICAL SERVICES HOSPICE INC 1801 N HAMPTON RD SUITE 333 DESOTO, TX 75115 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator PATRICIA MOORE	In-Patient Hospice: NO Syzona Owner Information
County DALLAS License # 008648 Lic Expire 9/30/2022 Medicare 1: 679405 HHA-18 Medicare 2:	Region 03 Date Licensed 09/15. M & L MEDICAL SERVICES INC 610 UPTOWN, SUITE 2000 CEDAR HILL, TX 75115	M & L MEDICAL SERVICES INC 1801 N. HAMPTON SUITE #333 DESOTO, TX 75115 PHONE: FAX:
Phone (972) 228-8500 Type: Parent Agency	Fax (972) 228-8812 Administrator PATRICIA MOORE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 017991 Lic Expire 12/31/2022 Medicare 1: 747617 HHA-18	Region 03 Date Licensed 01/01, M&D HEALTHCARE SERVICES INC 1919 SOUTH SHILOH ROAD SUITE #215 GARLAND, TX 75042	1/2017 M & D HEALTHCARE SERVICES INC 9535 FOREST LANE SUITE 214 DALLAS, TX 75243-0000
Medicare 2: Phone (972) 677-7897 Type: Parent Agency	Fax (972) 677-7984 Administrator EMMANUEL IGWE	PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DALLAS License # 010578 Lic Expire 6/30/2021 Medicare 1: 743101 HHA-18 Medicare 2: Phone (214) 628-9065	Region 03 Date Licensed 06/27. MACHRIS HOME HEALTH SERVICES INC 9401 LBJ FREEWAY SUITE 107 DALLAS, TX 75243 Fax (214) 628-9070	7/2006 Owner Information MACHRIS HOME HEALTH SERVICES INC 9401 LBJ FREEWAY SUITE 107 DALLAS, TX 75243 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARY MAWEN NGONG	

Administrator

MARY MAWEN NGONG

County DALLAS License # 018688 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (469) 850-0093 Type: Parent Agency	Region 03 Date Licensed MAGNET SPECIALTY NURSES PLLC 407 N CEDAR RIDGE SUITE 342 DUNCANVILLE, TX 75116 Fax (214) 594-7999 Administrator JULIET OTIENO	04/06/2018	Owner Information MAGNET SPECIALTY NURSES PLLC P.O BOX 295 ROCKWALL, TX 75087 PHONE: Services: Licensed Home Health Services	FAX:
County DALLAS License # 020469 Lic Expire 1/19/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed MAIDECARE, LLC 3419 SPENCE ST DALLAS, TEXAS 75215	01/19/2021	Owner Information MAIDECARE, LLC PHONE:	FAX:
Phone (972) 994-6875 Type: Parent Agency	Fax Administrator KELVIN EDOKPOLO		Services: Personal Assistance Services	
County DALLAS License # 009999 Lic Expire 9/30/2023 Medicare 1: 677868 Medicare 2: Phone (214) 256-4013 Type: Parent Agency	Region 03 Date Licensed MAIN HOME HEALTH CARE 3435 HIGHLAND ROAD SUITE 120 DALLAS, TX 75228 Fax (214) 256-4092 Administrator MUSTAFA ARASAH	09/28/2005	Owner Information MAIN HOMEHEALTH SERVICES INC 3435 HIGHLAND ROAD SUITE 120 DALLAS, TX 75228 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services	FAX: ices; Licensed Home Health Services;
County DALLAS License # 017515 Lic Expire 12/31/2021 Medicare 1: 679723 HHA-18 Medicare 2: Phone (972) 639-3220	Region 03 Date Licensed MAKAVIC HOME HEALTH LLC 2307 OAK LANE SUITE 213 GRAND PRAIRIE, TX 75051 Fax (972) 639-3313	12/28/2015	Owner Information MAKAVIC HOME HEALTH LLC 2307 OAK LANE STE 213 GRAND PRAIRIE, TEXAS 75051 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services	FAX: ices; Licensed Home Health Services;
Type: Parent Agency County DALLAS License # 012157 Lic Expire 8/31/2022 Medicare 1: 747349 Medicare 2: Phone (214) 353-9400 Type: Parent Agency	Administrator OLUWATOYIN OLUWASOLA Region 03 Date Licensed MANDATE HEALTH SERVICES LLC 2351 W NORTHWEST HIGHWAY SUITE 1306 DALLAS, TX 75220 Fax (214) 353-9406 Administrator EMEKA NNAJI	08/13/2008	Owner Information MANDATE HEALTH SERVICES LLC 2351 W. NORTHWEST HWY SUITE #1306 DALLAS, TEXAS 75220 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services	FAX: ices; Licensed Home Health Services;
County DALLAS License # 010687 Lic Expire 6/30/2022 Medicare 1: 743186 HHA-18 Medicare 2: Phone (972) 992-0190 Type: Parent Agency	Region 03 Date Licensed MARANATHA HOME HEALTH 2100 VIRGINA DR STE 100-A GRAND PRAIRIE, TX 75051 Fax (972) 521-6326 Administrator DAISY SARMIENTO	06/30/2006	Owner Information MARANATHA HOME HEALTH 2100 VIRGINA DR STE 100-A GRAND PRAIRIE, TX 75051 PHONE: Services: Licensed and Certified Home Health Serv Personal Assistance Services	FAX: ices; Licensed Home Health Services;
County DALLAS License # 021260 Lic Expire 12/7/2024 Medicare 1: Medicare 2:	Region 03 Date Licensed MARLA HELPING HANDS, LLC 3939 US-80, SUITE 143-R MESQUITE, TX 75150	12/07/2021	Owner Information MARLA HELPING HANDS, LLC PHONE:	FAX:
Phone (214) 592-1512 Type: Parent Agency	Fax (214) 857-3981 Administrator BEVERLEY CHATMON		Services: Personal Assistance Services	

County DALLAS License # 011933 Lic Expire 12/31/2021 Medicare 1: 677896 HHA-18 Medicare 2: Phone (214) 324-9099 Type: Parent Agency	Region 03 Date Licensed MARVELOUS CHOICE HOME HEALTH INC 8035 E RL THORNTON FWY SUITE 452 DALLAS, TX 75228 Fax (214) 324-3090 Administrator CHRISTIANA LEKWUWA	12/20/2007	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 License # 012920 Lic Expire 1/31/2021 Medicare 1: 458446 HHA-18	Region 03 Date Licensed MAXIM HEALTHCARE SERVICES INC 5001 LBJ FREEWAY, SUITE 200 DALLAS, TEXAS 75244	01/21/2009	Owner Information MAXIM HEALTHCARE SERVICES INC 7227 LEE DEFOREST DRIVE COLUMBIA, MD 21046
Medicare 2: Phone (214) 370-3385 Type: Parent Agency	Fax (877) 306-4574 Administrator ALFONSO HIDALGO		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 019747 Lic Expire 12/18/2021 Medicare 1: Medicare 2: Phone (214) 405-8523 Type: Parent Agency	Region 03 Date Licensed MBKC CARE INC 1814 BLENHEIM DRIVE GARLAND, TX 75043 Fax (469) 573-5081 Administrator VICTORIA JOHNSON	12/18/2019	Owner Information MBKC CARE INC 1814 BLENHEIM DRIVE GALAND, TX 75043 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 011809 Lic Expire 1/31/2025 Medicare 1: 747212 HHA-18 Medicare 2: Phone (972) 331-8166	Region 03 Date Licensed MECARE HOME HEALTH INC 18601 LBJ FREEWAY SUITE 706 MESQUITE, TX 75150 Fax (972) 331-8169	01/10/2008	Owner Information MECARE HOME HEALTH INC 18601 LBJ FREEWAY, SUITE 706 MESQUITE, TX 75150 PHONE: FAX:
Type: Parent Agency	Administrator EDITH ABENGOWE		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 013321 Lic Expire 5/31/2022 Medicare 1: 747507 HHA-18 Medicare 2: Phone (972) 303-2424 Type: Parent Agency	Region 03 Date Licensed MED CERT HOME CARE LLC 6550 NAAMAN FOREST BLVD SUITE 100 GARLAND, TX 75044 Fax (972) 303-1620 Administrator SUSAN MATHEW	05/14/2010	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 License # 008832 Lic Expire 12/31/2022 Medicare 1: 453118 HHA-18 Medicare 2: Phone (972) 222-3870 Type: Parent Agency	Region 03 Date Licensed MED GLOBAL HOME HEALTH CARE INC 18601 LYNDON B JOHNSON FWY # 330 MESQUITE, TX 75150 Fax (972) 222-3871 Administrator JAISON JOSEPH	12/30/2003	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 License # 014295 Lic Expire 8/31/2021 Medicare 1: 747807 Medicare 2: Phone (972) 803-4255 Type: Parent Agency	Region 03 Date Licensed MED PLUS HOME HEALTHCARE INC 4701 ALTAMESA BLVD STE 2H FORT WORTH, TX 76133 Fax (972) 329-3903 Administrator ZACHARY CRISS	08/17/2011	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

County DALLAS License # 018265 Lic Expire 8/31/2019 Medicare 1: Medicare 2: Phone (214) 735-6622	Region 03 Date Licensed 08/21/2017 MED PLUS HOSPICE LLC 18601 LBJ FRWY # 330 B MESQUITE, TX 75150 Fax (972) 681-7779	Owner Information MED PLUS HOSPICE LLC 18601 LBJ FRWY #330B MESQUITE, TX 75150 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOSEPHINE DEVADOSS	
County DALLAS License # 013838 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (214) 373-1111 Type: Parent Agency	Region 03 Date Licensed 01/20/2011 MED TEAM INC 6230 N. BELTLINE, SUITE 303 IRVING, TEXAS 75063 Fax (214) 238-8080 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 License # 020491 Lic Expire 1/27/2023 Medicare 1: Medicare 2: Phone (214) 444-7406 Type: Parent Agency	Region 03 Date Licensed 01/27/2021 MEDCONNECT HEALTHCARE LLC 12820 HILLCREST ROAD STE C115 DALLAS, TX 75230 Fax (469) 719-3685 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 License # 013029 Lic Expire 12/31/2021 Medicare 1: 747508 HHA-18 Medicare 2:	Region 03 Date Licensed 12/07/2009 MEDICAL CONNECTIONS HOME HEALTH SERVICES 1801 N HAMPTON RD SUITE 330 DESOTO, TX 75115	Owner Information MARY ANNETTE BOYD 1801 N. HAMPTON RD. SUITE 330 6884, TX 75115 PHONE: FAX:
Phone (972) 283-6634	Fax (972) 283-6892	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 017009 Lic Expire 7/31/2023 Medicare 1: 679551 HHA-18 Medicare 2: Phone (072) 572 0783	Administrator MARY BOYD Region 03 Date Licensed 07/25/2015 MEDSOURCE HEALTH CARE SYSTEM 1350 E. ARAPAHO ROAD, SUITE 238 RICHARDSON, TX 75081	Owner Information MEDLINK NETWORK LLC 1701 ANALOG DRIVE RICHARDSON, TX 75081-2443 PHONE: FAX:
Phone (972) 572-9783	Fax (972) 572-9782 Administrator JOCELYN ANN GARCIA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 011916 Lic Expire 3/31/2021 Medicare 1: 747358 HHA-18 Medicare 2: Phone (214) 575-4645	Region 03 Date Licensed 03/06/2008 MERIT HOME HEALTHCARE INC 1919 S SHILOH ROAD SUITE 525 GARLAND, TX 75042 Fax (214) 575-9119	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;
Type: Parent Agency	Administrator CHUKWUMA E. UZOIGWE	Personal Assistance Services
County DALLAS License # 018192 Lic Expire 7/31/2023 Medicare 1: 74-1741 Medicare 2: Phone (214) 368-1154	Region 03 Date Licensed 07/21/2017 MERIT HOSPICE LLC 8150 N CENTRAL EXPRESSWAY SUITE M2060 DALLAS, TX 75206 Fax (214) 368-1155	Owner Information MERIT HOSPICE LLC 8150 N CENTRAL EXPRESSWAY SUITE #M2105 DALLAS, TX 75206-1815 PHONE: FAX: Services: Hospice
T 5	Administrator IEMNIEED DEGICIAM	In-Patient Hospice: NO

Administrator

JENNIFER BECKHAM

County DALLAS License # 008164 Lic Expire 7/31/2024 Medicare 1: 679243 Medicare 2: Phone (214) 703-3756	Region 03 Date Licensed 07/17/2002 METRO HOME CARE SERVICES INCORPORATED 1301 NORTHWEST HIGHWAY SUITE 102 GARLAND, TX 75041 Fax (214) 703-3760	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
Type: Parent Agency	Administrator MARYCOLLET OKON	
County DALLAS	Region 03 Date Licensed 01/30/2007	Owner Information
License # 011035	METROSTAR HEALTHCARE SERVICES LLC	METROSTAR HEALTHCARE SERVICES LLC
Lic Expire 1/31/2024	12300 FORD ROAD SUITE 455	12300 FORD RD. STE 455 DALLAS, TEXAS 75234
Medicare 1: 747246 HHA-18	DALLAS, TX 75234	
Medicare 2: Phone (972) 331-3133	Fax (972) 331-3135	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARY EGWU	
County DALLAS	Region 03 Date Licensed 02/14/2008	Owner Information
License # 011882	MGA HOME HEALTH PLUS SERVICES INC	MGA HOME HEALTH PLUS SERVICES INC
Lic Expire 2/28/2023	1109 N HWY 67 SUITE # 4	1109 N HWY 67, SUITE 4
Medicare 1: 747321 HHA-18	CEDAR HILL, TX 75104	CEDAR HILL, TX 75104
Medicare 2:		PHONE: FAX:
Phone 972 2938555	Fax 972 2932855	Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator GODSON GABRIEL	
County DALLAS	Region 03 Date Licensed 07/03/2012	Owner Information
License # 015128	MGA HOMECARE	MGA HEALTHCARE TEXAS, LLC
Lic Expire 7/31/2022	15601 DALLAS PARKWAY SUITE 100	7025 N SCOTTSDALE ROAD, SUITE 200
Medicare 1:	ADDISON, TX 75001	SCOTTSDALE, AZ 85253
Medicare 2:	F (044) 000 0000	PHONE: FAX:
Phone (214) 292-9900	Fax (214) 292-9809	Services: Licensed Home Health Services
Type: Parent Agency	Administrator OZIEL CUEVAS	
County DALLAS	Region 03 Date Licensed 03/09/2007	Owner Information PEDIATRIC ENTERPRISES OF TEXAS INC
License # 011144	MILESTONE THERAPY SERVICES	PO BOX 181045
Lic Expire 3/31/2024 Medicare 1:	718 NORTH BUCKNER BLVD SUITE 312	DALLAS, TEXAS 75218
Medicare 1:	DALLAS, TX 75218	PHONE: FAX:
Phone (214) 324-4431	Fax (214) 324-4664	
Type: Parent Agency	Administrator SARAH RUPP-BLANCHARD	Services: Licensed Home Health Services
County DALLAS License # 020223 Lic Expire 10/9/2022 Medicare 1:	Region 03 Date Licensed 10/09/2020 MILLENIA HOSPICE 9450 SKILLMAN STREET SUITE 105 DALLAS, TX 75243	Owner Information MILLENIA LLC 752 NORTH MAIN STREET P.O.BOX 128 MANSFIELD, TX 76063
Medicare 2:		PHONE: FAX:
Phone (469) 677-0241	Fax (469) 533-4453	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator CHUKWUDI UCHEGBU	
County DALLAS License # 012640 Lic Expire 6/30/2023 Medicare 1: 747652	Region 03 Date Licensed 06/02/2009 MIRACLE HEALTHCARE SERVICES INCORPORATED 1802 GARRISON WAY GARLAND, TX 75040	Owner Information MIRACLE HEALTHCARE SERVICES INCORPORATED 1802 GARRISON WAY GARLAND, TX 75040
Medicare 2: Phone (972) 271-5381	Fav. (079) 271.5794	PHONE: FAX:
Phone (972) 271-5381	Fax (972) 271-5724	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SUNDAY OMENIHU	

County DALLAS License # 010587 Lic Expire 6/30/2020 Medicare 1: 673194 Medicare 2: Phone (214) 321-7600	Region 03 Date Licensed MISSIONCARE HEALTH SERVICES 3939 U.S. HIGHWAY 80, 470B MESQUITE, TX 75150 Fax (214) 321-7603	07/01/2006	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
Type: Parent Agency	Administrator SAMUEL E NWANKWO		. 5.551.63 / 6.556.11.55 50 / 1055
County DALLAS License # 011725 Lic Expire 9/30/2024 Medicare 1: 457981 Medicare 2: Phone (972) 216-4894	Region 03 Date Licensed MJ HOME HEALTH AGENCY INC 3939 EAST US HIGHWAY 80, SUITE 428 MESQUITE, TX 75150 Fax (972) 285-5185	09/30/2007	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
Type: Parent Agency County DALLAS License # 018274 Lic Expire 8/31/2024 Medicare 1: 747498 Medicare 2: Phone (972) 374-8798 Type: Parent Agency	Administrator JOHN OZO Region 03 Date Licensed MJS HOME HEALTH CARE INC 362 OAKS TRAIL SUITE #150 GARLAND, TX 75043 Fax (972) 289-1002 Administrator DARLENE TITUS	08/04/2017	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 License # 020446 Lic Expire 1/8/2023 Medicare 1: Medicare 2: Phone (469) 613-5300	Region 03 Date Licensed MOMENTUS HEALTH SERVICES LLC 1341 W MOCKINGBIRD LN. SUITE. 214W DALLAS, TEXAS 75247 Fax (214) 310-0609	01/08/2021	Owner Information MOMENTUS HEALTH SERVICES, LLC 6860 DALLAS PARKWAY #200/209 PLANO, TEXAS 75025 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County DALLAS License # 012668 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone (972) 446-0500 Type: Parent Agency	Administrator MICHELLE BRILL, RN Region 03 Date Licensed MOMS BEST FRIEND 2125 N. JOSEY LANE STE 100 CARROLLTON, TX 75006 Fax (972) 820-5744 Administrator JANET WILLIAMS	06/26/2009	Owner Information AUGUSTUS HOLDINGS INC 2125 N JOSEY LANE STE 100 CARROLLTON, TX 75006 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 010143 Lic Expire 11/30/2023 Medicare 1: 679591 HHA-18 Medicare 2: Phone (972) 629-6158	Region 03 Date Licensed MONARCH HOME HEALTHCARE AGENCY 13405 FLOYD CIR STE 100 DALLAS, TX 75243 Fax (972) 629-6246	11/18/2005	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 License # 012847 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (972) 658-6756	Administrator ANTHONY NJUGOH Region 03 Date Licensed MORAS HOME CARE INC 3228 SOUTHERN DRIVE SUITE 204 GARLAND, TX 75043 Fax (972) 530-0503	09/10/2009	Owner Information MORA'S HOME CARE, INC PO BOX 450878 GARLAND, TX 75045 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

Administrator HALIMA MORA

County DALLAS License # 012847 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (972) 658-6756 Type: Branch Agency	Region 03 Date Licensed MORA'S HOME CARE, INC 3900 STONEBRIDGE DR # 402 C MCKINEEY, TEXAS 75070 Fax (97) 253-0053 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 License # 020456 Lic Expire 11/8/2023 Medicare 1: 677804	Region 03 Date Licensed 01/01/2021 MORNING STAR QUALITY HOME HEALTHCARE 5757 ALPHA RD., STE. 480 DALLAS, TX 75240	Owner Information TWILIGHT HOME HEALTHCARE TX LLC
Medicare 2:		PHONE: FAX:
Phone (877) 388-2304 Type: Parent Agency	Fax (214) 275-6499 Administrator BRUCE DAVIS	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DALLAS License # 011747 Lic Expire 12/31/2023 Medicare 1: 747172 HHA-18;74 Medicare 2: Phone (214) 342-0300	Region 03 Date Licensed 12/07/2007 MORRIS INFINITE HEALTHCARE SERVICES INCORPORATED 7920 BELTLINE ROAD STE 710 DALLAS, TX 75254 Fax (214) 342-0301	Owner Information MORRIS INFINITE HEALTHCARE SERVICES INCORPORATED 7920 BELTLINE ROAD STE 710 DALLAS, TX 75254 PHONE: FAX:
Type: Parent Agency	Administrator HENRIETTA MORRIS	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County DALLAS License # 018768 Lic Expire 5/31/2022 Medicare 1:	Region 03 Date Licensed 05/31/2018 MOTHER EARTH HEALTHCARE SERVICES INC 9821 SUMMERWOOD CIRCLE #1701 DALLAS, TX 75243	Owner Information MOTHER EARTH HEALTHCARE SERVICES INC 9821 SUMMERWOOD CIRCLE #1701 DALLAS, TX 75243
Medicare 2: Phone (469) 349-9828 Type: Parent Agency	Fax (833) 817-7159 Administrator RENE ANDOH	PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 019935 Lic Expire 5/14/2022 Medicare 1:	Region 03 Date Licensed 05/14/2020 MOVELCARE 4817 KINGFISHER LANE MESQUITE, TEXAS 75181	Owner Information MOVELCARE LLC
Medicare 2:	WEGGOTE, TEAR TOTAL	PHONE: FAX:
Phone 469 859 8689	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator OVIERHEYA OGBORU	
County DALLAS License # 010196 Lic Expire 10/29/2024 Medicare 1: 679227 HHA-18 Medicare 2:	Region 03 Date Licensed 06/27/2005 MULTI CARE HOME HEALTH SERVICES LLC 211 W PLEASANT RUN RD STE 102 LANCASTER, TX 75146	Owner Information MULTI CARE HOME HEALTH SERVICES LLC 211 WEST PLEASANT RUN ROAD #102 LANCASTER, TX 75146 PHONE: FAX:
Phone (972) 227-9300	Fax (972) 227-9302	
Type: Parent Agency	Administrator BARBARA PIPKINS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 010118 Lic Expire 9/30/2022 Medicare 1: 459097 Medicare 2:	Region 03 Date Licensed 10/01/2005 MY REDEEMER HEALTHCARE SERVICES AND CONSULT LLC 903 N BOWSER SUITE 170 RICHARDSON, TX 75081	Owner Information MY REDEEMER HEALTHCARE SERVICES AND CONSULT LLC 903 N BOWSER SUITE 170 RICHARDSON, TX 75081 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	

County DALLAS License # 005978 Lic Expire 8/31/2023 Medicare 1: 459441 HHA-18	Region 03 Date Licensed 08/11/1997 NAAMAN COMMUNITY HEALTH SERVICES INC 115 EXECUTIVE WAY DESOTO, TX 75115	Owner Information NAAMAN COMMUNITY HEALTH SERVICES INC 115 EXECUTIVE WAY DESOTO, TX 75115
Medicare 2: Phone (972) 224-1633	Fax (972) 224-1647	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ALFRED AKINOLA	. 5.551.66 / 6.656.6.105 50 / 1055
County DALLAS	Region 03 Date Licensed 02/28/2001	Owner Information
License # 007558	NATIONAL HEALTH SERVICE CORPORATION	NATIONAL HEALTH SERVICE CORPORATION
Lic Expire 2/28/2023	3129 ESTERS ROAD SUITE 103	3129 ESTERS RD #103
Medicare 1: 679060 HHA-18	IRVING, TX 75062	IRVING, TX 75062
Medicare 2:	Fav. (072) 870 1031	PHONE: FAX:
Phone (972) 790-3200	Fax (972) 870-1031	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 02/27/2019	Owner Information
License # 019281	NATURAL COMFORT HOSPICE, LLC	NATURAL COMFORT HOSPICE, LLC
Lic Expire 2/27/2021	10925 ESTATE LANE # 140	
Medicare 1: Medicare 2:	DALLAS, TEXAS 75238	PHONE: FAX:
Phone (214) 473-4790	Fax (469) 620-3137	Services: Hospice
Type: Parent Agency	Administrator KOMAL SANDHU	In-Patient Hospice: NO
		Owner Information
County DALLAS License # 020432	Region 03 Date Licensed 01/05/2021 NEF HEALTHCARE SERVICES INC	NEF HEALTHCARE SERVICS INC
Lic Expire 1/5/2023	3044 TREVINO	3044 TREVINO
Medicare 1:	GRAND PRAIRIE, TX 75054	GRAND PRAIRIE, TX 75054
Medicare 2:		PHONE: FAX:
Phone (443) 825-8835	Fax (703) 332-9608	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FRANK EGWU	
County DALLAS	Region 03 Date Licensed 08/23/2007	Owner Information
License # 011537	NESS HOME HEALTH SERVICE LLC	NESS HOME HEALTH SERVICE LLC
Lic Expire 8/31/2020	3225 IH 30 SUITE E	3225 IH 30, SUITE E
Medicare 1: 747293 HHA-18	MESQUITE, TX 75150	MESQUITE, TX 75150
Medicare 2: Phone (214) 417-3529	Fax (972) 222-3196	PHONE: FAX:
1 Hone (214) 417-5525	1 dx (372) 222-3130	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FINDA S KOROMA	
County DALLAS	Region 03 Date Licensed 01/19/2016	Owner Information
License # 017435	NEW CENTURY HOSPICE OF DALLAS	NEW CENTURY HOSPICE, INC
Lic Expire 1/31/2022	4101 MCEWEN RD #500	P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117
Medicare 1: 671588 HOSPICE Medicare 2:	DALLAS, TX 75244	PHONE: FAX:
Phone (972) 239-0907	Fax (972) 239-0908	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator NARISSA ATTEBERRY	In-Patient Hospice: NO
<u></u>		Owner Information
County DALLAS License # 014489	Region 03 Date Licensed 11/28/2011 NEW DIRECTION HOME HEALTHCARE INC	NEW DIRECTION HOME HEALTHCARE INC
Lic Expire 11/30/2021	515 N CEDAR RIDGE SUITE 4	6405 CLEAR POOL
Medicare 1:	DUNCANVILLE, TEXAS 75116	ARLINGTON, TEXAS 76018
Medicare 2:		PHONE: FAX:
Phone 972 8034244	Fax 844 2703342	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CAROLYN SEPHUS	

County DALLAS License # 008757 Lic Expire 11/30/2023 Medicare 1: 453131 Medicare 2:	Region 03 Date Licensed 11/17/2003 NEW ERA HOME HEALTHCARE SERVICES INC 9221 LBJ FREEWAY SUITE 107 DALLAS, TX 75243	Owner Information NEW ERA HOME HEALTHCARE SERVICES INC 9221 LBJ FREEWAY, SUITE 107 DALLAS, TEXAS 75243 PHONE: FAX:
Phone (972) 235-0009 Type: Parent Agency	Fax (972) 690-1644 Administrator PAULINE ONYEKA	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DALLAS License # 012136 Lic Expire 8/31/2024 Medicare 1: 747431 HHA-18 Medicare 2: Phone (830) 758-0265	Region 07 Date Licensed 08/06/2008 NEW GLORIOUS HOME HEALTH INC 329 OAKS TRAIL SUITE 115B GARLAND, TEXAS 75043 Fax (830) 758-1736	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
Type: Parent Agency	Administrator ANGELICA MARTINEZ	O
County DALLAS License # 012115 Lic Expire 7/31/2022 Medicare 1: 747359 HHA-18 Medicare 2:	Region 03 Date Licensed 07/22/2008 NEW GRACE HOME HEALTH SERVICES INC 2622 WOODPARK DRIVE GARLAND, TX 75044	Owner Information NEW GRACE HOME HEALTH SERVICES, INC 2622 WOODPARK DRIVE GARLAND, TX 75044 PHONE: (214) 431-6712 FAX:
Phone (214) 431-6712 Type: Parent Agency	Fax (469) 298-3233 Administrator WINIFRED UDEOGU-MOORE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 012813 Lic Expire 6/30/2021 Medicare 1: 457872 HHA-18 Medicare 2: Phone (214) 631-2232	Region 03 Date Licensed 06/09/2009 NEW HEIGHTS HEALTHCARE AGENCY 1341 W. MOCKINGBIRD LANE SUITE 500 W DALLAS, TX 75247 Fax (214) 594-9640	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
Type: Parent Agency	Administrator ADRIAN TAYLOR	
County DALLAS License # 016921 Lic Expire 4/30/2023 Medicare 1: 459483 HHA Medicare 2:	Region 03 Date Licensed 04/10/2015 NEW HOPE HOME HEALTH 18601 LYNDON B JOHNSON FREEWAY, SUITE 325 MESQUITE, TEXAS 75150	Owner Information CARING POINT LLC PHONE: FAX:
Phone (214) 654-9446 Type: Parent Agency	Fax (214) 654-9585 Administrator KIMBERLY DUNN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 016759 Lic Expire 12/31/2022 Medicare 1: 679165 HHA-18 Medicare 2: Phone (214) 221-8585 Type: Parent Agency	Region 03 Date Licensed 01/01/2015 NEW HORIZON HOME HEALTH 3939 EAST US HIGHWAY 80 STE 306 MESQUITE, TX 75150 Fax (214) 221-8586 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 License # 013265 Lic Expire 4/30/2022 Medicare 1: 747564 HHA-18 Medicare 2:	Region 03 Date Licensed 04/23/2010 NEW TIMES HOME CARE 205 E CAMP WISDOM RD SUITE B DUNCANVILLE, TX 75116	Owner Information EXPEDIENT HOME HEALTH SERVICES LLC 205 E CAMP WISDOM ROAD SUITE #B DUNCANVILLE, TX 75116 PHONE: FAX:
Phone (972) 780-5521 Type: Parent Agency	Fax (972) 780-5579 Administrator CONNIE ATTRAH	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County DALLAS License # 009442 Lic Expire 12/31/2022 Medicare 1: 457946 HHA-18 Medicare 2: Phone (972) 227-3000 Type: Parent Agency	Region 03 Date Licensed 12/06/2004 NEW VISION HOME HEALTH SERVICES INC 1441 WARWICK DRIVE LANCASTER, TX 75134 Fax (972) 227-3001 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 License # 010754 Lic Expire 9/30/2022 Medicare 1: 679767 HHA-18 Medicare 2: Phone (214) 628-9600	Region 03 Date Licensed 09/21/2006 NEWMETRIC HOME HEALTH CARE INCORPORATED 13339 N CENTRAL EXPY STE 102 DALLAS, TX 75243 Fax (214) 628-9599	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;
Type: Parent Agency	Administrator CHUCK OGBU	Personal Assistance Services
County DALLAS License # 012538 Lic Expire 4/30/2023 Medicare 1: 747520 Medicare 2: Phone (972) 602-3500	Region 03 Date Licensed 04/07/2009 NEWPORT HOME HEALTH AGENCY 1106 N HWY 360 SUITE 204/209 GRAND PRAIRIE, TX 75050 Fax (972) 602-3503	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
Type: Parent Agency	Administrator SIMON OGBEIDE	Personal Assistance Services
County DALLAS License # 016219 Lic Expire 12/31/2021 Medicare 1: 747562 HHA-18	Region 03 Date Licensed 12/18/2013 NEWWAY HEALTHCARE SERVICES INC 713 GATEWOOD ROAD SUITE A GARLAND, TX 75043	Owner Information NEWWAY HEALTHCARE SERVICES INC 713 GATEWOOD ROAD, SUITE #A GARLAND, TX 75043
Medicare 2: Phone (972) 238-7548 Type: Parent Agency	Fax (972) 238-7545 Administrator SAMUEL MATHAI	PHONE: FAX: Services: Licensed and Certified Home Health Services
County DALLAS License # 014066 Lic Expire 4/30/2021 Medicare 1: Medicare 2: Phone (972) 918-0223 Type: Parent Agency	Region 03 Date Licensed 04/29/2011 NIGHTINGALE FAMILY HEALTHCARE SERVICES INC 811 S. CENTRAL EXPRESSWAY SUITE 541 RICHARDSON, TX 75080 Fax (972) 918-0228 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 License # 019703 Lic Expire 3/31/2022	Region 03 Date Licensed 11/15/2019 NOBLE HOME HEALTH SERVICES, LLC 8330 LBJ FREEWAY, SUITE 634	Owner Information NOBLE HOME HEALTH SERVICES, LLC
Medicare 1: Medicare 2:	DALLAS, TEXAS 75243	PHONE: FAX:
Phone (214) 396-7589 Type: Parent Agency	Fax (210) 634-5342 Administrator OLANREWAJU ABU	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 009189 Lic Expire 7/31/2022 Medicare 1: 457800 HHA-18 Medicare 2:	Region 03 Date Licensed 07/09/2004 NOBLECARE HOME HEALTH SERVICES INC 629 WEST CENTERVILLE ROAD SUITE 208 GARLAND, TX 75041	Owner Information NOBLECARE HOME HEALTH SERVICES, INC 2614 ROUGHLEAF LANE ROWLETT, TX 75089 PHONE: FAX:
Phone (972) 278-8700	Fax (972) 278-8723	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
· ·	ALL LIVE CONTROL OF THE CONTROL OF T	Personal Assistance Services

Administrator CHARITY EKPO

County DALLAS License # 018418 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (469) 969-0187 Type: Parent Agency County DALLAS License # 018424 Lic Expire 4/30/2023 Medicare 1: Medicare 2:	NOLASHANDS LLC 1101 STONEWALL ST SUITE 601 D GARLAND, TX 75043 Fax (469) 969-0197 Administrator ELENA HINES	1/02/2017	Owner Information NOLASHANDS LLC 2918 REATA DRIVE WYLIE, TX 75098 PHONE: FAX: Services: Personal Assistance Services Owner Information NORTH STAR HOME HEALTH CARE INC 1340 PRUDENTIAL DRIVE DALLAS, TX 75235-4115 PHONE: FAX:
Phone (214) 275-4667 Type: Parent Agency	Fax (855) 631-4080 Administrator JEKAL PATEL		Services: Personal Assistance Services
County DALLAS License # 012616 Lic Expire 5/31/2024 Medicare 1: 747405 HHA-18 Medicare 2: Phone (214) 746-7300 Type: Parent Agency	Region 03 Date Licensed 05 NORTH TEXAS BEST HOME HEALTHCARE 3000 KELLER SPRINGS RD, #406 CARROLLTON, TX 75006 Fax (214) 746-7301 Administrator ROBERT BARKER	5/22/2009	Owner Information HOME HEALTH CARE PLUS INC 2629 SERENITY CT CARROLLTON, TX 75010-4254 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 013627 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (972) 385-0006 Type: Parent Agency	Region 03 Date Licensed 10 NORTH TEXAS THERAPY & HOME CARE 17060 DALLAS PARKWAY, SUITE 105 DALLAS, TEXAS 75248 Fax (972) 385-0405 Administrator NICOLE SALDIVAR	0/11/2010	Owner Information THERAPY & HOME CARE, LLC 14160 N DALLAS PKWY SUITE 415 DALLAS, TX 75254 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 016996 Lic Expire 8/31/2024 Medicare 1: 747699 Medicare 2: Phone 972 7345900 Type: Parent Agency	Region 03 Date Licensed 08 NOURISH HOMEHEALTH AND THERAPY SERVI 17290 PRESTON ROAD SUITE 200G DALLAS, TX 75252 Fax 972 3251110 Administrator STANLY SIMON		Owner Information DALLAS COUNTY PHYSICIAN'S CHOICE HOMECARE, LLC 3332 MOSSWOOD DR. PLANO, TX 75074 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 006875 Lic Expire 2/28/2024 Medicare 1: 459465 HHA-18 Medicare 2: Phone (972) 994-9395 Type: Parent Agency		2/18/1999	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 DALLAS License # 016932 Lic Expire 7/31/2023 Medicare 1: 741666 HOSPICE Medicare 2: Phone (972) 994-9395 Type: Parent Agency		7/22/2015	Owner Information NOVEL HOSPICE CARE INC 7920 BELT LINE ROAD STE 255A DALLAS, TX 75254 PHONE: FAX: Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO

County DALLAS License # 013876 Lic Expire 8/31/2022 Medicare 1: 677929 HHA-18 Medicare 2: Phone (214) 340-5577 Type: Parent Agency	Region 03 Date Licensed 08/04/2010 NURSE CARE HOME HEALTH AGENCY 10925 ESTATE LANE STE 300 DALLAS, TX 75238 Fax (214) 340-5588 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 License # 019070 Lic Expire 11/7/2022 Medicare 1: Medicare 2: Phone (214) 682-9299	Region 03 Date Licensed 10/01/2019 NURSECALL HEALTH CARE SERVICES INC 777 S. CENTRAL EXPRESSWAY. SUITE 104 RICHARDSON, TEXAS 75080 Fax (972) 382-5999	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
Type: Parent Agency County DALLAS License # 010206 Lic Expire 12/31/2020 Medicare 1: 679575 HHA-18 Medicare 2: Phone (972) 481-1300 Type: Parent Agency	Administrator LILLIAN ODIACHI Region 03 Date Licensed 12/21/2005 NURSES HEALTHCARE INC 2665 VILLA CREEK DRIVE SUITE 246 FARMERS BRANCH, TX 75234 Fax (972) 481-1301 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 License # 012546 Lic Expire 1/31/2024 Medicare 1: 457968 HHA-18 Medicare 2: Phone (972) 296-2755	Region 03 Date Licensed 01/26/2009 NURSING CARE OF TEXAS 1113 LAON LANE DESOTO, TX 75115 Fax (469) 533-1616	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
Type: Parent Agency County DALLAS License # 016157 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (972) 349-6596 Type: Parent Agency	Administrator LOLA OWENS Region 03 Date Licensed 04/17/2014 OCCUPATIONAL HOME HEALTHCARE LLC 7929 BROOKRIVER DRIVE SUITE 180 DALLAS, TX 75247 Fax (972) 349-6595 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 License # 020090 Lic Expire 8/4/2022 Medicare 1: Medicare 2: Phone (972) 672-4236	Region 03 Date Licensed 08/04/2020 OHANA HOME HEALTH AND HOSPICE SERVICES, LLC 1229 E. PLEASANT RUN STE. 208 DESOTO, TEXAS 75115 Fax	Owner Information OHANA HOME HEALTH AND HOSPICE SERVICES, LLC PHONE: FAX: Services: Hospice; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 019550 Lic Expire 8/26/2021 Medicare 1: Medicare 2:	Administrator ESTAVION TROTTER Region 03 Date Licensed 08/26/2019 OLYMPUS HOME HEALTH INC 701 STATE HIGHWAY 352 STE A, #300 MESQUITE, TEXAS 75149	In-Patient Hospice: NO Owner Information OLYMPUS HOME HEALTH INC PHONE: FAX:
Phone (214) 263-7236 Type: Parent Agency	Fax Administrator JAISON KURUVILLA	Services: Licensed Home Health Services

County DALLAS License # 009026 Lic Expire 3/31/2023 Medicare 1: 679197 HHA-18 Medicare 2: Phone 972 445 0300 Type: Parent Agency	Region 03 Date Licensed 04/01/2 OMNI HOME HEALTH CARE 819 NORTH O CONNOR ROAD SUITE #101 IRVING, TX 75061 Fax 972 445 0301 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		10 Owner Information
License # 013736	Region 03 Date Licensed 12/01/2 ON TIME HOME HEALTH SERVICES	ON TIME HOME HEALTH SERVICES LLC
Lic Expire 11/30/2022	1350 E ARAPAHO RD, STE 230	
Medicare 1: 747841 HHA-18	RICHARDSON, TX 75081	-, - 75052
Medicare 2:		PHONE: FAX:
Phone (972) 352-2943	Fax (972) 352-2939	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator EDWIN BACUD	
County DALLAS	Region 03 Date Licensed 05/09/2	
License # 014790	ONE POINT HOSPICE	BEST CARE HOSPICE LLC
Lic Expire 5/31/2022	13140 COIT ROAD, SUITE 405	17826 DAVENPORT ROAD SUITE D DALLAS, TX 75252
Medicare 1: 741558 HOSPICE	DALLAS, TX 75240	
Medicare 2: Phone (972) 784-4066	Fax (972) 777-9895	PHONE: FAX:
Type: Parent Agency	Administrator JAMES HOLLOMAN	Services: Hospice In-Patient Hospice: NO
<u></u>		Owner Information
County DALLAS License # 012091	Region 03 Date Licensed 03/06/2 OPTIMAL HOME HEALTH INC	OPTIMAL HOME HEALTH INC
Lic Expire 3/31/2022	8344 EAST R L THORNTON FRWY SUITE 214	8344 EAST R L THRONTON STE 214
Medicare 1: 679548 HHA-18	DALLAS, TX 75228	DALLAS, TX 75228
Medicare 2:	Briefic, In 10220	PHONE: FAX:
Phone (214) 660-1055	Fax (214) 556-1374	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OSAZE EHIGIATOR	
County DALLAS	Region 03 Date Licensed 06/27/2	14 Owner Information
License # 016290	OPTIMUM BASE SERVICES INC	OPTIMUM BASE SERVICES, INC
Lic Expire 6/30/2022	10945 ESTATE LN STE E325	10945 ESTATE LANE STE E325
Medicare 1: 743177 HHA-18	DALLAS, TX 75238	DALLAS, TEXAS 75238
Medicare 2:	5 (0.41) 0.40 7000	PHONE: FAX:
Phone (214) 340-7900 Type: Parent Agency	Fax (214) 340-7902 Administrator IFEANYI ONYIA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Owner Information
County DALLAS	Region 03 Date Licensed 12/28/2	00 Owner Information OPTION CARE ENTERPRISES INC
License # 007713	OPTION CARE	PO BOX 377
Lic Expire 12/31/2023	6611 N BELTLINE RD SUITE 100	DEERFIELD, IL 60015
Medicare 1: Medicare 2:	IRVING, TX 75063	PHONE: FAX:
Phone (972) 536-7355	Fax (972) 536-9886	
Type: Parent Agency	Administrator DEBRA HOOPER	Services: Licensed Home Health Services
· · · · · · · · · · · · · · · · · · ·		Owner Information
County DALLAS License # 014646	Region 03 Date Licensed 02/21/2	12 OPTUM INFUSION SERVICES 500, INC
License # 014646 Lic Expire 2/28/2022	OPTUM INFUSION SERVICES 305, LLC	• •
Medicare 1:	8400 ESTERS BLVD. SUITE 185 IRVING, TX 75063	
		PHONE: FAX:
iviedicare 2:		
Medicare 2: Phone (844) 386-2474	Fax (844) 825-9644	Services: Licensed Home Health Services

County DALLAS License # 010776 Lic Expire 8/31/2021 Medicare 1: 457934 HHA-18 Medicare 2: Phone (972) 296-2000	Region 03 Date Licensed 08/31/2006 ORIENT HOME CARE SERVICES INC 606 ORIOLE BLVD SUITE 300 -07 DUNCANVILLE, TX 75116 Fax (972) 296-2001	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
Type: Parent Agency	Administrator ETHELBERT ODO	. 555.141 / 555.1415 555.1555
County DALLAS License # 016561 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (972) 639-3753	Region 03 Date Licensed 12/15/2014 ORYX PEDIATRIC HOME HEALTHCARE AGENCY LLC 2132 ORYX LANE GRAND PRAIRIE, TX 75052 Fax (972) 854-6215	Owner Information ORYX PEDIATRIC HOME HEALTHCARE AGENCY LLC 2132 ORYX LANE GRAND PRAIRIE, TX 75052-8807 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency	Administrator NORAH MOCHAMA	
County DALLAS License # 013011 Lic Expire 11/30/2021 Medicare 1: 673183 Medicare 2: Phone (469) 682-6340	Region 03 Date Licensed 11/19/2009 OSGOOD HOME CARE 2652 WINDSWEPT LANE MESQUITE, TX 75181 Fax (972) 798-8962	Owner Information OSGOOD HEALTHCARE SERVICES INC 2652 WINDSWEPT LANE MESQUITE, TX 75181 PHONE: FAX:
1 110110 (100) 002 00 10	1 44 (5.2) 100 0002	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 011578 Lic Expire 6/30/2021 Medicare 1: 459315 HHA-18	Administrator EMILIA OBODO Region 03 Date Licensed 06/06/2007 OUR HOME CARE INC 2636 WALNUT HILL LANE STE 265 DALLAS, TX 75229	Owner Information OUR HOME CARE INC 2636 WALNUT HILL LANE SUITE 201 DALLAS, TX 75229
Medicare 2: Phone (214) 350-4033	Fax (214) 350-4689	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator RICHARD NKWANWO	
County DALLAS License # 013140 Lic Expire 11/30/2021 Medicare 1: 747641 HHA-18 Medicare 2:	Region 03 Date Licensed 11/03/2009 OUR SAVIOUR HEALTHCARE SERVICES INC 9550 SKILLMAN ST SUITE 330 DALLAS, TX 75243	Owner Information OUR SAVIOUR HEALTHCARE SERVICES INC 7205 HIGH POINT DR SACHSE, TX 75048 PHONE: FAX:
Phone (214) 238-3220	Fax (214) 553-5649	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator GERTRUDE AKANNA	Personal Assistance Services
County DALLAS License # 012286 Lic Expire 7/31/2022 Medicare 1: 458288 HHA-18 Medicare 2: Phone (972) 293-3500	Region 03 Date Licensed 07/23/2008 OUTREACH MEDICAL HOME HEALTH AGENCY 200 BRYAN PLACE CEDAR HILL, TEXAS 75104 Fax (972) 293-3514	Owner Information KAY CARRINGTON 200 BRYAN PLACE CEDAR HILL, TEXAS 75104 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator KAY CARRINGTON	Personal Assistance Services
County DALLAS License # 020919 Lic Expire 6/26/2024 Medicare 1:	Region 03 Date Licensed 06/26/2021 P&G SERVICES INC 7007 RICHWOOD DR DALLAS, TEXAS 75237	Owner Information P&G SERVICES INC
Medicare 2: Phone (214) 232-4706	Fax (972) 224-6992	PHONE: FAX:
Type: Parent Agency	Administrator ALICE PAIGE	Services: Personal Assistance Services

County DALLAS License # 019319 Lic Expire 4/9/2023 Medicare 1: 971616 Medicare 2: Phone (469) 379-6438	Region 03 Date Licensed 04/09/2019 PARADISE HOSPICE CARE, INC 1100 BUSINESS PARKWAY STE 100 RICHARDSON, TX 75081 Fax (972) 848-0485	Owner Information PARADISE HOSPICE CARE INC PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator MOHAMMAD MASUD	In-Patient Hospice: NO
County DALLAS License # 019549 Lic Expire 8/26/2021 Medicare 1: Medicare 2: Phone (469) 740-4482 Type: Parent Agency	Region 03 Date Licensed 08/26/2019 PARAGON HEALTH CARE SERVICES INC 9254 FOREST LANE APT 501 DALLAS, TX 75243 Fax (972) 773-9771 Administrator CELESTINE ONONIWU	Owner Information PARAGON HEALTH CARE SERVICES INC 9254 FOREST LANE APT 501 DALLAS, TX 75243 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 020434 Lic Expire 1/6/2023 Medicare 1: Medicare 2: Phone (214) 718-2031 Type: Parent Agency	Region 03 Date Licensed 01/06/2021 PARK CITIES HEALTH SERVICES LLC 14114 DALLAS PARKWAY SUITE 460 DALLAS, TEXAS 75254 Fax (844) 929-1388 Administrator DAVID MUVEVI	Owner Information PARK CITIES HEALTH SERVICES LLC 14114 DALLAS PARKWAY SUITE 460 DALLAS, TX 75254 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 018244 Lic Expire 10/31/2022 Medicare 1: 747454 HHA-18 Medicare 2: Phone (469) 610-5471 Type: Parent Agency	Region 03 Date Licensed 10/28/2016 PARKER HEALTH CARE SERVICES INC 2305 OAK LANE SUITE 211 GRAND PRAIRIE, TX 75051 Fax 4696105475 9728728838 Administrator OLUWATOYIN OLUWASOLA	Owner Information PARKER HEALTH CARE SERVICES, INC 2305 OAK LANE STE 211 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 010373 Lic Expire 4/30/2022 Medicare 1: 679708 HHA-18 Medicare 2: Phone 214 2532654	Region 03 Date Licensed 04/03/2006 PASSION 05 HEALTH SERVICES INC 1140 EMPIRE CENTRAL SUITE 630 DALLAS, TX 75247 Fax 214 2532655	Owner Information PASSION 05 HEALTH SERVICES INC 8500 N STEMMONS FRWY SUITE 4025 DALLAS, TX 75247 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 010082 Lic Expire 10/31/2020 Medicare 1: 677923 HHA-18 Medicare 2: Phone (972) 234-1600 Type: Parent Agency	Administrator ALERO OKUNDIA Region 03 Date Licensed 10/27/2005 PASSIONATE CARE HOME HEALTH SERVICES INC 9696 SKILLMAN STREET SUITE 385 DALLAS, TX 75243 Fax (972) 234-1601 Administrator TONY AGUEBOR	Owner Information PASSIONATE CARE HOME HEALTH SERVICES INC 9696 SKILLMAN STREET SUITE 385 DALLAS, TX 75243 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 012820 Lic Expire 8/31/2023 Medicare 1: 747553 HHA-18 Medicare 2: Phone (972) 432-7878 Type: Parent Agency	Region 03 Date Licensed 08/27/2009 PASSIONATE HEALTHCARE SERVICES INC 1720 REGAL ROW SUITE 117 DALLAS, TX 75235 Fax (214) 905-0809 Administrator STELLA OMENIHU	Owner Information PASSIONATE HEALTHCARE SERVICES INC SAME DALLAS, TX 75235 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County DALLAS License # 015129 Lic Expire 6/30/2022 Medicare 1: 747253 HHA-18 Medicare 2: Phone (972) 222-7060	Region 03 Date Licensed 06/25/2012 PASSIONATE HOME HEALTH SERVICES INC 9550 SKILLMAN ST STE 310 DALLAS, TX 75243 Fax (972) 222-6577	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
Type: Parent Agency	Administrator OBY NEBE	
County DALLAS License # 012397 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (281) 364-9695 Type: Branch Agency	Region 06 Date Licensed 02/07/2014 PATHFINDER PEDIATRIC HOME CARE INC 15455 DALL PARKWAY, SUITE 600 DALLAS, TX 75001 Fax (281) 456-2479 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 License # 014786 Lic Expire 4/30/2022 Medicare 1: 743143 HHA-18 Medicare 2: Phone (972) 278-2200 Type: Parent Agency	Region 03 Date Licensed 04/10/2012 PATHWAY HOME HEALTH AGENCY INC 3960 BROADWAY BLVD SUITE 232 GARLAND, TX 75043 Fax (972) 278-2203 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 License # 016779 Lic Expire 12/31/2022 Medicare 1: 671758 HOSPICE Medicare 2: Phone (214) 377-9377	Region 03 Date Licensed 12/18/2014 PATHWAY HOSPICE LLC 1021 HAMPSHIRE LN RICHARDSON, TX 75080 Fax (214) 292-9604	Owner Information PATHWAY HOSPICE, LLC 4849 GREENVILLE AVENUE SUITE 235 DALLAS, TX 75206 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator ALECIA POWELL	
County DALLAS License # 018017 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (214) 991-5619 Type: Parent Agency	Region 03 Date Licensed 04/24/2017 PC HOME HEALTH 4030 PASSAGE WAY LANCASTER, TX 75146 Fax (469) 779-6112 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 License # 009229 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (972) 744-0133 Type: Parent Agency	Region 03 Date Licensed 08/03/2004 PEACE HOME HEALTH INC 1401 N. CENTRAL EXPRESSWAY SUITE 373 RICHARDSON, TX 75080 Fax (972) 234-4915 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 License # 021311 Lic Expire 1/6/2025 Medicare 1:	Region 03 Date Licensed 01/06/2022 PEACEFUL HOPE HOSPICE AND PALLIATIVE CARE LLC 621 AVE G DALLAS, TX 75203	Owner Information PEACEFUL HOPE HOSPICE AND PALLIATIVE CARE LLC
Medicare 2: Phone (214) 866-9270	Fax	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator PEACE ISHMAEL BOSIRE OKIENYA	In-Patient Hospice: NO

County DALLAS License # 012816 Lic Expire 5/31/2024 Medicare 1: 747004 HHA-18 Medicare 2: Phone (214) 321-7200 Type: Parent Agency	Region 03 Date Licensed PECULIAR CARE HOME HEALTH INC 3939 US HWY 80 STE 470A MESQUITE, TEXAS 75150 Fax (214) 321-7220 Administrator LILIAN NWANKWO	05/04/2009	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 License # 017262 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (469) 552-2689 Type: Parent Agency	Region 03 Date Licensed PEDIATRIC HOME HEALTHCARE LLC 18601 LBJ FREEWAY, SUITE 723 MESQUITE, TEXAS 75150 Fax (214) 272-3905 Administrator JULIE GOLIGHTLY	02/08/2016	Owner Information PEDATRIC HOME HEALTHCARE LLC 1341 W MOCKINGBIRD LN STE#900 DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 013674 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (972) 630-4810 Type: Parent Agency	Region 03 Date Licensed PEDIATRIC HOME HEALTHCARE LLC 1341 W MOCKINGBIRD LANE SUITE 245E DALLAS, TX 75247 Fax (214) 271-4590 Administrator JULIE GOLIGHTLY	10/25/2010	Owner Information PEDATRIC HOME HEALTHCARE LLC 1341 W MOCKINGBIRD LN STE#900 DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 020889 Lic Expire 7/9/2024 Medicare 1: Medicare 2: Phone (469) 206-0395 Type: Parent Agency	Region 03 Date Licensed PELEZA HOME HEALTHCARE LLC 10935 ESTATE LANE STE 119 DALLAS, TEXAS 75238 Fax Administrator SKYLA LANGSTON	07/09/2021	Owner Information PELEZA HOME HEALTHCARE LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 018021 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (214) 988-9288 Type: Branch Agency	Region 06 Date Licensed PERSONAL CARE HEALTH SERVICES 1075 W GRIFFIN SUITE 109 DALLAS, TEXAS 75215 Fax (315) 975-4864 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 License # 013988 Lic Expire 3/31/2023 Medicare 1: 747754 Medicare 2: Phone (972) 686-7602 Type: Parent Agency	Region 03 Date Licensed PHYSICIANS CHOICE HOMECARE 200 E. MAIN ST. MESQUITE, TX 75149 Fax (972) 686-7475 Administrator DELAUNTE CRAWFORD	03/29/2011	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 License # 013195 Lic Expire 3/31/2022 Medicare 1: 747537 Medicare 2: Phone (972) 686-7602 Type: Parent Agency	Region 03 Date Licensed PHYSICIAN'S CHOICE HOMECARE 200 E. MAIN STREET MESQUITE, TX 75149 Fax (972) 686-7475 Administrator DELAUNTE CRAWFORD	03/26/2010	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

County DALLAS	Region 03 Date Licensed 12/09/2004	Owner Information
License # 009451	PHYSICIAN'S CHOICE HOMECARE	DALLAS PHYSICIANS CHOICE HOMECARE LLC
Lic Expire 12/31/2023		200 E MAIN STREET
·	200 E MAIN STREET	MESQUITE, TX 75149
Medicare 1: 673182 HHA-18	MESQUITE, TX 75149	
Medicare 2:	F 070 0007475	PHONE: FAX:
Phone 972 6867602	Fax 972 6867475	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	Owner Information
License # 018272	PINNACLE HOME HEALTH CARE SERVICES	ELUZAY LLC
Lic Expire 7/31/2023	2302 GUTHRIE RD STE 140	2302 GUTHERIE ROAD
Medicare 1: 677839 HHA-18	GARLAND, TX 75043	GARLAND, TX 75043
Medicare 2:		PHONE: FAX:
Phone (214) 503-7400	Fax (214) 503-7460	
,	• •	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	Owner Information
License # 013018	PINNACLE SENIOR CARE	TRADITIONAL HOME HEALTH SERVICES, LLC DBA PINNACLE SENIOR CARE
Lic Expire 7/31/2023	4545 FULLER DRIVE SUITE 335	P O BOX 99278
Medicare 1: 678318 HHA-18	IRVING, TX 750386558	TROY, MI 48099-9278
Medicare 2:	,	PHONE: FAX:
Phone (972) 871-7500	Fax (972) 871-7504	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator C. BARBARA HENRY	Services. Licensed and Certified Home Health Services
	7.4	O
County DALLAS	Region 03 Date Licensed 10/25/2002	Owner Information
License # 008174	PLATINUM HEALTH SERVICES	CHRISTIANAH OKUNADE
Lic Expire 10/31/2022	2023 DEEPWOOD STREET	2023 DEEPWOOD
Medicare 1: 673108 HHA-18	MESQUITE, TX 75181	MESQUITE, TX 75181
Medicare 2:		PHONE: FAX:
Medicare 2: Phone (972) 982-0192	Fax (972) 784-5404	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone (972) 982-0192		
	Fax (972) 784-5404 Administrator CHRISTIANAH OKUNADE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone (972) 982-0192		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone (972) 982-0192 Type: Parent Agency	Administrator CHRISTIANAH OKUNADE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information PLATINUM HEALTHCARE, CORP
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information PLATINUM HEALTHCARE, CORP 1431 GREENWAY DRIVE SUITE 834 IRVING, TX 75038
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2:	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information PLATINUM HEALTHCARE, CORP 1431 GREENWAY DRIVE SUITE 834 IRVING, TX 75038 PHONE: FAX:
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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;
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2:	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information PLATINUM HEALTHCARE, CORP 1431 GREENWAY DRIVE SUITE 834 IRVING, TX 75038 PHONE: FAX:
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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;
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC 3025 TIMBER RIDGE LANE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1:	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information PLEASANT TRAIL HOMECARE, LLC
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1: Medicare 2:	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC 3025 TIMBER RIDGE LANE MESQUITE, TEXAS 75181	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1:	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC 3025 TIMBER RIDGE LANE MESQUITE, TEXAS 75181 Fax (214) 983-1149	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information PLEASANT TRAIL HOMECARE, LLC
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1: Medicare 2:	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC 3025 TIMBER RIDGE LANE MESQUITE, TEXAS 75181	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information PLEASANT TRAIL HOMECARE, LLC PHONE: FAX:
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1: Medicare 2: Phone (214) 785-6982 Type: Parent Agency	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC 3025 TIMBER RIDGE LANE MESQUITE, TEXAS 75181 Fax (214) 983-1149 Administrator VICTORIA AGUEBOR	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information PLEASANT TRAIL HOMECARE, LLC PHONE: FAX:
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1: Medicare 2: Phone (214) 785-6982 Type: Parent Agency County DALLAS	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC 3025 TIMBER RIDGE LANE MESQUITE, TEXAS 75181 Fax (214) 983-1149 Administrator VICTORIA AGUEBOR Region 03 Date Licensed 09/01/2017	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information PLEASANT TRAIL HOMECARE, LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1: Medicare 2: Phone (214) 785-6982 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1: Medicare 2: Phone (214) 785-6982 Type: Parent Agency County DALLAS License # 018291	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC 3025 TIMBER RIDGE LANE MESQUITE, TEXAS 75181 Fax (214) 983-1149 Administrator VICTORIA AGUEBOR Region 03 Date Licensed 09/01/2017 POPE HOME HEALTHCARE AGENCY	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information PLEASANT TRAIL HOMECARE, LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1: Medicare 2: Phone (214) 785-6982 Type: Parent Agency County DALLAS License # 018291 Lic Expire 8/31/2023	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC 3025 TIMBER RIDGE LANE MESQUITE, TEXAS 75181 Fax (214) 983-1149 Administrator VICTORIA AGUEBOR Region 03 Date Licensed 09/01/2017 POPE HOME HEALTHCARE AGENCY 2236 AREBA STREET SUITE B	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information PLEASANT TRAIL HOMECARE, LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information POPE HEALTHCARE INC
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1: Medicare 2: Phone (214) 785-6982 Type: Parent Agency County DALLAS License # 018291 Lic Expire 8/31/2023 Medicare 1:	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC 3025 TIMBER RIDGE LANE MESQUITE, TEXAS 75181 Fax (214) 983-1149 Administrator VICTORIA AGUEBOR Region 03 Date Licensed 09/01/2017 POPE HOME HEALTHCARE AGENCY	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information PLEASANT TRAIL HOMECARE, LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information POPE HEALTHCARE INC P O BOX 4089 DALLAS, TX 75208
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1: Medicare 2: Phone (214) 785-6982 Type: Parent Agency County DALLAS License # 018291 Lic Expire 8/31/2023 Medicare 1: Medicare 1: Medicare 2:	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC 3025 TIMBER RIDGE LANE MESQUITE, TEXAS 75181 Fax (214) 983-1149 Administrator VICTORIA AGUEBOR Region 03 Date Licensed 09/01/2017 POPE HOME HEALTHCARE AGENCY 2236 AREBA STREET SUITE B DALLAS, TX 75203	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information PLEASANT TRAIL HOMECARE, LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information POPE HEALTHCARE INC P O BOX 4089 DALLAS, TX 75208 PHONE: FAX:
Phone (972) 982-0192 Type: Parent Agency County DALLAS License # 017200 Lic Expire 9/30/2023 Medicare 1: 453199 HHA-18 Medicare 2: Phone (972) 378-9700 Type: Parent Agency County DALLAS License # 020731 Lic Expire 5/4/2024 Medicare 1: Medicare 2: Phone (214) 785-6982 Type: Parent Agency County DALLAS License # 018291 Lic Expire 8/31/2023 Medicare 1:	Administrator CHRISTIANAH OKUNADE Region 03 Date Licensed 09/03/2015 PLATINUM HEALTHCARE CORP 15950 N. DALLAS PKWY, SUITE 456 DALLAS, TX 75248 Fax (972) 870-4454 Administrator RAMI ALMUHTADI Region 03 Date Licensed 05/04/2021 PLEASANT TRAIL HOMECARE LLC 3025 TIMBER RIDGE LANE MESQUITE, TEXAS 75181 Fax (214) 983-1149 Administrator VICTORIA AGUEBOR Region 03 Date Licensed 09/01/2017 POPE HOME HEALTHCARE AGENCY 2236 AREBA STREET SUITE B	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information PLEASANT TRAIL HOMECARE, LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information POPE HEALTHCARE INC P O BOX 4089 DALLAS, TX 75208

County DALLAS License # 018626	Region 03 Date Licensed 02/20/2018 POWER HOME HEALTH LLC	Owner Information POWER HOME HEALTH LLC
Lic Expire 2/28/2022	4101 MCEWEN RD, STE 527	442 W. NORTHGATE DRIVE
Medicare 1:	DALLAS, TEXAS 75244	IRVING, TX 75062
Medicare 2:	Fav. (044) 937 4004	PHONE: FAX:
Phone (214) 242-0530	Fax (214) 237-4994	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator EVELIN HERNANDEZ	
County DALLAS	Region 03 Date Licensed 06/03/2008	Owner Information FORTUNE EZEOHA AND LINDA EZEOHA
License # 012049	PRAISE HOME HEALTH AGENCY	1206 BAYSIDE DR
Lic Expire 6/30/2022 Medicare 1: 747322	310 PARKER DR GARLAND, TX 75040	WYLIE, TX 75098
Medicare 2:	GARLAND, TA 13040	PHONE: FAX:
Phone (214) 694-6940	Fax (972) 202-6633	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FORTUNE EZEOHA	
County DALLAS	Region 03 Date Licensed 02/25/2021	Owner Information
License # 020549	PRAYFUL HOSPICE LLC	PRAYFUL HOSPICE LLC
Lic Expire 2/25/2024	2735 VILLA CREEK DR. STE 130P	
Medicare 1:	DALLAS, TEXAS 752347454	
Medicare 2: Phone 1 972 6661172	Fax 1 214 3076023	PHONE: FAX:
FIIOTIC 1 972 0001172	1 ax 1 2 14 30 7 0023	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VARGHESE ZACHARIA	in allow respective
County DALLAS	Region 03 Date Licensed 03/14/1997	Owner Information
License # 005944	PRECIOUS CARE HOME HEALTH INC	PRECIOUS CARE HOME HEALTH, INC
Lic Expire 3/31/2024	811 SOUTH CENTRAL EXPRESSWAY STE 304	811 SO CENTRAL EXPRESSWAY SUITE 304
Medicare 1: 678032	RICHARDSON, TX 75080	RICHARDSON, TX 75080
Medicare 2:		PHONE: FAX:
Phone (972) 680-0096	Fax (972) 680-8318	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ONYEBUCHI ACHO	
County DALLAS	Region 03 Date Licensed 01/24/2008	Owner Information
License # 011914	PRECIOUS HOME HEALTH CARE INC	PRECIOUS HOME HEALTH CARE INC 3435 HIGHLAND DR. SUITE 200
Lic Expire 1/31/2023	3435 HIGHLAND DR SUITE 200	DALLAS, TEXAS 75228
Medicare 1: 457969 HHA-18 Medicare 2:	DALLAS, TX 75228	PHONE: FAX:
Phone (972) 686-4209	Fax (972) 686-3825	
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	PRECISE PERSONALIZED CARE HOSPICE LLC
Lic Expire 12/31/2023	6009 BELTLINE RD. SUITE 240	777 S CENTRAL EXPWY SUITE 1- Z
Medicare 1: 741679 HOSPICE	DALLAS, TX 75254	RICHARDSON, TX 75080
Medicare 2:	Face (400) 204 FC24	PHONE: FAX:
Phone (469) 324-5650	Fax (469) 324-5634	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VERNON MORRISON	ятт авактюэров. по
County DALLAS	Region 03 Date Licensed 12/10/2004	Owner Information
License # 009454	PRECISION HOME HEALTH CARE	NEW STAR REALTY INC
Lic Expire 12/31/2022	2307 OAK LANE # 116	1532 DREXEL DRIVE
Medicare 1: 457911 HHA-18	GRAND PRAIRIE, TX 75051	IRVING, TX 75061
Medicare 2:	Fav. (072) 642 1211	PHONE: FAX:
Phone (972) 642-0181	Fax (972) 642-1211	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Tunes Devent Assess	Administrator CDACE OMOLO IA	

Administrator

GRACE OMOLOJA

County DALLAS	Region 03 Date Licensed 06/13/2019	Owner Information
License # 019420	PREFERRED HOME HEALTH CARE AGENCY	HAZZEL RUVIMBO TAGUTA
		319 CRIPPLE CREEK DR
Lic Expire 6/13/2021	9722 SKILLMAN STREET	CELINA, TX 75009
Medicare 1: Medicare 2:	DALLAS, TEXAS 75243	PHONE: FAX:
Phone (936) 442-8283	Fax (682) 223-9349	Comitions Boundard Assistance Comition
Type: Parent Agency	Administrator HAZZEL TAGUTA	Services: Personal Assistance Services
- I dient Agency	Administrator FIAZZEE FAGOTA	
County DALLAS	Region 03 Date Licensed 02/29/2012	Owner Information
License # 014671	PREMA HOME CARE AGENCY	PREMA HOME CARE AGENCY INC
Lic Expire 2/28/2022	9550 FOREST LANE SUITE 200	9550 FOREST LANE SUITE 478
Medicare 1:	DALLAS, TEXAS 75243	DALLAS, TEXAS 75243
Medicare 2:	57.65 (6, 167.06 102.16	PHONE: FAX:
Phone (214) 440-8698	Fax (972) 412-8901	
		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PRECIOUS ANYANWU	
County DALLAS	Region 03 Date Licensed 11/30/2021	Owner Information
License # 021237	PREMIER CHOICE HEALTHCARE SERVICES LLC	PREMIER CHOICE HEALTHCARE SERVICES LLC
Lic Expire 11/30/2024	4355 N GARLAND AVE APT 3220	
Medicare 1:	GARLAND, TX 750408527	
Medicare 1:	GANLAND, 17 130400321	PHONE: FAX:
Phone (405) 370-3501	Fax	
		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator THEODORE NCHAKO NGAKWI	
County DALLAS	Region 03 Date Licensed 12/16/2015	Owner Information
License # 017183	PREMIER CHOICE HOME HEALTH CARE	YTB ENTERPRISE, LLC
Lic Expire 12/31/2023	610 UPTOWN BLVD STE 2000	PO BOX 383144
Medicare 1:		DUNCANVILLE, TX 75138
	CEDAR HILL, TX 75104	PHONE: FAX:
Medicare 2:	F (070) 000 0000	PHONE. PAX.
Phone (214) 702-9513	Fax (972) 803-8086	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PATRICIA HERNANDEZ	
County DALLAS	Region 03 Date Licensed 02/27/2020	Owner Information
License # 019843	PREMIER FAMILY SERVICES, LLC	PREMIER FAMILY SERVICES, LLC
		9506 LINKS FAIRWAY DR
Lic Expire 2/27/2022	9506 LINKS FAIRWAY DR	ROWLETT, TEXAS 75089
Medicare 1:	ROWLETT, TEXAS 75089	
Medicare 2:		PHONE: FAX:
Phone (469) 274-9860	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator BERNARD MARFO	
County DALLAS	Region 03 Date Licensed 02/27/2014	Owner Information
License # 016444	PREMIERE HOME HEALTH SERVICES	PREMIERE PLUS HOME HEALTH SERVICES INC
		8262 ABRAMS ROAD
Lic Expire 11/30/2022	8262 ABRAMS RD	DALLAS, TX 75231
Medicare 1: 743152 HHA-18	DALLAS, TX 75231	
Medicare 2:		PHONE: FAX:
Phone (214) 741-6191	Fax (214) 741-6192	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JERRY FREENY	
County DALLAS	Region 03 Date Licensed 04/27/2021	Owner Information
,	•	PRESTIGIOUS HEALTH SERVICES LLC
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: FAX:
Phone (903) 337-6055	Fax	Services: Personal Assistance Services

Administrator

BRANDY JONES

County DALLAS License # 015866 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (972) 349-1313 Type: Parent Agency	Region 03 Date Licensed 11/12/20 PRESTON WOOD PEDIATRICS LLC 320 W BELT LINE ROAD SUITE 403 CEDAR HILL, TX 75104 Fax (888) 371-6987 Administrator WURNEICE CUINGTON	Owner Information PRESTON WOOD PEDIATRICS LLC 318 W BELT LINE ROAD STE 303 CEDAR HILL, TX 75104 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 015044 Lic Expire 5/31/2022 Medicare 1: 747650 HHA-18 Medicare 2: Phone (469) 757-4217	Region 03 Date Licensed 05/24/20 PRESTONWOOD HOME HEALTHCARE LLC 134 EAST CHURCH STREET GRAND PRAIRIE, TX 75050 Fax (972) 745-2390	One Information PRESTONWOOD HOME HEALTHCARE LLC 134 EAST CHURCH STREET GRAND PRAIRIE, TX 75050 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 020511 Lic Expire 2/5/2024 Medicare 1: Medicare 2: Phone 972 9307999	Administrator CELESTINA OGBOLUGO Region 03 Date Licensed 02/05/20 PRESTONWOOD HOSPICE, LLC 16910 DALLAS PKWY SUITE 210 DALLAS, TEXAS 752481934 Fax 972 9307966	PRESTONWOOD HOSPICE, LLC PHONE: FAX: Services: Hospice
Type: Parent Agency County DALLAS License # 016865 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone (214) 570-7655	Administrator SHLIEA TABBYTITE Region 03 Date Licensed 06/17/20 PRILEO HOME CARE 9535 FOREST LANE, SUITE #209 DALLAS, TX 75243 Fax (214) 570-7654	In-Patient Hospice: NO Owner Information PRILEO HOME CARE TX LLC 8883 W. FLAMINGO ROAD, SUITE 103 LAS VEGAS, NV 89147 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County DALLAS License # 018325 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (214) 560-8247 Type: Parent Agency	Administrator CAROLIN LEONG Region 03 Date Licensed 09/15/20 PRIMECARE LINK SERVICES LLC 713 GATEWOOD ROAD STE D GARLAND, TX 75043 Fax (214) 343-8554 Administrator SAMUEL MATHAI	Owner Information
County DALLAS License # 008343 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (214) 691-4411 Type: Branch Agency	Region 03 Date Licensed 03/30/20 PROFESSIONAL CARETAKERS INC 6350 LBJ FREEWAY, SUITE 250 DALLAS, TX 75240 Fax (214) 691-2394 Administrator HOWARD PETERSEN	Owner Information PROFESSIONAL CARETAKERS, INC PO BOX 34659 FORT WORTH, TX 76162 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 007880 Lic Expire 12/31/2022 Medicare 1: 459430 HHA-18 Medicare 2: Phone (972) 918-0700	Region 03 Date Licensed 01/01/20 PROFESSIONAL HEALTHCARE SERVICES 811 SOUTH CENTRAL EXPRESSWAY SUITE 515 RICHARDSON, TX 75080 Fax (972) 918-0702	Owner Information METROPRO HEALTHCARE SERVICES INC 811 SOUTH CENTRAL EXPRESSWAY RICHARDSON, TEXAS 75080 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Administrator IKE ANUWE

County DALLAS License # 014401 Lic Expire 6/30/2023 Medicare 1: 457875 HHA-18 Medicare 2: Phone (972) 264-1043 Type: Parent Agency	Region 03 Date Licensed 06/10/2011 PROFICIENT HOME HEALTH CARE SERVICES INC 2305 OAK LN STE 225 GRAND PRAIRIE, TX 75051 Fax (972) 642-5071 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 License # 020286 Lic Expire 11/4/2022 Medicare 1:	Region 03 Date Licensed 11/04/2020 PROLINE121 LLC 3702 DANDRIDGE CIR GARLAND, TEXAS 75040	Owner Information PROLINE121 LLC
Medicare 2: Phone (469) 337-7622 Type: Parent Agency	Fax Administrator PEECEE CHARUMA	PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 009767 Lic Expire 5/31/2022 Medicare 1: 677805 HHA-18 Medicare 2: Phone (214) 267-1985 Type: Parent Agency	Region 03 Date Licensed 05/19/2005 PROLINK HOME HEALTH CORPORATION 8500 NORTH STEMMONS FREEWAY SUITE 3051 DALLAS, TX 75247 Fax (214) 267-1983 Administrator JOEL MATHEW	Owner Information PROLINK HOME HEALTH CORPORATION 8500 NORTH STEMMONS FREEWAY SUITE 3000 DALLAS, 75247 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 008811 Lic Expire 12/31/2023 Medicare 1: 453127 HHA-18 Medicare 2: Phone (972) 602-0028	Region 03 Date Licensed 12/16/2003 PROMED HOME HEALTH CARE LLC 12660 COIT ROAD STE 200 DALLAS, TX 75251 Fax (972) 641-1614	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
Type: Parent Agency	Administrator LALANII JONES	Owner Information
County DALLAS License # 011074 Lic Expire 2/28/2024 Medicare 1: 747041 HHA-18 Medicare 2: Phone (972) 603-6939	Region 03 Date Licensed 02/16/2007 PROMISE HOMEHEALTH INC 10114 EKUKPE DRIVE DALLAS, TX 75217 Fax (469) 930-8897	PROMISE HOMEHEALTH INC 3216 SILVER CREEK DR. MESQUITE, TX 75217 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator RAPHAEL ONYEDINMA	<u> </u>
County DALLAS License # 014239 Lic Expire 7/31/2021 Medicare 1:	Region 03 Date Licensed 07/29/2011 PROVIDENCE PERSONAL ASSISTANCE SERVICES INC 1349 EMPIRE CENTRAL DRIVE #640 DALLAS, TX 75247	Owner Information PROVIDENCE PERSONAL ASSISTANCE SERVICES INC P.O. BOX 182526 ARLINGTON, TX 76096
Medicare 2: Phone (469) 893-9616 Type: Parent Agency	Fax (214) 256-3028 Administrator FRANCIS DEKU	PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 018164 Lic Expire 4/30/2024 Medicare 1: 453177 HHA-18 Medicare 2: Phone (214) 965-0431	Region 03 Date Licensed 04/17/2017 PROVISTA HEALTHCARE 4849 GREENVILLE AVE STE 1124 DALLAS, TX 75206	Owner Information TRC HOME HEALTH SERVICES LLC 4849 GREENVILLE AVE SUITE 1124 DALLAS, TX 75206 PHONE: FAX:
Phone (214) 965-0431 Type: Parent Agency	Fax (214) 965-0434 Administrator BEATRIZ PUENTE	Services: Licensed and Certified Home Health Services

County DALLAS License # 016914 Lic Expire 7/31/2024 Medicare 1: 741625 HOSPICE Medicare 2: Phone (214) 965-0431 Type: Parent Agency	Region 03 Date Licensed 07/15/2015 PROVISTA HOSPICE 4849 GREENVILLE AVENUE STE 1125 DALLAS, TX 75206 Fax (214) 965-0434 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 License # 014107 Lic Expire 5/31/2023	Region 03 Date Licensed 05/17/2011 PROXIMAL HOME HEALTHCARE INC 8111 LBJ FREEWAY, SUITE 1365B	Owner Information PROXIMAL HOME HEALTHCARE INC 8111 LBJ FREEWAY STE 1365B
Medicare 1: 747805	DALLAS, TEXAS 75251	MCKINNEY, TX 75251
Medicare 2: Phone (214) 253-2558	Fax (214) 253-2559	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OLUFEMI OHOME	
County DALLAS	Region 03 Date Licensed 10/23/2007	Owner Information PRUDENT CHOICE HOMECARE SERVICE INC
License # 011653	PRUDENT CHOICE HOMECARE SERVICE INC	2304 OAK LANE SUITE 221
Lic Expire 10/31/2021	2304 OAK LANE SUITE # 221	GRAND PRAIRIE, TX 75051
Medicare 1: 747433 Medicare 2:	GRAND PRAIRIE, TX 75051	PHONE: FAX:
Phone (972) 237-1000	Fax (972) 237-1003	
Type: Parent Agency	Administrator OLAWOLE SOYEBO	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS	Region 03 Date Licensed 07/11/2016	Owner Information
License # 017735	PRUDENT HEALTHCARE AGENCY	THE PRUDENT HEALTHCARE AGENCY INC
Lic Expire 7/31/2022	2100 NORTH HIGHWAY 360 SUITE 207B	2100 N SATE HWY 360 SUITE 207B
Medicare 1: 747352 HHA-18	GRAND PRAIRIE, TX 75050	GRAND PRAIRIE, TX 75050
Medicare 2:		PHONE: FAX:
Phone (469) 999-0861	Fax (469) 999-0860	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MONDDE IYAMAH	
County DALLAS License # 017751 Lic Expire 9/30/2020 Medicare 1: 747809 HHA-18	Region 03 Date Licensed 09/07/2016 PURITY HOME HEALTHCARE INC 801 E. PLANO PARKWAY, SUITE 140, RM 104 PLANO, TEXAS 75470	Owner Information PURITY HOME HEALTH CARE INC 301 W SAMRAYBURN DRIVE SUITE A BONHAM, TEXAS 75418
Medicare 2:		PHONE: FAX:
Phone (903) 583-7040	Fax (903) 486-6115	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 019601 Lic Expire 9/17/2021 Medicare 1: Medicare 2: Phone (972) 743-7689 Type: Parent Agency	Administrator VALSAMMA THOMAS Region 03 Date Licensed 09/17/2019 Q & A PERSONAL CARE SERVICES LLC 1615 OSPREY DR SUITE 103 DESOTO, TEXAS 75115 Fax (972) 373-4557 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 License # 011719 Lic Expire 12/31/2023 Medicare 1: 747140 Medicare 2:	Region 03 Date Licensed 12/03/2007 QUALITY BASED HOME HEALTH LLC 1221 ABRAMS RD STE 120 RICHARDSON, TX 75081	Owner Information QUALITY BASED HOME HEALTH, LLC 513 LANCASHIRE DRIVE FLOWER MOUND, TX 75028 PHONE: FAX:
Phone (972) 744-9719 Type: Parent Agency	Fax (972) 744-9751 Administrator STELLA ALUKO	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
- I arent Agency	AMINIMORADO OTELEA ALONO	

County DALLAS License # 018239 Lic Expire 7/31/2023 Medicare 1: 741519 HOSPICE Medicare 2: Phone (972) 681-1000	Region 03 Date Licensed 07/15/2017 QUALITY CARE HOSPICE INC 3635 US HWY 80 E MESQUITE, TX 75150 Fax (972) 289-1002	Owner Information QUALITY CARE HOSPICE INC 3635 US HWY 80E MESQUITE, TX 75150 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator DARLENE TITUS	In-Patient Hospice: NO
County DALLAS License # 016058 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (469) 248-2231 Type: Parent Agency	Region 03 Date Licensed 12/31/2013 QUALITY CARE NURSING HOME HEALTH LLC 2655 VILLA CREEK SUITE #235 FARMERS BRANCH, TX 75234 Fax (972) 354-4583 Administrator ANGELA WESTFALL	Owner Information QUALITY CARE NURSING HOME HEALTH, LLC 2655 VILLA CREEK PKWY#235 FARMERS BRANCH, TX 75234 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 012548 Lic Expire 4/30/2023 Medicare 1: 747471 Medicare 2: Phone (214) 718-0308	Region 03 Date Licensed 04/16/2009 QUALITY CONCEPT INC 11551 FOREST CENTRAL DRIVE SUITE 116 DALLAS, TX 75243 Fax (214) 348-7601	Owner Information QUALITY CONCEPT INC 2043 YUKON COURT ALLEN, TEXAS 75013 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 020811 Lic Expire 6/4/2024 Medicare 1: Medicare 2: Phone (469) 715-8242	Administrator PETRONILLA UDUMAEZE Region 04 Date Licensed 06/04/2021 RAPHA HOMECARE SERVICES INC 10935 ESTATE LN. STE 435 DALLAS, TEXAS 75238 Fax	Owner Information RAPHA HOMECARE SERVICES INC 2344 JULIA LANE FORNEY, TEXAS 75126 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 019043 Lic Expire 10/31/2022 Medicare 1: Medicare 2:	Administrator OMOLOLA PASEDA Region 03 Date Licensed 10/31/2020 RAPHA NOVA HOME HEALTHCARE 4141 HORIZON NORTH PARKWAY APT 721 DALLAS, TX 75287	Owner Information RAPHA NOVA HOME HEALTHCARE LLC PHONE: FAX:
Phone (469) 777-1718 Type: Parent Agency	Fax (469) 777-1718 Administrator CLARENCE CHE	Services: Personal Assistance Services
County DALLAS License # 014259 Lic Expire 3/31/2023 Medicare 1:	Region 03 Date Licensed 04/01/2011 REAL LIFE REHAB 909 N WASHINGTON AVE DALLAS, TX 75246	Owner Information BIR JV LLP 4714 GETTYSBURG RD MECHANICSBURG', PA 17055
Medicare 2: Phone (214) 820-9539 Type: Parent Agency	Fax (717) 635-4915 Administrator KATHRYN SCHOPFER	PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 011327 Lic Expire 5/31/2022 Medicare 1: 747133 HHA-18 Medicare 2: Phone (469) 547-1980	Region 03 Date Licensed 05/11/2007 REGENCY HOME HEALTHCARE 3939 EAST US HWY 80 SUITE # 273 MESQUITE, TX 75150 Fax (469) 547-1982	Owner Information REGENCY PROVIDER SERVICES INC 3939 EAST US HWY 80 SUITE # 273 MESQUITE, TX 75150 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator EZIAKU OLIVER	Gervices. Licensed and Certinied Fronte Freath Services, Personal Assistance Services

County DALLAS License # 013455 Lic Expire 7/31/2022	Region 03 Date Licensed 07/13/2010 REJOICE HEALTH LLC	Owner Information REJOICE HEALTH LLC 1218 LUNA LANE
Lic Expire 7/31/2022 Medicare 1: 747637 HHA-18	2611 N BELT LINE RD SUITE 207 SUNNYVALE, TX 75182	GARLAND, TX 75044-5231
Medicare 2:	Fac. (077) 540 7470	PHONE: FAX:
Phone (972) 590-8891	Fax (877) 519-7473	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SIMON NELSON	
County DALLAS	Region 03 Date Licensed 05/15/2014	Owner Information REJOICE HOSPICE INC
License # 016212	REJOICE HOSPICE INC	1218 LUNA LANE
Lic Expire 5/31/2022	899 PRESIDENTIAL DRIVE, SUITE 112	GARLAND, TX 75044-5231
Medicare 1: 741577 HOSPICE Medicare 2:	RICHARDSON, TX 75081	PHONE: FAX:
Phone (972) 234-1648	Fax (972) 234-1657	
, ,		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TOMY VENGALIL	
County DALLAS	Region 03 Date Licensed 04/01/2021	Owner Information
License # 020664	RELEVANT CARE HOME HEALTH AGENCY LLC	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	PHONE: FAX:
	Administrator SHEIRA NCUBE	Services: Personal Assistance Services
Type: Parent Agency	Administrator Sperka NCODE	O
County DALLAS	Region 03 Date Licensed 10/16/2002	Owner Information RELIABLE GROUP INC
License # 008154	RELIABLE HOME HEALTH CARE SERVICES	409 E CENTERVILLE RD, SUITE #B
Lic Expire 10/31/2022 Medicare 1: 679251 HHA-18	409 EAST CENTERVILLE RD SUITE B GARLAND, TX 75041	GARLAND, TX 75041
Medicare 2:	SARCHAD, IX 70041	PHONE: FAX:
Phone (214) 703-9423	Fax (214) 703-0893	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator KUMAR AGRAWAL	
County DALLAS License # 018474	Region 03 Date Licensed RELIANT AT HOME HOSPICE	Owner Information BLUE HAVEN HOSPICE LLC
Lic Expire 8/31/2024 Medicare 1:	2601 GUS THOMASSON ROAD, SUITE 300A MESQUITE, TEXAS 75150	1101 RAINTREE CIRCLE, SUITE #130 ALLEN, TX 75013
Medicare 2:	MEGGGITE, 1274 10 70100	PHONE: FAX:
Phone (214) 867-8040	Fax (214) 667-8045	Services: Hospice Alternative Delivery Site (ADS)
T		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator ANGELA HAMMONS	
County DALLAS	Region 03 Date Licensed 05/01/2007	Owner Information
License # 011296	RELIANT HEALTHCARE SERVICES	RELIANT FIRST HEALTHCARE SERVICES INC 811 S CENTRAL EXPRESS WAY STE 518
Lic Expire 4/30/2021 Medicare 1: 747323 HHA-18	811 SOUTH CENTRAL EXPRESSWAY SUITE 518 RICHARDSON, TX 75080	RICHARDSON, TX 75080
Medicare 2:	,	PHONE: FAX:
Phone (972) 479-1500	Fax (972) 479-1501	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Times D. J.A.	Administrator DIFUDONNE COMO	Personal Assistance Services
Type: Parent Agency	Administrator DIEUDONNE SOMO	
County DALLAS	Region 03 Date Licensed 01/30/2015	Owner Information
License # 016728	RELIANT HOME HEALTH CARE	FAB 4 ALLIANCE LLC 1120 N GALLOWAY AVENUE
Lic Expire 1/31/2023	1120 N GALLOWAY AVENUE	
Medicare 1: 743151	MECOLUTE TV 75140	MESQUITE, TX 75149-2436
Medicare 2:	MESQUITE, TX 75149	MESQUITE, TX 75149-2436 PHONE: FAX:
Medicare 2: Phone (972) 288-3800	MESQUITE, TX 75149 Fax (972) 288-3802	MESQUITE, TX 75149-2436 PHONE: FAX: Services: Licensed and Certified Home Health Services

County DALLAS License # 018876 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (972) 544-7124	Region 03 Date Licensed 08/08/2018 RELIANTCARE HOSPICE 929 W PIONEER PKWY, SUITE A GRAND PRAIRIE, TEXAS 75051 Fax (972) 646-8085	Owner Information Z & B HEALTHCARE INC 6951 SEASCAPE DRV GRAND PRAIRIE, TX 75054 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator DR. ELVIS NGYIA	
County DALLAS License # 012068 Lic Expire 6/30/2021 Medicare 1: 747415 HHA-18 Medicare 2: Phone (469) 298-0114	Region 03 Date Licensed 06/23/2008 RELIEF HOME HEALTHCARE SERVICES INC 10098 ROYAL LANE DALLAS, TX 75238 Fax (469) 298-0499	Owner Information RELIEF HOME HEALTHCARE SERVICES INC 10098 ROYAL LANE DALLAS, TX 75238 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MERCY MCKNIGHT	
County DALLAS License # 017756 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (214) 607-9059 Type: Parent Agency	Region 03 Date Licensed 04/11/2016 REMEDY HOME HEALTH AGENCY INC 7814 BORDEAUX LN ROWLETT, TX 75089 Fax (214) 607-1258 Administrator HUMPHREY AMAECHI	Owner Information REMEDY HOME HEALTH AGENCY INC SAME DALLAS, TX 75243 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 020993 Lic Expire 8/20/2024 Medicare 1:	Region 03 Date Licensed 08/20/2021 REVIVE WHOLE LIFE SOLUTIONS LLC 8035 EAST R.L. THORNTON FREEWAY STE 500 DALLAS, TEXAS 75228	Owner Information REVIVE WHOLE LIFE SOLUTIONS LLC 2524 KIRKLEY STREET DALLAS, TX 75241
Medicare 2: Phone (214) 600-6060 Type: Parent Agency	Fax (214) 278-0751 Administrator CARRIE MONROE	PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 016609 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (832) 881-2800 Type: Parent Agency	Region 03 Date Licensed 01/20/2015 RIG PERSONAL CARE SERVICES 623 MERCURY AVENUE DUNCANVILLE, TX 75137 Fax (469) 868-6399 Administrator DANIEL ANOZIE	Owner Information ROYAL INVESTMENT GROUP LLC 1144 WISHING WELL COURT CEDAR HILL, TX 75104 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 010558 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (214) 340-9900 Type: Parent Agency	Region 03 Date Licensed 06/20/2006 RIGHT AT HOME 9330 LBJ FREEWAY, SUITE 1125 DALLAS, TX 75243 Fax (214) 340-9901 Administrator HARLEY COHEN	Owner Information HARMEL & CAR, INC 11551 FOREST CENTRAL DRIVE SUITE 116 DALLAS, TX 75243 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 018114 Lic Expire 1/13/2020 Medicare 1: Medicare 2: Phone (214) 859-0269 Type: Parent Agency	Region 03 Date Licensed 06/20/2017 RIGHT TIME HEALTHCARE INC 9304 FOREST LANE STE 219 DALLAS, TX 75243 Fax (214) 570-1753 Administrator AMECHI GODSON	Owner Information RIGHT TIME HEALTHCARE INC 9304 FOREST LANE STE 219 DALLAS, TX 75243 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services; Hospice In-Patient Hospice: NO

County DALLAS License # 019056 Lic Expire 9/14/2022 Medicare 1: Medicare 2: Phone (682) 772-0900 Type: Parent Agency	Region 03 Date Licensed 09/14/2018 RIVER'S EDGE HOMECARE LLC 1910 PACIFIC AVE STE 6047 DALLAS, TX 75201 Fax (682) 228-5838 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 License # 012625 Lic Expire 5/31/2024 Medicare 1: 747629 HHA-18 Medicare 2: Phone (972) 285-7977 Type: Parent Agency	Region 03 Date Licensed 05/26/2009 RO PRIORITY HOME HEALTH AGENCY INC 2930 COUNTRY CIRCLE MESQUITE, TX 75181 Fax (972) 329-6848 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 License # 014341 Lic Expire 5/31/2023 Medicare 1: 459468 HHA-18 Medicare 2: Phone (972) 840-2222 Type: Parent Agency	Region 03 Date Licensed 05/26/2011 ROCK OF AGES HOME HEALTH CARE INC 346 OAKS TRAIL #205 GARLAND, TX 75043 Fax (972) 840-3311 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 License # 020068 Lic Expire 7/22/2022 Medicare 1: Medicare 2: Phone (786) 859-9052	Region 03 Date Licensed 07/22/2020 ROCKLIO HOLDINGS LLC DBA COMFORT KEEPERS 3740 N. JOSEY LANE SUITE 237 CARROLLTON, TEXAS 75007 Fax Administrator MARK MILLER	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County DALLAS License # 013528 Lic Expire 8/31/2020 Medicare 1: Medicare 2: Phone (469) 703-5101 Type: Parent Agency	Region 03 Date Licensed 08/11/2010 ROG HOME HEALTH SERVICES LLC 6340 ASHFORD TRAIL MESQUITE, TX 75181 Fax (972) 692-7086 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 License # 008065 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (972) 613-2773 Type: Branch Agency	Region 05 Date Licensed 10/27/2005 ROSY IN HOME SERVICES INC 5115 N GALLOWAY AVE SUITE 204 B MESQUITE, TX 75150 Fax (972) 354-7976 Administrator ROSEMARY UZUH	Owner Information ROSY IN HOME SERVICES INC SAME AUSTIN, TX 78722 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County DALLAS License # 013673 Lic Expire 10/31/2022 Medicare 1: 747706 HHA-18 Medicare 2: Phone (214) 529-6820	Region 03 Date Licensed 10/22/2010 ROSYRAY HOME CARE SERVICES INC 2121 W AIRPORT FWY #320 IRVING, TX 75062 Fax (972) 584-9292	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

Administrator

RAYMOND ONYEKWERE

County DALLAS License # 021343 Lic Expire 1/21/2025 Medicare 1:	Region 03 Date Licensed ROYAL CARE HOME HEALTH LLC 2906 BRANCH OAKS DR GARLAND, TX 75043	Owner Information ROYAL CARE HOME HEALTH LLC
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:	Fav. (955) 249 0205	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	BUOVE
Medicare 2:		PHONE: FAX:
	Fav	
Phone (214) 994-3991	Fax Administrator SHANNON WOLCHT	Services: Personal Assistance Services
	Fax Administrator SHANNON WRIGHT	
Phone (214) 994-3991 Type: Parent Agency County DALLAS	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009	Owner Information
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC	Owner Information SAFEWAY HEALTHCARE SERVICES INC
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2:	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX:
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2:	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency County DALLAS	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH Region 03 Date Licensed 04/26/2021	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MENTIS MANAGEMENT SERVICES, LLC 6565 NORTH LOOP WEST STE 1140
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency County DALLAS License # 020796	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH Region 03 Date Licensed 04/26/2021 SAGECARE	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MENTIS MANAGEMENT SERVICES, LLC
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency County DALLAS License # 020796 Lic Expire 4/26/2024 Medicare 1: Medicare 2:	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH Region 03 Date Licensed 04/26/2021 SAGECARE 6301 GASTON AVE STE 750 DALLAS, TEXAS 75214	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MENTIS MANAGEMENT SERVICES, LLC 6565 NORTH LOOP WEST STE 1140
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency County DALLAS License # 020796 Lic Expire 4/26/2024 Medicare 1: Medicare 2: Phone (214) 295-5374	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH Region 03 Date Licensed 04/26/2021 SAGECARE 6301 GASTON AVE STE 750 DALLAS, TEXAS 75214 Fax (214) 245-5217	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MENTIS MANAGEMENT SERVICES, LLC 6565 NORTH LOOP WEST STE 1140 BELLAIRE, TX 77401
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency County DALLAS License # 020796 Lic Expire 4/26/2024 Medicare 1: Medicare 2:	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH Region 03 Date Licensed 04/26/2021 SAGECARE 6301 GASTON AVE STE 750 DALLAS, TEXAS 75214	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MENTIS MANAGEMENT SERVICES, LLC 6565 NORTH LOOP WEST STE 1140 BELLAIRE, TX 77401 PHONE: (713) 236-8017 FAX:
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency County DALLAS License # 020796 Lic Expire 4/26/2024 Medicare 1: Medicare 2: Phone (214) 295-5374	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH Region 03 Date Licensed 04/26/2021 SAGECARE 6301 GASTON AVE STE 750 DALLAS, TEXAS 75214 Fax (214) 245-5217	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MENTIS MANAGEMENT SERVICES, LLC 6565 NORTH LOOP WEST STE 1140 BELLAIRE, TX 77401 PHONE: (713) 236-8017 FAX: Services: Licensed Home Health Services Owner Information
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency County DALLAS License # 020796 Lic Expire 4/26/2024 Medicare 1: Medicare 2: Phone (214) 295-5374 Type: Parent Agency	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH Region 03 Date Licensed 04/26/2021 SAGECARE 6301 GASTON AVE STE 750 DALLAS, TEXAS 75214 Fax (214) 245-5217 Administrator AMANDA THOMISON FINGER	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MENTIS MANAGEMENT SERVICES, LLC 6565 NORTH LOOP WEST STE 1140 BELLAIRE, TX 77401 PHONE: (713) 236-8017 FAX: Services: Licensed Home Health Services Owner Information SAINT ANDREW HOSPICE LLC
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency County DALLAS License # 020796 Lic Expire 4/26/2024 Medicare 1: Medicare 2: Phone (214) 295-5374 Type: Parent Agency County DALLAS License # 017172 Lic Expire 12/31/2021	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH Region 03 Date Licensed 04/26/2021 SAGECARE 6301 GASTON AVE STE 750 DALLAS, TEXAS 75214 Fax (214) 245-5217 Administrator AMANDA THOMISON FINGER Region 03 Date Licensed 12/11/2015 SAINT ANDREW HOSPICE LLC 346 OAKS TRAIL SUITE 202	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MENTIS MANAGEMENT SERVICES, LLC 6565 NORTH LOOP WEST STE 1140 BELLAIRE, TX 77401 PHONE: (713) 236-8017 FAX: Services: Licensed Home Health Services Owner Information SAINT ANDREW HOSPICE LLC 346 OAKS TRAIL SUITE 202
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency County DALLAS License # 020796 Lic Expire 4/26/2024 Medicare 1: Medicare 2: Phone (214) 295-5374 Type: Parent Agency County DALLAS License # 017172 Lic Expire 12/31/2021 Medicare 1: 741630 HOSPICE	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH Region 03 Date Licensed 04/26/2021 SAGECARE 6301 GASTON AVE STE 750 DALLAS, TEXAS 75214 Fax (214) 245-5217 Administrator AMANDA THOMISON FINGER Region 03 Date Licensed 12/11/2015 SAINT ANDREW HOSPICE LLC	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MENTIS MANAGEMENT SERVICES, LLC 6565 NORTH LOOP WEST STE 1140 BELLAIRE, TX 77401 PHONE: (713) 236-8017 FAX: Services: Licensed Home Health Services Owner Information SAINT ANDREW HOSPICE LLC 346 OAKS TRAIL SUITE 202 GARLAND, TX 75043
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency County DALLAS License # 020796 Lic Expire 4/26/2024 Medicare 1: Medicare 2: Phone (214) 295-5374 Type: Parent Agency County DALLAS License # 017172 Lic Expire 12/31/2021 Medicare 1: 741630 HOSPICE Medicare 2:	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH Region 03 Date Licensed 04/26/2021 SAGECARE 6301 GASTON AVE STE 750 DALLAS, TEXAS 75214 Fax (214) 245-5217 Administrator AMANDA THOMISON FINGER Region 03 Date Licensed 12/11/2015 SAINT ANDREW HOSPICE LLC 346 OAKS TRAIL SUITE 202 GARLAND, TX 75043 AMANDA TRAIL SUITE 202	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MENTIS MANAGEMENT SERVICES, LLC 6565 NORTH LOOP WEST STE 1140 BELLAIRE, TX 77401 PHONE: (713) 236-8017 FAX: Services: Licensed Home Health Services Owner Information SAINT ANDREW HOSPICE LLC 346 OAKS TRAIL SUITE 202
Phone (214) 994-3991 Type: Parent Agency County DALLAS License # 012771 Lic Expire 8/31/2021 Medicare 1: 747646 HHA-18 Medicare 2: Phone (972) 262-7662 Type: Parent Agency County DALLAS License # 020796 Lic Expire 4/26/2024 Medicare 1: Medicare 2: Phone (214) 295-5374 Type: Parent Agency County DALLAS License # 017172 Lic Expire 12/31/2021 Medicare 1: 741630 HOSPICE	Administrator SHANNON WRIGHT Region 03 Date Licensed 08/12/2009 SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 Fax (972) 262-7663 Administrator CLIFFORD AKHAROH Region 03 Date Licensed 04/26/2021 SAGECARE 6301 GASTON AVE STE 750 DALLAS, TEXAS 75214 Fax (214) 245-5217 Administrator AMANDA THOMISON FINGER Region 03 Date Licensed 12/11/2015 SAINT ANDREW HOSPICE LLC 346 OAKS TRAIL SUITE 202	Owner Information SAFEWAY HEALTHCARE SERVICES INC 2321 S BELTLINE RD STE 110 GRAND PRAIRIE, TX 75051 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information MENTIS MANAGEMENT SERVICES, LLC 6565 NORTH LOOP WEST STE 1140 BELLAIRE, TX 77401 PHONE: (713) 236-8017 FAX: Services: Licensed Home Health Services Owner Information SAINT ANDREW HOSPICE LLC 346 OAKS TRAIL SUITE 202 GARLAND, TX 75043

County DALLAS License # 016719 Lic Expire 3/31/2023 Medicare 1: 741690 HOSPICE Medicare 2: Phone (214) 466-9501	Region 03 Date Licensed SAINT CATHERINE HOSPICE INC 4229 GLENHAVEN DR GARLAND, TX 75042 Fax (972) 276-8759	03/31/2015	Owner Information SAINT CATHERINE HOSPICE INC 4229 GLENHAVEN DR GARLAND, TX 75042 PHONE: Services: Hospice	FAX:
Type: Parent Agency	Administrator BENJAMIN MADUKA		In-Patient Hospice: NO	
County DALLAS License # 015928 Lic Expire 9/30/2023 Medicare 1: 679588 HHA-18 Medicare 2: Phone (972) 238-7108 Type: Parent Agency	Region 03 Date Licensed SALUS HOME HEALTH SOLUTIONS 8330 LBJ FREEWAY, SUITE 864 DALLAS, TX 75243 Fax (972) 238-7109 Administrator FARHAN HUSAIN	09/26/2013	Owner Information EBEN & T INTERNATIONAL INC 5812 SILVER LEAF MCKINNEY, TEXAS 75070 PHONE: Services: Licensed and Certified Home Health Ser	FAX: vices; Personal Assistance Services
County DALLAS License # 016675 Lic Expire 7/30/2021 Medicare 1: 741623 HOSPICE Medicare 2: Phone (214) 363-4993 Type: Parent Agency	Region 03 Date Licensed SANA HEALTHCARE HOSPICE INC 13154 COIT ROAD SUITE 102 B DALLAS, TX 75240 Fax (866) 360-9969 Administrator ARACELI DECANINI	03/04/2015	Owner Information SANA HEALTHCARE HOSPICE INC 4515 PRENTICE STREET SUITE 103 DALLAS, TX 75206-5046 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County DALLAS License # 019096 Lic Expire 11/14/2020 Medicare 1: Medicare 2: Phone (972) 851-1022 Type: Parent Agency	Region 03 Date Licensed SANCTUM HEALTH PARTNERS, PLLC 15305 DALLAS PKWY SUITE 1200 ADDISON, TEXAS 75001 Fax (972) 532-3029 Administrator JACOB JOHNSON	11/20/2018	Owner Information SANCTUM HEALTH PARTNERS, LLC 13727 NOEL ROAD TOWER 2 SUITE 200 DALLAS, TX PHONE: Services: Licensed Home Health Services	FAX:
County DALLAS License # 018259 Lic Expire 5/31/2023 Medicare 1: 747444 HHA-18 Medicare 2: Phone (214) 503-8941 Type: Parent Agency	Region 03 Date Licensed SANTA MARIA HOME HEALTH AGENCY 11500 N. STEMMONS FREEWAY SUITE 133 DALLAS, TX 75229 Fax (214) 503-8955 Administrator YOUNG KANG	05/15/2017	Owner Information CANNULIF HEALTHCARE SERVICES INC 1500 N STEMONS FREEWA, SUITE 133 DALLAS, TX 75229 PHONE: Services: Licensed and Certified Home Health Ser	FAX: vices; Personal Assistance Services
County DALLAS License # 012652 Lic Expire 6/30/2019 Medicare 1: 747557 HHA-18 Medicare 2: Phone (972) 698-0404	Region 03 Date Licensed SAS HOME HEALTH SERVICES INC 3939 US HWY 80E STE 305 MESQUITE, TX 75150 Fax (972) 698-0844	06/11/2009	Owner Information SAS HOME HEALTH SERVICES INC 4593 MOUNTAIN LAUREL DRIVE GRAND PRAIRIE, TX 75052 PHONE: Services: Licensed and Certified Home Health Ser Personal Assistance Services; Hospice In-Patient Hospice: NO	FAX: vices; Licensed Home Health Services;
Type: Parent Agency County DALLAS License # 016191 Lic Expire 1/31/2022 Medicare 1: 677852 HHA-18 Medicare 2: Phone (469) 759-6740 Type: Parent Agency	Administrator SAMUEL AZUBUIKE Region 03 Date Licensed SAVIOR HOME HEALTH INC 210 S MAIN STREET SUITE 23 DUNCANVILLE, TX 75116 Fax (469) 759-6741 Administrator KUNLE O'KERE	01/02/2014	Owner Information GLORY ABLE HOME HEALTHCARE INC 210 S MAIN STREET SUITE 23 DUNCANVILLE, TX 75116 PHONE: Services: Licensed and Certified Home Health Ser	FAX: vices; Licensed Home Health Services

County DALLAS	Region 03 Date Licensed 10/10/2019	Owner Information
License # 019639	SCARLETT HOME HEALTH CARE, INC	SCARLETT HOME HEALTH CARE, INC
Lic Expire 10/10/2023	1908 ROYAL LANE, SUITE 150	
Medicare 1: 748004 HHA Medicare 2:	DALLAS, TEXAS 75229	PHONE: FAX:
Phone 972 7070924	Fax 972 7070926	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Personal Assistance Services
Type: Parent Agency	Administrator LINH ATKINS	
County DALLAS	Region 03 Date Licensed 09/18/2015	Owner Information
License # 011037	SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS INC	SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS, INC 6341 CAMPUS CIRCLE DRIVE EAST, SUITE 150
Lic Expire 1/31/2022	8200 WALNUT HILL LN	IRVING, TX 75063
Medicare 1:	DALLAS, TX 75231	
Medicare 2: Phone (214) 345-7790	Fax (214) 355-4395	PHONE: FAX:
111010 (214) 040 7730	1 42 (214) 000 4000	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator JONATHAN HARRIS	
County DALLAS	Region 03 Date Licensed 01/30/2007	Owner Information
License # 011037	SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS INC	SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS, INC
Lic Expire 1/31/2022	6341 CAMPUS CIRCLE DRIVE EAST, SUITE 150	6341 CAMPUS CIRCLE DRIVE EAST, SUITE 150
Medicare 1: 671578 HOSPICE	IRVING, TX 75063	IRVING, TX 75063
Medicare 2:	Foy (917) 665 2145	PHONE: FAX:
Phone (817) 887-0017	Fax (817) 665-2145	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JONATHAN HARRIS	
County DALLAS	Region 03 Date Licensed 04/20/2007	Owner Information
License # 011279	SENAI HOME HEALTH	SENAI HOME HEALTH SERVICES INC
Lic Expire 4/30/2022	100 N CENTRAL EXPY, SUITE NO 190, ROOM # 124	100 N CENTRAL EXPRESSWAY , SUITE 190, ROOM 124
Medicare 1: 747419 HHA-18	RICHARDSON, TX 75080	RICHARDSON, TEXAS 75080
Medicare 2:		PHONE: FAX:
Phone (214) 587-1000	Fax (214) 954-7077	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator JOHN THOMAS	
County DALLAS	Region 03 Date Licensed 01/15/2021	Owner Information
License # 020448	SENIOR CARE OF NORTH TEXAS LLC	SENIOR CARE OF NORTH TEXAS LLC
Lic Expire 1/15/2023	8951 CYPRESS WATERS BLVD	
Medicare 1: Medicare 2:	DALLAS, TX 75019	PHONE: FAX:
Phone (940) 665-2999	Fax (940) 665-8228	Services: Personal Assistance Services
Type: Parent Agency	Administrator CAROL OKUSOLUBO	Services. Fersonial Assistance Services
County DALLAS	Region 03 Date Licensed 03/13/2018	Owner Information
License # 018652	SENIOR HELPERS	JOOLA HOLDINGS LLC
Lic Expire 3/31/2022	1110 MAIN ST	3406 JUNIPER CT
Medicare 1:	GARLAND, TX 75040	ROWLETT, TX 75088
Medicare 2:		PHONE: FAX:
Phone (214) 712-4890	Fax (214) 712-4893	Services: Personal Assistance Services
Type: Parent Agency	Administrator JOANNA ARAIZA	
County DALLAS	Region 03 Date Licensed 07/09/2021	Owner Information
License # 020890	SENIOR HELPERS	P IYERE GROUP LLC
Lic Expire 7/9/2024	5330 N MACARTHUR BLVD	
Medicare 1:	IRVING, TEXAS 75038	PUONE
Medicare 2: Phone (508) 326-3355	Fax	PHONE: FAX:
		Services: Personal Assistance Services
Type: Parent Agency	Administrator KAREN IYERE	

County DALLAS License # 012845 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (214) 361-7943 Type: Parent Agency	Region 03 Date Licensed 03/30/2009 SENIOR HELPERS GREATER DALLAS 1143 ROCKINGHAM DRIVE SUITE 114 RICHARDSON, TX 75080 Fax (214) 363-0697 Administrator ROBIN TRENARY	Owner Information SCHOELLHORN GROUP LLC 1143 ROCKINGHAM DRIVE SUITE 114 RICHARDSON, TX 75080 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 017754 Lic Expire 9/30/2022 Medicare 1: 747822 HHA-18 Medicare 2: Phone (214) 449-1450	Region 03 Date Licensed 09/03/2016 SENIOR SOLUTIONS HOME HEALTH DFW 4841 KELLER SPRINGS RD. ADDISON, TEXAS 75001 Fax (214) 449-1416	Owner Information PBHS HOME HEALTH DFW I, INC 6404 INTERNATIONAL PARKWAY #1600 PLANO, TX 75093-8256 PHONE: FAX: Services: Licensed and Certified Home Health Services
County DALLAS License # 016484 Lic Expire 10/31/2022 Medicare 1:	Administrator FRANK LEE Region 03 Date Licensed 10/06/2014 SENIORBRIDGE 2001 W. JOHN CARPENTER FREEWAY, SUITE 142 IRVING, TX 75063	Owner Information HUMANA AT HOME TLC INC 845 3RD AVE., 7TH FLOOR. NEW YORK, NY 10022
Medicare 2: Phone (972) 422-1375 Type: Parent Agency	Fax (972) 665-4790 Administrator SUSAN GREEN	PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 020144 Lic Expire 9/3/2022 Medicare 1:	Region 03 Date Licensed 09/03/2020 SENIORS CARE SERVICES LLC 539 W.COMMERCE STREET STE 197 DALLAS, TEXAS 75208	Owner Information SENIORS CARE SERVICES LLC
Medicare 2: Phone (888) 567-2041	Fax (214) 594-4435	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County DALLAS License # 021003 Lic Expire 8/24/2024	Administrator SHARON JENKINS Region 03 Date Licensed 08/24/2021 SENIORS HELPING SENIORS 4010 SPERRY ST	Owner Information 2W SENIOR CARE
Medicare 1: Medicare 2: Phone (972) 345-3777 Type: Parent Agency	DALLAS, TEXAS 75214 Fax Administrator WENDY LI	PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 021263 Lic Expire 12/8/2024 Medicare 1: Medicare 2: Phone (214) 478-4198	Region 03 Date Licensed 12/08/2021 SENIORS HELPING SENIORS DALLAS NORTHWEST 2813 SEMINARY CIR GARLAND, TX 75043	Owner Information ROBERT STEVENS LUMPFORD 1209 NORTHWEST HWY, #160 GARLAND, TX 75041 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County DALLAS License # 017404 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (972) 514-5107 Type: Parent Agency	Administrator JAMIE LUMPFORD Region 03 Date Licensed 01/21/2016 SERAPHIC TOUCH KIDS CARE INC 2410 LUNA ROAD STE 258 CARROLLTON, TX 75006 Fax (972) 535-6993 Administrator BIJILI VARANATH VARANATH	Owner Information SERAPHIC TOUCH KIDS CARE INC 2410 LUNA ROAD STE 258 CARROLLTON, TX 75006 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County DALLAS License # 020049 Lic Expire 7/13/2022 Medicare 1:	Region 03 Date Licensed 09/14/2020 SERVICES OF LOVE LLC 1666 N. HAMPTON RD SUITE 104 DESOTO, TX 75115	Owner Information SERVICES OF LOVE LLC
Medicare 2:		PHONE: FAX:
Phone (504) 338-2126	Fax	Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator WALTER REED	
County DALLAS License # 016592 Lic Expire 7/31/2022 Medicare 1: 457984 HHA-18	Region 03 Date Licensed 07/30/2014 SHALEM HOME HEALTH CARE INC 2611 N BELTLINE ROAD SUITE #127 SUNNYVALE, TX 75182	Owner Information SHERIL M JOHN OWNER BOARD OF DIRECTOR N/A SUNNYVALE, TX 75182-9357
Medicare 2: Phone (972) 290-4994	Fax (972) 285-2561	PHONE: FAX:
Type: Parent Agency	Administrator SHERIL JOHN	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DALLAS License # 018631 Lic Expire 2/28/2022 Medicare 1: 97-1502 (HOSPICE Medicare 2: Phone (972) 803-4620 Type: Parent Agency	Region 03 Date Licensed 02/22/2018 SHALEM HOSPICE CARE LLC 2611 BELTLINE RD STE 127A SUNNYVALE, TX 75182 Fax Administrator SHERIL JOHN	Owner Information SHALEM HOSPICE CARE, LLC 12222 MERIT DRIVE, SUITE 1200 DALLAS, TX 75251 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
<u> </u>		Owner Information
County DALLAS License # 013184	Region 03 Date Licensed 03/19/2010 SHALOM HOME HEALTH SERVICES	SANTEC INTERNATIONAL CORPORATION
Lic Expire 3/31/2022	811 S CENTRAL EXPY SUITE # 333	811 S CENTRALO EXPRESSWAY SUITE#550
Medicare 1: 747714 HHA-18	RICHARDSON, TX 75080	RICHARDSON, TX 75080
Medicare 2:		PHONE: FAX:
Phone (972) 925-0283	Fax (972) 925-0273	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CAROLTINA NWOKORIE	O
County DALLAS License # 020912 Lic Expire 7/16/2024 Medicare 1:	Region 03 Date Licensed 07/16/2021 SHEEVON HEALTH CARE SERVICES INC 337 OAKS TRAIL SUITE 101B GARLAND, TEXAS 75043	Owner Information SHEEVON HEALTH CARE SERVICES INC
Medicare 2:	Fox	PHONE: FAX:
Phone (214) 924-2110 Type: Parent Agency	Fax Administrator CAREN MUNAI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 019171 Lic Expire 12/28/2022 Medicare 1: 971620 Medicare 2: Phone 469 778 0700	Region 03 Date Licensed 12/28/2018 SHELTER HOSPICE INC 8111 LBJ FREEWAY SUITE # 1340 DALLAS, TEXAS 75251 Fax 469 778 0707	Owner Information SHELTER HOSPICE INC PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator PRINCE SAMUEL	In-Patient Hospice: NO
County DALLAS License # 018347 Lic Expire 9/30/2019 Medicare 1: Medicare 2:	Region 03 Date Licensed 09/28/2017 SHINING HEARTS HOME HEALTH CARE LLC 7125 MARVIN D LOVE FRWY # 302 DALLAS, TX 75237	Owner Information SHINING HEARTS HOME HEALTH CARE LLC 7125 MARVIN D LOVE FRWY STE 302 DALLAS, TX 75237 PHONE: FAX:
Phone (214) 728-3569 Type: Parent Agency	Fax (972) 863-9108 Administrator STEPHANIE CALLOWAY	Services: Personal Assistance Services

County DALLAS License # 015598 Lic Expire 2/28/2023 Medicare 1: 677894 HHA-18 Medicare 2: Phone (214) 320-6000 Type: Parent Agency	Region 03 Date Licensed 02/07/2013 SHINING STAR HOME HEALTH CARE INC 8344 EAST R L THORNTON FREEWAY SUITE 203 DALLAS, TX 75228 Fax (214) 320-6003 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	Owner Information
License # 013784	SIGNATURE HEALTH CARE INC	SIGNATURE HEALTH CARE INC
Lic Expire 12/31/2022	3213 INTERSTATE 30 SUITE 203	3213 INTERSTATE 30 SUITE #203
Medicare 1: 747829	MESQUITE, TX 75150	MESQUITE, TX 75150
Medicare 2:		PHONE: FAX:
Phone (214) 299-9920 Type: Parent Agency	Fax (469) 298-0452 Administrator SHIRLEY ABII	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type. Falent Agency	Administrator Strike Landii	Ourse Information
County DALLAS	Region 03 Date Licensed 10/04/2010	Owner Information SILVERADO HOSPICE OF HOUSTON, INC
License # 013821	SILVERADO HOSPICEDALLASFORT WORTH	6400 OAK CANYON #200
Lic Expire 10/31/2022 Medicare 1: 671611 HOSPICE	4500 BELTWAY DRIVE ADDISON, TX 75001	IRVINE, CA 92618
Medicare 2:	ABBIOON, 1X 70001	PHONE: FAX:
Phone (972) 409-9884	Fax (972) 385-8839	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KAYE DAWSON	
County DALLAS	Region 03 Date Licensed 02/01/2012	Owner Information
License # 014625	SILVERSTONE HOSPICE	COMFORT CARE HOSPICE, LLC 5200 PAIGE RD STE 500
Lic Expire 1/31/2022	4100 HARRY HINES BLVD SUITE 375	THE COLONY, TX 75056-2121
Medicare 1: 671754 HOSPICE Medicare 2:	DALLAS, TX 75219	PHONE: FAX:
Phone (888) 330-8483	Fax (866) 827-6094	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator GLORIA FLACK	·
County DALLAS	Region 03 Date Licensed 04/02/2018	Owner Information
License # 018680	SIMPLICITY HEALTH CARE SERVICES	SHIRLEY SIMMONS
Lic Expire 4/30/2022	1526 SHALFONT LANE	1526 SHALFONT LANE
Medicare 1:	GARLAND, TX 75040	GARLAND, TX 75040
Medicare 2:	Fav. (400) 200 2450	PHONE: FAX:
Phone (469) 865-0855	Fax (469) 298-3156 Administrator SHIRLEY SIMMONS	Services: Personal Assistance Services
Type: Parent Agency County DALLAS	Region 03 Date Licensed 07/11/2017	Owner Information SKILLCARE HEALTH SERVICES INC
License # 018387 Lic Expire 7/31/2021	SKILLCARE HEALTH SERVICES INC 12225 GREENVILLE AVE STE 1060	12225 GREENVILLE AVE STE 1060
Medicare 1:	DALLAS, TX 75243	DALLAS, TX 75243
Medicare 2:		PHONE: FAX:
Phone (972) 807-2292	Fax (972) 807-2291	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OGECHI EYI	·
County DALLAS License # 018392 Lic Expire 10/31/2021 Medicare 1:	Region 03 Date Licensed 10/19/2017 SKILLFULHANDS HOSPICE INC 2665 VILLA CREEK DR SUITE 201 DALLAS, TEXAS 75234	Owner Information SKILLFULHANDS HOSPICE INC 2665 VILLA CREEK DR SUITE 201 DALLAS, TEXAS 75234
Medicare 2: Phone (214) 735-6622	Fax (214) 307-6023	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JOSEPHINE DEVADOSS DEVADOSS	In-Patient Hospice: NO

County DALLAS License # 013158 Lic Expire 3/31/2022 Medicare 1: 747565 HHA-18 Medicare 2: Phone (972) 437-9200	Region 03 Date Licensed 03/09/2010 SMARTCARE HEALTH SERVICES INC 811 SOUTH CENTRAL EXPWY SUITE 536 RICHARDSON, TX 75080 Fax (972) 408-0753	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
Type: Parent Agency	Administrator STANLEY ATUMAH	
County DALLAS License # 019252 Lic Expire 2/13/2023 Medicare 1:	Region 03 Date Licensed 06/18/2018 SOLACE PALLIATIVE AND HOSPICE CARE INC 401 S SHERMAN ST. SUITE #309 RICHARDSON, TX 75081	Owner Information SOLACE PALLATIVE AND HOSPICE CARE INC
Medicare 2: Phone (214) 339-9466	Fax (972) 502-9180	PHONE: FAX:
1 Hone (214) 000 0400	Tax (572) 502 5160	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VAISHALI PATEL	
County DALLAS License # 016629 Lic Expire 9/30/2022 Medicare 1: 743150 HHA-18 Medicare 2: Phone (972) 243-7017	Region 03 Date Licensed 09/23/2014 SOLID CARE HOME HEALTH AGENCY INC 1500 EAST BELT LINE ROAD SUITE 200 CARROLLTON, TX 75006 Fax (972) 243-1400	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;
		Personal Assistance Services
Type: Parent Agency	Administrator MICHAEL UMUNNA	
County DALLAS License # 019236 Lic Expire 1/31/2024 Medicare 1: Medicare 2:	Region 03 Date Licensed 01/31/2019 SOUTHERN CARE HOME HEALTH LLC 417 SURREY PLACE MESQUITE, TX 75149	Owner Information SOUTHERN CARE HOME HEALTH LLC 417 SURREY PLACE MESQUITE, TX 75149 PHONE: FAX:
Phone (318) 527-9893	Fax (972) 349-8962	Services: Personal Assistance Services
Type: Parent Agency	Administrator LATRESHIA HARRIS	
County DALLAS License # 016383 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (469) 523-1429 Type: Parent Agency	Region 03 Date Licensed 08/20/2014 SOUTHWEST PERSONAL ASSISTANCE SERVICES LLC 610 UPTOWN BLVD STE 250 CEDAR HILL, TX 75104 Fax (972) 201-9003 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	Owner Information
License # 018560 Lic Expire 1/31/2022 Medicare 1:	SPECIALTY PHARMACY NURSING NETWORK INC 15950 DALLAS PARKWAY SUITE 400 OFFICE # 497 DALLAS, TX 75248	SPECIALTY PHARMACY NURSING NETWORK, INC 1626 BARBER ROAD SUITE B SARASOTA, FL 34240
Medicare 2: Phone (877) 330-7766	Fax (813) 342-7966	PHONE: FAX:
Type: Parent Agency	Administrator HELEN APPLINGTON	Services: Licensed Home Health Services
County DALLAS License # 017571 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 08/11/2016 SPERO HEALTHCARE SERVICES 10935 ESTATE LANE, S-245 DALLAS, TX 75238	Owner Information KDMEDLINK SERVICES, LLC 9550 FOREST LANE #456 DALLAS, TX 75243 PHONE: FAX:
Phone (469) 782-9157 Type: Parent Agency	Fax (972) 767-3396 Administrator ANDREW MUSONZA	Services: Personal Assistance Services

County DALLAS	Region 03 Date Licensed 05/19/2011	Owner Information
License # 014115	SPIRIT HOMECARE	RUTH'S CHOICE IN HOME CARE LLC
Lic Expire 5/31/2022	12959 JUPITER ROAD SUITE 239	1521 SHARON DRIVE
Medicare 1:	DALLAS, TEXAS 75238	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	ST ANDREW HOME HEALTH LLC
Lic Expire 5/31/2022	346 OAKS TRAIL STE 201	346 OAKS TRAIL STE 201
Medicare 1: 747812	GARLAND, TX 75043	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	ST FRANCIS HOSPICE LLC
Lic Expire 1/25/2025	346 OAKS TRAIL 203	
Medicare 1:	GARLAND, TEXAS 75043	
Medicare 2:		PHONE: FAX:
Phone (817) 846-5847	Fax (97) 223-2241	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator IRISH BANKS	
County DALLAS	Region 03 Date Licensed 08/14/2014	Owner Information
License # 016375	ST GABRIEL'S HOSPICE AND PALLIATIVE CARE	SGHPCSA LLC
Lic Expire 8/31/2022	1313 COLLEGE AVE, SUITE A	2501 PARKVIEW DRIVE SUITE 105
Medicare 1: 741596 HOSPICE	FORT WORTH, TX 76104	FORT WORTH, TX 76102
Medicare 2:		PHONE: FAX:
Phone (210) 822-2992	Fax (210) 568-4859	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHANNON MORA	
County DALLAS	Region 03 Date Licensed 08/14/2014	Owner Information
License # 016375	ST GABRIEL'S HOSPICE AND PALLIATIVE CARE	SGHPCSA LLC
Lic Expire 8/31/2022	1313 COLLEGE AVE, SUITE A	2501 PARKVIEW DRIVE SUITE 105
Medicare 1: 741596 HOSPICE	FORT WORTH, TX 76104	FORT WORTH, TX 76102
Medicare 2:		PHONE: FAX:
Phone (210) 822-2992	Fax (210) 568-4859	Services: Hospice
.		In-Patient Hospice: NO
Type: Parent Agency	Administrator SHANNON MORA	
County DALLAS	Region 03 Date Licensed 08/30/2019	Owner Information
License # 019570	ST JOHNS HOSPICE LLC	ST JOHNS HOSPICE LLC
Lic Expire 8/30/2023	2665 VILLA CREEK DRIVE SUITE 206J	
Medicare 1: 971672	FARMERS BRANCH, TX 752347337	
Medicare 2:		PHONE: FAX:
Phone 1 972 8086844	Fax 1 214 3076071	Services: Hospice
Type: Parent Agency	Administrator VARGHESE ZACHARIA	In-Patient Hospice: NO
<u> </u>		Owner Information
County DALLAS	Region 03 Date Licensed 08/30/2019	Owner Information
License # 019569	ST MARYS HOSPICE LLC	ST MARYS HOSPICE LLC
Lic Expire 8/30/2023	2665 VILLA CREEK DRIVE SUITE 206M	
Medicare 1: 971635	FARMERS BRANCH, TX 752347337	
Medicare 2:	Fav. 4 044 2070022	PHONE: FAX:
Phone 1 972 3167441	Fax 1 214 3076023	Services: Hospice In-Patient Hospice: NO
Torrest Assessed	A L COLLA VAROUEOE ZA CHARIA	ii i augii i ioopioe. NO

VARGHESE ZACHARIA

Administrator

Type: Parent Agency

County DALLAS License # 018420 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (214) 228-3320 Type: Parent Agency	Region 03 Date Licensed STABILITY HEALTHCARE INC 1221 REEVES LANE CEDAR HILL, TX 75104 Fax (972) 293-7075 Administrator EMMANUEL ASHILONU	11/02/2017	Owner Information STABILITY HEALTHCARE INC 1221 REEVES LANE CEDAR HILL, TX 75104 CEDAR HILL, TX 75104 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 016974 Lic Expire 8/31/2024 Medicare 1: 971548 (HOSPICE) Medicare 2: Phone (214) 909-2338	Region 03 Date Licensed STAIRWAYS HOSPICE INC 10925 ESTATE LANE # 305 C DALLAS, TX 75238 Fax (469) 620-3137	08/18/2015	Owner Information STAIRWAYS HOSPICE INC 10935 ESTATE LANE #S400E DALLAS, TX 75238 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator KOMAL SANDHU		In-Patient Hospice: NO
County DALLAS License # 012777 Lic Expire 8/31/2023 Medicare 1: 747403 HHA-18 Medicare 2: Phone (972) 578-0044 Type: Parent Agency	Region 03 Date Licensed STAR CHOICE HOME HEALTH INC 3605 BROADWAY BLVD STE A GARLAND, TX 75043 Fax (214) 389-4356 Administrator JANE EKWONYE	08/13/2009	Owner Information STAR CHOICE HOME HEALTH INC 1003 WESTMINISTER AVENUE MURPHY, TX 75094-4458 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 020362 Lic Expire 12/1/2022 Medicare 1:	Region 03 Date Licensed STAR HEALTHCARE OF TEXAS INC 2840 KELLER SPRINGS RD STE 601 CARROLLTON, TEXAS 75006	12/01/2020	Owner Information STAR HEALTHCARE OF TEXAS INC
Medicare 2:			PHONE: FAX:
Phone (214) 631-7827 Type: Parent Agency	Fax (214) 631-3185 Administrator NNAEMEKA ONYEDEBELU		Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 015940 Lic Expire 9/30/2023 Medicare 1: 747546 HHA-18 Medicare 2:	Region 03 Date Licensed STARCREST HEALTHCARE SERVICES INC 13601 PRESTON ROAD STE E560 DALLAS, TX 75240	09/30/2013	Owner Information STARCREST HEALTHCARE SERVICES INC 13601 PRESTON ROAD STE E560 DALLAS, TX 75240
Phone (972) 735-8683	Fax (972) 735-8767		PHONE: (972) 735-8683 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
	Fax (972) 735-8767 Administrator NCHANG BOMA		PHONE: (972) 735-8683 FAX:
Phone (972) 735-8683	Administrator NCHANG BOMA	10/31/2005	PHONE: (972) 735-8683 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone (972) 735-8683 Type: Parent Agency County DALLAS License # 010092 Lic Expire 12/4/2022 Medicare 1: 677845 HHA-18 Medicare 2: Phone (972) 222-7782	Administrator NCHANG BOMA Region 03 Date Licensed STARLEX HOME HEALTH SERVICES 2834 JEREMY DRIVE MESQUITE, TX 75181 Fax (972) 222-9815 Administrator CARMELLE DEVILME	10/31/2005	PHONE: (972) 735-8683 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information STARLEX HOME HEALTH SERVICES LLC 2834 JEREMY DRIVE MESQUITE, TX 75181 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone (972) 735-8683 Type: Parent Agency County DALLAS License # 010092 Lic Expire 12/4/2022 Medicare 1: 677845 HHA-18 Medicare 2: Phone (972) 222-7782 Type: Parent Agency County DALLAS License # 020299 Lic Expire 11/6/2022	Administrator NCHANG BOMA Region 03 Date Licensed STARLEX HOME HEALTH SERVICES 2834 JEREMY DRIVE MESQUITE, TX 75181 Fax (972) 222-9815 Administrator CARMELLE DEVILME Region 03 Date Licensed STARLIGHT HOSPICE, INC 1102 SANTA FE TRAIL SUITE 2		PHONE: (972) 735-8683 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information STARLEX HOME HEALTH SERVICES LLC 2834 JEREMY DRIVE MESQUITE, TX 75181 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information STARLIGHT HOSPICE, INC P O BOX 380472

County DALLAS License # 020139 Lic Expire 9/2/2022	Region 03 Date Licensed STARPLUS HEALTHCARE LLC 8505 WATSON DR	02/06/2021	Owner Information STARPLUS HEALTHCARE LLC	
Medicare 1:	ROWLETT, TEXAS 75089			
Medicare 2: Phone 469248 7964	Fax 469333 7904		PHONE: FAX:	
_	Administrator LIGY THOMAS		Services: Personal Assistance Services	
Type: Parent Agency			Owner Information	
County DALLAS	Region 03 Date Licensed	09/20/2002	Owner Information STATE HOME HEALTH CARE INC	
License # 008117 Lic Expire 9/30/2023	STATE HOME HEALTH CARE INC 303 EAST DANIELDALE ROAD		SAME	
Medicare 1: 679235 HHA-18	DUNCANVILLE, TX 75137		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		STEADFAST GROUP LLC	
Lic Expire 4/21/2022	10990 SWITZER AVE STE 303			
Medicare 1:	DALLAS, TEXAS 75238			
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		STELLAR PRIMARY HOME CARE LLC	
Lic Expire 5/5/2024	625 ROBIN MEADOW DR.			
Medicare 1:	DESOTO, TEXAS 75115			
Medicare 2:	Ess		PHONE: FAX:	
Phone (972) 800-4259	Fax Administrator AKILAH ELLIS		Services: Licensed Home Health Services; Personal Assistance Services	
Type: Parent Agency	Administrator AKILAH ELLIS		Ourse lafe meeting	
County DALLAS	Region 03 Date Licensed	07/09/2014	Owner Information STERLING HEALTHCARE SOLUTIONS INC	
License # 016525	STERLING CARE HOME HEALTH AGENCY	07/09/2014	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270	
License # 016525 Lic Expire 7/31/2022	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270	07/09/2014	STERLING HEALTHCARE SOLUTIONS INC	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18	STERLING CARE HOME HEALTH AGENCY	07/09/2014	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234	
License # 016525 Lic Expire 7/31/2022	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270	07/09/2014	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX:	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2:	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406	07/09/2014	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2:	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234	07/09/2014	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406	07/09/2014	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA		STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency County DALLAS	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA Region 03 Date Licensed		STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC 1221 ARISTA LN	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency County DALLAS License # 007190 Lic Expire 7/31/2023 Medicare 1:	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA Region 03 Date Licensed SUNRISE PRIMARY CARE SERVICES		STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC 1221 ARISTA LN ROCKWALL, TX 75032	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency County DALLAS License # 007190 Lic Expire 7/31/2023 Medicare 1: Medicare 2:	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA Region 03 Date Licensed SUNRISE PRIMARY CARE SERVICES 3200 BROADWAY SUITE 260 GARLAND, TX 75043		STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC 1221 ARISTA LN ROCKWALL, TX 75032 PHONE: FAX:	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency County DALLAS License # 007190 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (972) 278-1414	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA Region 03 Date Licensed SUNRISE PRIMARY CARE SERVICES 3200 BROADWAY SUITE 260 GARLAND, TX 75043 Fax (972) 278-1399		STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC 1221 ARISTA LN ROCKWALL, TX 75032	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency County DALLAS License # 007190 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (972) 278-1414 Type: Parent Agency	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA Region 03 Date Licensed SUNRISE PRIMARY CARE SERVICES 3200 BROADWAY SUITE 260 GARLAND, TX 75043 Fax (972) 278-1399 Administrator HANS-JOACHIM SCHULZ	08/01/1999	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC 1221 ARISTA LN ROCKWALL, TX 75032 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services	_
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency County DALLAS License # 007190 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (972) 278-1414 Type: Parent Agency County DALLAS	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA Region 03 Date Licensed SUNRISE PRIMARY CARE SERVICES 3200 BROADWAY SUITE 260 GARLAND, TX 75043 Fax (972) 278-1399 Administrator HANS-JOACHIM SCHULZ Region 03 Date Licensed		STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC 1221 ARISTA LN ROCKWALL, TX 75032 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency County DALLAS License # 007190 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (972) 278-1414 Type: Parent Agency County DALLAS License # 018503	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA Region 03 Date Licensed SUNRISE PRIMARY CARE SERVICES 3200 BROADWAY SUITE 260 GARLAND, TX 75043 Fax (972) 278-1399 Administrator HANS-JOACHIM SCHULZ Region 03 Date Licensed SUPREME HOME HEALTH SERVICES INC	08/01/1999	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC 1221 ARISTA LN ROCKWALL, TX 75032 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency County DALLAS License # 007190 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (972) 278-1414 Type: Parent Agency County DALLAS License # 018503 Lic Expire 12/31/2019	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA Region 03 Date Licensed SUNRISE PRIMARY CARE SERVICES 3200 BROADWAY SUITE 260 GARLAND, TX 75043 Fax (972) 278-1399 Administrator HANS-JOACHIM SCHULZ Region 03 Date Licensed SUPREME HOME HEALTH SERVICES INC 4575 S. WESTMORELAND RD.	08/01/1999	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC 1221 ARISTA LN ROCKWALL, TX 75032 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SUPREME HOME HEALTH SERVICES, INC	
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency County DALLAS License # 007190 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (972) 278-1414 Type: Parent Agency County DALLAS License # 018503	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA Region 03 Date Licensed SUNRISE PRIMARY CARE SERVICES 3200 BROADWAY SUITE 260 GARLAND, TX 75043 Fax (972) 278-1399 Administrator HANS-JOACHIM SCHULZ Region 03 Date Licensed SUPREME HOME HEALTH SERVICES INC	08/01/1999	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC 1221 ARISTA LN ROCKWALL, TX 75032 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SUPREME HOME HEALTH SERVICES, INC 4575 S WESTMORELAND RD	_
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency County DALLAS License # 007190 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (972) 278-1414 Type: Parent Agency County DALLAS License # 018503 Lic Expire 12/31/2019 Medicare 1:	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA Region 03 Date Licensed SUNRISE PRIMARY CARE SERVICES 3200 BROADWAY SUITE 260 GARLAND, TX 75043 Fax (972) 278-1399 Administrator HANS-JOACHIM SCHULZ Region 03 Date Licensed SUPREME HOME HEALTH SERVICES INC 4575 S. WESTMORELAND RD.	08/01/1999	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC 1221 ARISTA LN ROCKWALL, TX 75032 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SUPREME HOME HEALTH SERVICES, INC 4575 S WESTMORELAND RD DALLAS, TX 75237 PHONE: FAX:	_
License # 016525 Lic Expire 7/31/2022 Medicare 1: 747090 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency County DALLAS License # 007190 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (972) 278-1414 Type: Parent Agency County DALLAS License # 018503 Lic Expire 12/31/2019 Medicare 1: Medicare 1: Medicare 2:	STERLING CARE HOME HEALTH AGENCY 12100 FORD RD STE 270 DALLAS, TX 75234 Fax (817) 840-6406 Administrator LAARNIE VINDUA Region 03 Date Licensed SUNRISE PRIMARY CARE SERVICES 3200 BROADWAY SUITE 260 GARLAND, TX 75043 Fax (972) 278-1399 Administrator HANS-JOACHIM SCHULZ Region 03 Date Licensed SUPREME HOME HEALTH SERVICES INC 4575 S. WESTMORELAND RD. DALLAS, TX 75237	08/01/1999	STERLING HEALTHCARE SOLUTIONS INC 12100 FORD RD STE 270 DALLAS, TX 75234 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SUNRISE PRIMARY CARE SERVICES INC 1221 ARISTA LN ROCKWALL, TX 75032 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SUPREME HOME HEALTH SERVICES, INC 4575 S WESTMORELAND RD DALLAS, TX 75237	

County DALLAS License # 013996 Lic Expire 3/31/2021 Medicare 1: 459373 HHA-18 Medicare 2: Phone (214) 221-1338	Region 03 Date Licensed 12/09/2010 SURE HOME HEALTH SERVICES 12115 SELF PLAZA DR DALLAS, TX 75218 Fax (214) 221-1360	Owner Information SURE HOME HEALTH SERVICES LLC 12115 SELF PLAZA DR DALLAS, TX 75218 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator THOMAS VARUGHESE	
County DALLAS License # 018196 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (469) 230-0590 Type: Parent Agency	Region 03 Date Licensed 07/24/2017 SWIFT PROVIDER INC 9205 SKILLMAN STREET SUITE 125 DALLAS, TX 75243 Fax (972) 692-7469 Administrator IKEOKWU ONUOHA	Owner Information SWIFT PROVIDER, INC 9205 SKILLMAN ST STE 125 DALLAS, TX 75243 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 018228 Lic Expire 11/30/2022 Medicare 1: 747512 Medicare 2: Phone (214) 942-1464	Region 03 Date Licensed 07/15/2016 SYAM HOME HEALTHCARE LLC 191 S CORINTH STREET ROAD SUITE C DALLAS, TX 75203 Fax (214) 948-4985 Administrator MARSHRIEF SHEAD	Owner Information SYAM HOME HEALTHCARE LLC P O BOX 398833 DALLAS, TX 75339 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency		Owner Information
County DALLAS License # 018003 Lic Expire 3/31/2021 Medicare 1: Medicare 2:	Region 03 Date Licensed 03/18/2017 SYNERGY HOMECARE 8402 STERLING ST. SUITE #103 IRVING, TX 75063	AUM HOMECARE SERVICES LLC 8402 STERLING ST. SUITE #103 IRVING, TX 75063 PHONE: FAX:
Phone (972) 514-1208 Type: Parent Agency	Fax (972) 476-1146 Administrator HARI BALIJACHINNA	Services: Personal Assistance Services
County DALLAS License # 019406 Lic Expire 5/31/2021 Medicare 1:	Region 03 Date Licensed 05/31/2019 SYNERGY HOMECARE OF NORTH DALLAS 8330 LYNDON B JOHNSON FWY, #B200 DALLAS, TEXAS 75242	Owner Information SARJUN CARE LLC
Medicare 2:		PHONE: FAX:
Phone (972) 215-7519 Type: Parent Agency	Fax Administrator SHANTHI ARUKKUTTI	Services: Personal Assistance Services
County DALLAS License # 012487 Lic Expire 3/31/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 01/24/2017 TEAM SELECT HOME CARE 3817 FAIRMOUNT STREET DALLAS, TX 75219	Owner Information VIVICARE HEALTH PARTNERS LLC 2999 N. 44TH STREET STE 100 PHOENIX, AZ 85018 PHONE: FAX:
Phone (903) 306-1324	Fax (903) 705-4343	Services: Licensed Home Health Services
Type: Branch Agency	Administrator DANA TARRANT	
County DALLAS License # 012487 Lic Expire 3/31/2023 Medicare 1:	Region 03 Date Licensed TEAM SELECT HOME CARE 3102 MAPLE AVENUE, SUITE 170 DALLAS, TX 75201	Owner Information VIVICARE HEALTH PARTNERS LLC 2999 N. 44TH STREET STE 100 PHOENIX, AZ 85018
Medicare 2: Phone (214) 217-2626	Fax (214) 217-2434	PHONE: FAX:
Type: Prench Agency	Administrator DANA TARRANT	Services: Licensed Home Health Services

Type: Branch Agency

Administrator

DANA TARRANT

County DALLAS License # 020813 Lic Expire 6/4/2024 Medicare 1: Medicare 2: Phone (214) 974-5499	Region 03 Date Licensed 06/04/2 TELEIOS HEALTHCARE INC 6305 MARLBOUROUGH CT GARLAND, TEXAS 75043 Fax (214) 974-5995	Owner Information TELEIOS HEALTHCARE INC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JOY SAMUEL	
County DALLAS License # 012767 Lic Expire 8/31/2023 Medicare 1: 747864 HHA-18 Medicare 2: Phone (903) 300-3350	Region 03 Date Licensed 08/07/2 TENDER CARE INC 4513 SUNNY BROOK DRIVE ROWLETT, TEXAS 75088 Fax (214) 960-2866	Owner Information TENDER CARE, INC 4513 SUNNY BROOK DRIVE ROWLETT, TX 75088 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Times Devent Assensy	Administrator CODIAINI FOFNIF	Personal Assistance Services
Type: Parent Agency County DALLAS License # 015900 Lic Expire 9/30/2021 Medicare 1: 679278 HHA-18 Medicare 2: Phone (972) 686-6600	Administrator GODWIN ESENE Region 03 Date Licensed 09/17/2 TENDER HANDS HOME HEALTHCARE LLC 12660 COIT ROAD, SUITE 200 DALLAS, TEXAS 75251 Fax (469) 607-1180	Owner Information TENDER HANDS HOME HEALTHCARE LLC PO BOX 570869 DALLAS, TEXAS 75357 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LALANII JONES	
County DALLAS License # 015823 Lic Expire 10/31/2021 Medicare 1: 741548 HOSPICE Medicare 2: Phone (972) 243-3033	Region 03 Date Licensed 10/21/2 TEXAN HOSPICE PROVIDER LLC 2410 LUNA ROAD STE 280 CARROLLTON, TX 75006 Fax (972) 243-3083	OWNER Information TEXAN HOSPICE PROVIDER LLC 2410 LUNA ROAD STE 280 CARROLLTON, TX 75006 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator STAN THOMAS	
County DALLAS License # 018118 Lic Expire 6/30/2023 Medicare 1: 741604 HOSPICE Medicare 2: Phone (972) 528-6033	Region 03 Date Licensed 02/10/2 TEXAN PLUS HOSPICE SERVICE 12100 FORD ROAD SUITE 275 DALLAS, TX 75234 Fax (855) 850-8656	OMMER Information VNS HEALTHCARE, INC 12100 FORD ROAD, STE. 275 DALLAS, TEXAS 75234 PHONE: FAX: Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency County DALLAS License # 009170 Lic Expire 6/30/2021 Medicare 1: 673195 Medicare 2: Phone (972) 222-6746	Administrator OMAR DIZON Region 03 Date Licensed 07/01/2 TEXAS BEST CARE HOME HEALTH INC 100 N CENTRAL EXPY, SUITE NO 190, ROOM # 115 RICHARDSON, TEXAS 75080 Fax (972) 222-1997	Owner Information TEXAS BEST CARE HOME HEALTH INC 18601 LBJ FREEWAY SUITE 110 MESQUITE, TX 75150 PHONE: FAX: Services: Licensed and Certified Home Health Services: Licensed Home Health Services:
Tyne: Paront Agonov	Administrator IOHN THOMAS	Personal Assistance Services
Type: Parent Agency County DALLAS License # 018841 Lic Expire 7/31/2022 Medicare 1: 971566 (HOSPICE) Medicare 2: Phone (972) 424-4401	Administrator JOHN THOMAS Region 03 Date Licensed 07/20/2 TEXAS BEST CARE HOSPICE INC 329 OAKS TRAIL #211 GARLAND, TEXAS 75043 Fax (972) 424-4402 Administrator DANNY WEEMS	OMMER Information TEXAS BEST CARE HOSPICE INC 1933 E FRANKFORD RD SUITE 160 CARROLLTON, TX 75007 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency		

County DALLAS License # 014663 Lic Expire 2/28/2025 Medicare 1: 671751 HOSPICE Medicare 2: Phone (972) 416-8500	Region 03 Date Licensed 02/27/2012 TEXAS BEST HOSPICE SERVICES 100 N CENTRAL EXPY STE 190 ROOM 127 RICHARDSON, TX 75080 Fax (972) 416-8533	Owner Information NVS HEALTH INC 100 N CENTRAL EXPY STE 190, ROOM 127 RICHARDSON, TX 75080 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator LARRY BARTHEL	·
County DALLAS License # 017169 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (214) 377-9945	Region 03 Date Licensed 12/11/2015 TEXAS CARE ONE HOME HEALTH AGENCY 9550 FOREST LANE # 226 BLDG # 2 DALLAS, TX 75243 Fax (682) 223-9349	Owner Information RAYMOND MAZIVEYI 9550 FOREST LANE #472 WYLIE, TX 75243 PHONE: FAX:
Type: Parent Agency	Administrator RAYMOND MAZIVEYI	Services: Personal Assistance Services
County DALLAS License # 020136 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed 08/31/2020 TEXAS CARE ONE LLC 9550 FOREST LANE #226 DALLAS, TEXAS 75243	Owner Information TEXAS CARE ONE LLC
Medicare 2: Phone (214) 377-9945	Fax (682) 223-9349	PHONE: FAX:
Type: Parent Agency	Administrator MARTHA URAGU	Services: Personal Assistance Services
County DALLAS License # 019958 Lic Expire 3/3/2025 Medicare 1: 679103 - (HHA)	Region 03 Date Licensed 03/03/2020 TEXAS HOME HEALTH GROUP OF DESOTO, LLC 911 YORK DR. #203 DESOTO, TX 751152064	Owner Information TEXAS HOME HEALTH GROUP OF DESOTO, LLC
Medicare 2:		PHONE: FAX:
Phone 214 3077300 Type: Parent Agency	Fax (214) 853-5885 Administrator KAREN TORTI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 019958 Lic Expire 3/3/2025 Medicare 1: 67Q9103002	Region 03 Date Licensed TEXAS HOME HEALTH GROUP OF DESOTO, LLC 911 YORK DR. #203 DESOTO, TX 751152064	Owner Information TEXAS HOME HEALTH GROUP OF DESOTO, LLC
Medicare 2:		PHONE: FAX:
Phone 214 3077300	Fax	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency County DALLAS License # 017068 Lic Expire 6/30/2023 Medicare 1: 747718 HHA-18 Medicare 2: Phone (972) 200-0481 Type: Parent Agency	Administrator KAREN TORTI Region 03 Date Licensed 06/16/2015 TEXAS HOME HEALTH PROVIDER LLC 2735 VILLA CREEK DR. SUITE 115 FARMERS BRANCH, TX 75234 Fax (972) 200-0542 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
		Owner Information
County DALLAS License # 020754 Lic Expire 5/14/2024 Medicare 1:	Region 03 Date Licensed 05/14/2021 TEXAS HOSPICE PROVIDERS LLC 2735 VILLA CREEK DR. STE 130T DALLAS, TEXAS 752347454	TEXAS HOSPICE PROVIDERS LLC
Medicare 2:		PHONE: FAX:
Phone 1 972 5446648	Fax 1 214 3076023	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VARGHESE ZACHARIA	

County DALLAS License # 020425 Lic Expire 12/31/2022 Medicare 1:	Region 03 Date Licensed 12 TEXAS HOSPICE SERVICES, LLC 2665 VILLA CREEK DR SUITE 260 DALLAS, TEXAS 75234	2/31/2020	Owner Information TEXAS HOSPICE SERVICES, LLC	
Medicare 2: Phone (214) 735-6622	Fax		PHONE:	FAX:
Phone (214) 735-6622	Гах		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator KAMRAN ANIS			
County DALLAS License # 012410 Lic Expire 1/31/2023 Medicare 1: 747325 HHA-18 Medicare 2: Phone (972) 226-3300	Region 03 Date Licensed 01 TEXAS PREMIER HOME HEALTHCARE INC 713 GATEWOOD ROAD SUITE C GARLAND, TX 75043 Fax (972) 285-7444	/26/2009	Owner Information TEXAS PREMIER HOME HEALTHCARE INC 713 GATEWOOD ROAD SUITE C GARLAND, TX 75043 PHONE: Services: Licensed and Certified Home Health Ser	FAX: vices; Licensed Home Health Services;
Type: Parent Agency	Administrator MATHEW PUTHENPURACKEL		Personal Assistance Services	
County DALLAS License # 016427 Lic Expire 9/30/2020 Medicare 1: Medicare 2: Phone (214) 732-2725	TEXAS SIMBA HEALTHCARE INC 2922 COUNTRY CIRCLE MESQUITE, TX 75181 Fax (972) 285-5989	0/16/2014	Owner Information TEXAS SIMBA HEALTHCARE INC 2922 COUNTRY CIRCLE MESQUITE, TX 75181 PHONE: Services: Licensed Home Health Services; Person	FAX: al Assistance Services
Type: Parent Agency County DALLAS License # 013923 Lic Expire 2/28/2023 Medicare 1:	Administrator JOB OCHOKI Region 03 Date Licensed 02 THANK YOU NURSES LTD 2730 N STEMMONS FREEWAY STE 608 DALLAS, TX 75207	2/25/2011	Owner Information THANK YOU NURSES LTD N/A SAN ANTONIO, TX 78228	
Medicare 2:	F (044) C24 0079		PHONE:	FAX:
Phone (214) 631-0071 Type: Parent Agency	Fax (214) 631-0073 Administrator ROSE FLORES		Services: Licensed Home Health Services; Person	al Assistance Services
County DALLAS License # 015911 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (214) 766-5496 Type: Parent Agency		2/12/2013	Owner Information IT'S GOOD TO BE HOME LLC 8707 VALLEY RANCH PKWY WEST IRVING, TX 75063 PHONE: Services: Personal Assistance Services	FAX:
County DALLAS License # 010765 Lic Expire 12/30/2021 Medicare 1: 747040 HHA-18 Medicare 2: Phone (214) 375-0888	Region 03 Date Licensed 09 THE COMFORTER HEALTHCARE SERVICES 4121 MARVIN D LOVE FRWY BLD 200 STE 2020 DALLAS, TX 75224 Fax (214) 375-0887	0/26/2006	Owner Information ADEOLA MUSTAPHA 7217 LIGHTHOUSE RD ARLINGTON, TEXAS 76002 PHONE: Services: Licensed and Certified Home Health Ser Personal Assistance Services	FAX: vices; Licensed Home Health Services;
Type: Parent Agency	Administrator JOY ISELOWO COMFORTERHE	ALTHCARE@YAHO	i Gradina / nadiataribe del Videa	
County DALLAS License # 012208 Lic Expire 8/31/2023 Medicare 1: 747573 HHA-18 Medicare 2:	Region 03 Date Licensed 08 THE HOME HEALTH TEAM 8330 LBJ FREEWAY SUITE B-1055 DALLAS, TX 75243	3/27/2008	Owner Information STERLING HOME HEALTH CARE INC 10935 ESTATE LANE SUITE 335 DALLAS, TX 75238 PHONE:	FAX:
Phone (214) 613-0400 Type: Parent Agency	Fax (214) 666-8897 Administrator TIMOTHY NOONAN		Services: Licensed and Certified Home Health Ser	vices; Licensed Home Health Services

County DALLAS License # 018493 Lic Expire 12/31/2021 Medicare 1: 97-1529 (HOSPICE Medicare 2: Phone (512) 418-9555 Type: Parent Agency	Region 05 Date Licensed THE MEDICAL TEAM INC 6230 N BELTLINE RD STE 303 IRVING, TX 75063 Fax (512) 418-9777 Administrator LORI GILLIAM	12/07/2017	Owner Information THE MEDICAL TEAM INC 1902 CAMPUS COMMONS DRIVE, SUITE 650 RESTON, VA 20191 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
		04/00/0044	Owner Information
County DALLAS License # 013839	Region 03 Date Licensed THE MEDICAL TEAM INC	01/20/2011	THE MEDICAL TEAM INC
Lic Expire 1/31/2023	6230 BELTLINE ROAD SUITE 303		1902 CAMPUS COMMONS DRIVE, SUITE 650
Medicare 1: 747750	IRVING, TX 75063		RESTON, VA 20191
Medicare 2:			PHONE: FAX:
Phone (214) 373-1111	Fax (214) 238-8080		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator KAMLA BEHARRYLAL		
County DALLAS	Region 03 Date Licensed	02/13/2012	Owner Information
License # 014770	THERACARE HOME HEALTH		CANTEX HOME HEALTH LEWISVILLE LLC
Lic Expire 2/28/2025	16750 WESTGROVE, SUITE 300		2537 GOLDEN BEAR DRIVE
Medicare 1: 679407 HHA-18	ADDISON, TX 750015604		CARROLLTON, TEXAS
Medicare 2:			PHONE: FAX:
Phone (972) 434-9400	Fax (800) 850-2301		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator KIMBERLY MOORE		
County DALLAS	Region 03 Date Licensed		Owner Information
License # 014770	THERACARE HOME HEALTH		CANTEX HOME HEALTH LEWISVILLE LLC
Lic Expire 2/28/2025	16750 WESTGROVE, SUITE 300-A		2537 GOLDEN BEAR DRIVE
Medicare 1: 67Q4907002 - (Bra	ADDISON, TEXAS 750015604		CARROLLTON, TEXAS
Medicare 2:	- (999) - 9449		PHONE: FAX:
Phone 972 4349400	Fax (800) 778-6442		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator KIMBERLY MOORE		
County DALLAS	Region 03 Date Licensed	07/17/2000	Owner Information
License # 007367	THERAPY 2000 INC		THERAPY 2000
Lic Expire 7/31/2022	1431 GREENWAY DRIVE STE 500		1431 GREENWAY DRIVE, SUITE 500 IRVING, TX 75038
Medicare 1: 679055 HHA-18	IRVING, TX 75038		, and the second
Medicare 2:	Fav. (460) 064 5900		PHONE: FAX:
Phone (214) 467-9787 Type: Parent Agency	Fax (469) 961-5800 Administrator DARLA GRANT		Services: Licensed Home Health Services
County DALLAS	Region 03 Date Licensed	05/24/2019	Owner Information
License # 019559	THREE OAKS HOSPICE		THREE OAKS HOSPICE DALLAS, INC
Lic Expire 5/24/2023	331 MELROSE DRIVE, SUITE 230		
Medicare 1: 671762	RICHARDSON, TEXAS 75080		
Medicare 2:			PHONE: FAX:
Phone 214 6289090	Fax 214 6289091		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MELISSA MANSELL		
County DALLAS	Region 03 Date Licensed	01/13/2015	Owner Information
License # 016602	THREE OAKS HOSPICE		GLOBAL HOSPICE CARE INC
Lic Expire 1/31/2023	2735 VILLA CREEK DRIVE, SUITE A-260		10920 COMPOSITE DR STE A
Medicare 1: 741681 HOSPICE	FARMERS BRANCH, TX 75234		DALLAS, TX 75220
Medicare 2:			PHONE: FAX:
	Fax 18442464823		
Phone (469) 432-1997 Type: Parent Agency	Administrator SUJA KURIAN		Services: Hospice In-Patient Hospice: NO

County DALLAS	Region 03 Date Licensed	06/24/2003	Owner Information
License # 008523	THREE STAR HOME HEALTH AGENCY INC		THREE STAR HOME HEALTH AGENCY INC
Lic Expire 6/30/2022	407 N CEDAR RIDGE SUITE 325		407 N CEDAR RIDGE DRIVE SUITE 325
Medicare 1: 679380 HHA-18	DUNCANVILLE, TX 75116		DUNCANVILLE, TX 75116-3171
Medicare 2:			PHONE: (214) 339-5042 FAX:
Phone (214) 339-5042	Fax (214) 339-2838		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator STEPHEN OGBONNA		
County DALLAS	Region 03 Date Licensed	10/19/2020	Owner Information
License # 020247	THRIVE SKILLED PEDIATRIC CARE		FIRST CHOICE CHILDREN'S HOMECARE, LP
Lic Expire 10/19/2022	1111 W MOCKINGBIRD LANE, SUITE 750		701 EDGEWATER DRIVE, SUITE 300
Medicare 1:	DALLAS, TX 752475028		WAKEFIELD, MA 1880
Medicare 2:			PHONE: FAX:
Phone (469) 619-0509	Fax (469) 949-9929		Services: Licensed Home Health Services
Type: Parent Agency	Administrator SHARON JASSAR		
County DALLAS	Region 03 Date Licensed	09/01/2011	Owner Information
License # 014444	TIMELY CARE HOME HEALTH		TIMELY CARE HOME HEALTH SERVICES LLC
Lic Expire 8/31/2024	1350 E. ARAPAHO RD., STE # 208		1701 N GREENVILLE AVE SUITE 1105
Medicare 1: 679789 HHA-18	RICHARDSON, TEXAS 75081		RICHARDSON, TX 75081
Medicare 2:			PHONE: FAX:
Phone (972) 699-7200	Fax (972) 699-7206		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
			Personal Assistance Services
Type: Parent Agency	Administrator SUMA JACOB		
County DALLAS	Region 03 Date Licensed	08/17/2012	Owner Information
License # 015204	TOO CARE HOME HEALTH AGENCY INC		TOO CARE HOME HEALTH AGENCY INC
Lic Expire 8/31/2023	8330 MEADOW ROAD SUITE 222		8330 MEADOW RD SUITE 222
Medicare 1: 747005 HHA-18	DALLAS, TX 75231		DALLAS, TEXAS 75231
Medicare 2:			PHONE: (214) 695-7320 FAX:
Phone (214) 221-8099	Fax (214) 221-8544		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator REGINA HAITH		Personal Assistance Services
Type: Parent Agency		03/23/2015	Personal Assistance Services Owner Information
County DALLAS	Region 03 Date Licensed	03/23/2015	
County DALLAS License # 016839	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC	03/23/2015	Owner Information
County DALLAS License # 016839 Lic Expire 3/31/2023	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225	03/23/2015	Owner Information TOPMAK HEALTH CARE SERVICES INC
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC	03/23/2015	Owner Information TOPMAK HEALTH CARE SERVICES INC 3939 US HWY 80 E SUITE 110 MESQUITE, TX 75150
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2:	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243	03/23/2015	Owner Information TOPMAK HEALTH CARE SERVICES INC 3939 US HWY 80 E SUITE 110 MESQUITE, TX 75150 PHONE: FAX:
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225	03/23/2015	Owner Information TOPMAK HEALTH CARE SERVICES INC 3939 US HWY 80 E SUITE 110 MESQUITE, TX 75150
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2:	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243	03/23/2015	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;
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 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;
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed	03/23/2015	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 License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC		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 License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804 Lic Expire 5/31/2022	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE		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 Owner Information TORO HOME HEALTH SERVICES INC
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC		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 Owner Information TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804 Lic Expire 5/31/2022 Medicare 1: 747772 HHA-18	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE		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 Owner Information TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE DALLAS, TX 75249 PHONE: FAX:
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804 Lic Expire 5/31/2022 Medicare 1: 747772 HHA-18 Medicare 2: Phone (972) 298-2222	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE DALLAS, TX 75249 Fax (972) 298-2277		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 Owner Information TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE DALLAS, TX 75249
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804 Lic Expire 5/31/2022 Medicare 1: 747772 HHA-18 Medicare 2:	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE DALLAS, TX 75249		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 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 License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804 Lic Expire 5/31/2022 Medicare 1: 747772 HHA-18 Medicare 2: Phone (972) 298-2222	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE DALLAS, TX 75249 Fax (972) 298-2277		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 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 License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804 Lic Expire 5/31/2022 Medicare 1: 747772 HHA-18 Medicare 2: Phone (972) 298-2222 Type: Parent Agency	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE DALLAS, TX 75249 Fax (972) 298-2277 Administrator TAIWO GAJI	05/17/2012	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 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 Owner Information TOTAL PATIENT CARE HOME HEALTH LLC
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804 Lic Expire 5/31/2022 Medicare 1: 747772 HHA-18 Medicare 2: Phone (972) 298-2222 Type: Parent Agency County DALLAS License # 009452 License # 009452 Lic Expire 12/31/2022	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE DALLAS, TX 75249 Fax (972) 298-2277 Administrator TAIWO GAJI Region 03 Date Licensed TOTAL PATIENT CARE HOME HEALTH 331 MELROSE DRIVE SUITE 150	05/17/2012	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 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 Owner Information TOTAL PATIENT CARE HOME HEALTH LLC PO BOX 902
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804 Lic Expire 5/31/2022 Medicare 1: 747772 HHA-18 Medicare 2: Phone (972) 298-2222 Type: Parent Agency County DALLAS License # 009452 License # 009452 Lic Expire 12/31/2022 Medicare 1: 457823 HHA-18	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE DALLAS, TX 75249 Fax (972) 298-2277 Administrator TAIWO GAJI Region 03 Date Licensed TOTAL PATIENT CARE HOME HEALTH	05/17/2012	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 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 Owner Information TOTAL PATIENT CARE HOME HEALTH LLC PO BOX 902 ALLEN, TX 75013
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804 Lic Expire 5/31/2022 Medicare 1: 747772 HHA-18 Medicare 2: Phone (972) 298-2222 Type: Parent Agency County DALLAS License # 009452 License # 009452 Lic Expire 12/31/2022 Medicare 1: 457823 HHA-18 Medicare 2:	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE DALLAS, TX 75249 Fax (972) 298-2277 Administrator TAIWO GAJI Region 03 Date Licensed TOTAL PATIENT CARE HOME HEALTH 331 MELROSE DRIVE SUITE 150 RICHARDSON, TX 75080	05/17/2012	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 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 Owner Information TOTAL PATIENT CARE HOME HEALTH LLC PO BOX 902
County DALLAS License # 016839 Lic Expire 3/31/2023 Medicare 1: 679433 HHA-18 Medicare 2: Phone (214) 664-9300 Type: Parent Agency County DALLAS License # 014804 Lic Expire 5/31/2022 Medicare 1: 747772 HHA-18 Medicare 2: Phone (972) 298-2222 Type: Parent Agency County DALLAS License # 009452 License # 009452 Lic Expire 12/31/2022 Medicare 1: 457823 HHA-18	Region 03 Date Licensed TOPMAK HEALTH CARE SERVICES INC 9696 SKILLMAN ST SUITE 225 DALLAS, TEXAS 75243 Fax (214) 664-9301 Administrator FUNKE ADEFUYE Region 03 Date Licensed TORO HOME HEALTH SERVICES INC 5920 NARAVISTA DRIVE DALLAS, TX 75249 Fax (972) 298-2277 Administrator TAIWO GAJI Region 03 Date Licensed TOTAL PATIENT CARE HOME HEALTH 331 MELROSE DRIVE SUITE 150	05/17/2012	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 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 Owner Information TOTAL PATIENT CARE HOME HEALTH LLC PO BOX 902 ALLEN, TX 75013

County DALLAS Region 06 Date Licensed 04/25/2008 Owner Information License # 000221 TOUCH OF CLASS TOUCH OF CLASS	
Eletise # 003201 TOUCH OF CLASS	
Lic Expire 8/31/2022 800 E CAMPBELL RD SUITE 254 Medicare 1: RICHARDSON, TX 75081	
Medicare 2: PHONE:	FAX:
Phone (972) 918-0612 Fax (972) 918-0642 Services: Licensed Home Health Service	
Type: Branch Agency Administrator JANET BOWLES	Jes, Felsonal Assistance Services
County DALLAS Pagin 02 Data Licensed 12/20/2002 Owner Information	
County DALLAS Region 03 Date Licensed 12/30/2003 Owner motivation License # 008833 TRADITIONAL HEALTHCARE SERVICES LATAURUS JOHNSON	
Lic Expire 12/31/2023 918 N DALLAS AVE 918 N DALLAS AVE	
Medicare 1: 457869 HHA-18 LANCASTER, TX 75146 LANCASTER, TX 75146	
Medicare 2: PHONE:	FAX:
Phone (972) 218-2272 Fax (972) 218-8023 Services: Licensed and Certified Home	Health Services; Licensed Home Health Services;
Personal Assistance Services	Tiodian convictor, Electrode Tionic Tiodian convictor,
Type: Parent Agency Administrator NAKPANGI ATLEY	
County DALLAS Region 03 Date Licensed 04/21/2021 Owner Information	
License # 020709 TRANSITIONAL MEDICAL GROUP TRANSITIONAL HEALTHCARE SERV	/ICES LLC
Lic Expire 4/21/2024 12655 NORTH CENTRAL EXPRESSWAY, SUITE 330	
Medicare 1: DALLAS, TX 75243	
Medicare 2: PHONE:	FAX:
Phone (469) 886-8206 Fax (214) 722-0036 Services: Personal Assistance Services	S
Type: Parent Agency Administrator SHEENA BOWIE	
County DALLAS Region 03 Date Licensed 05/25/2011 Owner Information	
License # 014125 TRAXX HEALTHCARE INC TRAXX HEALTHCARE INC	
Lic Expire 8/24/2024 5312 FREESTONE DR. SUITE #B 2844 CONRAD LANE	
Medicare 1: GRAND PRAIRIE, TX 75052 GRAND PRAIRIE, TX 75052	
Medicare 2: PHONE: (972) 513-5227	FAX:
Phone (972) 310-9290 Fax (972) 206-0131 Services: Licensed Home Health Service	ces; Personal Assistance Services
Type: Parent Agency Administrator COMFORT WILLIAMS	
County DALLAS Region 03 Date Licensed 06/06/2012 Owner Information	W 4050 W 10
License # 015114 TREASURE LIFE HEALTHCARE SERVICES INC TREASURE LIFE HEALTHCARE SER	
Lic Expire 6/30/2022 8111 LBJ FREEWAY SUITE # 1340A 310 EAST INTERSTATE 30, SUITE B1	102
ineuticale 1. 45/3001111A-10 DALLAS, 1EAAS /3251	FAV
Medicare 2: PHONE: Phone (214) 484-6084 Fax (214) 484-6554 Services: Licensed and Certified Home.	FAX:
Griffied. Electional and Griffied Traine	Health Services; Personal Assistance Services
Ouner Information	
County DALLAS Region 03 Date Licensed 04/29/2020 Owner Information TREASURED HANDS PERSONAL CAPE I. C. TREASURED HANDS PERSONAL CAPE II. C.	APELLO
LICEISE # 019904 TREASURED NAINDS PERSONAL CARE LLC	ANE LLO
LIC EXPIRE 4/29/2022 32 IS INTERSTATE 30, STE 200	
Medicare 1: MESQUITE, TX 75150 FIGARITATION, TA 75120 Medicare 2: PHONE:	FAX:
Phone (682) 206.6627	
Type: Parent Agency Administrator CYLINDA JORDAN-RUBEN	5
Owner Information	
County DALLAS Region 03 Date Licensed 10/31/2017	
915 SOLITH HIPITER ROAD	
Lic Expire 10/31/2024 915 SOUTH JUPITER ROAD 370 500 1110 1111 1111 1111 1111 1111 111	
Medicare 2: PHONE:	FAX:
Phone (214) 242 4600 Fay (214) 242 4601	Health Services; Licensed Home Health Services;
Type: Parent Agency Administrator CHRISTIE ECHIKWA	

County DALLAS License # 011132 Lic Expire 3/31/2023 Medicare 1: 743161 HHA-18 Medicare 2: Phone (214) 221-7727	Region 03 Date Licensed 03/08/2007 TRENDY CARE HOME HEALTH SERVICES 6413 COPANO BAY DRIVE ROWLETT, TX 750894118 Fax (972) 212-4636	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
Type: Parent Agency	Administrator VIVIAN NSI	Owner Information
County DALLAS	Region 03 Date Licensed 05/27/2015	TRIAD PEDIATRIC HOME HEALTH LLC
License # 016826	TRIAD PEDIATRIC HOME HEALTH LLC	6111 SHOL CREEK TRAIL
Lic Expire 5/31/2021 Medicare 1:	6111 SHOAL CREEK TRAIL GARLAND, TX 75044	GARLAND, TX 75044
Medicare 1:	GARLAND, IX 73044	PHONE: FAX:
Phone (972) 495-5150	Fax (972) 495-1806	
Type: Parent Agency	Administrator CORINNE BAYER SORENSON	Services: Licensed Home Health Services
·· · · · · · · · · · · · · · · · · · ·		Owner Information
County DALLAS	Region 07 Date Licensed 06/03/2016	MOST CHOICE HEALTHCARE LLC
License # 016723	TRIAGE HOME CARE	1603 BABCOCK SUITE 115
Lic Expire 2/28/2023	2300 VALLEY VIEW LN STE 880	SAN ANTONIO, TX 78229
Medicare 1: Medicare 2:	IRVING, TX 75062	PHONE: FAX:
Phone (972) 887-3084	Fax (972) 887-3046	
Type: Branch Agency	Administrator HAZEM MOHAMED	Services: Personal Assistance Services
-		Owner Information
County DALLAS	Region 03 Date Licensed 06/22/2018	ALL CARE HOSPICE LLC
License # 018799	TRIBUTE HOSPICE	2121 W AIRPORT FREEWAY 320
Lic Expire 10/15/2022	158 AZTEC LN SUITE 104	IRVING, TX 75062-6028
Medicare 1: 971567 (HOSPICE) Medicare 2:	VAN ALSTYNE, TX 75495	PHONE: FAX:
Phone (469) 226-5440	Fax (972) 584-9292	
(111)	(0.2) 0.00	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator RAYMOND ONYEKWERE	
County DALLAS	Region 03 Date Licensed 03/04/2010	Owner Information
License # 013151	TRINITY ANGELS HEALTHCARE SERVICES INC	TRINITY ANGELS HEALTHCARE SERVICES INC
Lic Expire 3/31/2022	2306 GUTHRIE ROAD SUITE #260-F	2306 GUTHRIE ROAD SUITE 260 F
Medicare 1: 747529 HHA-18	GARLAND, TX 75043	GARLAND, TX 75043
Medicare 2:		PHONE: FAX:
Phone (972) 226-1600	Fax (214) 309-9207	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Types Descrit Agency	Administrator JOBI ABRAHAM	Personal Assistance Services
Type: Parent Agency	Auministrator Jobi Adrianivi	Ourseleft-media.
County DALLAS	Region 03 Date Licensed 02/17/2010	Owner Information TRINITY HOME DIALYSIS INC
License # 013113	TRINITY HOME DIALYSIS INC	1414 W WHEATLAND ROAD SUITE 100
Lic Expire 2/28/2022	1414 WEST WHEATLAND ROAD SUITE 100	DUNCANVILLE, TX 75116
Medicare 1: Medicare 2:	DUNCANVILLE, TX 75116	PHONE: FAX:
Phone (972) 709-1950	Fax (972) 709-1949	
Type: Parent Agency	Administrator DENNIS JONES	Services: Licensed Home Health Services with Dialysis
'''''''''''''		Owner Information
County DALLAS	Region 05 Date Licensed 09/16/2017	MEP AND FAMILY HEALTH CARE AGENCY INC
License # 018521	TRINITY HOME HEALTHCARE SERVICES	330 SOUTH MAIN STREET
Lic Expire 9/30/2023	8330 LBJ FWY STE 460	COPPERAS COVE, TX 76522
Medicare 1: 679420 Medicare 2:	DALLAS, TX 75243	PHONE: FAX:
Phone (469) 463-4302	Fax (214) 242-2233	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator UCHENNA ONYEKWELU	Personal Assistance Services

County DALLAS License # 014719 Lic Expire 3/31/2022 Medicare 1: 741569 HOSPICE Medicare 2: Phone 469 7264402 Type: Parent Agency	Region 03 Date Licensed 03/30/2012 TRINITY HOSPICE 4425 W AIRPORT FREEWAY SUITE 450 IRVING, TX 75062 Fax 888 8209310 Administrator ALLURA REYNOLDS	Owner Information AKG HOSPICE CARE LLC 540 E APPLEBY RD STE 104 FAYETTEVILLE, AR 72703 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County DALLAS License # 009878 Lic Expire 6/30/2023 Medicare 1: 679472 HHA-18 Medicare 2: Phone (214) 421-0035 Type: Parent Agency	Region 03 Date Licensed 07/01/2005 TRINITY INSPIRED HOME HEALTH CARE AGENCY 8344 E R L THORNTON FWY SUITE 255 DALLAS, TX 75228 Fax (214) 321-1018 Administrator ANGANETTA LAGRONE	Owner Information TRINITY INSPIRED HOME HEALTH CARE INC 8344 E R L THORNTON FREEWAY SUITE #208 DALLAS, TX 75228 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DALLAS License # 010392 Lic Expire 4/30/2023 Medicare 1: 679743 HHA-18 Medicare 2: Phone (972) 522-5758 Type: Parent Agency	Region 03 Date Licensed 04/14/2006 TRIPLE AGI HOME HEALTH 1106 N HWY 360 SUITE 410 GRAND PRAIRIE, TX 75050 Fax (972) 552-5922 Administrator BERNADINE UDEOZOH	Owner Information TRIPLE AGI INC 1106 N HWY 360 SUITE 410 GRAND PRAIRIE, TX 75050-2599 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 021166 Lic Expire 10/27/2024 Medicare 1: Medicare 2: Phone (945) 208-1199	Region 03 Date Licensed 10/27/2021 TROSE HOME HEALTH CARE SERVICES LLC 6500 NORTHWEST DRIVE SUITE 350 MESQUITE, TX 75150 Fax (833) 910-2627	Owner Information TROSE HOME HEALTH SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 021128 Lic Expire 10/14/2024 Medicare 1: Medicare 2: Phone (469) 619-3636	Administrator CRYSTAL OKOCHE Region 03 Date Licensed 10/14/2021 TRUE CHOICE HOSPICE 401 S SHERMAN ST, STE 309A RICHARDSON, TX 75081 Fax (469) 277-3366	Owner Information SAP PALLIATIVE AND HOSPICE CARE INC PHONE: FAX:
Type: Parent Agency	Administrator VAISHALI PATEL	Services: Hospice In-Patient Hospice: NO
County DALLAS License # 017600 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (469) 434-1397 Type: Parent Agency	Region 03 Date Licensed 08/30/2016 TRUE PROVIDENCE HEALTHCARE SERVICES 1277 HIGHVIEW DRIVE CEDAR HILL, TX 75104 Fax (972) 759-9029 Administrator FELISTAR AWHEN	Owner Information TRUE PROVIDENCE HEALTHCARE SERVICES LLC 1277 HIGHVIEW DR CEDAR HILL, TX 75104 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 019820 Lic Expire 2/10/2022 Medicare 1: Medicare 2: Phone (469) 449-3802 Type: Parent Agency	Region 03 Date Licensed 02/10/2020 TRUST IN GOD HOME HEALTHCARE LLC 6405 GENTLE RIVER DRIVE DALLAS, TEXAS 75241 Fax Administrator PATRICE HOLLEMAN	Owner Information TRUST IN GOD HOME HEALTHCARE LLC 1531 DUNCANVILLE ROAD APT 1002 DALLAS, TX 75211 PHONE: FAX: Services: Personal Assistance Services

County DALLAS License # 020092 Lic Expire 8/4/2022	Region 03 Date Licensed 08/04/2020 TWO CIRCLES HOME HEALTH CARE 1908 ROYAL LANE, SUITE 350	Owner Information TWO CIRCLES HOME HEALTH CARE, INC
Medicare 1:	DALLAS, TEXAS 75229	
Medicare 2: Phone (469) 661-1486	Fax (469) 828-2541	PHONE: FAX:
Type: Parent Agency	Administrator LINH ATKINS	Services: Licensed Home Health Services; Personal Assistance Services
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 Medicare 1:	2340 EAST TRINITY MILLS ROAD., SUITE 340 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 Type: Parent Agency	Fax (214) 342-6101 Administrator UCHE NWABUNWANNE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Owner Information
County DALLAS	Region 03 Date Licensed 07/22/2008	ULTIMATE CARING HOME HEALTH, LLC
License # 012116	ULTIMATE CARING HOME HEALTH LLC	11300 N CENTRAL EXPRESSWAY STE 205
Lic Expire 7/31/2024	11300 N CENTRAL EXPRESSWAY SUITE 205	DALLAS, TX 75243
Medicare 1: 747326 HHA-18;74 Medicare 2:	DALLAS, TX 75243	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
Type: Parent Agency	Administrator ANDREW GEORGE	In-Patient Hospice: NO
· · · · · · · · · · · · · · · · · · ·		Owner Information
County DALLAS License # 010352	Region 03 Date Licensed 03/23/2006	J & M COMMUNICATIONS, LLC
	ULTIMATE HOME HEALTH CARE	4402 BROADWAY BLVD STE 14
Lic Expire 3/31/2023	4402 BROADWAY BLVD SUITE 14	4402 BROADWAY BLVD STE 14 GARLAND, TX 75043
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18		GARLAND, TX 75043
Lic Expire 3/31/2023	4402 BROADWAY BLVD SUITE 14	GARLAND, TX 75043 PHONE: FAX:
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2:	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043	GARLAND, TX 75043
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2:	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency County DALLAS	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE Region 03 Date Licensed 03/21/2017	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ULTIMATE PLUS HOSPICE, LLC 4402 BROADWAY BLVD., SUTIE 9A
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency County DALLAS License # 018057	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE Region 03 Date Licensed 03/21/2017 ULTIMATE PLUS HOSPICE LLC	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ULTIMATE PLUS HOSPICE, LLC
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency County DALLAS License # 018057 Lic Expire 3/31/2023	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE Region 03 Date Licensed 03/21/2017 ULTIMATE PLUS HOSPICE LLC 4402 BROADWAY BLVD SUITE 9A	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ULTIMATE PLUS HOSPICE, LLC 4402 BROADWAY BLVD., SUTIE 9A
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency County DALLAS License # 018057 Lic Expire 3/31/2023 Medicare 1: 741614 HOSPICE	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE Region 03 Date Licensed 03/21/2017 ULTIMATE PLUS HOSPICE LLC 4402 BROADWAY BLVD SUITE 9A	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ULTIMATE PLUS HOSPICE, LLC 4402 BROADWAY BLVD., SUTIE 9A GARLAND, TX 75043
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency County DALLAS License # 018057 Lic Expire 3/31/2023 Medicare 1: 741614 HOSPICE Medicare 2:	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE Region 03 Date Licensed 03/21/2017 ULTIMATE PLUS HOSPICE LLC 4402 BROADWAY BLVD SUITE 9A GARLAND, TX 75043	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ULTIMATE PLUS HOSPICE, LLC 4402 BROADWAY BLVD., SUTIE 9A GARLAND, TX 75043 PHONE: FAX: Services: Hospice
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency County DALLAS License # 018057 Lic Expire 3/31/2023 Medicare 1: 741614 HOSPICE Medicare 2: Phone (214) 427-8227	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE Region 03 Date Licensed 03/21/2017 ULTIMATE PLUS HOSPICE LLC 4402 BROADWAY BLVD SUITE 9A GARLAND, TX 75043 Fax (217) 427-8228	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ULTIMATE PLUS HOSPICE, LLC 4402 BROADWAY BLVD., SUTIE 9A GARLAND, TX 75043 PHONE: FAX: Services: Hospice
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency County DALLAS License # 018057 Lic Expire 3/31/2023 Medicare 1: 741614 HOSPICE Medicare 2: Phone (214) 427-8227 Type: Parent Agency	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE Region 03 Date Licensed 03/21/2017 ULTIMATE PLUS HOSPICE LLC 4402 BROADWAY BLVD SUITE 9A GARLAND, TX 75043 Fax (217) 427-8228 Administrator DELENE GEORGE	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ULTIMATE PLUS HOSPICE, LLC 4402 BROADWAY BLVD., SUTIE 9A GARLAND, TX 75043 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information UNITED COMFORT HEALTHCARE INCORPORATED
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency County DALLAS License # 018057 Lic Expire 3/31/2023 Medicare 1: 741614 HOSPICE Medicare 2: Phone (214) 427-8227 Type: Parent Agency County DALLAS	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE Region 03 Date Licensed 03/21/2017 ULTIMATE PLUS HOSPICE LLC 4402 BROADWAY BLVD SUITE 9A GARLAND, TX 75043 Fax (217) 427-8228 Administrator DELENE GEORGE Region 03 Date Licensed 11/30/2005	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ULTIMATE PLUS HOSPICE, LLC 4402 BROADWAY BLVD., SUTIE 9A GARLAND, TX 75043 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information UNITED COMFORT HEALTHCARE INCORPORATED 5312 FREESTONE DRIVE
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency County DALLAS License # 018057 Lic Expire 3/31/2023 Medicare 1: 741614 HOSPICE Medicare 2: Phone (214) 427-8227 Type: Parent Agency County DALLAS License # 010313	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE Region 03 Date Licensed 03/21/2017 ULTIMATE PLUS HOSPICE LLC 4402 BROADWAY BLVD SUITE 9A GARLAND, TX 75043 Fax (217) 427-8228 Administrator DELENE GEORGE Region 03 Date Licensed 11/30/2005 UNITED COMFORT HEALTHCARE INCORPORATED	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ULTIMATE PLUS HOSPICE, LLC 4402 BROADWAY BLVD., SUTIE 9A GARLAND, TX 75043 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information UNITED COMFORT HEALTHCARE INCORPORATED
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency County DALLAS License # 018057 Lic Expire 3/31/2023 Medicare 1: 741614 HOSPICE Medicare 2: Phone (214) 427-8227 Type: Parent Agency County DALLAS License # 010313 Lic Expire 11/30/2021	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE Region 03 Date Licensed 03/21/2017 ULTIMATE PLUS HOSPICE LLC 4402 BROADWAY BLVD SUITE 9A GARLAND, TX 75043 Fax (217) 427-8228 Administrator DELENE GEORGE Region 03 Date Licensed 11/30/2005 UNITED COMFORT HEALTHCARE INCORPORATED 5312 FREESTONE DRIVE	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ULTIMATE PLUS HOSPICE, LLC 4402 BROADWAY BLVD., SUTIE 9A GARLAND, TX 75043 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information UNITED COMFORT HEALTHCARE INCORPORATED 5312 FREESTONE DRIVE GRAND PRAIRIE, TX 75052 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Lic Expire 3/31/2023 Medicare 1: 679543 HHA-18 Medicare 2: Phone (972) 240-4700 Type: Parent Agency County DALLAS License # 018057 Lic Expire 3/31/2023 Medicare 1: 741614 HOSPICE Medicare 2: Phone (214) 427-8227 Type: Parent Agency County DALLAS License # 010313 Lic Expire 11/30/2021 Medicare 1: 453134 HHA-18 Medicare 2:	4402 BROADWAY BLVD SUITE 14 GARLAND, TX 75043 Fax (972) 240-8700 Administrator DELENE GEORGE Region 03 Date Licensed 03/21/2017 ULTIMATE PLUS HOSPICE LLC 4402 BROADWAY BLVD SUITE 9A GARLAND, TX 75043 Fax (217) 427-8228 Administrator DELENE GEORGE Region 03 Date Licensed 11/30/2005 UNITED COMFORT HEALTHCARE INCORPORATED 5312 FREESTONE DRIVE GRAND PRAIRIE, TX 75052	GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ULTIMATE PLUS HOSPICE, LLC 4402 BROADWAY BLVD., SUTIE 9A GARLAND, TX 75043 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information UNITED COMFORT HEALTHCARE INCORPORATED 5312 FREESTONE DRIVE GRAND PRAIRIE, TX 75052 PHONE: FAX:

County DALLAS	Region 03 Date Licensed 01/10/2015	Owner Information
County DALLAS License # 016732	UNITED PLUS HOME HEALTH LLC	UNITED PLUS HOME HEALTH LLC
Lic Expire 1/31/2023		505 CLARIDEN RANCH RD
Medicare 1: 747695	17290 PRESTON ROAD SUITE 200 D - ROOM A DALLAS, TX 75252	SOUTHLAKE, TX 76092
Medicare 2:	DALLAG, IX 13232	PHONE: FAX:
Phone 817 3824931	Fax 817 7179354	
0.7.002.007		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator BAIJU PILLAI	
County DALLAS	Region 03 Date Licensed 03/20/2014	Owner Information
License # 016235	UNITED PLUS HOSPICE INC	UNITED PLUS HOSPICE INC
Lic Expire 3/31/2022	3132 WEST MILLER ROAD SUITE A	10935 ESTATE LANE # 475 B
Medicare 1: 671736 HOSPICE	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 JOHNSON GEORGE	
County DALLAS	Region 03 Date Licensed 12/07/2007	Owner Information
License # 011748	UNITED ROYALCARE HEALTHSERVICES INC	UNITED ROYALCARE HEALTHSERVICES INC
Lic Expire 12/31/2022	10935 ESTATE LANE SUITE 330	10935 E ESTATE LANE SUITE 330
Medicare 1: 747353 HHA-18	DALLAS, TX 75238	DALLAS, TX 75238
Medicare 2:	SALLE IO, TA TOLLO	PHONE: FAX:
Phone (972) 681-2521	Fax (972) 681-2921	
	Administrator PATIENCE UCHE, RN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Autilitistiatoi PATIENCE OCHE, RN	
County DALLAS	Region 03 Date Licensed 10/01/2021	Owner Information
License # 021098	UNIVERSAL SENIOR SERVICES, INC	UNIVERSAL INDUSTRIES, INC
Lic Expire 10/1/2024	5215 NORTH O'CONNOR BOULEVARD, SUITE 1100	
Medicare 1:	IRVING, TEXAS 75039	
Medicare 2:		PHONE: FAX:
	_	
Phone (866) 330-8627	Fax	Services: Personal Assistance Services
	Fax Administrator SANTOSH KUMAR	
Phone (866) 330-8627		
Phone (866) 330-8627 Type: Parent Agency	Administrator SANTOSH KUMAR	Services: Personal Assistance Services Owner Information UNLIMITED HEALTHCARE PROVIDER, LLC
Phone (866) 330-8627 Type: Parent Agency County DALLAS	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010	Services: Personal Assistance Services Owner Information UNLIMITED HEALTHCARE PROVIDER, LLC PO BOX 763246
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC	Services: Personal Assistance Services Owner Information UNLIMITED HEALTHCARE PROVIDER, LLC
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B	Services: Personal Assistance Services Owner Information UNLIMITED HEALTHCARE PROVIDER, LLC PO BOX 763246
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B	Services: Personal Assistance Services 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
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2:	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150	Services: Personal Assistance Services 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
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE	Services: Personal Assistance Services 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
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012	Services: Personal Assistance Services 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
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC	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 Owner Information
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647 Lic Expire 2/28/2025	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC 423 W WHEATLAND RD #102	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 Owner Information US UNIVERSAL HEALTH CARE SERVICES LLC
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC	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 Owner Information US UNIVERSAL HEALTH CARE SERVICES LLC 2955 BANDERA ST
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647 Lic Expire 2/28/2025 Medicare 1: 747826 HHA-18	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC 423 W WHEATLAND RD #102	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 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;
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647 Lic Expire 2/28/2025 Medicare 1: 747826 HHA-18 Medicare 2:	Administrator SANTOSH KUMAR Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC 423 W WHEATLAND RD #102 DUNCANVILLE, TX 75116	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 Owner Information US UNIVERSAL HEALTH CARE SERVICES LLC 2955 BANDERA ST GRAND PRAIRIE, TX 75054 PHONE: FAX:
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647 Lic Expire 2/28/2025 Medicare 1: 747826 HHA-18 Medicare 2: Phone (972) 780-5226 Type: Parent Agency	Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC 423 W WHEATLAND RD #102 DUNCANVILLE, TX 75116 Fax (972) 780-4793 Administrator ANTHONY IYAMAH	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 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;
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647 Lic Expire 2/28/2025 Medicare 1: 747826 HHA-18 Medicare 2: Phone (972) 780-5226 Type: Parent Agency County DALLAS	Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC 423 W WHEATLAND RD #102 DUNCANVILLE, TX 75116 Fax (972) 780-4793 Administrator ANTHONY IYAMAH Region 03 Date Licensed 01/01/2005	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 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
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647 Lic Expire 2/28/2025 Medicare 1: 747826 HHA-18 Medicare 2: Phone (972) 780-5226 Type: Parent Agency County DALLAS License # 014647 Lic Expire 2/28/2025 Medicare 1: 747826 HHA-18 Medicare 2: Phone (972) 780-5226 Type: Parent Agency County DALLAS License # 009569	Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC 423 W WHEATLAND RD #102 DUNCANVILLE, TX 75116 Fax (972) 780-4793 Administrator ANTHONY IYAMAH Region 03 Date Licensed 01/01/2005 UT SOUTHWESTERN HOME HEALTH CARE	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 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
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647 Lic Expire 2/28/2025 Medicare 1: 747826 HHA-18 Medicare 2: Phone (972) 780-5226 Type: Parent Agency County DALLAS License # 009569 Lic Expire 12/31/2023	Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC 423 W WHEATLAND RD #102 DUNCANVILLE, TX 75116 Fax (972) 780-4793 Administrator ANTHONY IYAMAH Region 03 Date Licensed 01/01/2005 UT SOUTHWESTERN HOME HEALTH CARE 6363 FOREST PARK ROAD STE BL.B 304	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 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 Owner Information THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647 Lic Expire 2/28/2025 Medicare 1: 747826 HHA-18 Medicare 2: Phone (972) 780-5226 Type: Parent Agency County DALLAS License # 009569 Lic Expire 12/31/2023 Medicare 1: 678078 HHA-18	Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC 423 W WHEATLAND RD #102 DUNCANVILLE, TX 75116 Fax (972) 780-4793 Administrator ANTHONY IYAMAH Region 03 Date Licensed 01/01/2005 UT SOUTHWESTERN HOME HEALTH CARE	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 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 Owner Information THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD DALLAS, TX 75390
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647 Lic Expire 2/28/2025 Medicare 1: 747826 HHA-18 Medicare 2: Phone (972) 780-5226 Type: Parent Agency County DALLAS License # 009569 Lic Expire 12/31/2023	Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC 423 W WHEATLAND RD #102 DUNCANVILLE, TX 75116 Fax (972) 780-4793 Administrator ANTHONY IYAMAH Region 03 Date Licensed 01/01/2005 UT SOUTHWESTERN HOME HEALTH CARE 6363 FOREST PARK ROAD STE BL.B 304	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 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 Owner Information THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD DALLAS, TX 75390 PHONE: FAX:
Phone (866) 330-8627 Type: Parent Agency County DALLAS License # 013207 Lic Expire 3/31/2022 Medicare 1: 747519 Medicare 2: Phone (214) 375-8883 Type: Parent Agency County DALLAS License # 014647 Lic Expire 2/28/2025 Medicare 1: 747826 HHA-18 Medicare 2: Phone (972) 780-5226 Type: Parent Agency County DALLAS License # 009569 Lic Expire 12/31/2023 Medicare 1: 678078 HHA-18 Medicare 2:	Region 03 Date Licensed 04/01/2010 UNLIMITED HEALTHCARE PROVIDER LLC 3939 EAST US HWY 80 STE 143B MESQUITE, TX 75150 Fax (214) 375-8884 Administrator KIM LAMOTTHE Region 03 Date Licensed 02/22/2012 US UNIVERSAL HEALTH CARE SERVICES LLC 423 W WHEATLAND RD #102 DUNCANVILLE, TX 75116 Fax (972) 780-4793 Administrator ANTHONY IYAMAH Region 03 Date Licensed 01/01/2005 UT SOUTHWESTERN HOME HEALTH CARE 6363 FOREST PARK ROAD STE BL.B 304 DALLAS, TX 753909279	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 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 Owner Information THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD DALLAS, TX 75390

County DALLAS License # 009717 Lic Expire 4/30/2022 Medicare 1: 677856 HHA-18 Medicare 2: Phone (214) 553-9552	Region 03 Date Licensed VAP HOME HEALTH CARE INC 9304 FOREST LANE SUITE S 220 DALLAS, TX 75243 Fax (214) 553-9434	04/27/2005	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
Type: Parent Agency	Administrator PHILOMENA NWAOKOLO		
County DALLAS License # 010556 Lic Expire 6/30/2024 Medicare 1: 679616 HHA-18 Medicare 2: Phone (469) 491-0638 Type: Parent Agency	Region 03 Date Licensed VCM HEALTHCARE LLC 12200 FORD ROAD, STE A200 FARMERS BRANCH, TX 75234 Fax (214) 367-4311 Administrator EMILIA MBANWITE	06/20/2006	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 License # 021075 Lic Expire 4/8/2024 Medicare 1: Medicare 2: Phone (469) 491-0638 Type: Parent Agency	Region 03 Date Licensed VCM HEALTHCARE LLC 12300 FORD ROAD, STE 425 FARMERS BRANCH, TEXAS 75234 Fax (214) 367-4311 Administrator EMILIA MBANWITE	04/08/2021	Owner Information VCM HEALTHCARE, LLC 300 ROLLING OAKS RIDGE CEDAR HILL, TX 75104 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 008011 Lic Expire 7/31/2022 Medicare 1: 679207 HHA-18 Medicare 2: Phone (469) 868-6422	Region 03 Date Licensed VCP HOME HEALTH CARE AGENCY INC 607 N CEDAR RIDGE DR SUITE 102 DUNCANVILLE, TX 75116 Fax (469) 868-6425	07/19/2002	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
Type: Parent Agency County DALLAS License # 021262 Lic Expire 12/8/2024 Medicare 1:	Administrator PHINA EMUAKHAGBON Region 03 Date Licensed VEBA HOME HEALTH SERVICES INC 4412 RANDALL CT SACHSE, TEXAS 75048	12/08/2021	Owner Information VEBA HOME HEALTH SERVICES INC
Medicare 2: Phone (214) 716-9794	Fax (214) 299-8669		PHONE: FAX:
Type: Parent Agency	Administrator BASIL ENEJI		Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 020419 Lic Expire 7/23/2022 Medicare 1: 74-1763 Medicare 2: Phone (214) 930-2386	Region 03 Date Licensed VERA HOSPICE 14140 MIDWAY RD., STE 104 FARMERS BRANCH, TEXAS 75244 Fax (469) 722-3622	07/23/2020	Owner Information CRYSTAL HOSPICE CARE LLC PHONE: FAX:
	, ,		Services: Hospice In-Patient Hospice: NO
County DALLAS License # 011792 Lic Expire 1/31/2023 Medicare 1: 743171 HHA-18 Medicare 2: Phone (903) 885-3975 Type: Parent Agency	Administrator TERESA BATES Region 04 Date Licensed VIBRANT HOME HEALTH CARE INC 3884 S. SHILOH RD. SUITE 118 GARLAND, TEXAS 75041 Fax (903) 885-3978 Administrator TANYA GRIFFIN	01/04/2008	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 License # 016434 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (214) 247-7288 Type: Parent Agency	Region 03 Date Licensed VICMORE HOME HEALTH SOLUTIONS INC 1020 LIGHTHOUSE CT CEDAR HILL, TX 75104 Fax (214) 247-7283 Administrator DOROTHY OJIRIKA	06/01/2014	Owner Information VICMORE HOME HEALTH SOLUTIONS INC 1020 LIGHTHOUSE CT CEDAR HILL, TX 75104 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 014922 Lic Expire 1/31/2022 Medicare 1: 747049 HHA-18 Medicare 2: Phone (972) 258-0527	Region 03 Date Licensed VICTORY FIVE HEALTHCARE INC 2323 W ROCHELLE RD, 7 SUITE B IRVING, TX 75062 Fax (972) 258-0525	01/27/2012	Owner Information VICTORY FIVE HEALTHCARE INC 17822 DAVENPORT ROAD SUITE A DALLAS, TX 75252 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DALLAS License # 010683 Lic Expire 8/31/2022 Medicare 1: 747069 HHA-18 Medicare 2: Phone (214) 221-5399 Type: Parent Agency	Administrator ASHRUF ALI KHAN Region 03 Date Licensed VIETNAM HOME HEALTH CARE INC 3538 W. WALNUT STREET GARLAND, TX 75042 Fax (214) 221-0330 Administrator JULIA DANG	08/16/2006	Owner Information CHERISH HOME CARE NETWORK, INC 9319 LBJ FWY SUITE #217 DALLAS, TX 75243 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 014136 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (469) 429-2913 Type: Parent Agency	Region 03 Date Licensed VIGORCARE PEDIATRIC SERVICES 1420 W. MOCKINGBIRD LANE #290 DALLAS, TX 75247 Fax (469) 429-2914 Administrator OKE OKOCHA	06/03/2011	Owner Information VIGORCARE PARTNERS OF TEXAS LTD 1700 ALMA DRIVE SUITE 230 PLANO, TX 75075 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 014136 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (469) 778-0221 Type: Branch Agency	Region 03 Date Licensed VIGORCARE PEDIATRIC SERVICES 275 W CAMPBELL ROAD #410 RICHARDSON, TX 75080 Fax (469) 778-0224 Administrator OKE OKOCHA	02/12/2014	Owner Information VIGORCARE PARTNERS OF TEXAS LTD 1700 ALMA DRIVE SUITE 230 PLANO, TX 75075 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 014136 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (469) 778-0221 Type: Branch Agency	Region 03 Date Licensed VIGORCARE PEDIATRIC SERVICES 275 W CAMPBELL ROAD #410 RICHARDSON, TX 75080 Fax (469) 778-0224 Administrator OKE OKOCHA	02/12/2014	Owner Information VIGORCARE PARTNERS OF TEXAS LTD 1700 ALMA DRIVE SUITE 230 PLANO, TX 75075 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 014136 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (469) 429-2913	Region 03 Date Licensed VIGORCARE PEDIATRIC SERVICES 1420 W. MOCKINGBIRD LANE #290 DALLAS, TX 75247	06/03/2011	Owner Information VIGORCARE PARTNERS OF TEXAS LTD 1700 ALMA DRIVE SUITE 230 PLANO, TX 75075 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

Administrator

OKE OKOCHA

County DALLAS License # 013885 Lic Expire 2/28/2021 Medicare 1: 747948 HHA-18 Medicare 2: Phone (214) 772-6313 Type: Parent Agency	Region 03 Date Licensed 02/11/2011 VIKA MEDICAL SERVICES LLC 10300 NORTH CENTRAL EXPRESSWAY SUITE 190 DALLAS, TX 75231 Fax 18887361274 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 License # 020373 Lic Expire 12/4/2022 Medicare 1: Medicare 2: Phone 972 2959383 Type: Parent Agency	Region 03 Date Licensed 12/04/2020 VILLAGE HOSPICE LLC 3939 US HIGHWAY 80 E, SUITE 224 MESQUITE, TX 751503359 Fax 1 800 6753203 Administrator SANTHOSH THOMAS	Owner Information VILLAGE HOSPICE LLC 127 E FORK RD SUNNYVALE, TX PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County DALLAS License # 005847 Lic Expire 7/31/2022 Medicare 1: 679023 HHA-18 Medicare 2: Phone (214) 703-0767 Type: Parent Agency	Region 03 Date Licensed 07/14/1997 VISION HOME HEALTH CARE INC 409 EAST CENTERVILLE ROAD SUITE#A GARLAND, TX 75041 Fax (214) 703-0765 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 License # 018329 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (469) 998-4544 Type: Parent Agency	Region 03 Date Licensed 09/18/2017 VISITING ANGELS 331 MELROSE DRIVE SUITE 240 RICHARDSON, TX 75080 Fax (469) 998-4545 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 License # 018010 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (469) 356-2680 Type: Parent Agency	Region 03 Date Licensed 04/18/2017 VISITING ANGELS 1229 E PLEASANT RUN RD #224 DESOTO, TX 75115 Fax (469) 356-2681 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 License # 014973 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (972) 313-2680 Type: Parent Agency	Region 03 Date Licensed 08/02/2012 VISITING ANGELS 930 N BELT LINE ROAD SUITE 116 IRVING, TX 75061 Fax (817) 622-8094 Administrator SCOTT LUDWIG	Owner Information LUDWIG DIVERSIFIED ENTERPRISES INC 6706 JOHNS CT. ARLINGTON, TX 76016 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 012434 Lic Expire 2/28/2021 Medicare 1: Medicare 2: Phone (214) 368-2225 Type: Parent Agency	Region 03 Date Licensed 02/09/2009 VISITING ANGELS 8350 N CENTRAL EXPRESSWAY SUITE M1018 DALLAS, TEXAS 75206 Fax (214) 853-5328 Administrator MICHAEL ASHY	Owner Information JPMA ENTERPRISES INC 5646 MILTON ST. STE #500 DALLAS, TX 75206 PHONE: FAX: Services: Personal Assistance Services

County DALLAS License # 012420 Lic Expire 1/31/2021 Medicare 1: Medicare 2: Phone (214) 703-8123 Type: Parent Agency	Region 03 Date Licensed 01/30/2009 VISITING ANGELS 3631 BROADWAY BLVD GARLAND, TX 75043 Fax (214) 975-8300 Administrator RODNEY ROTHWELL	Owner Information VERSA SALES LLC 82222 CLUB MEADOWS DALLAS, TX 75243 PHONE: FAX: Services: Personal Assistance Services
County DALLAS License # 012880 Lic Expire 9/30/2023 Medicare 1: 747051 HHA-18 Medicare 2:	Region 03 Date Licensed 10/01/2009 VITAL HOME HEALTH CARE, INC 330 MUNICIPAL DRIVE SUITE 104 B RICHARDSON, TX 750803541	Owner Information VITAL HOME HEALTH CARE INC 3321 BROADWAY BLVD, SUITE 201 GARLAND, TX 75043 PHONE: FAX:
Phone (972) 840-1010 Type: Parent Agency	Fax (972) 840-1011 Administrator SHERLY PHILIPOSE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 018148 Lic Expire 6/30/2023 Medicare 1: 679241 HHA-18 Medicare 2: Phone (972) 235-6099 Type: Parent Agency	Region 03 Date Licensed 06/19/2017 VITAL POINT CORPORATION 3939 E US HIGHWAY 80 STE 254 MESQUITE, TX 75150 Fax (972) 690-9320 Administrator ABDURRAHMAN DELANGE	Owner Information VITAL POINT CORPORATION 3939 US HIGHWAY 80 E STE 254 MESQUITE, TX PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 018041 Lic Expire 2/28/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 02/21/2017 VITALIS HOME HEALTH LLC 9550 FOREST LANE STE 309 DALLAS, TX 75243	Owner Information VITALIS HOME HEALTH LLC 9550 FOREST LANE STE 309 DALLAS, TX 75243 PHONE: FAX:
Phone (469) 778-0150 Type: Parent Agency	Fax (469) 778-0153 Administrator DESMOND ARREY	Services: Personal Assistance Services
County DALLAS License # 006983 Lic Expire 11/30/2023 Medicare 1:	Region 03 Date Licensed 10/05/2016 VITAS HEALTHCARE OF TEXAS LP 2550 BECKLEYMEADE AVENUE BUILDING 1 SUITE 225 DALLAS, TEXAS 75237	Owner Information VITAS HEALTHCARE OF TEXAS LP
Medicare 2:	3.12.16, 12.00 1020	PHONE: FAX:
Phone (214) 424-5600 Type: Alternate Delivery Site	Fax (972) 283-6863 Administrator TANA VILLANUEVA	Services: Hospice; Alternative Delivery Site (ADS) In-Patient Hospice: NO
County DALLAS License # 006983 Lic Expire 11/30/2023 Medicare 1: 451504 HOSPICE	Region 03 Date Licensed 12/01/1998 VITAS HEALTHCARE OF TEXAS LP 14651 N DALLAS PARKWAY SUITE 812 DALLAS, TX 75254	Owner Information VITAS HEALTHCARE OF TEXAS LP
Medicare 2:		PHONE: FAX:
Phone (214) 424-5600	Fax (972) 448-6542	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TANA VILLANUEVA	·
County DALLAS License # 006983 Lic Expire 11/30/2023 Medicare 1:	Region 03 Date Licensed VITAS HEALTHCARE OF TEXAS LP 1441 N. BECKLEY AVE 5TH FLOOR SCHENKEL TOWER DALLAS, TEXAS 75203	Owner Information VITAS HEALTHCARE OF TEXAS LP
Medicare 2:	•	PHONE: FAX:
Phone (469) 357-5584	Fax (469) 357-5590	Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: YES

Type: Alternate Delivery Site

Administrator

TANA VILLANUEVA

County DALLAS License # 012429 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (972) 861-1000 Type: Branch Agency	Region 03 Date Licensed 01/03/2011 VIVA PEDIATRICS 8150 N CENTRAL EXPRESSWAY SUITE M1015 DALLAS, TX 75206 Fax (972) 861-1111 Administrator JOSH STRANGE	Owner Information VIVA MEDICAL GROUP LLC 3400 WATERVIEW PARKWAY, SUITE 115 RICHARDSON, TX 75080 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 012429 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (972) 861-1000 Type: Branch Agency	Region 03 Date Licensed 01/03/2011 VIVA PEDIATRICS 8150 N CENTRAL EXPRESSWAY SUITE M1015 DALLAS, TX 75206 Fax (972) 861-1111 Administrator JOSH STRANGE	Owner Information VIVA MEDICAL GROUP LLC 3400 WATERVIEW PARKWAY, SUITE 115 RICHARDSON, TX 75080 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 012429 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (469) 341-7772 Type: Parent Agency	Region 03 Date Licensed 02/05/2009 VIVA PEDIATRICS 275 W. CAMPBELL RD, STE 400 RICHARDSON, TEXAS 75080 Fax (972) 378-2111 Administrator JOSH STRANGE	Owner Information VIVA MEDICAL GROUP LLC 3400 WATERVIEW PARKWAY, SUITE 115 RICHARDSON, TX 75080 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 012429 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (469) 341-7772 Type: Parent Agency	Region 03 Date Licensed 02/05/2009 VIVA PEDIATRICS 275 W. CAMPBELL RD, STE 400 RICHARDSON, TEXAS 75080 Fax (972) 378-2111 Administrator JOSH STRANGE	Owner Information VIVA MEDICAL GROUP LLC 3400 WATERVIEW PARKWAY, SUITE 115 RICHARDSON, TX 75080 PHONE: FAX: Services: Licensed Home Health Services
County DALLAS License # 001531 Lic Expire 9/30/2023 Medicare 1: 451506 HOSPICE Medicare 2: Phone (214) 689-0000 Type: Parent Agency	Region 03 Date Licensed 10/01/1984 VNA 1420 W. MOCKINGBIRD LANE, SUITE 700 DALLAS, TEXAS 75247 Fax (214) 689-2300 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 License # 001531 Lic Expire 9/30/2023 Medicare 1: 451506 HOSPICE Medicare 2: Phone (214) 689-0000	Region 03 Date Licensed 10/01/1984 VNA 1420 W. MOCKINGBIRD LANE, SUITE 700 DALLAS, TEXAS 75247 Fax (214) 689-2300	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 License # 001531 Lic Expire 9/30/2023 Medicare 1: 451506 HOSPICE Medicare 2: Phone (214) 689-0000	Administrator OLIVIA ROGERS Region 03 Date Licensed 10/01/1984 VNA 1420 W. MOCKINGBIRD LANE, SUITE 700 DALLAS, TEXAS 75247 Fax (214) 689-2300	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

Administrator OLIVIA ROGERS

County DALLAS License # 001531 Lic Expire 9/30/2023 Medicare 1: 451506 HOSPICE Medicare 2: Phone (214) 689-0000	Region 03 Date Licensed 10/01/1984 VNA 1420 W. MOCKINGBIRD LANE, SUITE 700 DALLAS, TEXAS 75247 Fax (214) 689-2300 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
Type: Parent Agency	Administrator Otivia ROGERS	Ourse Information
County DALLAS License # 019776 Lic Expire 1/13/2022 Medicare 1:	Region 03 Date Licensed 01/13/2020 WE CARE ABOUT YOU HOME HEALTH CARE AGENCY LLC 6139 COLLEGE WAY DALLAS, TX 75241	Owner Information WE CARE ABOUT YOU HOME HEALTH CARE AGENCY LLC
Medicare 2:	_	PHONE: FAX:
Phone (214) 717-2271	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator DATOYA WILLIAMS JAMES	
County DALLAS License # 020106 Lic Expire 8/17/2022 Medicare 1:	Region 03 Date Licensed 08/17/2020 WE CARE HEALTH, INC 2925 SKYWAY CIR N SUITE 150 IRVING, TEXAS 75038	Owner Information WE CARE HEALTH, INC
Medicare 2:		PHONE: FAX:
Phone (469) 789-6809	Fax (972) 499-9009	Services: Hospice In-Patient Hospice: NO
County DALLAS License # 009774 Lic Expire 5/31/2024	Administrator PAVAN-KUMAR VANNAVA Region 03 Date Licensed 05/25/2005 WE CARE HOME HEALTH SERVICES INC 309 N GALLOWAY AVE STE 101	Owner Information WE CARE HOME HEALTH SERVICES INC 417 N BRYAN BELTLINE SUITE A MESQUITE, TX 75149
Medicare 1: 677808 HHA-18 Medicare 2:	MESQUITE, TEXAS 75149	PHONE: FAX:
Phone (972) 289-5800	Fax (972) 289-5804	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CYNTHIA SELL	- 5 CONTRAT - CO
County DALLAS License # 013608 Lic Expire 10/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 10/05/2010 WEECARE PEDIATRIC HOME HEALTH LLC 100 N CENTRAL EXPRESSWAY SUITE 908 RICHARDSON, TX 75080	Owner Information WEECARE PEDIATRIC HOME HEALTH LLC 100 NORTH CENTRAL EXPRESSWAY, SUITE 900 RICHARDSON, TX 75080 PHONE: FAX:
Phone (972) 235-9155	Fax (972) 421-1833	Services: Licensed Home Health Services
Type: Parent Agency	Administrator SHELLY LITCHFIELD	Services. Licenseu nome nealm Services
County DALLAS License # 012221 Lic Expire 8/31/2022 Medicare 1: 747327	Region 03 Date Licensed 08/29/2008 WELLCARE GROUP HOME HEALTH INC 777 SOUTH CENTRAL EXPRESSWAY SUITE I-P RICHARDSON, TEXAS 75080	Owner Information WELLCARE GROUP HOME HEALTH, INC 777 S CENTRAL EXPWAT STE 1-S RICHARDSON, TX 75080
Medicare 2: Phone 972907_3622	Fax (972) 907-3632	PHONE: FAX:
Type: Parent Agency	Administrator GEORGE AGWAIFE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 019269 Lic Expire 2/20/2023	Region 03 Date Licensed 02/20/2019 WELLCARE HOSPICE LLC 2410 LUNA RD STE#286	Owner Information WELLCARE HOSPICE LLC
Medicare 1: 971597 Hospice Medicare 2:	CARROLLTON, TEXAS 75006	PHONE: FAX:
Phone (972) 514-6630	F (070) 517 0005	THORE. FAA.
	Fax (972) 547-9925	Services: Hospice In-Patient Hospice: NO

County DALLAS License # 019205 Lic Expire 1/16/2021 Medicare 1:	Region 03 Date Licensed 01/16/2019 WELLCARE PEOPLE HOME HEALTH, INC 777 SOUTH CENTRAL EXPRESSWAY, SUITE 1-S, RICHARDSON, TEXAS 75080	Owner Information WELLCARE PEOPLE HOME HEALTH, INC
Medicare 2:		PHONE: FAX:
Phone 972 685 3451 Type: Parent Agency	Fax 972 685 3452 Administrator GEORGE AGWAIFE	Services: Personal Assistance Services
County DALLAS License # 020498 Lic Expire 2/1/2024 Medicare 1: Medicare 2: Phone (214) 600-4081	Region 03 Date Licensed 02/01/2021 WHITES EXECUTIVE PATIENT HOME CARE LLC 1220 RIVER BEND DRIVE STE 116 DALLAS, TX 75247 Fax (866) 224-2441	Owner Information WHITES EXECUTIVE PATIENT HOME CARE LLC 1220 RIVER BEND DRIVE STE 116 DALLAS, TX 75247 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County DALLAS License # 017667 Lic Expire 7/31/2022 Medicare 1: 747780 HHA-18 Medicare 2: Phone (972) 240-6200	Administrator JAKIYA JENKINS Region 03 Date Licensed 07/12/2016 WILCARE HEALTHCARE INC 100 N CENTRAL EXPY SUITE 190 ROOM 111 RICHARDSON, TX 75080 Fax (972) 240-6255	Owner Information WILCARE HEALTHCARE INC 100 N CENTRAL EXPY, SUITE 190, ROOM 111 RICHARDSON, TX 75080 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SHARMATHA RAJESH	Owner Information
County DALLAS License # 019093 Lic Expire 11/30/2020 Medicare 1: Medicare 2:	Region 03 Date Licensed 08/10/2018 WILCARE HOSPICE LLC 100 N. CENTRAL EXPRESSWAY STE 190 RM 105 RICHARDSON, TX 75080	WILCARE HOSPICE LLC PHONE: FAX:
Phone (972) 416-8500	Fax (972) 416-8533	Services: Hospice In-Patient Hospice: NO
County DALLAS License # 019148 Lic Expire 12/12/2022 Medicare 1: 97-1524 (HOSPICE	Administrator RAJU PAULOSE Region 03 Date Licensed 12/12/2018 WINGS OVER TEXAS HOSPICE 205 S CADDO ST SUITE 100 CLEBURNE, TEXAS 76031	Owner Information LIFECARE HEALTH VENTURES, LLC 928 DIANN CIRCLE LANCASTER, TX 75146
Medicare 2: Phone 214 3906700 Type: Parent Agency	Fax 734 4481950 Administrator TEFFANY ODIE	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County DALLAS License # 014585 Lic Expire 1/31/2024 Medicare 1: 747879 HHA-18 Medicare 2: Phone (469) 682-6532 Type: Parent Agency	Region 03 Date Licensed 01/17/2012 WINNERS WELLNESS SERVICES INC 18601 LBJ FREEWAY STE 620 MESQUITE, TX 75150 Fax (972) 222-9226 Administrator PATSY IROHA	Owner Information WINNERS WELLNESS SERVICES INC 18601 LBJ FREEWAY STE 620 MESQUITE, TX 75150 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 017614 Lic Expire 7/31/2022 Medicare 1: 747156 HHA-18 Medicare 2: Phone (972) 240-8600	Region 03 Date Licensed 07/12/2016 WKM HEALTHCARE INC 100 N CENTRAL EXPY SUITE 190 ROOM 114 RICHARDSON, TX 75080 Fax (972) 240-8607	Owner Information WKM HEALTHCARE INC 551 BROADWAY COMMONS #300 GARLAND, TX 75043 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator SHARMATHA RAJESH	Personal Assistance Services

County DALLAS License # 019095 Lic Expire 8/10/2022 Medicare 1: 97-1539 (HOSPICE)	Region 03 Date Licensed 08/10/2018 WKM HOSPICE LLC 100 N. CENTRAL EXPRESSWAY STE 190 RM 106 RICHARDSON, TX 75080	Owner Information WKM HOSPICE, LLC
Medicare 2: Phone (972) 416-8500	Fax (972) 416-8533	PHONE: FAX:
		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator RAJU PAULOSE	
County DALLAS License # 014339 Lic Expire 9/30/2023 Medicare 1:	Region 03 Date Licensed 09/12/2011 WOORI HOME CARE 11500 N. STEMMONS FREEWAY SUITE NO. 126 DALLAS, TX 75229	Owner Information BETTER LIVING HEALTHCARE SERVICES INC 2625 OLD DENTON ROAD SUITE 452 CARROLLTON, TX 75007
Medicare 2:	Fav. (072) 920 F000	PHONE: FAX:
Phone (972) 982-2228	Fax (972) 820-5989	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator YOUNG KANG	
County DALLAS License # 020318 Lic Expire 11/13/2022 Medicare 1:	Region 03 Date Licensed 11/13/2020 WORK OF ART MEDICAL AND WELLNESS CARE, PLLC 2512 OAK LAWN AVE DALLAS, TEXAS 75219	Owner Information WORK OF ART MEDICAL AND WELLNESS CARE, PLLC
Medicare 2:	,	PHONE: FAX:
Phone (972) 685-4268 Type: Parent Agency	Fax (469) 293-1102 Administrator KELISHIA WILLIAMS-NELSON	Services: Licensed Home Health Services; Personal Assistance Services
County DALLAS License # 012719 Lic Expire 7/31/2023 Medicare 1: 747554 HHA-18	Region 03 Date Licensed 07/17/2009 XTRA HEALTH CARE SERVICES INC 777 SOUTH CENTRAL EXPRESSWAY SUITE 7 H RICHARDSON, TEXAS 75080	Owner Information XTRA HEALTH CARE SERVICES INC 11884 GREENVILLE AVE STE 107A DALLAS, TX 75243
Medicare 2:		PHONE: FAX:
Phone (214) 388-0200 Type: Parent Agency	Fax (214) 388-0215 Administrator GWENDOLYNE SERIKI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Owner Information
County DALLAS License # 018461	Region 03 Date Licensed 10/12/2017 Y MEDICAL ASSOCIATES INC	Y MEDICAL ASSOCIATES, INC
Lic Expire 10/31/2023	8840 NORTH MACARTHUR	8840 NORTH MACARTHUR
Medicare 1:	IRVING, TX 75063	IRVING, TX 75063
Medicare 2:		PHONE: FAX:
Phone (800) 447-7558 Type: Parent Agency	Fax (855) 838-0623 Administrator MARY BROWN	Services: Licensed Home Health Services
County DALLAS	Region 03 Date Licensed 09/09/2020	Owner Information
License # 020156 Lic Expire 9/9/2022 Medicare 1:	ZETIS HEALTH SERVICES INC 5769 BELTLINE ROAD, #708 DALLAS, TEXAS 75254	ZETIS HEALTH SERVICES INC
Medicare 2:		PHONE: FAX:
Phone (214) 815-9187	Fax 18889773665	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CORNELIA ALINNOR	
County DAWSON License # 007971 Lic Expire 6/30/2022 Medicare 1: 679160 HHA-18	Region 01 Date Licensed 06/10/2002 ANGELS CARE HOME HEALTH 1009 N 7TH STREET LAMESA, TX 79331	Owner Information SU CASA HOME HEALTH SERVICES LLC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063
Medicare 2: Phone 1009 N 7th St	Fax (806) 200-3252	PHONE: FAX:
Type: Parent Agency	Administrator JILL PHILLIPS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County DAWSON License # 009509 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (806) 872-0540 Type: Branch Agency	Region 01 Date Licensed CALVERT HOME HEALTH CARE LLC 1607 N BRYAN AVE LAMESA, TX 79331 Fax (806) 272-0315 Administrator JULIE STACY	01/01/2005	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 DAWSON License # 001401 Lic Expire 1/31/2025 Medicare 1:	Region 01 Date Licensed CAPROCK HOME HEALTH SERVICES INC 225 N AUSTIN AVENUE LAMESA, TX 79331	02/14/2018	Owner Information CAPROCK HOME HEALTH SERVICES INC 8806 UNIVERSITY AVENUE LUBBOCK, TX 79423
Medicare 2: Phone (806) 300-0626 Type: Branch Agency	Fax (806) 300-0627 Administrator VICTORIA CAUGHRON		PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DEAF SMITH License # 017957 Lic Expire 3/31/2023 Medicare 1: 451782 HOSPICE Medicare 2: Phone (806) 363-6085 Type: Parent Agency	Region 01 Date Licensed SAMARITAN HOSPICE 400 RANGER DR. HEREFORD, TEXAS 79045 Fax (806) 363-6038 Administrator CHRISTINE BATENHORST	03/16/2017	Owner Information KINGS MANOR METHODIST RETIREMENT SYSTEM INC PO BOX 1999 HEREFORD, TX 79045 PHONE: (806) 364-0661 FAX: (806) 364-0675 Services: Hospice In-Patient Hospice: NO
County DENTON License # 021307 Lic Expire 1/4/2025 Medicare 1:	Region 03 Date Licensed 1ST CALL HOME CARE, LLC 4251 FM 2181 STE. 230339 CORINTH, TEXAS 76210	01/04/2022	Owner Information 1ST CALL HOME CARE, LLC
Medicare 2: Phone (469) 230-0673 Type: Parent Agency	Fax Administrator SEDA ZARBINIAN		PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 019637 Lic Expire 10/7/2021 Medicare 1:	Region 03 Date Licensed 29 ACRES, INC 3000 MOSELEY ROAD CROSSROADS, TEXAS 76227	10/07/2019	Owner Information
Medicare 2: Phone (469) 970-2248	Fax		PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County DENTON License # 020867 Lic Expire 6/25/2024 Medicare 1:	Administrator MORGAN MCKAY Region 03 Date Licensed A BETTER SOLUTION IN HOME CARE 3701 SANGUINET ST., STE 107 FORT WORTH, TEXAS 76107	06/25/2021	Owner Information KOROHEKE CARE LLC
Medicare 2: Phone (877) 585-9011 Type: Parent Agency	Fax Administrator LINDA FLORES		PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 009716 Lic Expire 4/30/2024 Medicare 1: 457965 HHA-18 Medicare 2:	Region 03 Date Licensed A C T HOME HEALTH 4401 NORTH I 35 SUITE 208 DENTON, TX 76207	04/27/2005	Owner Information A C T HOME HEALTH INC 4401 IH 35 SUITE 208 DENTON, TX 76207 PHONE: FAX:
Phone (940) 484-2900 Type: Parent Agency	Fax (940) 484-2903 Administrator SCOTT SCHRAM		Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County DENTON License # 017275 Lic Expire 11/30/2024 Medicare 1: 747745 HHA-18 Medicare 2: Phone (972) 735-9394 Type: Parent Agency	Region 03 Date Licensed 11/30/2015 A K M HOME HEALTHCARE 5200 PAIGE RD STE 501 THE COLONY, TX 75056 Fax (972) 761-1906 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
<u> </u>		Owner Information
County DENTON License # 016277	Region 03 Date Licensed 01/08/2014 A STEP ABOVE HOME HEALTH AND PALLIATIVE CARE	PADEZ HOME HEALTH INC
Lic Expire 5/31/2022	3712 OLD DENTON RD STE 120	8111 LBJ FREEWAY STE 820
Medicare 1: 679674	CARROLLTON, TX 75007	DALLAS, TX 75251
Medicare 2:	Grandle Ford, 17. 1990)	PHONE: FAX:
Phone (972) 238-8282	Fax (972) 238-7404	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DILENE VOCHOSKA	
County DENTON	Region 03 Date Licensed 10/07/2020	Owner Information
License # 020218	AAF HEALTHCARE LLC	AAF HEALTHCARE LLC
Lic Expire 10/7/2022	1021 BIRD CREEK DRIVE	
Medicare 1:	LITTLE ELM, TEXAS 75068	
Medicare 2:	_	PHONE: FAX:
Phone (203) 709-0346	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OLUFEMI OYEDELE	
County DENTON	Region 03 Date Licensed 06/15/2017	Owner Information
License # 018151	ABSOLUTELY ANGELS INC	ABSOLUTELY ANGELS INC
Lic Expire 6/30/2023	770 S HWY 377 STE 208	PO BOX 1203
Medicare 1: 457848 HHA-18	PILOT POINT, TX 76258	PILOT POINT, TX 76258
Medicare 2:		PHONE: FAX:
Phone (940) 686-0324	Fax (877) 869-0097	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator SUNIL RAI	
County DENTON	Region 01 Date Licensed 07/23/2008	Owner Information
License # 012120	ACCENTCARE HEALTH	KINDSTAR, INC
Lic Expire 7/31/2023	2950 50TH (HOS)	17855 N. DALLAS PARKWAY DR. #200
Medicare 1: 451774 HOSPICE	LUBBOCK, TX 79413	DALLAS, TX 75284
Medicare 2:		PHONE: FAX:
Phone (806) 788-0158	Fax (806) 788-1561	Services: Hospice
T D 14	A L	In-Patient Hospice: NO
Type: Parent Agency	Administrator JESUS CAZARES	
County DENTON	Region 03 Date Licensed 12/31/2006	Owner Information
License # 011196	ACCENTCARE HEALTH	KINDSTAR, INC
Lic Expire 12/31/2022	225 W MULBERRY ST #102 HOS	17855 N. DALLAS PARKWAY DR. #200
Medicare 1: 671528 HOSPICE	DENTON, TX 76201	DALLAS, TX 75284
Medicare 2:	Foy. (955) 750 5970	PHONE: FAX:
Phone (940) 220-2127	Fax (855) 750-5879	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DENISE WARDEN	irr auent rospice. No
County DENTON	Region 03 Date Licensed 12/19/2017	Owner Information
License # 018518	ACCUAID CARE SERVICES LLC	ACCUAID CARE SERVICES LLC
Lic Expire 12/31/2021	1011 SURREY LANE BUILDING 200	1011 SURREY LANE BUILDING 200
	IUTI SURKET LANE BUILDING 200	
Medicare 1:	FLOWER MOUND, TX 75022	FLOWER MOUND, TX 75022
•		FLOWER MOUND, TX 75022 PHONE: FAX:
Medicare 1:		

County DENTON License # 017938 Lic Expire 11/30/2022 Medicare 1: 679106 HHA-18 Medicare 2: Phone (940) 686-4663	Region 03 Date Licensed ACTIVE HOME HEALTH 1016 N. INDUSTRIAL BLVD. PILOT POINT, TX 76258 Fax (940) 686-0146	11/15/2016	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
Type: Parent Agency	Administrator STEPHEN CIULLA		
County DENTON License # 007973 Lic Expire 6/30/2022 Medicare 1: 679204 HHA-18 Medicare 2: Phone (940) 384-0393 Type: Parent Agency	Region 03 Date Licensed ADVANCED REHABTRUST HOME HEALTH 2433 FORT WORTH DR DENTON, TEXAS 76205 Fax (940) 384-0003 Administrator HEIDI GILL	06/17/2002	Owner Information REHABTRUST INC 723 I-35 SUITE 224 DENTON, TX 76205 PHONE: FAX: Services: Licensed and Certified Home Health Services
County DENTON License # 016347 Lic Expire 7/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed AFFABLE HEALTHCARE SERVICES INC 3730 E MCKINNEY ST. SUITE 105 ROOM 2 DENTON, TEXAS 76208	07/28/2014	Owner Information AFFABLE HEALTHCARE SERVICES INC 10935 ESTATE LANE SUITE S-235 DALLAS, TX 75238 PHONE: FAX:
Phone (940) 808-0183 Type: Parent Agency	Fax (469) 270-1515 Administrator OMOLAYO AYENI		Services: Personal Assistance Services
County DENTON License # 012082 Lic Expire 7/31/2023 Medicare 1: 747268 Medicare 2: Phone (972) 221-3693	Region 03 Date Licensed AGATES HOME HEALTH AGENCY INC 1517 CAYMUS COURT LEWISVILLE, TX 75067 Fax (972) 221-3695	07/02/2008	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
Type: Parent Agency County DENTON License # 020265 Lic Expire 7/24/2022 Medicare 1: 747221 Medicare 2: Phone (972) 573-4001 Type: Parent Agency	Administrator OTILIA EFESOA Region 03 Date Licensed ALL SAINTS HOME HEALTH CARE INC 2601 LITTLE ELM PKWY STE 602 LITTLE ELM, TEXAS 75068 Fax (972) 573-4002 Administrator OKENYE AGBOGHAI	07/24/2020	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 License # 011714 Lic Expire 11/30/2022 Medicare 1: 747269 HHA-18 Medicare 2: Phone (972) 325-4492 Type: Parent Agency	Region 03 Date Licensed ALLIANCE HOMEHEALTH CARE 5205 AZTEC DRIVE THE COLONY, TX 750562371 Fax (469) 384-9658 Administrator CATHERINE KARIUKI	11/30/2007	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 License # 019611 Lic Expire 9/23/2021 Medicare 1: Medicare 2: Phone (940) 243-7881 Type: Parent Agency	Region 03 Date Licensed ALVAREZ PERSONAL CARE 3009 OAKSHIRE ST. DENTON, TEXAS 76209 Fax (214) 889-5618 Administrator GUADALUPE ALVAREZ	09/23/2019	Owner Information GUADALUPE ALVAREZ PHONE: FAX: Services: Personal Assistance Services

County DENTON License # 018078 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (940) 241-2273 Type: Parent Agency County DENTON License # 016919 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (469) 906-2399 Type: Parent Agency	Region 03 Date Licensed 05/25/2017 ALWAYS BEST CARE SOUTHLAKE DENTON 2650 FM 407 SUITE 255 ARGYLE, TX 76226 Fax (940) 241-3322 Administrator SHANE CARPENTER Region 03 Date Licensed 07/16/2015 AMADA SENIOR CARE DENTON FRISCO 405 STATE HWY 121 BYPASS STE A250 LEWISVILLE, TX 75067 Fax (469) 906-2367 Administrator CHRISTINE CONNELLY	Owner Information LENDA LOU ENTERPRISES 9000 CEDAR RIDGE LANTANA, TX 76226 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information ANZIANO CORP 104 ROSE CT ARGYLE, TX 76226 PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 009677 Lic Expire 3/31/2022 Medicare 1: 679452 HHA-18 Medicare 2: Phone (972) 436-5241 Type: Parent Agency	Region 03 Date Licensed 04/01/2005 AMAZING GRACE HOME HEALTH AGENCY INC 383 PERRY AVENUE LEWISVILLE, TX 75057 Fax (972) 436-5709 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 License # 020737 Lic Expire 5/6/2024 Medicare 1: Medicare 2: Phone (469) 453-5558 Type: Parent Agency	Region 03 Date Licensed 05/06/2021 AMAZING TOUCH LLC 2639 WATERDANCE DRIVE LITTLE ELM, TEXAS 75068 Fax (469) 501-2565 Administrator REGINA CAESAR	Owner Information AMAZING TOUCH LLC PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 009047 Lic Expire 4/30/2022 Medicare 1: 673142 HHA-18 Medicare 2: Phone (972) 910-8898 Type: Parent Agency	Region 03 Date Licensed 04/26/2004 AMBER HOME HEALTH CARE 1116 CRANE STREET CARROLLTON, TX 75007 Fax (972) 910-8897 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 License # 013678 Lic Expire 10/31/2022 Medicare 1: 747662 HHA-18 Medicare 2: Phone (940) 497-4656 Type: Parent Agency	Region 03 Date Licensed 10/26/2010 AMITA HOMECARE 3606 WINCHESTER COURT CORINTH, TX 76210 Fax (940) 321-4341 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 License # 019923 Lic Expire 5/8/2022 Medicare 1: Medicare 2: Phone (314) 578-2393	Region 03 Date Licensed 05/08/2020 AMTHERE HOME HEALTH, INC 2591 DALLAS PARKWAY, SUITE 300 FRISCO, TX 75034 Fax	Owner Information AMTHERE HOME HEALTH, INC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator RESURRECCION MESINA	Personal Assistance Services

		O
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	EMIO / E TV 75077
Medicare 1: 679700	LEWISVILLE, TX 75077	LEWISVILLE, TX 75077
Medicare 2:		PHONE: FAX:
Phone (972) 317-7331	Fax (972) 317-3296	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
Lic Expire 11/6/2022	7401 ALMA DR STE 833	2012 PIEDMONT DR
Medicare 1:	PLANO, TX 75025	LEWISVILLE, TX 75067
Medicare 2:		PHONE: FAX:
Phone (469) 269-9456	Fax (469) 464-9971	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
Lic Expire 1/31/2022	2620 CASCADE COVE DR	
Medicare 1:	LITTLE ELM, TEXAS 75068	
Medicare 2:		PHONE: FAX:
Phone (469) 463-4302	Fax (214) 242-2233	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator CHIOMA ONYEKWELU	
County DENTON	Region 03 Date Licensed 02/11/2005	Owner Information
License # 009582	ANJI HOME HEALTH AGENCY INC	ANJI HOME HEALTH AGENCY INC
Lic Expire 2/28/2023	2700 LOON LAKE ROAD	2700 LOON LAKE ROAD
Medicare 1: 677821	DENTON, TX 76210	DENTON, TX 76210
Medicare 2:		PHONE: FAX:
Phone (940) 535-6036	Fax (940) 535-6031	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
Lic Expire 2/23/2022	376 WEST MAIN STREET SUITE F	
Medicare 1: 747827	LEWISVILLE, TEXAS 75057	
Medicare 2:		PHONE: FAX:
Phone (940) 566-3145	Fax (940) 382-8132	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
Lic Expire 9/30/2023	4645 AVON LANE #225	2460 MARSH LANE
Medicare 1: 74-1753	FRISCO, TX 75033	PLANO, TX 75093
Medicare 2:	.,	PHONE: FAX:
Phone (469) 290-6100	Fax (972) 576-9307	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
Lic Expire 7/31/2022	700 PARKER SQUARE SUITE 105	700 PARKER SQUARE SUITE 105
Medicare 1: 671603 HOSPICE	FLOWER MOUND, TX 75028	FLOWER MOUND, TX 75028-7448
Medicare 2:		PHONE: FAX:
Phone (469) 293-1515	Fax (469) 293-1530	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JIMMIE STAPLETON	

County DENTON License # 021250 Lic Expire 12/3/2024 Medicare 1:	Region 03 Date Licensed 12/03/2021 ARTWING HEALTHCARE SOLUTIONS 4416 HIDDENITE ROAD AUBREY, TEXAS 76227	Owner Information ARTWING HEALTHCARE SOLUTIONS
Medicare 2:	Fax	PHONE: FAX:
Phone (972) 607-0010 Type: Parent Agency	Administrator ISHMAEL MANDAZA	Services: Personal Assistance Services
	Administrator ISI IIVALL IVANDAZA	Owner Information
County DENTON	Region 03 Date Licensed 01/21/2021	ASCENSION HOME CARE SOLUTIONS, LLC
License # 020479 Lic Expire 1/21/2024	ASCENSION HOME CARE SOLUTIONS, LLC 1108 CYPRESS HILL DR	
Medicare 1:	LITTLE ELM, TX 75068	
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 License # 019065	Region 03 Date Licensed 11/06/2018 A'SFRED CARE	Owner Information HYGIEIA HOME HEALTH LLC
Lic Expire 11/6/2020 Medicare 1:	1508 DAISY LANE FLOWER MOUND, TX 75028	
Medicare 2:	TEOWER WOOND, TX 75020	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	ASPEN HEATHCARE SERVICES, INC
Lic Expire 3/31/2023	314 W MAIN STREET	314 W MAIN STREET
Medicare 1: 743181 HHA-18 Medicare 2:	LEWISVILLE, TX 75057	LEWISVILLE, TX 75067 PHONE: FAX:
Phone (972) 316-2035	Fax (972) 315-1507	
Type: Parent Agency	Administrator SARA RIGSBY	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County DENTON	Region 03 Date Licensed 06/15/2011	Owner Information
License # 014164	ASPEN HOSPICE CARE INC	ASPEN HOSPICE CARE INC
Lic Expire 6/30/2024	314 W MAIN ST STE 700	314 W MAIN ST STE 700
Medicare 1: 671734 HOSPICE	LEWISVILLE, TX 75057	LEWISVILLE, TX 75057
Medicare 2:	Fav. (079) 345 4507	PHONE: FAX:
Phone (972) 316-2035 Type: Parent Agency	Fax (972) 315-1507 Administrator ANDREA PETE	Services: Hospice In-Patient Hospice: NO
		Owner Information
County DENTON License # 018327	Region 03 Date Licensed 09/18/2017 AUTUMN OF LIFE HOME CARE LLC	AUTUMN OF LIFE HOME CARE LLC
Lic Expire 9/30/2023	736 SUMMIT RDG	736 SUMMIT RDG
Medicare 1:	LEWISVILLE, TX 75077	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	BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATIONHOME HEALTH	SENIORCARE ASSOCIATES LP 4714 GETTYSBURG RD
Lic Expire 3/31/2022	1241 CROSS TIMBERS ROAD	MECHANICODIDO DA 17055
Medicare 1:	FLOWER MOUND, TX 75028	MECHANICSBURG, PA 17055
Medicare 2: Phone (972) 691-3131	Fax (972) 691-3151	PHONE: FAX:
Type: Branch Agency	Administrator NICOLE BRISCOE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County DENTON License # 016505 Lic Expire 3/31/2022	Region 03 Date Licensed 03/27/2014 BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATIONHOME HEALTH 1241 CROSS TIMBERS ROAD	Owner Information SENIORCARE ASSOCIATES LP 4714 GETTYSBURG RD
Medicare 1: 457855 HHA-18	FLOWER MOUND, TX 75028	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: Parent Agency	Administrator NICOLE BRISCOE	
County DENTON	Region 03 Date Licensed 11/15/2002	Owner Information BLESSING HEALTHCARE SERVICES LTD CO
License # 008194 Lic Expire 1/30/2023	BLESSING HEALTHCARE SERVICES LTD CO	2012 VISTA DRIVE
Lic Expire 1/30/2023 Medicare 1: 679297	101 EAST CORPORATE DRIVE SUITE #210 LEWISVILLE, TX 75067	LEWISVILLE, TX 75067
Medicare 2:	ELMOVIEL, IX 10001	PHONE: 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	BRIGHT HOME HEALTH CARE INC 1805 E BRANCH HOLLOW DR
Lic Expire 2/28/2024	4100 MEDICAL PARKWAY ,SUITE 100	CARROLLTON, TX 75007
Medicare 1: 677867 HHA-18 Medicare 2:	CARROLLTON, TX 75007	PHONE: FAX:
Phone (972) 820-8240	Fax (972) 394-7327	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator SAJAN MATHEW	Personal Assistance Services
County DENTON License # 020584	Region 03 Date Licensed 03/29/2021 BRIGHTSTAR CARE DENTON	Owner Information N3VISION HEALTHCARE ENTERPRISE INC
Lic Expire 3/29/2024	1300 FULTON ST STE 300B	13175 ALLENWOOD AVE
Medicare 1:	DENTON, TX 76201	FRISCO, TX 75035
Medicare 2: Phone (940) 432-5555	Fax (940) 432-5550	PHONE: FAX:
Type: Parent Agency	Administrator VAMSI DODLA	Services: Licensed Home Health Services; Personal Assistance Services
County DENTON	Region 03 Date Licensed 02/29/2016	Owner Information
License # 017318	BRIGHTSTAR CARE OF FLOWER MOUND	CURANTIS INC
Lic Expire 2/28/2025	2651 SAGEBRUSH DR, STE 100	PO BOX 2717038 FLOWER MOUND, TX 75027
Medicare 1: Medicare 2:	FLOWER MOUND, TX 75028	PHONE: FAX:
Phone (214) 800-5566	Fax (972) 691-8100	
Type: Parent Agency	Administrator TERI JONES	Services: Licensed Home Health Services; Personal Assistance Services
County DENTON License # 017359 Lic Expire 4/30/2022 Medicare 1:	Region 03 Date Licensed 04/19/2016 BRIGHTSTAR CARE OF FRISCO AND CARROLLTON 1930 E. ROSEMEADE PARKWAY SUITE 220 CARROLLTON, TX 75007	Owner Information VANGUARD TEXAS CARE LLC 1930 E. ROSEMEADE PKWY, SUITE 220 CARROLLTON, TX 75007
Medicare 2:		PHONE: FAX:
Phone (214) 396-1505	Fax (469) 331-7701	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County DENTON License # 016652 Lic Expire 2/28/2023 Medicare 1: Medicare 2:	Administrator ALISON RICHARDSON Region 03 Date Licensed 02/20/2015 CARE ONE PERSONAL HEALTH SERVICES INC 5200 PAIGE RD STE #105 THE COLONY, TX 75056	Owner Information CARE ONE PERSONAL HEALTH SERVICES INC PO BOX 110592 CARROLLTON, TX 75011 PHONE: FAX:
Phone (940) 453-7145	Fax (432) 219-2005	Services: Personal Assistance Services

Administrator DANIEL ENRIQUEZ

County DENTON License # 020447 Lic Expire 1/11/2023 Medicare 1: 971666 Hospice	Region 03 Date Licensed 01/11/2021 CARENOW HOSPICE LLC 3620 N.JOSEY LANE, SUITE #220B CARROLLTON, TEXAS 75007	Owner Information CARENOW HOSPICE LLC
Medicare 2: Phone (469) 758-0017	Fax (469) 758-0011	PHONE: FAX:
(100) / 00 00 11		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BIJILI VARANATH	
County DENTON	Region 03 Date Licensed 04/16/2020	Owner Information CARING HANDS TOUCH OF LOVE
License # 019878 Lic Expire 4/16/2022	CARING HANDS TOUCH OF LOVE 2441 CREEKHAVEN DR	
Medicare 1:	FLOWER MOUND, TEXAS 75028	
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 CARING HEARTS HOMECARE SERVICES LLC
License # 019806 Lic Expire 2/5/2022	CARING HEARTS HOMECARE SERVICES LLC 1710 SAM BASS BLVD APT 425	1710 SAM BASS BLVD #425
Medicare 1:	DENTON, TX 76205	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	CENTENNIAL HOSPICE LLC
Lic Expire 6/7/2024 Medicare 1:	3620 N.JOSEY LANE ,SUITE #114 CARROLLTON, TEXAS 75007	
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 CENTURY HOSPICE LLC
License # 021239	CENTURY HOSPICE LLC	CENTURY HOSPICE LLC
Lic Expire 11/30/2024 Medicare 1:	3620 N.JOSEY LANE, SUITE # 114 A CARROLLTON, TX 75007	
Medicare 2:		PHONE: FAX:
Phone (972) 695-6126	Fax (972) 695-6186	Services: Hospice
Type: Parent Agency	Administrator BIJILI VARANATH	In-Patient Hospice: NO
County DENTON	Region 03 Date Licensed 08/29/2016	Owner Information
License # 017598	CHILD CARE THERAPY LLC	CHILD CARE THERAPY, LLC
Lic Expire 8/31/2022	1756 HALIFAX STREET	1756 HALIFAX ST
Medicare 1:	ROANOKE, TX 76262	ROANOKE, TX 76262-1388
Medicare 2: Phone (469) 993-8028	Fax (844) 269-9518	PHONE: FAX:
Type: Parent Agency	Administrator LEAH AGUILAR	Services: Licensed Home Health Services
County DENTON	Region 03 Date Licensed 08/13/2007	Owner Information
License # 011521	CLASSIC HOME HEALTH CARE SERVICES INC	CLASSIC HOME HEALTH CARE SERVICE INC
Lic Expire 11/30/2020	808 OLDE TOWNE DRIVE	4527 BRITTANY LANE
Medicare 1: 747527 HHA-18	IRVING, TX 75061	GRAND PRAIRIE, TX 75052
Medicare 2: Phone (972) 222-2098	Fav. (072) 222,7082	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	

County DENTON License # 015793 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (817) 928-5788 Type: Branch Agency	Region 03 Date Licensed CLEAR PATH HOME CARE LLC 1204 WEST UNIVERSITY DRIVE SUITE 309 DENTON, TX 76201 Fax Administrator JAMES SIMMONDS	Owner Information CLEAR PATH HOME CARE LLC 1515 WEST WALKER BRECKENRIDGE, TX 76424 PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 020194 Lic Expire 9/23/2022 Medicare 1:	Region 03 Date Licensed 09/23/2020 COMPASSIONATE CARE & HOME HEALTH SERVICES, INC 26919 E UNIVERSITY DR. STE 200 AUBREY, TEXAS 76227	Owner Information COMPASSIONATE CARE & HOME HEALTH SERVICES, INC
Medicare 2: Phone (469) 922-7374 Type: Parent Agency	Fax (214) 764-3102 Administrator GISELLE WIRLEN	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DENTON License # 012230 Lic Expire 9/30/2020 Medicare 1: 747356 HHA-18 Medicare 2: Phone (214) 998-7935 Type: Parent Agency	Region 03 Date Licensed 09/09/2008 CORINTH HOME HEALTH CARE SERVICES INC 2111 MEADOWVIEW DRIVE CORINTH, TX 76210 Fax (940) 279-1034 Administrator CINDY AGBAGWE	Owner Information CORINTH HOME HEALTH CARE SERVICES INC 2111 MEADOWVIEW DRIVE CORINTH, TX 76210-2268 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DENTON License # 018795 Lic Expire 10/30/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 06/21/2018 CREST HOME CARE 2501 HEATHERDALE DRIVE LITTLE ELM, TX 75068	Owner Information HILLCREST DALLAS CLINICAL RESEARCH INCORPORATED 9550 FOREST LANE SUITE 222 DALLAS, TX 75243 PHONE: FAX:
Phone (214) 329-6414 Type: Parent Agency	Fax (214) 329-6414 Administrator CHUCK IJIOMA	Services: Personal Assistance Services
County DENTON License # 013391 Lic Expire 6/30/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 06/16/2010 DATE HEALTHCARE SERVICES LLC 3201 CROSS TIMBERS ROAD SUITE 300 FLOWER MOUND, TX 75028	Owner Information DATE HEALTHCARE SERVICES LLC 3201 CROSS TIMBERS RD SUITE300 FLOWER MOUND, TX 75028 PHONE: FAX:
Phone (972) 539-5311 Type: Parent Agency	Fax (972) 539-5310 Administrator LAWRENCE AJAYI	Services: Licensed Home Health Services; Personal Assistance Services
County DENTON License # 018636 Lic Expire 1/31/2024 Medicare 1: 679657 HHA-18	Region 03 Date Licensed 02/01/2018 DFW HOME HEALTH 1205 BENT OAKS CT, SUITE 100 DENTON, TX 762108080	Owner Information LHCG CXXXVII, LLC PO BOX 51266 LAFAYETTE, LA
Medicare 2: Phone (940) 387-4594 Type: Parent Agency	Fax (940) 387-4915 Administrator KERRY PLATT	PHONE: FAX: Services: Licensed and Certified Home Health Services
County DENTON License # 020450 Lic Expire 1/12/2023 Medicare 1: 971701 Hospice	Region 03 Date Licensed 01/12/2021 DFW PLUS HOSPICE CARE LLC 6704 VISITA TRAIL PLANO, TEXAS 75024	Owner Information DFW PLUS HOSPICE CARE LLC
Medicare 2: Phone (972) 468-1990	Fax (972) 528-7290	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator SANTHI KLIMAD	In-Patient Hospice: NO

Administrator

SANTHI KUMAR

County DENTON License # 021357 Lic Expire 1/25/2025 Medicare 1: Medicare 2: Phone (214) 435-8676 Type: Parent Agency	Region 03 Date Licensed DOVER GLOBAL HEALTH SOLUTIONS LLC 1142 MAIN STREET LEWISVILLE, TEXAS 75067 Fax Administrator JEMILAT OFOKAIRE	Owner Information DOVER GLOBAL HEALTH SOLUTIONS LLC 4211 CREEK FALLS DR CORINTH, TX 76208 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DENTON License # 020127 Lic Expire 8/27/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 08/27/2020 EGALITARIAN HOSPICE OF TEXAS INC 1825 W WALNUT HILL LANE STE 105 IRVING, TX 75038	Owner Information EGALITARIAN HOSPICE OF TEXAS INC 1917 FOXFIELD WAY JUSTIN, TX 76247 PHONE: FAX:
Phone (862) 849-7980 Type: Parent Agency	Fax (940) 233-1049 Administrator MICHAEL NNADI	Services: Hospice In-Patient Hospice: NO
County DENTON License # 015649 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (903) 436-1894 Type: Parent Agency	Region 03 Date Licensed 07/15/2013 ELITE SERVICE HOME HEALTH AGENCY 26850 US 380 EAST # 4707 AUBREY, TEXAS 76227 Fax (972) 502-9717 Administrator PATRICIA HENDERSON	Owner Information ELITE SERVICE HOME HEALTH AGENCY 7777 ADEAIDE STREET # 2066 FRISCO, TX 75034 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DENTON License # 018112 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (940) 595-6958 Type: Parent Agency	Region 03 Date Licensed 06/20/2017 EMMAUS HOMEHEALTH LLC 2417 GREAT BEAR LANE DENTON, TX 76210 Fax (940) 239-6776 Administrator NELLY SANG	Owner Information EMMAUS HOMEHEALTH LLC 2417 GREAT BEAR LANE DENTON, TX 76210-2908 PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 014255 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone 940 3822840 Type: Branch Agency	Region 03 Date Licensed 06/03/2011 ENCOMPASS HEALTH HOME HEALTH 1809 HINKLE DRIVE, SUITE 150 DENTON, TEXAS 76201 Fax 940 3825115 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 DENTON License # 018275 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (512) 532-4800 Type: Branch Agency	Region 07 Date Licensed ENTRUSTED PEDIATRIC HOME CARE LLC 8905 CYPRESS CREEK LANTANA, TEXAS 76226 Fax (512) 735-2061 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 DENTON License # 014228 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (972) 807-2670 Type: Alternate Delivery Site	Region 03 Date Licensed ENVOY HOSPICE LLC 4040 TX-121 CARROLLTON, TX 75010 Fax (972) 767-0010 Administrator ALICIA RICHARDSON	Owner Information ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200 CHARLOTTESVILLE, VA 22903 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO

County DENTON License # 014228 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (940) 758-5620 Type: Alternate Delivery Site	Region 03 Date Licensed ENVOY HOSPICE, LLC 1517 CENTRE PLACE DRIVE, STE. 330 DENTON, TX 76205 Fax (940) 758-5621 Administrator DONNA FRANCO	Owner Information ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200 CHARLOTTESVILLE, VA 22903 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County DENTON License # 013370 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (972) 245-2273	Region 03 Date Licensed 06/01/2010 FAMILY CARE NURSING PLLC 2591 DALLAS PKWY SUITE 300 FRISCO, TEXAS 75034 Fax (972) 528-2085	Owner Information FAMILY CARE NURSING, PLLC 2544 TARPLEY RD STE 3110 CARROLLTON, TX 75006 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County DENTON License # 019850 Lic Expire 3/9/2022 Medicare 1: Medicare 2: Phone (972) 400-7073 Type: Parent Agency	Administrator JAGANNATH CHITTIMOORI Region 03 Date Licensed 03/09/2020 FIDELITY HOME AND HOSPICE LLC 2257 WHITE ROCK LANE LITTLE ELM, TEXAS 75068 Fax Administrator NNEKA OKOH GODWIN	Owner Information FIDELITY HOME AND HOSPICE PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County DENTON License # 009789 Lic Expire 6/30/2022 Medicare 1: 679605 HHA-18 Medicare 2: Phone (469) 441-1565 Type: Parent Agency	Region 03 Date Licensed 06/07/2005 FRIENDSHIP HOME HEALTH AGENCY 550 S EDMONDS LANE SUITE 202 LEWISVILLE, TX 75067 Fax (972) 219-1750 Administrator ANGIE NDUKA	Owner Information CALLMED LLC 550 S. EDMONDS LANE SUITE #202 LEWISVILLE, TX 75067 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DENTON License # 012301 Lic Expire 11/30/2020 Medicare 1: 747149 HHA-18 Medicare 2: Phone (469) 464-3582 Type: Parent Agency	Region 03 Date Licensed 11/13/2008 GLOW HEALTHCARE SOLUTIONS INCORPORATED 1400 PEREGRINE STREET LEWISVILLE, TX 75077 Fax (469) 464-3592 Administrator IFEANYI G. EKECHUKWU	Owner Information GLOW HEALTHCARE SOLUTIONS INCORPORATED 1400 PEREGRINE ST LEWISVILLE, TX 75077 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DENTON License # 012334 Lic Expire 7/31/2020 Medicare 1: 679705 HHA-18 Medicare 2: Phone (972) 394-4709 Type: Parent Agency	Region 03 Date Licensed 07/31/2008 GOOD HOPE HEALTHCARE SERVICES LLC 3202 DELAFORD DRIVE CARROLLTON, TX 75007 Fax (972) 894-4574 Administrator SCHOLASTICA NNEKE	Owner Information GOOD HOPE HEALTHCARE SERVICES LLC 3202 DELAFORD DRIVE CARROLLTON, TX 75007 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DENTON License # 013805 Lic Expire 1/31/2024 Medicare 1: 747782 HHA-18 Medicare 2: Phone (469) 214-8925 Type: Parent Agency	Region 03 Date Licensed 01/05/2011 GOOD LIVING HOMECARE LLC 5200 PAIGE ROAD, SUITE 700 THE COLONY, TX 75056 Fax (469) 754-0352 Administrator MALLIKA RADHAKRISHNAN	Owner Information GOOD LIVING HOMECARE LLC 304 PARKVIEW DR. SUNNYVALE, TEXAS 75182 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County DENTON License # 018578 Lic Expire 11/30/2021 Medicare 1: 67Q9113002 Medicare 2: Phone (940) 565-6338 Type: Branch Agency	Region 03 Date Licensed 12/I GOOD SAMARITAN SOCIETY HOME HEALTH 3901 MONTECITO DRIVE DENTON, TEXAS 76210 Fax (877) 267-3944 Administrator TRACI WOOLFOLK	01/2017	Owner Information GOOD SAMARITAN SOCIETY HCBSTX, LLC 700 NORTH TOWN EAST BLVD., SUITE 159 MESQUITE, TX 75150 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County DENTON License # 018525 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (817) 268-2643	Region 03 Date Licensed 10/4 GOOD SAMARITAN SOCIETY HOSPICE 3901 MONTECITO DRIVE SUITE A DENTON, TX 76207 Fax (817) 282-1062	01/2017	Owner Information GOOD SAMARITAN SOCIETY HCBSTX, LLC 700 NORTH TOWN EAST BLVD., SUITE 159 MESQUITE, TX 75150 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site County DENTON License # 010216 Lic Expire 12/31/2022 Medicare 1: 677955 HHA-18 Medicare 2: Phone (972) 956-9771 Type: Parent Agency	Administrator TIFFANY CLARK Region 03 Date Licensed 12/3 GOSHEN HEALTHCARE SERVICES LLC 1181 VALLEY RIDGE BLVD LEWISVILLE, TX 75077 Fax (972) 956-9976 Administrator IFEANYI OJEMAYE	29/2005	Owner Information GOSHEN HEALTHCARE SERVICES, LLC 1181 VALLEY RIDGE BLVD LEWISVILLE, TX 75077 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DENTON License # 017452 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (214) 750-4858 Type: Parent Agency	Region 03 Date Licensed 06/l GRACE FOCUS CARE SERVICES LLC 3525 PERIWINKLE DR AUBREY, TEXAS 76227 Fax (469) 548-6858 Administrator HELLEN KIMATHI	03/2010	Owner Information GRACE FOCUS CARE SERVICES LLC 4236 LOVERS LANE DALLAS, TX 75225 PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 019134 Lic Expire 12/5/2022 Medicare 1: Medicare 2: Phone (817) 360-1518 Type: Parent Agency		00/2010	Owner Information HANDY CAREGIVERS LLC PO BOX 1517 ROANOKE, TX 76262 PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 013693 Lic Expire 10/31/2022 Medicare 1: 451777 HOSPICE Medicare 2: Phone (972) 353-0800 Type: Parent Agency		20/2010	Owner Information HARRIS HOSPICE INC 522 S EDMONDS LANE SUITE 103 LEWISVILLE, TX 75067 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County DENTON License # 017620 Lic Expire 9/30/2022 Medicare 1: 971640 Medicare 2: Phone (214) 295-2645 Type: Parent Agency	Region 03 Date Licensed 09/HEART TO HEART HOSPICE 1406 HALSEY WAY, SUITE 110-D CARROLLTON, TEXAS 75007 Fax (214) 295-2641 Administrator PATRICIA GRAY		Owner Information NEW CRESCENT HOSPICE LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County DENTON License # 016091 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (214) 944-1443	Region 03 Date Licensed 03/13/2015 HEART TO HEART HOSPICE OF TEXAS LTD 1406 HALSEY WAY SUITE 110 A CARROLLTON, TX 75007 Fax (214) 944-1458	Owner Information HEART TO HEART HOSPICE OF TEXAS LTD 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice; Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator PATRICIA GRAY	
County DENTON License # 008072 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (940) 380-0500 Type: Parent Agency	Region 03 Date Licensed 08/23/2002 HEAVEN AT HOME, INC 2441 FT WORTH DR. DENTON, TX 76205 Fax (940) 380-0700 Administrator JAIME TALL	Owner Information HEAVEN AT HOME INC PO BOX 51455 DENTON, TX 76206 PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 010929 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (214) 621-1969 Type: Parent Agency	Region 03 Date Licensed 12/11/2006 HOME CARE 4 SENIORS LLC 2785 ROCKBROOK DRIVE #305 LEWISVILLE, TX 75067 Fax (214) 295-8827 Administrator MURAD MADHANI	Owner Information HOME CARE 4 SENIORS LLC 2785 ROCKBROOOK DRIVE #305 LEWISVILLE, TX 75067 PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 015587 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (972) 468-6010 Type: Parent Agency	Region 03 Date Licensed 06/07/2013 HOME CARE ASSISTANCE 2570 FM 407 SUITE 125 HIGHLAND VILLAGE, TX 75077 Fax (972) 317-2534 Administrator TAMIKA JACKSON	Owner Information HOME CARE ASSISTANCE DENTON CTY, TX LLC 2570 FM 407, SUITE 125 HIGHLAND VILLAGE, TX 75077 PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 017816 Lic Expire 11/30/2022 Medicare 1: 677961 HHA-18 Medicare 2: Phone (972) 472-2006 Type: Parent Agency	Region 03 Date Licensed 11/21/2016 HOME HEALTH SPECIALISTS LLC 2140 JUSTIN RD, #200 HIGHLAND VILLAGE, TX 75077 Fax (972) 472-2007 Administrator ROBBIE NEVILLE	Owner Information HOME HEALTH SPECIALISTS LLC 397 S STEMMONS FREEWAY SUITE 200 LEWISVILLE, TX 75067 PHONE: FAX: Services: Licensed and Certified Home Health Services
County DENTON License # 020553 Lic Expire 3/2/2024 Medicare 1: Medicare 2: Phone (469) 269-5855 Type: Parent Agency	Region 03 Date Licensed 03/02/2021 HOME HELPERS HOME CARE 2770 MAIN STREET, SUITE 128 FRISCO, TX 75033 Fax Administrator THERESA HELGREN	Owner Information JTD LEGACY, LLC PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 010803 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (972) 318-5054 Type: Parent Agency	Region 03 Date Licensed 10/13/2006 HOME HELPERSDIRECT LINK #58073 2300 HIGHLAND VILLAGE RD BLDG 2 STE 2221 HIGHLAND VILLAGE, TX 75077 Fax (972) 317-5014 Administrator ROBERT HARRISON	Owner Information WADES' SOLUTIONS FOR LIVING INC PO BOX 293565 LEWISVILLE, TEXAS 75029 PHONE: FAX: Services: Personal Assistance Services

County DENTON	Region 03 Date Licensed 03/21/2008	Owner Information PERSONAL NEIGHBOR CARE LLC
License # 011934	HOME INSTEAD SENIOR CARE #685	1992 JUSTIN RD STE 200
Lic Expire 3/31/2024	829 N. LOCUST ST.	HIGHLAND VILLAGE, TX 75077
Medicare 1: Medicare 2:	DENTON, TX 76201	PHONE: FAX:
Phone (972) 317-0900	Fax (972) 317-0919	
Type: Parent Agency	Administrator GIANNA LOFTIS	Services: Personal Assistance Services
County DENTON	Decies 02 Detail issued 04/47/0000	Owner Information
County DENTON License # 019666	Region 03 Date Licensed 01/17/2020 HOMEWELL CARE SERVICES	UPWARD WORX, INC
Lic Expire 10/28/2021	509 FM 156 SUITE C	
Medicare 1:	JUSTIN, TX 76247	
Medicare 2:	000 III, 17 10E II	PHONE: FAX:
Phone (817) 662-6433	Fax	
Type: Parent Agency	Administrator JENNIFER BARNETT	Services: Personal Assistance Services
		Owner Information
County DENTON	Region 07 Date Licensed 10/28/2016	SIXRSIG LLC
License # 014286	HOSPICE OF SAN ANTONIO	85 NE LOOP 410 STE 607
Lic Expire 8/31/2024 Medicare 1: 4655454 Hospice	3020 BROADMOOR LN SUITE 300 FLOWER MOUND, TX 75022	SAN ANTONIO, TX 78216
Medicare 1: 4655454 Hospice Medicare 2:	FLOWER MOUND, TX 75022	PHONE: FAX:
Phone (214) 383-8188	Fax (214) 383-8188	Services: Hospice
		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator FRANK HART	
County DENTON	Region 03 Date Licensed 06/09/2015	Owner Information
License # 009235	HOSPICE PLUS	INTERNATIONAL TUTORING SERVICES, LLC
Lic Expire 8/31/2022	571 W MAIN ST STE 240	
Medicare 1:	LEWISVILLE, TX 750573628	
Medicare 2:		PHONE: FAX:
Phone (469) 549-7867	Fax (972) 956-8411	Services: Hospice
_		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON	
County DENTON	Region 03 Date Licensed 06/09/2015	Owner Information
License # 009235	HOSPICE PLUS	INTERNATIONAL TUTORING SERVICES LLC
Lic Expire 8/31/2022	571 W MAIN ST STE 240	PO BOX 4060 ATTN: REGULATORY
Medicare 1:	LEWISVILLE, TX 750573628	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
·· · · · · · · · · · · · · · · · · · ·		Owner Information
County DENTON	Region 03 Date Licensed 06/09/2015	
License # 009235	HOSPICE PLUS	INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY
Lic Expire 8/31/2022	571 W MAIN ST STE 240	MOORESVILLE, NC 28117
Medicare 1:	LEWISVILLE, TX 750573628	
Medicare 2: Phone (469) 549-7867	Fax (972) 956-8411	PHONE: FAX:
1 110116 (403) 043-7007	1 dx (312) 330-0411	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON	
County DENTON	Region 03 Date Licensed 06/22/2016	Owner Information
License # 017670	IMPARTING KNOWLEDGE HOME HEALTH INC	IMPARTING KNOWLEDGE HOME HEALTH, INC
Lic Expire 10/30/2022	1181 VALLEY RIDGE BLVD SUITE C	1181 VALLEY RIDGE BLVD. STE. C
Medicare 1: 679652 HHA-18	LEWISVILLE, TX 75077	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	

County DENTON License # 019901 Lic Expire 4/28/2022 Medicare 1: 747993 Home Heal Medicare 2: Phone (469) 455-1797 Type: Parent Agency	Region 03 Date Licensed 04/28/20 INDEPENDENCE HOME HEALTH LLC 316 WILTSHIRE BLVD LEWISVILLE, TEXAS 75056 Fax (469) 455-1797 Administrator MANIKA GUPTA	OWNer Information INDEPENDENCE HOME HEALTH LLC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
***		Owner Information
County DENTON License # 019310 Lic Expire 3/28/2023 Medicare 1:	Region 03 Date Licensed 03/28/20 ISERVE HEALTHCARE 904 WATER GARDEN CIR LITTLE ELM, TX 75068	I SERVE HEALTHCARE SERVICES LLC 904 WATER GARDEN CIRCLE LITTLE ELM, TX 75068
Medicare 2:		PHONE: FAX:
Phone (469) 379-2682 Type: Parent Agency	Fax (469) 379-2681 Administrator NICHOLAS ATUMAH	Services: Licensed Home Health Services; Personal Assistance Services
County DENTON License # 019710 Lic Expire 11/21/2023 Medicare 1: 971607 Hospice	Region 03 Date Licensed 01/01/20 ISERVE HOSPICE 8111 LBJ FREEWAY, SUITE 450 DALLAS, TX 75251	O20 Owner Information ISERVE HOSPICE LLC
Medicare 2:	DALL O, TA TOLOT	PHONE: FAX:
Phone (469) 379-2682	Fax (469) 379-2681	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator NICHOLAS ATUMAH	
County DENTON License # 008874 Lic Expire 1/31/2023 Medicare 1: 453196	Region 03 Date Licensed 01/20/20 JAKPA HEALTH CARE INC 285 WEST SOUTHWEST PARKWAY LEWISVILLE, TX 75067	OWNER Information JAKPA HEALTH CARE INC 285 WEST SOUTHWEST PARKWAY LEWISVILLE, TX
Medicare 2:		PHONE: (214) 222-3100 FAX:
Phone (214) 222-3100	Fax (214) 222-3103	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator OFIORITSE AGBONTAEN	Personal Assistance Services
County DENTON License # 018354 Lic Expire 5/31/2024 Medicare 1: 747790 HHA-18	Region 03 Date Licensed 06/01/20 JEEVAN HOME HEALTH CARE INC 3620 NORTH JOSEY LANE STE 112 CARROLLTON, TX 75007	OMERING OWNER INFORMATION JEEVAN HOME HEALTH CARE INC 3620 NORTH JOSEY LN STE 112 CARROLLTON, TX 75007
Medicare 2:	F (400) 440 0470	PHONE: FAX:
Phone (469) 458-2201 Type: Parent Agency	Fax (469) 410-6172 Administrator KURIAKOSE VETTICHIRAYIL	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DENTON License # 019526 Lic Expire 8/14/2021 Medicare 1:	Region 03 Date Licensed 03/01/20 JNJ HOME CARE SERVICES 2408 EVENING STONE DRIVE AUBREY, TEXAS 76227	O19 Owner Information ACCOMPANYHOMECARE, LLC
Medicare 2:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PHONE: FAX:
Phone (305) 297-0334	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator ANTONIO MATA	
County DENTON License # 007292 Lic Expire 2/28/2023 Medicare 1:	Region 03 Date Licensed 03/01/20 JOUETT RT ASSOCIATES INC 314 W MAIN ST LEWISVILLE, TX 75057	JOUETT RT ASSOCIATES INC 314 W MAIN STREET LEWISVILLE, TX 75057
Medicare 2: Phone (972) 315-1940	Fax (214) 722-1840	PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency	Administrator ELISHEBA EVANS	

County DENTON License # 018796 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (972) 243-6100 Type: Branch Agency	Region 03 Date Licensed JT4 SENIOR CARE, LLC 4425 PLANO PARKWAY STE 201 CARROLLTON, TX 75019 Fax Administrator TEMI CHARRIER	Owner Information JT4 SENIOR CARE LLC 3956 SUNSET LAKE DR LAKELAND, FL 33810 PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 018796 Lic Expire 6/30/2022	Region 03 Date Licensed JT4 SENIOR CARE, LLC 4425 PLANO PARKWAY STE 201	Owner Information JT4 SENIOR CARE LLC 3956 SUNSET LAKE DR
Medicare 1: Medicare 2:	CARROLLTON, TX 75019	LAKELAND, FL 33810 PHONE: FAX:
Phone (972) 243-6100 Type: Branch Agency	Fax Administrator TEMI CHARRIER	Services: Personal Assistance Services
County DENTON License # 014832 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (940) 382-7548 Type: Parent Agency	Region 03 Date Licensed 02/07/2012 KIND COMPANIONS 7400 LIVINGSTON DRIVE DENTON, TX 76210 Fax (940) 382-7645 Administrator KIMBERLY TRUAX	Owner Information MMKM INC 7400 LIVINGSTON DR DENTON, TX 76210 PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 015343 Lic Expire 1/31/2023 Medicare 1: 747951 HHA-18 Medicare 2: Phone (214) 227-9444	Region 03 Date Licensed 01/29/2013 LE CELESTE HOMECARE INC 3620 NORTH JOSEY LANE STE 111 CARROLLTON, TX 75007 Fax (469) 754-0311	Owner Information LE CELESTE HOMECARE INC 3620 NORTH JOSEY LANE STE 111 CARROLLTON, TX 75007 PHONE: FAX:
Type: Parent Agency	Administrator MATHEW JOHN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Region 03 Date Licensed 04/29/2021	Owner Information
County DENTON License # 020725 Lic Expire 4/29/2023	LEONA'S ANGELS LLC 912 SKYLARK DR	LEONAS ANGELS LLC
License # 020725	LEONA'S ANGELS LLC	
License # 020725 Lic Expire 4/29/2023 Medicare 1:	LEONA'S ANGELS LLC 912 SKYLARK DR	LEONAS ANGELS LLC
License # 020725 Lic Expire 4/29/2023 Medicare 1: Medicare 2: Phone 817 9853662	LEONA'S ANGELS LLC 912 SKYLARK DR DENTON, TX 76205 Fax 469 5194729	PHONE: FAX: Services: Personal Assistance Services Owner Information ENVOY HOSPICE NORTH LLC 500 FAULCONER DRIVE, SUITE 200 CHARLOTTESVILLE, VA 22903 PHONE: FAX: Services: Hospice
License # 020725 Lic Expire 4/29/2023 Medicare 1: Medicare 2: Phone 817 9853662 Type: Parent Agency County DENTON License # 017204 Lic Expire 1/31/2024 Medicare 1: 741627 HOSPICE Medicare 2:	LEONA'S ANGELS LLC 912 SKYLARK DR DENTON, TX 76205 Fax 469 5194729 Administrator KATRINA MCPHERSON Region 03 Date Licensed 01/05/2016 LIFEWAY HOSPICE 4040 TX-121 CARROLLTON, TX 75010	PHONE: FAX: Services: Personal Assistance Services Owner Information ENVOY HOSPICE NORTH LLC 500 FAULCONER DRIVE, SUITE 200 CHARLOTTESVILLE, VA 22903 PHONE: FAX:
License # 020725 Lic Expire 4/29/2023 Medicare 1: Medicare 2: Phone 817 9853662 Type: Parent Agency County DENTON License # 017204 Lic Expire 1/31/2024 Medicare 1: 741627 HOSPICE Medicare 2: Phone 972 8072670	LEONA'S ANGELS LLC 912 SKYLARK DR DENTON, TX 76205 Fax 469 5194729 Administrator KATRINA MCPHERSON Region 03 Date Licensed 01/05/2016 LIFEWAY HOSPICE 4040 TX-121 CARROLLTON, TX 75010 Fax 972 7670100	PHONE: FAX: Services: Personal Assistance Services Owner Information ENVOY HOSPICE NORTH LLC 500 FAULCONER DRIVE, SUITE 200 CHARLOTTESVILLE, VA 22903 PHONE: FAX: Services: Hospice

County DENTON License # 009109 Lic Expire 5/31/2022 Medicare 1: 673175 Medicare 2: Phone (972) 799-1342 Type: Parent Agency	Region 03 Date Licensed 05/21/2004 LOTUS HOME HEALTHCARE SERVICES PC 405 STATE HWY 121 BYPASS, SUITE A250 LEWISVILLE, TEXAS 75067 Fax (817) 549-5863 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 License # 018699 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (214) 202-0861 Type: Parent Agency	Region 03 Date Licensed 04/12/2018 LOVING DAUGHTER HOME CARE LLC 1821 HAVERSHAM DRIVE FLOWER MOUND, TX 75022 Fax 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 License # 016951 Lic Expire 9/30/2023 Medicare 1: 673174 HHA-18 Medicare 2: Phone (214) 346-1965 Type: Parent Agency	Region 03 Date Licensed 05/13/2015 MACBON HOME HEALTH INC 1720 SOUTH EDMONDS LANE SUITE 14 LEWISVILLE, TX 75067 Fax (214) 346-1980 Administrator LAWRENCE GINIGEME	Owner Information MACBON HOME HEALTH INC 1720 SOUTH EDMONS LANE SUITE 14 LEWISVILLE, TX 75067 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DENTON License # 009193 Lic Expire 7/31/2022 Medicare 1: 457809 HHA-18 Medicare 2: Phone (972) 471-1111	Region 03 Date Licensed 07/13/2004 MAXIMACARE HOME HEALTH 700 PARKER SQUARE, SUITE 265 FLOWER MOUND, TX 75028 Fax (972) 692-6936	Owner Information MAXIMACARE, LLC PHONE: FAX: Services: Licensed and Certified Home Health Services
Type: Parent Agency County DENTON License # 020345 Lic Expire 11/24/2022 Medicare 1:	Administrator KRYSTAL ALVARADO Region 03 Date Licensed 03/26/2021 MELODY CARE & SERVICES, LLC 3131 CLEARWATER DR. PROSPER, TX 75078	Owner Information MELODY CARE & SERVICES, LLC
Medicare 1: Medicare 2: Phone (972) 214-7018 Type: Parent Agency	Fax (717) 326-1381 Administrator MICHAEL OSUJI	PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 011862 Lic Expire 9/30/2022 Medicare 1: 677878 HHA-18 Medicare 2: Phone (972) 247-6641	Region 03 Date Licensed 09/24/2007 MENAS HOME HEALTHCARE SOLUTIONS INC 2005 IRONSIDE DRIVE LEWISVILLE, TX 75056 Fax (972) 247-5373	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;
Type: Parent Agency County DENTON License # 013531 Lic Expire 6/30/2022	Administrator STELLA ODIARI Region 03 Date Licensed 06/04/2010 MERCY HOSPICE 2281 OLYMPIA DRIVE SUITE #100	Owner Information MERCY HOSPICE LTD 2281 OLYMPIA DR. SUITE #100 ELOWED MOUND, TX, 75029
Medicare 1: 451749 HOSPICE Medicare 2: Phone (972) 459-9992	FLOWER MOUND, TX 75028 Fax (972) 459-9911 Administrator AMISHA DATEL	FLOWER MOUND, TX 75028 PHONE: (972) 459-9992 FAX: (972) 459-9911 Services: Hospice In-Patient Hospice: NO

Administrator

AMISHA PATEL

County DENTON License # 021272 Lic Expire 12/13/2024 Medicare 1:	Region 03 Date Licensed 12/13/2021 NEW BEGINNING PEDIATRIC HOME HEALTH SERVICES LLC 5913 LEGEND LANE	Owner Information NEW BEGINNING PEDIATRIC HOME HEALTH SERVICES LLC
Medicare 2:	THE COLONY, TEXAS 75056	PHONE: FAX:
Phone (214) 200-6312	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARY BONGMBA	
County DENTON	Region 03 Date Licensed 03/08/2017	Owner Information
License # 017435	NEW CENTURY HOSPICE OF DALLAS	NEW CENTURY HOSPICE, INC
Lic Expire 1/31/2024	3311 N 1-35 STE 150	P.O. BOX 4060, ATTN: REGULATORY
Medicare 1:	DENTON, TX 76207	MOORESVILLE, NC 28117
Medicare 2:		PHONE: FAX:
Phone (940) 222-5885	Fax (844) 358-6609	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator STEPHANIE MORRIS	
County DENTON	Region 03 Date Licensed 09/22/2009	Owner Information
License # 012869	NORTH TEXAS HOME CARE	HARRIS HEALTHCARE, INC
Lic Expire 9/30/2023	522 S EDMONDS LANE SUITE 103	522 S EDMONDS LANE SUITE 103
Medicare 1: 747503 HHA-18	LEWISVILLE, TX 75067	LEWISVILLE, TX 75067
Medicare 2:		PHONE: FAX:
Phone (972) 353-0800	Fax (972) 353-0811	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator SHAE MCBRIDE	
County DENTON	Region 03 Date Licensed 07/17/2020	Owner Information PACESETTERS HOME HEALTH LLC
License # 020060	PACESETTERS HOME HEALTH LLC	TAGESETTERS TOWNET HEALTH ELS
Lic Expire 7/17/2022	2870 EASTMINSTER DR.	
Medicare 1:	PROSPER, TX 75078	DUONE
Medicare 2:	Fax	PHONE: FAX:
Phone (702) 490-7531		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator GWENDOLINE NFOTIOG	
County DENTON	Region 03 Date Licensed 06/18/2018	Owner Information
License # 018790	PEACE VALLEY HOSPICE	LITTLE LANTERN HOSPICE LLC
Lic Expire 6/30/2022	4541 NORTH JOSEY LANE STE 110 - B	2705 DAMSEL BELLA BLVD LEWISVILLE, TX 75056-6169
Medicare 1: 97-1508 (HOSPICE	CARROLLTON, TX 75010	
Medicare 2:	Fox (040) 400 3593	PHONE: FAX:
Phone (469) 423-0571	Fax (940) 400-2582	Services: Hospice
Type: Parent Agency	Administrator ALICE ABRAHAM	In-Patient Hospice: NO
	Device 02 Det-1: 00/40/0000	Owner Information
County DENTON	Region 03 Date Licensed 02/10/2020	PEACE VALLEY HOSPICE INC
License # 019821 Lic Expire 2/10/2022	PEACE VALLEY HOSPICE INC	4541 NORTH JOSEY LANE , STE 110
Lic Expire 2/10/2022 Medicare 1:	4541 N JOSEY LN STE 110 CARROLLTON, TEXAS 75010	CARROLLTON, TEXAS 75010
Medicare 1:	Outstoll Oil, ILMO 10010	PHONE: FAX:
Phone (315) 264-7296	Fax (940) 400-2582	
(1.5)	()	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SAJU ABRAHAM	
County DENTON	Region 03 Date Licensed 06/12/2014	Owner Information
License # 016258	PEDIATRIC THERAPY INC	PEDIATRIC THERAPY INCORPORATED
Lic Expire 9/30/2022	1302 TEASLEY LANE	4601 66TH STREET SUITE D
Medicare 1:	DENTON, TX 76205	LUBBOCK, TX 79414
Medicare 2:		PHONE: FAX:
Phone (866) 832-1708	Fax (888) 789-4391	Services: Licensed Home Health Services
Type: Parent Agency	Administrator JAMES MICHAEL CLARK	

County DENTON License # 009728 Lic Expire 5/31/2023 Medicare 1: 677946 HHA-18 Medicare 2: Phone (972) 459-9264	Region 03 Date Licensed 05/02/2005 PHYSICIANS CHOICE HEALTH SERVICES 860 HEBRON PARKWAY SUITE 703 LEWISVILLE, TX 75057 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	1 Global 7 Goldano Gol 1000
County DENTON License # 019597 Lic Expire 9/13/2021	Region 03 Date Licensed 09/13/2019 PRECIOUS NEIGHBORS HOME HEALTH LIMITED LIABILITY COMPANY 3713 RANCHERS RIDGE	Owner Information PRECIOUS NEIGHBORS HOME HEALTH LIMITED LIABILITY COMPANY
Medicare 1: Medicare 2:	KRUM, TEXAS 76249	PHONE: FAX:
Phone 214 994 4683	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator JAMES DORGBETOR	Services. Personal Assistance Services
County DENTON License # 010291 Lic Expire 2/28/2022 Medicare 1: 677962 HHA-18	Region 03 Date Licensed 02/15/2006 PREMIER GOLDEN HEART HEALTH CARE SERVICES LLC 2412 OLD NORTH RD BUILDING 101 SUITE K DENTON, TX 76209	Owner Information PREMIER GOLDEN HEART HEALTH CARE SERVICES LLC 2412 OLD NORTH RD SUITE 101 K DENTON, TX 76209
Medicare 2:		PHONE: FAX:
Phone (940) 566-4999	Fax (940) 566-4992	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator NDIFREKE ITATA	
County DENTON License # 017139 Lic Expire 11/30/2023 Medicare 1:	Region 03 Date Licensed 11/18/2015 PSALMS HOME CARE CONSULTING LLC 4120 LIVERPOOL DR FLOWER MOUND, TEXAS 75028	Owner Information PSALMS HOME CARE CONSULTING LLC P.O. BOX 1941 DENTON, TX 76202
Medicare 2:		PHONE: FAX:
Phone (940) 594-9729	Fax (214) 285-3142	Services: Personal Assistance Services
Type: Parent Agency	Administrator SHERYL CASON	
County DENTON License # 020400 Lic Expire 12/14/2022 Medicare 1:	Region 03 Date Licensed 12/14/2020 QUALITY HOME CARE AGENCY LLC 513 LANCASHIRE DR. FLOWER MOUND, TEXAS 75028	Owner Information QUALITY HOME CARE AGENCY LLC
Medicare 2:	Fac.	PHONE: FAX:
Phone (469) 487-3175 Type: Parent Agency	Fax Administrator TEMITOPE ABIMBOLA	Services: Personal Assistance Services
County DENTON License # 020042 Lic Expire 7/8/2022 Medicare 1:	Region 03 Date Licensed 07/08/2020 QUALITY HOME CARE PROFESSIONALS LLC 1450 HALSEY WAY SUITE 108 CARROLLTON, TEXAS 75007	Owner Information QUALITY HOMECARE PROFESSIONALS, LLC
Medicare 2:		PHONE: FAX:
Phone 267 231 1817	Fax 407 255 8684	Services: Licensed Home Health Services
Type: Parent Agency	Administrator MARTHA KHAMA	
County DENTON License # 017066 Lic Expire 3/31/2022 Medicare 1:	Region 03 Date Licensed 10/05/2015 R2R HEALTHCARE INC 751 HEBRON PARKWAY SUITE 210 LEWISVILLE, TX 75057	Owner Information R2R HEALTHCARE RAINBOW TO RAINBOW INCORPORATED 860 HEBRON PARKWAY SUITE 203 LEWISVILLE, TX 75057
Medicare 2: Phone (972) 219-0020	5 (970) 040 0040	PHONE: FAX:
1 110116 (312) 213-0020	Fax (972) 219-0019	Services: Personal Assistance Services

County DENTON License # 017220 Lic Expire 1/31/2022 Medicare 1: 741639 HOSPICE Medicare 2: Phone (972) 219-0020 Type: Parent Agency	Region 03 Date Licensed 0 R2R PALLIATIVE AND HOSPICE CARE LLC 751 HEBRON PARKWAY, SUITE 210 LEWISVILLE, TX 75057 Fax (972) 219-0019 Administrator CHERL LEWIS	1/12/2016	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 License # 017243 Lic Expire 12/31/2021 Medicare 1: Medicare 2:	RAY OF SUNSHINE SENIOR CARE 1204 W UNIVERSITY SUITE 201 DENTON, TX 76201	2/04/2015	Owner Information RAY OF SUNSHINE SITTING SERVICE REGISTRY OF DENTON INC 1204 W UNIVERSITY SUITE 201 DENTON, TX 76201 PHONE: FAX:
Phone (940) 442-5374 Type: Parent Agency	Fax (940) 442-5375 Administrator CYNTHIA FERRIS		Services: Personal Assistance Services
County DENTON License # 012431 Lic Expire 2/28/2021 Medicare 1: 747402 HHA-18 Medicare 2: Phone (214) 222-5201 Type: Parent Agency	Region 03 Date Licensed 0 REALITY HEALTH CARE 2705 MEADOW WOOD DRIVE FLOWER MOUND, TX 75022 Fax (214) 222-5202 Administrator MERCY BIENI	2/05/2009	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 License # 019411 Lic Expire 6/4/2021 Medicare 1: Medicare 2: Phone (469) 535-1213 Type: Parent Agency	Region 03 Date Licensed 0 REASSURED HEALTHCARE SERVICES INC 15009 LONE SPRING DRIVE LITTLE ELM, TX 75068 Fax (972) 412-8901 Administrator PAUL OBELE	6/04/2019	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 License # 010368 Lic Expire 3/31/2023 Medicare 1: 679569 HHA-18 Medicare 2: Phone (972) 221-9200 Type: Parent Agency	Region 03 Date Licensed 0 REDEEM HOME HEALTH INC 1720 SOUTH EDMONDS LANE SUITE #14B LEWISVILLE, TX 75067 Fax (972) 221-9229 Administrator MERCY GINIGEME	3/31/2006	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 License # 010977 Lic Expire 1/31/2025 Medicare 1: 679732 Medicare 2: Phone (214) 483-3355 Type: Parent Agency	Region 03 Date Licensed 0 REGAL HEALTHCARE INC 4220 WILD PLUM DRIVE CARROLLTON, TX 75010 Fax (214) 483-3357 Administrator PLEASURE NWACHUKWU	1/04/2007	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 License # 016260 Lic Expire 7/31/2023 Medicare 1: 747251 HHA-18 Medicare 2: Phone (940) 243-9812 Type: Parent Agency		7/25/2013	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 License # 018873 Lic Expire 8/31/2020 Medicare 1: Medicare 2: Phone (469) 762-9411 Type: Parent Agency	Region 03 Date Licensed RHEJES HEALTHCARE SERVICES 10813 ALEDO LANE AUBREY, TEXAS 76227 Fax (972) 924-0779 Administrator CHUKWUEMEKA OZOUDE	08/08/2018	Owner Information RHEJES HEALTHCARE SERVICES, LLC 19019 PRESTON RD. APT. 710 DALLAS, TX 75252 PHONE: Services: Licensed Home Health Services	FAX:
County DENTON License # 016007 Lic Expire 9/30/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed RIGHT AT HOME 650 S EDMONDS LANE SUITE 108 LEWISVILLE, TX 75067	10/01/2013	Owner Information RAHNT, LLC 614 S EDMONDS LANE SUITE 102 LEWISVILLE, TX 75067 PHONE:	FAX:
Phone (214) 383-0555 Type: Parent Agency	Fax (214) 383-0538 Administrator MICHELLE RANKINE		Services: Personal Assistance Services	
County DENTON License # 012723 Lic Expire 7/31/2023 Medicare 1: 747552 HHA-18 Medicare 2: Phone (972) 394-8600 Type: Parent Agency	Region 03 Date Licensed RISING HOME HEALTHCARE INC 1433 GRIMES DRIVE CARROLLTON, TX 75010 Fax (972) 394-8611 Administrator BOSAH MENYUAH	07/21/2009	Owner Information RISING HOME HEALTHCARE INC SAME AS ABOVE CARROLLTON, TX 75010 PHONE: Services: Licensed and Certified Home Health Se	FAX: ervices
County DENTON License # 016526 Lic Expire 9/30/2022 Medicare 1: 457987 HHA-18 Medicare 2:	Region 03 Date Licensed ROYAL HOME HEALTH CARE INC 1517 BOSQUE DR. CARROLLTON, TX 75010	09/20/2014	Owner Information ROYAL HOME HEALTH CARE INCORPORATE 1517 BOSQUE DRIVE CARROLLTON, TX 75010 PHONE:	ED FAX:
Phone 972 2479001	Fax (972) 247-9002		Services: Licensed and Certified Home Health Se	ervices; Licensed Home Health Services;
Phone 972 2479001 Type: Parent Agency	Fax (972) 247-9002 Administrator SUSHILKUMAR OOTTUKAN	DATHIL	Services: Licensed and Certified Home Health Se Personal Assistance Services	ervices; Licensed Home Health Services;
Type: Parent Agency County DENTON License # 021289 Lic Expire 12/23/2024	Administrator SUSHILKUMAR OOTTUKAN Region 03 Date Licensed SENIORS HELPING SENIORS 2762 WAVERLEY DR	DATHIL 12/23/2021		ervices; Licensed Home Health Services;
Type: Parent Agency County DENTON License # 021289 Lic Expire 12/23/2024 Medicare 1:	Administrator SUSHILKUMAR OOTTUKAN Region 03 Date Licensed SENIORS HELPING SENIORS		Personal Assistance Services Owner Information LZK HOLDINGS LLC	
Type: Parent Agency County DENTON License # 021289 Lic Expire 12/23/2024	Administrator SUSHILKUMAR OOTTUKAN Region 03 Date Licensed SENIORS HELPING SENIORS 2762 WAVERLEY DR		Personal Assistance Services Owner Information	ervices; Licensed Home Health Services; FAX:
Type: Parent Agency County DENTON License # 021289 Lic Expire 12/23/2024 Medicare 1: Medicare 2: Phone (469) 768-0308	Administrator SUSHILKUMAR OOTTUKAN Region 03 Date Licensed SENIORS HELPING SENIORS 2762 WAVERLEY DR TROPHY CLUB, TEXAS 76262 Fax		Personal Assistance Services Owner Information LZK HOLDINGS LLC PHONE:	
Type: Parent Agency County DENTON License # 021289 Lic Expire 12/23/2024 Medicare 1: Medicare 2: Phone (469) 768-0308 Type: Parent Agency County DENTON License # 017493 Lic Expire 7/31/2022 Medicare 1: Medicare 2:	Administrator SUSHILKUMAR OOTTUKAN Region 03 Date Licensed SENIORS HELPING SENIORS 2762 WAVERLEY DR TROPHY CLUB, TEXAS 76262 Fax Administrator KATIE KILLEBREW Region 03 Date Licensed SILVER LINING HOME CARE SOLUTIONS 416 BOLIVAR STREET STE. 100 SANGER, TEXAS 76266	12/23/2021	Personal Assistance Services Owner Information LZK HOLDINGS LLC PHONE: Services: Personal Assistance Services Owner Information SILVER LINING HCS, LLC 9040 YUCCA CIR SANGER, TX 76266 PHONE:	FAX:
Type: Parent Agency County DENTON License # 021289 Lic Expire 12/23/2024 Medicare 1: Medicare 2: Phone (469) 768-0308 Type: Parent Agency County DENTON License # 017493 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (940) 514-1600	Administrator SUSHILKUMAR OOTTUKAN Region 03 Date Licensed SENIORS HELPING SENIORS 2762 WAVERLEY DR TROPHY CLUB, TEXAS 76262 Fax Administrator KATIE KILLEBREW Region 03 Date Licensed SILVER LINING HOME CARE SOLUTIONS 416 BOLIVAR STREET STE. 100 SANGER, TEXAS 76266 Fax (888) 558-8750	12/23/2021	Personal Assistance Services Owner Information LZK HOLDINGS LLC PHONE: Services: Personal Assistance Services Owner Information SILVER LINING HCS, LLC 9040 YUCCA CIR SANGER, TX 76266 PHONE:	FAX:
Type: Parent Agency County DENTON License # 021289 Lic Expire 12/23/2024 Medicare 1: Medicare 2: Phone (469) 768-0308 Type: Parent Agency County DENTON License # 017493 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (940) 514-1600 Type: Parent Agency County DENTON License # 014492 Lic Expire 11/30/2021 Medicare 1: 747868	Administrator SUSHILKUMAR OOTTUKAN Region 03 Date Licensed SENIORS HELPING SENIORS 2762 WAVERLEY DR TROPHY CLUB, TEXAS 76262 Fax Administrator KATIE KILLEBREW Region 03 Date Licensed SILVER LINING HOME CARE SOLUTIONS 416 BOLIVAR STREET STE. 100 SANGER, TEXAS 76266 Fax (888) 558-8750 Administrator ASHLEY LASCOR Region 03 Date Licensed SIMPLICITY HEALTHCARE SERVICES INC 3404 APPROACH LN	12/23/2021 07/05/2016	Personal Assistance Services Owner Information LZK HOLDINGS LLC PHONE: Services: Personal Assistance Services Owner Information SILVER LINING HCS, LLC 9040 YUCCA CIR SANGER, TX 76266 PHONE: Services: Personal Assistance Services Owner Information SIMPLICITY HEALTHCARE SERVICES INC 3404 APPROACH LN OAK POINT, TX 75068	FAX:

County DENTON License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011	Region 03 Date Licensed 05/07/2007 SOLARIS HOSPICE INC 5800 1-35 N SUITE 309 DENTON, TX 76207 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 DENTON	Region 03 Date Licensed 06/27/2018	Owner Information SOVEREIGN HOSPICE INC
License # 018808	SOVEREIGN HOSPICE INC	1828 MEADOW TRAIL LANE
Lic Expire 6/30/2022	1828 MEADOW TRAIL LN	AUBREY, TX 76227-1446
Medicare 1: 97-1537 (HOSPICE Medicare 2:	AUBREY, TX 76227	PHONE: FAX:
Phone (214) 718-9353	Fax (214) 853-4318	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SAJITH NANDAKUMAR	
County DENTON	Region 03 Date Licensed 07/31/2012	Owner Information
License # 014969	STAR CITY HOSPICE	RESK HEALTHCARE INC
Lic Expire 7/31/2022	1701 N. COLLINS, SUITE 110	1433 PRAIRIE DRIVE
Medicare 1: 741697 HOSPICE	RICHARDSON, TX 75080	CARROLLTON, TEXAS 75007
Medicare 2:		PHONE: FAX:
Phone (214) 396-7474	Fax (214) 396-7475	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ELSY BENJAMIN	
County DENTON	Region 03 Date Licensed 07/16/2021	Owner Information
License # 020911	STELLA HOME HEALTH, LLC	STELLA HOME HEALTH, LLC
Lic Expire 7/16/2024	2200 SCOTT CREEK DR	
Medicare 1:	LITTLE ELM, TX 75068	
Medicare 2:	F	PHONE: FAX:
Phone (972) 829-5512	Fax NA	Services: Personal Assistance Services
Type: Parent Agency	Administrator MALVIS NDIKA	
County DENTON	Region 03 Date Licensed 10/06/2021	Owner Information
License # 021103	SYNERGY HOMECARE OF PROSPER	ALICIA GREGORIOS REYES LIMITED LIABILITY COMPANY
Lic Expire 10/6/2024	407 WEST ELDORADO PARKWAY SUITE 210	4609 WORCHESTER LANE
Medicare 1:	LITTLE ELM, TEXAS 75068	MCKINNEY, TX 75070
Medicare 2:	Em	PHONE: FAX:
Phone (843) 597-6564	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator ALICIA GREGORIOS REYES	
County DENTON	Region 01 Date Licensed 11/12/2004	Owner Information
License # 009402	TEXAS HOME HEALTH	KINDSTAR, INC
Lic Expire 11/30/2022	2950 50TH	17855 N. DALLAS PARKWAY DR. #200
Medicare 1: 679485 HHA-18	LUBBOCK, TX 79413	DALLAS, TX 75284
Medicare 2:	5 000 7010105	PHONE: FAX:
Phone 806 7912100	Fax 806 7912105 Administrator CRISTI PAULK	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency		Ourse Information
County DENTON	Region 03 Date Licensed 12/31/2018	Owner Information
License # 019300	TEXAS HOME HEALTH GROUP OF DENTON, LLC	TEXAS HOME HEALTH GROUP OF DENTON, LLC PO BOX 50805
Lic Expire 12/31/2022	225 W MULBERRY ST #101	DENTON, TEXAS 76210
Medicare 1: 679325	DENTON, TX 76201	
Medicare 2: Phone 940 8911161	Fax 940 8911162	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator REBECCA RAASCH	. ,

County DENTON License # 019300 Lic Expire 12/31/2022 Medicare 1: 67Q9325002 Medicare 2: Phone (940) 891-1161	Region 03 Date Licensed TEXAS HOME HEALTH GROUP OF DENTON, LLC 225 W MULBERRY ST #101 - BRANCH DENTON, TX 76201 Fax (940) 891-1162	Owner Information TEXAS HOME HEALTH GROUP OF DENTON, LLC PO BOX 50805 DENTON, TEXAS 76210 PHONE: FAX:
Type: Branch Agency	Administrator REBECCA RAASCH	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DENTON License # 019300 Lic Expire 12/31/2022 Medicare 1: 67Q9325001 Medicare 2:	Region 03 Date Licensed TEXAS HOME HEALTH GROUP OF DENTON, LLC 225 W MULBERRY ST #101 (LYT) DENTON, TX 76201	Owner Information TEXAS HOME HEALTH GROUP OF DENTON, LLC PO BOX 50805 DENTON, TEXAS 76210 PHONE: FAX:
Phone (940) 891-1161 Type: Branch Agency	Fax Administrator REBECCA RAASCH	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County DENTON License # 009725 Lic Expire 11/30/2024 Medicare 1: 453181 HHA-18 Medicare 2: Phone (972) 459-9999 Type: Parent Agency	Region 03 Date Licensed 11/30/2004 THE POTTERS HEALTHCARE SERVICES 873 S. STEMMONS FRWY. STE 100 LEWISVILLE, TEXAS 75067 Fax (972) 315-2065 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 License # 017192 Lic Expire 12/31/2023 Medicare 1: 741699 Medicare 2: Phone 817 3281628	Region 03 Date Licensed TOTAL HOSPICE AND PALLIATIVE CARE 209 N BONNIE BRAE STREET, SUITE 201 DENTON, TEXAS 76201 Fax (940) 312-7921	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
Type: Alternate Delivery Site County DENTON License # 017192 Lic Expire 12/31/2023 Medicare 1: 741699 Medicare 2: Phone 817 3281628	Administrator MARGARET BALL Region 03 Date Licensed TOTAL HOSPICE AND PALLIATIVE CARE 209 N BONNIE BRAE STREET, SUITE 201 DENTON, TEXAS 76201 Fax (940) 312-7921	Owner Information ABS PALLIATIVE AND HOSPICE CARE, LLC 717 N. HARWOOD STREET, SUITE 550 DALLAS, TX 75201 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site County DENTON License # 019125	Administrator MARGARET BALL Region 03 Date Licensed 11/30/2018 TOUCHING HEARTS AT HOME	In-Patient Hospice: NO Owner Information HILLHEJ, INC
Lic Expire 3/31/2021 Medicare 1: Medicare 2: Phone (972) 900-3635 Type: Parent Agency	4217 BLUE GRASS DRIVE FLOWER MOUND, TX 75028 Fax (972) 905-7445 Administrator HOLLY HILL	PHONE: FAX: Services: Personal Assistance Services
County DENTON License # 010325 Lic Expire 2/28/2022 Medicare 1: 679324 HHA-18 Medicare 2:	Region 03 Date Licensed 02/28/2006 TRINITY HEALTH AND HOME CARE SERVICES 2720 STAIN GLASS CT CARROLLTON, TX 750075052	Owner Information TRINITY HEALTH AND HOME CARE SERVICES LLC 2720 STAIN GLASS CT CARROLLTON, TX 75007 PHONE: (214) 263-2389 FAX: (214) 371-0087
Phone (972) 782-9190 Type: Parent Agency	Fax (817) 585-4806 Administrator ISRAEL MWESIGWA	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: FAX:
Phone (940) 381-2288	Fax (940) 381-2299		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator DREW MIZE		
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: FAX:
Phone (940) 442-5344	Fax (940) 442-5354		Services: Hospice
			In-Patient Hospice: NO
Type: Parent Agency	Administrator DREW MIZE		
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 FAX:
Phone (940) 390-0493	Fax (940) 230-2180		Services: Personal Assistance Services
Type: Parent Agency	Administrator LINDA DEGRAFFENREID		
County DENTON	Region 03 Date Licensed	04/16/2004	Owner Information
License # 009040	US BIOSERVICES CORPORATION	0 1/ 10/200 1	APS ENTERPRISES HOLDING COMPANY, INC
Lic Expire 4/30/2023	5025 PLANO PARKWAY		
Medicare 1:	CARROLLTON, TX 75010		
Medicare 1:	OARROLLTON, TX 73010		PHONE: FAX:
Phone (469) 365-8300	Fax (844) 322-9979		
Type: Parent Agency	Administrator PATRICIA GARZA		Services: Licensed Home Health Services
ype. I dient Agency	Administration I ATTION CANZA		O
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: FAX:
Phone (214) 618-4784	Fax (214) 618-4794		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator MALLIKA RADHAKRISHNAN		
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		
Medicare 2:	,		PHONE: FAX:
Phone (252) 495-1963	Fax		
Type: Parent Agency	Administrator SHANEAN DIXON		Services: Licensed Home Health Services; Personal Assistance Services
<u> </u>			Owner Information
County DENTON	Region 03 Date Licensed	08/31/2015	DENTON HOMECARE LLC
License # 017199	VISITING ANGELS		
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: FAX:
Phone (940) 387-0395	Fax (940) 387-6359		Services: Personal Assistance Services
Times Desemble	A desiriate and LAVCONLOOV MONIK		

Administrator

Type: Parent Agency

JAYSON COX-MONIK

County DENTON License # 021129	Region 03 Date Licensed VITAL SUPPORT HOME HEALTH CARE LLC	10/14/2021	Owner Information VITAL SUPPORT HOME HEALTH CARE LLC
Lic Expire 10/14/2024 Medicare 1:	1508 E BELT LINE RD SUITE 201 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 Medicare 1:	723 SOUTH I 35 EAST SUITE 228		
Medicare 2:	DENTON, TX 76205		PHONE: FAX:
Phone (817) 870-7070	Fax (817) 870-7090		Services: Hospice
			In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator STEVEN WELKER		
County DENTON	Region 03 Date Licensed	01/28/2005	Owner Information VITAS HEALTHCARE OF TEXAS LP
License # 006983	VITAS HEALTHCARE OF TEXAS LP		VITAS REALITIOANE OF TEXAS LP
Lic Expire 11/30/2023 Medicare 1:	4343 N JOSEY LANE 4TH FLOOR CARROLLTON, TX 75010		
Medicare 2:	ON MICELION, IN 10010		PHONE: FAX:
Phone (972) 428-5620	Fax (972) 428-5656		Services: Hospice
Tunas Alternata Dalissans Cita	Administrator TANA VIII ANDEVA		In-Patient Hospice: YES
Type: Alternate Delivery Site	Administrator TANA VILLANUEVA		
County DENTON	Region 03 Date Licensed	10/02/1995	Owner Information THE VISITING NURSE ASSOCIATION OF TEXAS
License # 001531 Lic Expire 9/30/2023	VNA		1420 W. MOCKINGBIRD LANE, SUITE 700
Lic Expire 9/30/2023 Medicare 1:	2800 SHORELINE DR. SUITE 250 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
<u></u>			Owner Information
County DENTON	Region 03 Date Licensed	10/02/1995	THE VISITING NURSE ASSOCIATION OF TEXAS
License # 001531 Lic Expire 9/30/2023	VNA 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
		40/00/4005	Owner Information
County DENTON License # 001531	Region 03 Date Licensed VNA	10/02/1995	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	10/04/1333	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:	Eav. (040) 202 4000		PHONE: (214) 689-0000 FAX: (214) 689-2300
Phone (940) 349-5900	Fax (940) 383-4000		Services: Hospice In-Patient Hospice: NO
Towns Alternation 11 CT	A L		

Administrator OLIVIA ROGERS

Type: Alternate Delivery Site

County DENTON License # 017423	Region 03 Date Licensed 05/26/2016 YELLOW ROSE HOSPICE	Owner Information DOUBLE A HOSPICE CARE INC
Lic Expire 5/31/2022 Medicare 1: 741718 HOSPICE	3712 OLD DENTON RD STE 120 CARROLLTON, TX 75007	8111 LBJ FREEWAY SUITE 820 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	ZELANO HEALTHCARE, LLC N/A
Lic Expire 4/30/2023 Medicare 1: 747236	2302 POST OAK DRIVE	CORINTH, TX 76210
Medicare 1: 747236 Medicare 2:	CORINTH, TX 76210	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 License # 001140 Lic Expire 9/30/2022 Medicare 1:	Region 07 Date Licensed 09/15/1989 CUERO COMMUNITY HOSPITAL HOME HEALTH AGENCY 615 NORTH ESPLANADE CUERO, TX 77954	Owner Information DEWITT MEDICAL DISTRICT SAME AS ABOVE. CUERO, TX 77954
Medicare 2:		PHONE: (361) 275-6191 FAX: (361) 275-3999
Phone (361) 275-8999 Type: Parent Agency	Fax (361) 275-8970 Administrator MARGARET KRAUSE	Services: Licensed Home Health Services; Personal Assistance Services
County DEWITT License # 001569 Lic Expire 11/30/2023 Medicare 1: 457696 HHA-18	Region 07 Date Licensed 11/19/1984 CUERO COMMUNITY HOSPITAL HOME HEALTH AGENCY 615 NORTH ESPLANADE CUERO, TX 77954	Owner Information DEWITT MEDICAL DISTRICT SAME AS ABOVE. 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 License # 015189 Lic Expire 8/31/2022 Medicare 1:	Region 07 Date Licensed 09/01/2012 SOUTHERN ASSURED HOME HEALTH LLC 640 W. MAIN STREET YORKTOWN, TX 78164	Owner Information SOUTHERN ASSURED HOME HEALTH LLC PO BOX 822 YORKTOWN, TX 78164
Medicare 2:		PHONE: FAX:
Phone (210) 257-5765 Type: Branch Agency	Fax (210) 257-0419 Administrator BARRY WATSON	Services: Licensed and Certified Home Health Services
County DIMMIT License # 019989 Lic Expire 6/9/2022 Medicare 1: Medicare 2: Phone 210 3755914	Region 07 Date Licensed 06/09/2020 HOLY SAVIOR HOSPICE 1203 PENA STREET, SUITE 101 CARRIZO SPRINGS, TEXAS 78834 Fax 210 3755919	Owner Information TJA MANAGEMENT, LLC 1600 AIRPORT FREEWAY SUITE 503 BEDFORD, TEXAS 76022 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator LAURA CANTU	In-Patient Hospice: NO
County DIMMIT License # 007687 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (830) 876-2200	Region 07 Date Licensed 07/21/2004 SANDS CARE HEALTH SERVICES LC 109 NORTH FIRST STREET SUITE A CARRIZO SPRINGS, TX 78834 Fax (830) 876-2205	Owner Information SANDS CARE HEALTH SERVICES LC 201 WEST HILLSIDE SUITE 8 LAREDO, TX 78041-6905 PHONE: FAX:
Type: Branch Agency	Administrator SCOTT EDWARD SANDS SANDS	Services: Personal Assistance Services

County DONLEY License # 018848	Region 01 Date Licensed 05/01/2018 ROADRUNNER HOMECARE	Owner Information HWATCH OF THE TX PANHANDLE LLC 3310 LAMAR AVE, STE. A
Lic Expire 4/30/2022	200 S GOODNIGHT	PARIS, TX 75460
Medicare 1: 457567 HHA-18	CLARENDON, TX 79226	
Medicare 2: Phone (806) 874-0042	Fax (806) 874-0049	PHONE: FAX:
Type: Parent Agency	Administrator CHANDRA CHRISTOPHER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
ype. I dielit Agency	Administrator Of Interval of Interval	O
County DUVAL	Region 07 Date Licensed 07/03/2007	Owner Information
License # 011519	CARING TOUCH PROVIDER SERVICES	MRNG, INC PO BOX 568
Lic Expire 7/31/2022	111 W RAILROAD AVE	BENAVIDES, TX 78341
Medicare 1:	BENAVIDES, TX 78341	
Medicare 2:	_	PHONE: FAX:
Phone (956) 787-9199	Fax (956) 783-9006	Services: Personal Assistance Services
Type: Parent Agency	Administrator IRMA GARZA	
County DUVAL	Region 07 Date Licensed 07/03/2007	Owner Information
License # 011519	CARING TOUCH PROVIDER SERVICES	MRNG, INC
Lic Expire 7/31/2022	111 W RAILROAD AVE	PO BOX 568
Medicare 1:	BENAVIDES, TX 78341	BENAVIDES, TX 78341
Medicare 2:		PHONE: FAX:
Phone (956) 787-9199	Fax (956) 783-9006	Services: Personal Assistance Services
Type: Parent Agency	Administrator IRMA GARZA	Gervices. 1 ersonal Assistance Gervices
		Owner Information
County DUVAL	Region 07 Date Licensed 05/09/2011	HAVEN SKILLED SERVICES LLC
License # 014083	HAVEN SKILLED SERVICES LLC	500 S DR EE DUNLAP ST SUITE A & B
Lic Expire 5/31/2023	500 S DR EE DUNLAP ST SUITE A & B	SAN DIEGO, TX 78384
Medicare 1: 747748 HHA-18	SAN DIEGO, TX 78384	
Medicare 2:	F (204) 070 70F0	PHONE: FAX:
Phone (361) 279-7159 Type: Parent Agency	Fax (361) 279-7256 Administrator JENNIFER FEHRENKAMP	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
- ypo. Tarontrigonoy		Owner Information
County DUVAL	Region 07 Date Licensed 12/29/2011	HEALING HANDS & HEARTS HOME CARE LLC
License # 014555	HEALING HANDS & HEARTS HOME CARE LLC	P. O. BOX 4
Lic Expire 12/31/2019	203 SOUTH MAIN AVENUE	FREER, TX 78357
Medicare 1: 747846 HHA-18	FREER, TX 78357	
Medicare 2:	F (204) 204 4004	PHONE: FAX:
Phone (361) 394-1863 Type: Parent Agency	Fax (361) 394-1864 Administrator CONNIE GARZA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
- Taronit Agonoy	, animodato.	Our collection of the
County DUVAL	Region 07 Date Licensed 02/22/2017	Owner Information
License # 018051	NURSING SERVICES AND CONSULTANTS OF LAREDO	NSCL INC
Lic Expire 2/28/2023	114 WEST RAILROAD AVENUE	PO BOX 398
Medicare 1: 677735 HHA-18	BENAVIDES, TX 78341	BENAVIDES, TEXAS 78341
Medicare 2:		PHONE: FAX:
Phone (361) 256-4400	Fax (361) 256-4413	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator HECTOR ALVARADO	
County DUVAL	Region 07 Date Licensed 11/14/2003	Owner Information
License # 008750	SANTA FE HEALTH CARE INC	SANTA FE HEALTH CARE INC
Lic Expire 11/30/2022	119 WEST RAILROAD AVENUE	PO BOX 510
Medicare 1: 453121 HHA-18	BENAVIDES, TX 78341	BENAVIDES, TEXAS 78341
Medicare 2:		PHONE: FAX:
Phone (361) 256-3980	Fax (361) 256-3981	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PRISCILLA GARZA	. 6155/1617 (65/5/611) 65

County EASTLAND License # 010716 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 254 6298200 Type: Branch Agency	Region 01 Date Licensed 06/01/2006 ENCOMPASS HEALTH HOME HEALTH 300 WEST MAIN STREET EASTLAND, TEXAS 76448 Fax 254 6298220 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 EASTLAND	Region 01 Date Licensed 11/30/2007	Owner Information
License # 011731	KINDRED AT HOME	GIRLING HEALTH CARE, INC
Lic Expire 11/30/2023	405 E COMMERCE ST	12900 FOSTER
Medicare 1: 457128 HHA-18	EASTLAND, TX 76448	OVERLAND PARK, NC 28117
Medicare 2:		PHONE: FAX:
Phone (254) 629-1268	Fax (254) 629-8698	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator MOLLY KENNEDY	
County EASTLAND	Region 03 Date Licensed	Owner Information
License # 007938	SOLARIS HOSPICE INC	SOLARIS HOSPICE, INC
Lic Expire 3/31/2023	201 S DAUGHERTY AVE	2250 S FM 51 SUITE 400
Medicare 1: 451688	EASTLAND, TEXAS 764882607	DECATUR, TX 76234
Medicare 2:		PHONE: FAX:
Phone (940) 627-1011	Fax (940) 627-3160	Services: Hospice Alternative Delivery Site (ADS)
Times Alternate Delivery Cite	Administrator LEANNE PETERSON	In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator LEANNE PETERSON	
County EASTLAND	Region 01 Date Licensed 05/10/2013	Owner Information
License # 015686	TRI STAR HOME CARE INC	TRI STAR HOME CARE INC
Lic Expire 8/31/2021	1106 WEST 6TH STREET	PO BOX 430
Medicare 1:	CISCO, TX 76437	CISCO, TX 76437
Medicare 2:		PHONE: FAX:
Phone (254) 442-4996	Fax (254) 442-2002	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PAMELA MEADOR	
County ECTOR	Region 01 Date Licensed 09/29/1983	Owner Information
License # 001383	ACCENTCARE HEALTH AND PERSONAL CARE SERVICES OF	NURSES UNLIMITED INC
	TEXAS	P. O BOX 4534
Lic Expire 9/30/2023	3800 E 42ND SUITE 203	ODESSA, TX 79760
Medicare 1: 457528 HHA-18	ODESSA, TX 79762	PHONE: FAX:
Medicare 2: Phone (432) 550-1700	Fax (432) 550-1714	
Type: Parent Agency	Administrator TORI REECE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
<u> </u>		Owner Information
County ECTOR	Region 01 Date Licensed 01/09/1995	NURSES UNLIMITED INC
License # 003467	ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS	P. O BOX 4534
Lic Expire 1/31/2025	3800 E. 42ND STREET, SUITE 228	1.00004004
Medicare 1:	ODESSA, TX 79762	ODESSA, TX 79760
Medicare 2:		PHONE: FAX:
Phone 432 5802000	Fax 432 5802032	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator TRACY FOLLER	,
County ECTOR	Region 01 Date Licensed 01/09/1995	Owner Information
License # 003467	ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES	NURSES UNLIMITED INC
	OF TEXAS	P. O BOX 4534
Lic Expire 1/31/2025	3800 E. 42ND STREET, SUITE 228	005004 TV T0700
Medicare 1:	ODESSA, TX 79762	ODESSA, TX 79760
Medicare 2:		PHONE: FAX:
Phone 432 5802000	Fax 432 5802032	Services: Licensed Home Health Services; Personal Assistance Services
Type: Derent Agency	Administrator TDACV FOLLED	

Administrator

TRACY FOLLER

County ECTOR License # 018280 Lic Expire 8/31/2019 Medicare 1: Medicare 2: Phone (432) 258-7751	Region 01 Date Licensed 08/25/2017 ALL PEOPLE HOSPICE AND HEALTH CARE INC 4745 N. SIERRA AVE ODESSA, TX 79764 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	in additiopid. No
County ECTOR License # 001401 Lic Expire 1/31/2025 Medicare 1: Medicare 2:	Region 01 Date Licensed 12/14/2012 CAPROCK HOME HEALTH SERVICES INC 1340 EAST 7TH STREET SUITE 220 ODESSA, TX 79761	Owner Information CAPROCK HOME HEALTH SERVICES INC 8806 UNIVERSITY AVENUE LUBBOCK, TX 79423 PHONE: FAX:
Phone (432) 332-3177	Fax (432) 332-3184	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County ECTOR License # 017578 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (432) 276-2593 Type: Parent Agency	Administrator VICTORIA CAUGHRON Region 01 Date Licensed 08/16/2016 CARING PARTNERS HOME CARE 1901 E. 37TH STREET, SUITE 207 ODESSA, TEXAS 79762 Fax (432) 225-1060 Administrator MARIA FIERRO	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
County ECTOR License # 016994 Lic Expire 8/31/2024 Medicare 1: Medicare 2:	Region 01 Date Licensed 08/25/2015 CROSSLAND CARE INC 1901 E 37TH STREET SUITE 205 ODESSA, TX 79762	Owner Information CROSSLAND CARE INC 2020 EAST 8TH STREET ODESSA, TX 79761 PHONE: FAX:
Phone (432) 339-5555	Fax (432) 339-5550	
Type: Parent Agency	Administrator KELLY CROSSLAND	Services: Personal Assistance Services
County ECTOR License # 007652 Lic Expire 6/30/2023 Medicare 1: Medicare 2:	Region 01 Date Licensed 06/15/2001 DISABILITY SERVICES OF THE SOUTHWEST INC 2626 JBS PARKWAY SUITE B110 ODESSA, TX 79761	Owner Information DISABILITY SERVICES OF THE SOUTHWEST, INC 6243 IH 10 WEST, STE. 375 SAN ANTONIO, TX 78201 PHONE: FAX:
Phone (432) 550-6900	Fax (877) 463-1310	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator	Controls. Election from Circular Octobers, Fersonal Assistance Octobers
County ECTOR License # 008527 Lic Expire 6/30/2022 Medicare 1: 679327 HHA-18	Region 01 Date Licensed 06/25/2003 EXPRESS NURSING 4700 E UNIVERSITY BLVD ODESSA, TX 79762	Owner Information EXN INC 4700 E UNIVERSITY BLVD ODESSA, TX 79762
Medicare 2:	F (400) 500 0004	PHONE: FAX:
Phone (432) 580-9393 Type: Parent Agency	Fax (432) 580-9394 Administrator MYRA SALAZAR	Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services
County ECTOR	Region 01 Date Licensed 03/04/2009	Owner Information
License # 011726 Lic Expire 11/30/2022 Medicare 1:	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 601 EAST 2ND STREET, SUITE E ODESSA, TX 79761	GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117
Medicare 2:	Foy (422) 222 1640	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 License # 011726 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (432) 332-4025 Type: Branch Agency	Region 01 Date Licensed 03/04/2009 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 601 EAST 2ND STREET, SUITE E ODESSA, TX 79761 Fax (432) 332-1640 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 ECTOR License # 011726 Lic Expire 11/30/2022 Medicare 1:	Region 01 Date Licensed 03/04/2009 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 601 EAST 2ND STREET, SUITE E ODESSA, TX 79761	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117
Medicare 2: Phone (432) 332-4025 Type: Branch Agency	Fax (432) 332-1640 Administrator LISA CUPPS	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County ECTOR License # 003840 Lic Expire 3/31/2023 Medicare 1: 451617 HOSPICE Medicare 2: Phone (432) 580-9990 Type: Parent Agency	Region 01 Date Licensed 03/03/1995 HOME HOSPICE 619 N GRANT AVE STE 120 ODESSA, TX 79761 Fax (432) 580-9989 Administrator AMY DRUMM	Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County ECTOR License # 011956 Lic Expire 4/30/2024 Medicare 1: 747112 HHA-18 Medicare 2: Phone (432) 617-8125 Type: Parent Agency	Region 01 Date Licensed 04/04/2008 HOME NURSING 619 N. GRANT, STE 110 ODESSA, TEXAS 797614502 Fax (432) 550-7989 Administrator BRANDON HAMILTON	Owner Information HOME HEALTHCARE NURSING LLC 6010 E HWY 191 SUITE 235 ODESSA, TX 79762-5013 PHONE: FAX: Services: Licensed and Certified Home Health Services
County ECTOR License # 002022 Lic Expire 11/30/2022	Region 01 Date Licensed 08/23/2017 HOSPICE OF MIDLAND INC 219 W 4TH STREET ODESSA, TEXAS 79761	Owner Information HOSPICE OF MIDLAND INC
Medicare 1: Medicare 2:	ODESSA, TEXAS 79701	PHONE: FAX:
Phone (432) 653-1737 Type: Alternate Delivery Site	Fax (432) 653-1732 Administrator DEBORAH GOODMAN	Services: Hospice In-Patient Hospice: NO
County ECTOR License # 015410 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (877) 434-3153 Type: Parent Agency	Region 01 Date Licensed 03/04/2013 LIFESPAN HOME HEALTH 2626 JBS PARKWAY SUITE B110 ODESSA, TX 79761 Fax (877) 463-1310 Administrator LORENA TORRES	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 ECTOR License # 020658 Lic Expire 3/30/2024 Medicare 1:	Region 01 Date Licensed 03/30/2021 MERCY HOME HEALTH LLC 1905 W 18TH ST ODESSA, TX 79763	Owner Information MERCY HOME HEALTH LLC
Medicare 2: Phone (432) 818-8482 Type: Parent Agency	Fax (432) 704-1547 Administrator MYRIAM MEJIA	PHONE: FAX: Services: Personal Assistance Services

County ECTOR License # 014654 Lic Expire 2/28/2022 Medicare 1: 747783 HHA-18 Medicare 2: Phone (432) 550-0268 Type: Parent Agency	Region 01 Date Licensed 02/23/2012 NURSEX HOME HEALTH SERVICES LLC 2525 N GRANDVIEW AVENUE SUITE 600 ODESSA, TX 79761 Fax (432) 550-0193 Administrator ANGELIA AWBREY	Owner Information NURSEX HOME HEALTH SERVICES, LLC 2525 N. GRANDVIEW AVENUE SUITE 400 ODESSA, TX 79761 PHONE: FAX: 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	STAR CARE HOME HEALTH INC
Lic Expire 8/31/2023	620 N GRANT SUITE 100	620 N. GRANT AVENUE, SUITE 100
Medicare 1: 459081 HHA-18	ODESSA, TX 79761	ODESSA, TX 79761
Medicare 2:		PHONE: FAX:
Phone (432) 580-7707	Fax (432) 580-7937	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator RAVI SHAKAMURI	
County ECTOR	Region 01 Date Licensed 09/14/2000	Owner Information
License # 007430	STAR HOSPICE	STAR HOSPICE INC
Lic Expire 9/30/2022	620 N GRANT AVENUE SUITE 100	620 N. GRANT AVENUE, SUITE 100
Medicare 1: 451701 HOSPICE	ODESSA, TX 79761	ODESSA, TX 79761
Medicare 2:		PHONE: FAX:
Phone (432) 580-7707	Fax (432) 580-7937	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator RAVI SHAKAMURI	
County ECTOR	Region 01 Date Licensed 07/03/2008	Owner Information
License # 012084	TEXAS HOME HEALTH	KINDSTAR, INC
Lic Expire 7/31/2024	3800 E. 42ND ST. #203 ATTN (PMB)	17855 N. DALLAS PARKWAY DR. #200
Medicare 1: 459246 HHA-18	ODESSA, TX 79762	DALLAS, TX 75284
Medicare 2:		PHONE: FAX:
Phone (432) 686-1944	Fax (432) 686-1938	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator TORI REECE	
County ECTOR	Region 01 Date Licensed 06/21/2018	Owner Information
License # 019432	TRINITIY HEALTHCARE OF WEST TEXAS, INC	TRINITY HEALTHCARE OF WEST TEXAS, INC
Lic Expire 6/20/2023	4700 E. UNIVERSITY BLVD.	
Medicare 1:	ODESSA, TEXAS 79762	
Medicare 2:		PHONE: FAX:
Phone (432) 557-8110	Fax (432) 381-8276	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MYRA SALAZAR	
County ECTOR	Region 01 Date Licensed 05/03/2014	Owner Information
License # 016239	TWO HEARTS HOME HEALTH	TWO HEARTS HOME HEALTH LLC
Lic Expire 5/31/2022	206 W 10TH STREET	134 E CHURCH STREET
Medicare 1:	ODESSA, TX 79761	GRAND PRAIRIE, TX 75050
Medicare 1:	52253, 17, 10101	PHONE: FAX:
Phone (432) 685-1705	Fax (432) 620-8250	
Type: Parent Agency	Administrator CELESTINA OGBOLUGO	Services: Personal Assistance Services
·· · · · · · · · · · · · · · · · · · ·		Owner Information
County EL PASO	Region 02 Date Licensed 12/02/2016	R&H HOME CARE, INC
License # 018208	1ST CARE HOME HEALTH AGENCY	1326 E. YANDELL DRIVE
Lic Expire 3/31/2023	1155 LARRY MAHAN DR. SUITE B	EL PASO, TX 79902
Medicare 1: 459477 HHA-18	EL PASO, TX 79925	
Medicare 2:	Eav. (015) 597 0903	PHONE: FAX:
Phone (915) 587-0074	Fax (915) 587-9803	Services: Licensed and Certified Home Health Services; Personal Assistance Services

Administrator

VICTORIA CASTANEDA

County EL PASO License # 012899 Lic Expire 10/31/2023 Medicare 1: 747491 HHA-18;74 Medicare 2: Phone (915) 855-9333	Region 02 Date Licensed 10/15/2009 1ST CHOICE HOME HEALTH 10662 VISTA DEL SOL DR EL PASO, TX 79935 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	пн авентнорие. Но
County EL PASO License # 018657 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (915) 249-6114 Type: Parent Agency	Region 02 Date Licensed 03/19/2018 ABARIM HOME HEALTH CARE TEXAS INC 747 E SAN ANTONIO AVE STE 102 EL PASO, TX 799012557 Fax (833) 227-4904 Administrator JESSICA SOTO	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
County EL PASO License # 015837 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (915) 433-8946 Type: Parent Agency	Region 02 Date Licensed 10/29/2013 ABRAZO PAS LLC 3661 TRINA PL EL PASO, TX 79936 Fax (915) 261-7341 Administrator MIREYA ARAMBULA	Owner Information ABRAZO PAS LLC 14140 DEATH VALLEY LANE EL PASO, TX 79938 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 015717 Lic Expire 8/31/2023 Medicare 1:	Region 02 Date Licensed 08/16/2013 ABUNDANT LIVING HOME HEALTH 1115 MONTANA AVE. EL PASO, TX 79902	Owner Information ABUNDANT LIVING HOME HEALTH LLC 3701 SACRAMENTO AVENUE EL PASO, TX 79930
Medicare 2: Phone (915) 564-0168	Fax (210) 714-0168	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County EL PASO License # 016836 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (915) 383-3462	Administrator MIGUEL VILLANUEVA Region 02 Date Licensed 06/03/2015 ACASA PERSONAL IN HOME CARE SERVICES LLC 4215 FRED WILSON AVE EL PASO, TX 79904 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	Owner Information
County EL PASO License # 003467	Region 01 Date Licensed 10/10/1996 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS	Owner Information NURSES UNLIMITED INC P. O BOX 4534
Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (915) 774-8890 Type: Branch Agency	1200 GOLDEN KEY CIRCLE, SUITE 435 EL PASO, TX 79925 Fax (915) 774-8848 Administrator TARA PARMENTER	ODESSA, TX 79760 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 003467	Region 01 Date Licensed 10/10/1996 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS	Owner Information NURSES UNLIMITED INC P. O BOX 4534
Lic Expire 1/31/2025 Medicare 1: Medicare 2:	1200 GOLDEN KEY CIRCLE, SUITE 435 EL PASO, TX 79925	ODESSA, TX 79760 PHONE: FAX:
Phone (915) 774-8890 Type: Branch Agency	Fax (915) 774-8848 Administrator TARA PARMENTER	Services: Licensed Home Health Services; Personal Assistance Services

County EL PASO License # 020509 Lic Expire 2/5/2023 Medicare 1: Medicare 2: Phone 915 7748890	Region 02 Date Licensed 02/05/2021 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS 1200 GOLDEN KEY CIRCLE, SUITE 435 EL PASO, TX 79925 Fax 915 7748848	Owner Information NURSES UNLIMITED INC P. O BOX 4534 ODESSA, TX 79760 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ANA DOMINGUEZ	Convices. Election from Flourit Convices, Florida in Assistance Convices
County EL PASO License # 020361 Lic Expire 12/1/2022 Medicare 1: Medicare 2: Phone (915) 774-0534	Region 02 Date Licensed 12/01/2020 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 1200 GOLDEN KEY CIRCLE, SUITE 435 EL PASO, TX 79925 Fax	Owner Information TEXAS HOME HEALTH OF AMERICA, LP 17855 N. DALLAS PKWY, SUITE 200 DALLAS, TEXAS 75287 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County EL PASO License # 016967 Lic Expire 2/6/2022 Medicare 1: Medicare 2: Phone (915) 757-0127 Type: Parent Agency	Administrator REGANALD MACKEY Region 02 Date Licensed 08/13/2015 ACO PROVIDER SERVICES 9861 DYER ST STE 20 EL PASO, TX 79924 Fax 9157570334 9152329898 Administrator CHRISTIAN DURAN	Owner Information CARING MEDICAL EQUIPMENT LLC 9924 DYER STREET EL PASO, TX 79924 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 014344 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (915) 598-6616 Type: Parent Agency	Region 02 Date Licensed 09/14/2011 ACTIONCARE PEDIATRIC THERAPY 10450 BRIAN MOONEY AVENUE EL PASO, TX 79935 Fax (915) 598-6651 Administrator DWAYNE MARROTT	Owner Information ACTIONCARE REHABILITATION CENTER LLC 10450 BRIAN MOONEY AVENUE EL PASO, TEXAS 79935 PHONE: FAX: Services: Licensed Home Health Services
County EL PASO License # 016714 Lic Expire 2/28/2024 Medicare 1: 747023 HHA-18 Medicare 2: Phone (915) 590-3330 Type: Parent Agency	Region 02 Date Licensed 02/02/2015 ADVANCED HEALTHCARE 3431 PERSHING STE A4 EL PASO, TX 79903 Fax (915) 594-8245 Administrator MAYRA CUELLAR	Owner Information PUEBLO DE SALUD HOME HEALTH SERVICES LLC P O BOX 26704 EL PASO, TX 79926 PHONE: FAX: Services: Licensed and Certified Home Health Services
County EL PASO License # 020198 Lic Expire 9/24/2022 Medicare 1:	Region 02 Date Licensed 09/24/2020 ADVANCED HOSPICE OF EL PASO LLC 3431 PERSHING DR STE B1 EL PASO, TX 799032701	Owner Information ADVANCED HOSPICE OF EL PASO LLC
Medicare 2: Phone (915) 503-0481 Type: Parent Agency	Fax Administrator MAYRA CUELLAR	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County EL PASO License # 014946 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (915) 603-0060	Region 02 Date Licensed 06/25/2012 AFFINITY PERSONAL ASSISTANCE SERVICES LLC 1800 HUGH ROYER PLACE EL PASO, TX 79936 Fax (915) 633-9444	Owner Information AFFINITY PERSONAL ASSISTANCE SERVICES, LLC 1800 HUGH ROYER PLACE EL PASO, TX 79936 PHONE: FAX: Services: Personal Assistance Services

Administrator

REBECCA URBAN-CHAVEZ

County EL PASO License # 020398	Region 02 Date Licensed 12/11/2020 AGAPE HOME HEALTHCARE	Owner Information AGAPE HOME HEALTHCARE LLC
Lic Expire 12/11/2022 Medicare 1:	12001 DRAGON CREST DR EL PASO, TEXAS 79936	
Medicare 2:	221760, 1240 7000	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	ALEGRE HOME HEALTH CARE, LLC
Lic Expire 11/30/2022	1280 HAWKINS STREET, STE 230	3400 N MCCOLL RD STE B2 MCALLEN, TX 78501
Medicare 1: Medicare 2:	EL PASO, TEXAS 79925	PHONE: FAX:
Phone (915) 209-3114	Fax (956) 668-7732	
Type: Branch Agency	Administrator ALICIA DELEON	Services: Licensed Home Health Services; Personal Assistance Services
County EL PASO	Region 07 Date Licensed	Owner Information
County EL PASO License # 011712	ALEGRE HOME HEALTH CARE LLC	ALEGRE HOME HEALTH CARE, LLC
Lic Expire 11/30/2022	1280 HAWKINS STREET, STE 230	3400 N MCCOLL RD STE B2
Medicare 1:	EL PASO, TEXAS 79925	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	ALEGRE PERSONAL ASSISTANCE SERVICES LLC 2150 TRAWOOD DR. B-260
Lic Expire 9/30/2022 Medicare 1:	2150 TRAWOOD DR. B-260	EL PASO, TX 79935
Medicare 1:	EL PASO, TX 79935	PHONE: FAX:
Phone (915) 307-2478	Fax (915) 990-2013	Services: Personal Assistance Services
Type: Parent Agency	Administrator SANDRA ORNELAS	CO. 1000. 1. 0.001
County EL PASO	Region 02 Date Licensed 07/22/2020	Owner Information
License # 020067	ALEGRIA PERSONAL ASSISTANCE SERVICES	ALEGRIA PERSONAL ASSISTANCE SERVICES
Lic Expire 7/22/2022	9853 STAUBACH	
Medicare 1:	EL PASO, TX 79927	PVOVE PVV
Medicare 2: Phone (915) 256-2185	Fax	PHONE: FAX:
Type: Parent Agency	Administrator ALEJANDRA LUJAN	Services: Personal Assistance Services
		Owner Information
County EL PASO License # 017666	Region 02 Date Licensed 08/15/2016 ALIANZA PERSONAL CARE	ALIANZA PERSONAL CARE INC
Lic Expire 8/31/2022	10921 PELLICANO DR SUITE 115	10921 PELLICANO DR SUITE 115
Medicare 1:	EL PASO, TX 79935	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	ALIGN HOME HEALTH, LLC 5655 STAR VIEW DRIVE
Lic Expire 4/30/2023	3431 PERSHING SUITE A1	EL PASO, TX 79912
Medicare 1: 747958 HHA-18 Medicare 2:	EL PASO, TX 79903	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	201 1000. Liberia de de de de la contra del la contra de la contra del la contra del la contra del la contra de la contra de la contra de la contra del la contra de la contra del la contra del la contra de la contra del la contra

County EL PASO License # 019285 Lic Expire 2/28/2024 Medicare 1: Medicare 2: Phone (915) 307-6778 Type: Parent Agency	Region 02 Date Licensed 02/28/2019 ALL CARE HOME CARE 9861 DYER ST SUITE 20 EL PASO, TX 79924 Fax (915) 757-0334 Administrator CHRISTIAN DURAN	Owner Information AMI HEALTH CARE INC PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 015041 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (915) 545-2727 Type: Parent Agency	Region 02 Date Licensed 08/30/2012 ALLEGIANCE PERSONAL ASSISTANCE SERVICES INC 4625 ALABAMA ST STE A EL PASO, TX 79930 Fax (915) 545-2728 Administrator GERAL MENDOZA	Owner Information ALLEGIANCE PERSONAL ASSISTANCE SERVICES INC 2501 WYOMING AVENUE EL PASO, TX 79903 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 012831 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (915) 594-0098 Type: Parent Agency	Region 02 Date Licensed 06/25/2009 ALTA VISTA COMMUNITY CARE SERVICES LLC 1155 WESTMORELAND DRIVE SUITE 115 EL PASO, TEXAS 79925 Fax (915) 594-0082 Administrator JOSIE ORTIZ	Owner Information ALTA VISTA COMMUNITY CARE SERVICES, LLC 1155 WESTMORELAND DRIVE STE 115 EL PASO, TEXAS 79925 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 008592 Lic Expire 4/30/2021 Medicare 1: 459478 HHA-18 Medicare 2: Phone (915) 845-2211	Region 02 Date Licensed 04/27/2002 ALTOMAR HOME HEALTH CARE INC 3214 E YANDELL EL PASO, TX 79903 Fax (915) 845-0499	Owner Information ALTOMAR HOME HEALTHCARE INC 3214 E YANDELL DRIVE EL PASO, TX 79903 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County EL PASO License # 019699 Lic Expire 11/13/2021 Medicare 1: Medicare 2:	Administrator ELIZA MARTINEZ Region 02 Date Licensed 11/13/2019 ALWAYS BEST CARE 2601 E YANDELL SUITE 113 EL PASO, TX 79903	Owner Information NEVCAM WORKS CORPORATION PHONE: FAX:
Phone (915) 309-9235 Type: Parent Agency	Fax (915) 440-3780 Administrator GRACIELA CAMACHO	Services: Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 001518 Lic Expire 8/31/2023 Medicare 1: Medicare 2:	Region 02 Date Licensed 08/13/1993 ALWAYS CARING HEALTH CARE SERVICES INC 4171 N MESA BLDG D SUITE 400 EL PASO, TX 79902	Owner Information ALWAYS CARING HEALTH CARE SERVICES INC 4171 N MESA BLDG D SUITE 400 EL PASO, TX 79902 PHONE: FAX:
Phone (915) 532-5742 Type: Parent Agency	Fax (915) 543-7999 Administrator MAGDALENE ULLRICH-ALLEN	Services: Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 002599 Lic Expire 8/31/2022 Medicare 1: 677665 HHA-18 Medicare 2: Phone (915) 545-4663	Region 02 Date Licensed 08/13/1993 ALWAYS CARING HOME CARE SERVICES INC 4171 N MESA BLDG D SUITE 400A EL PASO, TX 79902 Fax (915) 545-4697	Owner Information ALWAYS CARING HOME CARE SERVICES INC 4171 N MESA BLDG D SUITE 400A EL PASO, TX 79902 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator MACDALENE MILITIPICH ALLEN	Personal Assistance Services

Administrator

MAGDALENE M. ULLRICH-ALLEN

County EL PASO License # 012911 Lic Expire 7/31/2023 Medicare 1: 459132 HHA-18 Medicare 2: Phone (915) 585-4553	Region 02 Date Licensed 07/28/2009 AM HEALTHCARE 3727 MONTANA AVE EL PASO, TX 79903 Fax (915) 585-4565	Owner Information HORIZON HEALTH CARE INC 3727 MONTANA AVENUE EL PASO, TX 79903 PHONE: (915) 585-4553 FAX: (915) 585-4565 Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator GLORIA NARES	
County EL PASO License # 012797 Lic Expire 8/31/2021 Medicare 1:	Region 02 Date Licensed 08/20/2009 AM HOME PERSONAL ASSISTANCE SERVICE 3727 MONTANA AVE EL PASO, TX 79903	Owner Information GRT INC 3727 MONTANA EL PASO, TX 79903
Medicare 2:	F (045) 502 0207	PHONE: FAX:
Phone (915) 533-0262 Type: Parent Agency	Fax (915) 533-0367 Administrator STEPHANIE GARCIA	Services: Personal Assistance Services
County EL PASO License # 016822 Lic Expire 5/31/2023 Medicare 1: 741586 HOSPICE Medicare 2: Phone (915) 242-6930 Type: Parent Agency	Region 02 Date Licensed 05/27/2015 AM HOSPICE INC 3727 MONTANA AVE EL PASO, TX 79903 Fax (915) 585-4565 Administrator NORMA RODRIGUEZ	Owner Information AM HOSPICE INC 3727 MONTANA AVENUE EL PASO, TX 79903 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County EL PASO License # 020310 Lic Expire 11/12/2022 Medicare 1: Medicare 2:	Region 02 Date Licensed 11/12/2020 AMADA SENIOR CARE EL PASO 306 THUNDERBIRD DR., STE. B-1 EL PASO, TEXAS 79912	Owner Information EL PASO SENIOR CARE LLC PHONE: FAX:
Phone (843) 718-4893	Fax Administrator IODOF ANDAZOLA	Services: Personal Assistance Services
County EL PASO License # 018684 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (915) 262-0484	Administrator JORGE ANDAZOLA Region 02 Date Licensed 04/03/2018 AMANECER PERSONAL HOME CARE LLC 7222 MAJORCA COURT EL PASO, TX 79912 Fax (915) 262-0483	Owner Information AMANECER PERSONAL HOME CARE LLC PO BOX 221315 EL PASO, TX 79913 PHONE: FAX:
Type: Parent Agency	Administrator NATHALIE LEYVA ZAYAS	Services: Personal Assistance Services
County EL PASO License # 011021 Lic Expire 1/31/2025 Medicare 1: 747183 HHA-18 Medicare 2:	Region 02 Date Licensed 01/26/2007 AMAZING GRACE SYSTEMS HOMEHEALTH 921 LAS AVES PL EL PASO, TX 79912	Owner Information AMAZING GRACE SYSTEMS HOME HEALTH 921 LAS AVES PL EL PASO, TX 79912 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 License # 016448 Lic Expire 9/30/2022	Region 02 Date Licensed 09/26/2014 AMERICAN ARCH HOMEHEALTH & PERSONAL ASSISTANCE CARE AGENCY LLC 2200 N LEE TREVINO SUITE A6	Owner Information AMERICAN ARCH HOMEHEALTH & PERSONAL ASSISTANCE CARE AGENCY LLC 469 EMERALD BLUFF
Medicare 1: 748025	EL PASO, TX 79936	EL PASO, TX 79928
Medicare 2: Phone (915) 333-9613	Fax (866) 200-2812	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator SHAHBAA ZAIDAN	Personal Assistance Services

County EL PASO License # 017568 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (915) 474-6480 Type: Parent Agency County EL PASO License # 012894 Lic Expire 10/31/2024	Region 02 Date Licensed 08/11/2016 AMISTAD PERSONAL ASSISTANCE SERVICES 1413 DAVID RAY WAY EL PASO, TX 79936 Fax (915) 249-6098 Administrator JUAN GONZALEZ JR Region 02 Date Licensed 10/07/2009 AMOR PERSONAL ASSISTANCE SERVICE INC 1220 MONTANA AVENUE	Owner Information JUAN MARCELO GONZALEZ JR 1413 DAVID RAY WAY EL PASO, TX 79936 PHONE: FAX: Services: Personal Assistance Services Owner Information AMOR PERSONAL ASSISTANCE SERVICE INC 1220 MONTANA AVENUE
Medicare 1: Medicare 2:	EL PASO, TX 79902	EL PASO, TX 79902 PHONE: FAX:
Phone (915) 351-2004	Fax (915) 351-3718	Services: Personal Assistance Services
Type: Parent Agency	Administrator ALICIA GOMEZ	Services. Personal Assistance Services
County EL PASO License # 018381 Lic Expire 8/31/2023 Medicare 1: 747649 HHA-18 Medicare 2: Phone (915) 562-3334	Region 02 Date Licensed 08/01/2017 AMORICAN HOME HEALTH SERVICES LLC 5939 GATEWAY WEST SUITE A EL PASO, TEXAS 79925 Fax (915) 562-3336	Owner Information AMORICAN 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
Type: Parent Agency	Administrator MARIA BEATRIZ REYES	resolial Assistance Services
County EL PASO License # 018153 Lic Expire 7/31/2023 Medicare 1: Medicare 2:	Region 02 Date Licensed 07/11/2017 ANGEL HANDS PROVIDER SERVICES 280 YSLETA LN EL PASO, TX 79907	Owner Information VIALSOMA, LLC 280 YSLETA LN EL PASO, TX 79907 PHONE: FAX:
Phone (915) 260-9589 Type: Parent Agency	Fax (915) 790-0026 Administrator DORA ROMAN	Services: Personal Assistance Services
County EL PASO License # 011447 Lic Expire 7/31/2022 Medicare 1: Medicare 2:	Region 02 Date Licensed 07/02/2007 ANGEL PERSONAL CARE 10921 PELLICANO DR SUITE 116 EL PASO, TX 79935	Owner Information GLOMAR GROUP INC 10921 PELLICANO DR SUITE 116 EL PASO, TX 79935 PHONE: FAX:
Phone (915) 633-1365	Fax (915) 633-1251	Services: Personal Assistance Services
Type: Parent Agency	Administrator GLORIA NAVA	Services. Personal Assistance Services
County EL PASO License # 015320 Lic Expire 1/31/2023 Medicare 1:	Region 02 Date Licensed 01/17/2013 ANGELES DE EL PASO HOME HEALTH INC 312 S COPIA SUITE A EL PASO, TX 79905	Owner Information ANGELES DE EL PASO HOME HEALTH INC 504 DE VARGAS EL PASO, TX 79905
Medicare 2:		PHONE: FAX:
Phone (915) 613-6808 Type: Parent Agency	Fax (915) 881-8651 Administrator SUSAN PEREZ	Services: Personal Assistance Services
County EL PASO License # 014695 Lic Expire 3/31/2020 Medicare 1: 747872 HHA-18 Medicare 2:	Region 02 Date Licensed 03/19/2012 ANGELS 2 YOU HOME HEALTH 5555 NORTH MESA SUITE 300 EL PASO, TX 79912	Owner Information ANGELS 2 YOU LLC 7380 REMCON SUUITE #E EL PASO, TX 79912 PHONE: FAX:
Phone (915) 581-0909	Fax (915) 581-8907	Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Administrator

Type: Parent Agency

LACY E NEWBERRY

Region 02 Date Licensed 05/08/2018 ANGEL'S HOME CARE LLC 1428 PEDRO FIGARI AVE EL PASO, TX 79936 Fax (915) 249-6626 Administrator JAIME GUERRERO	Owner Information ANGEL'S HOME CARE LLC 1428 PEDRO FIGARI AVE EL PASO, TX 79936 PHONE: Services: Personal Assistance Services	FAX:
Region 02 Date Licensed 09/13/2011 APC HOMEMAKER SERVICES 8825 N. LOOP DR., STE. A-112 EL PASO, TX 799074605	Owner Information APC HOME HEALTH SERVICE, INC 1805 BELL STREET HARLINGEN, TX	
Fax 915 7786553 Administrator JOVIE CANTU	Services: Licensed Home Health Services; Person	FAX: onal Assistance Services
Region 02 Date Licensed 09/30/2020 APOLLO PERSONAL HOME CARE LLC 1121 LARRY MAHAN DR., STE B EL PASO, TEXAS 79925	Owner Information APOLLO PERSONAL HOME CARE LLC	
,	PHONE:	FAX:
Fax	Services: Personal Assistance Services	
Administrator ELIZABETH TERRAZAS		
Region 02 Date Licensed 07/02/2019 ARMONIA HOME HEALTH CARE AGENCY LLC 5734 N. MESA ST. FL PASO TEXAS 79912	Owner Information ARMONIA HOSPICE LLC	
ELFAGO, ILAAG 19912	PHONE.	FAX:
Fax (915) 234-2256	Services: Hospice In-Patient Hospice: NO	
Administrator OLGA RODRIGUEZ		
Region 02 Date Licensed 12/01/2016 ARMONIA HOME HEALTH CARE AGENCY LLC 5732 NORTH MESA EL PASO, TX 79912	Owner Information ARMONIA HOME HEALTH CARE AGENCY LLC	
Fox (045) 240 0025	PHONE: (915) 584-5272	FAX: (915) 219-9035
	Services: Licensed and Certified Home Health Se	ervices
Region 02 Date Licensed 08/03/2017 ASHLEY HOME HEALTH AGENCY LLC 10921 PELICANO #105 EL PASO, TX 79935 Fax (915) 440-3493 Administrator ARACELY BENITEZ	Owner Information ASHLEY HOME HEALTH AGENCY LLC 10921 PELICANO #128 EL PASO, TX 79935 PHONE: Services: Personal Assistance Services	FAX:
Region 02 Date Licensed 06/13/2013 ASTI HOME CARE LLC 5950 ALAMEDA AVE. EL PASO, TX 79935	Owner Information ASTI HOME CARE LLC PO BOX 26948 EL PASO, TX 79926-6984	
	ANGEL'S HOME CARE LLC 1428 PEDRO FIGARI AVE EL PASO, TX 79936 Fax (915) 249-6626 Administrator JAIME GUERRERO Region 02 Date Licensed 09/13/2011 APC HOMEMAKER SERVICES 8825 N. LOOP DR., STE. A-112 EL PASO, TX 799074605 Fax 915 7786553 Administrator JOVIE CANTU Region 02 Date Licensed 09/30/2020 APOLLO PERSONAL HOME CARE LLC 1121 LARRY MAHAN DR., STE B EL PASO, TEXAS 79925 Fax Administrator ELIZABETH TERRAZAS Region 02 Date Licensed 07/02/2019 ARMONIA HOME HEALTH CARE AGENCY LLC 5734 N. MESA ST. EL PASO, TEXAS 79912 Fax (915) 234-2256 Administrator OLGA RODRIGUEZ Region 02 Date Licensed 12/01/2016 ARMONIA HOME HEALTH CARE AGENCY LLC 5732 NORTH MESA EL PASO, TX 79912 Fax (915) 219-9035 Administrator OLGA RODRIGUEZ Region 02 Date Licensed 08/03/2017 ASHLEY HOME HEALTH AGENCY LLC 10921 PELICANO #105 EL PASO, TX 79935 Fax (915) 440-3493 Administrator ARACELY BENITEZ Region 02 Date Licensed 06/13/2013 ASTI HOME CARE LLC 5950 ALAMEDA AVE.	ANGEL'S HOME CARE LLC 1428 PEDRO FIGARI AVE EL PASO, TX 79936 EL PASO, TX 79936 PHONE: Fax (915) 249-6626 Administrator JAIME GUERRERO Region 02 Date Licensed 09/13/2011 APC HOMEMAKER SERVICES BAZS N LOOP DR, STE. A-112 EL PASO, TX 799074605 Fax 915 7786653 Administrator JOVIE CANTU Region 02 Date Licensed 09/30/2020 APOLLO PERSONAL HOME CARE LLC 1121 LARRY MAHAN DR, STE B EL PASO, TEXAS 79925 Fax (915) 249-2256 Administrator ELIZABETH TERRAZAS Region 02 Date Licensed 07/02/2019 ARMONIA HOME HEALTH CARE AGENCY LLC 5734 N MESA ST. EL PASO, TEXAS 79912 PHONE: Fax (915) 234-2256 Administrator OLGA RODRIGUEZ Region 02 Date Licensed 12/01/2016 Administrator OLGA RODRIGUEZ Region 02 Date Licensed 08/03/2017 ASHLEY HOME HEALTH CARE AGENCY LLC 10321 PELLOANO #105 EL PASO, TX 79935 PHONE: Services: Licensed and Certified Home Health School 11/03/21 PELLOANO #105 EL PASO, TX 79935 PHONE: Services: Personal Assistance Services Owner Information ASHLEY HOME HEALTH AGENCY LLC 10321 PELLOANO #105 EL PASO, TX 79935 PHONE: Services: Personal Assistance Services Owner Information ASHLEY HOME HEALTH AGENCY LLC 10321 PELLOANO #105 EL PASO, TX 79935 PHONE: Services: Personal Assistance Services Owner Information ASTIHOME CARE LLC PO BOX 28948 EL PASO, TX 79935 PHONE: Services: Personal Assistance Services Owner Information ASTIHOME CARE LLC PO BOX 28944

County EL PASO License # 014797 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (915) 629-9260 Type: Parent Agency	Region 02 Date Licensed 03/07/2012 AVEANNA HEALTHCARE 7400 VISCOUNT BOULEVARD SUITE 200 EL PASO, TX 79925 Fax (915) 629-9785 Administrator VANESSA GALINDO	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County EL PASO License # 014797 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (915) 838-7604 Type: Branch Agency	Region 02 Date Licensed 06/27/2013 AVEANNA HEALTHCARE 6601 MONTANA SUITE G & H EL PASO, TX 79925 Fax (915) 772-4633 Administrator VANESSA GALINDO	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County EL PASO License # 011311 Lic Expire 5/31/2022 Medicare 1: 747056 HHA-18 Medicare 2: Phone (915) 532-8432 Type: Parent Agency	Region 02 Date Licensed 05/04/2007 AVIDA HOME HEALTH INC 2720 E YANDELL DR, STE 104 EL PASO, TX 79903 Fax (915) 351-8432 Administrator ELSA ELIZABETH VELAZQUEZ	Owner Information AVIDA HEALTH CARE INC 2211 E MISSOURI STE W-101 EL PASO, TX 79903 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 014487 Lic Expire 7/31/2023 Medicare 1: 747047 HHA-18;74 Medicare 2: Phone (915) 231-9494	Region 02 Date Licensed 07/27/2011 AYUDA HOME HEALTH CARE SERVICES LLC 1515 CESSNA SUITE 201 EL PASO, TX 79925 Fax (915) 231-9489	Owner Information AYUDA HOME HEALTH CARE SERVICES LLC 1515 CESSNA SUITE 201 EL PASO, TX 79925 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency County EL PASO License # 018094 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (915) 598-8602 Type: Parent Agency	Administrator EDWING MARTINEZ Region 02 Date Licensed 06/06/2017 BELLA PROVIDERS LLC 11809 CLARA BARTON EL PASO, TEXAS 79936 Fax (915) 598-5493 Administrator CLAUDIA DELFIN	Owner Information BELLA PROVIDERS LLC 11809 CLARA BARTON EL PASO, TEXAS 79936 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 017581 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (915) 599-9062 Type: Parent Agency	Region 02 Date Licensed 08/17/2016 BEST OUTCOMES HOME HEALTH LLC 2221 TRAWOOD EL PASO, TEXAS 79935 Fax (915) 599-9066 Administrator MARCO CARZOLI	Owner Information BEST OUTCOMES HOME HEALTH LLC 2150 TRAWOOD STE B160 EL PASO, TX 79935 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 010205 Lic Expire 7/31/2022 Medicare 1: 457960 HHA-18 Medicare 2: Phone (915) 599-0242 Type: Parent Agency	Region 02 Date Licensed 07/28/2005 BIENESTAR HOME HEALTH SERVICES 3117 MCRAE AVE #A EL PASO, TX 79925 Fax (915) 599-0243 Administrator EVANGELINA GONZALEZ	Owner Information BIENESTAR HOME HEALTH SERVICES 3117 MCRAE AVENUE # A EL PASO, TX 79925 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County EL PASO License # 004250 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (915) 599-6032	Region 02 Date Licensed 02/16/1996 BIENVIVIR ALLINCLUSIVE SENIOR HEALTH 656 RANCHO ALEGRE EL PASO, TX 79915 Fax (915) 875-8806	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
Type: Parent Agency	Administrator JOE PABON	
County EL PASO License # 011309 Lic Expire 5/31/2022 Medicare 1: 747260 HHA-18 Medicare 2: Phone (915) 599-0201	Region 02 Date Licensed 05/04/2007 BUEN PASTOR HOME HEALTHCARE INC 9900 MONTANA SUITE C8 EL PASO, TX 79925 Fax (915) 599-0092	Owner Information BUEN PASTOR HOME HEALTHCARE INC 1463 GREG POWERS DR EL PASO, TX 79936 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Turner December Assessed	Administrator ADDIANA TEDDAZAG ODEEN	Personal Assistance Services
Type: Parent Agency County EL PASO License # 020897 Lic Expire 8/11/2024 Medicare 1:	Administrator ADRIANA TERRAZAS-GREEN Region 02 Date Licensed 07/12/2021 BUENA VIDA HOME HEALTH, LLC 1530 GOODYEAR, SUITE A-2 EL PASO, TEXAS 79936	Owner Information BUENA VIDA HOME HEALTH, LLC
Medicare 2:	EET/100, 1E/1/10 73330	PHONE: FAX:
Phone (915) 300-1190	Fax (915) 300-1192	Services: Personal Assistance Services
Type: Parent Agency	Administrator LIRIA RUFFIER ACUNA	
County EL PASO License # 014046 Lic Expire 1/31/2023 Medicare 1: Medicare 2:	Region 02 Date Licensed 01/13/2011 CAMINO DE SALUD HOME CARE 9440 VISCOUNT SUITE 210 EL PASO, TX 79925	Owner Information SANTA TERESA PROVIDER ASSISTED SERVICES LLC 6713 VISCOUNT ST SUITE A EL PASO, TX 79925 PHONE: FAX:
Phone (915) 217-8307	Fax (915) 219-8271	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ENGRACIA VAZQUEZ	Services. Licensed notife nealth Services, Personal Assistance Services
County EL PASO License # 016764 Lic Expire 4/30/2024 Medicare 1: 741603 HOSPICE Medicare 2: Phone (915) 313-4720	Region 02 Date Licensed 04/24/2015 CAMINO HOSPICE CORPORATION 7806 GATEWAY BLVD E SUITE 100 EL PASO, TX 79915 Fax (915) 313-4277	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 License # 002251 Lic Expire 10/31/2023 Medicare 1: 457384 HHA-18 Medicare 2: Phone (915) 598-6522	Administrator LAURA ORTIZ Region 02 Date Licensed 10/22/1991 CAPROCK HOME HEALTH SERVICES INC 11180 LA QUINTA EL PASO, TX 79936 Fax (915) 598-7069	Owner Information CAPROCK HOME HEALTH SERVICES INC 8806 UNIVERSITY AVENUE LUBBOCK, TX 79423 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator OLYMPIA SAN ROMAN	Personal Assistance Services
County EL PASO License # 019708 Lic Expire 11/20/2023 Medicare 1: 748003 Medicare 2:	Region 02 Date Licensed 11/20/2019 CARE AT HEART HOME HEALTH SERVICES 12724 TIERRA MONJE EL PASO, TX 79938	Owner Information EUGENE'S HEALTHCARE SYSTEMS, LLC 12724 TIERRA MONJE EL PASO, TX 79938 PHONE: FAX:
Phone (915) 304-1030	Fax (915) 304-1030	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator EUGENE ORU	

County EL PASO License # 006718 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (915) 764-1367 Type: Branch Agency	Region 02 Date Licensed 10/04/2012 CARE HOME HEALTH AGENCY 705 FABENS ROAD SPACE # 3 FABENS, TX 79838 Fax (915) 764-0155 Administrator IRENE TRUJILLO	Owner Information IRENE TRUJILLO 9215 MONTANA AVE. EL PASO, TEXAS 79925 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 006718 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (915) 772-8401 Type: Parent Agency	Region 02 Date Licensed 11/17/1998 CARE HOME HEALTH AGENCY 9215 MONTANA AVE. EL PASO, TX 79925 Fax (915) 772-8402 Administrator IRENE TRUJILLO	Owner Information IRENE TRUJILLO 9215 MONTANA AVE. EL PASO, TEXAS 79925 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 008589 Lic Expire 8/31/2022 Medicare 1: 679378 HHA-18 Medicare 2: Phone (915) 598-8602 Type: Parent Agency	Region 02 Date Licensed 08/13/2003 CARE QUALITY OF EL PASO LLC 11809 CLARA BARTON EL PASO, TEXAS 79936 Fax (915) 598-5493 Administrator CLAUDIA DELFIN	Owner Information CARE QUALITY OF EL PASO LLC 11809 CLARA BARTON EL PASO, TEXAS 79936 PHONE: (915) 598-8602 FAX: (915) 598-5493 Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County EL PASO License # 017659 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (915) 999-6134 Type: Parent Agency	Region 02 Date Licensed 09/30/2016 CAREGIVERS OF EL PASO LLC 12194 CORAL GATE DR EL PASO, TX 79936 Fax (915) 859-4532 Administrator CARLOS FRIAS	Owner Information CAREGIVERS OF EL PASO LLC 12194 CORAL GATE DR. EL PASO, TEXAS 79936 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 015469 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (915) 307-6103 Type: Parent Agency	Region 02 Date Licensed 04/09/2013 CARING COMPANIONS 4050 RIO BRAVO SUITE 121 EL PASO, TX 79902 Fax (915) 307-6105 Administrator ANGELICA MINJAREZ	Owner Information AMIEL LLC 4050 RIO BRAVO, SUITE 121 EL PASO, TX 79902 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 017253 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (915) 307-5044 Type: Parent Agency	Region 02 Date Licensed 02/03/2016 CARING HEARTS OF EL PASO HOME CARE LLC 6501 BOEING DR SUITE H-5 EL PASO, TEXAS 79925 Fax (915) 307-3927 Administrator VERONICA WILLIAMS	Owner Information CARING HEARTS OF EL PASO HOME CARE LLC 4997 BALLINGER DRIVE EL PASO, TX 79924 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 017339 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (915) 444-8621	Region 02 Date Licensed 04/06/2016 CARING PARTNERS HOME CARE 9611 ACER AVE, BLDG. B, SUITE 100 EL PASO, TEXAS 79925 Fax (915) 242-4590	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

Administrator

ERNESTO NAVARRO

County EL PASO License # 010033 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (915) 843-1119 Type: Parent Agency	Region 02 Date Licensed 10/10/2005 CARING SENIOR SERVICE 5959 GATEWAY WEST STE 403 EL PASO, TX 79925 Fax (866) 546-5291 Administrator LISA KLAES	Owner Information DESERT MOUNTAIN LLC 13822 SHAVANO GLENN SAN ANTONIO, TX 78230 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 018495 Lic Expire 9/30/2024 Medicare 1: 679092 HHA-18 Medicare 2:	Region 02 Date Licensed 10/01/2017 CHOICE HOME HEALTHCARE 7304 GOOD SAMARITAN CT., BUILDING 200 SUITE B EL PASO, TEXAS 79912	Owner Information GOOD SAMARITAN SOCIETY HCBSTX, LLC 700 NORTH TOWN EAST BLVD., SUITE 159 MESQUITE, TX 75150 PHONE: FAX:
Phone (915) 544-0044 Type: Parent Agency	Fax (915) 544-1888 Administrator LIONZO BARRAZA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County EL PASO License # 010376 Lic Expire 9/30/2022 Medicare 1: 453140 HHA-18 Medicare 2: Phone (915) 564-0323	Region 02 Date Licensed 09/30/2005 CLOUDVIEW HEALTHCARE 5950 ALAMEDA AVENUE EL PASO, TX 79905 Fax (915) 564-0865	Owner Information CLOUDVIEW HOME HEALTH AGENCY INC 5950 ALAMEDA AVENUE EL PASO, TX 79905 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency County EL PASO License # 016653 Lic Expire 12/31/2022 Medicare 1: Medicare 2:	Administrator DELIA HUERTA Region 02 Date Licensed 01/01/2015 COMFORT KEEPERS EL PASO 5927 GATEWAY BLVD WEST SUITE A EL PASO, TX 79925	Owner Information HSTA, INC 5927 GATEWAY WEST SUITE A EL PASO, TX 79925 PHONE: FAX:
Phone (915) 842-8195 Type: Parent Agency	Fax (915) 534-7738 Administrator DEBORAH DE SANTOS	Services: Personal Assistance Services
County EL PASO License # 003656 Lic Expire 4/30/2024 Medicare 1:	Region 02 Date Licensed 04/06/1995 CORAM CVSSPECIALTY INFUSION SERVICES 3817 CONSTITUTION DRIVE SUITE 300 EL PASO, TX 79922	Owner Information CORAM ALTERNATE SITE SERVICES INC ONE CVS DRIVE, MC #1160 WOONSOCKET, RI 2895
Medicare 2: Phone (915) 833-0140	Fax (915) 833-2116	PHONE: FAX: Services: Licensed Home Health Services
County EL PASO License # 013952 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (915) 249-4004	Administrator JAMES RANKIN Region 03 Date Licensed 08/12/2013 CORNERSTONE PEDIATRIC THERAPY 221 N KANSAS STREET SUITE 700 EL PASO, TX 79901 Fax (915) 249-4005	Owner Information CKC HOLDINGS LLC 1000 W CROSBY LANE SUITE 136 CARROLLTON, TX 75006 PHONE: FAX: Services: Licensed Home Health Services
Type: Branch Agency	Administrator CRAIG PORTER	
County EL PASO License # 005897 Lic Expire 7/31/2022 Medicare 1: 459419 HHA-18;67	Region 02 Date Licensed 07/28/1997 CUIDADO CASERO HOME HEALTH OF EL PASO INC 1617 E MISSOURI EL PASO, TX 79902	Owner Information CUIDADO CASERO HOME HEALTH OF EL PASO INC 1110 N CARROLL AVENUE SOUTHLAKE, TX 76092
Medicare 2: Phone (915) 772-7177	Fax (915) 772-6447	PHONE: FAX: 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 EL PASO License # 016442 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (915) 595-2626 Type: Parent Agency	Region 02 Date Licensed 06/11/2014 DEL PASO PRIMARY HOME CARE 9215 MONTANA AVE. EL PASO, TX 79925 Fax (915) 595-2031 Administrator JENNA JIMENEZ	Owner Information DN & A LLC 10940 MONTANA EL PASO, TX 79936 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 014551 Lic Expire 12/31/2021 Medicare 1: 747761 HHA-18 Medicare 2:	Region 02 Date Licensed 12/27/2011 DESERT STAR HOME HEALTH 304 TEXAS AVENUE SUITE 101A EL PASO, TEXAS 79901	Owner Information CANINE FRIENDLY COALITION INC 7104 WESTOVER DRIVE EL PASO, TX 79912 PHONE: FAX:
Phone (915) 566-0999 Type: Parent Agency	Fax (915) 566-0984 Administrator ISABELLA BROCKMAN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 021043 Lic Expire 9/14/2024 Medicare 1: Medicare 2: Phone (915) 566-0999	Region 02 Date Licensed 09/14/2021 DESERT STAR HOSPICE 304 TEXAS AVENUE SUITE 101A EL PASO, TEXAS 79901 Fax (915) 566-0984	Owner Information DESERT STAR HOSPICE, LLC 304 TEXAS AVE. SUITE 101A EL PASO, TX 79901 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency County EL PASO License # 013429 Lic Expire 6/30/2022 Medicare 1: 747912 HHA-18 Medicare 2: Phone (915) 500-5159 Type: Parent Agency	Administrator ISABELLA BROCKMAN Region 02 Date Licensed 06/30/2010 DIGNITY HOME HEALTH 1515 CESSNA STE 102 EL PASO, TX 79925 Fax (915) 594-2945 Administrator CHRISTIAN MARTINEZ	Owner Information MALOU HOME HEALTH INC 1515 CESSNA STE 102 EL PASO, TX 79925 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County EL PASO License # 008033 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (915) 774-8787 Type: Parent Agency	Region 02 Date Licensed 07/09/2002 DISABILITY SERVICES OF THE SOUTHWEST INC 1200 GOLDEN KEY SUITE 369 EL PASO, TX 79925 Fax (877) 463-1310 Administrator WHITNEY HRADEK	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 EL PASO License # 019477 Lic Expire 7/10/2021 Medicare 1:	Region 02 Date Licensed 10/19/2018 EARLY BIRD PEDIATRIC THERAPY 11170 LA QUINTA PL., STE. A	Owner Information EARLY BIRD PEDIATRIC THERAPY CLINIC, INC
Medicare 1: Medicare 2: Phone (915) 271-8030 Type: Parent Agency	EL PASO, TEXAS 79936 Fax (915) 444-0968 Administrator ARELI OROS	PHONE: FAX: Services: Licensed Home Health Services
County EL PASO License # 019303 Lic Expire 3/22/2021 Medicare 1: Medicare 2:	Region 02 Date Licensed 03/22/2019 EDER HOME CARE LLC 1640 MYRTLER DRIVE CLINT, TX 79836	Owner Information EDER HOME CARE, LLC 1640 MYRTLER DRIVE CLINT, TX 79836 PHONE: FAX:
Phone (915) 301-4449	Fax 18663218182	Services: Personal Assistance Services

Administrator VASTHI VILLALOBOS

County EL PASO License # 010080 Lic Expire 10/31/2022 Medicare 1: 679519 HHA-18 Medicare 2: Phone (915) 591-6700 Type: Parent Agency	Region 02 Date Licensed 1 EL PASO COMMUNITY HOME HEALTH INC 6070 GATEWAY EAST STE 312 EL PASO, TX 79905 Fax (915) 591-6706 Administrator LYNDA VAQUERA	0/27/2005	Owner Information EL PASO COMMUNITY HOME HEALTH INC 6070 GATEWAY BLVD EAST, STE. 312 EL PASO, TX 79905 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County EL PASO License # 020190 Lic Expire 9/22/2022	EL PASO HOMECARE SOLUTIONS LLC 3712 IDALIA AVE.	9/22/2020	Owner Information EL PASO HOMECARE SOLUTIONS LLC
Medicare 1: Medicare 2:	EL PASO, TX 79930		PHONE: FAX:
Phone (915) 433-2588	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator ANDRES SALGADO		
County EL PASO License # 010500 Lic Expire 06/30/2023 Medicare 1: 0671556 HOSPICE	Region 02 Date Licensed 0 ELARA CARING 6600 MONTANA AVENUE SUITE G EL PASO, TX 79925	6/09/2006	Owner Information CIMA HOSPICE OF EL PASO, LP 14295 MIDWAY RD STE 400 ADDISON, TX 75001
Medicare 2:	Fav. (045) 770 4666		PHONE: FAX:
Phone (915) 778-1222	Fax (915) 778-1666		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator YOLANDA DELGADO		
County EL PASO License # 016819 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (915) 838-7200 Type: Parent Agency	Region 02 Date Licensed 0 ELITE ELDERLY CARE LLC 1200 GOLDEN KEY CIRCLE SUITE 228 EL PASO, TX 79925 Fax (915) 838-7201 Administrator JEANETTE PEREZ	5/26/2015	Owner Information ELITE ELDERLY CARE LLC 1200 GOLDEN KEY STE 228 EL PASO, TEXAS 79925 PHONE: FAX: Services: Personal Assistance Services
· · · · · · · · · · · · · · · · · · ·		00/04/0000	Owner Information
County EL PASO License # 020250 Lic Expire 6/1/2022 Medicare 1: 457854	Region 02 Date Licensed 0 ELP COMMUNITY HEALTHCARE SERVICES LL 513 PHIL HANSEN CANUTILLO, TEXAS 79835	6/01/2020 C	ELP COMMUNITY HEALTHCARE SERVICES LLC
Medicare 2:			PHONE: FAX:
Phone 915 5879994 Type: Parent Agency	Fax 915 8330922 Administrator PATRICIA MAZIE-KALU		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 011472 Lic Expire 4/30/2023 Medicare 1: 458314 HHA-18 Medicare 2: Phone 915 8453300 Type: Parent Agency	Region 02 Date Licensed 0 ENCOMPASS HEALTH HOME HEALTH 3821 CONSTITUTION DRIVE, SUITE 400 EL PASO, TEXAS 79922 Fax 915 8453661 Administrator PATRICK CRAIG	4/27/2007	Owner Information WELLMARK HEALTHCARE SERVICES OF EL PASO, INC 6688 N CENTRAL EXPRESSWAY SUITE 1300 DALLAS, TX 75206 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County EL PASO	Region 02 Date Licensed 1	1/01/2018	Owner Information
License # 019202 Lic Expire 11/1/2022 Medicare 1: 451566	ENCOMPASS HEALTH HOSPICE 3817 CONSTITUTION DRIVE, STE 200 EL PASO, TEXAS 79922		WELLMARK HEALTHCARE SERVICES OF EL PASO, INC 6688 N CENTRAL EXPRESSWAY SUITE 1300 DALLAS, TX 75206
Medicare 2:			PHONE: FAX:
Phone 915 3002228 Type: Parent Agency	Fax 915 3011947 Administrator MARGIE GLEASON		Services: Hospice In-Patient Hospice: NO
1 JPO. I GIOIL AGEILLY	Administrator WAROL GLEAGON		

County EL PASO License # 011321 Lic Expire 5/31/2022 Medicare 1: 743117 HHA-18 Medicare 2: Phone (915) 778-0028 Type: Parent Agency	Region 02 Date Licensed 05/09/2007 ENVISION HOME CARE 8929 VISCOUNT UPPER LEVEL EL PASO, TX 79925 Fax (915) 778-0013 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 License # 011079 Lic Expire 12/31/2021 Medicare 1: 671500 HOSPICE Medicare 2: Phone (915) 778-0028	Region 02 Date Licensed 01/01/2007 ENVISION HOSPICE 8929 VISCOUNT UPPER LEVEL EL PASO, TX 79925 Fax (915) 778-0013	Owner Information SUN CITY ENVISION HEALTHCARE SERVICES INC 8929 VISCOUNT UPPER LEVEL EL PASO, TX 79925 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JUAN CARMONA	In-Patient Hospice: NO
County EL PASO License # 014313 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (915) 779-2011 Type: Parent Agency	Region 02 Date Licensed 08/31/2011 ENVISION PERSONAL CARE 8929 VISCOUNT EL PASO, TX 79925 Fax (915) 779-2225 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 License # 020735 Lic Expire 5/6/2024 Medicare 1:	Region 02 Date Licensed 05/06/2021 ESPERANZA HOME HEALTHCARE SERVICES 1222 GILES RD APT 2001 EL PASO, TEXAS 79915	Owner Information ESPERANZA HOME HEALTHCARE SERVICES
Medicare 2: Phone (915) 502-9067	Fax	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County EL PASO License # 009985 Lic Expire 3/31/2022 Medicare 1: 679524 HHA-18 Medicare 2: Phone (915) 351-1790	Administrator CEREZMI SILVA Region 02 Date Licensed 09/26/2005 EVANGEL HOME CARE SERVICES 2112 TRAWOOD DRIVE SUITE B 1 EL PASO, TX 79935 Fax (915) 351-1924	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 License # 020643 Lic Expire 3/25/2024 Medicare 1: 971687 Medicare 2:	Administrator BRUNILDA LEWIS Region 02 Date Licensed 03/25/2021 FAITH HOSPICE INC 1852 DALE DOUGLAS, STE B EL PASO, TX 79936	Owner Information FAITH HOSPICE INC PHONE: FAX:
Phone 915 2031068 Type: Parent Agency	Fax (915) 772-1303 Administrator VERONICA WALTERS	Services: Hospice In-Patient Hospice: NO
County EL PASO License # 018663 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone 915 3281012	Region 02 Date Licensed 03/14/2018 FAMILY FIRST HOME HEALTH AGENCY 13276 EMERALD RIVER EL PASO, TX 79928 Fax 888 8099488	Owner Information FAMILY FIRST HOME HEALTH AGENCY 801 N EL PASO ST., SUITE 150 EL PASO, TX 79902 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator POYANNE DAMIDE7	

Administrator ROXANNE RAMIREZ

County EL PASO License # 016916 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (832) 378-5998 Type: Parent Agency	Region 02 Date Licensed 06/01/2015 FIRSTSTEP HEALTHCARE SERVICES INC 7380 AUTUMN SAGE UNIT A EL PASO, TX 79911 Fax (832) 595-2902 Administrator ANELKYS OLIVA POMPA	Owner Information FIRSTSTEP HEALTHCARE SERVICES INC 1210 WATERMOON CT RICHMOND, TX 77469 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 010664 Lic Expire 8/31/2021 Medicare 1: 747261 HHA-18 Medicare 2:	Region 02 Date Licensed 08/07/2006 FOOTPRINTS HOME HEALTHCARE 613 N VIRGINIA EL PASO, TX 79902	Owner Information EL PASO HELPING HANDS LLC 611 N VIGINIA EL PASO, TEXAS 79902 PHONE: FAX:
Phone (915) 351-0114 Type: Parent Agency	Fax (915) 351-6629 Administrator NORMA CERVERA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 010426 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (915) 751-3500 Type: Branch Agency	Region 06 Date Licensed 04/14/2008 GABLINK INC 9101 DYER STREET SUITE 202 EL PASO, TX 79924 Fax (915) 751-3503 Administrator ARLENE QUIJADA	Owner Information GABLINK INC 7457 HARWIN DRIVE, SUITE #102 HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 011757 Lic Expire 11/30/2023 Medicare 1:	Region 07 Date Licensed 07/29/2009 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 6065 MONTANA AVENUE SUITE B-1 EL PASO, TX 79925	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117
Medicare 2: Phone (915) 782-8900	Fax (915) 774-0439	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County EL PASO License # 009845 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (915) 543-6060 Type: Alternate Delivery Site	Administrator IRIS MEDINA Region 02 Date Licensed 06/05/2012 GLOBAL HOSPICE CARE INC 1827 WYOMING AVE EL PASO, TX 79903 Fax (915) 543-9350 Administrator ELIZABETH MARRERO	Owner Information ADL CARE AT HOME INC 1817 WYOMING AVE EL PASO, TX 79903 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County EL PASO License # 009845 Lic Expire 6/30/2022 Medicare 1: 671519 HOSPICE Medicare 2: Phone (915) 543-6060	Region 02 Date Licensed 06/29/2005 GLOBAL HOSPICE CARE INC 1817 WYOMING AVENUE SUITE A EL PASO, TX 79903 Fax (915) 543-9350	Owner Information ADL CARE AT HOME INC 1817 WYOMING AVE EL PASO, TX 79903 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator ELIZABETH MARRERO	In-Patient Hospice: NO
County EL PASO License # 018567 Lic Expire 10/31/2023 Medicare 1: 671666 HOSPICE Medicare 2:	Region 02 Date Licensed 10/11/2017 GOOD SAMARITAN SOCIETY HOSPICE 7304 GOOD SAMARITAN COURT BUILDING 200 SUITE A EL PASO, TEXAS 79912	Owner Information GOOD SAMARITAN SOCIETY HCBSTX, LLC 700 NORTH TOWN EAST BLVD., SUITE 159 MESQUITE, TX 75150 PHONE: FAX:
Phone (915) 533-0999	Fax (915) 533-0997	Services: Hospice In-Patient Hospice: NO

Administrator

VERONICA WALTERS

County EL PASO License # 013522 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (915) 842-0581 Type: Parent Agency	Region 02 Date Licensed 08/10/2010 GRACE PERSONAL ASSISTANCE SERVICES INC 1815 EAST YANDELL DRIVE EL PASO, TX 79902 Fax (915) 842-0580 Administrator HECTOR OMAR TORRES TORRES	Owner Information GRACE PERSONAL ASSISTANCE SERVICES LLC 1815 EAST YANDELL DRIVE EL PASO, TX 79902 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 015398 Lic Expire 1/31/2023 Medicare 1: 679034 HHA-18 Medicare 2:	Region 02 Date Licensed 01/15/2013 GRAND VIEW HOME HEALTH 4141 PINNACLE STREET SUITE 209 EL PASO, TX 79902	Owner Information EL PASO NURSING SERVICES INC 4141 PINNACLE ST, SUITE #209 EL PASO, TX 79902 PHONE: FAX:
Phone (915) 546-2311 Type: Parent Agency	Fax (915) 534-7874 Administrator ANTHONY HERI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 020475 Lic Expire 1/20/2023 Medicare 1: Medicare 2:	Region 02 Date Licensed 01/20/2021 GRANDVIEW HOSPICE INC 4141 PINNACLE SUITE 209 EL PASO, TEXAS 79902	Owner Information GRANDVIEW HOSPICE INC PHONE: FAX:
Phone (915) 500-4209 Type: Parent Agency	Fax (915) 534-7874 Administrator ANTHONY HERI	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County EL PASO License # 018430 Lic Expire 11/30/2023 Medicare 1: 74-1749 Medicare 2:	Region 02 Date Licensed 11/07/2017 GREEN MOUNTAIN HOSPICE LLC 210 THUNDERBIRD DR. SUITE T EL PASO, TX 79912	Owner Information GREEN MOUNTAIN HOSPICE LLC 6524 ROYAL RIDGE DRIVE EL PASO, TX 79912-7477 PHONE: FAX:
Phone (915) 500-4883 Type: Parent Agency	Fax (915) 275-5510 Administrator ROBERTO FLORES	Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County EL PASO License # 011677 Lic Expire 9/30/2023 Medicare 1: 677523 HHA-18 Medicare 2: Phone (915) 594-1116 Type: Parent Agency	Region 02 Date Licensed 09/06/2007 GUARDIAN ANGEL HOME HEALTHCARE SERVICES 1537 N ZARAGOZA RD STE 2A EL PASO, TX 79936 Fax 915_8497825 Administrator DR. MARGARET IKE	Owner Information DEL NORTE HOMECARE LLC 1537 N. ZARAGOZA RD SUITE 2A EL PASO, TX 79936 PHONE: 19155941116 FAX: 19158497825 Services: Licensed and Certified Home Health Services; Personal Assistance Services
County EL PASO License # 019365 Lic Expire 5/7/2024 Medicare 1:	Region 02 Date Licensed 05/07/2019 GUARDIAN ANGEL HOSPICE OF EL PASO 1537 N. ZARAGOZA ROAD, SUITE 2A EL PASO, TX 79936	Owner Information GA HOSPICE OF EL PASO, LLC
Medicare 2: Phone 915 5941116 Type: Parent Agency	Fax 915 8497825 Administrator JENNIFER RAYA SALAZAR	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County EL PASO License # 016230 Lic Expire 5/31/2022 Medicare 1: 747967 HHA-18 Medicare 2: Phone (915) 500-5845	Region 02 Date Licensed 05/27/2014 HEAVENLY HEALING HOME HEALTH LLC 11500 PELLICANO DR. SUITE C-6 EL PASO, TEXAS 79936 Fax (915) 975-8225	Owner Information HEAVENLY HEALING HOME HEALTH LLC 8122 TIGUA CIRCLE EL PASO, TEXAS 79907 PHONE: FAX: Services: Licensed and Certified Home Health Services

Administrator MARGARITA ORTEGA

County EL PASO License # 011759 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (915) 855-2627 Type: Parent Agency County EL PASO	Region 02 Date Licensed 12/11/2007 HOLISTIC CARE HOME HEALTH AGENCY INC 11351-B JAMES WATT DR. EL PASO, TX 79936 Fax (915) 857-7383 Administrator MARIZA FIERRO-CALDERON	Owner Information HOLISTIC CARE HOME HEALTH AGENCY INC 11351 JAMES WATT DR. SUITE #B EL PASO, TX 79936 PHONE: FAX: Services: Personal Assistance Services
License # 019996 Lic Expire 6/12/2022 Medicare 1:	Region 02 Date Licensed 06/12/2020 HOME CARE FROM HUMBLE HEARTZ, LLC 10683 JANWAY DR EL PASO, TEXAS 79935	HOME CARE FROM HUMBLE HEARTZ
Medicare 2: Phone (844) 486-2532 Type: Parent Agency	Fax (915) 255-3577 Administrator ZAHN DANTZLER	PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 017003 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (915) 584-5678 Type: Parent Agency	Region 02 Date Licensed 08/28/2015 HOME INSTEAD SENIOR CARE #799 120 PARAGON LN, SUITE 218 EL PASO, TX 79912 Fax (915) 584-5757 Administrator SAMUEL PATTON	Owner Information SENIOR STEWARDS INC 230 THUNDERBIRD DRIVE SUITE G EL PASO, TX 79912 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 016064 Lic Expire 8/31/2024 Medicare 1: 743172 HHA-18 Medicare 2:	Region 02 Date Licensed 08/29/2013 HOME SWEET HOME UNLIMITED INC 11920 VISTA DEL SOL BUILDING A EL PASO, TEXAS 799366122	Owner Information HOME SWEET HOME UNLIMITED INC 2204 JOE BATTLE BLVD SUITE C106 EL PASO, TX 79938 PHONE: FAX:
Phone (915) 857-4081 Type: Parent Agency	Fax (915) 857-2893 Administrator ALLEN WADJA	Services: Licensed and Certified Home Health Services
County EL PASO License # 017971 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (915) 626-5159 Type: Branch Agency	Region 07 Date Licensed 02/17/2017 HOMECARE DIMENSIONS 7198 MERCHANT SUITE C1 EL PASO, TX 79915 Fax (915) 626-5045 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 EL PASO License # 012684 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (915) 629-2079 Type: Parent Agency	Region 02 Date Licensed 04/02/2009 HOMEWATCH CAREGIVERS 8933 ANKERSON ST EL PASO, TX 79904 Fax (915) 755-7191 Administrator MARY MARTINEZ	Owner Information DHARMA HOMECARE INC PO BOX 640726 EL PASO, TX 79904 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 014012 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (915) 222-8318 Type: Parent Agency	Region 02 Date Licensed 04/06/2011 HONOR PERSONAL HOME CARE INC 1323 MONTANA AVE EL PASO, TX 79902 Fax (915) 222-8567 Administrator JESUS GONZALEZ	Owner Information HONOR PERSONAL HOME CARE INC 1014 MONTANA AVENUE EL PASO, TX 79902 PHONE: FAX: Services: Personal Assistance Services

County EL PASO	Region 02 Date Licensed	07/05/2011	Owner Information	
License # 003133	HOSPICE OF EL PASO INC	0170072011	HOSPICE OF EL PASO, INC	
Lic Expire 6/30/2022			1440 MIRACLE WAY	
Medicare 1: 451505	1575 BELVIDERE		EL PASO, TX 79925	
Medicare 2:	EL PASO, TX 79912		PHONE: FAX:	
Phone (915) 532-5699	Fax (915) 532-7822		FRONE. FAX.	
1 110110 (313) 332-3033	1 ax (910) 502-1022		Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site	Administrator JAMES PAUL, JR.		in alient nospice. No	
· · · · · · · · · · · · · · · · · · ·			Owner Information	
County EL PASO	Region 02 Date Licensed	06/08/1984	HOSPICE OF EL PASO, INC	
License # 003133	HOSPICE OF EL PASO INC		1440 MIRACLE WAY	
Lic Expire 6/30/2022	1440 MIRACLE WAY		EL PASO, TX 79925	
Medicare 1: 451505 HOSPICE	EL PASO, TX 79925		,	
Medicare 2:	F (045) 500 7000		PHONE: FAX:	
Phone (915) 532-5699	Fax (915) 532-7822		Services: Hospice; Licensed Home Health Services	
Type: Parent Agency	Administrator JANET BAHL		In-Patient Hospice: YES	
- Parent Agency	Administrator SANET BATTE			
County EL PASO	Region 02 Date Licensed	03/04/2021	Owner Information	
License # 020571	IMPERIAL HOME HEALTH LLC		IMPERIAL HOME HEALTH LLC	
Lic Expire 3/4/2023	6006 NORTH MESA ST., SUITE 510			
Medicare 1:	EL PASO, TX 799124630			
Medicare 2:			PHONE: FAX:	
Phone (915) 929-4072	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	01/14/1333	INHOME CARE INC	
Lic Expire 7/31/2019	2101 MISSOURI		808 W INDIANA	
Medicare 1:	EL PASO, TX 79902		MIDLAND, TX 79701	
Medicare 1:	EE1700, 17, 73302		PHONE: FAX:	
Phone (915) 591-0056	Fax (915) 591-1873			
Type: Parent Agency	Administrator MICHAEL EARL WATERS		Services: Licensed Home Health Services; Personal Assistance Services	
- Tarchit Agency	Administrator Microset Exist With End		Owner Information	
County EL PASO	Region 02 Date Licensed	02/03/2015	Owner Information	
License # 016631	JMJ HOME HEALTH CARE		JMJ HOME HEALTH CARE	
Lic Expire 2/28/2023	1510 N. ZARAGOZA STE. A-10		408 EMERALD TRAIL WAY	
Medicare 1:	EL PASO, TEXAS 79936		HORIZON CITY, TX 79928	
Medicare 2:			PHONE: FAX:	
Phone (915) 228-3515	Fax (877) 392-8829		Services: Personal Assistance Services	
Type: Parent Agency	Administrator MARIO VILLA			
County EL PASO	Region 02 Date Licensed	08/10/2017	Owner Information	
License # 018250	JOURNEY OF LIFE HOME HEALTHCARE	00/10/2011	VIATUS INC	
Lic Expire 8/31/2023			5 VIA PLACITA	
Medicare 1:	8407 ALAMEDA AVENUE SUITE 1 EL PASO, TEXAS 79907		EL PASO, TEXAS 79927	
Medicare 2:	ELI AGO, IEAAG 19901		PHONE: FAX:	
Phone (915) 774-0347	Fax (915) 774-0466			
Type: Parent Agency	Administrator ISMAEL LEOS		Services: Licensed Home Health Services; Personal Assistance Services	
- Jpo. I alelit Agelicy	, diffinition doi: 101VIALL LEU0			
County EL PASO	Region 02 Date Licensed	04/16/2010	Owner Information	
License # 013253	JUST CARE HOME HEALTH		JUST CARE HOME HEALTH LLC	
Lic Expire 4/30/2022	3434 HONDO PASS DR		4242 HONDO PASS DR, SUITE 101	
Medicare 1: 747596 HHA-18	EL PASO, TEXAS 79904		EL PASO, TX 79904	
Medicare 2:			PHONE: FAX:	
Phone (915) 591-2800	Fax (915) 591-2801		Services: Hospice; Licensed and Certified Home Health Services; Licensed Home He Services; Personal Assistance Services In-Patient Hospice: NO	ealth
Type: Parent Agency	Administrator ANA LILIA MORADO			
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County EL PASO License # 014427 Lic Expire 7/31/2023 Medicare 1: 457513 HHA-18 Medicare 2: Phone (915) 881-8129 Type: Parent Agency	Region 02 Date Licensed 07/27/2011 KINDRED AT HOME 7500 VISCOUNT BLVD SUITE 156 EL PASO, TX 79925 Fax (915) 881-8645 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 License # 007770 Lic Expire 6/30/2023 Medicare 1: 451705 HOSPICE Medicare 2:	Region 02 Date Licensed 07/01/2001 KINDRED HOSPICE 7826 BOIS D ARC DRIVE EL PASO, TX 799257735	Owner Information ODYSSEY HEALTHCARE OPERATING A, LP P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX:
Phone (915) 778-9058 Type: Parent Agency	Fax (915) 778-9053 Administrator SAMANTHA SIMMONS	Services: Hospice In-Patient Hospice: NO
County EL PASO License # 019742 Lic Expire 12/11/2021 Medicare 1: Medicare 2: Phone (915) 259-8225	Region 02 Date Licensed 12/11/2019 LA CASA DE LOS ABUELOS HOME CARE PROVIDERS 12240 SAINT MARK EL PASO, TX 79936 Fax (915) 549-3481	Owner Information LA CASA DE LOS ABUELOS HOME CARE PROVIDERS PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 014727 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (915) 872-9979 Type: Parent Agency	Administrator CLAUDIA SAUCEDO Region 02 Date Licensed 01/02/2012 LA ESPERANZA 946 HORIZON BLVD EL PASO, TX 79927 Fax (915) 790-2625 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 License # 006339 Lic Expire 2/28/2022 Medicare 1: 459438 HHA-18 Medicare 2: Phone (915) 591-7100 Type: Parent Agency	Region 02 Date Licensed 02/24/1998 LA FAMILIA HOME HEALTH 2720 E YANDELL DR STE 106 EL PASO, TX 79903 Fax (915) 591-3656 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 License # 018832 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (915) 301-0001 Type: Parent Agency	Region 02 Date Licensed 07/16/2018 LA GUARDIA HOME HEALTHCARE 2611 MONTANA AVE. SUITE A EL PASO, TX 79903 Fax (915) 301-0006 Administrator MARIA J GARCIA	Owner Information BENMARJO INC SAME , PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 019509 Lic Expire 8/2/2023 Medicare 1: Medicare 2: Phone (915) 500-4646 Type: Parent Agency	Region 02 Date Licensed 08/02/2019 LA VICTORIA PRIMARY HOME CARE 2700 GEORGE DIETER EL PASO, TX 79936 Fax (915) 500-4647 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	Owner Information
License # 015737	LAMINA HOME CARE LLC	LAMINA HOME CARE LLC 7100 WESTWIND DR STE 200
Lic Expire 5/31/2023	7100 WESTWIND DR. STE#200	
Medicare 1: 679415 HHA-18	EL PASO, TX 79912	EL PASO, TX 79912
Medicare 2: Phone 915 8335100	Fax 915 8335101	PHONE: FAX:
7 10110 310 0000100	100 0000101	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	Owner Information
License # 015392	LIFESPAN HOME HEALTH	ADVANCE HI TECH NURSING, INC
Lic Expire 2/28/2023	1200 GOLDEN KEY # 369	6243 IH 10 WEST, SUITE 375
Medicare 1:	EL PASO, TX 79925	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 WHITNEY HRADEK	
County EL PASO	Region 02 Date Licensed	Owner Information
License # 021337	LOVE OCCUPATIONAL THERAPY SERVICES	ASHLEY LOVE
Lic Expire 1/18/2025	2150 TRAWOOD DR STE A100	
Medicare 1:	EL PASO, TEXAS 79935	
Medicare 2:	EET AGO, TEXAG 73333	PHONE: FAX:
Phone (915) 246-2402	Fax (915) 792-0576	
Type: Parent Agency	Administrator ASHLEY LOVE	Services: Licensed Home Health Services
		Owner Information
County EL PASO	Region 02 Date Licensed 02/22/2007	LUXUR HEALTH SERVICES INC
License # 011093	LUXUR HEALTH SERVICES INC	4 PROFESSIONAL PARK DRIVE, SUITE B
Lic Expire 2/28/2022	7380 AUTUMN SAGE DRIVE UNIT B	
Medicare 1: 679746 HHA-18	EL PASO, TEXAS 79911	WEBSTER, TX 77598
Medicare 2:	F 740000000 0450000505	PHONE: FAX:
Phone 7138803801; 91520011	Fax 7138803808; 9152260505	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DOUGLAS ALORGBEY	reisonal Assistance Services
County FL DACO	Posion 00 Pote Licensed 00/02/0000	Owner Information
County EL PASO License # 019979	Region 02 Date Licensed 06/03/2020	LUXURY HEALTH SERVICES, PLLC
	LUXURY HEALTH SERVICES PLLC	
Lic Expire 6/3/2022 Medicare 1:	10721 CAMARO CT	
Medicare 2:	EL PASO, TEXAS 799353315	PHONE: FAX:
Phone (915) 626-6897	Fax	
Type: Parent Agency	Administrator XOCHITL LARA	Services: Licensed Home Health Services
ypo. Tarent rigency	Administrator Addin't Direct	Our salatamentina
County EL PASO	Region 02 Date Licensed 12/23/2015	Owner Information M B CARE LLC
License # 017307	M B CARE LLC	
Lic Expire 12/31/2021	409 EXECUTIVE CENTER BLVD SUITE 200	409 EXECUTIVE CENTER BLVD 200
Medicare 1: 457989 HHA-18	EL PASO, TX 79902	EL PASO, TEXAS 79902
Medicare 2:	F (045) 504 0405	PHONE: FAX:
Phone (915) 351-1851	Fax (915) 581-2485	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	Owner Information
License # 013814	MATRIX HOME HEALTH SERVICES	MATRIX HHA, INC
Lic Expire 10/31/2022	11351 JAMES WATT BUILDING C 400	11351 JAMES WATT C400
Medicare 1: 679217 HHA-18	EL PASO, TX 79936	EL PASO, TEXAS 79936
Medicare 2:		PHONE: FAX:
Phone (915) 633-8104	Fax (915) 633-8105	Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DEBRA GONZALEZ	

County EL PASO License # 020804 Lic Expire 6/1/2024 Medicare 1: Medicare 2: Phone (915) 228-3737 Type: Parent Agency	Region 02 Date Licensed 06/01/2021 MEDELLA HEALTHCARE, INC 810 N KANSAS ST EL PASO, TEXAS 79902 Fax (915) 201-1318 Administrator ERIKA TAVAREZ	Owner Information MEDELLA HEALTHCARE, INC PHONE: (915) 228-3737 FAX: (915) 201-1318 Services: Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 021062 Lic Expire 9/20/2024 Medicare 1:	Region 02 Date Licensed 09/20/2021 MEDICA ESTA HOME HEALTH LLC 2100 OCTUBRE EL PASO, TX 79935	Owner Information MEDICA ESTA HOME HEALTH LLC
Medicare 2:		PHONE: FAX:
Phone (915) 243-9641	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator DIANA FRANCO	
County EL PASO License # 014726 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (915) 851-4663	Region 02 Date Licensed 01/02/2012 MI CASA PERSONAL ASSISTANCE SERVICES INC 440 FARM MARKET 1110 SAN ELIZARIO, TX 79849 Fax (915) 851-0899	Owner Information MI CASA PERSONAL ASSISTANCE SERVICES, INC PO BOX 1136 CLINT, TEXAS 79836 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator MANUEL GONZALEZ	Ourse Information
County EL PASO License # 021351 Lic Expire 8/12/2024 Medicare 1: Medicare 2:	Region 02 Date Licensed MISSION TRAIL HOSPICE LLC 1724-B TEXAS AVE SUITE 105 EL PASO, TEXAS 79901	Owner Information DESERT PANTHEON 6225 DEAN MARTIN DRIVE LAS VEGAS, NEVADA 89118 PHONE: FAX:
Phone (919) 800-1111	Fax (915) 288-2072	Services: Hospice
· · ·	A L L L L L L L L L L L L L L L L L L L	In-Patient Hospice: NO
Type: Parent Agency County EL PASO License # 014605 Lic Expire 1/31/2022 Medicare 1: 747924 HHA-18 74 Medicare 2: Phone (915) 771-8100	Administrator LUIS CARRILLO Region 02 Date Licensed 01/23/2012 MONTE CRISTO HEALTH CARE INC 5959 GATEWAY BLVD WEST SUITE 520 EL PASO, TX 79925 Fax (915) 771-8103	Owner Information MONTE CRISTO HEALTH CARE, INC 5959 GATEWAY BLVD SUITE 520 EL PASO, TX 79925 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 ROMMEL ALCANTARA	
County	Region 02 Date Licensed 11/03/2016 NATA'S 247 HOME CARE LLC 9340 CANNES CIR 10/19/2016 EL PASO, TX 79907 10/19/2016 10/19/2016 Fax (915) 613-3559 10/19/2016 10/19/2016 Administrator LUZ SANDATE 10/19/2004 10/19/2004 NEW MISSION HOME CARE 12/19/2016 10/19/2016 10/19/2016 12708 ALAMEDA AVE CLINT, TX 79836 11/19/2016 11/19/2016	Owner Information NATAS247HOMECARE@AOLCOM 4630 VULCAN AVE # 12 EL PASO, TX 79904 PHONE: (915) 694-4031 FAX: Services: Personal Assistance Services Owner Information NEW MISSION HOME CARE LLC P.O.BOX 1424 SAN ELIZARIO, TEXAS 79849
Medicare 2: Phone (915) 851-9200	Fax (915) 851-9207	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 LAURA MORALES	iii i audittiioopiod. NO

County EL PASO License # 016443 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (915) 929-8178 Type: Parent Agency	Region 02 Date Licensed 09/23/ NOBLE PERSONAL HOME CARE LLC 2150 TRAWOOD DR. B-260 EL PASO, TX 79935 Fax (915) 990-2229 Administrator AMBER J CLARK CLARK	Owner Information NOBLE PERSONAL HOME CARE LLC 2150 TRAWOOD DR. B-260 EL PASO, TX 79935 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 018581 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (915) 591-0200 Type: Parent Agency	Region 02 Date Licensed 01/29/ NUEVO HOGAR EAST 1420 BESSEMER DRIVE SUITE B EL PASO, TX 79936 Fax (915) 591-0101 Administrator ANA RIOS	Owner Information NUEVO HOGAR EAST LLC 1031 EAST RIO GRANDE EL PASO, TX 79902 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 017918 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (915) 584-2429 Type: Parent Agency	Region 02 Date Licensed 02/01/ NUEVO HOGAR HOME CARE PROVIDERS 1031 RIO GRANDE EL PASO, TX 79902 Fax (915) 584-1114 Administrator ANA RIOS	Owner Information NUEVO HOGAR HOME CARE PROVIDERS LLC 1031 EAST RIO GRANDE EL PASO, TX 79902 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 013815 Lic Expire 10/31/2022 Medicare 1: 457894 HHA-18 Medicare 2: Phone (915) 599-9998 Type: Parent Agency	Region 02 Date Licensed 10/18/ NURSES CARE HOME SERVICES 10470 VISTA DEL SOL DRIVE, SUITE 200 EL PASO, TX 799257928 Fax (915) 599-9978 Administrator WENDY YANEZ	Owner Information NURSES CARE HHA INC 11351 JAMES WATT BLDG C-300 EL PASO, TX 79936 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County EL PASO License # 013006 Lic Expire Medicare 1: 747463 HHA-18 Medicare 2: Phone (915) 599-9927 Type: Parent Agency	Region 02 Date Licensed 11/17/ OASIS HOME HEALTH 7806 GATEWAY BLVD. E. STE. 100 EL PASO, TEXAS 79915 Fax (915) 599-9931 Administrator LAURA ORTIZ	Owner Information JOMPG CORPORATION 7806 GATEWAY BLVD E SUITE 101 EL PASO, TX 79915 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County EL PASO License # 008800 Lic Expire 12/31/2022 Medicare 1: 679470 HHA-18 Medicare 2: Phone (915) 629-9600 Type: Parent Agency	Region 02 Date Licensed 12/10/ OUR ANGEL HOME HEALTH 6080 SURETY DRIVE SUITE 215 EL PASO, TX 79905 Fax (915) 629-9602 Administrator ELENA AUZA	Owner Information OUR ANGEL HOME HEALTH INC 6080 SURETY DRIVE SUITE 215 EL PASO, TX 79905 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County EL PASO License # 016908 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (915) 765-5306	Region 02 Date Licensed 07/14/ OUR FAMILY HOME HEALTH CARE AGENCY 1268 TWIG ST FABENS, TX 79838 Fax (915) 765-5306	Owner Information VANESSA GANDARILLA PO BOX 2106 FABENS, TEXAS 79838 PHONE: FAX: Services: Personal Assistance Services

Administrator

Type: Parent Agency

VANESSA GANDARILLA

County EL PASO License # 007333 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone 915 5958729 Type: Parent Agency	Region 02 Date Licensed 06/01/2000 OUTREACH HOME CARE 10501 GATEWAY BOULEVARD WEST, SUITE 16 EL PASO, TX 79925 Fax 915 5958990 Administrator ERIKA PALACIOS	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 EL PASO License # 018588 Lic Expire 5/29/2022 Medicare 1: 74-1769 Medicare 2:	Region 02 Date Licensed 02/02/2018 OXYGEN HOSPICE INC 11394 JAMES WATT DRIVE SUITE #701 B EL PASO, TX 79936	Owner Information OXYGEN HOSPICE INC 11394 JAMES WATT DR STE 701B EL PASO, TX 79936 PHONE: FAX:
Phone (915) 351-8662 Type: Parent Agency	Fax (915) 779-9866 Administrator AMELIA VEGA	Services: Hospice In-Patient Hospice: NO
County EL PASO License # 016575 Lic Expire 12/31/2022 Medicare 1: Medicare 2:	Region 02 Date Licensed 12/22/2014 PARAISO PRIMARY HOME CARE 3105 N YARBROUGH SUITE 112 EL PASO, TEXAS 79925	Owner Information MARDAV INC 3100 EDGEROCK EL PASO, TX 79935 PHONE: FAX:
Phone (915) 262-0457 Type: Parent Agency	Fax (915) 262-0430 Administrator LORENA MALDONADO	Services: Personal Assistance Services
County EL PASO License # 021085 Lic Expire 9/27/2024 Medicare 1:	Region 02 Date Licensed 09/27/2021 PIEDRAS HOME HEALTH, LLC 550 SOUTH MESA HILLS, STE B1-A EL PASO, TX 79912	Owner Information PIEDRAS HOME HEALTH, LLC
Medicare 2: Phone (915) 585-2273	Fax (888) 558-1718	PHONE: FAX:
Type: Parent Agency	Administrator LYNNETTE LOMARQUEZ	Services: Licensed Home Health Services
County EL PASO License # 013743 Lic Expire 10/31/2022 Medicare 1: Medicare 2:	Region 02 Date Licensed 11/01/2010 PLENITUD INC 2431 MONTANA AVE EL PASO, TX 79903	Owner Information PLENITUD INC 2431 MONTANA AVENUE EL PASO, TX 79903 PHONE: FAX:
Phone (915) 546-3900 Type: Parent Agency	Fax (915) 546-3902 Administrator MANUEL GONZALEZ	Services: Personal Assistance Services
County EL PASO License # 010611 Lic Expire 5/31/2022 Medicare 1: 679299 HHA-18 Medicare 2: Phone (915) 771-8282	Region 02 Date Licensed 06/01/2006 PRIMAVERA HOME HEALTH PC 2829 MONTANA SUITE 210 EL PASO, TX 79903 Fax (915) 771-8989	Owner Information PRIMAVERA HOME HEALTH PC 5959 GATEWAY WEST SUITE 242 EL PASO, TX 79925 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SANDRA MORENO	, distribution set mod
County EL PASO License # 019024 Lic Expire 10/9/2022 Medicare 1:	Region 07 Date Licensed PRINCIPLE HOSPICE SERVICE SERVICE LLC 1612 N. LEE TREVINO DRIVE, SUITE D EL PASO, TEXAS 79936	Owner Information PRINCIPLE HOSPICE SERVICE LLC
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	

County EL PASO License # 019897 Lic Expire 4/27/2022 Medicare 1:	Region 02 Date Licensed PRN PRIMARY HOME CARE, LLC 8825 NORTH LOOP STE. 119 EL PASO, TX 79907	04/27/2020	Owner Information PRN PRIMARY HOME CARE, LLC
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	PROGRESSIVE HOME CARE		LAMINA INVESTMENTS LLC 8401 BOEING DR UNIT #971010
Lic Expire 12/31/2023	1717 BROWN STREET SUITE 2B		EL PASO, TX 79997
Medicare 1: 67-8341 Medicare 2:	EL PASO, TX 79902		PHONE: FAX:
Phone (915) 317-7000	Fax (915) 703-3737		
Type: Parent Agency	Administrator RICHARD SENNESIE		Services: Licensed and Certified Home Health Services; Personal Assistance Services
	Darian 00 Data Licensed	07/04/0045	Owner Information
County EL PASO License # 016936	Region 02 Date Licensed PULSO HOME HEALTH LLC	07/24/2015	PULSO HOME HEALTH LLC
Lic Expire 7/31/2024	550 S MESA HILLS DR STE B1		550 S MESA HILLS DRIVE SUITE B1
Medicare 1:	EL PASO, TX 79912		EL PASO, TX 79912
Medicare 1:	LL FASO, 1A 79912		PHONE: FAX:
Phone (915) 585-2273	Fax (915) 231-6345		
Type: Parent Agency	Administrator LYNNETTE LOMARQUEZ		Services: Licensed Home Health Services
County EL PASO	Region 02 Date Licensed	10/16/2018	Owner Information
License # 019142	QUANTUM HOME HEALTHCARE	10/10/2010	RIJ LEOS LLC
Lic Expire 10/16/2022	8407 ALAMEDA AVENUE SUITE 2		
Medicare 1: 678162	EL PASO, TEXAS 79907		
Medicare 2:	2217100, 12300 70001		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		Services. Licensed and Certified Figure 1 leafur Services, Personal Assistance Services
County EL PASO	Region 03 Date Licensed		Owner Information
License # 018474	RELIANT AT HOME HOSPICE		BLUE HAVEN HOSPICE LLC
Lic Expire 8/31/2024	10470 VISTA DEL SOL		1101 RAINTREE CIRCLE, SUITE #130
Medicare 1:	EL PASO, TEXAS 79925		ALLEN, TX 75013
Medicare 2:			PHONE: FAX:
Phone (214) 667-8040	Fax 22146678045		Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator ANGELA HAMMONS		
County EL PASO	Region 02 Date Licensed	03/26/2021	Owner Information
License # 020651	REMARKABLE HOSPICE		REMARKABLE LTC PARTNERS OF EL PASO LP
Lic Expire 3/26/2024	5959 GATEWAY WEST STE 460		101 RENNER RD
Medicare 1:	EL PASO, TEXAS 79925		RICHARDSON, TEXAS 75082
Medicare 2:			PHONE: FAX:
Phone (915) 615-7040	Fax		Services: Hospice
Type: Parent Agency	Administrator GRACE MILLS		In-Patient Hospice: NO
· · · · · · · · · · · · · · · · · · ·		00/07/0005	Owner Information
County EL PASO	Region 02 Date Licensed	09/27/2005	REVIVE HOME CARE INC
License # 009990	REVIVE HOME CARE INC		1393 GEORGE DIETER SUITE B
Lic Expire 9/30/2022 Medicare 1: 677916 HHA-18	1852 DALE DOUGLAS STE B EL PASO, TX 79936		EL PASO, TX 79936
Medicare 2:	LL FASO, IA 19900		PHONE: FAX:
Phone (915) 772-1300	Fax (915) 772-1303		
Type: Parent Agency	Administrator MARTHA HAPGOOD		Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County EL PASO License # 017888 Lic Expire 11/30/2022 Medicare 1: 457948 HHA-18 Medicare 2: Phone (915) 440-4100 Type: Parent Agency	Region 02 Date Licensed 12/01/2016 SAFFA HOME CARE INC 9434 VISCOUNT BLVD SUITE 236 EL PASO, TX 79925 Fax (915) 228-9311 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 License # 020298 Lic Expire 6/1/2022 Medicare 1: Medicare 2: Phone (915) 500-4148 Type: Parent Agency	Region 02 Date Licensed 06/01/2020 SAN ANTONIO IN HOME HEALTH CARE 9001 CASHEW DR STE 600 EL PASO, TX 79907 Fax (915) 859-5962 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 License # 016371 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (915) 307-3608 Type: Parent Agency	Region 02 Date Licensed 08/13/2014 SAN LORENZO ADULT PROVIDER AND PEDIATRICS 5625 HEMMINGWAY DR. EL PASO, TX 79924 Fax (915) 307-3663 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 License # 012832 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (915) 500-5020	Region 02 Date Licensed 09/01/2009 SAN MATEO PERSONAL ASSISTANCE SERVICES LLC 2150 TRAWOOD DR. B-260 EL PASO, TX 79935 Fax (915) 975-8048 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
Type: Parent Agency County EL PASO License # 009195 Lic Expire 7/31/2022 Medicare 1: 673119 HHA-18 Medicare 2: Phone (915) 845-3900 Type: Parent Agency	Administrator CELINA BUTTNER Region 02 Date Licensed 07/16/2004 SANTA FE HOME CARE LLC 611 NEWMAN EL PASO, TX 79902 Fax (915) 845-3901 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 License # 019837 Lic Expire 2/20/2022 Medicare 1: Medicare 2: Phone 915 2197077 Type: Parent Agency	Region 02 Date Licensed 02/20/2020 SERENIDAD HOME CARE INC 183 EDITH DR EL PASO, TEXAS 79915 Fax 915 2197077 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 License # 016432 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (915) 592-4000 Type: Parent Agency	Region 02 Date Licensed 09/18/2014 SHIELD OF GRACE HOME HEALTHCARE LLC 11395 JAMES WATT SUITE A-11 EL PASO, TX 79936 Fax (915) 633-8002 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 License # 019457 Lic Expire 7/1/2023 Medicare 1: Medicare 2: Phone (915) 251-0214 Type: Parent Agency	Region 02 Date Licensed 07/01/2019 SISTER SISTERS IN HOME CARE SERVICES LLC 9627 SIMS DR SUITE F EL PASO, TEXAS 79925 Fax (915) 262-0888 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 License # 014909 Lic Expire 1/31/2025 Medicare 1: 679725 HHA-18 Medicare 2: Phone (915) 857-8573	Region 02 Date Licensed 01/25/2012 SOUTHERN HOMECARE INC 11500 PELLICANO DR UNIT B10 EL PASO, TX 79936 Fax (915) 591-3932	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
Type: Parent Agency	Administrator MARTHA SALCIDO	i distribili Assistance del vices
County EL PASO License # 018675 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (915) 316-1216	Region 02 Date Licensed 03/28/2018 ST LUKE HOME HEALTH LLC 3029 MONTANA, STE C EL PASO, TEXAS 79903 Fax (915) 317-1517	Owner Information ST LUKE HOME HEALTH LLC PO BOX 12948 EL PASO, TX 79913 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County EL PASO License # 002026 Lic Expire 11/30/2022 Medicare 1: 677207 HHA-18 Medicare 2: Phone (915) 542-0014	Administrator JUAN GARCIA Region 02 Date Licensed 11/30/1988 SUN CITY HOME CARE INC 1040 BELVIDERE ST EL PASO, TX 79912 Fax (915) 542-0072	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
Type: Parent Agency	Administrator ABDUL KAMEL	. 3.50.18.7.18.51.88.18.50.50.18.50
County EL PASO License # 018097 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone 915 3833201 Type: Parent Agency	Region 02 Date Licensed 06/08/2017 SUNSHINE PERSONAL ASSISTANCE SERVICES LLC 221 N KANSAS ST STE 750 EL PASO, TX 79901 Fax 915 7732929 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 License # 019633 Lic Expire 10/4/2021 Medicare 1:	Region 02 Date Licensed 10/04/2019 SWEET CARE HOME CARE PROVIDERS, LLC 7917 SUNMOUNT EL PASO, TEXAS 79925	Owner Information SWEET CARE HOME CARE PROVIDERS, LLC
Medicare 2: Phone (915) 304-9504 Type: Parent Agency	Fax (915) 599-9760 Administrator ERIC ARATA	PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 010357 Lic Expire 3/31/2022 Medicare 1: 679522 HHA-18 & Medicare 2: Phone (915) 581-3345	Region 02 Date Licensed 03/24/2006 TENDER CARE HOME HEALTH 6400 ESCONDIDO EL PASO, TX 79912 Fax (915) 833-4581	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
Type: Parent Agency	Administrator ANN RODRIGUEZ MCCONNELL	

County EL PASO License # 019945 Lic Expire 5/15/2022 Medicare 1: Medicare 2: Phone 915 7748890	Region 02 Date Licensed TEXAS HOME HEALTH OF AMERICA 6501 BOEING DR. BLDG. H, SUITE 3 EL PASO, TX 79925 Fax 915 7748848	05/15/2020	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
Type: Parent Agency	Administrator ANA LORENA DOMINGUEZ		<u> </u>
County EL PASO License # 017775 Lic Expire 12/31/2022 Medicare 1: 741729 HOSPICE Medicare 2: Phone (915) 808-4000 Type: Parent Agency	Region 02 Date Licensed THREE OAKS HOSPICE EL PASO 11860 VISTA DEL SOL DRIVE, SUITE 150 EL PASO, TEXAS 79936 Fax (915) 808-4001 Administrator MICHELE ABOUD	12/08/2016	Owner Information HOSPICE DEL NORTE, LLC 717 N. HARWOOD STREET, SUITE 550 DALLAS, TX 75201 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
<u> </u>			Owner Information
County EL PASO License # 017566 Lic Expire 8/31/2022 Medicare 1: 747614 HHA-18 Medicare 2: Phone (915) 772-4852 Type: Parent Agency	Region 02 Date Licensed TLC HOME HEALTHCARE SERVICES INC 1635 N. LEE TREVINO SUITE B EL PASO, TX 79936 Fax (915) 200-2098 Administrator TODD FLAHERTY	08/11/2016	TLC HOME HEALTHCARE SERVICES INC SAA EL PASO, TX 79936 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County EL PASO License # 018466 Lic Expire 3/1/2022 Medicare 1: 74-1759 Medicare 2:	Region 02 Date Licensed TLC HOSPICE SERVICES 1635 N LEE TREVINO SUITE A EL PASO, TX 79936	11/27/2017	Owner Information SOUTHWEST HOSPICE INC 1635 N LEE TREVINO SUITE A EL PASO, TX 79936 PHONE: FAX:
Phone 915 595 4852 Type: Parent Agency	Fax 915 2002098 Administrator VENNESSA CIRIZA		Services: Hospice In-Patient Hospice: NO
County EL PASO License # 021252 Lic Expire 12/6/2024 Medicare 1:	Region 02 Date Licensed TRINITY HOME HEALTH AND HOSPICE 4520 DONIPHAN DR EL PASO, TEXAS 79922	12/06/2021	Owner Information TRINITY HEALTH GROUP LLC
Medicare 2: Phone 915 4914193	Fax		PHONE: FAX: Services: Hospice; Licensed Home Health Services
Type: Parent Agency	Administrator CESAR MATA		In-Patient Hospice: NO
County EL PASO License # 018620 Lic Expire 2/28/2022 Medicare 1: 453174 HHA-18 Medicare 2: Phone (915) 781-1882 Type: Parent Agency	Region 02 Date Licensed UNITY HOMECARE 4150 RIO BRAVO STREET SUITE 105 EL PASO, TX 79902 Fax (915) 781-1883 Administrator STEPHANIE SANCHEZ	02/02/2018	Owner Information UNITY HOMECARE LLC 4150 RIO BRAVO STREET, SUITE#105 EL PASO, TX 79902-1028 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County EL PASO License # 012385 Lic Expire 11/30/2022 Medicare 1: 747099 HHA-18 Medicare 2: Phone (915) 594-8070	Region 02 Date Licensed URGENT CARE HOME HEALTH INC 3130 GATEWAY BLVD EAST EL PASO, TEXAS 79905 Fax (915) 594-4028	11/18/2008	Owner Information URGENT CARE HOME HEALTH INC 8401 BOEING DRIVE UNIT 971010 EL PASO, TEXAS 79997 PHONE: FAX:
Type: Parent Agency	Administrator RICHARD SENNESSIE		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County EL PASO License # 016552 Lic Expire 12/31/2022 Medicare 1: 741613 HOSPICE Medicare 2: Phone (915) 213-5453	Region 02 Date Licensed 12/08/2014 URGENT CARE HOSPICE INC 3130 GATEWAY BLVD EAST EL PASO, TEXAS 79905 Fax (915) 213-5456	Owner Information URGENT CARE HOSPICE INC 8401 BOEING DRIVE UNIT 971010 EL PASO, TEXAS 79997 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator RICHARD SENNESIE	
County EL PASO License # 016357 Lic Expire 7/31/2020 Medicare 1: Medicare 2: Phone (915) 532-3032 Type: Parent Agency	Region 02 Date Licensed 08/01/2014 US NATIONAL PERSONAL CARE 1337 MURCHISON DR. EL PASO, TEXAS 79902 Fax (915) 219-8736 Administrator VICTOR VARGAS	Owner Information V & V GROUP INC 834 PUEBLO EL PASO, TX 79903 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 013723 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (915) 595-5472 Type: Parent Agency	Region 02 Date Licensed 11/19/2010 VALLE DEL SOL PRIMARY HOME CARE 9215 MONTANA AVE EL PASO, TX 79925 Fax (915) 595-5482 Administrator MONICA DOMINGUEZ	Owner Information SERENE LLC SAME AS ABOVE EL PASO, TX 79925 PHONE: (915) 595-5472 FAX: (915) 595-5482 Services: Personal Assistance Services
County EL PASO License # 012086 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (915) 541-0033 Type: Parent Agency	Region 02 Date Licensed 04/02/2008 VALOR PERSONAL ASSISTANCE SERVICE INC 1014 MONTANA EL PASO, TX 79902 Fax (915) 541-0034 Administrator VIRGINIA GONZALEZ	Owner Information VALOR PERSONAL ASSISTANCE SERVICES INC 1014 MONTANA AVENUE EL PASO, TX 79902 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 012557 Lic Expire 4/30/2023 Medicare 1: 747427 HHA-18 Medicare 2: Phone (915) 587-5284	Region 02 Date Licensed 04/22/2009 VICTORIA HOME HEALTH CARE 1005 DESIERTO SECO DRIVE EL PASO, TX 79912 Fax (915) 345-1038	Owner Information GOD IS KING HOME HEALTH INC 1005 DESIERTO SECO DR EL PASO, TX 79912 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator CAROLINE CHIBUEZE	Personal Assistance Services
County EL PASO License # 011414 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (915) 595-8707 Type: Parent Agency	Region 02 Date Licensed 06/21/2007 VIDA BELLA 2616 MONTANA AVE EL PASO, TX 79903 Fax (915) 288-3180 Administrator SERGIO GONZALEZ	Owner Information I BELLA INC 12421 PASEO DE ARCO EL PASO, TX 79928 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 018400 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (915) 307-6260 Type: Parent Agency	Region 02 Date Licensed 10/25/2017 VIDANTA PERSONAL ASSISTANCE SERVICES INC 1801 EAST YANDELL DR EL PASO, TX 79902 Fax (915) 307-6479 Administrator HECTOR TORRES	Owner Information VIDANTA PERSONAL ASSISTANCE SERVICES LLC 1801 E YANDELL EL PASO, TX 79902 PHONE: FAX: Services: Personal Assistance Services

County EL PASO License # 018511 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (915) 307-9289 Type: Parent Agency	Region 02 Date Licensed 11/05/2017 VILLA CHILDREN'S THERAPY 2267 TRAWOOD DR STE G3 EL PASO, TX 79935 Fax (915) 975-8168 Administrator GEORGINA BARRERA	Owner Information CHILDREN'S HOME THERAPY SPECIALISTS, LLC 10224 SINGAPORE EL PASO, TX 79925 PHONE: FAX: Services: Licensed Home Health Services
County EL PASO License # 016897 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (915) 799-0141 Type: Parent Agency	Region 02 Date Licensed 07/08/2015 VISITING ANGELS 4171 N MESA ST, SUITE A101 EL PASO, TX 79902 Fax (915) 799-0149 Administrator JOE PARRA	Owner Information EP SENIOR HOMECARE, LLC 815 LAKE AIR DRIVE WACO, TX 76710 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 009504 Lic Expire 1/31/2023 Medicare 1: 457842 HHA-18 Medicare 2: Phone (915) 595-4804 Type: Parent Agency	Region 02 Date Licensed 01/03/2005 VITAL CARE HOME HEALTH 11204 MONTWOOD EL PASO, TX 79936 Fax (915) 595-5905 Administrator ANA LUISA SOTO	Owner Information GALENO INC 11204 MONTWOOD EL PASO, TX 79936 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County EL PASO License # 018564 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (915) 234-2007 Type: Parent Agency	Region 02 Date Licensed 01/17/2018 VITAL PERSONAL ASSISTANT SERVICES LLC 5340 EL PASO DR SUITE C EL PASO, TX 79905 Fax (833) 597-4492 Administrator LIZBETH LOPEZ MORALES	Owner Information VITAL PERSONAL ASSISTANT SERVICES LLC 220 THUNDERBIRD #33 EL PASO, TX 79912 PHONE: FAX: Services: Personal Assistance Services
County EL PASO License # 019186 Lic Expire 1/8/2023 Medicare 1: Medicare 2:	Region 02 Date Licensed 01/08/2019 WISDOM TREE PERSONAL ASSISTANCE SERVICES 858 LOS SURCOS RD EL PASO, TX 79907	Owner Information WISDOM TREE PAS LLC PHONE: FAX:
Phone 915 6299456 Type: Parent Agency	Fax 915 3002658 Administrator MARIA ESCAPITE	Services: Personal Assistance Services
County EL PASO License # 018409 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (915) 703-6380 Type: Parent Agency	Region 02 Date Licensed 10/30/2017 YAGEL THERAPY SERVICES PLLC 3118 MONTANA AVE EL PASO, TX 79903 Fax (915) 703-6382 Administrator CLAUDIA YAGEL	Owner Information YAGEL THERAPY SERVICES PLLC 5337 COUNTRY OAKS DRIVE EL PASO, TEXAS 79932 PHONE: FAX: Services: Licensed Home Health Services
County EL PASO License # 015949 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (915) 307-5335 Type: Parent Agency	Region 02 Date Licensed 01/03/2014 ZINNIA PERSONAL HOME CARE INC 1323 MONTANA AVE EL PASO, TX 79902 Fax (915) 307-5339 Administrator VIRGINIA GONZALEZ	Owner Information ZINNIA PERSONAL HOME CARE INC 1323 MONTANA AVENUE EL PASO, TX 79902 PHONE: FAX: Services: Personal Assistance Services

County ELLIS License # 020459 Lic Expire 1/13/2023 Medicare 1:	Region 05 Date Licensed 01/13/2021 ANCHORED HEARTS HOME HEALTHCARE 211 MOSES DR GLENN HEIGHTS, TX 75154	Owner Information ANCHORED HEARTS LLC
Medicare 2:		PHONE: FAX:
Phone 214 9244490	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator TANIKA MIDDLETON	Ourse Information
County ELLIS License # 007939	Region 05 Date Licensed 11/30/2001 ANGELS CARE HOME HEALTH	Owner Information FAMILY REHAB INC
Lic Expire 11/30/2023	1011 HWY 77 SUITE 107	2301 HWY 1187 #203
Medicare 1: 679069 HHA-18	WAXAHACHIE, TX 75165	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	O
County ELLIS	Region 01 Date Licensed	Owner Information E MEDICAL GROUP OF TEXAS NO 1 LLC
License # 020351 Lic Expire 6/11/2022	ANGELS CARE HOME HEALTH 1011 N HIGHWAY 77, STE 107B	
Medicare 1:	WAXAHACHIE, TEXAS 75165	
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 License # 019966 Lic Expire 5/28/2022 Medicare 1:	Region 05 Date Licensed 05/28/2020 ANGELS HELPING HANDS LLC 9240 ALMA CT. WAXAHACHIE, TX 75167	Owner Information ANGELS HELPING HANDS LLC
Medicare 2:	Fa.:	PHONE: FAX:
Phone (682) 347-5359 Type: Parent Agency	Fax Administrator SOPHIA DAWSON-JACKSON	Services: Personal Assistance Services
		Owner Information
County ELLIS License # 020237	Region 05 Date Licensed 10/15/2020 ANV CONCEPTS HOME HEALTH SERVICES LLC	ANV CONCEPTS HOME HEALTH SERVICES LLC
Lic Expire 10/15/2022	204 COCKRELL HILL ROAD	P. O. BOX 2033
Medicare 1:	OVILLA, TEXAS 75154	DESOTO, TEXAS 75123
Medicare 2:	_	PHONE: FAX:
Phone (972) 515-8000	Fax Administrator XAVIER CRITTENDON	Services: Licensed Home Health Services
Type: Parent Agency		Owner Information
County ELLIS License # 010338	Region 05 Date Licensed 03/09/2006 APPROVED HOME HEALTH CARE	APPROVED HEALTH SERVICES LLC
Lic Expire 3/31/2023	3480 MOUNT ZION ROAD	3480 MOUNT ZION RD
Medicare 1: 679623 HHA-18	MIDLOTHIAN, TX 76065	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	resolial Assistance Services
County ELLIS License # 015998 Lic Expire 12/31/2023 Medicare 1: 451743 HOSPICE	Region 05 Date Licensed 12/02/2013 BRISTOL HOSPICE PATHWAYS LLC 115 PARK PLACE BOULEVARD SUITE 100 WAXAHACHIE, TX 75165	Owner Information BRISTOL HOSPICE & HOME CARE SOUTH CENTRAL, LLC
Medicare 2:	TITE TO	PHONE: FAX:
Phone (972) 923-2436	Fax (972) 923-0043	Services: Hospice In-Patient Hospice: NO

County ELLIS License # 020888 Lic Expire 7/8/2024	Region 05 Date Licensed 07/08/2021 CHATTY CATHY CARING FOR YOUR SENIOR 220 CALIFORNIA DR	Owner Information CHATTY CATHY CARING FOR YOUR SENIOR
Medicare 1:	GLENN HEIGHTS, TEXAS 75154	
Medicare 2:	Fax	PHONE: FAX:
Phone (469) 553-8450 Type: Parent Agency	Administrator ANGELA ALLEN	Services: Personal Assistance Services
		Owner Information
County ELLIS License # 021317 Lic Expire 1/10/2025	Region 05 Date Licensed 01/10/2022 ENABLING GRACE LLC	ENABLING GRACE LLC
Lic Expire 1/10/2025 Medicare 1:	233 IRIS DRIVE MIDLOTHIAN, TEXAS 76065	
Medicare 2:		PHONE: FAX:
Phone (469) 333-1966	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator THEODORA THOMPSON	
County ELLIS License # 013827	Region 05 Date Licensed 01/13/2011 FIDELIS SENIOR HOME CARE	Owner Information FIDELIS HOME CARE, LLC
Lic Expire 1/31/2023 Medicare 1:	200 S 14TH STREET SUITE 190 MIDLOTHIAN, TX 76065	221 MASTERS LN MIDLOTHIAN, TX 76065
Medicare 2:	inises man, ix roots	PHONE: FAX:
Phone (972) 775-1000	Fax (469) 375-1142	Services: Personal Assistance Services
Type: Parent Agency	Administrator JEFFREY HATTEN	
County ELLIS License # 011216 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (972) 937-1560	Region 03 Date Licensed 09/21/2006 GUARDIAN HEALTHCARE 114 PARK PLACE BLVD, #204 WAXAHACHIE, TX 75165 Fax (972) 937-1600	Owner Information GUARDIAN HEALTH CARE INC 13737 NOEL ROAD SUITE 1400 DALLAS, TX 75240 PHONE: FAX:
Type: Branch Agency	Administrator AMANDA PRUETT	Services: Licensed and Certified Home Health Services
County ELLIS License # 013597 Lic Expire 9/30/2022 Medicare 1:	Region 05 Date Licensed 10/01/2010 HOME INSTEAD #742 103 W RED OAK RD RED OAK, TEXAS 75154	Owner Information GEN 2 GEN INC PO BOX 822402 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 License # 009235 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 820 FERRIS SUITE 251 WAXAHACHIE, TX 751652590	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117
Medicare 2: Phone (972) 937-2800	Fax (972) 937-2405	PHONE: FAX:
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON	Services: Hospice In-Patient Hospice: NO
County ELLIS License # 009235	Region 03 Date Licensed 08/04/2004 HOSPICE PLUS	Owner Information INTERNATIONAL TUTORING SERVICES LLC
Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (972) 937-2800	820 FERRIS SUITE 251 WAXAHACHIE, TX 751652590 Fax (972) 937-2405	PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County ELLIS License # 009235 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 820 FERRIS SUITE 251 WAXAHACHIE, TX 751652590	Owner Information INTERNATIONAL TUTORING SERVICES, LLC
Medicare 2:	With Mindrie, IX Porocesso	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 License # 018254 Lic Expire 5/31/2024 Medicare 1: 679431 HHA-18	Region 05 Date Licensed 05/31/2017 INFINITE CARE HOME HEALTH INC 206 YMCA DR # 105 WAXAHACHIE, TX 75165	Owner Information INFINITE CARE HOME HEALTH INC 206 YMCA DRIVE, #105 WAXAHACHIE, TX 75165
Medicare 2:	Fav. (072) 409 0904	PHONE: FAX:
Phone (972) 938-8500 Type: Parent Agency	Fax (972) 408-0891 Administrator LISSET DARNALL	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
<u> </u>		Owner Information
County ELLIS License # 020628 Lic Expire 3/23/2023 Medicare 1:	Region 05 Date Licensed 03/23/2021 PINK SCRUBS HOME HEALTH AGENCY LLC 10815 BAUCUM RD. WAXAHACHIE, TX 75167	PINK SCRUBS HOME HEALTH AGENCY LLC
Medicare 2:		PHONE: FAX:
Phone (734) 968-8602	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator KARLETHIA TYSON	
County ELLIS License # 016925 Lic Expire 7/31/2024 Medicare 1:	Region 05 Date Licensed 07/17/2015 PREMIER CARE SERVICES 2703 N KAUFMAN ST STE D ENNIS, TX 75119	Owner Information PREMIER CARE SERVICES LLC 273 N KAUFMAN ST STE D 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 License # 019291 Lic Expire 3/6/2021 Medicare 1: Medicare 2:	Region 05 Date Licensed 03/06/2019 RADIANT HOME HEALTH CARE 907 MOCKINGBIRD LN. GLENN HEIGHTS, TX 75154	Owner Information RADIANT HOME HEALTH CARE PHONE: FAX:
Phone (469) 719-1517	Fax (214) 602-8367	Services: Personal Assistance Services
Type: Parent Agency	Administrator ROBIN HALL	
County ELLIS License # 017060 Lic Expire 9/30/2023 Medicare 1:	Region 05 Date Licensed 10/01/2015 RIGHT AT HOME 1006 LEGACY RANCH ROAD, SUITE 102 WAXAHACHIE, TX 75165	Owner Information CWK BEST CARE LLC PO BOX 1880 MIDLOTHIAN, TX 76065
Medicare 2:	Fav. (400) 040 4000	PHONE: FAX:
Phone (469) 672-4880 Type: Parent Agency	Fax (469) 212-1208 Administrator DARLENE WILLIAMS	Services: Personal Assistance Services
County ELLIS License # 020500 Lic Expire 2/1/2023 Medicare 1: Medicare 2:	Region 05 Date Licensed 02/01/2021 SENIOR HELPERS OF SOUTHWEST TEXAS 2801 N HWY 77 SUITE 210 WAXAHACHIE, TEXAS 75165	Owner Information J & L INNOVATIONS, LLC PO BOX 2573 DESOTO, TX 75123 PHONE: FAX:
Phone (817) 913-9908	Fax (817) 754-2600	Services: Personal Assistance Services
Type: Parent Agency	Administrator JASCHICA SHELLEY	

County ELLIS License # 019559 Lic Expire 5/24/2023 Medicare 1:	Region 03 Date Licensed THREE OAKS HOSPICE 1905 N. HIGHWAY 77 WAXAHACHIE, TX 75165	Owner Information THREE OAKS HOSPICE DALLAS, INC
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 TRADITIONS HEALTH CARE OF ENNIS, LLC
License # 018878	TRADITIONS HEALTH	P.O. BOX 9980
Lic Expire 6/30/2022	371 SOLON ROAD, SUITE 100A	COLLEGE STATION, TX 77842
Medicare 1: 747768 HHA-18 Medicare 2:	WAXAHACHIE, TEXAS 75165	PHONE: FAX:
Phone (972) 878-6877	Fax (866) 908-8704	
(0.2) 0.0 00	(665) 666 616 1	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 HEALTH	TRADITIONS HOSPICE OF ENNIS, LLC
Lic Expire 6/30/2022	371 SOLON RD, SUITE 100B	PO BOX 9980
Medicare 1: 451730 HOSPICE	WAXAHACHIE, TX 75165	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	VINEYARD HOME HEALTH LLC
Lic Expire 5/13/2022	209 W MAIN ST	
Medicare 1: 747998 HHA	WAXAHACHIE, TEXAS 75165	
Medicare 2:	_	PHONE: FAX:
Medicare 2: Phone 409 2562909	Fax	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
	Fax Administrator JAKE HIBBARD	
Phone 409 2562909 Type: Parent Agency	Administrator JAKE HIBBARD	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone 409 2562909		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone 409 2562909 Type: Parent Agency County ERATH	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2:	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX:
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency County ERATH	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN Region 01 Date Licensed 03/17/2015	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency County ERATH License # 016684	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN Region 01 Date Licensed 03/17/2015 COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency County ERATH License # 016684 Lic Expire 3/31/2024	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN Region 01 Date Licensed 03/17/2015 COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency County ERATH License # 016684 Lic Expire 3/31/2024 Medicare 1:	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN Region 01 Date Licensed 03/17/2015 COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401-2211
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency County ERATH License # 016684 Lic Expire 3/31/2024 Medicare 1: Medicare 2:	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN Region 01 Date Licensed 03/17/2015 COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401-2211 PHONE: FAX:
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency County ERATH License # 016684 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (254) 965-2104	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN Region 01 Date Licensed 03/17/2015 COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401 Fax (254) 965-3618	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401-2211 PHONE: FAX:
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency County ERATH License # 016684 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (254) 965-2104 Type: Parent Agency	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN Region 01 Date Licensed 03/17/2015 COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401 Fax (254) 965-3618 Administrator LAURA MONTGOMERY	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401-2211 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLARIS HOSPICE, INC
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency County ERATH License # 016684 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (254) 965-2104 Type: Parent Agency County ERATH	Administrator JAKE HIBBARD Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN Region 01 Date Licensed 03/17/2015 COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401 Fax (254) 965-3618 Administrator LAURA MONTGOMERY Region 03 Date Licensed 01/02/2008	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401-2211 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency County ERATH License # 016684 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (254) 965-2104 Type: Parent Agency County ERATH License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688	Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN Region 01 Date Licensed 03/17/2015 COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401 Fax (254) 965-3618 Administrator LAURA MONTGOMERY Region 03 Date Licensed 01/02/2008 SOLARIS HOSPICE INC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401-2211 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency County ERATH License # 016684 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (254) 965-2104 Type: Parent Agency County ERATH License # 016684 Lic Expire 3/31/2024 Medicare 1: Medicare 1: Medicare 2: Phone (254) 965-2104 Type: Parent Agency County ERATH License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2:	Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN Region 01 Date Licensed 03/17/2015 COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401 Fax (254) 965-3618 Administrator LAURA MONTGOMERY Region 03 Date Licensed 01/02/2008 SOLARIS HOSPICE INC 2301 N.W. LOOP SUITE 101 STEPHENVILLE, TX 76401	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401-2211 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400
Phone 409 2562909 Type: Parent Agency County ERATH License # 002671 Lic Expire 11/30/2021 Medicare 1: 451594 HOSPICE Medicare 2: Phone (254) 445-4675 Type: Parent Agency County ERATH License # 016684 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (254) 965-2104 Type: Parent Agency County ERATH License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688	Region 01 Date Licensed 11/23/1993 COMMUNITY CARE SERVICES HOSPICE 118 EAST LIVEOAK STE 104 DUBLIN, TX 76446 Fax (254) 445-2972 Administrator JESSICA COWAN Region 01 Date Licensed 03/17/2015 COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401 Fax (254) 965-3618 Administrator LAURA MONTGOMERY Region 03 Date Licensed 01/02/2008 SOLARIS HOSPICE INC 2301 N.W. LOOP SUITE 101	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COMMUNITY CARE SERVICES INC 118 EAST LIVEOAK SUITE 104 DUBLIN, TX 76446 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC 515 W LINGLEVILLE RD STEPHENVILLE, TX 76401-2211 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234

County ERATH License # 004548 Lic Expire 4/30/2023	Region 01 Date Licensed STEPHENS HEALTH CARE INC 18015 US HIGHWAY 377	08/04/1999	Owner Information STEPHEN'S HEALTH CARE, INC PO BOX 852	
Medicare 1:	DUBLIN, TX 76446		STEPHENVILLE, TX 76401	
Medicare 2:	-		PHONE:	FAX:
Phone (254) 445-4620	Fax (254) 445-2514		Services: Licensed and Certified Home Health S Personal Assistance Services	ervices; Licensed Home Health Services;
Type: Branch Agency	Administrator ANN STEPHEN			
County ERATH License # 004548 Lic Expire 4/30/2023 Medicare 1: 677624 HHA-18 Medicare 2:	Region 01 Date Licensed STEPHENS HEALTH CARE INC 711 NORTH GRAHAM STEPHENVILLE, TX 76401	05/01/1996	Owner Information STEPHEN'S HEALTH CARE, INC PO BOX 852 STEPHENVILLE, TX 76401 PHONE:	FAX:
Phone (254) 965-6629	Fax (254) 965-7040			
() ,			Services: Licensed and Certified Home Health S Personal Assistance Services	ervices; Licensed Home Health Services;
Type: Parent Agency	Administrator ANN STEPHEN			
County FALLS License # 020865 Lic Expire 6/25/2024 Medicare 1:	Region 05 Date Licensed HH HEALTHCARE, LLC 440 1/2 NORWOOD ST MARLIN, TEXAS 76661	06/25/2021	Owner Information HH HEALTHCARE, LLC	
Medicare 2:	,		PHONE:	FAX:
Phone (254) 697-9826	Fax		Services: Personal Assistance Services	
Type: Parent Agency	Administrator O?CEMARIA HUITT			
County FALLS License # 016582 Lic Expire 12/31/2022 Medicare 1: 677796 HHA-18	Region 05 Date Licensed TEXAS QUALITY HOME HEALTH 125 HERITAGE ROW MARLIN, TX 76661	12/23/2014	Owner Information SHEPHERDS SERVICES INC 125 HERITAGE ROW MARLIN, TX 76661	
Medicare 2:			PHONE:	FAX:
Phone (254) 803-3000	Fax (254) 883-3530		Services: Licensed and Certified Home Health S	ervices
Type: Parent Agency	Administrator THOMAS TATE			
County FANNIN License # 009193 Lic Expire 7/31/2022 Medicare 1:	Region 03 Date Licensed MAXIMACARE LLC 1211 EAST SIXTH STREET SUITE #200 BONHAM, TX 75418	05/22/2006	Owner Information MAXIMACARE, LLC	
Medicare 2:	Fav. (003) 640 0004		PHONE:	FAX:
Phone (903) 640-9000 Type: Branch Agency	Fax (903) 640-9001 Administrator KRYSTAL ALVARADO		Services: Licensed and Certified Home Health S	ervices
County FANNIN License # 011367 Lic Expire 1/31/2022 Medicare 1: 45Q7655001 Medicare 2:	Region 03 Date Licensed TMC HOME HEALTH 2201 N. HWY 121 BONHAM, TEXAS 75418		Owner Information UHS OF TEXOMA INC 367 S GULPH ROAD KING OF PRUSSIA, PA 19406 PHONE:	FAX:
Phone (903) 416-5500	Fax			
Type: Branch Agency	Administrator CONNIE CLARK		Services: Licensed and Certified Home Health S	ervices; Licensed Home Health Services
County FAYETTE License # 017190 Lic Expire 10/31/2023 Medicare 1:	Region 06 Date Licensed 1ST TEXAS HOME HEALTH 145 W TRAVIS STE 104 LA GRANGE, TX 78945	10/25/2015	Owner Information INTEGRATED MANAGEMENT SOLUTIONS, IN PO BOX 529 WHITESBORO, TX 76273	
Medicare 2:	F (070) 705 0077		PHONE:	FAX:
Phone (979) 702-0401 Type: Branch Agency	Fax (979) 725-6977 Administrator SUZANNE BOZEMAN		Services: Licensed and Certified Home Health S	ervices; Licensed Home Health Services

County FAYETTE License # 015578 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (979) 968-1500 Type: Parent Agency	Region 05 Date Licensed 06/04/2013 COMPASSIONATE PROVIDER SERVICES OF TEXAS 252 NORTH WASHINGTON STREET LA GRANGE, TX 78945 Fax (979) 968-1558 Administrator SAMANTHA STACKHOUSE	Owner Information SAMANTHA SMITH STACKHOUSE PO BOX 1216 LA GRANGE, TEXAS 78945 PHONE: FAX: Services: Personal Assistance Services
County FAYETTE License # 018188 Lic Expire 4/30/2023 Medicare 1: HHA 45Q7661010 Medicare 2: Phone (979) 968-5400 Type: Branch Agency	Region 05 Date Licensed 04/26/2017 ELARA CARING 2015 WEST HWY 71 BUSINESS STE. 1 LA GRANGE, TX 78945 Fax (979) 968-5403 Administrator HEIDI TINCH	Owner Information TEXAS HOME HEALTHCARE PARTNERS, LP 700 HIGLANDER SUITE 160 ARLINGTON, TX 76015 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County FAYETTE License # 002186 Lic Expire Medicare 1: Medicare 2: Phone (979) 968-6913 Type: Alternate Delivery Site	Region 05 Date Licensed 07/05/2007 HOSPICE BRAZOS VALLEY INC 1048 NORTH JEFFERSON LA GRANGE, TX 78945 Fax (979) 968-6943 Administrator CRAIG BORCHARDT	Owner Information HOSPICE BRAZOS VALLEY INC 502 WEST 26TH STREET BRYAN, TX 77803 PHONE: () -512 Services: Hospice In-Patient Hospice: NO
County FAYETTE License # 011739 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (979) 743-2633 Type: Branch Agency	Region 05 Date Licensed 11/30/2007 KINDRED AT HOME 1201 KESSLER AVENUE, SUITE 206 SCHULENBURG, TEXAS 789562129 Fax (979) 743-2733 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 License # 011739 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (979) 743-2633 Type: Branch Agency	Region 05 Date Licensed 11/30/2007 KINDRED AT HOME 1201 KESSLER AVENUE, SUITE 206 SCHULENBURG, TEXAS 789562129 Fax (979) 743-2733 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 License # 014144 Lic Expire 6/30/2024 Medicare 1: 747668 HHA-18 Medicare 2: Phone (979) 743-4663 Type: Parent Agency	Region 05 Date Licensed 06/07/2011 REGENCY HOME HEALTH OF SCHULENBURG 309 KESSLER SCHULENBURG, TX 78956 Fax (979) 743-4770 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 License # 006764 Lic Expire 12/31/2022 Medicare 1: 459462 HHA-18 Medicare 2: Phone (806) 652-2895	Region 01 Date Licensed 12/16/1998 MANGOLD MEMORIAL HOSPITAL HOME HEALTH CARE 104 N MAIN LOCKNEY, TX 79241 Fax (806) 652-2607	Owner Information LOCKNEY GENERAL HOSPITAL DISTRICT P.O. BOX 37 LOCKNEY, TEXAS 79241 PHONE: FAX: Services: Licensed and Certified Home Health Services

Administrator

Type: Parent Agency

ALYSSA MCCARTER

County FORT BEND License # 018359 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (800) 701-7974 Type: Parent Agency	Region 06 Date Licensed 10/05/2017 1 SMITHER INFINITE PERSONAL ASSISTANCE CARE 3022 BLUE LAGOON CT MISSOURI CITY, TX 77459 Fax (800) 701-7974 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 License # 010435 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (713) 819-1803 Type: Parent Agency	Region 06 Date Licensed 05/08/2006 1ST CHOICE HEALTHCARE SERVICES INC 8018 PACIFIC SPRING LANE RICHMOND, TX 77407 Fax (832) 847-4077 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 License # 013179 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (281) 565-0261 Type: Parent Agency	Region 06 Date Licensed 03/19/2010 1ST QUALITY CAREGIVERS 7818 TALLADEGA SPRINGS LN RICHMOND, TX 77407 Fax (281) 277-0236 Administrator LISSETT HARRIS	Owner Information LISSETT HARRIS 7818 TALLADEGA SPRINGS LANE RICHMOND, TX 77407 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 013754 Lic Expire 12/31/2022 Medicare 1: 747711 HHA-18 Medicare 2: Phone (281) 885-9271 Type: Parent Agency	Region 06 Date Licensed 12/06/2010 3 ALPINE HOME HEALTH 2122 LUCY LANE MISSOURI CITY, TX 77489 Fax (281) 208-7283 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 License # 020493 Lic Expire 1/27/2023 Medicare 1: Medicare 2: Phone (713) 922-0447 Type: Parent Agency	Region 06 Date Licensed 01/27/2021 A & A HEALTHCARE INC 6415 CANYON ESTATES LN RICHMOND, TEXAS 77469 Fax Administrator CHIDINMA WEZE	Owner Information ZIC INC 6415 CANYON ESTATES LN RICHMOND, TX 77469 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 020133 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (832) 713-4941 Type: Parent Agency	Region 06 Date Licensed 11/02/2020 A & B DESTINY CARE LLC 28431 BOBCAT BAYOU DR. KATY, TX 77494 Fax (832) 437-2173 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 License # 010027 Lic Expire 10/31/2021 Medicare 1: 677960 Medicare 2: Phone (281) 208-7451	Region 06 Date Licensed 10/05/2005 A&L HEALTH CARE SERVICES LLC 2440 TEXAS PARKWAY, SUITE 213E MISSOURI CITY, TEXAS 77489 Fax (281) 969-8197	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

Administrator

Type: Parent Agency

AMAKA OKOROHA

County FORT BEND License # 015538 Lic Expire 5/31/2023 Medicare 1:	Region 06 Date Licensed 05/14/2013 AABA PEDIATRIC CARE 8310 INDIGO VILLA LANE HOUSTON, TX 77083	Owner Information AABA HEALTHCARE SERVICES, INC
Medicare 2: Phone (832) 633-2271	Fax (281) 491-6239	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JANE AMADI	Services. Licensed Figure Health Services, Fersonial Assistance Services
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 MISSOURI CITY, TX 77459-5205
Medicare 1: 747811 HHA-18	MISSOURI CITY, TX 77459	
Medicare 2: Phone (281) 431-1900	Fax (281) 715-4900	PHONE: FAX:
(==),	(201)	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 Medicare 2:	KATY, TX 77494	PHONE: FAX:
Phone (281) 940-8912	Fax	
(== 1, = 1, = 1, = 1, = 1, = 1, = 1, = 1		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:	Fax	PHONE: FAX:
Phone (832) 462-3538	Administrator ADELORE JOSEPH	Services: Personal Assistance Services
Type: Parent Agency		Owner Information
County FORT BEND	Region 06 Date Licensed 02/11/2021	ACADIA CARE INC
License # 020535 Lic Expire 2/11/2023	ACADIA CARE INC 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	BUQUE
Medicare 2: Phone 713 8800683	Fax 713 8692164	PHONE: FAX:
1 110116 / 13 0000003	1 un 113 0032 104	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 DALLAS, TEXAS 75287
Medicare 1:	SUGAR LAND, TX 774786197	
Medicare 2: Phone 713 8800683	Fax 713 8692164	PHONE: FAX:
Type: Parent Agency	Administrator REGANALD MACKEY	Services: Licensed Home Health Services; Personal Assistance Services
Type. I alent Agency	Administrator INEQUIVALE WINDINE I	

County FORT BEND License # 012300 Lic Expire 11/30/2022 Medicare 1: 679747 HHA-18 Medicare 2: Phone (281) 903-7059 Type: Parent Agency	Region 06 Date Licensed ACEELLENT HEALTHCARE SERVICES INC 10701 CORPORATE DRIVE SUITE #145 STAFFORD, TX 77477 Fax (832) 886-4148 Administrator ADAKU EJIMADU	11/08/2008	Owner Information ACEELLENT 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 License # 020599 Lic Expire 3/12/2024 Medicare 1:	Region 06 Date Licensed ACHIFA CARE SERVICES LLC 21226 BARTON HOLLOW LN RICHMOND, TX 77406	03/12/2021	Owner Information ACHIFA CARE SERVICES LLC
Medicare 2:	RIGHWOND, IX 11400		PHONE: FAX:
Phone (832) 951-0892	Fax		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SAMUEL CHIONUMA		0.1100. 20.1100. 10.10 10.100.
County FORT BEND License # 008302 Lic Expire 1/31/2023 Medicare 1: 679269 HHA-18 Medicare 2: Phone (281) 265-1511	Region 06 Date Licensed ACP HEALTH CARE RESOURCES INC 5750 HOMEWARD WAY SUGAR LAND, TX 77479 Fax (281) 265-5349	01/24/2003	Owner Information ACP HEALTH CARE RESOURCES INC 5750 HOMEWARD WAY SUGAR LAND, TX PHONE: FAX:
1 110110 (201) 200 1011	1 ax (201) 200 00 10		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ARLITA PANG		
County FORT BEND License # 020188 Lic Expire 9/22/2022 Medicare 1:	Region 06 Date Licensed ACROHEALTH LLC 5739 WHITE CLOVER DR RICHMOND, TEXAS 77469	09/22/2020	Owner Information ACROHEALTH LLC 5739 WHITE CLOVER DR RICHMOND, TX 77469
Medicare 2:	_		PHONE: (832) 969-3315 FAX:
Phone (832) 969-3315	Fax		Services: Personal Assistance Services
Type: Parent Agency County FORT BEND License # 019368 Lic Expire 5/7/2021 Medicare 1: Medicare 2: Phone (609) 231-8026 Type: Parent Agency	Administrator CHRIS ODUOK Region 06 Date Licensed ACTIKARE RESPONSIVE INHOME CARE 27822 BURCHFIELD GROVE LANE KATY, TX 77494 Fax Administrator SUCCESS AIGBOGUN	05/07/2019	Owner Information PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 020565 Lic Expire 3/3/2023 Medicare 1: Medicare 2: Phone (713) 903-6612	Region 06 Date Licensed ACTIKARE RESPONSIVE INHOME CARE 5834 CHASTE CT RICHMOND, TEXAS 77469 Fax (832) 295-0667	03/03/2021	Owner Information TETRI HOLDINGS INC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator ANDERSON OGUNBOR		
County FORT BEND License # 020113 Lic Expire 8/19/2022 Medicare 1:	Region 06 Date Licensed ACTIKARE RESPONSIVE INHOME CARE 5010 ROLLINGSTONE RD RICHMOND, TEXAS 77407	08/19/2020	Owner Information SOPHOS CARE GROUP INC
Medicare 2:	-		PHONE: FAX:
Phone (832) 801-3529 Type: Parent Agency	Fax Administrator CARLOS RAMIREZ		Services: Personal Assistance Services

County FORT BEND	Region 06 Date Licensed 05/29/2001	Owner Information
•		ACTIVE CARE HOME HEALTH INC
License # 007630	ACTIVE CARE HOME HEALTH INC	2600 SOUTH GESSNER ROAD, SUITE 120
Lic Expire 5/31/2023	23501 CINCO RANCH BLVD SUITE B 220	
Medicare 1: 679083 HHA-18	KATY, TX 77494	HOUSTON, TX 77063
Medicare 2:		PHONE: FAX:
Phone (832) 242-0900	Fax (832) 242-0909	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator ZAHRA TAAT	
		Owner Information
County FORT BEND	Region 06 Date Licensed 08/31/2006	AMBIENCE HEALTHCARE LLC
License # 011103	ACURA HOME HEALTHCARE LLC	
Lic Expire 8/31/2022	56 SUGAR CREEK CENTER BLVD., SUITE 150	PO BOX 2938
Medicare 1: 679226 HHA-18	SUGAR LAND, TX 77478	SUGAR LAND, TX
Medicare 2:		PHONE: FAX:
Phone (281) 566-1122	Fax (281) 566-1125	Cominger Lieuwood and Contified Llama Health Cominger Lieuwood Llama Health Cominger
Type: Parent Agency	Administrator ASHA BHANDARI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
ype. I dient Agency	אורווווווווווווווווווווווווווווווווווו	
County FORT BEND	Region 06 Date Licensed 12/14/2012	Owner Information
License # 015267	ACURA HOSPICE CARE LLC	ACURA HOSPICE CARE LLC
Lic Expire 12/31/2022	56 SUGAR CREEK CENTER BLVD., SUITE 150	PO BOX 2938
Medicare 1: 741541 HOSPICE	SUGAR LAND, TX 77478	SUGAR LAND, TX
Medicare 2:	,	PHONE: FAX:
Phone (281) 566-1122	Fax (281) 566-1125	
(201) 000 1122	(201) 000 1120	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ASHA BHANDARI	in Fation (100) iou. No
		Owner Information
County FORT BEND	Region 06 Date Licensed 07/23/2015	
License # 017143	ADBRIGHT HEALTHCARE SERVICES INC	AUNC HEALTHCARE SERVICES INC
Lic Expire 7/31/2023	5227 READING RD,	SAME AS ABOVE
Medicare 1: 747098 HHA-18	ROSENBERG, TX 77471	ROSENBERG, TX 77471
Medicare 2:		PHONE: FAX:
Phone (281) 201-6088	Fax 2812016228, eFAX:2819161371	Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ADA BROWN	Services. Licensed and Certified Home Health Services, Personal Assistance Services
. 7		O
County FORT BEND	Region 06 Date Licensed 10/15/2021	Owner Information
License # 021134	ADDOK HEALTH CARE, INC	ADDOK HEALTH CARE INC
Lic Expire 10/15/2024	13434 ORCHARD SHADOWS DR	13434 ORCHARD SHADOWS DRIVE
Medicare 1:	RICHMOND, TX 774073230	RICHMOND, TX 77407
Medicare 2:		PHONE: FAX:
Phone (713) 292-6332	Fax	
Type: Parent Agency	Administrator PEACE IKE-BELONWU	Services: Licensed Home Health Services; Personal Assistance Services
ypo. I dient Agency	Administrator EAGE INC-DECONVO	
County FORT BEND	Region 06 Date Licensed 05/20/2020	Owner Information
License # 019955	ADEL HEALTH CARE SERVICES LLC	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: FAX:
Phone (718) 916-4496	E 004 0000F40	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Fax 281 8093513	
	Fax 281 8093513 Administrator RACHAEL ADEGBOLA	octivides. Electrised from Friedlin Octivides, Forsonal Assistance Octivides
-	Administrator RACHAEL ADEGBOLA	·
County FORT BEND		Owner Information
-	Administrator RACHAEL ADEGBOLA	Owner Information ADVANCED HEALTHCARE SERVICES INC
County FORT BEND	Administrator RACHAEL ADEGBOLA Region 06 Date Licensed 11/21/2016	Owner Information ADVANCED HEALTHCARE SERVICES INC 9800 CENTRE PARKWAY STE 100
County FORT BEND License # 018019	Administrator RACHAEL ADEGBOLA Region 06 Date Licensed 11/21/2016 ADVANCED HEALTHCARE SERVICES INC	Owner Information ADVANCED HEALTHCARE SERVICES INC
County FORT BEND License # 018019 Lic Expire 11/30/2022	Administrator RACHAEL ADEGBOLA Region 06 Date Licensed 11/21/2016 ADVANCED HEALTHCARE SERVICES INC 10707 CORPORATE DR STE 140	Owner Information ADVANCED HEALTHCARE SERVICES INC 9800 CENTRE PARKWAY STE 100
County FORT BEND License # 018019 Lic Expire 11/30/2022 Medicare 1: 677827 HHA-18	Administrator RACHAEL ADEGBOLA Region 06 Date Licensed 11/21/2016 ADVANCED HEALTHCARE SERVICES INC 10707 CORPORATE DR STE 140	Owner Information ADVANCED HEALTHCARE SERVICES INC 9800 CENTRE PARKWAY STE 100 HOUSTON, TX 77036 PHONE: FAX:
County FORT BEND License # 018019 Lic Expire 11/30/2022 Medicare 1: 677827 HHA-18 Medicare 2:	Administrator RACHAEL ADEGBOLA Region 06 Date Licensed 11/21/2016 ADVANCED HEALTHCARE SERVICES INC 10707 CORPORATE DR STE 140 STAFFORD, TX 77477	Owner Information ADVANCED HEALTHCARE SERVICES INC 9800 CENTRE PARKWAY STE 100 HOUSTON, TX 77036

Type: Parent Agency

Administrator

JANINA CAHILOG

County FORT BEND License # 013419 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (281) 881-2781 Type: Parent Agency	Region 06 Date Licensed 06/28/2010 AEGIS SENIOR CARE 120 ELDRIDGE ROAD SUITE B SUGAR LAND, TX 77478 Fax (281) 242-0892 Administrator THERESA JASMIN ALANO WILWAYCO	Owner Information AEGIS SENIOR CARE GROUP LLC 120 ELDRIDGE ROAD, SUITE B SUGAR LAND, TX 77478 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 018076 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (713) 240-2518 Type: Parent Agency	Region 06 Date Licensed 05/24/2017 AEON HOME HEALTH CARE LLC 13119 ORCHARD MILL DR. RICHMOND, TX 77407 Fax (346) 874-7798 Administrator LOAN PHAM	Owner Information AEON HOME HEALTH CARE LLC 9235 HODGES BEND DRIVE HOUSTON, TX 77083 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 014220 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (281) 762-2339 Type: Parent Agency	Region 06 Date Licensed 07/18/2011 AFFECTIONATE HEART INC 11104 WEST AIRPORT STE #141 STAFFORD, TX 77477 Fax (888) 370-5396 Administrator RAZAK OKUNEYE	Owner Information AFFECTIONATE HEART INC 11104 WEST WEST AIRPORT BLVD, STE 141 STAFFORD, TEXAS 77477 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 019921 Lic Expire 5/8/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 11/03/2020 AGING GRACEFULLY HOME HEALTH 8627 CRESCENT SPUR DR RICHMOND, TEXAS 77406	Owner Information MUBARAK LLC PHONE: FAX:
Phone (281) 925-7621 Type: Parent Agency County FORT BEND License # 021139	Fax (713) 730-3632 Administrator FARIDA ABJANI Region 06 Date Licensed 10/18/2021 AKLAD HEALTHCARE LIMITED LIABILITY COMPANY	Services: Licensed Home Health Services; Personal Assistance Services Owner Information AKLAD HEALTHCARE LIMITED LIABILITY COMPANY
Lic Expire 10/18/2024 Medicare 1: Medicare 2: Phone (713) 885-1712 Type: Parent Agency	20746 BARRINGTON MEADOW TRACE RICHMOND, TX 77407 Fax Administrator KINGSLEY NJI	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020464 Lic Expire 1/14/2023 Medicare 1: Medicare 2: Phone (240) 423-0568 Type: Parent Agency	Region 06 Date Licensed 01/14/2021 AKOBEYANG LIFECARE, LLC 2331 SANDY SEA RD ROSENBERG, TEXAS 77469 Fax (346) 857-0467 Administrator JOAN NDUMBE	Owner Information AKOBEYANG LIFECARE, LLC 2331 SANDY SEA RD ROSENBERG, TX 77469 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 019513 Lic Expire 8/6/2021 Medicare 1: Medicare 2:	Region 06 Date Licensed 08/06/2019 ALAFIA COMPLETE HEALTHCARE SERVICES, LLC 12930 DAIRY ASHFORD RD, SUITE 403 SUGARLAND, TX 77478	Owner Information ALAFIA COMPLETE HEALTHCARE SERVICES, LLC PHONE: FAX:

County FORT BEND License # 015553 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (281) 342-1974 Type: Parent Agency County FORT BEND	Region 06 Date Licensed ALBRIGHT HOME HEALTH INC 6935 GETTYSBURG DR RICHMOND, TX 77469 Fax (281) 342-9912 Administrator BOLA ODUSOLA-STEPHEN Region 06 Date Licensed	05/21/2013	Owner Information ALBRIGHT HOME HEALTH, INC 6514 CANYON CHASE DRIVE RICHMOND, TX 77469 PHONE: Services: Licensed Home Health Services; Person Owner Information	FAX: al Assistance Services
License # 019397 Lic Expire 5/29/2023 Medicare 1: 748005	ALERIS HOME HEALTH INC 140 ELDRIDGE RD,SUITE H SUGAR LAND, TEXAS 77478	00/2010	ALERIS HOME HEALTH INC	
Medicare 2: Phone (832) 310-3317 Type: Parent Agency	Fax (281) 715-5011 Administrator JINCY JACOB		PHONE: Services: Licensed and Certified Home Health Ser Personal Assistance Services	FAX: vices; Licensed Home Health Services;
County FORT BEND License # 008799 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (832) 595-0189 Type: Parent Agency	Region 06 Date Licensed ALIEF HEALTH CARE INC 301 SOUTH 9TH STREET STE 101 RICHMOND, TX 77469 Fax (832) 595-0193 Administrator EMEKA NWOSU	12/10/2003	Owner Information ALIEF HEALTH CARE INC 25723 CANYON CROSSING DR RICHMOND, TX 77406 PHONE: Services: Personal Assistance Services	FAX:
County FORT BEND License # 010005 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (281) 565-3619 Type: Parent Appare	Region 06 Date Licensed ALL GIVING PROVIDER SERVICES INC 3727 GREENBRIAR DR #302 SUITE B STAFFORD, TX 77477 Fax (281) 325-0387 Administrator PAUL MENDOZA	09/30/2005	Owner Information ALL GIVING PROVIDER SERVICES INC 3727 GREENBRIAR DR #302 SUITE B STAFFORD, TX 77477 PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency County FORT BEND License # 017625 Lic Expire 3/31/2022 Medicare 1: 671757 HOSPICE Medicare 2: Phone (713) 280-7972 Type: Parent Agency	Region 06 Date Licensed ALLSTAR HOSPICE 13515 SOUTHWEST FREEWAY # 215 SUGAR LAND, TX 77478 Fax (800) 559-8401 Administrator STEPHANIE MORRIS	03/20/2016	Owner Information ALLSTAR HOSPICE, INC 2307 TEXANA WAY RICHMOND, TEXAS 77406 PHONE: Services: Hospice; Licensed Home Health Service In-Patient Hospice: NO	FAX: s
County FORT BEND License # 020560 Lic Expire 3/2/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed ALLWELL GROUP, INC 9111 ACORN HARVEST TRL RICHMOND, TEXAS 77407	03/02/2021	Owner Information ALLWELL GROUP, INC PHONE:	FAX:
Phone 832 6134485 Type: Parent Agency	Fax Administrator OGBONNA OKEZIE		Services: Licensed Home Health Services; Person	al Assistance Services
County FORT BEND License # 018830 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (281) 667-3636 Type: Parent Agency	Region 06 Date Licensed ALPHA LIVING SOLUTION 17715 SCARLETT FALL LANE RICHMOND, TX 77407 Fax (281) 624-4902 Administrator MFON ODIONG	07/13/2018	Owner Information ALPHA INDEPENDENT LIVING INC 17915 TIMERWALK LANE RICHMOND, TX 77407 PHONE: Services: Personal Assistance Services	FAX:

County FORT BEND License # 020043 Lic Expire 7/8/2022 Medicare 1: Medicare 2: Phone (773) 225-2519	Region 06 Date Licensed 07/08/2020 ALPHA ONE CARE LLC 20219 WEEPING PINE WAY RICHMOND, TX 774072033 Fax (713) 715-1471	Owner Information ALPHA ONE CARE LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ESTHER KUTON	
County FORT BEND License # 020695 Lic Expire 4/13/2024 Medicare 1:	Region 06 Date Licensed 04/13/2021 ALPHA RESOURCEFUL CARE LLC 16515 DAWNCREST WAY SUGAR LAND, TX 77498	Owner Information ALPHA RESOURCEFUL CARE LLC 14402 WEST BELFORT ST APT 1036 SUGAR LAND, TX 77498
Medicare 2:		PHONE: FAX:
Phone 346 779 2201	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator BASHIR OYENIRAN	
County FORT BEND License # 019778 Lic Expire 10/25/2023 Medicare 1: 67-9527 (HHA)	Region 06 Date Licensed 10/25/2019 ALTUS HOME HEALTH, LLC 16701 CREEK BEND DRIVE SUGAR LAND, TEXAS 77478	Owner Information ALTUS HOME HEALTH HOLDINGS, LLC
Medicare 2:		PHONE: FAX:
Phone (713) 474-5998	Fax (713) 583-8616	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator MIRACLAIRE FRANCO	
County FORT BEND License # 019770 Lic Expire 10/25/2021 Medicare 1: 671562 Medicare 2: Phone (281) 493-9744	Region 06 Date Licensed 03/09/2020 ALTUS HOSPICE 4660 SWEETWATER BOULEVARD SUGAR LAND, TX 77479 Fax (281) 493-9792	Owner Information ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200 CHARLOTTESVILLE, VA 22903 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JOANNA COUNTRYMAN	In-Patient Hospice: NO
County FORT BEND License # 019360 Lic Expire 5/3/2021 Medicare 1:	Region 06 Date Licensed 05/03/2019 ALWAYS HERE HOSPICE AND PALLIATIVE CARE LLC 9898 BISSONNET ST STE 670 HOUSTON, TEXAS 77036	Owner Information ALWAYS HERE HOSPICE AND PALLIATIVE CARE LLC
Medicare 2:	Fav	PHONE: FAX:
Phone (832) 350-2573 Type: Parent Agency	Fax Administrator JESTINA BANGURA	Services: Hospice In-Patient Hospice: NO
County FORT BEND License # 017130 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (832) 833-5180 Type: Parent Agency	Region 06 Date Licensed 11/17/2015 AMAZING ANGELS HOME CARE LLC 2914 AVE I ROSENBERG, TX 77471 Fax (832) 363-3296 Administrator VERONICA VINTON DUARTE	Owner Information AMAZING ANGELS HOME CARE LLC 2002 MARTIN LAKE CT RICHMOND, TEXAS 77406 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 014026 Lic Expire 4/30/2024 Medicare 1:	Region 06 Date Licensed 04/08/2011 AMAZING CAREGIVERS HOME HEALTH INC 19830 FM 1093, SUITE 201 RICHMOND, TEXAS 77407	Owner Information AMAZING CAREGIVERS HOME HEALTH INC 19830 FM 1093 SUITE 201 RICHMOND, TEXAS 77407
Medicare 2: Phone (832) 703-5770	Fax (832) 437-1299	PHONE: FAX:
Type: Parent Agency	Administrator CLARA IRIELE	Services: Licensed Home Health Services; Personal Assistance Services

County FORT BEND License # 019138 Lic Expire 12/7/2022 Medicare 1: Medicare 2: Phone 8324069971 281666406 Type: Parent Agency	Region 06 Date Licensed AMERICAN BEST ASSISTED LIVING LLC 710 CRESTWOOD LANE MISSOURI CITY, TEXAS 77489 Fax (281) 666-4064 Administrator SANTARA LALEYE	04/10/2019	Owner Information AMERICAN BEST ASSISTED LIVING LLC 13250 WESTHEIMER RD 117 HOUSTON, TEXAS 77077 PHONE: Services: Personal Assistance Services	FAX:
County FORT BEND License # 019680 Lic Expire 11/5/2021 Medicare 1:	Region 06 Date Licensed AMERICAN HOLISTIC HEALTHCARE INC 17402 HEATH GROVE LANE RICHMOND, TEXAS 774078025	11/05/2019	Owner Information AMERICAN HOLISTIC HEALTHCARE, INC	
Medicare 2: Phone (832) 455-2203	Fax		PHONE: Services: Licensed Home Health Services; Pers	FAX: onal Assistance Services
County FORT BEND License # 018719 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (7/3) 816 6000	Administrator ELIZABETH OGUNBAYO Region 06 Date Licensed AMERICAN PRIMARY HOME CARE LLC 2507 HODGES BEND CIR SUGAR LAND, TX 77479	04/20/2018	Owner Information AMERICAN PRIMARY HOME CARE LLC 2507 HODGES BEND CIR SUGAR LAND, TX 77479 PHONE:	FAX:
Phone (713) 816-6000 Type: Parent Agency	Fax (409) 908-3692 Administrator JASIM HASHMANY		Services: Personal Assistance Services	
County FORT BEND License # 009221 Lic Expire 7/31/2022 Medicare 1: 673191 HHA-18 Medicare 2: Phone (281) 238-6045	Region 06 Date Licensed AMEURO HOME HEALTH INC 301 SOUTH 9TH STREET SUITE 210 RICHMOND, TX 77469 Fax (281) 238-6046	07/29/2004	Owner Information AMEURO HOME HEALTH INC SAME AS ABOVE RICHMOND, TX 77469 PHONE:	FAX:
Type: Parent Agency	Administrator ERNEST ONWUHARONYE		Services: Licensed and Certified Home Health S Personal Assistance Services	ervices; Licensed Home Health Services;
County FORT BEND License # 017792 Lic Expire 12/31/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed AMGREF HEALTH SYSTEMS CORPORATION 4418 BLUEBONNET DR. SUITE 302 STAFFORD, TX 77477	12/16/2016	Owner Information AMGREF HEALTH SYSTEMS CORPORATION 307 WEST MILAM ST SUITE 201 WHARTON, TX 77488 PHONE:	I FAX:
Phone (346) 754-2142 Type: Parent Agency	Fax (281) 944-5682 Administrator NOMSO EGWIM		Services: Licensed Home Health Services; Pers	
County FORT BEND License # 020966 Lic Expire 8/5/2024 Medicare 1:	Region 06 Date Licensed AMIABLE HOME HEALTH SERVICES LLC 3406 WILLOW FIN WAY RICHMOND, TEXAS 77406	08/05/2021	Owner Information AMIABLE HOME HEALTH SERVICES LLC	
Medicare 2: Phone (346) 714-7595	Fax		PHONE:	FAX:
Type: Parent Agency	Administrator JUSTINA EBERE		Services: Personal Assistance Services	
County FORT BEND License # 021167 Lic Expire 10/27/2024 Medicare 1:	Region 06 Date Licensed AMV PROVIDER SERVICES INC 16342 BETTONG CT SUGAR LAND, TX 77498	10/27/2021	Owner Information AMV PROVIDER SERVICES INC	
Medicare 2: Phone (832) 287-6110	Fax (832) 356-4945		PHONE:	FAX:
(502) 201 0110	(002) 000 7070		Services: Personal Assistance Services	

County FORT BEND License # 014830 Lic Expire 3/31/2022 Medicare 1: 747067 HHA-18 Medicare 2: Phone (281) 969-7043 Type: Parent Agency County FORT BEND	Region 06 Date Licensed 03/28/2012 ANGEL HOME HEALTH CARE LLC 4227 SHADY VILLAGE CT MISSOURI CITY, TX 77459 Fax (281) 969-7045 Administrator BEATREES PATHIYIL Region 06 Date Licensed 09/10/2019	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
License # 019587 Lic Expire 9/10/2021 Medicare 1:	ANGELIC HEALTHCARE SERVICES INC 2818 DOVE COUNTRY DR STAFFORD, TEXAS 774776002	ANGELIC HEALTHCARE SERVICES INC
Medicare 1:	STALLOND, ILAAS 114110002	PHONE: FAX:
Phone (281) 223-2774 Type: Parent Agency	Fax (281) 499-6395 Administrator VICTORIA EZEANI	Services: Personal Assistance Services
County FORT BEND License # 020375 Lic Expire 12/4/2022 Medicare 1: Medicare 2: Phone (281) 975-2543	Region 06 Date Licensed 12/04/2020 ANGELS CARE 2440 TEXAS PKWY, SUITE 218 MISSOURI CITY, TEXAS 77489 Fax (281) 975-2544	Owner Information ACHS HEALTHCARE SERVICES INCORPORAATED 20731 BARRINGTON MEADOW TRACE RICHMOND, TEXAS 77407 PHONE: FAX:
Type: Parent Agency	Administrator ODINAKACHUKWU CYNTHIA AGU	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 010997 Lic Expire 1/31/2022 Medicare 1: 743123 HHA-18 Medicare 2: Phone (713) 242-1960	Region 06 Date Licensed 01/18/2007 ANIS HEALTHCARE SERVICES INC 13307 SUN CANYON CT SUGARLAND, TX 77498 Fax (281) 313-3126	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;
Type: Parent Agency	Administrator STELLA ANUSI	Personal Assistance Services
County FORT BEND License # 020690 Lic Expire 4/12/2023 Medicare 1:	Region 06 Date Licensed 04/12/2021 APTIVA CARE INC 12808 W AIRPORT BLVD STE 293 SUGAR LAND, TEXAS 77478	Owner Information APTIVA CARE INC
Medicare 2:	5 (740) 745 4474	PHONE: FAX:
Phone (913) 999-6982 Type: Parent Agency	Fax (713) 715-1471 Administrator BLESSING GABRIEL	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 019860 Lic Expire 4/3/2022 Medicare 1:	Region 06 Date Licensed 04/03/2020 ARIA HEALTHCARE CORPORATION 3216 HUTCHINS ST HOUSTON, TEXAS 77004	Owner Information ARIA HEALTHCARE CORPORATION
Medicare 2:		PHONE: FAX:
Phone (281) 902-2259	Fax	Services: Licensed Home Health Services
Type: Parent Agency County FORT BEND License # 021372 Lic Expire 2/7/2025 Medicare 1:	Administrator PRINCESS EGWIM Region 06 Date Licensed ARUN CARE LLC 8114 COLONY CHASE CT RICHMOND, TX 774073056	Owner Information ARUN CARE LLC
Medicare 1:		PHONE: FAX:
Phone (281) 909-0053 Type: Parent Agency	Fax (281) 346-9947 Administrator AJIJOLA ERIMONA BAH	Services: Personal Assistance Services

County FORT BEND License # 016522 Lic Expire 11/30/2022 Medicare 1: 741633 HOSPICE Medicare 2: Phone (832) 532-7953	Region 06 Date Licensed 11/13/2014 ASERENE HEALTHCARE SERVICES LLC 10701 CORPORATE DR SUITE 391 STAFFORD, TX 77477 Fax (281) 494-5143	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
Type: Parent Agency	Administrator SHENICE FERGUSON	In-Patient Hospice: NO
County FORT BEND License # 007654 Lic Expire 6/30/2024 Medicare 1: 679073 HHA-18 Medicare 2:	Region 06 Date Licensed 06/27/2001 ASSURED CARE HEALTH SERVICES LLC 101 SOUTHWESTERN BOULEVARD SUITE #209 SUGAR LAND, TX 77478	Owner Information ASSURED CARE HEALTH SERVICES, LLC 8300 BISSONNET #470 HOUSTON, TX 77074 PHONE: FAX:
Phone (281) 277-5700 Type: Parent Agency	Fax (281) 277-5707 Administrator YAISETH TRAPP	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County FORT BEND License # 019671 Lic Expire 10/29/2023 Medicare 1:	Region 06 Date Licensed 10/29/2019 AT EASE PERSONAL HOME CARE AND ERRAND SERVICE LLC 1031 N. MAGNOLIA DALE DR. FRESNO, TEXAS 77545	Owner Information AT EASE PERSONAL HOME CARE AND ERRAND SERVICE LLC
Medicare 2:		PHONE: FAX:
Phone (832) 699-0363 Type: Parent Agency	Fax Administrator TYRONE EAGLIN	Services: Personal Assistance Services
County FORT BEND License # 020051 Lic Expire 7/14/2022 Medicare 1: 971653	Region 06 Date Licensed 07/14/2020 AT HOME HOSPICE AND PALLIATIVE CARE LLC 10701 CORPORATE DR STE 293 STAFFORD, TEXAS 77477	Owner Information AT HOME HOSPICE AND PALLIATIVE CARE LLC
Medicare 2:		PHONE: FAX:
Phone (832) 939-8048	Fax (832) 939-8048	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator KIRBY SANDERS	and distributions. No
County FORT BEND License # 017974 Lic Expire 3/31/2024 Medicare 1: 741698 HOSPICE	Region 06 Date Licensed 03/29/2017 AUTUMNCARE HOSPICE 10701 CORPORATE DR, SUITE 340-105 STAFFORD, TEXAS 77477	Owner Information AUTUMNCARE HEALTH SERVICES, LLC 10701 CORPORATE DR, SUITE 340-105 STAFFORD, TEXAS 77477
Medicare 2: Phone (281) 494-0228	Fax (281) 709-6221	PHONE: FAX:
Type: Parent Agency	Administrator OFFIONG GLOVER	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County FORT BEND License # 020274 Lic Expire 10/28/2022 Medicare 1: Medicare 2: Phone (832) 353-3835 Type: Parent Agency	Region 06 Date Licensed 10/28/2020 AUXILIUM HOME CARE LLC 12808 W. AIRPORT BLVD SUITE 325M SUGAR LAND, TEXAS 77478 Fax (832) 353-3845 Administrator ADENIKE BANTALE	Owner Information AUXILIUM HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 020131 Lic Expire 8/31/2022 Medicare 1:	Region 06 Date Licensed 08/31/2020 AVALON PEDIATRIC HOME HEALTH INC 14910 MILL BRANCH LANE SUGAR LAND, TX 77498	Owner Information AVALON PEDIATRIC HOME HEALTH INC
Medicare 2:	Fav	PHONE: FAX:
Phone (713) 367-7275 Type: Parent Agency	Fax Administrator TINA IWEGBU	Services: Licensed Home Health Services; Personal Assistance Services

County FORT BEND License # 020123 Lic Expire 8/26/2022	Region 06 Date Licensed 08/26/2020 AVEEANA HEALTHCARE CORPORATION 13827 ABBEY LN	Owner Information AVEEANA HEALTHCARE CORPORATION
Medicare 1:	SUGAR LAND, TX 774986301	DUONE. FAV.
Medicare 2: Phone (281) 902-2259	Fax	PHONE: FAX:
Type: Parent Agency	Administrator PRINCESS EGWIM	Services: Licensed Home Health Services
······································	Region 06 Date Licensed 01/29/2019	Owner Information
County FORT BEND License # 019232	Region 06 Date Licensed 01/29/2019 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	DUONE: FAV.
Medicare 2: Phone (844) 424-2843	Fax (844) 434-2843	PHONE: FAX:
(0.17) = 1 = 0.0	(()	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:	F (004) F04 7000	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 AWESOME HEALTH INC
License # 019785	AWESOME HEALTH INC	AVECOME HEALTHING
Lic Expire 1/15/2022 Medicare 1:	618 WHEELHOUSE DR STAFFORD, TEXAS 774775828	
Medicare 2:	STATI OND, 12AAS 114113020	PHONE: FAX:
Phone (832) 249-0424	Fax (806) 329-2188	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PRECIOUS ULUOCHA	del vices. Licensed Home Health del vices, Hersonial Assistance del vices
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:	Fav. (094) 405 4940	PHONE: (281) 495-4845 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 (713) 272-9355	Fax (713) 272-9356	PHONE: FAX:
Type: Parent Agency	Administrator ANTHONY OBEAHON	Services: Personal Assistance Services
- , po. Taront rigoroy		

County FORT BEND License # 017611 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (832) 462-0250 Type: Parent Agency	Region 06 Date Licensed 09/01. BAYSHINE HEALTHCARE SERVICES INC 9015 PEACH STONE CT RICHMOND, TX 77407 Fax (832) 538-0971 Administrator YEMISI ABOLARINDE	BAYSHINE HEALTHCARE SERVICES INC 9015 PEACH STONE CT RICHMOND, TX 77407 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 009564 Lic Expire 12/31/2022 Medicare 1: 457950 HHA-18 Medicare 2: Phone (713) 592-6428	Region 06 Date Licensed 12/31, BEACON HOME HEALTH AGENCY LLC 13004 MURPHY RD #206 STAFFORD, TX 77477 Fax (713) 592-6467	Description BEACON HOME HEALTH AGENCY LLC 13004 MURPHY RD #200 STAFFORD, TX 77477 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 015069 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (281) 201-8757 Type: Parent Agency	Administrator LORA MAYES Region 06 Date Licensed 07/17, BEATIFIC KIDS CARE 12808 W AIRPORT BLVD SUITE 319 SUGAR LAND, TX 77478 Fax (281) 201-8731 Administrator DOROTHY ADUMANU	Dear Information BEATIFIC HEALTHCARE INC 3110 DOGWOOD KNOLL TRAIL ROSENBERG, TX 77471 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 021181 Lic Expire 11/3/2024 Medicare 1: Medicare 2: Phone (832) 532-7531	Region 06 Date Licensed 11/03. BEC HEALTHCARE SERVICES, INC 17118 SUMMER HOLLOW DRIVE SUGARLAND, TEXAS 77498 Fax (346) 368-2965 Administrator CHUNNY DEMESI-LEWIS	Dwner Information BEC HEALTHCARE SERVICES, INC 17118 SUMMER HOLLOW DRIVE SUGARLAND, TEXAS 77498 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County FORT BEND License # 021352 Lic Expire 1/24/2025 Medicare 1: Medicare 2: Phone (832) 790-1126 Type: Parent Agency	Administrator CHUNNY DEMESI-LEWIS Region 06 Date Licensed BELOVED PALLIATIVE HOSPICE CARE LLC 11336 MEMSIE COURT RICHMOND, TEXAS 77407 Fax Administrator STANLEY MBAH	Owner Information BELOVED PALLIATIVE HOSPICE CARE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County FORT BEND License # 012555 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (713) 988-2942 Type: Parent Agency	Region 06 Date Licensed 03/13. BENEFICIENT HEALTHCARE 202 INDUSTRIAL BLVD SUITE 204 SUGARLAND, TX 77478 Fax (713) 988-2943 Administrator SHERRY TADESE	Owner Information BENEFICIENT INC 202 INDUSTRIAL BLVD SUITE 204 SUGARLAND, TX 77478 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 008593 Lic Expire 8/31/2022 Medicare 1: 453101 HHA-18 Medicare 2: Phone (281) 530-4333	Region 06 Date Licensed 08/13. BESTIN MEDICAL GROUP INC 7214 SPRING SPRING RUN LANE KATY, TX 77494 Fax 281 946 8760	Description BESTIN MEDICAL GROUP INC 5884 POINT WEST DRIVE SUITE 241 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency

Administrator

CLEMENTINA BESTMANN JACKSON

County FORT BEND	Region 06 Date Licensed 10/23/2017	Owner Information
License # 018422	BETHEL AMERICA HEALTH CARE LLC	BETHEL AMERICA HEALTH CARE LLC
Lic Expire 10/31/2023		11104 WEST AIRPORT BLVD., SUITE 107
•	11104 W AIRPORT BLVD #107	STAFFORD, TEXAS 77477
Medicare 1: 747530 HHA-18 Medicare 2:	STAFFORD, TX 77477	PHONE: FAX:
Phone (832) 770-9125	Fax (832) 770-9253	PRONE. PAX.
		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator YAMILET FERNANDEZ	
County FORT BEND	Region 06 Date Licensed 05/13/2011	Owner Information
License # 014094	BETHINA HOME HEALTHCARE	BETHINA HEALTHCARE LLC
Lic Expire 5/31/2024	2440 TEXAS PKWY, SUITE 213B	2305 N STREET SUITE 103
Medicare 1:	MISSOURI CITY, TX 77489	BEAUMONT, TX 77702
Medicare 2:		PHONE: (281) 499-5949 FAX:
Phone (832) 884-6186	Fax (281) 499-8343	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator AINA ELIZABETH OBILANA	SST 1000. Elos 1000 Fiornio Fiornio Controlog Fiornio April 1000 Controlog
County FORT BEND License # 020700 Lic Expire 4/14/2024	Region 06 Date Licensed 04/14/2021 BEYOND HOSPICE & PALLIATIVE CARE, LLC 4002 HIGHLAND VALE COURT	Owner Information BEYOND HOSPICE & PALLIATIVE CARE, LLC
Medicare 1:	FRESNO, TEXAS 77545	
Medicare 2:		PHONE: FAX:
Phone (281) 972-9171	Fax (281) 972-9171	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator CARMEN KEYS	
County FORT BEND	Region 06 Date Licensed 08/14/2021	Owner Information
License # 020981	BEYOND PALLIATIVE & HOSPICE CARE, LLC	BEYOND PALLIATIVE & HOSPICE CARE, LLC
Lic Expire 8/14/2023	4002 HIGHLAND VALE COURT	
Medicare 1:	FRESNO, TX 77545	
Medicare 2:		PHONE: FAX:
Phone (281) 972-9171	Fax (281) 972-9171	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator WILMA POOLE	
County FORT BEND	Region 06 Date Licensed 10/01/2006	Owner Information
License # 011085	BIO HOME HEALTH SERVICES INC	BIO HOME HEALTH SERVICES INC
Lic Expire 9/30/2024	830 JULIE RIVERS DR STE 601	11104 W AIRPORT STE 225
Medicare 1: 677866 HHA-18	SUGAR LAND, TX 77478	STAFFORD, TX 77477
Medicare 2:	ood we well and the second	PHONE: FAX:
Phone (281) 980-2262	Fax (281) 980-2276	
Type: Parent Agency	Administrator CARLITO BUHAY	Services: Licensed and Certified Home Health Services
- raieill Agency	Administrator CANLITO BOTIAT	
County FORT BEND	Region 06 Date Licensed 12/05/2019	Owner Information
License # 019734	BLESSED HANDS HOME HEALTH PROFESSIONALS	BLESSED HANDS HOME HEALTH PROFESSIONALS
Lic Expire 12/5/2021	6119 MAPLETON MEADOW LN	
Medicare 1:	RICHMOND, TEXAS 77407	
Medicare 2:		PHONE: FAX:
Phone (641) 781-9498	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator UKERIA NDANDO	
County FORT BEND	Region 06 Date Licensed 08/04/2020	Owner Information
License # 020091	BLESSED HANDS HOSPICE & PALLIATIVE CARE, INC	BLESSED HANDS HOSPICE & PALLIATIVE CARE SERVICES, INC
Lic Expire 8/4/2022	7906 GRACE CT	
Medicare 1: 971697	ROSENBURG, TX 77469	
Medicare 2:		PHONE: FAX:
Phone (832) 848-2310	Fax (832) 862-5035	
, , , , , , , , , , , , , , , , , , , ,	. ,	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator EMILIA NDOA	
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County FORT BEND License # 021264 Lic Expire 12/8/2024 Medicare 1: Medicare 2: Phone (713) 517-7276 Type: Parent Agency	Region 06 Date Licensed BLESSED HEARTS SENIOR CARE, LLC 6722 SHELBY OAKS DR RICHMOND, TEXAS 774078579 Fax Administrator JESSICA GARCIA	12/08/2021	Owner Information BLESSED HEARTS SENIOR CARE, LLC PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 016838 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (281) 969-8216 Type: Parent Agency County FORT BEND License # 020481 Lic Expire 1/21/2023	Region 06 Date Licensed BLISSFUL HEALTHCARE SERVICES INC 2839 NORTH MAIN STREET SUITE #214 STAFFORD, TX 77477 Fax (844) 230-6212 Administrator CHINYERE NWAOBIA Region 06 Date Licensed BOD HEALTH CARE SERVICE, LLC 7126 ROUNDROCK PARK LANE	06/04/2015	Owner Information BLISSFUL HEALTHCARE SERVICES INC 2839 NORTH MAIN STREET, SUITE #214 STAFFORD, TX 77477 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information BOD HEALTH CARE SERVICE LLC 7126 ROUNDROCK PARK LANE RICHMOND, TEXAS 77407
Medicare 1: Medicare 2: Phone (832) 253-1105 Type: Parent Agency	RICHMOND, TEXAS 77407 Fax (832) 253-1106 Administrator SEGUN ILORI		PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 016676 Lic Expire 7/30/2021 Medicare 1: Medicare 2: Phone (832) 999-4899 Type: Parent Agency	Region 06 Date Licensed BONJOUR HEALTH CARE LLC 14311 TEMPLAR LANE SUGAR LAND, TX 77498 Fax (281) 201-8368 Administrator MINH NGUYEN	03/10/2015	Owner Information BONJOUR HEALTH CARE LLC 14311 TEMPLAR LN SUGAR LAND, TEXAS 77498 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 021165 Lic Expire 10/27/2024 Medicare 1:	Region 06 Date Licensed BRIGHTSTAR CARE OF MISSOURI CITY 7070 KNIGHTS CT UNIT 101 MISSOURI CITY, TX 77459	10/27/2021	Owner Information NEIGHBORS COMPLETE CARE LLC
Medicare 2: Phone (412) 552-8236 Type: Parent Agency	Fax Administrator DWAN DENK		PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 015087 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (281) 201-3700 Type: Parent Agency	Region 06 Date Licensed BRIGHTSTAR OF SUGAR LAND 101 SOUTHWESTERN BLVD SUITE 250 SUGAR LAND, TX 77478 Fax (281) 201-3701 Administrator SCOTT YOKLEY	09/03/2012	Owner Information SSBL, LLC 1603 WOOD SONG DRIVE SUGAR LAND, TX 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 012876 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (281) 903-2000 Type: Branch Agency	Region 06 Date Licensed BROOKDALE AT HOME HOUSTON 16900 LEXINGTON BOULEVARD SUGAR LAND, TX 77479 Fax (281) 903-2002 Administrator TRISHA ALEXANDER	04/04/2012	Owner Information BKD PERSONAL ASSISTANCE SERVICES LLC 111 WESTWOOD PLACE, SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Personal Assistance Services

County FORT BEND License # 015163 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (713) 386-6336	Region 06 Date Licensed BROOKDALE HOSPICE HOUSTON 5751 BLYTHEWOOD STREET, SUITE 700 HOUSTON, TX 77021 Fax (281) 501-9193	Owner Information BROOKDALE HOSPICE, LLC 111 WESTWOOD PLACE, SUITE #400 BRENTWOOD, TN 37027 PHONE: FAX:
. ,	. ,	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site County FORT BEND License # 020729 Lic Expire 5/3/2024 Medicare 1:	Administrator LARISSA BALDWIN Region 06 Date Licensed 05/03/2021 BURLEY'S HOME HEALTHCARE 2835 GARDEN RIVER LN RICHMOND, TX. 77406	Owner Information BURLEY'S HOME HEALTHCARE LLC
Medicare 2:		PHONE: FAX:
Phone (281) 762-0970 Type: Parent Agency	Fax Administrator TERRIE BURLEY	Services: Personal Assistance Services
County FORT BEND License # 009423 Lic Expire 11/30/2021 Medicare 1: 457953 Medicare 2: Phone 832 6617694 Type: Parent Agency	Region 06 Date Licensed 11/23/2004 C & L HOME HEALTHCARE AGENCY 8506 ATWOOD BEND TRAIL RICHMOND, TEXAS 77407 Fax (844) 275-1844 Administrator MARIA ELECHI	Owner Information C & L HEALTHCARE MANAGEMENT AND SERVICE INC 8914 PECAN PLACE DR HOUSTON, TX 77071 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 009030 Lic Expire 4/30/2023 Medicare 1: 673198 HHA-18 Medicare 2: Phone (832) 944-6790	Region 06 Date Licensed 04/14/2004 C N G HOME HEALTH INC 18211 PALISADE ROCK COURT RICHMOND, TX 77407 Fax (713) 866-4880	Owner Information C N G HOME HEALTH INC 18211 PALISADE ROCK COURT RICHMOND, TEXAS 77407 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OBIAGELI OLOFINMOYIN	reisorial Assistance Services
County FORT BEND License # 020112 Lic Expire 8/18/2022 Medicare 1:	Region 06 Date Licensed 08/18/2020 CAL STAFFING LLC 2923 HAVENWOOD CT RICHMOND, TEXAS 77406	Owner Information CAL STAFFING LLC
Medicare 2:		PHONE: FAX:
Phone (281) 832-6142 Type: Parent Agency	Fax (832) 222-2700 Administrator SEDRICK BUNTON	Services: Licensed Home Health Services
County FORT BEND License # 012069 Lic Expire 1/31/2022 Medicare 1: 679499 HHA-18 Medicare 2: Phone (713) 272-0900	Region 06 Date Licensed 01/11/2008 CARE AND COMFORT HOME HEALTH 114 BRAZOS GARDENS DRIVE RICHMOND, TEXAS 77469 Fax (713) 272-0909	Owner Information SWIFT HEALTH CARE INC 10333 HARWIN DRIVE SUITE 618 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator JOSHUA GEORGE	Personal Assistance Services
County FORT BEND License # 015285 Lic Expire 12/31/2022 Medicare 1:	Region 06 Date Licensed 12/31/2012 CARE AND COMFORT HOME HEALTH CARE SERVICES INC 12808 WEST AIRPORT BLVD STE. 342 SUGAR LAND, TX 77478	Owner Information CARE AND COMFORT HOME HEALTH CARE SERVICES INC 12808 WEST AIRPORT BLVD., SUITE #346 SUGAR LAND, TX 77478
Medicare 2: Phone (281) 201-8399 Type: Parent Agency	Fax (281) 302-5249 Administrator AMIN ALWANI	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County FORT BEND License # 018816 Lic Expire 7/31/2022	Region 06 Date Licensed 07/03/2018 CARE AND LAUGHTER ASSISTED LIVING AND PROVIDER SERVICES INC 2839 NORTH MAIN ST SUITE 105	Owner Information CARE AND LAUGHTER ASSISTED LIVING AND PROVIDER SERVICES, INC 9706 QUEENSBRIDGE DRIVE SUGAR LAND, TX 77498
Medicare 1:	STAFFORD, TEXAS 77477	
Medicare 2: Phone (832) 539-1237	Fax (281) 696-7841	PHONE: FAX:
Type: Parent Agency	Administrator CONSUELA HARRISON-RILEY	Services: Licensed Home Health Services; Personal Assistance Services
		Owner Information
County FORT BEND License # 012373 Lic Expire 12/31/2020	Region 06 Date Licensed 12/31/2008 CARE DYNAMICS 2918 SUMMIT ROCK WAY	COLLETTE T EMENOGU 2918 SUMMIT ROCK WAY
Medicare 1:	MISSOURI CITY, TX 77459	MISSOURI CITY, TX 77459
Medicare 2:	Fox (922) 440 7291	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	CARE HEALTH SERVICES INC
Lic Expire 6/30/2024	1129 BIRCH RISE ROAD	16710 CHESHIRE PLACE DR HOUSTON, TX 77083-5210
Medicare 1: 747962 HHA-18 Medicare 2:	RICHMOND, TX 77406	PHONE: FAX:
Phone (713) 420-9539	Fax (832) 363-3038	
Type: Parent Agency	Administrator CHINYERE UGORJI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
-		Owner Information
County FORT BEND	Region 06 Date Licensed 01/07/2021	BRAZOS MANAGEMENT GROUP LLC
License # 020439 Lic Expire 1/7/2023	CAREBUILDERS AT HOME OF KATY	510 200 11/1 11/02/11/21 01/00/12/20
Lic Expire 1/7/2023 Medicare 1:	4507 KELLIWOOD PARK COURT KATY, TEXAS 77450	
Medicare 2:	10111, 12310 1140	PHONE: FAX:
Phone (832) 219-1238	Fax (832) 345-1444	Services: Personal Assistance Services
Type: Parent Agency	Administrator ALANA SABOOR	delvices. I disorial assistance delvices
County FORT BEND	Region 06 Date Licensed 08/05/2020	Owner Information
License # 020095	CARING ANGELS HOME HEALTH	CARE ALLEGIANCE LLC
Lic Expire 8/5/2022	8627 CRESCENT SPUR DR.	
Medicare 1:	RICHMOND, TX 77406	
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 License # 020282	Region 06 Date Licensed 11/02/2020 CARING HANDS HOME HEALTHCARE	Owner Information CARING HANDS HOME HEALTHCARE
Lic Expire 11/2/2022	5759 WANDERING CREEK	
Medicare 1: Medicare 2:	RICHMOND, TEXAS 77469	PHONE: FAX:
Phone (832) 600-8749	Fax	
Type: Parent Agency	Administrator MERICA AIKENS-TOMLINSON	Services: Personal Assistance Services
County FORT BEND	Region 06 Date Licensed 01/18/2019	Owner Information
License # 019635	CARING HEARTS HEALTHCARE LIMITED LIABILITY COMPANY	CARING HEARTS HEALTHCARE LIMITED LIABILITY COMPANY
Lic Expire 10/7/2021	7363 EDEN CROSSING LANE	
Medicare 1:	RICHMOND, TX 77407	
Medicare 2:		PHONE: FAX:
Phone (832) 287-4097	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator TOYIN OJO	

County FORT BEND License # 018731 Lic Expire 4/30/2022 Medicare 1: 97-1514 (HOSPICE Medicare 2: Phone (713) 529-1402	Region 06 Date Licensed 05/01/2018 CARING HOSPICE II LLC 2440 TEXAS PARKWAY STE 370 I MISSOURI CITY, TEXAS 77489 Fax (713) 529-1404	Owner Information CARING HOSPICE II, LLC 315 W ALABAMA ST HOUSTON, TEXAS 77006 PHONE: FAX:
Type: Parent Agency	Administrator KENYATTA HOLMES	Services: Hospice In-Patient Hospice: NO
County FORT BEND License # 008719 Lic Expire 10/31/2023 Medicare 1: 453164 HHA-18 Medicare 2:	Region 06 Date Licensed 10/28/2003 CARING PROFESSIONAL HOME HEALTH SERVICES INC 12783 CAPRICORN DRIVE SUITE #600 STAFFORD, TX 774773978	Owner Information CARING PROFESSIONAL HOME HEALTH SERVICES INC 12783 CAPRICORN DR STE 600 STAFFORD, TEXAS PHONE: FAX:
Phone 281 2651633 Type: Parent Agency	Fax 281 2651634 Administrator CHRISTINA ARCA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 018172 Lic Expire 5/31/2021 Medicare 1: Medicare 2: Phone (979) 531-3165	Region 06 Date Licensed 05/08/2017 CARISSA HEALTH CARE SERVICES INC 10701 CORPORATE DRIVE, SUITE 340-113 STAFFORD, TEXAS 77477 Fax (979) 531-3166	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
Type: Parent Agency County FORT BEND License # 017870 Lic Expire 1/31/2023 Medicare 1: 747986 Medicare 2:	Administrator PATRICIA DEGORL Region 06 Date Licensed 01/24/2017 CARTWRIGHT HOME HEALTH LLC 7218 COLONY BEND LN MISSOURI CITY, TX 77459	Owner Information CARTWRIGHT HOME HEALTH, LLC 445 FM 1092, SUITE #101-G STAFFORD, TX 77477 PHONE: FAX:
Phone (281) 969-8491 Type: Parent Agency	Fax (832) 539-1541 Administrator ABEY ABRAHAM	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 011142 Lic Expire 11/30/2022 Medicare 1: 747147 HHA-18 Medicare 2:	Region 06 Date Licensed 11/08/2006 CCC HEALTH CARE INC 12808 W AIRPORT BLVD #306 SUGAR LAND, TX 77478	Owner Information CCC HEALTH CARE INC 4115 AMBER TRACE CT SUGAR LAND, TX 77479 PHONE: FAX:
Phone (281) 650-7014 Type: Parent Agency	Fax (832) 532-7759 Administrator AUGUSTINA NWAOGU	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020392 Lic Expire 12/9/2022 Medicare 1:	Region 06 Date Licensed 12/09/2020 CEDAR CARE LLC 10906 GIFFNOCK DR RICHMOND, TEXAS 77407	Owner Information CEDAR CARE LLC
Medicare 2: Phone (832) 762-5833 Type: Parent Agency	Fax Administrator IMA OGOLO	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 019833 Lic Expire 2/13/2022	Region 06 Date Licensed 02/13/2020 CEDAR HOSPICE, INC 12808 W AIRPORT BLVD, SUITE 312 SUGAR LAND TEXAS 77478	Owner Information CEDAR HOSPICE, INC
Medicare 1: 971600 Hospice Medicare 2: Phone (346) 874-7964	SUGAR LAND, TEXAS 77478 Fax (713) 955-9671	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator LEO AKO-MBO	пт такен стоэрке. ПО

County FORT BEND License # 020953 Lic Expire 8/3/2023 Medicare 1: Medicare 2: Phone (281) 310-7169 Type: Parent Agency	Region 06 Date Licensed CEDARS HOME HEALTH SERVICES 12808 W. AIRPORT BLVD STE 312 SUGARLAND, TEXAS 77478 Fax Administrator PATRICIA NDUBISI	08/03/2021	Owner Information HEALTHGENIX INC P O BOX 113 SUGAR LAND, TX PHONE: FAX: Services: Licensed Home Health Services with Dialysis; Personal Assistance Services
County FORT BEND License # 020366 Lic Expire 12/3/2022 Medicare 1: Medicare 2: Phone (281) 241-9691 Type: Parent Agency	Region 06 Date Licensed CENTREPOINTE 8142 ANDERWOOD KNOLL TRACE RICHMOND, TX 77407 Fax (281) 710-0907 Administrator KRISTEN WILLIAMS	12/03/2020	Owner Information ODIN STREET PARKS GROUP LLC PO BOX 870147 NEW ORLEANS, LA 70187 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 019872 Lic Expire 3/17/2021 Medicare 1: Medicare 2: Phone 281 760 8414 Type: Parent Agency	Region 06 Date Licensed CHARSONY MEDICAL SERVICES 1019 LARKFIELD DRIVE ROSENBERG, TEXAS 77469 Fax 832 847 4220 Administrator UGONMA EGEGE	03/17/2019	Owner Information CHARSONY MEDICAL SERVICES, INC PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County FORT BEND License # 018257 Lic Expire 6/30/2021 Medicare 1: 671763 HOSPICE Medicare 2: Phone (832) 532-7538	Region 06 Date Licensed CHARTER HOSPICE OF HOUSTON, LLC 11420 DAIRY ASHFORD RD SUITE #108 SUGAR LAND, TX 77478 Fax (832) 532-7540	06/09/2017	Owner Information THE PROVIDENCE HOSPICE INC 11420 DAIRY ASHFORD RD, SUITE 108 SUGAR LAND, TEXAS 77478 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County FORT BEND License # 011239 Lic Expire 8/1/2022 Medicare 1: 747180 Medicare 2: Phone (832) 539-1684 Type: Parent Agency	Administrator TERRI DAVIS Region 06 Date Licensed CHASE HEALTHCARE SERVICE INC 12834 FRANCES LANE STAFFORD, TX 77477 Fax (832) 539-4199 Administrator CHRISTOPHER NWOSU	04/06/2007	Owner Information CHASE HEALTHCARE SERVICE INC 12834 FRANCES LANE STAFFORD, TX 77477 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 019567 Lic Expire 8/30/2021 Medicare 1: Medicare 2: Phone (832) 490-8488 Type: Parent Agency	Region 06 Date Licensed CHAYAH PEDIATRIC THERAPY 9314 LIMESTONE RANCH LANE RICHMOND, TEXAS 77407 Fax (713) 456-2041 Administrator EVBAZIENGBERE OSAZUW	08/30/2019 A	Owner Information CHAYAH THERAPY INC 17117 WESTHEIMER ROAD HOUSTON, TX 77082 PHONE: FAX: Services: Licensed Home Health Services
County FORT BEND License # 017743 Lic Expire 10/31/2022 Medicare 1: 679669 Medicare 2: Phone 346 309 4058, 2815653 Type: Parent Agency	Region 06 Date Licensed CHELIV COMPASIONATE CARE PLUS INC 16427 HIDDEN GATE COURT DR SUIT A SUGAR LAND, TX 77498 Fax 346 309 4053, 2812770668 Administrator CHARLES OBIOMA	10/21/2016	Owner Information CHELIV COMPASSIONATE CARE PLUS INC 15923 WILLIWAW DRIVE SUITE A HOUSTON, TX 77083 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County FORT BEND License # 020785 Lic Expire 5/24/2024 Medicare 1: Medicare 2: Phone (346) 268-3260 Type: Parent Agency	Region 06 Date Licensed 05/24 CHELSEA GARDENS AT HOME LLC 4422 RIVERSTONE BLVD. MISSOURI CITY, TX 77459 Fax (281) 499-5107 Administrator SAMUEL AJAYI	(F	wher Information CHELSEA GARDENS AT HOME LLC PHONE: FAX: ervices: Licensed Home Health Services
County FORT BEND License # 010486 Lic Expire 5/31/2024 Medicare 1: 747019 Medicare 2: Phone (281) 933-2902	Region 06 Date Licensed 05/26 CHEMIK HEALTH CARE SERVICES INC 830 JULIE RIVERS DRIVE SUITE 504 SUGAR LAND, TX 77478 Fax (281) 933-9608	() () () () () () ()	wner Information CHEMIK HEALTH CARE SERVICES INC 2555 WEST SAM HOUSTON PARKWAY SOUTH SUITE 340 HOUSTON, TX 77099 PHONE: FAX: ervices: Licensed and Certified Home Health Services; Licensed Home Health Services; ersonal Assistance Services
Type: Parent Agency County FORT BEND License # 010642 Lic Expire 7/31/2021 Medicare 1: 747177 HHA-18 Medicare 2: Phone (713) 252-6780 Type: Parent Agency	Administrator PAULINE ODUTOLA Region 06 Date Licensed 07/28 CHEZIN HEALTH CARE SERVICES 2006 THOMPSON RD SUITE 200 RICHMOND, TX 77469 Fax (281) 232-8311 Administrator CHINYERE CHUKWUKA	() () 7 , F Si	wner Information CHEZIN HEALTHCARE SERVICES INC THE SAME PHONE: FAX: ervices: Licensed and Certified Home Health Services; Licensed Home Health Services; ersonal Assistance Services
County FORT BEND License # 020502 Lic Expire 2/3/2023 Medicare 1:		(wner Information CHIVALRY HEALTHCARE LLC
Medicare 2: Phone (469) 233-3758 Type: Parent Agency	Fax Administrator VALENTINE NWANKWO		PHONE: FAX: ervices: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020701 Lic Expire 4/15/2024 Medicare 1: Medicare 2: Phone (832) 999-4003	Region 06 Date Licensed 04/15 CHRISDALE HEALTHCARE SERVICES PLLC 7539 IRBY COBB BLVD ROSENBERG, TEXAS 77469 Fax	()	wher Information CHRISDALE HEALTHCARE SERVICES PLLC PHONE: FAX: ervices: Personal Assistance Services
Type: Parent Agency County FORT BEND License # 014137 Lic Expire 6/30/2023 Medicare 1: 747684 Medicare 2: Phone (713) 589-2953	Administrator LILY OBIKA Region 06 Date Licensed 06/03 CHRISDAVNET CARE SERVICES LLC 3603 TRAIL BEND MISSOURI CITY, TX 77459 Fax (713) 429-5123	3/2011 Q (; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	wner Information CHRISDAVNET CARE SERVICES, LLC 3603 TRAIL BEND MISSOURI CITY, TX 77459 PHONE: FAX: ervices: Licensed and Certified Home Health Services; Licensed Home Health Services; ersonal Assistance Services
County FORT BEND License # 019501 Lic Expire 7/30/2021 Medicare 1:	Administrator DAVNET OKEKE Region 06 Date Licensed 05/28 CITY 2 CITY LLC 3926 ELM STREAM CT FRESNO, TX 77545		wner Information
Medicare 2: Phone (713) 474-6485	Fax (832) 553-7536		PHONE: FAX: ervices: Personal Assistance Services

Type: Parent Agency

Administrator

TRACY PRINCE

County FORT BEND License # 020610 Lic Expire 3/16/2024 Medicare 1: 971670 Hospice Medicare 2:	Region 06 Date Licensed CITY HOSPICE & PALLIATIVE CARE, LLC 12808 W AIRPORT BLVD, STE 303C SUGARLAND, TEXAS 77478	03/16/2021	Owner Information CITY HOSPICE & PALLIATIVE CARE, LLC 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 License # 020638 Lic Expire 3/24/2024 Medicare 1:	Region 06 Date Licensed CLEARWATER HOSPICE INC 10310 GOODMANVILLE CT RICHMOND, TEXAS 77407	03/24/2021	Owner Information CLEARWATER HOSPICE INC
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 License # 015733 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (281) 818-7965 Type: Parent Agency	Region 06 Date Licensed CMB HEALTHCARE INCORPORATED 4434 BLUEBONNET DRIVE, SUITE #133 STAFFORD, TEXAS 77477 Fax (281) 936-0299 Administrator ROSELINE ANETOR-OGBEI	08/27/2013	Owner Information CMB HEALTHCARE INC 1400 8TH ST, SUITE 6B BAY CITY, TX 77414 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
			Owner Information
County FORT BEND License # 009394 Lic Expire 11/30/2022 Medicare 1:	Region 06 Date Licensed CN HEALTHCARE INC 13250 S GESSNER RD MISSOURI CITY, TX 77489	11/05/2004	Owner Information CN HEALTHCARE INC 13250 S. GESSNER RD. MISSOURI CITY, TX 77489
Medicare 2:			PHONE: FAX:
Phone (713) 995-9995 Type: Parent Agency	Fax (713) 995-9992 Administrator CHICHI UGWU		Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020842 Lic Expire 6/18/2024 Medicare 1:	Region 06 Date Licensed COASTAL HEALTH CARE SYSTEM, INC 23527 BAKER HILL DR RICHMOND, TEXAS 77469	06/18/2021	Owner Information COASTAL HEALTH CARE SYSTEMS, INC
Medicare 1:	RICHWOND, TEXAS 11409		PHONE: FAX:
Phone (832) 603-3773	Fax (832) 363-3707		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SAMUEL INEGBEDION		dervices. Eldersed Home Health dervices, i ersonal Assistance dervices
County FORT BEND License # 005445 Lic Expire 9/30/2024 Medicare 1: 678086 HHA-18 Medicare 2: Phone (713) 771-8470	Region 06 Date Licensed COASTAL MEDICAL SERVICES INC 7070 KNIGHT COURT SUITE 604 MISSOURI CITY, TX 77459 Fax (713) 771-8474	09/09/1996	Owner Information COASTAL MEDICAL SERVICES, INC 8303 SW FREEWAY SUITE 820 HOUSTON, TX 77074 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DANIEL JACK		
County FORT BEND License # 013083 Lic Expire 3/31/2022 Medicare 1: 743138 Medicare 2:	Region 06 Date Licensed COMMUNITY HEALTH ASSOCIATES INC 11104 WEST AIRPORT BLVD SUITE 115 STAFFORD, TX 77477	12/15/2009	Owner Information COMMUNITY HEALTH ASSOCIATES INC 11104 WEST AIRPORT BLVD, SUITE 115 STAFFORD, TEXAS 77477 PHONE: FAX:
Phone (832) 617-8523 Type: Parent Agency	Fax (832) 617-8529 Administrator IFEOMA CHUKWU		Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County FORT BEND License # 014461 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (713) 366-1225 Type: Parent Agency	Region 06 Date Licensed COMPASS HEALTH SERVICES INC 17934 ROYAL GATE LANE RICHMOND, TX 774074764 Fax (713) 583-3585 Administrator TAIWO SANGODEYI	11/09/2011	Owner Information COMPASS HEALTH SERVICES INC 7447 HARWIN DR #220 I HOUSTON, TX 77036-2016 PHONE: Services: Licensed Home Health Services; Pers	FAX: sonal Assistance Services
County FORT BEND License # 019868 Lic Expire 4/7/2022 Medicare 1:	Region 06 Date Licensed COMPASSIONATE CARE TEXAS LLC 9124 ROPER RD. ORCHARD, TX 77464	04/07/2020	Owner Information COMPASSIONATE CARE TEXAS LLC	
Medicare 2: Phone (979) 398-0775	Fax na		PHONE:	FAX:
Type: Parent Agency	Administrator CAITLYN GURECKY		Services: Personal Assistance Services	
County FORT BEND License # 003628 Lic Expire 2/28/2023 Medicare 1: 458358 HHA-18 Medicare 2: Phone (281) 238-8775 Type: Parent Agency	Region 06 Date Licensed CONSOLIDATED HOME HEALTH 11929 UNIVERSITY BLVD. SUITE 2M SUGAR LAND, TX 77479 Fax (281) 491-7812 Administrator LEE PALMER	02/13/1995	Owner Information CONSOLIDATED HOME HEALTH HOLDINGS 11929 UNIVERSITY BLVD. SUITE 2M SUGAR LAND, TX 77479 PHONE: Services: Licensed Home Health Services	COMPANY LLC FAX:
County FORT BEND License # 019761 Lic Expire 1/7/2025 Medicare 1: Medicare 2: Phone 713 4265688	Region 06 Date Licensed CONTINUUM HOME HEALTH LLC 2200 FM 1092 SUITE H MISSOURI CITY, TX 77459 Fax (713) 426-5689	08/05/2018	Owner Information CONTINUUM HOME HEALTH LLC PHONE: Services: Licensed Home Health Services; Pers	FAX: conal Assistance Services
Type: Parent Agency	Administrator GREGORY WILLIS		,	
County FORT BEND License # 016803 Lic Expire 1/31/2023 Medicare 1: 747068 HHA-18 Medicare 2: Phone (281) 277-0610	Region 06 Date Licensed COTEL HEALTHCARE SERVICES LLC 23402 AMOROSO STREET RICHMOND, TEXAS 77406 Fax (281) 437-9706	01/02/2015	Owner Information COTEL HEALTHCARE SERVICES LLC 2842 W PEBBLE BEACH DR #B MISSOURI CITY, TX 77459 PHONE: Services: Licensed and Certified Home Health S	FAX:
Type: Parent Agency	Administrator JOSSY ESEK		Personal Assistance Services	retrices, Electised Florite Flediti Services,
County FORT BEND License # 013157 Lic Expire 3/31/2022 Medicare 1: 747559 Medicare 2: Phone (281) 313-0651	Region 06 Date Licensed COTTAGE HEALTH CARE SERVICES INC 13313 SOUTHWEST FRWY STE 221 SUGAR LAND, TX 77478 Fax (281) 277-4253	03/08/2010	Owner Information COTTAGE HEALTH CARE SERVICES, INC 13313 SOUTHWEST FREEWAY SUITE 210 SUGAR LAND, TX 77478 PHONE: Services: Licensed and Certified Home Health S	FAX: Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ERNEST SYLVER		Personal Assistance Services	
County FORT BEND License # 020161	Region 06 Date Licensed CYTE, LLC	09/10/2020	Owner Information CYTE, LLC	
Lic Expire 9/10/2022 Medicare 1:	2231 FALCON BROOK DR KATY, TX 77494			
Lic Expire 9/10/2022 Medicare 1: Medicare 2:	2231 FALCON BROOK DR KATY, TX 77494		PHONE:	FAX:

County FORT BEND License # 010104 Lic Expire 10/31/2022 Medicare 1: 679664 HHA-18 Medicare 2: Phone (281) 207-1346 Type: Parent Agency	Region 06 Date Licensed 11/01/2005 DAVIS HOME HEALTH LLC 19901 SOUTHWEST FREEWAY SUGAR LAND, TX 77479 Fax (281) 207-1347 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 License # 020661 Lic Expire 3/31/2024 Medicare 1:	Region 06 Date Licensed 03/31/2021 DAYPSPRING HOME CARE 10101 HARWIN DR SUITE 280 HOUSTON, TEXAS 77036	Owner Information DAYSPRING HOME CARE LLC
Medicare 2: Phone (832) 810-0136 Type: Parent Agency	Fax (832) 678-3043 Administrator OLUBUNMI ADEBAYO	PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 016204 Lic Expire 5/31/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 05/13/2014 DELMAR HEALTH SERVICES INCORPORATED 20802 MANSFIELD BAY LANE RICHMOND, TX 77407	Owner Information DELMAR HEALTH SERVICES INCORPORATED 20802 MANSFILED BAY LANE RICHMOND, TX 77407 PHONE: FAX:
Phone (281) 813-4718 Type: Parent Agency	Fax (832) 451-6906 Administrator MIRRIAM ASHU	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 017273 Lic Expire 5/17/2022 Medicare 1:	Region 06 Date Licensed 02/12/2016 DIALYZE DIRECT TX LLC 16545 SW FREEWAY STE 275 SUGAR LAND, TX 77479	Owner Information DIALYZE HOLDINGS, LLC
Medicare 2:	SUGAN LAND, IA 11415	PHONE: FAX:
Phone (832) 944-5040 Type: Parent Agency	Fax (832) 944-5043 Administrator CHANTAL SCOTT	Services: Licensed Home Health Services with Dialysis
County FORT BEND License # 019861 Lic Expire 4/3/2022 Medicare 1:	Region 06 Date Licensed 04/03/2020 DISTRICT CARE SERVICES LLC 1723 LANSING COVE DRIVE FRESNO, TEXAS 77545	Owner Information DISTRICT CARE SERVICES LLC
Medicare 2:		PHONE: FAX:
Phone (281) 836-0087 Type: Parent Agency	Fax Administrator DESIREE MCGEE	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 013579 Lic Expire 9/30/2022 Medicare 1: 747709 HHA-18 Medicare 2:	Region 06 Date Licensed 09/24/2010 DIVERSITY CARE PROVIDERS INC 202 INDUSTRIAL BLVD, SUITE 102 SUGARLAND, TX 77478	Owner Information DIVERSITY CARE PROVIDERS INC 12315 FERN MEADOW DRIVE STAFFORD, TX 77477 PHONE: FAX:
Phone (832) 475-0075	Fax (832) 645-0301	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SAMUEL DURU	Owner Information
County FORT BEND License # 019627 Lic Expire 10/1/2021 Medicare 1:	Region 06 Date Licensed 10/01/2019 DIVINE PROVIDERS, INC 18947 PINE HARVEST LN RICHMOND, TX 77407	DIVINE PROVIDERS, INC 18947 PINE HARVEST LN RICHMOND, TX 77407

County FORT BEND License # 019990 Lic Expire 6/9/2022	Region 06 Date Licensed 06 DR HOME HEALTH 11104 W AIRPORT #137	6/09/2020	Owner Information ONE NEW ERA INVESTMENTS LLC	
Medicare 1:	STAFFORD, TEXAS 77477			
Medicare 2: Phone (281) 960-3600	Fax		PHONE:	FAX:
1 Hone (201) 300-3000	i ux		Services: Hospice; Licensed Home Health Services; In-Patient Hospice: NO	Personal Assistance Services
Type: Parent Agency	Administrator DAVID ROSS			
County FORT BEND License # 015150 Lic Expire 10/31/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 10 DUNAMIS HOME CARE LLC 9615 SLUMBERING WILLOW LANE FORT BEND, TX 77406	0/22/2012	Owner Information DUNAMIS HOME CARE LLC 7402 BERING LANDING DRIVE CYPRESS, TEXAS 77433 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 License # 016088 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone 832 8864179 Type: Parent Agency	Region 06 Date Licensed 03 DYNAMIC HEALTHCARE INC 4418 BLUEBONNET DRIVE SUITE 209 STAFFORD, TX 77477 Fax (281) 754-4012 Administrator UHUNAMURE OSAGIE	9/1/2014	Owner Information DYNAMIC HEALTHCARE INC 14807 WAYSON DRIVE SUGAR LAND, TX 77498 PHONE: Services: Licensed Home Health Services; Personal	FAX: Assistance Services
County FORT BEND	Region 06 Date Licensed 05	5/15/2014	Owner Information	
License # 016213 Lic Expire 5/31/2022 Medicare 1:	EAGLE SPRING HEALTHCARE INC 1122 GREATWOOD GLEN DRIVE SUGAR LAND, TX 77479	0/10/2014	EAGLE SPRING HEALTHCARE, INC 1122 GREATWOOD GLEN DRIVE SUGAR LAND, TX 77479-6256	
Medicare 2:	000 W 2 W 2, W 1 W 10		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 License # 018872 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	EASTEX INFUSION SERVICES LLC 27415 GRAYSON GAP COURT FULSHEAR, TEXAS 77441	8/08/2018	Owner Information EASTEX INFUSION SERVICES LLC 5100 WESTHEIMER RD SUITE 200 HOUSTON, TX 77056 PHONE:	FAX:
Phone (281) 229-1531	Fax (281) 946-8710		Services: Licensed Home Health Services	
Type: Parent Agency County FORT BEND License # 017025 Lic Expire 9/30/2021 Medicare 1: 741683 HOSPICE Medicare 2: Phone (281) 778-0040	Administrator JEROME AMADO Region 06 Date Licensed 09 EDEN HOSPICE 2440 TEXAS PARKWAY STE 260 MISSOURI CITY, TEXAS 77489 Fax (281) 778-0041	// 14/2015	Owner Information EDEN HOSPICE CARE SERVICES, INC 9950 WESTPARK DRIVE SUITE #644 HOUSTON, TX 77063 PHONE: Services: Hospice	FAX:
Type: Parent Agency	Administrator QUEEN BRIGGS		In-Patient Hospice: NO	
County FORT BEND License # 019417 Lic Expire 6/10/2021 Medicare 1:	Region 06 Date Licensed 06 EDEN'S ELITE HOME HEALTH AGENCY LLC 29119 BLUE FINCH CT. KATY, TEXAS 77494	5/10/2019	Owner Information EDEN'S ELITE HOME HEALTH AGENCY LLC	
Medicare 2:			PHONE:	FAX:
Phone (832) 373-8353 Type: Parent Agency	Fax Administrator EKELECHI AHAMBA		Services: Licensed Home Health Services; Personal	Assistance Services

County FORT BEND License # 021201 Lic Expire 11/22/2024 Medicare 1: Medicare 2: Phone (347) 294-9875 Type: Parent Agency	Region 06 Date Licensed 11/13/2021 ELIM HOME HEALTHCARE SERVICES 3202 DOGWOOD KNOLL TRL ROSENBERG, TX 77471 Fax (832) 945-5585 Administrator CHRISTIAN OKERULU	Owner Information ELIM TOTAL HEALTH CARE SERVICES LLC 3202 DOGWOOD KNOLL TRAIL ROSENBERG, TX 77471 PHONE: (347) 294-9875 FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 018248 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (346) 368-2882	Region 06 Date Licensed 08/16/2017 ELITE GOLDEN YEARS INC 13914 BLUE VISTA DR SUGAR LAND, TX 77498 Fax (713) 234-7380	Owner Information ELITE GOLDEN YEARS INC 13914 BLUE VISTA DR SUGAR LAND, TX 77498 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 017398 Lic Expire 3/31/2022 Medicare 1: 671786 HOSPICE Medicare 2: Phone 281 3332458 Type: Parent Agency	Administrator ROSEBETH OSAGIE Region 06 Date Licensed 03/14/2016 ELYSIAN HOSPICE 11104 WEST AIRPORT BOULEVARD SUITE 255B STAFFORD, TX 77477 Fax 281 3355539 Administrator SHAY WILKINSON	Owner Information ELYSIAN HOSPICE HOUSTON LLC 2537 GOLDEN BEAR DRIVE CARROLLTON, TX 75006 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County FORT BEND License # 012747 Lic Expire 6/30/2023 Medicare 1: 677803 HHA-18 Medicare 2: Phone (713) 589-8050	Region 06 Date Licensed 06/08/2009 EMBASSY HOME HEALTHCARE 10701 CORPORATE DRIVE STE 395 STAFFORD, TX 77477 Fax (281) 240-3005	Owner Information EMBASSY HEALTHCARE SYSTEM INC 10701 CORPORATE DRIVE SUIT 395 STAFFORD, TX 77477 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 018218 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (281) 241-4107 Type: Parent Agency	Administrator MADUAKOLAM UBI Region 06 Date Licensed 08/02/2017 EMPERIAL UNIVERSAL HEALTH CARE LLC 2031 NORTH MASON ROAD SUITE #403 KATY, TX 77449 Fax (832) 295-0833 Administrator CHIMERE NWODU	Owner Information EMPERIAL UNIVERSAL HEALTHCARE LLC 5027 GOLD HAVEN DR RICHMOND, TX 77407 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 019636 Lic Expire 10/7/2021 Medicare 1: Medicare 2: Phone (504) 450-7439 Type: Parent Agency	Region 06 Date Licensed 10/07/2019 EMPEROR HEALTH CARE SYSTEM 11115 NOBILITY DR STAFFORD, TEXAS 77477 Fax Administrator AFFIONG UDOFIA	Owner Information EMPEROR HEALTH CARE SYSTEMS LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 012363 Lic Expire 10/31/2022 Medicare 1: 458285 HHA-18 Medicare 2: Phone 281 3422326	Region 06 Date Licensed 10/12/2008 ENCOMPASS HEALTH HOME HEALTH 1601 MAIN ST., SUITE 504 RICHMOND, TEXAS 77469 Fax 281 3415886 Administrator I CANNA 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

Administrator

JOANNA CARPENTER

County FORT BEND License # 014914 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (832) 887-6760 Type: Parent Agency	Region 06 Date Licensed 07/05/2012 ES HEALTH SERVICES INC 14314 RIVER GLEN DRIVE SUGAR LAND, TX 77498 Fax (281) 491-1140 Administrator STANLEY OGBONDA	Owner Information ES HEALTH SERVICES, INC 14314 RIVER GLEN DRIVE SUGARLAND, TEXAS 77498 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND	Region 06 Date Licensed 02/22/2007	Owner Information
License # 011090	ESTAN HEALTHCARE SERVICES INC	ESTAN HEALTHCARE SERVICES INC
Lic Expire 2/28/2023	10707 CORPORATE DRIVE SUITE 152	10707 CORPORATE DRIVE STE 152
Medicare 1: 747012	STAFFORD, TX 77477	STAFFORD, TX 77477
Medicare 2:	F (004) 400 0000	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	Total Accordance on Mose
County FORT BEND	Region 06 Date Licensed 01/25/2005	Owner Information
License # 009549	EVENING STAR HEALTHCARE INC	EVENING STAR HEALTHCARE INC
Lic Expire 1/31/2025	6111 EVENING SUN CT	SAME
Medicare 1: 677984 HHA-18	RICHMOND, TX 77469	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	EXCELLENT HOME HEALTHCARE LLC
Lic Expire 1/15/2022	10514 TOWNEVIEW DR.	
Medicare 1:	SUGAR LAND, TEXAS 77498	
Medicare 2:	For	PHONE: FAX:
Phone (832) 329-6287	Fax	PHONE: FAX: Services: Personal Assistance Services
	Fax Administrator GLORIA OKONO	Services: Personal Assistance Services
Phone (832) 329-6287		Services: Personal Assistance Services Owner Information
Phone (832) 329-6287 Type: Parent Agency	Administrator GLORIA OKONO	Services: Personal Assistance Services Owner Information BETHSIDA HEALTHCARE INC
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING	Services: Personal Assistance Services Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES	Services: Personal Assistance Services Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2:	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498	Services: Personal Assistance Services Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX:
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682	Services: Personal Assistance Services Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND License # 020808	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021 EXPERT COMPANION CARE, INC	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND License # 020808 Lic Expire 6/3/2024	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021 EXPERT COMPANION CARE, INC 4131 CANE VALLEY COURT	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND License # 020808 Lic Expire 6/3/2024 Medicare 1:	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021 EXPERT COMPANION CARE, INC	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information EXPERT COMPANION CARE, INC
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND License # 020808 Lic Expire 6/3/2024	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021 EXPERT COMPANION CARE, INC 4131 CANE VALLEY COURT	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information EXPERT COMPANION CARE, INC
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND License # 020808 Lic Expire 6/3/2024 Medicare 1: Medicare 2:	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021 EXPERT COMPANION CARE, INC 4131 CANE VALLEY COURT FULSHEAR, TX 77441	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information EXPERT COMPANION CARE, INC
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND License # 020808 Lic Expire 6/3/2024 Medicare 1: Medicare 2: Phone (832) 437-5004 Type: Parent Agency	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021 EXPERT COMPANION CARE, INC 4131 CANE VALLEY COURT FULSHEAR, TX 77441 Fax (832) 437-5004 Administrator SONIA KAISTHA	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information EXPERT COMPANION CARE, INC
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND License # 020808 Lic Expire 6/3/2024 Medicare 1: Medicare 2: Phone (832) 437-5004 Type: Parent Agency County FORT BEND	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021 EXPERT COMPANION CARE, INC 4131 CANE VALLEY COURT FULSHEAR, TX 77441 Fax (832) 437-5004	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information EXPERT COMPANION CARE, INC PHONE: FAX: Services: Personal Assistance Services
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND License # 020808 Lic Expire 6/3/2024 Medicare 1: Medicare 2: Phone (832) 437-5004 Type: Parent Agency County FORT BEND	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021 EXPERT COMPANION CARE, INC 4131 CANE VALLEY COURT FULSHEAR, TX 77441 Fax (832) 437-5004 Administrator SONIA KAISTHA Region 06 Date Licensed 05/28/2021 EXTRAORDINARY HOME HEALTH CARE LLC	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information EXPERT COMPANION CARE, INC PHONE: FAX: Services: Personal Assistance Services Owner Information
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND License # 020808 Lic Expire 6/3/2024 Medicare 1: Medicare 2: Phone (832) 437-5004 Type: Parent Agency County FORT BEND License # 020797	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021 EXPERT COMPANION CARE, INC 4131 CANE VALLEY COURT FULSHEAR, TX 77441 Fax (832) 437-5004 Administrator SONIA KAISTHA Region 06 Date Licensed 05/28/2021	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information EXPERT COMPANION CARE, INC PHONE: FAX: Services: Personal Assistance Services Owner Information
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND License # 020808 Lic Expire 6/3/2024 Medicare 1: Medicare 2: Phone (832) 437-5004 Type: Parent Agency County FORT BEND License # 020797 License # 020797 Lic Expire 5/28/2024	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021 EXPERT COMPANION CARE, INC 4131 CANE VALLEY COURT FULSHEAR, TX 77441 Fax (832) 437-5004 Administrator SONIA KAISTHA Region 06 Date Licensed 05/28/2021 EXTRAORDINARY HOME HEALTH CARE LLC 1322 VILLAGE GARDEN DR,	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information EXPERT COMPANION CARE, INC PHONE: FAX: Services: Personal Assistance Services Owner Information
Phone (832) 329-6287 Type: Parent Agency County FORT BEND License # 011016 Lic Expire 9/30/2020 Medicare 1: 677872 HHA-18 Medicare 2: Phone (281) 933-6012 Type: Parent Agency County FORT BEND License # 020808 Lic Expire 6/3/2024 Medicare 1: Medicare 2: Phone (832) 437-5004 Type: Parent Agency County FORT BEND License # 020797 Lic Expire 5/28/2024 Medicare 1:	Administrator GLORIA OKONO Region 06 Date Licensed 10/01/2006 EXCEPTIONAL HEALTH CARE SERVICES 16618 COBBLER CROSSING SUGAR LAND, TX 77498 Fax (281) 933-0682 Administrator STELLA NZEADIBE Region 06 Date Licensed 06/03/2021 EXPERT COMPANION CARE, INC 4131 CANE VALLEY COURT FULSHEAR, TX 77441 Fax (832) 437-5004 Administrator SONIA KAISTHA Region 06 Date Licensed 05/28/2021 EXTRAORDINARY HOME HEALTH CARE LLC 1322 VILLAGE GARDEN DR,	Owner Information BETHSIDA HEALTHCARE INC 16618 COBBLER CROSSING DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information EXPERT COMPANION CARE, INC PHONE: FAX: Services: Personal Assistance Services Owner Information EXPERT COMPANION CARE, INC

County FORT BEND License # 018701 Lic Expire 10/31/2021 Medicare 1: 741576 HOSPICE Medicare 2: Phone (832) 774-2000	Region 06 Date Licensed 10/06/2017 FAIRMONT HOSPICE 300 JACKSON ST RICHMOND, TX 77469 Fax (888) 251-8801	Owner Information FAIRMONT HOSPICE, LLC 300 JACKSON ST RICHMOND, TX 77469 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator ONIEL KURUP	
County FORT BEND License # 017783 Lic Expire 12/31/2020 Medicare 1: Medicare 2: Phone (281) 750-0900 Type: Parent Agency	Region 06 Date Licensed 12/13/2016 FAITH HOME CARE AGENCY LLC 4003 LAKE BRAZOS LANE RICHMOND, TX 77406 Fax (281) 750-0901 Administrator DEBO JOKODOLA	Owner Information FAITH HOME CARE AGENCY LLC 4003 LAKE BRAZOS LANE RICHMOND, TX 77406 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 010596 Lic Expire 3/31/2024 Medicare 1: 673163 HHA-18 Medicare 2: Phone (713) 774-9003 Type: Parent Agency	Region 06 Date Licensed 03/06/2006 FAITH MEDICAL SERVICES 12315 WEST BELLFORT ST STAFFORD, TX 77477 Fax (713) 774-9000 Administrator PATRICK IVBIEVBIOKUN	Owner Information GOFAITH MEDICAL SERVICES INC 8449 WEST BELLFORT STREET, SUITE #335 HOUSTON, TX 77071 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020017 Lic Expire 6/25/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 06/25/2020 FILD INC 3922 DAWN RISE COURT FRESNO, TEXAS 775457012	Owner Information FILD INC 3922 DAWN RISE CT FRESNO, TEXAS 77545 PHONE: FAX:
Phone 713 8987011 Type: Parent Agency	Fax Administrator FAYE FRANKLIN	Services: Personal Assistance Services
County FORT BEND License # 019673 Lic Expire 10/30/2021 Medicare 1:	Region 06 Date Licensed 10/30/2019 FIRST CHOICE PEDIATRIC HOME HEALTH, LLC 5307 LOTUS CANYON CT. RICHMOND, TEXAS 77407	Owner Information FIRST CHOICE PEDIATRIC HOME HEALTH LLC
Medicare 2:	•	PHONE: FAX:
Phone (281) 407-0729 Type: Parent Agency	Fax (281) 407-0729 Administrator EDMUND MUNDE	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 017630	Region 06 Date Licensed 09/15/2016 FIRSTLIGHT HOME CARE OF SUGAR LAND AND RICHMOND TEXAS	Owner Information FIRST HOME CARE SERVICES INC 8620 GRAND MISSION BLVD., SUITE I
Lic Expire 9/30/2022 Medicare 1:	8620 GRAND MISSION BLVD SUITE I RICHMOND, TX 77407	RICHMOND, TX 77407
Medicare 2: Phone (832) 847-4592	Fax (832) 847-4756	PHONE: FAX:
Type: Parent Agency	Administrator CHINYERE IHEK	Services: Personal Assistance Services
County FORT BEND License # 018718 Lic Expire 4/30/2022 Medicare 1:	Region 06 Date Licensed 04/20/2018 FLOBERT HEALTHCARE SERVICES INC 8727 CARVED STONE LANE RICHMOND, TX 77407	Owner Information FOLASHADE OKUSANYA 20603 RAINBOW GRANITE DR., RICHMOND, TX 77407
Medicare 2: Phone 832 9453946 Type: Parent Agency	Fax 832 9453947 Administrator FOLASHADE OKUSANYA	PHONE: FAX: Services: Personal Assistance Services

County FORT BEND License # 011114 Lic Expire 3/31/2024 Medicare 1: 679771 HHA-18 Medicare 2: Phone (281) 313-0896	Region 06 Date Licensed 03/02/2007 FOREVER HOMEHEALTH INC 16710 COLD HARBOR LN HOUSTON, TX 77083 Fax (281) 313-0898	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
Type: Parent Agency	Administrator ALABA JACOB-SODE	
County FORT BEND License # 019213 Lic Expire 6/30/2021 Medicare 1: 971568 (HOSPICE)	Region 06 Date Licensed 01/22/2019 FORT BEND HOSPICE AND PALLIATIVE CARE, LLC 25118 LAKEVIEW ROAD KATY, TEXAS 77494	Owner Information FORT BEND HOSPICE AND PALLIATIVE CARE, LLC
Medicare 2:	NATT, TEXAS 77494	PHONE: FAX:
Phone (832) 376-7771	Fax (832) 802-6639	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KIRBY SANDERS	
County FORT BEND License # 016634 Lic Expire 2/28/2023 Medicare 1:	Region 06 Date Licensed 02/04/2015 FORTBEND HEALTHCARE INC 16230 APRIL RIDGE DR HOUSTON, TX 77083	Owner Information FORTBEND HEALTHCARE INC 16230 APRIL RIDGE DR HOUSTON, TX 77083
Medicare 2:	F (004) 404 400F	PHONE: FAX:
Phone (979) 488-9630 Type: Parent Agency	Fax (281) 494-1665 Administrator NNAEMEKA OGBONNAH	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 021160 Lic Expire 10/26/2024 Medicare 1:	Region 06 Date Licensed 10/26/2021 FORTIUS HOME HEALTH 1235 LAKE POINTE PKWY, STE 204 SUGAR LAND, TX 77478	Owner Information FORTIUS HOME HEALTH CARE, LLC
Medicare 2:		PHONE: FAX:
Phone (346) 843-2965	Fax	Services: Licensed Home Health Services
County FORT BEND License # 015574 Lic Expire 4/30/2024 Medicare 1: 679792 HHA-18 Medicare 2:	Administrator PRERAK JOSHI Region 06 Date Licensed 05/01/2013 FORTUNE HOME HEALTH INC 12808 W AIRPORT BLVD SUITE #222 SUGAR LAND, TX 77478	Owner Information FORTUNE HOME HEALTH CARE INC 12808 WEST AIRPORT, SUITE #222 SUGAR LAND, TX 77478 PHONE: FAX:
Phone (281) 265-2643 Type: Parent Agency	Fax (281) 265-3941 Administrator PAUL OKPUZOR	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 017736 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (713) 550-4921 Type: Parent Agency	Region 06 Date Licensed 11/14/2016 FORWARD HEALTH CARE LLC 5031 QUILL RUSH WAY RICHMOND, TX 77407 Fax (713) 762-2806 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 License # 019844 Lic Expire 2/27/2022 Medicare 1:	Region 06 Date Licensed 02/27/2020 FOUNDER CARE SOLUTIONS,LLC 3051 DRIPPING SPRINGS CT.	Owner Information FOUNDER CARE SOLUTIONS, LLC
Medicare 1:	KATY, TEXAS 77494	PHONE: FAX:
Phone (281) 757-1400 Type: Parent Agency	Fax (281) 533-8262 Administrator SARAH KATAMBA	Services: Licensed Home Health Services; Personal Assistance Services

County FORT BEND License # 020590 Lic Expire 3/11/2023 Medicare 1:	Region 06 Date Licensed FOUNTAIN OF HOPE HOSPICE, LLC 20507 HIDDEN POINT LN RICHMOND, TEXAS 774077865	03/11/2021	Owner Information FOUNTAIN OF HOPE HOSPICE, LLC	
Medicare 2:	RIGHWOND, TEXAS 174017003		PHONE:	FAX:
Phone (346) 414-7186	Fax		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator AYESHA SYEDA		III-i alient i lospice. NO	
County FORT BEND License # 018222 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (409) 466-0877	Region 06 Date Licensed FRANCA'S HOME HEALTH CARE LLC 5023 BEECH FERN DRIVE RICHMOND, TX 77407 Fax (832) 535-3003	08/03/2017	Owner Information FRANCAS HOME HEALTH CARE LLC 5023 BEECH FERN DRIVE RICHMOND, TX 77407 PHONE:	FAX:
Type: Parent Agency	Administrator FRANCISCA OKADIGBO		Services: Licensed Home Health Services; Perso	nai Assistance Services
County FORT BEND License # 018579 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (281) 969-5387 Type: Parent Agency	Region 06 Date Licensed FREEDOM DIALYSIS INC 7746 HIGHWAY 6 SUITE C MISSOURI CITY, TX 77459 Fax (346) 304-2173 Administrator VULINDA JONES	01/29/2018	Owner Information FREEDOM DIALYSIS INC 7746 HIGHWAY 6 SUITE C MISSOURI CITY, TX 77459-4778 PHONE: Services: Licensed Home Health Services with Di	FAX: alysis
County FORT BEND License # 021161 Lic Expire 10/27/2024 Medicare 1:	Region 06 Date Licensed FREEDOM DIALYSIS ONE INC 7746 HWY 6 SUITE C MISSOURI CITY, TEXAS 77459	10/27/2021	Owner Information FREEDOM DIALYSIS ONE	
Medicare 2:	5 040 0040470		PHONE:	FAX:
Phone 281 9695387 Type: Parent Agency	Fax 346 3042173 Administrator RACHID ALRAYES		Services: Licensed Home Health Services with Di	alysis
County FORT BEND License # 020431 Lic Expire 1/5/2023 Medicare 1:	Region 06 Date Licensed GALAXY HOME HEALTH INC 25207 LOCKSPUR DR RICHMOND, TEXAS 774064300	01/05/2021	Owner Information GALAXY HOME HEALTH INC	
Medicare 2:	_		PHONE:	FAX:
Phone (346) 304-9550 Type: Parent Agency	Fax Administrator AMINATA MAGONA		Services: Personal Assistance Services	
County FORT BEND License # 019530 Lic Expire 8/15/2023 Medicare 1:	Region 06 Date Licensed GHARE HEALTHCARE SERVICES, INC 7431 BARRINGTON RIDGE LN RICHMOND, TEXAS 77407	02/05/2020	Owner Information GHARE HEALTHCARE SERVICES INC	
Medicare 2:			PHONE:	FAX:
Phone (832) 923-1029	Fax (346) 347-7785		Services: Personal Assistance Services	
County FORT BEND License # 018288 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (832) 762-7348	Administrator BERNADETTE LEDBETTER Region 06 Date Licensed GLADKIDS 14458 ANDREA WAY LANE HOUSTON, TX 77083 Fax (832) 672-5872	08/31/2017	Owner Information GLADKIDS LLC 14458 ANDREA WAY LANE HOUSTON, TX 77083 PHONE: Services: Licensed Home Health Services; Perso	FAX: nal Assistance Services
Type: Parent Agency	Administrator GADYS EZEM			

County FORT BEND License # 011843 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (281) 980-0446 Type: Parent Agency	Region 06 Date Licensed 01/28/2008 GLOBAL DIALYSIS PLUS INC 12823 CAPRICORN DRIVE STAFFORD, TX 77477 Fax (281) 980-0468 Administrator COLETTE NELSON	Owner Information GLOBAL DIALYSIS PLUS INC 12823 CAPRICORN DRIVE STAFFORD, TX 77477 PHONE: FAX: Services: Licensed Home Health Services with Dialysis
County FORT BEND License # 014773 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (832) 762-8414 Type: Parent Agency	Region 06 Date Licensed 05/02/2012 GODROCK HEALTHCARE SERVICES INC 2131 SUMMIT MEADOW DR MISSOURI CITY, TX 77489 Fax (281) 374-4383 Administrator CHARITY OKAFOR	Owner Information GODROCK HEALTHCARE SERVICES INC 2131 SUMMIT MEADOW DR MISSOURI CITY, TX 77489 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 015887 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (281) 935-6492 Type: Parent Agency	Region 06 Date Licensed 11/25/2013 GOD'S TIME HEALTHCARE SERVICES INC 14814 ALDERWICK DR SUGAR LAND, TX 77498 Fax (281) 988-7162 Administrator CAROLINE CHIKERE	Owner Information GOD'S TIME HEALTHCARE SERVICES, INC 11569 HWY 6 #164 SUGAR LAND, TX 77498 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 020150 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (832) 352-0845 Type: Parent Agency	Region 06 Date Licensed 09/08/2020 GOLDEN ACRES HOMEHEALTH LLC 8511 SHADOWBROOK GLEN TRAIL RICHMOND, TX 77407 Fax (713) 234-7382 Administrator BLESSING SMITH	Owner Information GOLDEN ACRES HOMEHEALTH LLC 8511 SHADOWBROOK GLEN TRAIL RICHMOND, TX 77407 PHONE: (832) 352-0845 FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020329 Lic Expire 11/19/2022 Medicare 1:	Region 06 Date Licensed 11/19/2020 GOLDEN HOSPICE & HEALTHCARE SERVICES, LLC 8606 SHADOWBROOK GLEN TRL RICHMOND, TEXAS 77407	Owner Information GOLDEN HOSPICE & HEALTHCARE SERVICES, LLC
Medicare 2: Phone (832) 490-4292 Type: Parent Agency	Fax Administrator ANTHONY DURU	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County FORT BEND License # 020694 Lic Expire 4/13/2024 Medicare 1:	Region 06 Date Licensed 04/13/2021 GOLDEN HOSPICE AND PALLIATIVE CARE, INC 9898 BISSONNET ST SUITE 160 HOUSTON, TX 77036	Owner Information GOLDEN HOSPICE AND PALLIATIVE CARE, INC
Medicare 2: Phone (713) 234-7735 Type: Parent Agency	Fax Administrator SHERRIA BELL	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County FORT BEND License # 019744 Lic Expire 12/17/2021 Medicare 1:	Region 06 Date Licensed 12/17/2019 GOOD FAITH SENIORS HOMECARE, INCORPORATED 12118 ACCORSO ST RICHMOND, TX 77406	Owner Information GOOD FAITH SENIORS HOMECARE, INCORPORATED
Medicare 2: Phone (713) 425-5522 Type: Parent Agency	Fax 346 843 1128 Administrator JEFFREY WOLLER	PHONE: FAX: Services: Personal Assistance Services

County FORT BEND License # 020236 Lic Expire 10/14/2022 Medicare 1:	Region 06 Date Licensed 10/14/2020 GOODWILL CARE LLC 16246 APRIL RIDGE DRIVE HOUSTON, TX 77083	Owner Information GOODWILL CARE LLC
Medicare 2:	_	PHONE: FAX:
Phone (713) 449-2569 Type: Parent Agency	Fax Administrator JACINTA ANUNA	Services: Personal Assistance Services
County FORT BEND License # 015306 Lic Expire 1/31/2024 Medicare 1: 747932 Medicare 2:	Region 06 Date Licensed 01/14/2013 GOODWILL HEALTHCARE SERVICES INC 21906 RUSTIC CANYON LN RICHMOND, TX 77469	Owner Information GOODWILL HEALTHCARE SERVICES, INC 21906 RUSTIC CANYON LANE RICHMOND, TX 77469-5445 PHONE: FAX:
Phone (346) 368-2168	Fax (832) 553-7615	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 021304 Lic Expire 12/31/2024 Medicare 1: Medicare 2: Phone (713) 485-6940	Administrator ISIOMA OZONOH Region 06 Date Licensed 12/31/2021 GOODWILL HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 547 HOUSTON, TEXAS 77074 Fax	Owner Information GOODWILL HOSPICE CARE LLC PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator TOM KURIAN	In-Patient Hospice: NO
County FORT BEND License # 020666 Lic Expire 4/5/2023 Medicare 1:	Region 06 Date Licensed 04/05/2021 GOSHEN TOUCH HEALTHCARE SERVICES LLC 20710 BARRINGTON MEADOW TRACE RICHMOND, TX 774072267	Owner Information GOSHEN TOUCH HEALTHCARE SERVICES LLC
Medicare 2:		PHONE: FAX:
Phone (281) 724-8306 Type: Parent Agency	Fax (281) 306-6793 Administrator OLUBUKOLA AWONIYI	Services: Licensed Home Health Services
County FORT BEND License # 018483 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (832) 614-3029 Type: Parent Agency	Region 06 Date Licensed 12/04/2017 GOUCS HEALTHCARE SERVICES LLC 1403 ORCHID DRIVE MISSOURI CITY, TX 77489 Fax (281) 208-4512 Administrator UGOCHI AKWARANDU	Owner Information GOUCS HEALTHCARE SERVICES LLC 1403 ORCHID DRIVE MISSOURI CITY, TX 77489 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 011157 Lic Expire 3/31/2022 Medicare 1: 747100 Medicare 2: Phone (713) 461-8898 Type: Parent Agency	Region 06 Date Licensed 03/16/2007 GRACEFAITH HEALTHCARE SERVICES INC 1118 FERRY STREET RICHMOND, TEXAS 77469 Fax (713) 461-8859 Administrator FELIX AZUONYE	Owner Information GRACEFAITH HEALTHCARE SERVICES INC 11211 KATY FREEWAY SUITE 240 HOUSTON, TX 77079 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 009268 Lic Expire 8/31/2023 Medicare 1: 457862 Medicare 2: Phone (281) 499-0705	Region 06 Date Licensed 08/25/2004 GRACES TLC HOME INC 4501 CARTWRIGHT RD SUITE #503 MISSOURI CITY, TEXAS 77459 Fax (281) 499-0757	Owner Information GRACES TLC HOME, INC 8700 COMMERCE #204 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services

Administrator GRACE JOSEPH

County FORT BEND License # 019002 Lic Expire 11/6/2022 Medicare 1:	Region 06 Date Licensed 11/06/2018 GREENLIFE HEALTHCARE INC 20319 BRISTOL BLUFF LN RICHMOND, TX 77407	Owner Information GREENLIFE HEALTHCARE INC 20319 BRISTOL BLUFF LN. 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 License # 019864 Lic Expire 4/3/2022 Medicare 1:	Region 06 Date Licensed 04/03/2020 GUARDIAN ANGELS HOSPICE & PALLIATIVE CARE 4606 FM 1960 RD W STE 675 HOUSTON, TEXAS 77069	Owner Information GUARDIAN ANGELS HOSPICE & PALLIATIVE CARE, INC
Medicare 2:		PHONE: FAX:
Phone (281) 973-3898	Fax (832) 500-4411	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator PRISCA WARA	
County FORT BEND License # 020036 Lic Expire 7/6/2022 Medicare 1:	Region 06 Date Licensed 07/06/2020 GUARDIAN ANGELS PROVIDER SERVICES INC 10333 HARWIN DRIVE #685 HOUSTON, TEXAS 77036	Owner Information GUARDIAN ANGELS PROVIDER SERVICES INC
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 License # 014552 Lic Expire 12/31/2021 Medicare 1:	Region 06 Date Licensed 12/29/2011 HANDSON LIVING HEALTH CARE SERVICES INC 21219 GRANITE TRAIL LANE RICHMOND, TX 77407	Owner Information HANDSON LIVING HEALTH CARE SERVICES, INC 21219 GRANITE TRAIL LANE RICHMOND, TX 77407
Medicare 2: Phone (281) 232-9899	Fax (281) 232-9833	PHONE: FAX:
Type: Parent Agency	Administrator IFEOMA ROSEMARY AGWUNOBI	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 017906 Lic Expire 2/28/2024 Medicare 1: Medicare 2: Phone (832) 913-6467	Region 06 Date Licensed 02/07/2017 HAPPY CIRCLE HOME HEALTHCARE LLC 4800 SUGAR COVE BLVD. STE. 250 STAFFORD, TX 77477 Fax (832) 532-9818	Owner Information HAPPY CIRCLE HOME HEALTHCARE LLC 440 COBIA DR STE 1502 KATY, TX 77496 PHONE: FAX:
Type: Parent Agency	Administrator MINAZ PIRANI	Services: Licensed Home Health Services
County FORT BEND License # 020241 Lic Expire 10/16/2022 Medicare 1:	Region 06 Date Licensed 10/16/2020 HAVEN'S PEDIATRIC SERVICES LLC 2111 CASTLE GARDENS LANE KATY, TEXAS 77449	Owner Information HAVEN'S PEDIATRIC SERVICES LLC
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 License # 020415 Lic Expire 12/21/2022 Medicare 1:	Region 06 Date Licensed 12/21/2020 HEALING LEAF HOME HEALTH 9219 CALABRIAN PINE CT SUITE A RICHMOND, TEXAS 77407	Owner Information KILO VENTURES LLC
Medicare 2: Phone (410) 948-4225	Fax	PHONE: FAX:
1 110116 (410) 340-4223	I GA	Services: Personal Assistance Services

Administrator

Type: Parent Agency

OLALEKAN KILO

County FORT BEND License # 013360 Lic Expire 5/31/2022 Medicare 1: 747739 HHA-18 Medicare 2: Phone (281) 242-4325 Type: Parent Agency	Region 06 Date Licensed 05/27/2010 HEALING SOURCE HOME CARE INC 12783 CAPRICORN DRIVE SUITE 500 STAFFORD, TX 77477 Fax (281) 242-4323 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 License # 017431 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (832) 437-7882	Region 06 Date Licensed 06/02/2016 HEALTHCARE RESOURCES OF TEXAS LLC 4034 WHEAT HARVEST LANE KATY, TX 77494 Fax (832) 913-6470	Owner Information HEALTHCARE RESOURCES OF TEXAS LLC 4034 WHEAT HARVEST LANE KATY, TX 77494 PHONE: FAX:
Type: Parent Agency	Administrator UJU OBILO	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 009497 Lic Expire 12/31/2023 Medicare 1: 677932 Medicare 2: Phone (832) 814-3700	Region 06 Date Licensed 12/30/2004 HEALTHPOINT HOME HEALTH AND INFUSION SERVICES 120 ELDRIDGE ROAD SUITE E SUGAR LAND, TX 77478 Fax (832) 886-4125 Administrator IMMANUEL NWALUPUE	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 License # 020908 Lic Expire 7/15/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 07/15/2021 HEALTHWORK GLOBAL LLC 9522 MATILDA CREEK COURT RICHMOND, TX 77407	Owner Information HEALTHWORK GLOBAL LLC 9522 MATILDA CREEK COURT RICHMOND, TX 77407 PHONE: FAX:
Phone (713) 474-3497 Type: Parent Agency	Fax Administrator HILLARY AYOKUNLE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020258 Lic Expire 10/22/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 10/22/2020 HEART BEAT HOME CARE SERVICES 8827 CROWN JEWEL DR RICHMOND, TEXAS 77469	Owner Information HEART BEAT HOME CARE SERVICES PHONE: FAX:
Phone (281) 343-9664 Type: Parent Agency	Fax (281) 343-9664 Administrator CAROL SMITH	Services: Personal Assistance Services
County FORT BEND License # 017834 Lic Expire 1/31/2023 Medicare 1: 74-1785 (HOSPICE	Region 06 Date Licensed 01/05/2017 HEART TO HEART HOSPICE OF SUGAR LAND 13017 JESS PIRTLE BLVD., SUITE 175 SUGAR LAND, TX 77478	Owner Information CARING HOSPICE, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025
Medicare 2: Phone (281) 881-6763	Fax (281) 626-1011	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County FORT BEND License # 021086 Lic Expire 9/28/2024 Medicare 1:	Administrator CAROLINE ROSE Region 06 Date Licensed 09/28/2021 HELPING HANDS AT HOME CARE LLC 25218 SPRING IRIS LANE KATY, TX 77494	Owner Information HELPING HANDS AT HOME CARE LLC
Medicare 2: Phone 832 3483406	Fax	PHONE: FAX: Services: Personal Assistance Services

Administrator

LISSETH BAUTISTA

County FORT BEND License # 015016 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 491-8842 Type: Parent Agency	Region 06 Date Licensed 08/16/2012 HENFEMAT MEDICAL SERVICES 25722 KINGSLAND BLVD. SUITE #114 KATY, TEXAS 77494 Fax (281) 980-0485 Administrator HENRIETTA JOLAOSO	Owner Information HENFEMAT INC 2518 WINSFORD HORIZON LANE KATY, TEXAS 77494 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 020033 Lic Expire 7/2/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 07/02/2020 HJM HOSPICE AND PALLIATIVE CARE 4622 COLD STREAM CT FULSHEAR, TX 77441	Owner Information ALWAYS LOVING HOME HEALTH CARE LLC PHONE: FAX:
Phone (832) 704-3609	Fax (888) 343-9339	Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator HUMPHREY MOSENGE	
County FORT BEND License # 016179 Lic Expire 1/31/2022 Medicare 1: 747137 HHA-18	Region 06 Date Licensed 01/11/2014 HOLINESS HOME HEALTHCARE CORP 24131 SEVENTH HEAVEN DRIVE KATY, TEXAS 77494	Owner Information HOLINESS HOME HEALTHCARE CORP 24131 SEVENTH HEAVEN DR KATY, TX 77494
Medicare 2: Phone (713) 589-6416	Fax (713) 429-0463	PHONE: FAX:
1 1010 (110) 000 0110	Tax (116) 125 5 165	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PETER NGUYEN	
County FORT BEND License # 020488	Region 06 Date Licensed 01/26/2021 HOME CARE FOR THE 21ST CENTURY HH SOUTH HOUSTON #0031	Owner Information AT HOME HEALTHCARE GROUP LLC
Lic Expire 1/26/2023 Medicare 1:	77 SUGAR CREEK CENTER BLVD, SUITE 600 SUGARLAND, TX 77478	DUONE: FAV.
Medicare 2: Phone 281 8880380	Fax	PHONE: FAX:
Type: Parent Agency	Administrator RICHARD TATE	Services: Personal Assistance Services
County FORT BEND License # 019038 Lic Expire 8/17/2022 Medicare 1: Medicare 2: Phone (832) 510-3231 Type: Parent Agency	Region 06 Date Licensed 08/17/2018 HOME HELPERS HOME CARE FRANCHISE NO58865 12808 WEST AIRPORT BLVD SUGAR LAND, TEXAS 77478 Fax (832) 510-3231 Administrator MEI PACE	Owner Information DEZHOU HOME CARE LLC 5010 PLANTATION COLONY DRIVE SUGAR LAND, TX 77478 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND	Region 06 Date Licensed 11/30/2021	Owner Information
License # 021240 Lic Expire 11/30/2024 Medicare 1:	HOME HELPERS HOME CARE OF SUGAR LAND 101 SOUTHWESTERN BLVD STE 116 SUGAR LAND, TEXAS 774783649	B & M COMPASSIONATE CARE GIVERS, INC
Medicare 2:		PHONE: FAX:
Phone (832) 235-9511	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator WILLIAM ENO	
County FORT BEND License # 019007 Lic Expire 11/20/2023	Region 06 Date Licensed 11/20/2018 HOMEWATCH CAREGIVERS OF KATY 25722 KINGSLAND BLVD SUITE 115	Owner Information FALCON CORP LLC
Medicare 1:	KATY, TEXAS 77494	DUONIE: FAV.
Medicare 2: Phone (832) 678-4924	Fax (832) 678-4924	PHONE: FAX:
Type: Parent Agency	Administrator ANTHONY SERRANO	Services: Personal Assistance Services
. 140. I GIGIL AGOIDY	A A A A A A A A A A A A A A A A A A A	

County FORT BEND License # 019631 Lic Expire 10/2/2021	Region 06 Date Licensed HOMEWATCH CAREGIVERS OF SUGAR LAN 1415 SH-6 STE A-310	10/02/2019 ND	Owner Information EPHESIANS 210 HOLDINGS, LLC	
Medicare 1:	SUGAR LAND, TX 77478			
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 ALLICARE LLC	
License # 019135	HOMEWELL CARE SERVICES		ALLICARE LLC	
Lic Expire 12/6/2022 Medicare 1:	11104 WEST AIRPORT BLVD #148 STAFFORD, TEXAS 77477			
Medicare 2:	CIMITONS, TEXAS TITLE		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	HOSPICARE OF TEXAS		HEALTHGENIX INC	
Lic Expire 4/20/2022	21123 AIBANY LANDING LANE		P O BOX 113	
Medicare 1:	RICHMOND, TEXAS 77407		SUGAR LAND, TX	
Medicare 2: Phone (281) 406-4209	Fax (832) 284-7845		PHONE:	FAX:
Filolie (201) 400-4203	1 ax (032) 204-1043		Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO	es with Dialysis; Personal Assistance
Type: Parent Agency	Administrator JESSE ODUARAN			
County FORT BEND License # 021054	Region 06 Date Licensed HOSPICE CARE 4 U	09/17/2021	Owner Information HAULGISTICS LLC	
Lic Expire 9/17/2024	4014 CARAVEL CIR			
Medicare 1:	MISSOURI CITY, TEXAS 77459			
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	HOSPICE PLUS HOUSTON	020	HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire 8/31/2022	10707 CORPORATE DRIVE, SUITE 200		655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:	STAFFORD, TX 774774001		MORRESVILLE, NC 28117	
Medicare 2:			PHONE:	FAX:
Phone (281) 277-1151	Fax (281) 277-1170			
			Services: Hospice	
Type: Alternate Delivery Site	Administrator SUSAN RICKETTS		Services: Hospice In-Patient Hospice: NO	
······································		04/11/2017		
Type: Alternate Delivery Site County FORT BEND License # 015346	Region 04 Date Licensed	04/11/2017	In-Patient Hospice: NO	
County FORT BEND		04/11/2017	In-Patient Hospice: NO Owner Information	
County FORT BEND License # 015346	Region 04 Date Licensed HOSPICE PLUS HOUSTON	04/11/2017	In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC	
County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 04 Date Licensed HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200 STAFFORD, TX 774774001	04/11/2017	In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200	FAX:
County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1:	Region 04 Date Licensed HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200	04/11/2017	In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice	FAX:
County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 04 Date Licensed HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200 STAFFORD, TX 774774001	04/11/2017	In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE:	FAX:
County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 277-1151	Region 04 Date Licensed HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200 STAFFORD, TX 774774001 Fax (281) 277-1170	04/11/2017	In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice	FAX:
County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 277-1151 Type: Alternate Delivery Site	Region 04 Date Licensed HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200 STAFFORD, TX 774774001 Fax (281) 277-1170 Administrator SUSAN RICKETTS		In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 277-1151 Type: Alternate Delivery Site County FORT BEND	Region 04 Date Licensed HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200 STAFFORD, TX 774774001 Fax (281) 277-1170 Administrator SUSAN RICKETTS Region 04 Date Licensed		In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200	FAX:
County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 277-1151 Type: Alternate Delivery Site County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1:	Region 04 Date Licensed HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200 STAFFORD, TX 774774001 Fax (281) 277-1170 Administrator SUSAN RICKETTS Region 04 Date Licensed HOSPICE PLUS HOUSTON		In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117	
County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 277-1151 Type: Alternate Delivery Site County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 04 Date Licensed HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200 STAFFORD, TX 774774001 Fax (281) 277-1170 Administrator SUSAN RICKETTS Region 04 Date Licensed HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200 STAFFORD, TX 774774001		In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200	FAX:
County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 277-1151 Type: Alternate Delivery Site County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1:	Region 04 Date Licensed HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200 STAFFORD, TX 774774001 Fax (281) 277-1170 Administrator SUSAN RICKETTS Region 04 Date Licensed HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200		In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117	

County FORT BEND License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 277-1151	Region 04 Date Licensed 04/11/2017 HOSPICE PLUS HOUSTON 10707 CORPORATE DRIVE, SUITE 200 STAFFORD, TX 774774001 Fax (281) 277-1170	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site County FORT BEND License # 014073 Lic Expire 1/31/2023 Medicare 1: 677990 HHA-18 Medicare 2:	Administrator SUSAN RICKETTS Region 06 Date Licensed 01/07/2011 HTH HOLY TRINITY HEALTHCARE INC 11104 W AIRPORT BLVD SUITE 131 STAFFORD, TX 77477	Owner Information HTH HOLY TRINITY HEALTHCARE INC 11104 W IARPORT BLVD STE 131 STAFFORD, TX 77477 PHONE: FAX:
Phone (713) 333-3660 Type: Parent Agency	Fax (713) 333-4660 Administrator PATRICK FINN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 013971 Lic Expire 3/31/2023 Medicare 1: 747744 HHA-18 Medicare 2: Phone (281) 712-2051 Type: Parent Agency	Region 06 Date Licensed 03/21/2011 HUCKEYE HEALTH SERVICES LLC 24044 CINCO VILLAGE CENTER BLVD SUITE 100 KATY, TEXAS 77494 Fax (713) 900-7752 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 License # 011054 Lic Expire 6/30/2024 Medicare 1: 679794 Medicare 2: Phone (281) 499-9512	Region 06 Date Licensed 02/02/2007 IDEAL CARE PROVIDERS INC 1906 HICKORY GLEN DR MISSOURI CITY, TX 77489 Fax (281) 499-9583	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 License # 018877 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (346) 291-3343	Region 06 Date Licensed 08/09/2018 IDEAL HEALTHCARE SERVICES 10615 DAVLEE LN RICHMOND, TX 77407 Fax (832) 939-9194	Owner Information IDEAL HEALTHCARE SERVICES INC 17611 MURRAYFIELD CT RICHMOND, TX 77407 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County FORT BEND License # 010680 Lic Expire 8/31/2023 Medicare 1: 747299 HHA-18 Medicare 2: Phone (281) 447-5152	Administrator JOHNMARY ODINIGWE Region 06 Date Licensed 08/14/2006 INCARNATION HOME HEALTH SERVICES INC 12440 EMILY COURT SUITE 1001 SUGAR LAND, TX 77478 Fax (281) 447-7152	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;
Type: Parent Agency County FORT BEND License # 016144 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (713) 541-5800 Type: Parent Agency	Administrator OPEOLUWA FATUROTI Region 06 Date Licensed 04/10/2014 INFUCARE HOME HEALTH LLC 13910 LEXINGTON BLVD SUGARLAND, TX 77478 Fax (281) 916-6481 Administrator GLORIA EGBUCHUNAM	Personal Assistance Services Owner Information INFUCARE HOME HEALTH LLC PO BOX 571854 HOUSTON, TX 77257 PHONE: FAX: Services: Licensed Home Health Services

County FORT BEND License # 014190 Lic Expire 6/30/2023 Medicare 1: 747687 HHA-18 Medicare 2: Phone (713) 334-2300	Region 06 Date Licensed 06/28/201 INHOMECARE AMERICA 830 JULIE RIVERS DR. SUITE 803 SUGAR LAND, TEXAS 77478 Fax (713) 334-3011	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
Type: Parent Agency	Administrator KENNETH TETANG	
County FORT BEND	Region 06 Date Licensed 05/08/1999	
License # 003376	INTER ACTIVE HEALTH CARE INC	INTERACTIVE HEALTH CARE, INC 4677 TECHNIPLES DRIVE
Lic Expire 5/31/2024	4677 TECHNIPLEX DRIVE	STAFFORD, TX 77477
Medicare 1: 458447 HHA-18	STAFFORD, TX 77477	
Medicare 2: Phone (281) 892-2000	Fax (281) 892-2015	PHONE: FAX:
1 Hone (201) 002 2000	1 dx (201) 032 2010	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LEIGH NARVACAN	. 555.141 / 555.41155
County FORT BEND	Region 06 Date Licensed 10/27/202	Owner Information
License # 021164	INTERACTIVE HOSPICE AND PALLIATIVE CARE, INC	INTERACTIVE HOSPICE AND PALLIATIVE CARE, INC
Lic Expire 10/27/2024	4677 TECHNIPLEX DRIVE	
Medicare 1:	STAFFORD, TEXAS 77477	
Medicare 2:		PHONE: FAX:
Phone (281) 892-2002	Fax (281) 892-2015	Services: Hospice
T D //	A L L L L L L NORDERTO MARIA NA	In-Patient Hospice: NO
Type: Parent Agency	Administrator NORBERTO NARVACAN	
County FORT BEND	Region 06 Date Licensed 10/01/2016	
License # 019117	IVANA HOME HEALTH SERVICES	AN&SS CARE GROUP, LLC
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	Eav. (966) 670 3763	PHONE: FAX:
Filotie (201) 212-3442	Fax (866) 670-2763	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator AMIN ALWANI	1000/1017 0000001000
County FORT BEND	Region 06 Date Licensed	Owner Information
License # 021368	IVY CARE CONCIERGE LLC	IVY CARE CONCIERGE LLC
Lic Expire 2/7/2025	4718 MAPLE CREEK DRIVE	
Medicare 1:	FRESNO, TX 77545	
Medicare 2:		PHONE: FAX:
Phone (281) 236-0416	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator LATREACE HARRISON	
County FORT BEND	Region 06 Date Licensed 03/16/2010	Owner Information
License # 013173	JESTCO HEALTH CARE INC	JESTCO HEALTH CARE, INC
Lic Expire 6/30/2022	2118 SILVER LEAF DRIVE	2118 SILVERLEAF DRIVE
Medicare 1:	MISSOURI CITY, TX 77489	MISSOURI CITY, TX 77489
Medicare 2:		PHONE: FAX:
Phone (281) 414-8799	Fax (281) 403-4996	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator AUGUSTINE OKUKPE	
County FORT BEND	Region 06 Date Licensed 06/04/200	
License # 011366	JIWEALTH HEALTH SERVICES	JIWEALTH HEALTH SERVICES, INC
Lic Expire 6/30/2024	7906 SUUMMERDALE DR	1303 PARKER BLUFF LANE
Medicare 1: 747335 HHA-18	ROSENBERG, TEXAS 77471	ROSENBERG, TX 77471
Medicare 2:	F	PHONE: FAX:
Phone (281) 236-2446	Fax 8325008910 Date : 01022020	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CALLISTA JIWUAKU	

County FORT BEND License # 020829 Lic Expire 6/14/2024 Medicare 1:	Region 06 Date Licensed 06/14/2021 JOMEL PALLIATIVE AND HOSPICE CARE, INC 814 LA HACIENDA DRIVE	Owner Information JOMEL PALLIATIVE AND HOSPICE CARE, INC
Medicare 2:	RICHMOND, TX 77406	PHONE: FAX:
Phone (281) 818-6362	Fax	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CHARITY EFFIONG	
County FORT BEND License # 014633 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone 832 886 4942 Tune: Pagent Append	Region 06 Date Licensed 11/16/2011 JOSEPH HOME HEALTHCARE SERVICES INC 4434 BLUEBONNET DRIVE SUITE 137 STAFFORD, TX 77477 Fax 281 817 7493 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
Type: Parent Agency County FORT BEND License # 019377 Lic Expire 5/14/2023 Medicare 1: 747984 (HHA) Medicare 2:	Administrator AKHERE OKHAIFOH Region 06 Date Licensed 05/14/2019 JUBILEE CARE @ HOME HEALTH CARE SERVICES 914 SPRINGHAVEN CT KATY, TX 77494	Owner Information JUBILEE CARE @ HOME HEALTH CARE SERVICES LLC PHONE: FAX:
Phone (877) 242-1045 Type: Parent Agency	Fax (877) 242-1045 Administrator CHRISTINA BASTON	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County FORT BEND License # 009967 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (281) 313-1844	Region 06 Date Licensed 09/16/2005 K & G QUALITY HOME HEALTHCARE 12603 SOUTHWEST FREEWAY SUITE #520 STAFFORD, TEXAS 77477 Fax (281) 313-1848	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
Type: Parent Agency	Administrator C KRIS IJEH	05.1005. 20.1005. 10.10.1004. 05.1005, 10.004. 10.004. 10.005
County FORT BEND License # 016815 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (832) 608-6001	Region 06 Date Licensed 05/21/2015 K2 HOME HEALTH 17130 KILDONAN COURT RICHMOND, TX 77407 Fax (832) 608-6001 Administrator KELECHI NWOSU	Owner Information K2 HOLISTIC HEALTHCARE SERVICES, INC 6418 BINALONG DRIVE KATY, TX 77449 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County FORT BEND License # 018617 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (713) 730-5040 Type: Parent Agency	Region 06 Date Licensed 02/14/2018 KAMVIC HOME HEALTH CARE LLC 21111 BARTON HOLLOW LANE RICHMOND, TX 77407 Fax (713) 588-2727 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 License # 015938 Lic Expire 7/31/2023 Medicare 1: 747018 HHA-18 Medicare 2: Phone (281) 313-4650	Region 06 Date Licensed 07/15/2013 KAPPA HOME HEALTH SERVICES INC 2440 TEXAS PKWY, SUITE 218 MISSOURI CITY, TEXAS 77489 Fax (281) 313-0994	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
Type: Parent Agency	Administrator ODINAKACHUKWU CYNTHIA AGU	

County FORT BEND License # 014069 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (281) 736-6336 Type: Parent Agency County FORT BEND	Region 06 Date Licensed KC HEALTHCARE SERVICES INC 902 OPAL CHASE DRIVE RICHMOND, TX 77469 Fax (281) 238-5575 Administrator CATHERINE ORAKPO Region 06 Date Licensed	04/29/2011	Owner Information KC HEALTHCARE SERVICES, INC P O BOX 703 RICHMOND, TEXAS 77469 PHONE: Services: Personal Assistance Services Owner Information	FAX:
License # 017847	KEMA CARE SERVICES INC		KEMA CARE SERVICES INC 5827 CRESTVIEW COVE	
Lic Expire 5/31/2023 Medicare 1:	5827 CRESTVIEW COVE RICHMOND, TX 77469		RICHMOND, TX 77469	
Medicare 2:	MONIMOND, IX 77400		PHONE:	FAX:
Phone (832) 859-8777	Fax (281) 596-4441		Services: Personal Assistance Services	
Type: Parent Agency	Administrator IKE ALARIBE			
County FORT BEND License # 018314 Lic Expire 12/30/2024 Medicare 1:	Region 06 Date Licensed KEY DIALYSIS LLC 1400 CREEK WAY SUITE 211 SUGAR LAND, TX 77478	09/12/2017	Owner Information KEY DIALYSIS LLC 1400 CREEK WAY, STE. 211 SUGAR LAND, TEXAS 77478	
Medicare 2: Phone (832) 939-9772	Fax (832) 939-9774		PHONE:	FAX:
Type: Parent Agency	Administrator DARIN SULLIVAN		Services: Licensed Home Health Services with	Dialysis
County FORT BEND License # 019551 Lic Expire 8/26/2023 Medicare 1:	Region 06 Date Licensed KIDSLIFE HOME CARE 19826 AMBER VILLAGE LN RICHMOND, TEXAS 77407	08/26/2019	Owner Information SKYLYN, LLC	
Medicare 2:	,		PHONE:	FAX:
Dhono (020) 070 7005	Fax (832) 449-3863		Caminage Linemand Home Health Caminage Day	sonal Assistance Services
Phone (832) 278-7685	1 ux (002) 443 0000		Services: Licensed Home Health Services; Per	00.1017.00.0101.000
Type: Parent Agency	Administrator BANDE NANJI		Services. Licensed nome nealth Services, Per	
,	•	01/12/2022	Owner Information KIKI HEALTH & HOSPICE CARE LLC	
Type: Parent Agency County FORT BEND License # 021326 Lic Expire 1/12/2025	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002	01/12/2022	Owner Information	FAX:
Type: Parent Agency County FORT BEND License # 021326 Lic Expire 1/12/2025 Medicare 1:	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002	01/12/2022	Owner Information KIKI HEALTH & HOSPICE CARE LLC PHONE: Services: Hospice; Licensed Home Health Services	FAX:
Type: Parent Agency County FORT BEND License # 021326 Lic Expire 1/12/2025 Medicare 1: Medicare 2:	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002 SUGAR LAND, TX 77479	01/12/2022	Owner Information KIKI HEALTH & HOSPICE CARE LLC PHONE:	FAX:
Type: Parent Agency County FORT BEND License # 021326 Lic Expire 1/12/2025 Medicare 1: Medicare 2: Phone (346) 775-0930 Type: Parent Agency County FORT BEND License # 019390 Lic Expire 5/23/2023	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002 SUGAR LAND, TX 77479 Fax Administrator DIANNE BAPTISTE Region 06 Date Licensed KINGSHIP HEALTH SERVICES LLC 6911 NECTARINE LANE	01/12/2022	Owner Information KIKI HEALTH & HOSPICE CARE LLC PHONE: Services: Hospice; Licensed Home Health Services	FAX:
Type: Parent Agency County FORT BEND License # 021326 Lic Expire 1/12/2025 Medicare 1: Medicare 2: Phone (346) 775-0930 Type: Parent Agency County FORT BEND License # 019390	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002 SUGAR LAND, TX 77479 Fax Administrator DIANNE BAPTISTE Region 06 Date Licensed KINGSHIP HEALTH SERVICES LLC		Owner Information KIKI HEALTH & HOSPICE CARE LLC PHONE: Services: Hospice; Licensed Home Health Servin-Patient Hospice: NO Owner Information	FAX:
Type: Parent Agency County FORT BEND License # 021326 Lic Expire 1/12/2025 Medicare 1: Medicare 2: Phone (346) 775-0930 Type: Parent Agency County FORT BEND License # 019390 Lic Expire 5/23/2023 Medicare 1:	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002 SUGAR LAND, TX 77479 Fax Administrator DIANNE BAPTISTE Region 06 Date Licensed KINGSHIP HEALTH SERVICES LLC 6911 NECTARINE LANE		Owner Information KIKI HEALTH & HOSPICE CARE LLC PHONE: Services: Hospice; Licensed Home Health Sen In-Patient Hospice: NO Owner Information KINGSHIP HEALTH SERVICES LLC	FAX: rices; Personal Assistance Services FAX:
Type: Parent Agency County FORT BEND License # 021326 Lic Expire 1/12/2025 Medicare 1: Medicare 2: Phone (346) 775-0930 Type: Parent Agency County FORT BEND License # 019390 Lic Expire 5/23/2023 Medicare 1: Medicare 2:	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002 SUGAR LAND, TX 77479 Fax Administrator DIANNE BAPTISTE Region 06 Date Licensed KINGSHIP HEALTH SERVICES LLC 6911 NECTARINE LANE RICHMOND, TEXAS 77469	05/23/2019	Owner Information KIKI HEALTH & HOSPICE CARE LLC PHONE: Services: Hospice; Licensed Home Health Servin-Patient Hospice: NO Owner Information KINGSHIP HEALTH SERVICES LLC PHONE:	FAX: rices; Personal Assistance Services FAX:
County FORT BEND License # 021326 Lic Expire 1/12/2025 Medicare 1: Medicare 2: Phone (346) 775-0930 Type: Parent Agency County FORT BEND License # 019390 Lic Expire 5/23/2023 Medicare 1: Medicare 2: Phone (832) 608-8050	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002 SUGAR LAND, TX 77479 Fax Administrator DIANNE BAPTISTE Region 06 Date Licensed KINGSHIP HEALTH SERVICES LLC 6911 NECTARINE LANE RICHMOND, TEXAS 77469 Fax (832) 451-6036	05/23/2019	Owner Information KIKI HEALTH & HOSPICE CARE LLC PHONE: Services: Hospice; Licensed Home Health Servin-Patient Hospice: NO Owner Information KINGSHIP HEALTH SERVICES LLC PHONE: Services: Licensed Home Health Services; Per	FAX: rices; Personal Assistance Services FAX:
Type: Parent Agency County FORT BEND License # 021326 Lic Expire 1/12/2025 Medicare 1: Medicare 2: Phone (346) 775-0930 Type: Parent Agency County FORT BEND License # 019390 Lic Expire 5/23/2023 Medicare 1: Medicare 2: Phone (832) 608-8050 Type: Parent Agency	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002 SUGAR LAND, TX 77479 Fax Administrator DIANNE BAPTISTE Region 06 Date Licensed KINGSHIP HEALTH SERVICES LLC 6911 NECTARINE LANE RICHMOND, TEXAS 77469 Fax (832) 451-6036 Administrator OKECHUKWU ONYEGBULA	05/23/2019	Owner Information KIKI HEALTH & HOSPICE CARE LLC PHONE: Services: Hospice; Licensed Home Health Sender In-Patient Hospice: NO Owner Information KINGSHIP HEALTH SERVICES LLC PHONE: Services: Licensed Home Health Services; Perometric Information FLANEL HEALTHCARE SERVICES LLC	FAX: rices; Personal Assistance Services FAX:
County FORT BEND License # 021326 Lic Expire 1/12/2025 Medicare 1: Medicare 2: Phone (346) 775-0930 Type: Parent Agency County FORT BEND License # 019390 Lic Expire 5/23/2023 Medicare 1: Medicare 2: Phone (832) 608-8050 Type: Parent Agency County FORT BEND License # 010565 License # 010565 Licexpire 2/28/2022	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002 SUGAR LAND, TX 77479 Fax Administrator DIANNE BAPTISTE Region 06 Date Licensed KINGSHIP HEALTH SERVICES LLC 6911 NECTARINE LANE RICHMOND, TEXAS 77469 Fax (832) 451-6036 Administrator OKECHUKWU ONYEGBULA Region 06 Date Licensed KRISTEL HEALTHCARE SERVICES 301 SOUTH 9TH STREET #204	05/23/2019	Owner Information KIKI HEALTH & HOSPICE CARE LLC PHONE: Services: Hospice; Licensed Home Health Services: Hospice: NO Owner Information KINGSHIP HEALTH SERVICES LLC PHONE: Services: Licensed Home Health Services; Per Owner Information FLANEL HEALTHCARE SERVICES LLC 301 SOUTH 9TH STREET #204	FAX: rices; Personal Assistance Services FAX:
County FORT BEND License # 021326 Lic Expire 1/12/2025 Medicare 1: Medicare 2: Phone (346) 775-0930 Type: Parent Agency County FORT BEND License # 019390 Lic Expire 5/23/2023 Medicare 1: Medicare 2: Phone (832) 608-8050 Type: Parent Agency County FORT BEND License # 010565 License # 010565 Lic Expire 2/28/2022 Medicare 1: 743136 HHA-18	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002 SUGAR LAND, TX 77479 Fax Administrator DIANNE BAPTISTE Region 06 Date Licensed KINGSHIP HEALTH SERVICES LLC 6911 NECTARINE LANE RICHMOND, TEXAS 77469 Fax (832) 451-6036 Administrator OKECHUKWU ONYEGBULA Region 06 Date Licensed KRISTEL HEALTHCARE SERVICES	05/23/2019	Owner Information KIKI HEALTH & HOSPICE CARE LLC PHONE: Services: Hospice; Licensed Home Health Servin-Patient Hospice: NO Owner Information KINGSHIP HEALTH SERVICES LLC PHONE: Services: Licensed Home Health Services; Per Owner Information FLANEL HEALTHCARE SERVICES LLC 301 SOUTH 9TH STREET #204 RICHMOND, TX 77469	FAX: rices; Personal Assistance Services FAX: sonal Assistance Services
County FORT BEND License # 021326 Lic Expire 1/12/2025 Medicare 1: Medicare 2: Phone (346) 775-0930 Type: Parent Agency County FORT BEND License # 019390 Lic Expire 5/23/2023 Medicare 1: Medicare 2: Phone (832) 608-8050 Type: Parent Agency County FORT BEND License # 010565 License # 010565 Licexpire 2/28/2022	Administrator BANDE NANJI Region 06 Date Licensed KIKI HEALTH AND HOSPICE CARE LLC 3130 GRANT LAKE BLVD #19002 SUGAR LAND, TX 77479 Fax Administrator DIANNE BAPTISTE Region 06 Date Licensed KINGSHIP HEALTH SERVICES LLC 6911 NECTARINE LANE RICHMOND, TEXAS 77469 Fax (832) 451-6036 Administrator OKECHUKWU ONYEGBULA Region 06 Date Licensed KRISTEL HEALTHCARE SERVICES 301 SOUTH 9TH STREET #204	05/23/2019	Owner Information KIKI HEALTH & HOSPICE CARE LLC PHONE: Services: Hospice; Licensed Home Health Services: Hospice: NO Owner Information KINGSHIP HEALTH SERVICES LLC PHONE: Services: Licensed Home Health Services; Per Owner Information FLANEL HEALTHCARE SERVICES LLC 301 SOUTH 9TH STREET #204	FAX: rices; Personal Assistance Services FAX:

County FORT BEND License # 020177 Lic Expire 9/15/2022 Medicare 1: Medicare 2: Phone (832) 759-2435 Type: Parent Agency	Region 06 Date Licensed LEADS HEALTH SERVICES 16802 COOK LANDING DRIVE RICHMOND, TX 77407 Fax (832) 553-3054 Administrator HELEN MURRAY	09/15/2020	Owner Information LEADS SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 018142 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (832) 612-0472 Type: Parent Agency	Region 06 Date Licensed LIFE FOUNDATION HOME CARE 12808 W AIRPORT BLVD, STE 260L SUGAR LAND, TX 77478 Fax (832) 202-0506 Administrator SABEEN JIWANI	05/01/2017	Owner Information AYZA HOME HEALTHCARE SERVICES LLC 3 SUGAR CREEK CENTER BLVD, STE 100 SUGAR LAND, TX 77478 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 018133 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (281) 238-8848 Type: Parent Agency	Region 06 Date Licensed LIFEBRIDGE HOME CARE LLC 10701 CORPORATE DRIVE STE 206 STAFFORD, TEXAS 77477 Fax (832) 471-6536 Administrator EUNICE NWANNE	06/26/2017	Owner Information LIFEBRIDGE HOME CARE LLC 22119 SKYRIDGE LN RICHMOND, TX 77469 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 020313 Lic Expire 11/12/2022 Medicare 1: Medicare 2: Phone 832 971 0464 Type: Parent Agency	Region 06 Date Licensed LIFELINE CARE INC 18206 STABLEWOOD MANOR TRAIL RICHMOND, TEXAS 77407 Fax Administrator OLUBUKOLA OLUSANYA	11/12/2020	Owner Information LIFELINE CARE INC PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 013647 Lic Expire 10/31/2022 Medicare 1: 747773 HHA-18 Medicare 2: Phone (832) 939-9177	Region 06 Date Licensed LIMEC HEALTH CARE SERVICES INC 7419 COLBY RUN CT RICHMOND, TX 77407 Fax (832) 553-2506	10/15/2010	Owner Information LIMEC HEALTH CARE SERVICES INC SAME ABOVE RICHMOND, TX 77407 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County FORT BEND License # 012802 Lic Expire 8/31/2023 Medicare 1: 747456 HHA-18 Medicare 2: Phone (281) 325-0043 Type: Parent Agency	Administrator LILIAN CHINEDO Region 06 Date Licensed LITTLE FLOWER HOMEHEALTH INC 12808 WEST AIRPORT BLVD. SUITE 318 SUGAR LAND, TX 77478 Fax (281) 265-0142 Administrator TRISAMOLE THOMAS	08/24/2009	Owner Information LITTLE FLOWER HOMEHEALTH INC 12808 WEST AIRPORT BLVD SUITE 318 SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 011794 Lic Expire 1/31/2023 Medicare 1: 747278 HHA-18 Medicare 2: Phone 281 809 5190 Type: Parent Agency	Region 06 Date Licensed LIVELONG HEALTH CARE SERVICES INC 15415 WAUMSLEY WAY SUGARLAND, TX 77498 Fax 281 809 5732 Administrator DORIS OBAZE	01/04/2008	Owner Information LIVELONG HEALTH CARE SERVICES INC 15415 WAUMSLEY WAY SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

	PHONE: FAX:
Fax 281 238 5985	
Administrator OLUYOMI LAWSON	Services: Personal Assistance Services
Region 06 Date Licensed 06/16/2005 LOGIC HOMEHEALTH SERVICES INC 5101 AVENUE H STE 25 ROSENBERG, TX 77471	Owner Information LOGIC HOMEHEALTH SERVICES INC 5101 AVENUE H STE 25 ROSENBERG, TX 77471 PHONE: FAX:
Administrator ARUBAKAR MOLADE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Region 06 Date Licensed 10/28/2019 LOYAL TOUCH HOME HEALTH INC 3727 GREENBRIAR DR STE 115 STAFFORD, TEXAS 77477 Fax	Owner Information LOYAL TOUCH HOME HEALTH INC 7402 PAVILION DR HOUSTON,, TX 77083 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Region 06 Date Licensed 08/30/2019 LOYALTY CARE HEALTH SERVICES INC 5902 WATER VIOLET LN RICHMOND, TEXAS 77407	Owner Information LOYALTY CARE HEALTH SERVICES INC PHONE: FAX:
Fax	
Administrator MARILIN CASTRO	Services: Licensed Home Health Services; Personal Assistance Services
Region 06 Date Licensed 01/17/2012 MANIFESTATION HOME HEALTHCARE INC 1418 NEW TREE LANE MISSOURI CITY, TX 77489	Owner Information MANIFESTATION HOME HEALTHCARE, INC 8207 ALISO CANYON LANE HOUSTON, TX 77083 PHONE: FAX:
Fax (281) 313-0532	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Administrator FELICIA OJIGHO Region 06 Date Licensed 01/15/2011 MARIA REGINA HOME HEALTH AGENCY INC 410 ANNES WAY STAFFORD, TEXAS 77477 Fax 2819698116 or 2812084783 Administrator PATRICK OGIDI	Owner Information MARIA REGINA HOME HEALTH AGENCY, INC 410 ANNE'S WAY STAFFORD, TEXAS 77477 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Region 06 Date Licensed 06/28/2005 MARITONA HEALTH SERVICES INC	Owner Information MARITONA HEALTH SERVICES INC 11615 LANTANA REACH DRIVE
	Region 06 Date Licensed 06/16/2005 LOGIC HOMEHEALTH SERVICES INC 5101 AVENUE H STE 25 ROSENBERG, TX 77471 Fax (281) 710-7876 Administrator ABUBAKAR MOLADE Region 06 Date Licensed 10/28/2019 LOYAL TOUCH HOME HEALTH INC 3727 GREENBRIAR DR STE 115 STAFFORD, TEXAS 77477 Fax Administrator CHIKA ODILI Region 06 Date Licensed 08/30/2019 LOYALTY CARE HEALTH SERVICES INC 5902 WATER VIOLET LN RICHMOND, TEXAS 77407 Fax Administrator MARILIN CASTRO Region 06 Date Licensed 01/17/2012 MANIFESTATION HOME HEALTHCARE INC 1418 NEW TREE LANE MISSOURI CITY, TX 77489 Fax (281) 313-0532 Administrator FELICIA OJIGHO Region 06 Date Licensed 01/15/2011 MARIA REGINA HOME HEALTH AGENCY INC 410 ANNES WAY STAFFORD, TEXAS 77477 Fax 2819698116 or 2812084783 Administrator PATRICK OGIDI Region 06 Date Licensed 06/28/2005

County FORT BEND License # 012912 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (713) 234-5730 Type: Parent Agency	Region 06 Date Licensed 01/21/2009 MAXIM HEALTHCARE SERVICES INC 4800 SUGAR GROVE BLVD SUITE 600 STAFFORD, TX 77477 Fax (877) 774-0531 Administrator ELIZABETH FERNIE	Owner Information MAXIM HEALTHCARE SERVICES INC 7227 LEE DEFOREST DRIVE COLUMBIA, MD 21046 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 011515 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone 832 8753173 Type: Parent Agency	Region 06 Date Licensed 08/09/2007 MAYFLOWER HEALTH SERVICES INC 3703 PENNINGTON COURT MISSOURI CITY, TX 77459 Fax 281 7786157 Administrator MEDINAT SHOFOLUWE	Owner Information MAYFLOWER HEALTH SERVICES, INC 3703 PENNINGTON COURT 3703 PENNINGTON COURT, TEXAS 77459 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 010184 Lic Expire 12/31/2022 Medicare 1: 747128 Medicare 2: Phone (281) 265-0095 Type: Parent Agency	Region 06 Date Licensed 12/07/2005 MED SOURCE HEALTHCARE SERVICES INC 12926 DAIRY ASHFORD SUITE 150 SUGAR LAND, TX 77478 Fax (281) 201-4531 Administrator PRISCILLA UDEAGHA	Owner Information MEDSOURCE HEALTHCARE SERVICES, INC 12926 DIARY ASHFORD RD STE 150 SUGAR LAND, TX 77478 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 010415 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (713) 995-9292 Type: Parent Agency	Region 06 Date Licensed 05/01/2006 MEDCARE PEDIATRIC NURSING LP 12371 SOUTH KIRKWOOD DRIVE STAFFORD, TX 77477 Fax (713) 995-4402 Administrator KARYN JOLLY	Owner Information MEDCARE PEDIATRIC NURSING LP 12371 SOUTH KIRKWOOD ROAD STAFFORD, TX 77477 PHONE: FAX: Services: Licensed Home Health Services
County FORT BEND License # 010414 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (713) 779-9300 Type: Parent Agency	Region 06 Date Licensed 05/01/2006 MEDCARE PEDIATRIC THERAPY LP 12371 SOUTH KIRKWOOD RD. STAFFORD, TX 77477 Fax (713) 779-9600 Administrator BRITTANY DILLESHAW	Owner Information MEDCARE PEDIATRIC THERAPY LP 12371 SOUTH KIRKWOOD ROAD STAFFORD, TEXAS 77477 PHONE: FAX: Services: Licensed Home Health Services
County FORT BEND License # 008991 Lic Expire 3/31/2025 Medicare 1: Medicare 2: Phone (281) 565-0989 Type: Parent Agency	Region 06 Date Licensed 03/29/2004 MEDINURSE INC 16338 YABBIE DRIVE SUGAR LAND, TX 77498 Fax (281) 565-1486 Administrator CHRIS OSAGIE	Owner Information MEDINURSE INC 13914 BLUE VISTA DR. SUGAR LAND, TX 77498 PHONE: (281) 565-4733 FAX: Services: Personal Assistance Services
County FORT BEND License # 017481 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (773) 895-0020	Region 06 Date Licensed 06/24/2016 MEGAMAX HOME HEALTH LLC 3414 ANDOVER TRACE LANE MISSOURI CITY, TEXAS 77459 Fax	Owner Information MEGAMAX HOME HEALTH LLC 2024 TESTAMENT TRL PLANO, TX 75074-2029 PHONE: FAX: Services: Personal Assistance Services

Administrator

Type: Parent Agency

JUSTUS MBOGO

County FORT BEND License # 020229 Lic Expire 10/13/2022 Medicare 1: Medicare 2: Phone 346 7194371, 346 2642 Type: Parent Agency	Region 06 Date Licensed 10/13/2020 MERCYCARE HOME SUPPORT SERVICES 12808 WEST AIRPORT BOULEVARD STE 270P SUGAR LAND, TX 77478 Fax 346 2510416 Administrator AYODEJI SIWONIKU	Owner Information MERCYCARE HOME SUPPORT SERVICES INC 12808 W. AIRPORT BOULEVARD SUITE 270P SUGAR LAND, TX 77478 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 020843 Lic Expire 6/18/2024 Medicare 1:	Region 06 Date Licensed 06/18/2021 MIDAS ANGELS PERSONAL CARE AND STAFFING AGENCY LLC 6135 MAPLETON MEADOW LANE RICHMOND, TEXAS 77407	Owner Information MIDAS ANGELS PERSONAL CARE AND STAFFING AGENCY LLC
Medicare 2: Phone (347) 528-6580 Type: Parent Agency	Fax Administrator OGECHUKWU UDEOZO	PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 021366 Lic Expire 2/5/2025 Medicare 1: Medicare 2: Phone (832) 746-3398 Type: Parent Agency	Region 06 Date Licensed MILES HEALTHCARE SERVICES, LLC 77 SUGAR CREEK CENTER BLVD STE. 600 SUGAR LAND, TEXAS 77478 Fax Administrator CARLESSIA MILES	Owner Information MILES HEALTHCARE SERVICES, LLC 77 SUGAR CREEK CENTER BLVD STE. 600 SUGAR LAND, TEXAS 77478 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 012177 Lic Expire 6/30/2022 Medicare 1: 747813 HHA-18 Medicare 2:	Region 06 Date Licensed 06/26/2008 MILLENNIUM HOME HEALTH SERVICES 830 JULIE RIVERS DRIVE #104 SUGAR LAND, TX 77478	Owner Information MILLENNIUM HEALTH SERVICES INC 13706 FLORENCE RD, STE #B2 SUGAR LAND, TX 77498 PHONE: FAX:
Phone (832) 532-0601 Type: Parent Agency	Fax (832) 532-0602 Administrator ANNIE WILLIE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 019488 Lic Expire 7/22/2023 Medicare 1:	Region 06 Date Licensed 08/29/2019 MIMAC HEALTH SERVICES,INC 1907 APPLETON DR MISSOURI CITY, TEXAS 77489	Owner Information MIMAC HEALTH SERVICES, INC
Medicare 2: Phone (713) 904-3554 Type: Parent Agency	Fax (832) 288-4335 Administrator LINDA OBINANI	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 012697 Lic Expire 7/31/2023 Medicare 1: 747763 HHA-18 Medicare 2: Phone (713) 975-1001 Type: Parent Agency	Region 06 Date Licensed 07/09/2009 MIRACLE HANDS HEALTHCARE SERVICES CORPORATION 12808 WEST AIRPORT BLVD SUITE 333 SUGAR LAND, TEXAS 77478 Fax (713) 975-1003 Administrator MERCY KIMANI	Owner Information MIRACLE HANDS HEALTHCARE SERVICES CORPORATION 1446 CARTWRIGHT ROAD MISSOURI CITY, TX 77489 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 019122 Lic Expire 11/28/2022 Medicare 1: Medicare 2: Phone (832) 883-0015 Type: Parent Agency	Region 06 Date Licensed 11/28/2018 MIRACLE HEALTHCARE LLC 1823 SEVILLE MANOR FRESNO, TX 77545 Fax NA Administrator MEKANZE UKADIKE	Owner Information MIRACLE HEALTHCARE LLC 1823 SEVILLE MANOR FRESNO, TEXAS 77545 PHONE: FAX: Services: Personal Assistance Services

County FORT BEND License # 020191 Lic Expire 9/23/2022 Medicare 1:	Region 06 Date Licensed MODERN VINTAGE HOME CARE 3 SUGAR CREEK CENTER BLVD STE 100 SUGAR LAND, TEXAS 77478	09/23/2020	Owner Information MODERN VINTAGE RESIDENTIAL CARE LLC	
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		MODESTY HOME HEALTH LLC	
Lic Expire 3/31/2023	3766 CARTWRIGHT RD		7218 COLONY BEND LN MISSOURI CITY, TX 77459	
Medicare 1: 747733 HHA-18	MISSOURI CITY, TEXAS 77459			
Medicare 2: Phone (281) 261-0721	Fax (832) 539-1541		PHONE: FAX:	
, ,	•		Services: Licensed and Certified Home Health Services; Personal Assistance Services:	ervices
Type: Parent Agency	Administrator OMANA SIMON			
County FORT BEND	Region 06 Date Licensed	04/21/2020	Owner Information MPHH MEDICAL SERVICES INC	
License # 019885	MPHH MEDICAL SERVICES INC		MFNA MEDICAL SERVICES INC	
Lic Expire 4/21/2022	18619 GREENWOOD MEADOW TRL.			
Medicare 1: Medicare 2:	RICHMOND, TEXAS 77407		PHONE: FAX:	
Phone (832) 955-7946	Fax (832) 955-7947			
Type: Parent Agency	Administrator OLUCHUKWU IKEJIOFOR		Services: Licensed Home Health Services; Personal Assistance Services	
			Owner Information	
County FORT BEND License # 018175	Region 06 Date Licensed	07/18/2017	MYFAMILY HOSPICE LLC	
License # 018175 Lic Expire 7/31/2024	MYFAMILY HOSPICE LLC		9800 CENTRE PARKWAY STE 100	
Medicare 1: 97-1531 (HOSPICE	10707 CORPORATE DR STE 120 STAFFORD, TX 77477		HOUSTON, TX 77036	
Medicare 2:			PHONE: FAX:	
Phone (713) 271-0095	Fax (713) 271-7002		Services: Hospice; Licensed Home Health Services	
Type: Parent Agency	Administrator LEO DELA ROSA		In-Patient Hospice: NO	
- 		07/00/0000	Owner Information	
County FORT BEND	Region 06 Date Licensed	07/20/2020	NAAZ PEDIATRIC HOME CARE, LLC	
License # 020062 Lic Expire 7/20/2022	NAAZ PEDIATRIC HOME CARE, LLC 103 ANGEL HOLLOW LANE		,	
Medicare 1:	ROSENBERG, TEXAS 77469			
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 PEDIATRIC HOME HEALTH		NARA CARE INC	
Lic Expire 6/18/2022	8622 OAKDALE BLUFF CT.			
Medicare 1:	RICHMOND, TEXAS 77407			
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		NCARE HEALTH SERVICES, LLC	
Lic Expire 1/21/2024	8810 SUNRISE TERRACE LN		16002 CHERRYSHIRE DRIVE	
Medicare 1:	RICHMOND, TEXAS 77407		HOUSTON, TX 77083	
Medicare 2: Phone (832) 372-2977	Fax		PHONE: FAX:	
			Services: Licensed Home Health Services; Personal Assistance Services	
Type: Parent Agency	Administrator AKUDO OLEWE			

County FORT BEND License # 013497 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (281) 903-7613 Type: Parent Agency	Region 06 Date Licensed 07/27/2010 NESTAR MED CARE LLC 4502 RIVERSTONE BLVD UNIT #905 MISSOURI CITY, TX 77459 Fax (832) 532-7504 Administrator STELLA UMWENI	Owner Information NESTAR MED CARE LLC 1143 ZOE SPRINGS WAY RICHMOND, TEXAS 77406 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 021219 Lic Expire 11/22/2024 Medicare 1:	Region 06 Date Licensed 11/22/2021 NEW COAST HEALTH SERVICES LLC 3811 GLADE HILL LN RICHMOND, TEXAS 77407	Owner Information NEW COAST HEALTH SERVICES LLC
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 License # 020850	Region 06 Date Licensed 06/23/2021 NEW ERA HOSPICE CARE LLC	Owner Information NEW ERA HOSPICE CARE LLC
Lic Expire 6/23/2024	THREE SUGAR CREEK CENTER SUITE 100	3733 VIA CORSO AVENUE HENDERSON, NB 89052
Medicare 1: Medicare 2:	SUGAR LAND, TEXAS 77478	PHONE: (725) 224-2053 FAX:
Phone (725) 224-2053	Fax 17252181944	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ALEJANDRO TEJADA	<u> </u>
County FORT BEND License # 015978 Lic Expire 12/31/2023 Medicare 1: 747201 HHA-18	Region 06 Date Licensed 12/23/2013 NEW LIGHT HOME HEALTH, INC 10707 CORPORATE DRIVE SUITE #153 STAFFORD, TX 774774092	Owner Information NEW LIGHT HOME HEALTH, INC 10707 CORPORATE DRIVE, SUITE # 153 STAFFORD, TX
Medicare 2:		PHONE: FAX:
Phone (281) 499-5901 Type: Parent Agency	Fax (281) 499-8882 Administrator JULIE THOMAS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Owner Information
County FORT BEND License # 014076 Lic Expire 3/31/2021 Medicare 1:	Region 06 Date Licensed 12/21/2010 NEW VISION HEALTH CARE SERVICES LLC 14310 MANORBIER LANE SUGAR LAND, TX 77498	NEW VISION HEALTH CARE SERVICES LLC 14310 MANORBIER LANE SUGAR LAND, TX 77498
Medicare 2: Phone (713) 874-4937	Fax (281) 277-9219	
Type: Parent Agency	Administrator BERNADINE KHAN	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 015742 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (713) 459-1705 Type: Parent Agency	Region 06 Date Licensed 08/30/2013 NICOLEST HEALTHCARE SERVICES INC 18446 AUSTIN OAK LN RICHMOND, TX 77407 Fax (281) 762-7895 Administrator EDWINA DOUGLAS	Owner Information NICOLEST HEALTHCARE SERVICES INC 18446 AUSTIN OAK LANE RICHMOND, TX 77407 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND	Region 06 Date Licensed	Owner Information
License # 021350 Lic Expire 1/23/2025 Medicare 1:	NURSE NEXT DOOR KATYMEMORIAL 23403 KINGSLAND BLVD #7108 KATY, TX 77494	HAPPIER AT HOME HEALTH CARE, INC
Medicare 2:	_	PHONE: FAX:
Phone (281) 948-2778 Type: Parent Agency	Fax Administrator MARTA WALLACE	Services: Personal Assistance Services

County FORT BEND License # 020566 Lic Expire 3/3/2023 Medicare 1: Medicare 2: Phone (832) 856-4407 Type: Parent Agency	Region 06 Date Licensed NURSE NEXT DOOR HOUSTON 12808 W. AIRPORT BLVD, STE 325H SUGARLAND, TX 77478 Fax Administrator ANUSHKA MAGO	03/03/2021	Owner Information VAAS CARE LLC PHONE: Services: Personal Assistance Services	FAX:
County FORT BEND License # 017010 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (281) 344-8200 Type: Parent Agency County FORT BEND License # 019762	Region 06 Date Licensed OAK RIVER HEALTHCARE SERVICES INC 1601 MAIN STREET SUITE 600 RICHMOND, TEXAS 77469 Fax (877) 596-2233 Administrator ELIZABETH EMERI Region 06 Date Licensed OANA HEALTHCARE & CONSULTING, LLC	12/04/2018	Owner Information OAK RIVER HEALTHCARE SERVICES INC 1601 MAIN STREET, #600 RICHMOND, TX 77469 PHONE: Services: Licensed Home Health Services; Pers Owner Information OANA HEALTHCARE & CONSULTING, LLC	FAX: onal Assistance Services
Lic Expire 1/8/2022 Medicare 1: Medicare 2: Phone (832) 600-0731 Type: Parent Agency	15500 VOSS RD SUITE 200-233 SUGAR LAND, TEXAS 77498 Fax Administrator ARETINA OUEDRAOGO		24200 SOUTHWEST FWY ROSENBERG, TEXAS 77471 PHONE: Services: Licensed Home Health Services; Pers	FAX: onal Assistance Services
County FORT BEND License # 017096 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (281) 529-6278 Type: Parent Agency	Region 06 Date Licensed OASIS HEALTHCARE INC 12110 MURPHY RD SUITE C STAFFORD, TX 77477 Fax (281) 786-3544 Administrator QUIZENA WALKER	08/01/2015	Owner Information OASIS HEALTHCARE INC P.O. BOX 2193 STAFFORD, TX 77497 PHONE: Services: Licensed Home Health Services; Pers	FAX: onal Assistance Services
County FORT BEND License # 019746 Lic Expire 12/18/2021 Medicare 1:	Region 06 Date Licensed OMK HEALTHCARE SERVICES LLC 1035 EVANDALE LANE SUGAR LAND, TX 77479	12/18/2019	Owner Information OMK HEALTHCARE SERVICES LLC	
Medicare 2: Phone (832) 713-4848 Type: Parent Agency	Fax (832) 379-7499 Administrator MAE UKAEGBU		PHONE: Services: Licensed and Certified Home Health S	FAX: services; Personal Assistance Services
County FORT BEND License # 017992 Lic Expire 4/30/2023 Medicare 1: 747389 Medicare 2: Phone (281) 313-5255 Type: Parent Agency	Region 06 Date Licensed PAIX HEALTH SERVICES INC 7311 EDEN CROSSING LANE RICHMOND, TX 77407 Fax (281) 565-0697 Administrator STELLA EKPRUKE	04/10/2017	Owner Information PAIX HEALTH SERVICES INC 7311 EDEN CROSSING LANE RICHMOND, TX 77407 PHONE: Services: Licensed and Certified Home Health S Personal Assistance Services	FAX: Services; Licensed Home Health Services;
County FORT BEND License # 020706 Lic Expire 4/15/2024 Medicare 1:	Region 06 Date Licensed PAMCARE 1811 RIPPLING WATER COURT SUGAR LAND, TEXAS 77479	04/15/2021	Owner Information PAMELA ELLIS	
Medicare 2: Phone (713) 446-8894 Type: Parent Agency	Fax Administrator PAMELA ELLIS		PHONE: Services: Personal Assistance Services	FAX:

County FORT BEND License # 020210 Lic Expire 10/1/2022 Medicare 1: Medicare 2: Phone (713) 298-9011 Type: Parent Agency	Region 06 Date Licensed 10/01/2020 PARAGON HOME HEALTH, LLC 10815 ASHLAND BRIDGE LN SUGARLAND, TEXAS 77498 Fax Administrator JENNIFER ORAKPO	Owner Information PARAGON HOME HEALTH, LLC 10815 ASHLAND BRIDGE LN SUGARLAND, TEXAS 77498 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 012206 Lic Expire 8/31/2024 Medicare 1:	Region 06 Date Licensed 08/26/2008 PARKWAY PATIENT ASSISTANCE SERVICES INC 16118 DAWN MARIE LN SUGAR LAND, TEXAS 77498	Owner Information PARKWAY PATIENT ASSISTANCE SERVICES INC 12808 WEST AIRPORT BLVD., SUITE #345 SUGAR LAND, TX 77478
Medicare 2: Phone (713) 234-7824	Fax (713) 234-7825	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator CHIMA OKENKPU	Sci vices. 1 Graniui / Isaaniu Sci vices
County FORT BEND License # 021265 Lic Expire 12/10/2024 Medicare 1:	Region 06 Date Licensed 12/10/2021 PARTNERCARE HEALTH LLC 1718 HODGE LAKE LANE SUGAR LAND, TEXAS 77478	Owner Information PARTNERCARE HEALTH LLC
Medicare 2:	SUGAN LAND, ILAAS 11410	PHONE: FAX:
Phone (832) 999-4747	Fax (832) 999-4747	Services: Personal Assistance Services
Type: Parent Agency	Administrator LINDA EGWIM	
County FORT BEND License # 011927 Lic Expire 3/31/2020 Medicare 1: 677933 HHA-18	Region 06 Date Licensed 12/27/2007 PASSION CENTRAL HOME HEALTH SERVICES INC 18038 BARTON RIDGE LANE RICHMOND, TX 77407	Owner Information PASSION CENTRAL HOME HEALTH SERVICES INC 3300 SOUTH GESSNER SUITE #247 HOUSTON, TX 77063
Medicare 2: Phone (832) 251-2936	Fax (832) 251-2570	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JOY NWOKE	
County FORT BEND License # 020016 Lic Expire 6/25/2022 Medicare 1: Medicare 2: Phone (281) 903-7380	Region 06 Date Licensed 06/25/2020 PATMOS HOSPICE INC 900 B CLUBSIDE DR EAST BERNARD, TEXAS 77435 Fax (346) 241-0840	Owner Information PATMOS HOSPICE INC SAME , PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator GERALDINE RAPHAEL	
County FORT BEND License # 015544 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (281) 687-6034 Type: Parent Agency	Region 06 Date Licensed 05/15/2013 PAX ET VITA HOME CARE LLC 830 JULIE RIVERS DR STE 602 SUGAR LAND, TX 77478 Fax (281) 239-0543 Administrator MARIE BUHAY	Owner Information PAX ET VITA HOME CARE LLC 2223 RIVER LODGE LANE SUGAR LAND, TX 77479 PHONE: FAX: Services: Personal Assistance Services
·····	Region 06 Date Licensed 02/21/2019	Owner Information
County FORT BEND License # 019273 Lic Expire 6/30/2023 Medicare 1: 971576	PAX ET VITA HOSPICE AGENCY, LLC 830 JULIE RIVERS STE 601 SUGAR LAND, TX 77478	PAX ET VITA HOSPICE AGENCY, LLC
Medicare 2: Phone (346) 901-0194	Fax (281) 239-0543	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator CARLITO BUHAY	In-Patient Hospice: NO

County FORT BEND License # 021332 Lic Expire 1/14/2025 Medicare 1: Medicare 2: Phone (404) 468-4777 Type: Parent Agency	Region 06 Date Licensed PEACE TRINITY HEALTHCARE SERVICES LLC 3958 ASPEN LANDING LANE MISSOURI CITY, TEXAS 77459 Fax Administrator PATRICIA OGUDE	Owner Information PEACE TRINITY HEALTHCARE SERVICES LLC 3958 ASPEN LANDING LANE MISSOURI CITY, TEXAS 77459 PHONE: (404) 468-4777 FAX: Services: Personal Assistance Services
County FORT BEND License # 012380 Lic Expire 1/31/2023 Medicare 1: 747334 HHA-18 Medicare 2: Phone (281) 302-6475	Region 06 Date Licensed 01/06/2009 PELA HEALTH CARE SERVICES INC 12808 WEST AIRPORT BLVD SUITE #341 SUGAR LAND, TX 77478 Fax (281) 903-7564 Administrator PEACE UHEGWU	Owner Information PELA HEALTHCARE SERVICES, INC 12808 WEST AIRPORT BLVD., SUITE #320 SUGAR LAND, TX 77478-6102 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County FORT BEND License # 003621 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (281) 969-8725 Type: Parent Agency	Region 06 Date Licensed 07/14/1995 PERRYLEE HOME HEALTH CARE SERVICES INC 2227 SOUTH MAIN STREET STAFFORD, TX 77477 Fax (832) 539-1901 Administrator MARION TRESVANT	Owner Information PERRYLEE HOME HEALTH CARE SERVICES INC P.O. BOX 1905 STAFFORD, TEXAS 77477 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 015946 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (832) 964-8538 Type: Parent Agency	Region 06 Date Licensed 01/03/2014 PINNACLE SPECIALITY HEALTH SERVICES INC 1730 BERKOFF DRIVE SUGAR LAND, TX 77479 Fax (281) 238-5014 Administrator ALICE AMUNEKE	Owner Information PINNACLE SPECIALTY HEALTH SERVICES INC 1730 BERKOFF DRIVE SUGAR LAND, TX 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 021044 Lic Expire 9/14/2024 Medicare 1: Medicare 2: Phone (910) 705-9386	Region 06 Date Licensed 09/14/2021 PJ HEALTHCARE SERVICES LLC 7011 S SAVANNAH RUN KATY, TEXAS 77493 Fax	Owner Information PJ HEALTHCARE SERVICES LLC PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 020119 Lic Expire 8/25/2022 Medicare 1: Medicare 2:	Administrator JOYCE ZHOU-KATIVHU Region 06 Date Licensed 12/23/2020 PLAY BETTER HOME HEALTH 2230 ANZIO CT MISSOURI CITY, TX 77459	Owner Information NO MORE EXCUSES LLC PHONE: FAX:
Phone (832) 736-7652 Type: Parent Agency County FORT BEND	Fax Administrator ELENA TURNER Region 06 Date Licensed 02/01/2016	Services: Licensed Home Health Services Owner Information
License # 017439 Lic Expire 1/31/2020 Medicare 1: 747551 HHA-18 Medicare 2:	PRANA HEALTH SOLUTIONS INC 26077 NELSON WAY UNIT 101 KATY, TEXAS 77494	PRANA HEALTH SOLUTIONS, INC 7407 RIVER PINES DRIVE CYPRESS, TX 77433 PHONE: FAX:
Phone (281) 579-9121	Fax (281) 936-0240	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Administrator

KOLAWOLE LADIPO

County FORT BEND License # 011656 Lic Expire 10/31/2022 Medicare 1: 747017 HHA-18 Medicare 2: Phone (281) 969-5638	Region 06 Date Licensed 10/26/2007 PRECISION HEALTHCARE SERVICES 2440 TEXAS PARKWAY SUITE 230 MISSOURI CITY, TEXAS 77489 Fax (832) 539-1795	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;
Type: Parent Agency	Administrator CHINKATA ONYEMACHI	Personal Assistance Services
County FORT BEND	Region 06 Date Licensed 03/03/2015	Owner Information
License # 016667	PREMIER HOSPICE	STARS PALLIATIVE & HOSPICE CARE, INC
Lic Expire 3/31/2023	4606 FM 1960 WEST SUITE 675	6519 PONDER CHASE COURT
Medicare 1: 741654 HOSPICE	HOUSTON, TX 77069	RICHMOND, TX 77407
Medicare 2:		PHONE: FAX:
Phone (832) 610-9733	Fax (713) 955-9671	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MELODY UCHE	
County FORT BEND	Region 06 Date Licensed 03/11/2021	Owner Information
License # 020585	PREMIER PALLIATIVE & HOSPICE CARE INC	PREMIER PALLIATIVE AND HOSPICE CARE INC
Lic Expire 3/11/2023	23822 INDIAN HILLS WAY	
Medicare 1:	KATY, TEXAS 77494	
Medicare 2:		PHONE: FAX:
Phone (832) 577-7580	Fax (832) 451-6906	Services: Hospice
Type: Parent Agency	Administrator MARGARET AYUK	In-Patient Hospice: NO
Type: Parent Agency	Autilitioualdi WANGANLI ATON	0 17 6
County FORT BEND	Region 06 Date Licensed 06/04/2020	Owner Information
License # 019856	PREMIUM CARE HOME HEALTH, LLC	PREMIUM CARE HOME HEALTH, LLC
Lic Expire 3/13/2022	3 SUGAR CREEK CENTER BLVD., STE. 100	
Medicare 1: 748002 HHA Medicare 2:	SUGAR LAND, TX 77478	PHONE: FAX:
Phone (832) 866-6917	Fax (281) 710-0866	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Personal Assistance Services
Type: Parent Agency	Administrator GLORIA KUHN	
County FORT BEND	Region 06 Date Licensed 04/08/2010	Owner Information
License # 013227	PRIHOMEHEALTH INC	PRIHOMEHEALTH INC
Lic Expire 4/30/2022	16331 DRYBERRY CT	16331 DRYBERRY CT
Medicare 1: 747531	HOUSTON, TX 77083	HOUSTON, TX 77083
Medicare 2:		PHONE: FAX:
Phone (281) 302-6661	Fax (866) 336-7471	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ROSE OMORIGIE	Personal Assistance Services
County FORT BEND	Region 06 Date Licensed 07/13/2010	Owner Information
License # 013681	PRIMEAGE HEALTH SERVICES INC	PRIMEAGE HEALTH SERVICES INC
Lic Expire 7/31/2022	28622 TANNER CROSSING LN	8700 COMMERCE PARK #228C
Medicare 1:	KATY, TX 77494	HOUSTON, TX 77036
Medicare 2:		PHONE: FAX:
Phone (832) 437-7354	Fax (281) 783-2326	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DENISE ANGELLE POUOKAM	·
County FORT BEND	Region 06 Date Licensed 09/18/2008	Owner Information
License # 012247	PRIMEWAY HEALTHCARE SERVICES INC	PRIMEWAY HEALTHCARE SERVICES INC
Lic Expire 9/30/2022	410 ANNE'S WAY	2440 TEXAS PARKWAY SUITE #226
Medicare 1: 677865 HHA-18	STAFFORD, TX 77477	MISSOURI CITY, TX 77489
Medicare 2:	Fav. (204) 209 4792	PHONE: FAX:
Phone (832) 567-7034	Fax (281) 208-4783	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PATRICK OGIDI	

County FORT BEND License # 020739 Lic Expire 5/7/2024 Medicare 1: Medicare 2: Phone (713) 360-7634	Region 06 Date Licensed 05/07/ PROACTIVE PEDIATRIC NURSING SERVICES PLLC 17711 SAUKI LANE RICHMOND, TX. 77407	DROACTIVE DEDIATRIC NI IDCINO	FAX:
Type: Parent Agency	Administrator DESTINY UGWU		
County FORT BEND License # 014831 Lic Expire 5/31/2020 Medicare 1:	Region 06 Date Licensed 05/31/ PROCARE MEDICAL SERVICES 10701 CORPORATE DR STE 193 STAFFORD, TX 77477	2012 Owner Information EMAIDO E HAILEY 10701 CORPORATE DR STE 193 STAFFORD, TX 77477	
Medicare 2:	Fav. (922) 500 4005	PHONE:	FAX:
Phone (281) 903-7474 Type: Parent Agency	Fax (832) 500-4095 Administrator EMAIDO E. HAILEY	Services: Licensed Home Health Ser	vices; Personal Assistance Services
County FORT BEND License # 019869 Lic Expire 4/7/2022 Medicare 1:	Region 06 Date Licensed 04/07/ PROFESSIONAL PERSONAL CARE, LLC 32410 WATERHOUSE COURT FULSHEAR, TEXAS 77441	2020 <u>Owner Information</u> PROFESSIONAL PERSONAL CARI	E, LLC
Medicare 2:	TOZONESKI, TEXKO TTTT	PHONE:	FAX:
Phone (713) 907-4342	Fax	Services: Personal Assistance Services	ces
Type: Parent Agency	Administrator KIMBERLY ANTUNEZ		
County FORT BEND License # 017862 Lic Expire 11/30/2020 Medicare 1: 679644 HHA-18 Medicare 2: Phone (713) 234-7423	Region 06 Date Licensed 11/07/ PROMEDE HOME HEALTH SERVICES INC 12808 WEST AIRPORT BLVD SUITE 285 SUGAR LAND, TX 77478 Fax (713) 234-7358	PROMEDE HOME HEALTH SERVIC 12808 WEST AIRPORT BLVD STE SUGAR LAND, TX 77478 PHONE: Services: Licensed and Certified Hom	
Type: Parent Agency	Administrator DAVIS EGWIM	Personal Assistance Services	
County FORT BEND License # 013156 Lic Expire 3/31/2022 Medicare 1: 747534 HHA-18 Medicare 2:	Region 06 Date Licensed 03/08/ QUALITY CAREGIVERS HEALTH CARE INC 1119 RIVER DELTA LANE ROSENBERG, TX 77469	2010 Owner Information QUALITY CAREGIVERS HEALTH C 9410 GINGERSTONE CT ROSENBERG, TX 77469 PHONE:	CARE, INC
Phone (281) 239-8277	Fax (281) 239-8980	Services: Licensed and Certified Hom Personal Assistance Services	ne Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator LAMIKA DICKEY		
County FORT BEND License # 005985 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 491-4009	Region 06 Date Licensed 08/22/ QUALITY DIALYSIS ONE LLC 13311 PIKE RD STAFFORD, TX 77477 Fax (281) 491-4024	1997 Owner Information QUALITY DIALYSIS ONE LLC 1331 PIKE RD STAFFORD, TX 77477 PHONE: Services: Licensed Home Health Ser	FAX: vices with Dialysis
Type: Parent Agency	Administrator MARIA HEMENEZ		
County FORT BEND License # 019984 Lic Expire 6/8/2022 Medicare 1:	Region 06 Date Licensed 06/08/ QUICK PATIENT CARE PROVIDERS LLC 1910 DRIFTSTONE CT RICHMOND, TEXAS 77469	2020 Owner Information QUICK PATIENT CARE PROVIDER	SLLC
Medicare 2:		PHONE:	FAX:
Phone (832) 649-9291 Type: Parent Agency	Fax Administrator JUDEX MICHEL	Services: Personal Assistance Services	ces

County FORT BEND License # 014476 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (832) 425-5235 Type: Parent Agency	Region 06 Date Licensed 1 QUINCY HEALTHCARE INC 2506 SUMMER HAVEN LN RICHMOND, TX 77406 Fax (832) 595-8160 Administrator JULIE OKAFOR	1/17/2011	Owner Information QUINCY HEALTHCARE INC 2506 SUMMER HAVEN LN RICHMOND, TX 77406 PHONE: Services: Licensed Home Health Services; Person	FAX: nal Assistance Services
County FORT BEND License # 017456 Lic Expire 6/30/2022 Medicare 1:	Region 06 Date Licensed 0 QUINTESSENCE HEALTHCARE INC 815 SUNBEAM CREEK COURT RICHMOND, TX 77406	6/13/2016	Owner Information QUINTESSENCE HEALTHCARE INC 2550 GRAY FALLS DRIVE STE 100 - H HOUSTON, TX 77077	
Medicare 2: Phone (832) 777-3701	Fax 18664477225		PHONE: Services: Licensed Home Health Services	FAX:
Type: Parent Agency County FORT BEND License # 020693 Lic Expire 4/12/2024 Medicare 1:		4/12/2021	Owner Information R & T GRACIOUS HEALTHCARE LLC	
Medicare 2:	SI NING, IX. 17300		PHONE:	FAX:
Phone (347) 363-9147 Type: Parent Agency	Fax Administrator RICHARD OAHIMIJIE-UNEH		Services: Licensed Home Health Services; Person	nal Assistance Services
County FORT BEND License # 020256 Lic Expire 10/22/2022 Medicare 1: 971710 Hospice	Region 06 Date Licensed 19 RAINBOW HOSPICE LLC 11119 CRANSTONHILL CT RICHMOND, TX 77407	0/22/2020	Owner Information RAINBOW HOSPICE LLC	FAV.
Medicare 2: Phone (713) 805-4080	Fax		PHONE:	FAX:
,			Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator RAJESH SEBASTIAN			
County FORT BEND License # 017420 Lic Expire 3/31/2022 Medicare 1: 457861 HHA-18	Region 06 Date Licensed 0 RAPHA HOME HEALTH CARE INC 25114 ROCKY HILLS LANE RICHMOND, TEXAS 77406	4/01/2016	Owner Information RAPHA HOME HEALTH CARE INC 7708 PARK VISTA DRIVE HOUSTON, TX 77072	
Medicare 2: Phone (832) 451-6162	Fax (832) 451-6839		PHONE:	FAX:
Type: Parent Agency	Administrator CATHERINE OYINKAN COLLINS	8	Services: Licensed and Certified Home Health Se Personal Assistance Services	rvices; Licensed Home Health Services;
County FORT BEND License # 009635 Lic Expire 3/31/2022 Medicare 1: 677967 Medicare 2: Phone (281) 240-0658	Region 06 Date Licensed 0 RAPID HOME HEALTH CARE 3727 GREENBRIAR DRIVE STE 106B STAFFORD, TX 77477 Fax (281) 240-0079	3/16/2005	Owner Information PERUGINI INCORPORATED 15202 MARLOWE GROVE DR SUGAR LAND, TX 77478 PHONE: Services: Licensed and Certified Home Health Sc	FAX: ervices; Licensed Home Health Services;
Type: Parent Agency	Administrator RASIDAT SODEKE		Personal Assistance Services	
County FORT BEND License # 020440 Lic Expire 1/8/2023 Medicare 1: 748013 HHA	Region 06 Date Licensed 0 RCORE HOME HEALTH CARE 15500 VOSS ROAD, SUITE 580 SUGAR LAND, TEXAS 77498	1/08/2021	Owner Information RABICORE LLC	
Medicare 2:	5 (004) 740 0400		PHONE:	FAX:
Phone (832) 944-6119	Fax (281) 749-8130		Services: Licensed and Certified Home Health Se	ervices; Licensed Home Health Services

Administrator

RABI EGUNJOBI

Modicany Face MISSOURI CITY, TEXAS 77489 FID FAX	County FORT BEND License # 011072 Lic Expire 2/28/2023 Medicare 1: 743184 HHA-18 Medicare 2: Phone (281) 239-3118 Type: Parent Agency County FORT BEND License # 017126 Lic Expire 11/30/2021	Region 06 Date Licensed REEZ HOME HEALTH SERVICES 2440 TEXAS PARKWAY SUITE 355 MISSOURI CITY, TX 77489 Fax (281) 762-0690 Administrator RAPHAEL NWAJIAKU Region 06 Date Licensed REEZ PEDIATRIC HEALTHCARE INC 2440 TEXAS PARKWAY SUITE 365	02/15/2007	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 Owner Information REEZ PEDIATRIC HEALTHCARE INC SAME AS PHYSICAL ADDRESS
County FORT BEND Region 05	Medicare 2:			PHONE: FAX:
PRIME RELIMBLE HEALTH CARE INC Increase of 101/3202 Increase o	Type: Parent Agency	Administrator RAPHAEL A NWAJIAKU		
Type: PoRT BEND Region 06 Date Licensed 11/03/2003 Owner.Information County FORT BEND Region 06 Date Licensed 11/03/2003 Owner.Information Licenser#* 008/726 RELLANT HOME CARE SERVICES LLC 610 MURPHY RD., SUITE 213 Licenser#* 53190 PHA-18 MISSOURI CITY, TEXAS 77489 STAFFORD, TEXAS 77477 PHONE: FAX: Phone (281) 944-5510 Fax (281) 989-772 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Services: Licensed and Certified Home Health Services; Licensed Actified Home Health S	License # 010302 Lic Expire 12/31/2022 Medicare 1: 679017 HHA-18 Medicare 2:	RELIABLE CARE HEALTH SERVICES 15122 BRIARCRAFT DR MISSOURI CITY, TX 77489	01/01/2006	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;
County FORT BEND Region G Date Licensed 11/03/2003 County FORT BEND RELIANT HOME CARE SERVICES LLC FEATH FAX:	Type: Parent Agency	Administrator MERCY OKON		Personal Assistance Services
Personal Assistance Services Personal Assistance Services	License # 008726 Lic Expire 5/31/2021 Medicare 1: 453190 HHA-18 Medicare 2:	RELIANT HOME CARE SERVICES LLC 2723 EVENING SHADE CT MISSOURI CITY, TEXAS 77489	11/03/2003	RELIANT HOME CARE SERVICES, LLC 610 MURPHY RD., SUITE 213 STAFFORD, TEXAS 77477 PHONE: FAX:
County FORT BEND Region 06 Date Licensed 07/01/2021 RELIEF HERO PALLIATIVE INC	T D 14	A L COLLA DI EO ANNAANATI		
PHONE Red Re	County FORT BEND License # 020875 Lic Expire 7/1/2024	Region 06 Date Licensed RELIEF HERO PALLIATIVE INC 2131 HEATHERWOOD DRIVE	07/01/2021	
Type: Parent Agency Administrator FEFI JAMES County FORT BEND Region 06 Date Licensed 11/16/2020 Owner Information License # 020321 RENEWED HOPE HOUSING, LLC Lic Expire 11/16/2022 3123 VILLAGE POND LANE 10330 HIGHWAY 6 SUITE D-146 Medicare 1: FRESNO, TEXAS 77545 MISSOURI CITY, TX 77459 Medicare 2: PHONE: FAX: Phone 225 4399904 Fax Services: Personal Assistance Services Type: Parent Agency Administrator CHARLENE HAYES County FORT BEND Region 06 Date Licensed 05/19/2011 Owner Information License # 014116 RESERVED HOME HEALTH CARE LLC Lice Expire 5/31/2024 10701 CORPORATE DRIVE SUITE 392 Medicare 1: 747730 HHA-18 STAFFORD, TEXAS 77477 Medicare 2: PHONE: FAX: Phone (713) 657-0087 Fax (713) 772-6998 Fax (713) 772-6998 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Phone (713) 657-0087 Port BEND Region 06 Date Licensed 05/19/2011 Owner Information RESERVED HOME HEALTH CARE, LLC SAME HOUSTON, TX 77036 PHONE: FAX: Phone (713) 657-0087 Fax (713) 772-6998 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services				PHONE: FAX:
License # 020321 RENEWED HOPE HOUSING, LLC Lic Expire 11/16/2022 3123 VILLAGE POND LANE 10330 HIGHWAY 6 SUITE D-146 Medicare 1: FRESNO, TEXAS 77545 MISSOURI CITY, TX 77459 Medicare 2: PHONE: FAX: 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 2: PHONE: FAX: Services: Personal Assistance Services CMARLENE HAYES County FORT BEND Region 06 Date Licensed 05/19/2011 Medicare 1: 747730 HHA-18 STAFFORD, TEXAS 77477 HOUSTON, TX 77036 Medicare 2: PHONE: FAX: Phone (713) 657-0087 Fax (713) 772-6998 Services: Licensed and Certified Home Health Services; Licensed Home Health 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 Services: Personal Assistance Services 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	License # 020321 Lic Expire 11/16/2022 Medicare 1:	RENEWED HOPE HOUSING, LLC 3123 VILLAGE POND LANE	11/16/2020	RENEWED HOPE HOUSING, LLC 10330 HIGHWAY 6 SUITE D-146 MISSOURI CITY, TX 77459
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 Region 06 Date Licensed 05/19/2011 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				Services: Personal Assistance Services
Personal Assistance Services	County FORT BEND License # 014116 Lic Expire 5/31/2024 Medicare 1: 747730 HHA-18 Medicare 2:	Region 06 Date Licensed RESERVED HOME HEALTH CARE LLC 10701 CORPORATE DRIVE SUITE 392 STAFFORD, TEXAS 77477	05/19/2011	RESERVED HOME HEALTH CARE, LLC SAME HOUSTON, TX 77036 PHONE: FAX:
	Type: Parent Agency	Administrator ESTHER UGWU		

County FORT BEND License # 018478 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone 713 581 8160 Type: Parent Agency	Region 06 Date Licensed 09 RIGHT AT HOME SUGAR LAND 830 JULIE RIVERS DR, SUITE 604 SUGAR LAND, TX 77478 Fax 713 581 8162 Administrator COURTNEY HOCHHALTER	9/22/2017	Owner Information THE HOCHHALTER COLLABORATIVE, INC 12808 W AIRPORT BLVD UNIT 316 SUGAR LAND, TX 77478 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 004088 Lic Expire 11/30/2022 Medicare 1: 678216 HHA-18 Medicare 2: Phone (281) 892-2001	ROSE HOME HEALTH SERVICES INC 4677 TECHNIPLEX DR. STAFFORD, TX 77477 Fax (281) 892-2015	1/13/1995	Owner Information ROSE HOME HEALTH SERVICES INC 4677 TECHNIPLEX DR. STAFFORD, TX 77477 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency County FORT BEND License # 014766 Lic Expire 4/30/2022 Medicare 1: 747970 Medicare 2: Phone (713) 367-7275 Type: Parent Agency	Administrator LEIGH NARVACAN Region 06 Date Licensed 04 ROSE OF SHARON HOME HEALTH INC 14910 MILL BRANCH LANE SUGARLAND, TX 77498 Fax (832) 500-4046 Administrator TINA IWEGBU	4/26/2012	Owner Information ROSE OF SHARON HOME HEALTH, INC 14910 MILL BRANCH LANE SUGAR LAND, TX 77498 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020008 Lic Expire 6/23/2022 Medicare 1: Medicare 2: Phone (832) 881-9815	Region 06 Date Licensed 06 ROSY ANGELS HEALTH CARE SYSTEM LLC 18211 BONHAM OAKS CT RICHMOND, TEXAS 77407 Fax (832) 971-1975	6/23/2020	Owner Information ROSY ANGELS HEALTH CARE SYSTEM, LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 016332 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (832) 202-8555 Type: Parent Agency	Administrator CHUKWUEMEKA OKEUGO Region 06 Date Licensed 07 RUBIES HEALTHCARE INC 9010 KNIGHTSLAND TRAIL HOUSTON, TX 77083 Fax (888) 491-8596 Administrator MABEL AGBOGUN	7/23/2014	Owner Information RUBIES HEALTHCARE INC ROOM 204, 307 WEST MILAM ROAD WHARTON, TX 77488 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 021314 Lic Expire 1/7/2025 Medicare 1: Medicare 2: Phone (832) 535-5018		1/07/2022	Owner Information SAFE SIDE HOSPICE INC PHONE: FAX: Services: Hospice
County FORT BEND License # 010978 Lic Expire 1/31/2023 Medicare 1: 747165 HHA-18 Medicare 2: Phone (832) 766-0919	Administrator GODWIN UGWUOKE Region 06 Date Licensed 0: SAHARA HEALTH CARE INC 140 ELDRIDGE RD SUITE-B SUGAR LAND, TX 77478 Fax (281) 313-4935	1/05/2007	In-Patient Hospice: NO Owner Information SAHARA HEALTH CARE INC 14315 TASMANIA CT SUGAR LAND, TEXAS 77498 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Administrator BINU KURIAN

County FORT BEND License # 018512 Lic Expire 4/29/2022 Medicare 1: 74-1768 Medicare 2: Phone (832) 310-3317 Type: Parent Agency County FORT BEND License # 020667 Lic Expire 4/5/2024 Medicare 1:	Region 06 Date Licensed 12/14/2017 SAHARA HOSPICE CARE LLC 140 ELDRIDGE RD , SUITE- B 1 SUGAR LAND, TEXAS 77478 Fax (281) 313-4935 Administrator BINU KURIAN Region 06 Date Licensed 04/05/2021 SAINT ANTHONY CARE SERVICES, LLC 12840 S. KIRKWOOD RD. # 535 STAFFORD, TX 77477	Owner Information SAHARA HOSPICE CARE LLC 14315 TASMANIA CT SUGAR LAND, TX 77498 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information SAINT ANTHONY CARE SERVICES, LLC
Medicare 2:	,	PHONE: FAX:
Phone (832) 245-3651 Type: Parent Agency	Fax Administrator NORA ADEYINKA	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020363 Lic Expire 12/1/2022 Medicare 1: Medicare 2: Phone 281 904 6062 Type: Parent Agency	Region 06 Date Licensed 12/01/2020 SAINT JOHN HEALTHCARE SYSTEM, LLC 7423 LAVAERTON WOOD LN RICHMOND, TEXAS 77407 Fax Administrator UCHENNA WATSON	Owner Information SAINT JOHN HEALTHCARE SYSTEM, LLC 7423 LAVAERTON WOOD LN RICHMOND, TEXAS 77407 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 020929 Lic Expire 7/23/2024 Medicare 1:	Region 06 Date Licensed 07/23/2021 SALEM HAVEN HEALTHCARE SERVICES LLC 28902 HOLLYCREST DR. KATY, TX 77494	Owner Information SALEM HAVEN HEALTHCARE SERVICES LLC
Medicare 2:		PHONE: FAX:
Phone (281) 515-2504	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County FORT BEND License # 020107 Lic Expire 8/18/2022 Medicare 1:	Administrator ABOLADE TORIOLA Region 06 Date Licensed 08/18/2020 SANDHURST HEALTHCARE LLC 1823 MAMIE SPRINGS CT. RICHMOND, TX 77469	Owner Information SANDHURST HEALTHCARE LLC
Medicare 2:		PHONE: FAX:
Phone (832) 453-0480 Type: Parent Agency	Fax Administrator ELIZABETH AGBESANMI	Services: Personal Assistance Services
County FORT BEND License # 014520 Lic Expire 12/31/2017 Medicare 1: 747885 HHA-18 Medicare 2: Phone (713) 876-8043 Type: Parent Agency	Region 06 Date Licensed 12/13/2011 SAYSA HEALTHCARE SERVICES INC 11934 HUECO TANKS DRIVE SUGAR LAND, TX 77498 Fax (281) 564-7279 Administrator ANGELA AKO	Owner Information SAYSA HEALTHCARE SERVICES, INC 11934 HUECO TANKS DRIVE SUGAR LAND, TX 77498 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND	Region 06 Date Licensed 01/28/2019	Owner Information
License # 019231 Lic Expire 7/31/2021 Medicare 1:	SCOJON PROVIDER SERVICES INC 15902 KENBROOK DRIVE MISSOURI CITY, TX 77489	SCOJON PROVIDER SERVICES INC
Medicare 2:	Fay NA	PHONE: FAX:
Phone (713) 823-3286 Type: Parent Agency	Fax NA Administrator DELIA SCOTT	Services: Personal Assistance Services

County FORT BEND	Region 06 Date Licensed 03/29/2021	Owner Information
License # 020655	SDK SUNRISE LLC	SDK SUNRISE LLC
Lic Expire 3/29/2024	14502 SMITH BRIDGE LN	SAME AS ABOVE
Medicare 1: 971712 Hospice	SUGARLAND, TEXAS 77498	1
Medicare 2:		PHONE: FAX:
Phone (551) 246-2349	Fax	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator TINA MUKETE	
County FORT BEND	Region 06 Date Licensed 12/27/2021	Owner Information
License # 021293	SENIOR HELPERS OF SOUTHWEST HOUSTON	LIVALL RICH CARE LLC
Lic Expire 12/27/2024	8402 BUFFALO CREEK DR	
Medicare 1:	RICHMOND, TEXAS 77406	
Medicare 2:		PHONE: FAX:
Phone (630) 788-6363	Fax (630) 554-6363	Services: Personal Assistance Services
Type: Parent Agency	Administrator LINCOLN RICHARDSON	
County FORT BEND	Region 06 Date Licensed 01/24/2005	Owner Information
License # 009539	SERENITY CARE HOME HEALTH SERVICES INC	SERENITY CARE HOME HEALTH SERVICES INC
Lic Expire 1/31/2022	1903 THISTLECREEK CT	PO BOX 451764
Medicare 1: 457913 HHA-18	FRESNO, TX 77545	HOUSTON, TX 77545
Medicare 2:		PHONE: FAX:
Phone (281) 431-6763	Fax (281) 972-9570	Services: Licensed and Certified Home Health Services: Licensed Home Health Services:
		Personal Assistance Services
Type: Parent Agency	Administrator SOLEDAD GAY	
County FORT BEND	Region 06 Date Licensed 02/26/2007	Owner Information
License # 011097	SERENITY HEALTHCARE SERVICES INC	SERENITY HEALTHCARE SERVICES INC
Lic Expire 6/30/2022	10701 CORPORATE DRIVE STE 336	10701 CORPORATE DRIVE SUITE 176
Medicare 1: 679726 HHA-18	STAFFORD, TX 77477	STAFFORD, TX 77477
Medicare 2:		PHONE: FAX:
Phone (281) 240-5653	Fax (281) 240-5669	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Personal Assistance Services
Type: Parent Agency	Administrator LEO DELA ROSA	
County FORT BEND	Region 06 Date Licensed 03/25/2021	Owner Information
License # 020645	SHALOM CARE AGENCY LLC	SHALOM CARE AGENCY LLC
Lic Expire 3/25/2024	25510 CLOVER RANCH DRIVE	
Medicare 1:	KATY, TX 77494	
Medicare 2:		PHONE: FAX:
Phone (408) 449-3467	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator TRACY AIBUEDEFE	05.1005.1.005.4.1.000.4.1.000
County FORT BEND	Region 06 Date Licensed 12/15/2008	Owner Information
License # 012369	SHALOM HEALTH CARE SERVICES INC	SHALOM HEALTH CARE SERVICES INCORPORATED
		9888 BISSONNET SUITE 580
Lic Expire 12/31/2022	4243 CUSTER CREEK DRIVE	HOUSTON, TX 77036
Medicare 1: 673155 Medicare 2:	MISSOURI CITY, TX 77459	PHONE: FAX:
Phone (832) 886-4881	Fax (832) 886-4883	
		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator CHARLES OKORIE	O-market market
County FORT BEND	Region 06 Date Licensed 02/05/2021	Owner Information
License # 020510	SHEKINA GLORY LEGACY HOSPICE & PALLIATIVE SERVICES	SHEKINA GLORY LEGACY HOSPICE AND PALLIATIVE SERVICES LLC
Lic Expire 2/5/2024	17006 AUDREY ARBOR WAY	
Medicare 1:	RICHMOND, TX 77407	
Medicare 2:		PHONE: FAX:
Phone (318) 497-0654	Fax (832) 284-7845	Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator IRENE CHE	

County FORT BEND License # 020948 Lic Expire 8/2/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed (SHEKINAH HOSPICE LLC 8323 BALLINA RIDGE CT HOUSTON, TEXAS 77083	08/02/2021	Owner Information SHEKINAH HOSPICE LLC PHONE:	FAX:
Phone (832) 614-5275	Fax		Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	FAA.
Type: Parent Agency	Administrator BLESSING UKAEGBU		u.u.u.	
County FORT BEND License # 011493 Lic Expire 7/31/2022 Medicare 1: 747215 HHA-18 Medicare 2: Phone (281) 750-1371	Region 06 Date Licensed 0 SHILOH FIRST HEALTH CARE INC 15611 OLETA LANE SUGAR LAND, TX 77478 Fax (832) 886-0186	07/25/2007	Owner Information SHILOH FIRST HEALTH CARE, INC 15611 OLETA LANE SUGAR LAND, TX 77478 PHONE: Services: Licensed and Certified Home Health Ser	FAX: vices; Licensed Home Health Services;
Type: Parent Agency	Administrator BIBIAN MUKORO		Personal Assistance Services	
County FORT BEND License # 010105 Lic Expire 11/30/2024 Medicare 1: 679574 Medicare 2: Phone (281) 232-9990		11/02/2005	Owner Information ST JAMES HOME CARE, LLC 812 3RD STREET ROSENBERG, TX 77471 PHONE: Services: Hospice; Licensed and Certified Home H	FAX: lealth Services; Licensed Home Health
			Services; Personal Assistance Services In-Patient Hospice: NO	
Type: Parent Agency County FORT BEND License # 012852 Lic Expire 6/30/2021	SIGMAH HOME HEALTH SERVICES 11104 W AIRPORT BLVD SUITE 130	06/08/2009	Owner Information SIGMAH HOME HEALTH SERVICES INC 11104 W AIRPORT BLVD SUITE 115 STAFFORD, TEXAS 77477	
Medicare 1: 673143 HHA-18 Medicare 2:	STAFFORD, TX 77477		PHONE:	FAX:
Phone (713) 771-0606	Fax (713) 771-0610		Services: Licensed and Certified Home Health Ser Health Services with Dialysis; Personal Assistance	vices with Dialysis; Licensed Home
Type: Parent Agency County FORT BEND License # 013822 Lic Expire 10/31/2022 Medicare 1: 671600 HOSPICE Medicare 2: Phone (281) 565-2900 Type: Parent Agency	Administrator PRINCE UCHE NWAKAMMA Region 06 Date Licensed SILVERADO HOSPICE OF HOUSTON INC 4800 SUGAR GROVE BLVD SUITE 390 STAFFORD, TX 77477 Fax (281) 565-2901 Administrator CHERESE HOLLAND	10/04/2010	Owner Information SILVERADO HOSPICE OF HOUSTON, INC 6400 OAK CANYON #200 IRVINE, CA 92618 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County FORT BEND License # 019962 Lic Expire 5/27/2022	Region 06 Date Licensed (SIMPLE CARE 20038 SHORE MEADOWS LANE	05/27/2020	Owner Information SIMPLE CARE, LLC	
Medicare 1: Medicare 2: Phone (832) 398-3590 Type: Parent Agency	RICHMOND, TEXAS 774076596 Fax (832) 615-3003 Administrator PATRICIA CURRY		PHONE: Services: Licensed Home Health Services; Persor	FAX: al Assistance Services
County FORT BEND License # 017867 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (214) 501-8394	Region 03 Date Licensed SINCERE HOME HEALTH CARE INC THREE SUGAR CREEK CENTER , SUITE # 100 SUGARLAND, TX 77478 Fax (972) 920-3399		Owner Information SINCERE HOME HEALTH CARE INC 2217 CIMMARON DRIVE PLANO, TX 75025 PHONE:	FAX:
Type: Branch Agency	Administrator VIMALKUMAR SHUKLA		Services: Licensed Home Health Services	

County FORT BEND License # 020202 Lic Expire 9/29/2022 Medicare 1: 971654 Medicare 2: Phone (832) 807-5777	Region 06 Date Licensed 09/29/2020 SOCIETY HOSPICE & PALLIATIVE CARE, INC 7219 LINCOLN HEIGHTS COURT RICHMOND, TEXAS 77407 Fax (832) 747-7700	Owner Information SOCIETY HOSPICE & PALLIATIVE CARE, INC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ELIZABETH AKINRIN	
County FORT BEND License # 019608 Lic Expire 9/20/2023 Medicare 1: 971625 Hospice Medicare 2: Phone (346) 481-7197	Region 06 Date Licensed 06/15/2018 SOUTHERN HOSPICE AND PALLIATIVE CARE 5802 EDEN CREST CT RICHMOND, TX 77407 Fax (281) 624-4896	Owner Information SOUTHERN HOSPICE AND PALLIATIVE CARE INC P. O. BOX 113 SUGAR LAND, TX PHONE: FAX:
_	Administrator EUNICE KOFFI	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency County FORT BEND License # 017103 Lic Expire 10/31/2023 Medicare 1: 741702 HOSPICE Medicare 2: Phone (346) 368-2878 Type: Parent Agency	Region 06 Date Licensed 10/26/2015 ST AGNES MEMORIAL HOSPICE 12808 WEST AIRPORT BLVD #220 SUGAR LAND, TEXAS 77478 Fax (830) 376-9050 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 License # 019074 Lic Expire 10/19/2022 Medicare 1: Medicare 2: Phone (281) 903-7551	Region 06 Date Licensed 08/28/2018 ST CHARLES HOME HEALTH SOLUTION 202 INDUSTRIAL BLVD, SUITE 102 SUGARLAND, TX 77478 Fax (832) 645-0301	Owner Information FUJIK HEALTHCARE SERVICES INC 4434 BLUEBONNET DRIVE STAFFORD, TX 77477 PHONE: FAX:
Type: Parent Agency	Administrator SAMUEL DURU	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 015089 Lic Expire 9/30/2022 Medicare 1:	Region 06 Date Licensed 09/25/2012 ST CHARLES HOME HEALTHCARE SERVICES INC 16427 HIDDIN GATE COURT SUITE B SUGAR LAND, TX 77498	Owner Information
Medicare 2:		PHONE: FAX:
Phone (832) 276-6679 Type: Parent Agency	Fax (281) 903-7715 Administrator CHARLES OBIOMA	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 011113 Lic Expire 3/31/2022 Medicare 1: 747312 Medicare 2: Phone (713) 234-7233	Region 06 Date Licensed 03/02/2007 ST CHARLES MEDICAL SERVICES INC 4143 BLUEBONNET DR STAFFORD, TX 77477 Fax (832) 532-3697	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
Type: Parent Agency	Administrator NONYLEUM OZONOH	0.16
County FORT BEND License # 020787 Lic Expire 5/26/2024 Medicare 1:	Region 06 Date Licensed 05/26/2021 ST CYRIL HOSPICE PALLIATIVE CARE SERVICES INC 10507 SHANLEY TRACE LN RICHMOND, TEXAS 77407	Owner Information ST CYRIL HOSPICE PALLIATIVE CARE SERICES INC
Medicare 2: Phone (832) 244-8826	Fax (713) 636-2814	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JACQUELINE SYLVER	In-Patient Hospice: NO

County FORT BEND License # 011081 Lic Expire 2/28/2022 Medicare 1: 747306 HHA-18 Medicare 2: Phone 8325677357; 28141698 Type: Parent Agency County FORT BEND License # 010872 Lic Expire 3/31/2023 Medicare 1:	Region 06 Date Licensed 02/21/2007 ST GREGORY HEALTHCARE SERVICES LLC 3642 YANKEE CT MISSOURI CITY, TX 77459 Fax (281) 416-9337 Administrator MARIA LUISA WHEELER Region 06 Date Licensed 03/21/2006 ST JUDE VISITING NURSES HOMEHEALTH INC 1511 AZALEA BEND SUGAR LAND, TX 77479	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 Owner Information ST JUDE VISITING NURSES HOMEHEALTH INC 2020 N LOOP W SUITE 140 HOUSTON, TX 77018
Medicare 2:	Eav. (712) 793 5993	PHONE: FAX:
Phone (832) 647-3166 Type: Branch Agency	Fax (713) 783-5883 Administrator ERIC MORA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County FORT BEND License # 012485 Lic Expire 3/31/2024 Medicare 1: 747230 HHA-18 Medicare 2: Phone (832) 532-7586 Type: Parent Agency	Region 06 Date Licensed 03/05/2009 ST PATRICK HOME HEALTH SERVICES 12808 W AIRPORT BLVD STE 327 SUGAR LAND, TX 77478 Fax (281) 762-0449 Administrator WALEOLA ADEBOWALE	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
County FORT BEND License # 016718 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (443) 938-8399 Type: Parent Agency	Region 06 Date Licensed 03/31/2015 STAMD HEALTH CARE INCORPORATED 20642 GARDEN RIDGE CANYON RICHMOND, TX 77407 Fax (832) 747-4594 Administrator ADEBUSOLA OYESILE	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
County FORT BEND License # 018246 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (832) 486-7212 Type: Parent Agency	Region 06 Date Licensed 08/15/2017 STEADFAST CARE SERVICES LLC 4800 SUGARGROVE BLVD STE 530 STAFFORD, TX 77477 Fax (832) 767-2234 Administrator ELIZABETH AFOLABI	Owner Information STEADFAST CARE SERVICES LLC 17719 CANYON BLOOM LN RICHMOND, TX 77407 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 017477 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (281) 969-8782 Type: Parent Agency County FORT BEND	Region 06 Date Licensed 06/22/2016 STGL PEDIATRIC DIVINE TOUCH INC 618 EASY JET DRIVE STAFFORD, TX 77477 Fax (281) 208-7439 Administrator NWAKA ONAH Region 06 Date Licensed 02/04/2014	Owner Information STGL PEDIATRIC DIVINE TOUCH INC 618 EASY JET DRIVE STAFFORD, TX 77477 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information
License # 016015 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (281) 978-5123 Type: Parent Agency	SUGAR HEARTS HOME HEALTHCARE SERVICES INC 1934 PLUM CREEK LANE MISSOURI CITY, TX 77489 Fax (281) 206-2255 Administrator NDUBUISI ODIMEGWU	SUGAR HEARTS HOME HEALTHCARE SERVICES INC 1934 PLUM CREEK LANE MISSOURI CITY, TX 77489 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County FORT BEND License # 019980 Lic Expire 6/3/2022	Region 06 Date Licensed 06/03/2020 SUNDAY CARES 18215 PELHAM HOLLOW TRAIL	Owner Information SUNDAY EMMANUEL KUMUYI
Medicare 1:	RICHMOND, TX 77407	
Medicare 2:	Fev	PHONE: FAX:
Phone (832) 480-4387	Fax Administrator SUNDAY KUMUYI	Services: Personal Assistance Services
Type: Parent Agency	Administrator Sundat Kolvioti	Owner Information
County FORT BEND License # 019953	Region 06 Date Licensed 05/19/2020	SUREHOPE HEALTHCARE, LLC
License # 019953 Lic Expire 5/19/2022	SUREHOPE HEALTHCARE LLC 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	Owner Information
License # 014175	SVM QUALITY HEALTHCARE INC	SVM QUALITY HEALTHCARE INC 3602 MYSTIC BAY CT
Lic Expire 6/30/2024	3602 MYSTIC BAY CT	SUGAR LAND, TX 77498
Medicare 1: Medicare 2:	SUGAR LAND, TX 77498	PHONE: FAX:
Phone (832) 774-6561	Fax (888) 860-8357	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PASCAL EGBE	Genvices. Electised frome freatith dervices, i clashidi Assistance dervices
County FORT BEND	Region 06 Date Licensed 07/10/2020	Owner Information
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	PHONE: FAX: Services: Personal Assistance Services
Phone (346) 351-7668 Type: Parent Agency	Fax Administrator STEPHANIE PACE	Services: Personal Assistance Services
Phone (346) 351-7668 Type: Parent Agency County FORT BEND	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017	
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200	Fax Administrator STEPHANIE PACE	Services: Personal Assistance Services Owner Information
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC	Services: Personal Assistance Services Owner Information SWIFT RESPONSE INC
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479	Services: Personal Assistance Services Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247	Services: Personal Assistance Services Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2:	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479	Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247	Services: Personal Assistance Services Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND License # 020880	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247 Administrator JOY OKWUOSA Region 06 Date Licensed 07/02/2021 SYCAMORE HEALTHCARE,LLC	Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND License # 020880 Lic Expire 7/2/2024	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247 Administrator JOY OKWUOSA Region 06 Date Licensed 07/02/2021 SYCAMORE HEALTHCARE,LLC 19047 PINE HARVEST LANE	Services: Personal Assistance Services Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND License # 020880	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247 Administrator JOY OKWUOSA Region 06 Date Licensed 07/02/2021 SYCAMORE HEALTHCARE,LLC	Services: Personal Assistance Services Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND License # 020880 Lic Expire 7/2/2024 Medicare 1:	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247 Administrator JOY OKWUOSA Region 06 Date Licensed 07/02/2021 SYCAMORE HEALTHCARE,LLC 19047 PINE HARVEST LANE	Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SYCAMORE HEALTHCARE LLC
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND License # 020880 Lic Expire 7/2/2024 Medicare 1: Medicare 2:	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247 Administrator JOY OKWUOSA Region 06 Date Licensed 07/02/2021 SYCAMORE HEALTHCARE,LLC 19047 PINE HARVEST LANE RICHMOND, TEXAS 77407	Services: Personal Assistance Services Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SYCAMORE HEALTHCARE LLC PHONE: FAX:
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND License # 020880 Lic Expire 7/2/2024 Medicare 1: Medicare 2: Phone (832) 834-8414	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247 Administrator JOY OKWUOSA Region 06 Date Licensed 07/02/2021 SYCAMORE HEALTHCARE,LLC 19047 PINE HARVEST LANE RICHMOND, TEXAS 77407 Fax (832) 834-8414	Services: Personal Assistance Services Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SYCAMORE HEALTHCARE LLC PHONE: FAX:
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND License # 020880 Lic Expire 7/2/2024 Medicare 1: Medicare 2: Phone (832) 834-8414 Type: Parent Agency	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247 Administrator JOY OKWUOSA Region 06 Date Licensed 07/02/2021 SYCAMORE HEALTHCARE,LLC 19047 PINE HARVEST LANE RICHMOND, TEXAS 77407 Fax (832) 834-8414 Administrator MOJI SHONEYE	Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SYCAMORE HEALTHCARE LLC PHONE: FAX: Services: Personal Assistance Services
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND License # 020880 Lic Expire 7/2/2024 Medicare 1: Medicare 2: Phone (832) 834-8414 Type: Parent Agency County FORT BEND License # 02092 Lic Expire 8/19/2024	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247 Administrator JOY OKWUOSA Region 06 Date Licensed 07/02/2021 SYCAMORE HEALTHCARE,LLC 19047 PINE HARVEST LANE RICHMOND, TEXAS 77407 Fax (832) 834-8414 Administrator MOJI SHONEYE Region 06 Date Licensed 08/19/2021 TCC INDEPENDENT AND ASSISTED LIVING HOMES LLC 6327 GRAND PROMINENCE CT	Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SYCAMORE HEALTHCARE LLC PHONE: FAX: Services: Personal Assistance Services
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND License # 020880 Lic Expire 7/2/2024 Medicare 1: Medicare 2: Phone (832) 834-8414 Type: Parent Agency County FORT BEND License # 02092 Lic Expire 8/19/2024 Medicare 1:	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247 Administrator JOY OKWUOSA Region 06 Date Licensed 07/02/2021 SYCAMORE HEALTHCARE,LLC 19047 PINE HARVEST LANE RICHMOND, TEXAS 77407 Fax (832) 834-8414 Administrator MOJI SHONEYE Region 06 Date Licensed 08/19/2021 TCC INDEPENDENT AND ASSISTED LIVING HOMES LLC	Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SYCAMORE HEALTHCARE LLC PHONE: FAX: Services: Personal Assistance Services Owner Information TCC INDEPENDENT AND ASSISTED LIVING HOMES LLC
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND License # 020880 Lic Expire 7/2/2024 Medicare 1: Medicare 2: Phone (832) 834-8414 Type: Parent Agency County FORT BEND License # 02092 Lic Expire 8/19/2024 Medicare 1: Medicare 1: Medicare 2:	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247 Administrator JOY OKWUOSA Region 06 Date Licensed 07/02/2021 SYCAMORE HEALTHCARE,LLC 19047 PINE HARVEST LANE RICHMOND, TEXAS 77407 Fax (832) 834-8414 Administrator MOJI SHONEYE Region 06 Date Licensed 08/19/2021 TCC INDEPENDENT AND ASSISTED LIVING HOMES LLC 6327 GRAND PROMINENCE CT KATY, TEXAS 77494	Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SYCAMORE HEALTHCARE LLC PHONE: FAX: Services: Personal Assistance Services Owner Information TCC INDEPENDENT AND ASSISTED LIVING HOMES LLC PHONE: FAX:
Phone (346) 351-7668 Type: Parent Agency County FORT BEND License # 018200 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 228-5662 Type: Parent Agency County FORT BEND License # 020880 Lic Expire 7/2/2024 Medicare 1: Medicare 2: Phone (832) 834-8414 Type: Parent Agency County FORT BEND License # 02092 Lic Expire 8/19/2024 Medicare 1:	Fax Administrator STEPHANIE PACE Region 06 Date Licensed 07/25/2017 SWIFT RESPONSE INC 1151 OXFORDMILLS LANE SUGAR LAND, TX 77479 Fax (713) 988-6247 Administrator JOY OKWUOSA Region 06 Date Licensed 07/02/2021 SYCAMORE HEALTHCARE,LLC 19047 PINE HARVEST LANE RICHMOND, TEXAS 77407 Fax (832) 834-8414 Administrator MOJI SHONEYE Region 06 Date Licensed 08/19/2021 TCC INDEPENDENT AND ASSISTED LIVING HOMES LLC 6327 GRAND PROMINENCE CT	Owner Information SWIFT RESPONSE INC 75142 BELLANCE BLVD HOUSTON, TEXAS 77479 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SYCAMORE HEALTHCARE LLC PHONE: FAX: Services: Personal Assistance Services Owner Information TCC INDEPENDENT AND ASSISTED LIVING HOMES LLC

County FORT BEND	Region 06 Date Licensed	06/12/2015	Owner Information	
License # 016851	TEG HOME HEALTH AGENCY LLC		TEG HOME HEALTH AGENCY LLC	
Lic Expire 6/30/2023	17802 CARRINGTON WOODS LN		702 N RICHMOND RD SUITE E	
Medicare 1:	RICHMOND, TX 77407		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		TEMPORARY HOME CARE INC	
Lic Expire 1/31/2025	12603 SOUTHWEST FREEWAY, STE 255		P.O. BOX 1570	
Medicare 1:	STAFFORD, TX 77477		STAFFORD, TX	
Medicare 2:			PHONE:	FAX:
Phone (713) 271-8800	Fax (713) 271-0966		Services: Licensed Home Health Services; Personal A	Assistance Services
Type: Parent Agency	Administrator BARBARA HOWE		Services. Licensed Frome Fleatur Services, Fersonal A	assistance dervices
			Owner Information	
County FORT BEND	Region 06 Date Licensed	08/19/2019	TENDER HEALTHCARE AGENCY, LLC	
License # 019534	TENDER HEALTHCARE AGENCY LLC		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		TEXAS HOME CARE & ASSOCIATES LLC	
Lic Expire 4/30/2022	26314 MIDDLECREST HILL COURT		26314 MIDDLECREST HILL COURT	
Medicare 1: 679620 HHA-18	KATY, TX 77494		KATY, TX 77494	
Medicare 2:			PHONE:	FAX:
Phone (832) 437-8887	Fax (832) 437-8808		Services: Licensed and Certified Home Health Service	es: Licensed Home Health Services
Type: Parent Agency	Administrator SUZANNE SCALLY			
County FORT BEND	Region 06 Date Licensed		Owner Information	
County FORT BEND License # 010899	Region 06 Date Licensed TEXAS HOME HEALTH HOSPICE		TEXAS HOME HEALTH HOSPICE, LP	
Lic Expire 11/30/2023			17855 N DALLAS PKWY STE 200	
Medicare 1: 671559 Hospice	12808 W. AIRPORT BLVD # 330 SUGAR LAND, TX 77478		DALLAS, TX 75287-6857	
Medicare 2:	SUGAR LAND, IX 11410		PHONE:	FAX:
Phone (281) 915-6147	Fax (281) 201-4366			AA.
1110110 (201) 010 0111	1 47 (201) 201 1000		Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site	Administrator EUGENE STEVENS			
County FORT PEND	Pagion 06 Data Licensed	10/10/2024	Owner Information	
County FORT BEND License # 021142	Region 06 Date Licensed TEXAS HOME HEALTH OF AMERICA	10/19/2021	TEXAS HOME HEALTH OF AMERICA, LP	
			17855 N. DALLAS PKWY, SUITE 200	
Lic Expire 10/19/2024 Medicare 1:	24624 INTERSTATE 45 N STE 200 SPRING, TEXAS 77386		DALLAS, TEXAS 75287	
Medicare 2:	GI MING, ILAAG 11000			FAX:
Phone (281) 916-7883	Fax (281) 783-2914			/VI.
,	Administrator REGANALD MACKEY		Services: Personal Assistance Services	
Type: Parent Agency	AUTIIIIISUUUU REGANALU WACKEY		0 16 %	
County FORT BEND	Region 06 Date Licensed	04/25/2016	Owner Information	
License # 017367	TFH HOME HEALTH		TFH CARE SERVICES, INC	
Lic Expire 4/30/2022	19414 CURLY MESQUITE		9950 WEST PARK DRIVE SUITE 644	
Medicare 1:	CYPRESS, TX 77435		HOUSTON, TX 77063	
Medicare 2:			PHONE:	FAX:
Phone (281) 393-9009	Fax (281) 393-9009		Services: Licensed Home Health Services; Personal A	Assistance Services

Administrator

Type: Parent Agency

VALENTINE NWANKWO

County FORT BEND License # 017658 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (832) 491-7578 Type: Parent Agency	Region 06 Date Licensed 09/30/2016 TGI BROOK HEALTHCARE 12808 W AIRPORT BLVD STE 327 SUGAR LAND, TX 77478 Fax (832) 201-7759 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 License # 018487 Lic Expire 8/31/2021 Medicare 1: 679749 HHA-18	Region 06 Date Licensed 08/15/2017 THE PROVIDENCE HOME HEALTH SERVICES INC 11420 DAIRY ASHFORD RD SUITE #108 SUGAR LAND, TX 77478	Owner Information THE PROVIDENCE HOME HEALTH SERVICES INC 11420 DAIRY ASHFORD RD SUITE 108 SUGAR LAND, TEXAS 77478
Medicare 2: Phone (832) 532-7538	Fax (832) 532-7540	PHONE: FAX:
Type: Parent Agency	Administrator KATHY RELAN	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County FORT BEND License # 006380 Lic Expire 3/31/2023 Medicare 1: 673167 HHA-18 Medicare 2:	Region 06 Date Licensed 03/09/1998 THE ULTIMATE HOME CARE 104 INDUSTRIAL BLVD, SUITE 206 SUGAR LAND, TX 77478	Owner Information THE ULTIMATE HOME CARE INC 2507 LACEWING LANE HOUSTON, TX 77067 PHONE: FAX:
Phone (281) 491-0303	Fax (281) 494-0044	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PRESELECT TAWO	reisorial Assistance Services
County FORT BEND License # 014653 Lic Expire 2/28/2022 Medicare 1: 67-3162 (HHA) Medicare 2:	Region 06 Date Licensed 02/13/2012 THERACARE HOME HEALTH 11104 WEST AIRPORT BOULEVARD SUITE 255A STAFFORD, TX 774773035	Owner Information CANTEX HOME HEALTH HOUSTON, LLC 2537 GOLDEN BEAR DRIVE CARROLLTON, TX 75006 PHONE: FAX:
Phone (281) 488-4663	Fax (281) 488-4662	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator CATHY BOWEN	Personal Assistance Services
County FORT BEND License # 009856 Lic Expire 7/31/2024 Medicare 1: 677927 HHA-18	Region 06 Date Licensed 07/08/2005 TOP HEALTH CARE INC 2440 TEXAS PKWY SUITE 330 MISSOURI CITY, TX 77489	Owner Information TOP HEALTH CARE INC 2440 TEXAS PKWY SUITE 330 MISSOURI CITY, TEXAS 77489
Medicare 2:		PHONE: FAX:
Phone (713) 667-7235 Type: Parent Agency	Fax 713 5753877 Administrator PATE OPARA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 014437 Lic Expire 10/31/2023 Medicare 1: 747825 Medicare 2: Phone (832) 532-7173	Region 06 Date Licensed 10/23/2011 TOPHILL HOMECARE SERVICES INC 10502 FOUNTAIN LAKE DR #422 STAFFORD, TX 77477 Fax (832) 747-9822	Owner Information TOPHILL HOMECARE SERVICES INC 4800 SUGAR GROVE BOULEVARD SUITE 530 STAFFORD, TX 77477 PHONE: FAX:
Type: Parent Agency	Administrator NGOZI GODSON	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020533 Lic Expire 2/11/2023 Medicare 1:	Region 06 Date Licensed 02/11/2021 TOTAL HOME CARE THERAPY, LLC 711 S. 11TH ST, UNIT E RICHMOND, TX 774693361	Owner Information TOTAL HOME CARE THERAPY, LLC 85 BAGBY DR STE 110 BIRMINGHAM,, AL
Medicare 2: Phone (205) 447-4330 Type: Parent Agency	Fax (888) 276-0817 Administrator SHIEKAL EDWARDS	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	00/11/2010	CASA MEDIO, INC
			507 MISTFLOWER DRIVE
Lic Expire 5/31/2022	8410 HIGHWAY 90A SUITE 170		RICHMOND, TX 77469
Medicare 1:	SUGAR LAND, TX 77478		
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	12/01/2003	TRANS AMERICAN HEALTHCARE INC
			SAME
Lic Expire 12/31/2023	6111 EVENING SUN CT.		HOUSTON, TX 77407
Medicare 1: 679389 HHA-18	RICHMOND, TEXAS 77469		
Medicare 2:	F (004) 244 4044		PHONE: FAX:
Phone (281) 344-2221	Fax (281) 344-1611		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Derent Agency	Administrator KATE MBIDOAKA		Personal Assistance Services
Type: Parent Agency	Administrator RATE IVIDIDOARA		
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		Services. Licensed and Certified notifie Health Services
- Taront Agonoy	7 All III III III II II II II II II II II I		
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
Madiana O			PHONE: FAX:
Medicare 2:			
Phone (281) 710-4232	Fax (281) 710-4237		Services: Licensed and Certified Home Health Services: Licensed Home Health Services:
	Fax (281) 710-4237		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
	Fax (281) 710-4237 Administrator AUGUSTA COOPER		
Phone (281) 710-4232 Type: Parent Agency	Administrator AUGUSTA COOPER	10/12/2012	
Phone (281) 710-4232 Type: Parent Agency County FORT BEND	Administrator AUGUSTA COOPER Region 06 Date Licensed	10/12/2012	Personal Assistance Services
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC	10/12/2012	Personal Assistance Services Owner Information
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE	10/12/2012	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC	10/12/2012	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2:	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489	10/12/2012	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE	10/12/2012	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489	10/12/2012	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX:
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY		Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed	10/12/2012	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY		Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed		Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE		Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 545		Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024 Medicare 1: 971679	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 545		Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information TRILOGY HOSPICE CARE LLC
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024 Medicare 1: 971679 Medicare 2: Phone 281 8452259	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 545 HOUSTON, TX 77074 Fax (832) 548-1164		Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information TRILOGY HOSPICE CARE LLC PHONE: FAX:
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024 Medicare 1: 971679 Medicare 2:	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 545 HOUSTON, TX 77074		Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information TRILOGY HOSPICE CARE LLC PHONE: FAX: Services: Hospice
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024 Medicare 1: 971679 Medicare 2: Phone 281 8452259 Type: Parent Agency	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 545 HOUSTON, TX 77074 Fax (832) 548-1164 Administrator TOM KURIAN		Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information TRILOGY HOSPICE CARE LLC PHONE: FAX: Services: Hospice
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024 Medicare 1: 971679 Medicare 2: Phone 281 8452259 Type: Parent Agency County FORT BEND	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 545 HOUSTON, TX 77074 Fax (832) 548-1164 Administrator TOM KURIAN Region 06 Date Licensed	03/24/2021	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information TRILOGY HOSPICE CARE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024 Medicare 1: 971679 Medicare 2: Phone 281 8452259 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024 Medicare 1: 971679 Medicare 2: Phone 281 8452259 Type: Parent Agency County FORT BEND License # 012016	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 545 HOUSTON, TX 77074 Fax (832) 548-1164 Administrator TOM KURIAN Region 06 Date Licensed TRIPLE O HEALTH SERVICES INC	03/24/2021	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information TRILOGY HOSPICE CARE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024 Medicare 1: 971679 Medicare 2: Phone 281 8452259 Type: Parent Agency County FORT BEND License # 012016 License # 012016 Lic Expire 5/31/2024	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 545 HOUSTON, TX 77074 Fax (832) 548-1164 Administrator TOM KURIAN Region 06 Date Licensed TRIPLE O HEALTH SERVICES INC 4141 BLUEBONNET DRIVE	03/24/2021	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information TRILOGY HOSPICE CARE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TRIPLE O HEALTH SERVICES INC
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024 Medicare 1: 971679 Medicare 2: Phone 281 8452259 Type: Parent Agency County FORT BEND License # 012016 Lic Expire 5/31/2024 Medicare 1: 677884	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 545 HOUSTON, TX 77074 Fax (832) 548-1164 Administrator TOM KURIAN Region 06 Date Licensed TRIPLE O HEALTH SERVICES INC	03/24/2021	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information TRILOGY HOSPICE CARE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TRIPLE O HEALTH SERVICES INC 4141 BLUEBONNET DRIVE STAFFORD, TX 77477
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024 Medicare 1: 971679 Medicare 2: Phone 281 8452259 Type: Parent Agency County FORT BEND License # 012016 License # 012016 Lice Expire 5/31/2024 Medicare 1: 677884 Medicare 2:	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 545 HOUSTON, TX 77074 Fax (832) 548-1164 Administrator TOM KURIAN Region 06 Date Licensed TRIPLE O HEALTH SERVICES INC 4141 BLUEBONNET DRIVE STAFFORD, TX 77477	03/24/2021	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information TRILOGY HOSPICE CARE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TRIPLE O HEALTH SERVICES INC 4141 BLUEBONNET DRIVE
Phone (281) 710-4232 Type: Parent Agency County FORT BEND License # 015196 Lic Expire 10/31/2022 Medicare 1: 747421 HHA-18 Medicare 2: Phone (713) 528-8100 Type: Parent Agency County FORT BEND License # 020640 Lic Expire 3/24/2024 Medicare 1: 971679 Medicare 2: Phone 281 8452259 Type: Parent Agency County FORT BEND License # 012016 Lic Expire 5/31/2024 Medicare 1: 677884	Administrator AUGUSTA COOPER Region 06 Date Licensed TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DRIVE MISSOURI CITY, TX 77489 Fax (713) 528-8105 Administrator RITA TRIMMER-RAY Region 06 Date Licensed TRILOGY HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 545 HOUSTON, TX 77074 Fax (832) 548-1164 Administrator TOM KURIAN Region 06 Date Licensed TRIPLE O HEALTH SERVICES INC 4141 BLUEBONNET DRIVE	03/24/2021	Personal Assistance Services Owner Information TRIFLEXSI HOME HEALTH CARE INC 6646 BRIARGATE DR MISSOURI CITY, TEXAS 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information TRILOGY HOSPICE CARE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TRIPLE O HEALTH SERVICES INC 4141 BLUEBONNET DRIVE STAFFORD, TX 77477

Administrator

MAOLIN AWA

County FORT BEND License # 019651 Lic Expire 10/17/2021 Medicare 1: Medicare 2: Phone (832) 290-0641 Type: Parent Approx	Region 06 Date Licensed 10/17/2019 TRIPPLE A HEALTHCARE LIMITED LIABILITY COMPANY 9218 RUSTLING MANOR LN RICHMOND, TX 77407 Fax Administrator SEFIYAT TIJANI	Owner Information TRIPPLE A HEALTHCARE LIMITED LIABILITY COMPANY PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SEFIYAT HJANI	O.m. alatamatia
County FORT BEND License # 017880 Lic Expire 1/31/2023 Medicare 1: 741711 HOSPICE Medicare 2: Phone (832) 917-1704	Region 06 Date Licensed 01/26/2017 TRUCARE HOSPICE AND PALLIATIVE SERVICES 12808 W. AIRPORT BOULEVARD SUITE# 346 SUGAR LAND, TEXAS 77478 Fax (866) 821-9796	Owner Information PREMIER CARE GROUP INC 12808 W AIRPORT BLVD SUITE 303 C SUGARLAND, TX 77478 PHONE: FAX: Services: Hospice; Personal Assistance Services
Type: Parent Agency	Administrator KAFAYATU BOMBATA	In-Patient Hospice: NO
County FORT BEND License # 020343 Lic Expire 11/24/2022 Medicare 1:	Region 06 Date Licensed 11/24/2020 TRUE LOVE HEALTHCARE SERVICES, LLC 2402 GASPEE PT MISSOURI CITY, TX 774891160	Owner Information TRUE LOVE HEALTHCARE SERVICES, LLC
Medicare 2:	WISSOURICITT, IX 774691100	PHONE: FAX:
Phone (208) 713-8692	Fax	Services: Licensed Home Health Services
Type: Parent Agency	Administrator NTAHOTURI ETIENNE	
County FORT BEND License # 018319 Lic Expire 9/30/2023 Medicare 1:	Region 06 Date Licensed 09/13/2017 TRUTOUCH HEALTHCARE SERVICES INC 11235 DUNSTAN HILL DR RICHMOND, TX 77407	Owner Information TRUTOUCH HEALTHCARE SERVICES INC 11235 DUNSTAN HILL DR RICHMOND, TX 77407
Medicare 2:		PHONE: FAX:
Phone (713) 874-4782 Type: Parent Agency	Fax (281) 201-2038 Administrator EKPE OKORAFOR	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 017532 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (281) 971-9630 Type: Parent Agency	Region 06 Date Licensed 07/18/2016 TRUVINE HOME CARE 9603 LAVENDER MIST LANE KATY, TX 77494 Fax (281) 971-9672 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 License # 020380 Lic Expire 12/7/2022 Medicare 1:	Region 06 Date Licensed 12/07/2020 TYBLESS HEALTH SERVICES LLC 19330 JORDANS LANDING LN RICHMOND, TEXAS 77407	Owner Information TYBLESS HEALTH SERVICES LLC
Medicare 2:	Normone, revole 77 to	PHONE: FAX:
Phone (832) 902-0813 Type: Parent Agency	Fax Administrator TOYIN BISIRIYU	Services: Personal Assistance Services
County FORT BEND License # 015884 Lic Expire 11/30/2024 Medicare 1:	Region 06 Date Licensed 11/06/2013 UNICK ANGELS HOME HEALTH SERVICES INC 202 INDUSTRIAL BLVD SUITE 602 SUGAR LAND, TX 77478	Owner Information UNICK ANGELS HOME HEALTH SERVICES, INC AS ABOVE SUGAR LAND, TX 77478
Medicare 2: Phone (281) 201-2247	Fax (281) 201-2248	PHONE: (281) 201-2247 FAX: (281) 201-2248
T D A	Administrator CARE ADAMO	Services: Personal Assistance Services

Administrator

Type: Parent Agency

SADE ADAMS

County FORT BEND License # 020125 Lic Expire 8/26/2022 Medicare 1: Medicare 2: Phone (713) 332-9933 Type: Parent Agency	Region 06 Date Licensed 08/26. UNIFIED ROCK HEALTHCARE LLC 10500 FOUNTAIN LAKE DR, APT 331 STAFFORD, TX 77477 Fax Administrator MORIAM OYELOLA	Owner Information UNIFIED ROCK HEALTHCARE LLC PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 010398 Lic Expire 4/30/2023 Medicare 1: 679577 - (HHA) Medicare 2: Phone (281) 933-8005 Type: Parent Agency	Region 06 Date Licensed 04/19, UNIQUE HOME HEALTH SERVICES INC 8922 SYNDER FARM LANE ROSENBERG, TX 77469 Fax (832) 230-4142 Administrator FLORENCE BABALOLA	O/2006 Owner Information UNIQUE HOME HEALTH SERVICES INC 8922 SYNDER FAMR LANE ROSENBERG, TX 77469 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 019644 Lic Expire 6/7/2024 Medicare 1: HHA-18 74-1782 Medicare 2: Phone (281) 208-7803 Type: Parent Agency	Region 06 Date Licensed 06/07. UNITED PALLIATIVE & HOSPICE CARE, INC 1811 FIRST OAKS STREET #120 RICHMOND, TEXAS 77406 Fax (281) 476-7762 Administrator GREGORY PIERCE	Owner Information UNITED PALLIATIVE & HOSPICE CARE, INC 12808 W AIRPORT BLVD STE 312 SUGAR LAND, TX 77478 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County FORT BEND License # 010567 Lic Expire 6/30/2022 Medicare 1: 679590 HHA-18 Medicare 2: Phone (281) 969-8545 Type: Parent Agency	Region 06 Date Licensed 06/22. UNITY CARE HOME HEALTH INC 906 DERBY LN MISSOURI CITY, TX 77489 Fax (832) 539-1339 Administrator ANGELA BOUTTE	Owner Information UNITY CARE HOME HEALTH, INC 906 DERBY LANE MISSOURI CITY, TX 77489 PHONE: FAX: Services: Licensed and Certified Home Health Services
County FORT BEND License # 015261 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (281) 565-1277 Type: Parent Agency	Region 06 Date Licensed 12/07, UNIVERSAL HOME THERAPY 12919 SOUTHWEST FWY SUITE 138 STAFFORD, TX 77477 Fax (281) 565-0817 Administrator BONAVENTURA CELESTINE	Owner Information UNIVERSAL DIALYSIS LLC 12919 SOUTHWEST FREEWAY SUITE 138 STAFFORD, TEXAS 77477 PHONE: FAX: Services: Licensed Home Health Services with Dialysis
County FORT BEND License # 020987 Lic Expire 8/18/2024 Medicare 1: Medicare 2: Phone (832) 461-7303	Region 06 Date Licensed 08/18. UNIVERSAL RELIEF HOME CARE LLC 13318 NANTUCKET DR SUGAR LAND, TEXAS 77478 Fax	Owner Information UNIVERSAL RELIEF HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 018781 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (832) 202-8444	Administrator TEHMINA KHAN Region 06 Date Licensed 06/12/ VAC HEALTHCARE INC 22222 AUBURN CANYON LN RICHMOND, TEXAS 77469 Fax	Owner Information VAC HEALTHCARE INC 22222 AUBURN CANYON LANE RICHMOND, TEXAS 77469 PHONE: FAX: Services: Personal Assistance Services

Administrator

JOY ANWURI

County FORT BEND License # 018674 Lic Expire 3/31/2022 Medicare 1: 741784 Medicare 2: Phone 713 5819198	Region 06 Date Licensed 03/28/2018 VARCO HOSPICE LLC 9898 BISSONNET ST STE 364 HOUSTON, TX 77036 Fax 888 2867442	Owner Information VARCO HOSPICE LLC 9898 BISSONNET STREET STE. 364 HOUSTON, TX 77036 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator SABA MAHMOOD	
County FORT BEND License # 015836 Lic Expire 12/31/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 10/28/2013 VARIETY HOMECARE PROVIDER SERVICES INC 2803 CHESTER BEND LANE KATY, TX 77494	Owner Information VARIETY HOMECARE PROVIDER SERVICES INC 2803 CHESTER BEND LANE KATY, TX 77494 PHONE: FAX:
Phone (832) 913-6468 Type: Parent Agency	Fax (346) 387-6121 Administrator MFONEMANAH ITUEN	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020323 Lic Expire 11/16/2022 Medicare 1:	Region 06 Date Licensed 11/16/2020 VICTORIOUS MEDICAL SERVICES LLC 8426 MANASSAS LANE HOUSTON, TEXAS 77083	Owner Information VICTORIOUS MEDICAL SERVICES LLC
Medicare 2:		PHONE: FAX:
Phone (832) 498-7491 Type: Parent Agency	Fax (713) 481-8430 Administrator KENEISHA PARKER	Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020470 Lic Expire 1/20/2023 Medicare 1:	Region 06 Date Licensed 01/20/2021 VINTAGE HEALTHCARE SERVICES INC 2302 WINDCROFT LANE SUGAR LAND, TEXAS 77479	Owner Information VINTAGE HEALTHCARE SERVICES INC
Medicare 2:	, , ,	PHONE: FAX:
Phone (832) 439-4117 Type: Parent Agency	Fax Administrator MARYQUEEN CHILAKA	Services: Personal Assistance Services
County FORT BEND License # 009116 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (281) 207-1259 Type: Parent Agency	Region 06 Date Licensed 05/27/2004 VISITING ANGELS 19901 SOUTHWEST FREEWAY SUITE #130 SUGAR LAND, TX 77479 Fax (281) 207-5401 Administrator SHEHNAZ VADGAMA	Owner Information SV LIVING ASSISTANCE, LLC 19901 SOUTHWEST FREEWAY SUITE 130 SUGAR LAND, TX 77479 PHONE: FAX: Services: Personal Assistance Services
County FORT BEND License # 019563 Lic Expire 8/29/2023 Medicare 1: 748024 HHA Medicare 2: Phone (832) 878-0379 Type: Parent Agency	Region 06 Date Licensed 08/29/2019 VIZO HOME HEALTH SERVICES LLC 20203 BANDERA LAKE LN RICHMOND, TEXAS 77407 Fax (832) 615-0805 Administrator CHIMA ACHIGONYE	Owner Information VIZO HOME HEALTH SERVICES LLC 20203 BANDERA LAKE LN RICHMOND, TEXAS 77407 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020576 Lic Expire 3/8/2024 Medicare 1:	Region 06 Date Licensed 03/08/2021 WELLS HEALTHCARE INC 3906 PEBBLE HEIGHTS LANE SUGAR LAND, TEXAS 77479	Owner Information WELLS HEALTHCARE INC
Medicare 2:		PHONE: FAX:
Phone (907) 351-4818	Fax	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ISICHEI ANENE	

County FORT BEND License # 010219 Lic Expire 12/31/2023 Medicare 1: 679528 HHA-18 Medicare 2: Phone (713) 772-9900 Type: Parent Agency	Region 06 Date Licensed 12/30/2005 WESLEY HOME HEALTH SERVICES INC 10701 CORPORATE DRIVE SUITE 332 STAFFORD, TEXAS 77477 Fax (713) 772-9695 Administrator NGOZI NWASURUBA	Owner Information WESLEY HOME HEALTH SERVICES INC 10701 CORPORATE DRIVE SUITE 332 STAFFORD, TEXAS 77477 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020244 Lic Expire 10/19/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 10/19/2020 WESTIN MEDICAL GROUP LLC 5802 EDEN CREST CT RICHMOND, TX 77407	Owner Information WESTIN MEDICAL GROUP LLC PHONE: FAX:
Phone (832) 382-6899 Type: Parent Agency	Fax (832) 284-7845 Administrator PATRICE KOFFI	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County FORT BEND License # 017447 Lic Expire 6/30/2022 Medicare 1: 741657 HOSPICE Medicare 2: Phone (866) 966-2215	Region 06 Date Licensed 06/07/2016 WHITE ORCHID HOSPICE 1449 HIGHWAY 6 SUITE 320 SUGAR LAND, TX 77478 Fax (866) 966-5057	Owner Information WHITE ORCHID HOSPICE LLC 14140 SOUTHWEST FREEWAY SUITE 100 SUGAR LAND, TX 77478 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County FORT BEND	Administrator STEPHEN L CARTER Region 06 Date Licensed 11/06/2019	Owner Information
License # 019685 Lic Expire 11/6/2024 Medicare 1: 971651 Medicare 2:	WINDSOR HOSPICE AND PALLIATIVE CARE SERVICES LLC 11750 PADON ROAD .SUITE B NEEDVILLE, TEXAS 77461	WINDSOR HOSPICE AND PALLIATIVE CARE SERVICES LLC PHONE: FAX:
Phone (832) 282-7363 Type: Parent Agency	Fax (888) 586-4241 Administrator ELIZABETH WILLIAMS	Services: Hospice In-Patient Hospice: NO
County FORT BEND License # 019270 Lic Expire 2/21/2023 Medicare 1: Medicare 2: Phone (832) 623-3355 Type: Parent Agency	Region 06 Date Licensed 02/21/2019 WOODLANDS GOLDEN 3518 WILLOW FIN WAY RICHMOND, TX 77406 Fax (281) 667-4096 Administrator ADETOLA OJO	Owner Information WOODLANDS GOLDEN HEALTHCARE INC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 020396 Lic Expire 11/1/2022 Medicare 1: 747817 Medicare 2: Phone (281) 980-3328 Type: Parent Agency	Region 06 Date Licensed 11/01/2020 YOUR CHOICE HOME HEALTH 11104 W AIRPORT BLVD #135 STAFFORD, TEXAS 77477 Fax (281) 676-5089 Administrator DIONNEDRA BARTLEY	Owner Information YOUR CHOICE ENTERPRISES, LLC P. O. BOX 1932 STAFFORD, TX 77497 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County FORT BEND License # 016149 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (832) 535-5485 Type: Parent Agency	Region 06 Date Licensed 04/11/2014 YOUR CHOICE PROVIDER SERVICES LLC 310 ROUND LAKE DRIVE ROSENBERG, TX 77469 Fax (832) 363-3981 Administrator MONICA ANZALDUA	Owner Information YOUR CHOICE PROVIDER SERVICES LLC 1122 DESERT SPRINGS LANE ROSENBERG, TX 77471 PHONE: FAX: Services: Personal Assistance Services

County FORT BEND License # 019547 Lic Expire 8/22/2023 Medicare 1: 748000 HHA Medicare 2:	Region 06 Date Licensed ZESTE HOME HEALTHCARE LLC 4010 N BARNETT WAY MISSOURI CITY, TEXAS 77459	08/22/2019	Owner Information ZESTE HOME HEALTHCARE LLC PHONE: FAX:
Phone (936) 933-4789	Fax (888) 407-0775		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CLEMENTE LOGRONIO		
County FRANKLIN License # 008273 Lic Expire 12/21/2023 Medicare 1: 457507 HHA-18 Medicare 2: Phone (903) 537-2445 Type: Parent Agency	Region 04 Date Licensed ELARA CARING 412 HWY 37 SOUTH, SUITE B MOUNT VERNON, TX 75457 Fax (903) 537-2394 Administrator ROBIN WEBB	01/01/2003	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 License # 008273 Lic Expire 12/21/2023 Medicare 1: 457507 HHA-18 Medicare 2: Phone (903) 537-2445 Type: Parent Agency	Region 04 Date Licensed ELARA CARING 412 HWY 37 SOUTH, SUITE B MOUNT VERNON, TX 75457 Fax (903) 537-2394 Administrator ROBIN WEBB	01/01/2003	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 License # 012871 Lic Expire 9/30/2023 Medicare 1: 747707 HHA-18 Medicare 2: Phone (903) 270-6292 Type: Parent Agency	Region 04 Date Licensed SERENITY PLUS HOME HEALTH INC 106 HOUSTON STREET NORTH MOUNT VERNON, TEXAS 75457 Fax (903) 201-6766 Administrator CHAD WARDRUP	09/24/2009	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 License # 008276 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (254) 739-2600 Type: Branch Agency	Region 04 Date Licensed ELARA CARING 521 CEDAR STREET TEAGUE, TX 75860 Fax (254) 739-3226 Administrator TINA ANDERSON	01/01/2003	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 License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone (855) 605-4549 Type: Alternate Delivery Site	Region 06 Date Licensed RELIANT AT HOME 309 MAIN STREET TEAGUE, TEXAS 75860 Fax (877) 322-3298 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 License # 018716 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (903) 915-4729 Type: Branch Agency	Region 04 Date Licensed UT HEALTH EAST TEXAS HOME HEALTH S 111 MOUNT STREET FAIRFIELD, TX 75840 Fax (903) 915-4732 Administrator KIMBRA BOGUE	03/01/2018 ERVICES	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 License # 013879 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (830) 334-2255 Type: Branch Agency	Region 07 Date Licensed 11/21/2011 A AMAZING HOME CARE 1603 W COMAL ST PEARSALL, TEXAS 78061 Fax (830) 334-9003 Administrator IRMA VINTON	Owner Information A & AMAZING HOME CARE LLC 1325 N. FLORES SUITE 114 SAN ANTONIO, TX 78212 PHONE: FAX: Services: Personal Assistance Services Owner Information
County FRIO License # 009636	Region 07 Date Licensed 05/01/2006 A PLUS FAMILY CARE LLC	A PLUS FAMILY CARE LLC
Lic Expire 3/31/2023	1214 WEST COMAL	9514 CONSOLE DR #201 SAN ANTONIO, TEXAS 78229
Medicare 1: Medicare 2:	PEARSALL, TX 78061	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 License # 013850 Lic Expire 10/31/2022 Medicare 1: Medicare 2:	Region 05 Date Licensed 08/11/2016 CARTER HEALTHCARE 101 SOUTH OAK STREET UNIT 101B PEARSALL, TX 78061	Owner Information CARTER HEALTHCARE OF CENTRAL TEXAS LLC 7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300 AUSTIN, TX 78752 PHONE: FAX:
Phone (830) 625-4837	Fax (830) 625-2194	Services: Licensed Home Health Services
County FRIO License # 002021 Lic Expire 12/31/2023 Medicare 1: 677014 HHA-18 Medicare 2: Phone (830) 334-2058 Type: Parent Agency	Administrator JAMES BRIAN CARTER Region 07 Date Licensed 12/27/1986 FRIO HOSPITAL HOME HEALTH 105 E. HACKBERRY RD SUITE B PEARSALL, TX 78061 Fax (830) 334-5806 Administrator ERICA SALINAS	Owner Information FRIO HOSPITAL ASSOCIATION 200 S IH 35 PEARSALL, TX 78061 PHONE: FAX: Services: Licensed and Certified Home Health Services
County FRIO License # 020904 Lic Expire 7/14/2024 Medicare 1:	Region 07 Date Licensed 07/14/2021 GENERATIONS PROVIDER CARE SERVICES LLC 107 S. CHERRY ST UNIT B PEARSALL, TX 78061	Owner Information GENERATIONS PROVIDER CARE SERVICES LLC
Medicare 2:	·	PHONE: (830) 746-9046 FAX: (830) 746-9048
Phone (830) 746-9046	Fax (830) 746-9048	Services: Personal Assistance Services
Type: Parent Agency County FRIO License # 015590 Lic Expire 6/30/2023 Medicare 1: 4669409 Medicare 2: Phone (830) 505-7126 Type: Alternate Delivery Site	Administrator JESUS CANTU Region 07 Date Licensed GOOD SHEPHERD HOSPICE OF SAN ANTONIO, LLC 207 E COLORADO ST, STE A PEARSALL, TX 780613234 Fax (877) 917-3734 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 Alternative Delivery Site (ADS) In-Patient Hospice: NO
County FRIO	Region 07 Date Licensed 10/03/2012	Owner Information
License # 015110 Lic Expire 10/31/2022 Medicare 1: 671789 HOSPICE Medicare 2:	HEART TO HEART HOSPICE OF SOUTH TEXAS 130 S I-35 FRONTAGE ROAD PEARSALL, TX 78061	CRESCENT HOSPICE, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX:
Phone (830) 505-5600	Fax (830) 500-3671	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KATHERINE BANKS	·

County FRIO License # 007332 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (830) 334-8070 Type: Branch Agency	Region 07 Date Licensed OUTREACH HOME CARE 504 E COLORADO PEARSALL, TX 78061 Fax (830) 334-4905 Administrator JULIA LERMA	06/01/2000	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 FRIO License # 019127 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone (210) 585-6352	Region 06 Date Licensed RELIANT HOSPICE OF HOUSTON, LLC 1816 S OAK STE B PEARSALL, TEXAS 78061 Fax (210) 994-9118		Owner Information RELIANT HOSPICE OF HOUSTON LLC 12947 LAKE CONROE HILLS DRIVE SUITE C WILLIS, TX 75860 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site County FRIO License # 015909 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (830) 505-7458 Type: Alternate Delivery Site	Administrator CASEY WILSON Region 07 Date Licensed TENDER TOUCH HOSPICE, LLC 1816 SOUTH OAK SUITE B PEARSALL, TEXAS 78061 Fax (830) 505-7169 Administrator ELSA MOORE		Owner Information TENDER TOUCH HOSPICE LLC 4203 GARDENDALE ST C-112 SAN ANTONIO, TX 78229 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County GAINES License # 008511 Lic Expire 6/30/2020 Medicare 1: 451737 HOSPICE Medicare 2: Phone (432) 758-2247	Region 01 Date Licensed MEMORIAL HOSPICE 209 NW 8TH ST SEMINOLE, TEXAS 79360 Fax (432) 758-4884	06/18/2003	Owner Information SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS 209 NORTHWEST 8TH STREET SEMINOLE, TX 79360-3499 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County GALVESTON License # 015139 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (281) 827-2675 Type: Branch Agency	Administrator PHILLIP TEAGUE Region 06 Date Licensed A HELPING HAND HOME CARE SERVICE 600 GULF FWY TEXAS CITY, TEXAS 77591 Fax (713) 583-2003 Administrator SHERYL CASTILLO		Owner Information JIREH LIVING ASSISTANCE SERVICE, LLC 1722 EVERGREEN LANE SEABROOK, TX 77586 PHONE: FAX: Services: Personal Assistance Services
County GALVESTON License # 015315 Lic Expire 10/31/2022 Medicare 1: 451624 HOSPICE Medicare 2: Phone (409) 935-0169 Type: Parent Agency	Region 06 Date Licensed A*MED COMMUNITY HOSPICE 8900 E.F. LOWRY EXPY STE. 102 TEXAS CITY, TEXAS 77591 Fax (409) 933-1770 Administrator JOE HINOJOSA	10/18/2012	Owner Information A*MED HEALTH INC 8901 EF LOWRY EXPWY STE. A TEXAS CITY, TX 77591 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County GALVESTON License # 015315 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (713) 947-6200 Type: Alternate Delivery Site	Region 06 Date Licensed A*MED COMMUNITY HOSPICE 8900 E.F. LOWRY EXPWY STE. 102 TEXAS CITY, TEXAS 77591 Fax (713) 947-7197 Administrator JOE HINOJOSA	03/31/2014	Owner Information A*MED HEALTH INC 8901 EF LOWRY EXPWY STE. A TEXAS CITY, TX 77591 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County GALVESTON License # 015315 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (713) 947-6200 Type: Alternate Delivery Site	Region 06 Date Licensed A*MED COMMUNITY HOSPICE 8900 E.F. LOWRY EXPWY STE. 102 TEXAS CITY, TEXAS 77591 Fax (713) 947-7197 Administrator JOE HINOJOSA	03/31/2014	Owner Information A*MED HEALTH INC 8901 EF LOWRY EXPWY STE. A TEXAS CITY, TX 77591 PHONE: FAX: 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: FAX:
Phone (409) 935-0169	Fax (409) 933-1770		Services: Hospice
Type: Parent Agency	Administrator JOE HINOJOSA		In-Patient Hospice: NO
			Owner Information
County GALVESTON	Region 06 Date Licensed	10/18/2012	A*MED HEALTH INC
License # 015315 Lic Expire 10/31/2022	A*MED COMMUNITY HOSPICE		8901 EF LOWRY EXPWY STE. A
Lic Expire 10/31/2022 Medicare 1: 451624 HOSPICE	8900 E.F. LOWRY EXPY STE. 102 TEXAS CITY, TEXAS 77591		TEXAS CITY, TX 77591
Medicare 2:	TEXTO OTT, TEXTO TTOOT		PHONE: FAX:
Phone (409) 935-0169	Fax (409) 933-1770		Services: Hospice
			In-Patient Hospice: NO
Type: Parent Agency	Administrator JOE HINOJOSA		
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:	F (742) 047 7407		PHONE: FAX:
Phone (713) 947-6200	Fax (713) 947-7197		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator JOE HINOJOSA		in radion risopies. 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: FAX:
Phone (409) 935-1675	Fax (409) 935-8501		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator JUNE LINGLE-HAAS		
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:	Fav. (004) FE7 0000		PHONE: FAX:
Phone (281) 557-0890	Fax (281) 557-0986		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator BRENT MARTIN		
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		
Medicare 2: Phone (409) 762-5753	Fax (409) 752-2889		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator AMY COMEAUX		Personal Assistance Services
21:			

County GALVESTON License # 020128 Lic Expire 8/28/2022	Region 06 Date Licensed 08/28/2020 ACTIKARE RESPONSIVE INHOME CARE 2800 E. LEAGUE CITY PKWY APT 217	Owner Information CORTEZ OPERATIONS LLC
Medicare 1:	LEAGUE CITY, TEXAS 77573	
Medicare 2: Phone (281) 968-5037	Fax	PHONE: FAX:
Phone (281) 968-5037 Type: Parent Agency	Administrator MARIA CORTEZ	Services: Personal Assistance Services
······································		Owner Information
County GALVESTON License # 008633	Region 06 Date Licensed 09/09/2003 AFFINITY HOME HEALTH CARE	MEDCARE HEALTH OPTIONS INC
Lic Expire 9/30/2023	100 PERKINS STE E	3315 BURKE RD STE 204
Medicare 1: 679442 HHA-18	LEAGUE CITY, TX 77573	PASADENA, TX 77504
Medicare 2:		PHONE: FAX:
Phone (713) 947-2277	Fax (713) 947-2292	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator CHARLENE CARROLL	
County GALVESTON	Region 06 Date Licensed 11/14/2019	Owner Information
License # 019701	AFFINITY HOSPICE PRN	MEDCARE HEALTH OPTIONS INC
Lic Expire 11/14/2021	100 PERKINS STE E	3315 BURKE RD STE 204
Medicare 1: 971613	LEAGUE CITY, TX 77573	PASADENA, TX 77504
Medicare 2: Phone (713) 947-2277	Fax (713) 947-2292	PHONE: FAX:
1 none (110) 341-2211	Tax (110) 3-11-2232	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CHARLENE CARROLL	
County GALVESTON	Region 06 Date Licensed 09/30/2019	Owner Information
License # 019476	ALL CARE HOME HEALTH	ALLEN HOME HEALTH CARE LLC
Lic Expire 7/10/2024	8501 HWY 6	
Medicare 1: 747989	HITCHCOCK, TEXAS 77563	
Medicare 2:	Fav. (400) 440 9700	PHONE: FAX:
Phone (409) 440-8080	Fax (409) 440-8709 Administrator JOE ALLEN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency		Owner Information
County GALVESTON		Owner information
•	Region 06 Date Licensed 07/22/2021	ANCHORED PERSONAL ASSISTANCE SERVICES LLC
License # 020922	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR
License # 020922 Lic Expire 7/22/2024	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR.	
License # 020922	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC	1138 CHASE PARK DR
License # 020922 Lic Expire 7/22/2024 Medicare 1:	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR.	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX:
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2:	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518	1138 CHASE PARK DR BACLIFF, TX 77518
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX:
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833 Type: Parent Agency	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax Administrator SHAVONDA LINDSEY	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX: Services: Personal Assistance Services Owner Information ANGELS ABOVE US INC
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833 Type: Parent Agency County GALVESTON	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax Administrator SHAVONDA LINDSEY Region 04 Date Licensed 01/30/2003	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX: Services: Personal Assistance Services Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833 Type: Parent Agency County GALVESTON License # 008437 Lic Expire 1/31/2025 Medicare 1:	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax Administrator SHAVONDA LINDSEY Region 04 Date Licensed 01/30/2003 ANGELS CARE HOME HEALTH	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX: Services: Personal Assistance Services Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833 Type: Parent Agency County GALVESTON License # 008437 Lic Expire 1/31/2025 Medicare 1: Medicare 2:	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax Administrator SHAVONDA LINDSEY Region 04 Date Licensed 01/30/2003 ANGELS CARE HOME HEALTH 1802 BROADWAY ST, STE 120 GALVESTON, TX 77550	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX: Services: Personal Assistance Services Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063 PHONE: FAX:
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833 Type: Parent Agency County GALVESTON License # 008437 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (409) 502-8621	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax Administrator SHAVONDA LINDSEY Region 04 Date Licensed 01/30/2003 ANGELS CARE HOME HEALTH 1802 BROADWAY ST, STE 120 GALVESTON, TX 77550 Fax (512) 641-0497	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX: Services: Personal Assistance Services Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833 Type: Parent Agency County GALVESTON License # 008437 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (409) 502-8621 Type: Branch Agency	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax Administrator SHAVONDA LINDSEY Region 04 Date Licensed 01/30/2003 ANGELS CARE HOME HEALTH 1802 BROADWAY ST, STE 120 GALVESTON, TX 77550 Fax (512) 641-0497 Administrator DUSTY HOLBROOK	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX: Services: Personal Assistance Services Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833 Type: Parent Agency County GALVESTON License # 008437 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (409) 502-8621 Type: Branch Agency County GALVESTON	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax Administrator SHAVONDA LINDSEY Region 04 Date Licensed 01/30/2003 ANGELS CARE HOME HEALTH 1802 BROADWAY ST, STE 120 GALVESTON, TX 77550 Fax (512) 641-0497 Administrator DUSTY HOLBROOK Region 06 Date Licensed 11/23/2004	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX: Services: Personal Assistance Services Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063 PHONE: FAX:
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833 Type: Parent Agency County GALVESTON License # 008437 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (409) 502-8621 Type: Branch Agency County GALVESTON License # 009424	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax Administrator SHAVONDA LINDSEY Region 04 Date Licensed 01/30/2003 ANGELS CARE HOME HEALTH 1802 BROADWAY ST, STE 120 GALVESTON, TX 77550 Fax (512) 641-0497 Administrator DUSTY HOLBROOK Region 06 Date Licensed 11/23/2004 APOSTLE HOME HEALTH CARE PLLC	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX: Services: Personal Assistance Services Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833 Type: Parent Agency County GALVESTON License # 008437 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (409) 502-8621 Type: Branch Agency County GALVESTON	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax Administrator SHAVONDA LINDSEY Region 04 Date Licensed 01/30/2003 ANGELS CARE HOME HEALTH 1802 BROADWAY ST, STE 120 GALVESTON, TX 77550 Fax (512) 641-0497 Administrator DUSTY HOLBROOK Region 06 Date Licensed 11/23/2004	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX: Services: Personal Assistance Services Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information APOSTLE HOME HEALTH CARE PLLC
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833 Type: Parent Agency County GALVESTON License # 008437 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (409) 502-8621 Type: Branch Agency County GALVESTON License # 009424 Lic Expire 1/30/2022	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax Administrator SHAVONDA LINDSEY Region 04 Date Licensed 01/30/2003 ANGELS CARE HOME HEALTH 1802 BROADWAY ST, STE 120 GALVESTON, TX 77550 Fax (512) 641-0497 Administrator DUSTY HOLBROOK Region 06 Date Licensed 11/23/2004 APOSTLE HOME HEALTH CARE PLLC 306 S FRIENDSWOOD DR STE B	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX: Services: Personal Assistance Services Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information APOSTLE HOME HEALTH CARE PLLC 306 S FRIENDSWOOD DR STE B
License # 020922 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone 4092564172 or 8322833 Type: Parent Agency County GALVESTON License # 008437 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (409) 502-8621 Type: Branch Agency County GALVESTON License # 009424 Lic Expire 11/30/2022 Medicare 1: 457915 HHA-18	ANCHORED PERSONAL ASSISTANCE SERVICES, LLC 1138 CHASE PARK DR. BACLIFF, TEXAS 77518 Fax Administrator SHAVONDA LINDSEY Region 04 Date Licensed 01/30/2003 ANGELS CARE HOME HEALTH 1802 BROADWAY ST, STE 120 GALVESTON, TX 77550 Fax (512) 641-0497 Administrator DUSTY HOLBROOK Region 06 Date Licensed 11/23/2004 APOSTLE HOME HEALTH CARE PLLC 306 S FRIENDSWOOD DR STE B	1138 CHASE PARK DR BACLIFF, TX 77518 PHONE: FAX: Services: Personal Assistance Services Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information APOSTLE HOME HEALTH CARE PLLC 306 S FRIENDSWOOD DR STE B FRIENDSWOOD, TX 77546-3982

County GALVESTON License # 007603 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (409) 621-1114 Type: Branch Agency	Region 06 Date Licensed ASSIST MED INC 123 25TH STREET #4005 GALVESTON, TX 77550 Fax (409) 621-1544 Administrator ROSA PIZZI	01/01/2001	Owner Information ASSISTMED INC SAME AS ABOVE HOUSTON, TX 77077 PHONE: Services: Personal Assistance Services	FAX:
County GALVESTON License # 019629 Lic Expire 10/2/2023 Medicare 1: 971611 Hospice	Region 06 Date Licensed CALMCARE HOSPICE LLC 1225 25TH ST N STE. 200 TEXAS CITY, TEXAS 77590	10/02/2019	Owner Information CALMCARE HOSPICE LLC	
Medicare 2: Phone (833) 246-5367	Fax (281) 715-5288		PHONE: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	FAX:
Type: Parent Agency County GALVESTON License # 019595 Lic Expire 8/1/2021 Medicare 1: Medicare 2: Phone (832) 900-9416 Type: Parent Agency	Administrator DARLINGTON UGBAJA Region 06 Date Licensed CAREBUILDERS AT HOMEFRIENDSWOOD 1414 S FRIENDSWOOD DR STE 218 FRIENDSWOOD, TEXAS 77546 Fax (832) 900-9455 Administrator ROBIN HOLMES	08/01/2019	Owner Information CROSS COUNTRY VENTURES PHONE: Services: Personal Assistance Services	FAX:
County GALVESTON License # 009684 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (281) 748-3792	Region 06 Date Licensed CCP CONSTANT CARE PROVIDERS LP 2239 WOODWIND WAY LEAGUE CITY, TX 77573 Fax (281) 332-7050	04/08/2005	Owner Information CCP CONSTANT CARE PROVIDERS LP 2239 WOODWIND WAY LEAGUE CITY, TX 77573 PHONE: Services: Licensed Home Health Services	FAX:
Type: Parent Agency	Administrator VALERIE SALAZAR		Services. Licensed nome nealth Services	
County GALVESTON License # 020093 Lic Expire 8/5/2022 Medicare 1: 748012 HHA	Region 06 Date Licensed CHRYSALIS HOME HEALTHCARE 1506 E WINDING WAY DR., SUITE 605 FRIENDSWOOD, TX 77546	10/26/2020	Owner Information SEQUOIA HOME HEALTHCARE LLC	
Medicare 2:	-		PHONE:	FAX:
Phone (832) 820-9113 Type: Parent Agency	Fax (713) 893-6072 Administrator KRISTIE BROWN		Services: Licensed and Certified Home Health Ser	vices
County GALVESTON License # 018892 Lic Expire 8/31/2022 Medicare 1: 74-1786 Medicare 2: Phone (409) 797-4840	Region 06 Date Licensed CN PALLIATIVE CARE LLC 1225, 25TH STREET N SUITE 300 TEXAS CITY, TX 77591 Fax (833) 346-8740	08/17/2018	Owner Information CN PALLIATIVE CARE LLC 8700 COMMERCE PARKWAY STE #143 HOUSTON, TX 77036 PHONE: Services: Hospice	FAX:
Type: Parent Agency	Administrator NINA OLUGU		In-Patient Hospice: NO	
County GALVESTON License # 021031 Lic Expire 9/8/2024 Medicare 1:	Region 06 Date Licensed DN PALLIATIVE HOSPICE LLC 1225 25TH STREET N STE. 300 TEXAS CITY, TX 77590	09/08/2021	Owner Information DN PALLIATIVE HOSPICE LLC	
Medicare 2:			PHONE:	FAX:
Phone (281) 888-5129	Fax (281) 990-6716		Services: Hospice In-Patient Hospice: NO	

Administrator NINA OLUGU

County GALVESTON License # 003664 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (833) 365-2464 Type: Branch Agency	Region 06 Date Licensed DOCTOR'S CHOICE HOME CARE 14025 DELANEY ROAD LA MARQUE, TX 77568 Fax (713) 782-4487 Administrator SWETA 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 GALVESTON License # 016013 Lic Expire 12/31/2021 Medicare 1: 743194 HHA-18 Medicare 2: Phone (281) 480-4235	Region 06 Date Licensed 12/31/2013 ETON HOME HEALTHCARE INC 1560 W BAY AREA BLVD STE 240 FRIENDSWOOD, TX 77546 Fax (281) 480-4465	Owner Information ETON HOME HEALTHCARE, INC 1560 W BAY AREA BLVD SUITE # 240 FRIENDSWOOD, TX 77546 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County GALVESTON License # 019643 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (832) 510-5017	Administrator VERONICA OKAFOR Region 06 Date Licensed 11/13/2018 FELICITY PALLIATIVE & HOSPICE CARE LLC 1228 25TH STREET NORTH UNIT 200 TEXAS CITY, TEXAS 77590 Fax (832) 941-0384	Owner Information FELICITY PALLIATIVE & HOSPICE CARE LLC 4201 FM 1960 WEST SUITE 155 HOUSTON, TEXAS 77068 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County GALVESTON License # 018463 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (281) 217-6952 Type: Parent Agency	Administrator VERONICA BROWN Region 06 Date Licensed 11/21/2017 GARDEN CYCLE HEALTHCARE SYSTEM LLC 2608 CHINABERRY PARK LANE LEAGUE CITY, TX 77573 Fax (281) 217-7617 Administrator VICTOR EJIMADU	Owner Information GARDEN CYCLE HEALTHCARE LLC SAME LEAGUE CITY, TEXAS 77573 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County GALVESTON License # 020909 Lic Expire 7/15/2024 Medicare 1: Medicare 2: Phone 713 7017133 Type: Parent Agency	Region 06 Date Licensed 07/15/2021 GRACIOUS HEARTS HOME CARE 305 FM 517 RD E SUITE A DICKINSON, TEXAS 77539 Fax Administrator SHAMEKA IDUSUYI	Owner Information VS WAYS SOLUTIONS LLC PHONE: FAX: Services: Personal Assistance Services
County GALVESTON License # 018660 Lic Expire 3/31/2022 Medicare 1: 74-1734 Medicare 2: Phone (877) 446-3932	Region 06 Date Licensed 03/19/2018 GREAT AMERICAN PALLIATIVE & HOSPICE CARE LLC 1228 25TH STREET NORTH UNIT 200 TEXAS CITY, TEXAS 77590 Fax (832) 284-7072	Owner Information GREAT AMERICAN PALLIATIVE & HOSPICE CARE LLC 4201 FM 1960 WEST STE 155 HOUSTON, TEXAS 77068 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency County GALVESTON License # 019146 Lic Expire 12/11/2023 Medicare 1: Medicare 2: Phone (409) 242-6500	Administrator VERONICA BROWN Region 06 Date Licensed 12/11/2018 GULF COAST THERAPY AT HOME 928 BROADWAY GALVESTON, TX 77550 Fax (409) 497-4389	Owner Information GULF COAST THERAPY LLC PO BOX 57 GALVESTON, TEXAS 77553 PHONE: FAX: Services: Licensed Home Health Services

Administrator

JULIE M BONOMO

County GALVESTON License # 020232 Lic Expire 10/14/2022 Medicare 1: Medicare 2: Phone (832) 385-1119 Type: Parent Agency	Region 06 Date Licensed 10/14/2020 HELPUHOME HEALTHCARE INC 19627 INTERSTATE 45 NORTH SUITE 220 SPRING, TEXAS 77388 Fax NA Administrator SOHAIL IMTIAZ	Owner Information HELPUHOME HEALTHCARE INC 2006 VIRTUE CT LEAGUE CITY, TEXAS 77573 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County GALVESTON	Region 06 Date Licensed 06/01/2021	Owner Information
License # 020806 Lic Expire 6/1/2024 Medicare 1:	HOMEWATCH CAREGIVERS OF LEAGUE CITY 201 ENTERPRISE AVENUE SUITE 600C LEAGUE CITY, TEXAS 77573	SISTERS WITH AMBITION LLC
Medicare 1:	ELAGUE GITT, TEXAS 17373	PHONE: FAX:
Phone (404) 431-5645	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator DAPHNE MADISON	SULTION. I Ground Action and Sultion
County GALVESTON License # 001694 Lic Expire 5/31/2024 Medicare 1: 451508 HOSPICE Medicare 2: Phone (409) 938-0070 Type: Parent Agency	Region 06 Date Licensed 05/24/1985 HOSPICE CARE TEAM INC 11441 32ND AVENUE NORTH SUITE B TEXAS CITY, TX 77591 Fax (409) 316-9575 Administrator JOE CHAPMAN	Owner Information HOSPICE CARE TEAM INC 18568 FORTY SIX PKWY SUITE 3001 SPRING BRANCH, TX 78070 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County GALVESTON	Region 06 Date Licensed 06/30/2004	Owner Information
License # 009291	JEBY HEALTH CARE SERVICES INC	JEBY HEALTH CARE SERVICES INC
Lic Expire 6/30/2022	614 W MAIN ST SUITE D101	
Medicare 1: 679176	LEAGUE CITY, TX 77573	
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	O
County GALVESTON	Region 06 Date Licensed 05/01/2013	Owner Information PF DEVELOPMENT 7, LLC
License # 015581	KINDRED AT HOME	12900 FOSTER, SUITE 400
Lic Expire 4/30/2023 Medicare 1: 673161 HHA-18	3027 MARINA BAY DRIVE, SUITE 107	OVERLAND PARK, KS 66213
Medicare 2:	LEAGUE CITY, TEXAS 775732772	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	Services. Electised and Certified Figure Treatilit Services, Electised Figure Fieduri Services
County GALVESTON License # 019287 Lic Expire 3/1/2021 Medicare 1:	Region 06 Date Licensed 06/30/2018 NEWMAN MEMORIAL HEALTHCARE HOSPICE LLC 1225 W 25TH ST STE 300 TEXAS CITY, TEXAS 77059	Owner Information NEWMAN MEMORIAL HEALTHCARE HOSPICE LLC
Medicare 1:	.2.3.6 6111, 121010 11000	PHONE: FAX:
Phone (866) 566-5829	Fax (866) 278-2834	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MERCY JOSEPH	
County GALVESTON License # 012397 Lic Expire 1/31/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 02/12/2013 PATHFINDER PEDIATRIC HOME CARE INC 618 W MAIN ST SUITE 120 LEAGUE CITY, TX 77573	Owner Information PATHFINDER PEDIATRIC HOME CARE INC 318 BRIAR ROCK RD THE WOODLANDS, TX 77380 PHONE: FAX:
Phone (281) 724-1577	Fax (281) 724-1580	Services: Licensed Home Health Services
	A L	

Type: Branch Agency

Administrator CHARLES WILCOX

County GALVESTON License # 009750 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (281) 538-0248 Type: Parent Agency	Region 06 Date Licensed 05/11/2005 PRIORITY HEALTHCARE PAS 811 BRADFORD UNIT 7A KEMAH, TX 77565 Fax 2815768731 and 18888290096 Administrator MARIBEL MELANCON	Owner Information MARIBEL PIRELA PO BOX 209 SEABROOK SEABROOK, TX 77586 PHONE: FAX: Services: Personal Assistance Services
County GALVESTON License # 012536 Lic Expire 4/30/2024 Medicare 1: 747249 HHA-18 Medicare 2: Phone (281) 956-5660	Region 06 Date Licensed 04/03/2009 RESIDENTIAL HOME HEALTH SERVICES LLC 1560 WEST BAY AREA BLVD SUITE #103 FRIENDSWOOD, TX 77546 Fax (281) 956-5662 Administrator ROGER ACHUO	Owner Information RESIDENTIAL HOME HEALTH SERVICES LLC 1560 W BAY AREA BLVD SUITE 103 FRIENDSWOOD, TX 77546 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County GALVESTON License # 011323 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (409) 740-7400 Type: Parent Agency	Region 06 Date Licensed 05/11/2007 RIGHT AT HOME GALVESTON 1401 39TH STREET, SUITE 1409 GALVESTON, TX 77550 Fax (409) 621-1113 Administrator KRISTEN CARLSON	Owner Information KRISTEN CARES INC 1623 BROADWAY GALVESTON, TX 77550 PHONE: FAX: Services: Personal Assistance Services
County GALVESTON License # 018577 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (281) 316-6006 Type: Parent Agency	Region 06 Date Licensed 01/26/2018 SENIOR HELPERS 1100 GULF FREEWAY SUITE 110 LEAGUE CITY, TX 77573 Fax 281 3469958 Administrator MARIE YOUNGBLOOD	Owner Information FAITH AND MARIE LLC 1100 GULF FWY S STE 110 LEAGUE CITY, TX 77573 PHONE: FAX: Services: Personal Assistance Services
County GALVESTON License # 006270 Lic Expire 1/31/2023 Medicare 1: 459423 HHA-18 Medicare 2: Phone (409) 763-6800 Type: Parent Agency	Region 06 Date Licensed 01/12/1998 SIGMA HEALTH CARE INC 1609 TREMONT STREET GALVESTON, TX 77550 Fax (409) 763-2905 Administrator AMER TAHA	Owner Information SIGMA HEALTH CARE INC 1609 TREMONT ST. GALVESTON, TEXAS 77550 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County GALVESTON License # 017597 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (832) 489-6960 Type: Parent Agency	Region 06 Date Licensed 08/29/2016 SILVER LININGS HOME CARE LLC 2834 LOVE LN. FRIENDSWOOD, TEXAS 77546 Fax (832) 201-8226 Administrator LORI SPRADLIN	Owner Information SILVER LININGS HOME CARE LLC 2834 LOVE LANE FRIENDSWOOD, TEXAS 77546 PHONE: FAX: Services: Personal Assistance Services
County GALVESTON License # 017907 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (281) 450-3443 Type: Parent Agency	Region 06 Date Licensed 02/07/2017 SITTING SAINTS LLC 17130 TOWNES ROAD #A/FLOOR 2 FRIENDSWOOD, TX 77546 Fax (281) 993-4718 Administrator NICOLE MORELLO	Owner Information SITTING SAINTS LLC PO BOX 395 LEAGUE CITY, TX 77574 PHONE: FAX: Services: Personal Assistance Services

County GALVESTON License # 020620 Lic Expire 3/22/2024 Medicare 1: Medicare 2: Phone (503) 809-1540	Region 06 Date Licensed STELLAR HOSPICE LLC 1406 KINSTON DR LEAGUE CITY, TX 77573 Fax	03/22/2021	Owner Information STELLAR HOSPICE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TYNAN MCCLOSKEY		
County GALVESTON License # 017585 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed SYNERGY HOMECARE GALVESTON 10000 EMMETT F LOWRY EXPY SUITE 4000 TEXAS CITY, TX 77591	08/19/2016 UNIT 200D	Owner Information CRYSTAL BEACH VENTURES LLC 2121 MARKET ST SUITE 101 GALVESTON, TX 77550 PHONE: FAX:
Phone (409) 974-4935	Fax (713) 868-9946		Services: Personal Assistance Services
Type: Parent Agency County GALVESTON License # 019206 Lic Expire 6/30/2021 Medicare 1:	Administrator BRANDY MOEHLMANN Region 06 Date Licensed TEXAS HEART HOME CARE, LLC 1501 N AMBURN ST. 10A TEXAS CITY, TX 77591	05/27/2019	Owner Information TEXAS HEART HOME CARE, LLC
Medicare 2:	,		PHONE: FAX:
Phone (409) 502-2786	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator SHANNA KETHAN		
County GALVESTON License # 017881 Lic Expire 10/31/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed THRIVE SKILLED PEDIATRIC CARE 3027 MARINA BAY DRIVE, SUITE 344 LEAGUE CITY, TEXAS 775732729		Owner Information FIRST CHOICE CHILDREN'S HOMECARE, LP 701 EDGEWATER DRIVE, SUITE 300 WAKEFIELD, MA 1880 PHONE: FAX:
Phone (281) 968-2745	Fax (281) 968-2747		Services: Licensed Home Health Services
Type: Branch Agency	Administrator AMANDA STERLE, RN		Services. Literised nonite nealth Services
County GALVESTON License # 017881 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (281) 968-2745 Type: Branch Agency	Region 06 Date Licensed THRIVE SKILLED PEDIATRIC CARE 3027 MARINA BAY DRIVE, SUITE 344 LEAGUE CITY, TEXAS 775732729 Fax (281) 968-2747 Administrator AMANDA STERLE, 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 GALVESTON License # 012037 Lic Expire 5/31/2022 Medicare 1: 747192 HHA-18 Medicare 2: Phone (281) 332-1140 Type: Parent Agency	Region 06 Date Licensed V & R HEALTH CARE SERVICES LLC 121 E. MAGNOLIA STREET, SUITE 103 FRIENDSWOOD, TEXAS 77546 Fax (281) 332-1145 Administrator VENESSA CORTEZ	05/30/2008	Owner Information V & R HEALTH CARE SERVICES LLC 6137 CARLISLE LANE LEAGUE CITY, TX 77573 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County GALVESTON License # 014250 Lic Expire 8/31/2023 Medicare 1: 747755 HHA-18 74 Medicare 2: Phone (281) 554-6742	Region 06 Date Licensed VILLAGE HOME HEALTH 631 N EGRET BAY BLVD SUITE A LEAGUE CITY, TX 77573 Fax (281) 554-6748	08/03/2011	Owner Information VILLAGE HOME HEALTH, LLC 631 N EGRET BAY BLVD SUITE A LEAGUE CITY, TX 77573 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 BRADLEY JANACEK		пт авап порис. 110

County GALVESTON License # 018619 Lic Expire 3/1/2025 Medicare 1: Medicare 2: Phone (409) 489-4501 Type: Parent Agency	Region 06 Date Licensed VISITING ANGELS 10000 EMMETT F LOWRY EXPY STE 4000-2 TEXAS CITY, TX 77591 Fax Administrator JENNIFER BASCIANO	02/14/2018 00 D	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 License # 012273 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (806) 495-2990	Region 01 Date Licensed CALVERT HOME HEALTH CARE LTD 117 E MAIN ST SUITE 300 POST, TX 79356 Fax (806) 495-2992	10/04/2008	Owner Information CORDOVA BAY LLC 2411 SPRINGER DRIVE NORMAN, OK 73069 PHONE: FAX:
Type: Branch Agency	Administrator JULIE STACY		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County GILLESPIE License # 018769 Lic Expire 5/31/2022 Medicare 1: 671595 HOSPICE Medicare 2: Phone (830) 997-1709 Type: Parent Agency	Region 07 Date Licensed AVE MARIA HOSPICE 204 S ADAMS ST. # A FREDERICKSBURG, TX 78624 Fax (830) 997-6574 Administrator LUCILLE JUNG	06/01/2018	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 License # 013547 Lic Expire 5/31/2022 Medicare 1: 677951 HHA-18 Medicare 2: Phone 830 9902423	Region 07 Date Licensed ENCOMPASS HEALTH HOME HEALTH 108 EAST TRAILMOOR DR., SUITE 1 FREDERICKSBURG, TEXAS 78624 Fax 830 9902430	06/01/2010	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
Type: Parent Agency	Administrator BEAU POLLARO		
County GILLESPIE License # 016622 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (830) 992-3392 Type: Parent Agency	Region 07 Date Licensed FREDERICKSBURG HOME CARE LLC 409 N. MILAM FREDERICKSBURG, TX 78624 Fax (830) 992-3392 Administrator CYNTHIA STEWART	01/28/2015	Owner Information FREDERICKSBURG HOME CARE LLC 409 N. MILAM FREDERICKSBURG, TX 78624-6786 PHONE: FAX: Services: Personal Assistance Services
County GILLESPIE License # 013267 Lic Expire 3/31/2022 Medicare 1: 457216 HHA-18 Medicare 2: Phone (830) 997-1336 Type: Parent Agency	Region 07 Date Licensed HILL COUNTRY MEMORIAL HOME CARE 808 REUBEN STREET 2ND FLOOR FREDERICKSBURG, TX 78624 Fax (830) 997-1559 Administrator KATELYN VINKLAREK	04/01/2010	Owner Information HILL COUNTRY MEMORIAL HOSPITAL PO BOX 835 FREDERICKSBURG, TX 78624 PHONE: FAX: Services: Licensed and Certified Home Health Services
County GILLESPIE License # 013266 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (830) 997-1336 Type: Parent Agency	Region 07 Date Licensed HILL COUNTRY MEMORIAL HOME CARE 808 RUEBEN STREET 2ND FLOOR FREDERICKSBURG, TX 78624 Fax (830) 997-1559 Administrator KATELYN VINKLAREK	04/01/2010	Owner Information HILL COUNTRY MEMORIAL HOSPITAL PO BOX 835 FREDERICKSBURG, TX 78624 PHONE: FAX: Services: Licensed Home Health Services

County GILLESPIE	Region 07 Date Licensed 07/01/1999	Owner Information
License # 007156	HILL COUNTRY MEMORIAL HOSPICE	GREATER HILL COUNTRY HOSPICE
Lic Expire 6/30/2021		P O BOX 835
Medicare 1: 451600 HOSPICE	808 REUBEN STREET FREDERICKSBURG, TX 78624	FREDERICKSBURG, TEXAS 78624
Medicare 2:	TREDERICKSBONG, TA 70024	PHONE: FAX:
Phone (830) 997-1335	Fax (830) 997-3547	
1 Hone (000) 331-1300	1 ax (000) 351-3541	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KAREN OROURKE	in ration thospice. No
		Owner Information
County GILLESPIE	Region 07 Date Licensed 10/13/2017	VOTIVE HOSPICE LLC
License # 018374	VOTIVE HOSPICE LLC	P. O. BOX 1925
Lic Expire 10/31/2024	1204 N LLANO	
Medicare 1: 74-1764	FREDERICKSBURG, TX 78624	FREDERICKSBURG, TX 78624
Medicare 2:		PHONE: FAX:
Phone (512) 560-8604	Fax (830) 990-4731	Services: Hospice
Times Describ Assessed	Administrator CUACE DEDDY	In-Patient Hospice: NO
Type: Parent Agency	Administrator CHASE PERRY	
County GONZALES	Region 07 Date Licensed 06/28/1984	Owner Information
License # 001500	MEMORIAL HOSPITAL HOME HEALTH AGENCY	GONZALES HEALTHCARE SYSTEMS
Lic Expire 6/30/2023	1314 N SARAH DEWITT DRIVE	P.O. BOX 587
Medicare 1: 457634 HHA-18	GONZALES, TX 78629	GONZALES, TEXAS 78629
Medicare 2:		PHONE: (830) 672-7581 FAX: (830) 672-2401
Phone (830) 672-9508	Fax (830) 672-3093	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator AMANDA FREDERICK	05.7500. 250.7500 4.14 05.41.10 7.644.1 05.7505, 250.7501 7.644.1 05.7504.1
<u></u>		Owner Information
County GONZALES	Region 07 Date Licensed 05/31/2018	CADEN HOSPICE LLC
License # 019732	THE CARE TEAM HOSPICE	1840 LOCKHILL SELMA RD, SUITE 103 L
Lic Expire 12/5/2021	1119 WATER ST STE B	
Medicare 1: 971586 Hospice	GONZALES, TEXAS 78629	SAN ANTONIO, TEXAS 78213
Medicare 2:		PHONE: FAX:
Phone (830) 955-8309	Fax (830) 521-3957	Services: Hospice
Towns Deposit Assesses	Administrator HOLLY FOY	In-Patient Hospice: NO
Type: Parent Agency	Administrator HOLLY FOX	
County GONZALES	Region 07 Date Licensed 03/28/2011	Owner Information
License # 013984	VISITING ANGELS	DECHMAN LEGACY LLC
Lic Expire 3/31/2024	9028 STATE HWY 304	9028 STATE HWY 304
Medicare 1:	HARWOOD, TX 78632	HARWOOD, TX 78632
Medicare 2:		PHONE: FAX:
Phone (830) 672-6900	Fax (830) 672-6904	Services: Personal Assistance Services
Type: Parent Agency	Administrator COURTNEY WILLIAMS	
0 1 2011	D. i	Owner Information
County GRAY	Region 01 Date Licensed 12/16/2005	INTERIM HEALTHCARE OF WEST TEXAS, LLC
License # 007787	INTERIM HEALTHCARE OF AMARILLO	3305 101ST STREET, STE 100
Lic Expire 10/31/2023	2217 PERRYTON PARKWAY	LUBBOCK, TEXAS 79423
Medicare 1:	PAMPA, TX 79065	, and the second se
Medicare 2:	Fav. (006) 600 0406	PHONE: () - 1 FAX:
Phone (806) 665-1445	Fax (806) 688-0186	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator TWILA RUTTER	
County GRAY	Region 01 Date Licensed 02/25/2010	Owner Information
License # 010522	INTERIM HOSPICE OF WEST TEXAS	FALCON SOUTH PLAINS HOSPICE LP
Lic Expire 6/30/2023	2217 PERRYTON PARKWAY	3305 101ST ST STE 100
Medicare 1:	PAMPA, TX 79065	LUBBOCK, TX 79423
Medicare 2:		PHONE: () - 0 FAX:
Phone (806) 665-1445	Fax (806) 688-0186	Services: Hospice
		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator BRANDI LARSON	

County GRAY License # 008662 Lic Expire 9/30/2022 Medicare 1: 45Q7754004 Medicare 2: Phone (806) 665-9700 Type: Branch Agency	Region 01 Date Licensed 03/21/2006 TEXAS HOME HEALTH 1313 N HOBART PAMPA, TX 79065 Fax (806) 665-9701 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 License # 008662 Lic Expire 9/30/2022 Medicare 1: 45Q7754004 Medicare 2: Phone (806) 665-9700	Region 01 Date Licensed 03/21/2006 TEXAS HOME HEALTH 1313 N HOBART PAMPA, TX 79065 Fax (806) 665-9701	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
Type: Branch Agency County GRAY License # 008662 Lic Expire 9/30/2022 Medicare 1: 45Q7754004 Medicare 2: Phone (806) 665-9700	Administrator LINDSEY HENSON Region 01 Date Licensed 03/21/2006 TEXAS HOME HEALTH 1313 N HOBART PAMPA, TX 79065 Fax (806) 665-9701	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
Type: Branch Agency County GRAYSON License # 020021 Lic Expire 6/29/2022 Medicare 1: Medicare 2:	Administrator LINDSEY HENSON Region 03 Date Licensed 06/29/2020 7 SISTERS CARE 1800 TEAGUE DRIVE SUITE 109 SHERMAN, TEXAS 75090	Owner Information TEXAS SITTERS LLC PHONE: FAX:
Phone (903) 965-2195 Type: Parent Agency	Fax NA Administrator DEBORAH BATES	Services: Personal Assistance Services
County GRAYSON License # 007272 Lic Expire 3/31/2021 Medicare 1: 459490 HHA-18 Medicare 2: Phone (903) 813-8681	Region 03 Date Licensed 03/07/2000 ADVANTX HOME CARE INC 704 S. SAM RAYBURN FREEWAY SHERMAN, TX 75090 Fax (903) 813-8702	Owner Information ADVANTX HOME CARE INC 704 S SAM RAYBURN FREEWAY SHERMAN, TX 75090 PHONE: FAX:
Type: Parent Agency	Administrator CHANDA EASTRIDGE-REIFEL	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County GRAYSON License # 016677 Lic Expire 12/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 01/01/2015 ALL CARE HOME SERVICES INC 401 EAST MAIN STREET WHITESBORO, TX 76273	Owner Information ALLCARE HOME SERVICES INC 401 E MAIN ST WHITESBORO, TX 76273 PHONE: FAX:
Phone (903) 564-4357 Type: Parent Agency	Fax (903) 564-9090 Administrator KIMBERLY KUYKENDALL SIMMONS	Services: Licensed Home Health Services; Personal Assistance Services
County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 444 EXECUTIVE CENTER BLVD. STE. 148 EL PASO, TX 79902	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX:
Phone (915) 213-1289 Type: Branch Agency	Fax (903) 532-1401 Administrator HEATHER RODGERS	Services: Licensed Home Health Services; Personal Assistance Services

County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (915) 213-1289 Type: Branch Agency	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 444 EXECUTIVE CENTER BLVD. STE. 148 EL PASO, TX 79902 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (915) 213-1289 Type: Branch Agency	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 444 EXECUTIVE CENTER BLVD. STE. 148 EL PASO, TX 79902 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (915) 213-1289 Type: Branch Agency	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 444 EXECUTIVE CENTER BLVD. STE. 148 EL PASO, TX 79902 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (915) 213-1289	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 444 EXECUTIVE CENTER BLVD. STE. 148 EL PASO, TX 79902 Fax (903) 532-1401 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
Type: Branch Agency County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (915) 213-1289 Type: Branch Agency	Administrator HEATHER RODGERS Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 444 EXECUTIVE CENTER BLVD. STE. 148 EL PASO, TX 79902 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: 679141 Medicare 2: Phone (903) 532-1400	Region 03 Date Licensed 08/21/2006 ANGELS OF CARE PEDIATRIC HOME HEALTH 8001 S. US HIGHWAY 75 SHERMAN, TX 75090 Fax (903) 532-1401	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 License # 010691 Lic Expire 8/31/2022 Medicare 1: 679141 Medicare 2: Phone (903) 532-1400	Administrator HEATHER RODGERS Region 03 Date Licensed 08/21/2006 ANGELS OF CARE PEDIATRIC HOME HEALTH 8001 S. US HIGHWAY 75 SHERMAN, TX 75090 Fax (903) 532-1401	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
Type: Parent Agency	Administrator HEATHED DODGEDS	

Administrator

HEATHER RODGERS

County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1: 679141 Medicare 2: Phone (903) 532-1400	Region 03 Date Licensed 08/21/2006 ANGELS OF CARE PEDIATRIC HOME HEALTH 8001 S. US HIGHWAY 75 SHERMAN, TX 75090 Fax (903) 532-1401	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: Services: Licensed and Certified Heresonal Assistance Services	FAX: ome Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator HEATHER RODGERS	O	
County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1: 679141 Medicare 2: Phone (903) 532-1400	Region 03 Date Licensed 08/21/2006 ANGELS OF CARE PEDIATRIC HOME HEALTH 8001 S. US HIGHWAY 75 SHERMAN, TX 75090 Fax (903) 532-1401		FAX: lome Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator HEATHER RODGERS	Personal Assistance Services	
County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1: 679141 Medicare 2: Phone (903) 532-1400	Region 03 Date Licensed 08/21/2006 ANGELS OF CARE PEDIATRIC HOME HEALTH 8001 S. US HIGHWAY 75 SHERMAN, TX 75090 Fax (903) 532-1401	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: Services: Licensed and Certified Hepersonal Assistance Services	FAX: ome Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator HEATHER RODGERS	r ersorial Assistance Services	
County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1: 679141	Region 03 Date Licensed 08/21/2006 ANGELS OF CARE PEDIATRIC HOME HEALTH 8001 S. US HIGHWAY 75 SHERMAN, TX 75090	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459	FAV
Medicare 2: Phone (903) 532-1400	Fax (903) 532-1401	PHONE:	FAX:
Type: Parent Agency	Administrator HEATHER RODGERS	Personal Assistance Services	ome Health Services; Licensed Home Health Services;
County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 532-1400	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 8015 S US HWY 75 SHERMAN, TX 75090 Fax (903) 532-6575	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE:	FAX: Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	Services. Licensed nome nearin S	ervices, Personal Assistance Services
County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 8015 S US HWY 75 SHERMAN, TX 75090	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459	
Medicare 2:		PHONE:	FAX:
Phone (903) 532-1400	Fax (903) 532-6575	Services: Licensed Home Health S	Services; Personal Assistance Services
Type: Branch Agency County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 532-1400	Administrator HEATHER RODGERS Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 8015 S US HWY 75 SHERMAN, TX 75090 Fax (903) 532-6575	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE:	FAX:
Type: Branch Agency	Administrator HEATHER RODGERS	Services: Licensed Home Health S	Services; Personal Assistance Services

County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 532-1400 Type: Branch Agency	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 8015 S US HWY 75 SHERMAN, TX 75090 Fax (903) 532-6575 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 8015 S US HWY 75 SHERMAN, TX 75090	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX:
Phone (903) 532-1400 Type: Branch Agency	Fax (903) 532-6575 Administrator HEATHER RODGERS	Services: Licensed Home Health Services; Personal Assistance Services
County GRAYSON License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 532-1400 Type: Branch Agency	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 8015 S US HWY 75 SHERMAN, TX 75090 Fax (903) 532-6575 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 License # 013209 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (972) 658-4001	Region 03 Date Licensed 04/05/2010 APPROVED IN HOME CARE LLC 965 KERFOOT ROAD GUNTER, TX 75058 Fax (903) 433-2000	Owner Information APPROVED IN HOME CARE LLC PO BOX 528 GUNTER, TX 75058 PHONE: FAX:
Type: Parent Agency County GRAYSON	Administrator LINDA MCCONNELL Region 03 Date Licensed 12/15/2016	Services: Personal Assistance Services Owner Information
License # 017791 Lic Expire 12/31/2022 Medicare 1: 74-1733	BIRDIE HOSPICE 812 PECAN GROVE RD. E. SHERMAN, TEXAS 75090	HEAVENLY COMFORT HOSPICE LLC 600 E TAYLOR ST SUITE 311 BOX 20 SHERMAN, TX 75090
Medicare 2: Phone (903) 771-4648 Type: Parent Agency	Fax (903) 771-4592 Administrator ALEXIS STEPHENS	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County GRAYSON License # 017858 Lic Expire 1/31/2023 Medicare 1: 741717 HOSPICE Medicare 2: Phone (214) 556-4996	Region 03 Date Licensed 01/17/2017 BLISSFUL HOSPICE AND PALLIATIVE CARE LLC 2315 W MORTON ST. DENISON, TX 75020 Fax (214) 556-4580	Owner Information BLISSFUL HOSPICE AND PALLIATIVE CARE LLC 2625 N JOSEY LANE STE 328 CARROLLTON, TX 75007 PHONE: FAX: Services: Hospice; Personal Assistance Services
Type: Parent Agency County GRAYSON License # 017465	Administrator LAURIE STOKES-BELL Region 03 Date Licensed 03/31/2016 CARINGBRIDGE HOME HEALTH CARE LLC	In-Patient Hospice: NO Owner Information CARINGBRIDGE HOME HEALTH CARE LLC
Lic Expire 3/31/2022 Medicare 1: 747493 HHA-18 Medicare 2:	207 SOUTH TRAVIS STREET SHERMAN, TX 75090	207 S TRAVIS ST SHERMAN, TX 75090 PHONE: FAX:
Phone (903) 870-1000 Type: Parent Agency	Fax (903) 870-1002 Administrator NICHOLE WALSER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County GRAYSON License # 004629 Lic Expire 6/30/2022 Medicare 1: 459038 HHA-18 Medicare 2: Phone (903) 868-3648	Region 03 Date Licensed CHANGING SEASONS HOMECARE 600 N CROCKETT STREET SHERMAN, TX 75090 Fax (903) 892-0067	06/10/1996	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
Type: Parent Agency	Administrator JANICE RAY LEHMANN		i distribi Assistante dei vites
County GRAYSON License # 009937 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (903) 482-9020 Type: Parent Agency	Region 03 Date Licensed CHILDRENS HOME HEALTHCARE 293 W VAN ALSYTNE PKWY VAN ALSTYNE, TX 75495 Fax (903) 482-9019 Administrator MELISSA BULLOCK	09/02/2005	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 License # 009937 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (903) 482-9020 Type: Parent Agency	Region 03 Date Licensed CHILDRENS HOME HEALTHCARE 293 W VAN ALSYTNE PKWY VAN ALSTYNE, TX 75495 Fax (903) 482-9019 Administrator MELISSA BULLOCK	09/02/2005	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 License # 017238 Lic Expire 1/31/2022 Medicare 1: 741628 HOSPICE Medicare 2: Phone (469) 906-2000	Region 03 Date Licensed CONCORD HOSPICE LLC 719 N CROCKETT STREET SHERMAN, TEXAS 750904979 Fax (469) 906-2021	01/25/2016	Owner Information CONCORD HOSPICE, LLC 1810 W US HIGHWAY 82 SHERMAN, TEXAS 75092 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County GRAYSON License # 008269 Lic Expire 12/31/2021 Medicare 1: 677720 HHA-18 Medicare 2: Phone (903) 892-3163 Type: Parent Agency	Administrator CHRISTY TODD Region 03 Date Licensed ELARA CARING 2700 TEXOMA PKWY., SUITE A, SHERMAN, TEXAS 75090 Fax (903) 892-3193 Administrator LINDA ADAIR	01/01/2003	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 License # 009528 Lic Expire 11/30/2022 Medicare 1: 459381 HHA-18 Medicare 2: Phone 903 8133238 Type: Parent Agency	Region 03 Date Licensed ENCOMPASS HEALTH HOME HEALTH 300 N. HIGHLAND AVENUE, SUITE 510 SHERMAN, TEXAS 75092 Fax 903 8923592 Administrator KRISTI PHILLIPS	11/30/2004	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 License # 016869 Lic Expire 2/28/2023 Medicare 1: 458193 HHA-18 Medicare 2: Phone (903) 564-9111 Type: Parent Agency	Region 03 Date Licensed FIRST TEXAS HOME HEALTH 2535 HIGHWAY 82 E STE D WHITESBORO, TX 76273 Fax (800) 737-5601 Administrator DENA PEARSON	02/15/2015	Owner Information 1ST TEXAS HOME HEALTH PO BOX 147 WHITESBORO, TX 76273 PHONE: FAX: Services: Licensed and Certified Home Health Services

County GRAYSON License # 012399 Lic Expire 11/30/2022 Medicare 1: 45Q8041004 Medicare 2: Phone (903) 870-2347 Type: Branch Agency	Region 04 Date Licensed 11/0 GUARDIAN HEALTHCARE 100 W LAMBERTH RD STE A SHERMAN, TX 75092 Fax (903) 892-9184 Administrator BLAKELY HILL	04/2000 -	Owner Information S FISHER AND S THOMAS, INC 1500 N GREENVILLE AVE, SUITE 300 RICHARDSON, TX 75081 PHONE: Services: Licensed and Certified Home Health Services	FAX:
County GRAYSON License # 012444 Lic Expire 2/28/2023 Medicare 1: 671652 HOSPICE Medicare 2: Phone (903) 868-0267	Region 03 Date Licensed 02/ GUARDIAN HOSPICE 2009 INDEPENDENCE DR SUITE 100 SHERMAN, TX 75090 Fax (903) 868-0297	11/2009	Dwner Information TRUE GUARDIAN HOSPICE INC 2009 INDEPENDENCE DR SUITE 100 SHERMAN, TX 75090-0216 PHONE: Services: Hospice n-Patient Hospice: NO	FAX:
Type: Parent Agency County GRAYSON License # 016023 Lic Expire 10/31/2023 Medicare 1: 671730 HOSPICE Medicare 2: Phone (903) 892-6406 Type: Parent Agency	Administrator SHERI BROWN Region 03 Date Licensed 10/ HEART TO HEART HOSPICE OF NORTH TEXAS L 600 EAST TAYLOR STREET SUITE 3005 SHERMAN, TX 75090 Fax (903) 892-6407 Administrator ROBERT WATSON	115/2013 S LLC	Dwner Information HEART TO HEART HOSPICE OF NORTH TEXAS, 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: Services: Hospice n-Patient Hospice: NO	LLC FAX:
County GRAYSON License # 007695 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 868-1339 Type: Parent Agency	Region 03 Date Licensed 08/0 HEAVENSENT CAREGIVERS 600 N CROCKETT STREET SHERMAN, TX 75090 Fax (903) 892-0067 Administrator JANICE LEHMANN	09/2001 -	Owner Information CELESTIAL HOMECARE, INC 600 N. CROCKETT STREET SHERMAN, TEXAS 75090 PHONE: Services: Personal Assistance Services	FAX:
County GRAYSON License # 001861 Lic Expire 8/31/2022 Medicare 1: 451518 HOSPICE Medicare 2: Phone 903 8689315 Type: Parent Agency		2111907 -	Dwner Information HOME HOSPICE OF GRAYSON COUNTY PO BOX 2306 SHERMAN, TX 75091-2306 PHONE: Services: Hospice; Licensed Home Health Services n-Patient Hospice: NO	FAX:
County GRAYSON License # 001861 Lic Expire 8/31/2022 Medicare 1: 451518 HOSPICE Medicare 2: Phone 903 8689315 Type: Parent Agency	Region 03 Date Licensed 08/2 HOME HOSPICE 505 WEST CENTER STREET SHERMAN, TX 75090 Fax 903 8932772 Administrator TINA GARNER	2111907	Dwner Information HOME HOSPICE OF GRAYSON COUNTY PO BOX 2306 SHERMAN, TX 75091-2306 PHONE: Services: Hospice; Licensed Home Health Services n-Patient Hospice: NO	FAX:
County GRAYSON License # 010695 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 893-1100 Type: Parent Agency		23/2000 -	Owner Information SWANG & ASSOCIATES INC 1109 S SAM RAYBURN FREEWAY, SUITE 200 SHERMAN, TEXAS 75090 PHONE: Services: Personal Assistance Services	FAX:

County GRAYSON	Region 03 Date Licensed	08/04/2004	Owner Information INTERNATIONAL TUTORING SERVICES, LLC
License # 009235 Lic Expire 8/31/2022	HOSPICE PLUS 100 W LAMBERTH ROAD SUITE C		
Medicare 1:	SHERMAN, TX 750922671		
Medicare 2:			PHONE: FAX:
Phone (903) 893-3903	Fax (903) 893-3927		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		
County GRAYSON	Region 03 Date Licensed	08/04/2004	Owner Information
License # 009235	HOSPICE PLUS		INTERNATIONAL TUTORING SERVICES LLC
Lic Expire 8/31/2022	100 W LAMBERTH ROAD SUITE C		PO BOX 4060 ATTN: REGULATORY
Medicare 1:	SHERMAN, TX 750922671		MOORESVILLE, NC 28117
Medicare 2:			PHONE: FAX:
Phone (903) 893-3903	Fax (903) 893-3927		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		
County GRAYSON	Region 03 Date Licensed	08/04/2004	Owner Information
License # 009235	HOSPICE PLUS		INTERNATIONAL TUTORING SERVICES LLC
Lic Expire 8/31/2022	100 W LAMBERTH ROAD SUITE C		PO BOX 4060 ATTN: REGULATORY
Medicare 1:	SHERMAN, TX 750922671		MOORESVILLE, NC 28117
Medicare 2:			PHONE: FAX:
Phone (903) 893-3903	Fax (903) 893-3927		Services: Hospice
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		In-Patient Hospice: NO
Type. Alternate Delivery Site	Administrator REBECCA JETT ENGOV		Ourse Information
County GRAYSON	Region 03 Date Licensed	01/03/2014	Owner Information CAPITAL HOMECARE, LP
License # 016225	INTERIM HEALTHCARE OF DALLAS		3305 101ST ST STE 100
Lic Expire 1/31/2024	2306 NORTH TRAVIS STREET		LUBBOCK, TX 79423
Medicare 1: 679384 HHA-18 Medicare 2:	SHERMAN, TX 75092		PHONE: FAX:
Phone (903) 357-5704	Fax (903) 357-5725		
Type: Parent Agency	Administrator MICHELLE SHEARIN		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
			Owner Information
County GRAYSON	Region 04 Date Licensed	04/30/2014	Owner miorination
License # 016263	MAYS HOME HEALTH OF PARIS TX LLC		
Lic Expire 4/30/2022	100 W LAMBERTH		
Medicare 1: Medicare 2:	SHERMAN, TX 75090		PHONE: FAX:
Phone (903) 868-1589	Fax (903) 868-1620		
(***,****	(0.0)		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator SHARON HEVRON		
County GRAYSON	Region 03 Date Licensed	01/06/2017	Owner Information
License # 017839	MONARCH HOSPICE		ULTIMATE HOSPICE LLC
Lic Expire 1/31/2023	209 S TRAVIS STREET, SUITE 100		2410 LUNA RD SUITE 254
Medicare 1: 741688 HOSPICE	SHERMAN, TX 75090		CARROLLTON, TX 75006-6538
Medicare 2:	-		PHONE: FAX:
Phone 903 3644410	Fax 903 3644411		Services: Hospice
Type: Parent Agency	Administrator JAMES MORRISON		In-Patient Hospice: NO
County GRAYSON	Region 03 Date Licensed	03/24/2006	Owner Information
License # 007339	OUTREACH HOME CARE		OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire 5/31/2022	2629 MASTERS STREET		1919 S SHILOH RDSTE 102 LB 28
Medicare 1:	SHERMAN, TX 75090		GARLAND, TX 75042
Medicare 2:			PHONE: FAX: (972) 792-6739
Phone (903) 870-0063	Fax (903) 892-6145		Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator COLBY BRYANT		

County GRAYSON License # 018649 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (210) 988-1680 Type: Alternate Delivery Site County GRAYSON License # 011381 Lic Expire 3/31/2022 Medicare 1: 677841 HHA-18 Medicare 2: Phone (903) 462-0604	Region 07 Date Licensed PALOMA HOSPICE AND PALLIATIVE CARE 1800 TEAUGE DRIVE SUITE 421 SHERMAN, TEXAS 75090 Fax (210) 988-1740 Administrator KELLIE GIBSON Region 03 Date Licensed 03/10/2007 PATIENTS BEST CHOICE HOME HEALTHCARE INC 3427 W FM 120 SUITE 105 DENISON, TX 75020 Fax (903) 462-0603	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 Owner Information PATIENTS BEST CHOICE HOME HEALTHCARE, INC 3427 W FM 120, SUITE #105 DENISON, TX 75020 PHONE: FAX:
Type: Parent Agency	Administrator SONJA SWEENEY	Services: Licensed and Certified Home Health Services
County GRAYSON License # 016313 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone 214 3474611 Type: Branch Agency	Region 03 Date Licensed PEDIATRIC HOME HEALTHCARE LLC 1800 TEAGUE DRIVE, SUITE 100 SHERMAN, TEXAS 75090 Fax 214 2069314 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 GRAYSON License # 002387 Lic Expire 8/31/2022 Medicare 1: 677532 HHA-18 Medicare 2: Phone (903) 564-7709 Type: Parent Agency	Region 03 Date Licensed 08/24/1992 PILOT POINT HOME HEALTH INC 401 EAST MAIN STREET WHITESBORO, TX 76273 Fax (903) 564-7090 Administrator CHRIS GOEDECKE	Owner Information PILOT POINT HOME HEALTH INC 401 EAST MAIN STREET WHITESBORO, TX 76273 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County GRAYSON License # 016727 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (903) 892-9281 Type: Parent Agency	Region 03 Date Licensed 09/11/2014 QUALITY HOME HEALTH CARE INC 1515 S. SAM RAYBURN FREEWAY SHERMAN, TX 75090 Fax (903) 870-0580 Administrator SHANNON WINGARD	Owner Information QUALITY HOME HEALTH CARE INC 1515 S. SAM RAYBURN FREEWAY SHERMAN, TX 75090 PHONE: FAX: Services: Personal Assistance Services
County GRAYSON License # 001497 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (903) 465-8277 Type: Branch Agency	Region 03 Date Licensed 07/02/1995 RED RIVER HEALTH CARE SYSTEMS INC 308 E CHESTNUT DENISON, TX 75021 Fax (903) 463-1954 Administrator STEPHANIE WIDEMAN	Owner Information RED RIVER HEALTH CARE SYSTEMS INC 308 EAST CHESTNUT STREET DENISON, TX 75021-4714 PHONE: FAX: Services: Personal Assistance Services
County GRAYSON License # 014980 Lic Expire 4/30/2022 Medicare 1: 679677 HHA-18 Medicare 2: Phone (903) 463-6700 Type: Parent Agency	Region 03 Date Licensed 04/24/2012 RENEW HOME HEALTH 1800 N. TRAVIS STREET SUITE E SHERMAN, TEXAS 75092 Fax (903) 463-6704 Administrator PHIL CRISWELL	Owner Information MAXUS HEALTHCARE PARTNERS LLC DUPLICATE DO NOT USE HHSC PHONE: FAX: Services: Licensed and Certified Home Health Services

County GRAYSON License # 019443 Lic Expire 6/26/2023 Medicare 1: Medicare 2: Phone (833) 923-2273 Type: Parent Agency	Region 03 Date Licensed 08/26/2019 RIGHT AT HOME 1800 TEAGUE DR STE 210 SHERMAN, TEXAS 75090 Fax (844) 859-2273 Administrator TRACEY BANKS	Owner Information BANKS & LEWIS ENTERPRISES, LLC PHONE: FAX: Services: Personal Assistance Services
County GRAYSON License # 007940 Lic Expire 5/31/2023 Medicare 1: 679156 HHA-18 Medicare 2: Phone (903) 892-1000 Type: Parent Agency	Region 03 Date Licensed 05/21/2002 SHER DEN HOME HEALTH INC 810 NORTH TRAVIS STREET SHERMAN, TX 75090 Fax (903) 892-1071 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 License # 001939 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (903) 893-1296 Type: Branch Agency	Region 03 Date Licensed 05/22/1996 SUNRISE HOME HEALTH SERVICES 2135 LOY LAKE DRIVE SHERMAN, TX 75090 Fax (903) 893-8421 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 License # 007190 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (903) 893-1296 Type: Branch Agency	Region 03 Date Licensed 11/28/2001 SUNRISE PRIMARY CARE SERVICES 2135 LOY LAKE DRIVE SHERMAN, TX 75090 Fax (903) 893-8421 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 License # 020294 Lic Expire 11/5/2022 Medicare 1: Medicare 2: Phone (903) 465-7730 Type: Parent Agency	Region 03 Date Licensed 11/05/2020 TLC PROFESSIONAL CARE LLC 2300 W. MORTON ST. STE 123 DENISON, TEXAS 75020 Fax (844) 556-4002 Administrator MISTY FULLER	Owner Information TLC PROFESSIONAL CARE LLC PO BOX 437 DENISON, TEXAS 75021 PHONE: FAX: Services: Personal Assistance Services
County GRAYSON License # 011367 Lic Expire 1/31/2022 Medicare 1: 457655 HHA-18 Medicare 2: Phone (903) 416-5500 Type: Parent Agency	Region 03 Date Licensed 01/08/2007 TMC HOME HEALTH 2600 N SAM RAYBURN FREEWAY SUITE 200 SHERMAN, TX 75092 Fax (903) 464-0057 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 License # 016842 Lic Expire 2/28/2021 Medicare 1: 747302 HHA-18 Medicare 2: Phone (903) 487-4245 Type: Parent Agency	Region 03 Date Licensed 02/26/2015 TOWN AND COUNTRY HOME CARE & REHAB LLC 178 S MAIN STREET VAN ALSTYNE, TX 75495 Fax (855) 498-3325 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	Owner Information TRUSTED CARE HOME HEALTH LLC
License # 021049	TRUSTED CARE HOME HEALTH LLC	TROOTED GAILE HOWE HEALTH LEG
Lic Expire 9/16/2023	1800 TEAGUE DR STE 302-6	
Medicare 1: Medicare 2:	SHERMAN, TX 75090	PHONE: FAX:
Phone (903) 228-1442	Fax (888) 809-1442	
Type: Parent Agency	Administrator JAMES MORRISON	Services: Licensed Home Health Services
- Taroni rigorioj	, aeads. While meralicon	Ourse Information
County GRAYSON	Region 03 Date Licensed 05/13/2014	Owner Information VISIONARY HOME HEALTH CARE, LLC
License # 016205	VISIONARY HOME HEALTH CARE LLC	404 N BRYANT AVE
Lic Expire 5/31/2022	812 PECAN GROVE RD E.	SHERMAN, TX 75092
Medicare 1: 747934 HHA-18	SHERMAN, TX 75090	
Medicare 2: Phone (903) 870-1600	Eay. (002) 970 1640	PHONE: FAX:
Priorie (903) 670-1600	Fax (903) 870-1640	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JAMEE WIX	r eisoriai Assistailue Services
···		Owner Information
County GREGG	Region 04 Date Licensed 09/28/2001	TEXAS HOME HEALTH SKILLED SERVICES, LP
License # 007741	ACCENTCARE HOME HEALTH OF TEXAS	12.0 (0.10)12.12.12.10.0.11.12.10.0.10.10.10.10.10.10.10.10.10.10.10.1
Lic Expire 9/30/2023	1809 JUDSON ROAD	
Medicare 1: 679090 HHA-18	LONGVIEW, TX 75605	DLONE. FAV.
Medicare 2: Phone 903 7580794	Fax 903 2321597	PHONE: FAX:
1 Holle 303 / 300 / 34	1 dx 300 202 1001	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JANET DALME	1 Goodal Assistance Services
0 1 00500	D	Owner Information
County GREGG	Region 04 Date Licensed 06/08/2006	TEXAS HOME HEALTH HOSPICE, LP
License # 010521	ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS	17855 N DALLAS PKWY STE 200
Lic Expire 6/30/2022	2904 N FOURTH STREET SUITE 102	DALLAS, TX 75287-6857
Medicare 1: 671545 HOSPICE Medicare 2:	LONGVIEW, TX 75605	PHONE: FAX:
Phone (903) 234-0943	Fax (903) 238-9068	
1 110110 (000) 201 00 10	1 44 (600) 200 6000	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator STEPHANIE SELF	
County GREGG	Region 04 Date Licensed 03/09/2001	Owner Information
License # 007586	ACCENTCARE PERSONAL CARE SERVICES OF TEXAS	TEXAS HOME HEALTH OF AMERICA, LP
Lic Expire 3/31/2024	2221 H G MOSLEY PKWY SUITE 101	17855 N. DALLAS PKWY, SUITE 200
Medicare 1:	LONGVIEW, TX 75604	DALLAS, TEXAS 75287
Medicare 2:		PHONE: FAX:
Phone (903) 758-6252	Fax (903) 686-9966	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CASSIE ADAMS	Services. Licensed Figure Fleatin Services, Personal Assistance Services
		Owner Information
County GREGG	Region 04 Date Licensed	ALINEA FAMILY HOSPICE CARE LLC
License # 015142	ALINEA FAMILY HOSPICE CARE LLC	303 E COLLEGE ST SUITE C
Lic Expire 10/31/2022	802 N. HIGH ST. SUITE D	TERRELL, TX 75160
Medicare 1: 671766 Hospice	LONGVIEW, TEXAS 75605	
Medicare 2: Phone (903) 232-1877	Fax (903) 232-1887	
(000) 202 1011	(000) 202 1001	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator DONNA JUNKERSFELD	
County CRECC	Posion 04 Pota Linear-1 00/47/0040	Owner Information
County GREGG	Region 04 Date Licensed 06/17/2013	SPRINGFIELD & SPRINGFIELD INVESTMENTS, LLC
License # 015639	ASSISTCARE	315 WILSON ST.
Lic Expire 6/30/2023	1201 W LOOP 281 #604	
Medicare 1:	LONGVIEW TY 75604	HENDERSON, TX 75652
Medicare 1:	LONGVIEW, TX 75604	
Medicare 1: Medicare 2: Phone (903) 759-2848	LONGVIEW, TX 75604 Fax (903) 759-2868	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Medicare 2:		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;

County GREGG License # 003293 Lic Expire 4/30/2022 Medicare 1: 458452 HHA-18 Medicare 2: Phone (903) 236-8880 Type: Parent Agency	Region 04 Date Licensed 04/14/1995 CHOICE HOMECARE OF THE PINES 107 W HOYT DR. LONGVIEW, TEXAS 75601 Fax 8554501300; 9032368858 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 License # 018554 Lic Expire 10/31/2024 Medicare 1: 457691 HHA-18	Region 04 Date Licensed 10/06/2017 CHRISTUS GOOD SHEPHERD 103 W LOOP 281 UNIT 480 LONGVIEW, TX 75605	Owner Information GSHS HOME HEALTH LLC PO BOX 51266 LAFAYETTE, LA
Medicare 2: Phone 903 6869251 Type: Parent Agency	Fax 903 6869253 Administrator CORTNI GOLDEN	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County GREGG License # 009322 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (903) 291-0111 Type: Parent Agency	Region 04 Date Licensed 09/23/2004 COMFORT KEEPERS 1111 JUDSON RD STE 200 LONGVIEW, TEXAS 75601 Fax (903) 291-0139 Administrator MATT CLINNARD	Owner Information CLINNARD LLC 1125 JUDSON RD STE 106 LONGVIEW, TX 75601 PHONE: FAX: Services: Personal Assistance Services
County GREGG License # 016734 Lic Expire 10/31/2022 Medicare 1: 671547 HOSPICE Medicare 2:	Region 04 Date Licensed 10/30/2014 COMPASS HOSPICE OF EAST TEXAS LLC 1115 N 4TH STREET LONGVIEW, TEXAS 75601	Owner Information SHORR HOSPICE HOLDINGS, LLC 1115 NTH 4TH STREET. LONGVIEW, TX 75601 PHONE: FAX:
Phone (903) 758-8383 Type: Parent Agency	Fax (903) 758-8388 Administrator GLENDA STEGALL	Services: Hospice In-Patient Hospice: NO
County GREGG License # 016734 Lic Expire 10/31/2022 Medicare 1: 671547 HOSPICE Medicare 2:	Region 04 Date Licensed 10/30/2014 COMPASS HOSPICE OF EAST TEXAS LLC 1115 N 4TH STREET LONGVIEW, TEXAS 75601	Owner Information SHORR HOSPICE HOLDINGS, LLC 1115 NTH 4TH STREET. LONGVIEW, TX 75601 PHONE: FAX:
Phone (903) 758-8383 Type: Parent Agency	Fax (903) 758-8388 Administrator GLENDA STEGALL	Services: Hospice In-Patient Hospice: NO
County GREGG License # 007572 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (903) 297-2817 Type: Parent Agency	Region 04 Date Licensed 11/30/2000 DISABILITY SERVICES OF THE SOUTHWEST INC 911 NW LOOP 281 SUITE 120 LONGVIEW, TX 75604 Fax (877) 463-1310 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 License # 015679 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (903) 753-8063 Type: Parent Agency	Region 04 Date Licensed 08/01/2013 EDUCARE COMMUNITY LIVING CORPORATION TEXAS 103 B WOODBINE PLACE LONGVIEW, TX 75601 Fax (903) 753-7861 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 License # 008273 Lic Expire 12/21/2023 Medicare 1: Medicare 2: Phone (903) 234-0104 Type: Branch Agency	Region 04 Date Licensed ELARA CARING 100 WEST HAWKINS PARKWAY, SUITE B LONGVIEW, TX 75605 Fax (903) 234-9101 Administrator ROBIN WEBB	01/01/2003	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 GREGG License # 008273 Lic Expire 12/21/2023 Medicare 1: Medicare 2: Phone (903) 234-0104 Type: Branch Agency	Region 04 Date Licensed ELARA CARING 100 WEST HAWKINS PARKWAY, SUITE B LONGVIEW, TX 75605 Fax (903) 234-9101 Administrator ROBIN WEBB	01/01/2003	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 GREGG License # 015193 Lic Expire 8/31/2022 Medicare 1: 453182 HHA-18 Medicare 2: Phone (903) 212-3990 Type: Parent Agency	Region 04 Date Licensed ELITE HOME HEALTH 905 N 4TH STREET LONGVIEW, TX 75601 Fax (903) 212-3991 Administrator TRACY ECHOLS	08/20/2012	Owner Information VALERIEANNE AND FLOYD INC 905 NORTH 4TH STREET LONGVIEW, TX 75601 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County GREGG License # 016656 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (903) 230-9447 Type: Parent Agency	Region 04 Date Licensed ELITE PRIVATE CARE 420 NORTH GREEN STREET SUITE D LONGVIEW, TX 75601 Fax (903) 230-9448 Administrator RACHAEL CRUTCHFIELD	10/08/2014	Owner Information N & L HOLDINGS LLC P.O. BOX 1902 LONGVIEW, TX 75606 PHONE: FAX: Services: Personal Assistance Services
County GREGG License # 018427 Lic Expire 4/30/2023 Medicare 1: 457834 HHA-18 Medicare 2: Phone 903 6802220 Type: Parent Agency	Region 04 Date Licensed ENCOMPASS HEALTH HOME HEALTH 407 E. METHVIN ST., SUITE 300A LONGVIEW, TEXAS 75601 Fax 903 2348683 Administrator STEPHANIE REED	05/01/2017	Owner Information EH HOME HEALTH OF EAST TEXAS, LLC 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County GREGG License # 011277 Lic Expire 11/30/2023 Medicare 1: 679079 HHA-18 Medicare 2: Phone 903 2389029 Type: Parent Agency	Region 04 Date Licensed ENCOMPASS HEALTH HOME HEALTH 407 E. METHVIN ST., SUITE 300 LONGVIEW, TEXAS 75601 Fax 903 2389108 Administrator STEPHANIE REED	12/01/2006	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 GREGG License # 016126 Lic Expire 4/30/2022 Medicare 1: 741609 HOSPICE Medicare 2: Phone (903) 238-8290 Type: Parent Agency	Region 04 Date Licensed HARBOR HOSPICE OF LONGVIEW LP 1127 JUDSON ROAD SUITE 105 LONGVIEW, TEXAS 75601 Fax (903) 648-7058 Administrator MARQUETTE LONG	04/03/2014	Owner Information HARBOR HOSPICE OF LONGVIEW LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County GREGG	Region 04 Date Licensed 10/0	/2021 Owner Information
License # 021097	HEALING HEARTS HOMECARE LLC	HEALING HEARTS HOMECARE LLC
Lic Expire 10/1/2024		253 TAMI ST.
·	814 GILMER RD. SUITE 2	KILGORE, TEXAS 75662
Medicare 1:	LONGVIEW, TEXAS 75604	
Medicare 2:		PHONE: FAX:
Phone (903) 812-4788	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator RENEA NAPIER	
County GREGG	Region 04 Date Licensed 06/2	/2013 Owner Information
•	HEART TO HEART HOSPICE OF EAST TEXAS LLC	HEART TO HEART HOSPICE OF EAST TEXAS LLC
License # 015767		7240 CHASE OAKS BLVD.
Lic Expire 6/30/2023	100 WEST HAWKINS PKWY SUITE A	PLANO, TX 75025
Medicare 1: 671591 HOSPICE	LONGVIEW, TX 75605	FLANO, 1X 73023
Medicare 2:		PHONE: FAX:
Phone (903) 663-3310	Fax (903) 663-3329	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator CHRISTINE BLACK	
County GREGG	Region 04 Date Licensed 04/1	/1993 Owner Information
License # 002514	HEART'SWAY HOSPICE OF NORTHEAST TEXAS	HOSPICE LONGVIEW INC
		PO BOX 5608
Lic Expire 4/30/2024	4351 MCCANN RD	LONGVIEW, TEXAS 75608
Medicare 1: 451579 HOSPICE	LONGVIEW, TX 75605	
Medicare 2:		PHONE: FAX:
Phone (903) 295-1680	Fax (903) 295-1690	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator POLLY MAINES	
County GREGG	Region 03 Date Licensed 09/1	/2014 Owner Information
License # 014884	HELPING HANDS HOME SERVICES	AND HOME HEALTHCARE, LLC
		2000 N CENTRAL EXPRESSWAY STE 102
'	1011 W LOOP 281 STE 9	PLANO, TX 75074
Medicare 1:	LONGVIEW, TX 75604	
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	HERITAGE HOSPICE OF EAST TEXAS	KELTON HOSPICE INC
		4605 TEXAS BLVD
Lic Expire 3/31/2022	4001 TECHNOLOGY CTR., SUITE 302	TEXARKANA, TX 75503
Medicare 1:	LONGVIEW, TX 75605	
Medicare 2:	F (000) 040 0074	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
Type: Alternate Delivery Site	Administrator SEAR SELEDAGIT	
County GREGG	Region 04 Date Licensed	Owner Information
License # 018670	HERITAGE HOSPICE OF EAST TEXAS	KELTON HOSPICE INC
Lic Expire 3/31/2022	4001 TECHNOLOGY CTR., SUITE 302	4605 TEXAS BLVD
Medicare 1:	LONGVIEW, TX 75605	TEXARKANA, TX 75503
Medicare 2:	,	PHONE: FAX:
Phone 18002856142	Fax (903) 218-6874	
	V	Services: Hospice Alternative Delivery Site (ADS); Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator SEAN SEELBACH	iii alloiti toopioo. To
		Owner Information
County GREGG	Region 04 Date Licensed 08/2	/2015 Owner Information
License # 017291	HIGHLAND PARK SENIOR CARE	HIGHLAND PARK SENIOR CARE 3 INC
Lic Expire 8/31/2023	905 PEGUES PLACE	SAME
Medicare 1: 459294 HHA-18		LONGVIEW, TX 75601
	LONGVIEW, TEXAS 75601	
Medicare 2:	LONGVIEW, TEXAS 75601	PHONE: FAX:
Medicare 2: Phone (903) 753-1000	LONGVIEW, TEXAS 75601 Fax (903) 753-1218	

Administrator TIFFANY ROSS

County GREGG License # 002043 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (903) 230-0606	Region 04 Date Licensed HOSPICE OF EAST TEXAS 101 W HAWKINS PKWY SUITE 7 LONGVIEW, TX 75605 Fax (903) 230-0606	09/30/2015	Owner Information HOSPICE OF EAST TEXAS 4111 UNIVERSITY BLVD TYLER, TX 75701 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Alternate Delivery Site	Administrator MARJORIE REAM			
County GREGG License # 021286 Lic Expire 12/22/2024 Medicare 1:	Region 04 Date Licensed HOSPICE OF HOPE LLC 900 WEST NORTH STREET KILGORE, TX 75662	12/22/2021	Owner Information HOSPICE OF HOPE LLC	FAV
Medicare 2: Phone (903) 315-9629	Fax		PHONE: Services: Hospice; Personal Assistance Services	FAX:
Type: Parent Agency	Administrator BRITTNEY DENNIS		In-Patient Hospice: NO	
County GREGG License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 759-7500	Region 03 Date Licensed HOSPICE PLUS 414 EAST LOOP 281 SUITES 5&6 LONGVIEW, TX 756057931 Fax (903) 759-7507	02/19/2016	Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE: Services: Hospice	FAX:
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		In-Patient Hospice: NO	
County GREGG License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 759-7500	Region 03 Date Licensed HOSPICE PLUS 414 EAST LOOP 281 SUITES 5&6 LONGVIEW, TX 756057931 Fax (903) 759-7507	02/19/2016	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: Services: Hospice	FAX:
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		In-Patient Hospice: NO	
County GREGG License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 759-7500 Type: Alternate Delivery Site	Region 03 Date Licensed HOSPICE PLUS 414 EAST LOOP 281 SUITES 5&6 LONGVIEW, TX 756057931 Fax (903) 759-7507 Administrator REBECCA JEFFERSON	02/19/2016	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County GREGG License # 019500 Lic Expire 7/30/2023 Medicare 1:	Region 04 Date Licensed INTERIM HEALTHCARE 2393 HG MOSLEY PKWY BLDG 2, #102 LONGVIEW, TEXAS 75604	07/30/2019	Owner Information SEQUOIA4PARTNERS, LLC	
Medicare 2: Phone 903 2308130 Type: Parent Agency	Fax 903 2122115 Administrator CENDY DAVIS		PHONE: Services: Personal Assistance Services	FAX:
County GREGG License # 012075 Lic Expire 6/30/2022 Medicare 1: Medicare 2:	Region 05 Date Licensed KINDRED AT HOME 434 EAST LOOP 281 STE 100 LONGVIEW, TX 75605	06/26/2008	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE:	FAX:
Phone (903) 938-6776 Type: Branch Agency	Fax (903) 236-7990 Administrator MARCIA LOWE		Services: Licensed and Certified Home Health Ser	

County GREGG License # 012075 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (903) 938-6776 Type: Branch Agency	Region 05 Date Licensed KINDRED AT HOME 434 EAST LOOP 281 STE 100 LONGVIEW, TX 75605 Fax (903) 236-7990 Administrator MARCIA LOWE	06/26/2008	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed and Certified Home Health Services
		06/06/0000	Owner Information
County GREGG License # 012075 Lic Expire 6/30/2022 Medicare 1:	Region 05 Date Licensed KINDRED AT HOME 434 EAST LOOP 281 STE 100 LONGVIEW, TX 75605	06/26/2008	GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117
Medicare 2:	EGNOVIEW, IX 10000		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 License # 012075	Region 05 Date Licensed KINDRED AT HOME	06/26/2008	Owner Information GIRLING HEALTH CARE, INC
Lic Expire 6/30/2022	434 EAST LOOP 281 STE 100		12900 FOSTER OVERLAND PARK, NC 28117
Medicare 1: Medicare 2:	LONGVIEW, TX 75605		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 In-Patient Hospice: NO
Type: Parent Agency	Administrator AMY WILCOX		
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:	F (077) 400 4040		PHONE: FAX:
Phone (877) 434-3153 Type: Parent Agency	Fax (877) 463-1310 Administrator MARCOS CAMPOS		Services: Licensed Home Health Services; Personal Assistance Services
County GREGG License # 016314 Lic Expire 7/31/2022 Medicare 1: 679138 HHA-18	Region 04 Date Licensed ONESOURCE HOME CARE INC 4001 TECHNOLOGY CENTER #304 LONGVIEW, TX 75605	07/16/2014	Owner Information ONESOURCE HOME CARE INC 4002 TECHNOLOGY CENTER 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:	F (000) 750 0074		PHONE: FAX:
Phone (903) 753-2273 Type: Parent Agency	Fax (903) 753-2274 Administrator REBECCA HARDIN		Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County GREGG License # 019786 Lic Expire 1/16/2022 Medicare 1:	Region 04 Date Licensed 01/16/2020 STEBBINS HOSPICE, LLC 600-602 E WHALEY STREET LONGVIEW, TEXAS 75601	Owner Information STEBBINS HOSPICE, LLC
Medicare 2: Phone (903) 230-7674	Fax (903) 230-7696	PHONE: 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	TEXAS HOME HEALTH HOSPICE, LP
Lic Expire 6/30/2022	2904 N FOURTH STREET SUITE 102	17855 N DALLAS PKWY STE 200
Medicare 1:	LONGVIEW, TX 75605	DALLAS, TX 75287-6857
Medicare 2:	Eav. (002) 229 0069	PHONE: FAX:
Phone (903) 234-0943	Fax (903) 238-9068	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator TINA FORTNER	in radion roopies. No
County GREGG	Region 04 Date Licensed 05/31/2017	Owner Information
License # 018168	TEXAS HOME HEALTH SKILLED SERVICES	TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire 5/31/2023	1809 JUDSON ROAD	
Medicare 1: 457173 HHA-18	LONGVIEW, TX 756054710	
Medicare 2:		PHONE: FAX:
Phone 903 7580794	Fax 903 2321597	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	TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire 9/30/2023	1809 JUDSON ROAD	
Medicare 1:	LONGVIEW, TX 75605	DUDUE
Medicare 2: Phone (903) 597-2086	Fax (903) 597-2109	PHONE: FAX:
Type: Branch Agency	Administrator JANET DALME	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Owner Information
County GREGG	Region 04 Date Licensed 06/15/2015	THEN THERES CHEERFUL GIVERS HHA INC
License # 016855	THEN THERES CHEERFUL GIVERS HHA INC	204 SIERRA VISTA
Lic Expire 6/30/2024 Medicare 1:	204 SIERRA VISTA LONGVIEW, TX 75605	LONGVIEW, TX 75605
Medicare 2:	LONGVIEW, 17 73003	PHONE: FAX:
Phone (903) 238-5981	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator ESPERANCE RWABUKAMBA	Services. Personal Assistance Services
County GREGG	Region 03 Date Licensed 12/13/2017	Owner Information
License # 018508	THREE OAKS HOSPICE LONGVIEW	GODLY HOSPICE AND PALLIATIVE CARE, LLC
Lic Expire 12/31/2023	911 W LOOP 281 SUITE 209	2105 LINCOLN CT
Medicare 1: 74-1783	LONGVIEW, TX 756042908	FLOWER MOUND, TX 75028
Medicare 2:		PHONE: FAX:
Phone 903 5513400	Fax 430 2405055	Services: Hospice
Type: Parent Agency	Administrator SEAN SEELBACH	In-Patient Hospice: NO
· · · · · · · · · · · · · · · · · · ·		Owner Information
County GREGG License # 018013	Region 04 Date Licensed 03/10/2017 TRADITIONS HEALTH	TRADITIONS HEALTH CARE OF LONGVIEW, LLC
Lic Expire 3/31/2023	4362 N US HWY 259 SUITE A	PO BOX 9980
Medicare 1: 678338 HHA-18	LONGVIEW, TX 75605	COLLEGE STATION, TX 77842
Medicare 2:		PHONE: FAX:
Phone (903) 663-2331	Fax (903) 663-4831	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JENNIFER FRANKLIN	

County GREGG License # 017972 Lic Expire 3/31/2023 Medicare 1: 671689 HOSPICE Medicare 2: Phone (903) 663-2331	Region 04 Date Licensed TRADITIONS HEALTH 4362 N US HWY 259 SUITE B LONGVIEW, TX 75605 Fax (866) 908-8704	03/10/2017	Owner Information TRADITIONS HOSPICE OF LONGVIEW, LLC PO BOX 9980 COLLEGE STATION, TX 77842 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator JENNIFER FRANKLIN			
County GREGG License # 014739 Lic Expire 2/28/2025 Medicare 1:	Region 04 Date Licensed VISITING ANGELS 101 WOODBINE PLACE, SUITE B LONGVIEW, TX 75601	01/08/2013	Owner Information SJ HOMECARE INC 419 W HOUSTON ST TYLER, TX 75702	
Medicare 2:	Fav. (002) 245 9494		PHONE:	FAX:
Phone (903) 215-8183	Fax (903) 215-8184 Administrator JACKIE BRISSET		Services: Personal Assistance Services	
County GUADALUPE License # 018542 Lic Expire 11/30/2023 Medicare 1: 67Q7247005 Medicare 2: Phone (830) 379-6171	Region 07 Date Licensed ADVANCED HH LLC 1064 E. IRELAND ST., SUITE C SEGUIN, TEXAS 78155 Fax (830) 379-6388		Owner Information ADVANCED HH, LLC 113 N. MAIN HALLETTSVILLE, TX 75038 PHONE: Services: Licensed and Certified Home Health Services	FAX: vices; Licensed Home Health Services
Type: Branch Agency	Administrator KRISTEN SCHIEVELBEIN			·
County GUADALUPE License # 018542 Lic Expire 11/30/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed ADVANCED HH LLC 1064 E. IRELAND STE B SEGUIN, TX 78155		Owner Information ADVANCED HH, LLC 113 N. MAIN HALLETTSVILLE, TX 75038 PHONE:	FAX:
Phone (830) 379-6171	Fax (830) 379-6388		Services: Licensed and Certified Home Health Ser	vices: Licensed Home Health Services
Type: Branch Agency	Administrator KRISTEN SCHIEVELBEIN			
County GUADALUPE License # 018542 Lic Expire 11/30/2023 Medicare 1: 677247 HHA-18 Medicare 2:	Region 07 Date Licensed ADVANCED HOME HEALTH SERVICES 1064 E IRELAND ST SEGUIN, TX 78155	11/06/2017	Owner Information ADVANCED HH, LLC 113 N. MAIN HALLETTSVILLE, TX 75038 PHONE:	FAX:
Phone (830) 379-6171	Fax (830) 379-6388		Services: Licensed and Certified Home Health Ser	
Type: Parent Agency	Administrator KRISTEN SCHIEVELBEIN			
County GUADALUPE License # 020874 Lic Expire 6/30/2024 Medicare 1:	Region 07 Date Licensed FIRSTCALL CARE, LLC 109 LANDMARK BROOK CIBOLO, TX 78108	06/30/2021	Owner Information FIRSTCALL CARE, LLC	
Medicare 2:			PHONE:	FAX:
Phone (210) 630-9919 Type: Parent Agency	Fax Administrator ANITA FREDERICK		Services: Personal Assistance Services	
County GUADALUPE License # 019495 Lic Expire 7/25/2024 Medicare 1: 971562 (HOSPICE)	Region 07 Date Licensed GIFTED HEARTS HOSPICE AND PALLIATIV 1012 E COURT ST. SEGUIN, TX 78155	07/25/2019 E CARE	Owner Information GIFTED HEARTS HOSPICE, LLC	
Medicare 2:			PHONE:	FAX:
Phone (830) 715-9299 Type: Parent Agency	Fax (830) 715-9302 Administrator ANA RAMIREZ-CARDOSA		Services: Hospice In-Patient Hospice: NO	
I VDG. I GIGIL AUGILY	AUTHORISTICATION AND NATIONALE-CARDUSA			

County GUADALUPE License # 002138 Lic Expire 5/31/2023 Medicare 1: 451541 HOSPICE Medicare 2: Phone (830) 401-7561	Region 07 Date Licensed 06/01/7 GUADALUPE REGIONAL HOSPICE 1346 WALNUT SEGUIN, TX 78155 Fax (830) 379-4441	1990 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
Type: Parent Agency	Administrator PHILLIP SAENZ	
County GUADALUPE License # 015189 Lic Expire 8/31/2022 Medicare 1: 679667 HHA-18 Medicare 2: Phone (210) 257-5765 Type: Parent Agency	Region 07 Date Licensed 09/01/2 SOUTHERN ASSURED HOME HEALTH LLC 9330 CORPORATE DR. SUITE 304 SELMA, TX 78154 Fax (210) 257-0419 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 License # 012272 Lic Expire 10/31/2022 Medicare 1: 457514 HHA-18 Medicare 2: Phone (806) 296-2767 Type: Parent Agency	Region 01 Date Licensed 10/04/2 CALVERT HOME HEALTH CARE 2101 W 24TH STREET PLAINVIEW, TX 79072 Fax (806) 296-0686 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 License # 009509 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (806) 667-1500	Region 01 Date Licensed 01/01/2 CALVERT HOME HEALTH CARE LLC 1520 MAIN STREET PETERSBURG, TX 79250 Fax (806) 667-9401	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
Type: Branch Agency	Administrator JULIE STACY	
County HALE License # 020167 Lic Expire 9/11/2022 Medicare 1: Medicare 2: Phone (806) 213-0030 Type: Parent Agency	Region 01 Date Licensed 09/11/2 CONNIE'S COMPASSIONATE CARE, LLC 1001 N 127 SUITE 212 PLAINVIEW, TX 79072 Fax (806) 213-0036 Administrator ISAAC REYES	Owner Information CONNIE'S COMPASSIONATE CARE, LLC 2210 NORMA ST PLAINVIEW, TEXAS 79072 PHONE: FAX: Services: Personal Assistance Services
County HALE License # 007781 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (806) 288-0220 Type: Branch Agency	Region 01 Date Licensed 07/27/2 INTERIM HEALTHCARE OF WEST TEXAS LLC 113 WEST 8TH STREET PLAINVIEW, TEXAS 79072 Fax (806) 288-0224 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 License # 010522 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (806) 288-9482 Type: Alternate Delivery Site	Region 01 Date Licensed 01/14/2 INTERIM HOSPICE OF WEST TEXAS 113 W 8TH STREET PLAINVIEW, TX 79072 Fax (806) 288-9528 Administrator BRANDI LARSON	PALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO

County HALE License # 009402 Lic Expire 11/30/2022 Medicare 1: 67Q9485005 Medicare 2:	Region 01 Date Licensed 05/23/2006 TEXAS HOME HEALTH 510 ASH PLAINVIEW, TX 79072	Owner Information KINDSTAR, INC 17855 N. DALLAS PARKWAY DR. #200 DALLAS, TX 75284 PHONE: FAX:
Phone (806) 293-2990	Fax (806) 293-2944	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator CRISTI PAULK	
County HALE	Region 01 Date Licensed 04/01/2021	Owner Information
License # 020681	TRADITIONS HEALTH	TRADITIONS HOSPICE OF PLAINVIEW, LLC
Lic Expire 4/1/2024	4300 OLTON ROAD	P.O. BOX 9980
Medicare 1: 451773 Hospice	PLAINVIEW, TX 79072	COLLEGE STATION, TX 77842
Medicare 2:	F (000) 000 0704	PHONE: FAX:
Phone (806) 293-2732	Fax (866) 908-8704	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator NANCY KERNELL	in Fallott Hoopies. No
County HAMILTON License # 021183 Lic Expire 11/3/2024 Medicare 1:	Region 05 Date Licensed 11/03/2021 COMPANION INHOME SENIOR CARE LLC 209 E. HENRY STREET HAMILTON, TEXAS 76531	Owner Information COMPANION IN HOME SENIOR CARE LLC
Medicare 2:		PHONE: FAX:
Phone (254) 736-0294	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator BREANNA TEMPLETON- BULLARD	
County HAMILTON License # 002197 Lic Expire 4/30/2022 Medicare 1: 677412 HHA-18	Region 05 Date Licensed 04/29/1991 LEE HEALTHCARE INC 114 EAST MAIN HAMILTON, TX 76531	Owner Information LEE HEALTHCARE INC PO BOX 766 HAMILTON, TX 76531
Medicare 2:		PHONE: FAX:
Phone (254) 386-8971	Fax (254) 386-5040	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Personal Assistance Services
Type: Parent Agency	Administrator PAMELA PARSONS	
County HAMILTON License # 007938 Lic Expire 3/31/2023	Region 03 Date Licensed 05/22/2013 SOLARIS HOSPICE INC 205 N US HWY 281	Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400
Medicare 1: 451688	HAMILTON, TX 765311906	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 HANSFORD License # 002212 Lic Expire 4/30/2023 Medicare 1: 677416 Medicare 2:	Region 01 Date Licensed 04/30/1991 HANSFORD HOME CARE 712 S ROLAND SPEARMAN, TX 79081	Owner Information HANSFORD COUNTY HOSPITAL DISTRICT 707 S ROLAND SPEARMAN, TX 79081 PHONE: FAX:
Phone (806) 659-5811	Fax (806) 659-5879	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator BLYTHE BOYD	
County HANSFORD License # 002215 Lic Expire 4/30/2022 Medicare 1: 451550 HOSPICE	Region 01 Date Licensed 04/30/1991 HANSFORD HOSPICE 712 SOUTH ROLAND SPEARMAN, TX 79081	Owner Information HANSFORD COUNTY HOSPITAL DISTRICT 712 SOUTH ROLAND SPEARMAN, TX 79081
Medicare 2: Phone (806) 659-5811	Fax (806) 659-5879	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator BLYTHE BOYD	In-Patient Hospice: NO

County HARDIN License # 013558 Lic Expire 9/30/2022 Medicare 1: 747636 HHA-18 Medicare 2: Phone (409) 347-2500	Region 04 Date Licensed 09/08/2010 FARMERS HOMECARE 111 S MERCHANT STREET SOUR LAKE, TX 77659 Fax (409) 287-2565	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
Type: Parent Agency	Administrator RYAN KIM	
County HARDIN License # 009110 Lic Expire 5/31/2023 Medicare 1: 673196 HHA-18 Medicare 2:	Region 04 Date Licensed 05/25/2004 MDS CHOICE HOME HEALTH INC 1460 NORTH 5TH STREET SILSBEE, TX 77656	Owner Information MD'S CHOICE HOME HEALTH, INC 1460 NORTH 5TH STREET SILSBEE, TX 77656 PHONE: FAX:
Phone (409) 386-2273 Type: Parent Agency	Fax (409) 386-2459 Administrator SHANNON HASSELBACH	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARDIN License # 007810 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone 409 8320465 Type: Branch Agency	Region 05 Date Licensed OUTREACH HOME CARE 160 ALLEN SUITE 100 LUMBERTON, TX 776577064 Fax 409 8322130 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 License # 019930 Lic Expire 5/12/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 05/12/2020 0HASSLE PERSONAL CARE SERVICES LLC 3702 1/2 BROYLES STREET HOUSTON, TEXAS 77026	Owner Information 0HASSLE PERSONAL CARE SERVICES LLC 3702 BROYLES STREET HOUSTON, TEXAS 77026 PHONE: FAX:
Phone (281) 888-7542 Type: Parent Agency	Fax (281) 888-7542 Administrator ALFA BENNETT ALEXANDER	Services: Personal Assistance Services
County HARRIS License # 016793 Lic Expire 3/31/2023 Medicare 1: 679422 HHA-18 Medicare 2:	Region 06 Date Licensed 04/01/2015 1 STOP HEALTH CARE SERVICES LLC 12000 RICHMOND AVE STE #208 HOUSTON, TX 77082	Owner Information 1 STOP HEALTH CARE SERVICES LLC 1200 RICHMOND AVE., SUITE 208 HOUSTON, TX 77082 PHONE: FAX:
Phone (713) 554-0806 Type: Parent Agency	Fax (713) 926-3608 Administrator ERNA ROCKWELL	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 012253 Lic Expire 10/31/2022 Medicare 1: 747123 HHA-18 Medicare 2: Phone (713) 681-3500 Type: Parent Agency	Region 06 Date Licensed 10/03/2008 1ST ACCURATE HOME HEALTH SERVICE 8650 KEMPWOOD DR HOUSTON, TX 77080 Fax (713) 956-1957 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 License # 013280 Lic Expire 4/30/2022 Medicare 1: 747670 HHA-18 Medicare 2: Phone (832) 831-3274	Region 06 Date Licensed 05/01/2010 1ST AMERICAN CHOICE HOME HEALTH CARE SERVICES LLC 2620 TANGLEWILDE ST SUITE 105 HOUSTON, TX 77063 Fax (832) 831-3375	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
Type: Parent Agency	Administrator OLAKUNLE OMIYALE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 018729 Lic Expire 4/30/2022 Medicare 1: 677890 HHA-18 Medicare 2: Phone (713) 937-7494 Type: Parent Agency	Region 06 Date Licensed 1ST GENESIS HOME HEALTH SERVICES 8303 WINDFERN ROAD SUITE A HOUSTON, TX 77040 Fax (713) 937-1985 Administrator MERLITA VELASQUEZ	05/01/2018	Owner Information GENESIS HOME HEALTH SERVICES INC 8303 WINDFERN ROAD SUITE #A HOUSTON, TX 77040 PHONE: Services: Licensed and Certified Home Health Services	FAX: vices; Personal Assistance Services
County HARRIS License # 017805 Lic Expire 12/31/2022 Medicare 1:	Region 06 Date Licensed 1ST SPRING HEALTH SERVICES LLC 2739 CYPRESS ISLAND DRIVE HOUSTON, TX 77073	12/20/2016	Owner Information JF SPRING HEALTH SERVICES LLC 2739 CYPRESS ISLAND DRIVE HOUSTON, TX 77073	
Medicare 2: Phone (281) 670-7331 Type: Parent Agency	Fax (281) 857-6729 Administrator JUSTINE FOMUKONG		PHONE: Services: Licensed Home Health Services; Person	FAX: al Assistance Services
County HARRIS License # 019515 Lic Expire 11/30/2021 Medicare 1: Medicare 2:	Region 06 Date Licensed 247 CARING HEARTS HOME CARE, LLC 6343 SKYLINE DR. STE 18 HOUSTON, TX 77057	08/07/2019	Owner Information 247 CARING HEARTS HOME CARE, LLC 9668 WESTHEIMER RD STE 2000076 HOUSTON, TEXAS 77063 PHONE:	FAX:
Phone (832) 844-8109 Type: Parent Agency	Fax Administrator LAKESHA STIGLER		Services: Personal Assistance Services	
County HARRIS License # 020462 Lic Expire 1/14/2023 Medicare 1:	Region 06 Date Licensed 2ND FAMILY 10777 WESTHEIMER HOUSTON, TEXAS 77042	01/14/2021	Owner Information FC OPERATIONS LLC DBA 2ND FAMILY	
Medicare 2:			PHONE:	FAX:
Phone (713) 208-4198 Type: Parent Agency	Fax Administrator MATTHEW MILLER		Services: Personal Assistance Services	
County HARRIS License # 021190 Lic Expire 11/8/2024 Medicare 1:	Region 06 Date Licensed 4 TEE'S SITTING SERVICES LLC 15101 BLUE ASH DR APT 1102 HOUSTON, TEXAS 77090	11/08/2021	Owner Information 4 TEE'S SITTING SERVICES LLC	
Medicare 2:	_		PHONE:	FAX:
Phone (713) 594-5052	Fax (281) 836-5023 Administrator TEAEARA SMITH		Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO	s; Personal Assistance Services
Type: Parent Agency County HARRIS License # 019914 Lic Expire 5/5/2022 Medicare 1:	Region 06 Date Licensed 5 STAR HOSPICE, LLC 650 N. SAM HOUSTON PKWY E. SUITE 210 HOUSTON, TEXAS 77060	05/05/2020	Owner Information 5 STAR HOSPICE, LLC	
Medicare 2:	110001011, 127/10 77/000		PHONE:	FAX:
Phone (832) 262-1299	Fax (832) 201-0407		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator MELISSA WADE		Owner Information	
County HARRIS License # 003568 Lic Expire 7/31/2023 Medicare 1: 678144 HHA-18	Region 06 Date Licensed A & A HOME HEALTH SERVICES INC 43 WINDSOR CT HOUSTON, TX 77055	07/12/1995	A & A HOME HEALTH SERVICES INC 1240 BLALOCK RD STE 210 HOUSTON, TX 77055	FAV
Medicare 2: Phone (713) 783-8803	Fax (713) 783-8809		PHONE: Services: Licensed and Certified Home Health Ser	FAX: vices; Licensed Home Health Services;
Type: Parent Agency	Administrator MARIE LIM		Personal Assistance Services	

County HARRIS License # 006240 Lic Expire 1/31/2023 Medicare 1: 679333 HHA-18 Medicare 2: Phone (281) 474-2277 Type: Parent Agency	Region 06 Date Licensed 01/09/1998 A & G PERSONAL PROVIDER SERVICES 318 WATERFRONT STE. A SEABROOK, TX 77586 Fax (281) 474-2287 Administrator GENEVIEVE BARTOLOME	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
County HARRIS License # 010097 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (713) 977-2747	Region 06 Date Licensed 10/31/2005 A & R HEALTHCARE SERVICES INC 6420 RICHMOND AVE SUITE #575 HOUSTON, TX 77057 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 County HARRIS License # 019514 Lic Expire 8/6/2024 Medicare 1: 971692	Administrator ANITA MURDOCK MURDOCK Region 06 Date Licensed 08/06/2019 A & S HOSPICE AND PALLIATIVE CARE LLC 6776 SOUTHWEST FREEWAY STE 631 HOUSTON, TEXAS 77074	Owner Information A & S HOSPICE AND PALLIATIVE CARE LLC
Medicare 2: Phone (832) 350-2573 Type: Parent Agency	Fax Administrator PRISCILLA OMOLEME	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 019083 Lic Expire 11/12/2022 Medicare 1:	Region 06 Date Licensed 04/01/2020 A & Z HEALTH CARE LLC 1225 25TH ST. N, SUITE 300B TEXAS CITY, TEXAS 77590	Owner Information A & Z HEALTH CARE LLC
Medicare 2: Phone (346) 223-2910	Fax (346) 223-2910	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 009500 Lic Expire 12/31/2022 Medicare 1: 457988 HHA-18 Medicare 2: Phone (713) 475-2300 Type: Parent Agency	Administrator NINA OLUGU Region 06 Date Licensed 12/31/2004 A 1 HOME HEALTH CARE 1112 WITTER PASADENA, TX 77506 Fax (713) 475-0811 Administrator PATRICIA SERNA	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
County HARRIS License # 011356 Lic Expire 5/31/2024 Medicare 1: 679731 HHA-18 Medicare 2: Phone (713) 401-9423 Type: Parent Agency	Region 06 Date Licensed 05/24/2007 A BETTER HOMECARE 6250 WESTPARK SUITE 211 HOUSTON, TX 77057 Fax (888) 496-3190 Administrator TONI BIEZUGBE	Owner Information DIVERSIFIED HEALTH SOLUTIONS LLC 6250 WESTPARK DRIVE SUITE #211 HOUSTON, TX 77057 PHONE: FAX: Services: Licensed Home Health Services with Dialysis
County HARRIS License # 017070 Lic Expire 10/31/2023 Medicare 1: 741647 HOSPICE Medicare 2: Phone (713) 239-0690 Type: Parent Agency	Region 06 Date Licensed 10/07/2015 A BETTER HOSPICE 6250 WESTPARK DRIVE STE 114 HOUSTON, TX 77057 Fax (713) 239-0866 Administrator TRINA VIVILLE	Owner Information A BETTER HOSPICE, INC 6250 WESTPARK DRIVE SUITE 114 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County MARRIS Region 0	County HARRIS License # 021011 Lic Expire 8/27/2024 Medicare 1: Medicare 2: Phone (877) 585-9011 Type: Parent Agency	Region 06 Date Licensed A BETTER SOLUTION IN HOME CARE 5600 NORTHWEST CENTRAL DR., STE 142 HOUSTON, TEXAS 77092 Fax Administrator KIA GABRIEL	08/27/2021	Owner Information SOUTHERN RENAISSANCE, INC 700 E BAYOU PKWY LAFAYETTE, LOUISIANA 70508 PHONE: FAX: Services: Personal Assistance Services	
Modera 2	License # 019977	A BETTER SOLUTION IN HOME CARE	08/10/2020		
Profe 1977 565 6011 Fax Fa		HOUSTON, TEXAS 77036		DHONE: EAY.	
		Fax			
County MARINS Region MERPRONE ST STUTE B Medicare 1: Phone 10131 2002 Medicare 1: Phone 10131 2002 Medicare 2: Phone 10131 2002 Medicare 3: Phone 10131 2003 Medicare 3: Phone 10131 2013	Type: Parent Agency	Administrator ARTURO COBARRUBIAS		Colvides. Tersonal Assistance Services	
County MARNS Region 06	License # 009242 Lic Expire 5/31/2023 Medicare 1: 679451 Medicare 2:	A C HEALTH SERVICES INC 10103 FONDREN RD #380 HOUSTON, TX 77096	05/11/2004	A C HEALTH SERVICES INC 10103 FONDREN ROAD SUITE 200 HOUSTON, TX 77096 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health	Services;
Delicinary Property Propert	Type: Parent Agency	Administrator MARYJANE DURUJI			
Phone	License # 012004 Lic Expire 3/31/2024 Medicare 1: 677966 HHA-18	A CARE HOME HEALTH SERVICES 5315 BISSONNET ST SUITE B	03/15/2008	UNIVERSAL TOUCH HEALTHCARE LLC 5313 BISSONNET ST. BELLAIRE, TEXAS 77401	
County MARIS Regin 06	Phone (713) 665-8859			Services: Licensed and Certified Home Health Services; Licensed Home Health	Services;
County MARIS Region 0 Date Licensed O7/06/2021 Owner Information	County HARRIS License # 015139 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (281) 827-2675	Region 06 Date Licensed A HELPING HAND HOME CARE SERVICE 3215 PRESTON AVE PASADENA, TX 77505 Fax (713) 583-2003	10/17/2012	JIREH LIVING ASSISTANCE SERVICE, LLC 1722 EVERGREEN LANE SEABROOK, TX 77586 PHONE: FAX:	
County HARRIS Region 06 Date Licensed 07/06/2021	License # 012471 Lic Expire 2/28/2023 Medicare 1: 747390 HHA-18;67 Medicare 2:	A HUG AWAY HEALTHCARE INC 1203 AVENUE D SUITE A KATY, TX 77493	02/26/2009	A HUG AWAY INC 1203 AVENUE D, SUITE A KATY, TX 77493 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Hon Services; Personal Assistance Services	ne Health
License # 020885 A KIND HEART PALLIATIVE HOSPICE LLC Lic Expire 7/6/2024 9894 BISSONNET ST STE 394 Medicare 1: HOUSTON, TEXAS 770368241 Medicare 2: PHONE: FAX: Phone (240) 413-8560 Fax Services: Hospice In-Patient Hospice: NO	Type: Parent Agency	Administrator MARISA FRAZIER			
Phone (240) 413-8560 Fax Services: Hospice In-Patient Hospice: NO	License # 020885 Lic Expire 7/6/2024	A KIND HEART PALLIATIVE HOSPICE LLC 9894 BISSONNET ST STE 394	07/06/2021		
·		Fax		Services: Hospice	
	Type: Parent Agency	Administrator LILIAN BAIYE		III-raueiii nospice: NO	

County HARRIS License # 018155 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (832) 745-9450 Type: Parent Agency	Region 06 Date Licensed 07/11/2017 A LIFE SAVER HOME CARE 5531 PERALTA MILLS WAY KATY, TX 77449 Fax 18322016777 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 License # 020154 Lic Expire 9/8/2022 Medicare 1:	Region 06 Date Licensed 09/08/2020 A LOVING HEART HOMECARE AGENCY 4718 CONWARD DR. HOUSTON, TX 77066	Owner Information A LOVING HEART HOMECARE AGENCY LLC
Medicare 2: Phone (225) 806-1663 Type: Parent Agency	Fax Administrator ANTIONETTE TAYLOR	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 020723 Lic Expire 4/28/2024 Medicare 1:	Region 06 Date Licensed 04/28/2021 A MINISTERING HAND HOME CARE SERVICES 515 N SAM HOUSTON PARKWAY EAST 430 HOUSTON, TEXAS 77060	Owner Information A MINISTERING HAND LLC
Medicare 2: Phone (281) 769-4263 Type: Parent Agency	Fax (281) 769-4263 Administrator FEFI JAMES	PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County HARRIS License # 010553 Lic Expire 6/30/2022 Medicare 1: 679663 HHA-18 Medicare 2: Phone (713) 856-7500	Region 06 Date Licensed 06/20/2006 A P HOME HEALTH CARE SERVICES LLC 6525 WEST SAM HOUSTON PARKWAY NORTH SUITE A HOUSTON, TX 77041 Fax (713) 856-7501	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;
Type: Parent Agency	Administrator ABHAMAN PARMAR	Personal Assistance Services Owner Information
County HARRIS License # 021015 Lic Expire 8/30/2024 Medicare 1: Medicare 2: Phone (713) 474-6876 Type: Parent Agency	Region 06 Date Licensed 08/30/2021 A PHLOURISHING HEART HOMECARE 700 SMITH STREET #61070 HOUSTON, TEXAS 77002 Fax Administrator DORCAS HOLMES	A PHLOURISHING HEART HOMECARE LLC 1223 LANTANA ESTATES COURT FRESNO, TX 77545 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 014265 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (832) 834-3627	Region 06 Date Licensed 08/05/2011 A PLUS HEALTHCARE SERVICES 9894 BISSONNET STREET STE 908 HOUSTON, TX 77036 Fax (281) 491-5713	Owner Information JGS HEALTHCARE SERVICES LLC 9894 BISSONNET STREET SUITE 908 HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 014227 Lic Expire 6/30/2023 Medicare 1: 679532 HHA-18 Medicare 2: Phone (281) 575-1650	Administrator JOANN SERAFIN Region 06 Date Licensed 07/01/2011 A&G HOME HEALTH SERVICES 6001 SAVOY DRIVE, SUITE 510 HOUSTON, TX 77036 Fax (281) 291-8844	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
Tuno: Parant Aganay	Administrator MELICCA ME IIA	

Administrator MELISSA MEJIA

County HARRIS License # 015315 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone 713 9750690 Type: Alternate Delivery Site	Region 06 Date Licensed A*MED COMMUNITY HOSPICE 3535 BRIARPARK DRIVE SUITE #220 HOUSTON, TEXAS 77042 Fax (713) 787-0951 Administrator JOE HINOJOSA	10/18/2012	Owner Information A*MED HEALTH INC 8901 EF LOWRY EXPWY STE. A TEXAS CITY, TX 77591 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
		02/20/2013	Owner Information
County HARRIS License # 015526	Region 06 Date Licensed A*MED COMMUNITY HOSPICE	02/20/2013	DPM ALLIANCE HOSPICE AGENCY LLC
Lic Expire 2/28/2023	1125 CYPRESS STATION DRIVE SUITE #D		8901 EF LOWRY EXPWY STE A
Medicare 1: 671579 HOSPICE	HOUSTON, TX 77090		TEXAS CITY, TEXAS 77591
Medicare 2:			PHONE: FAX:
Phone (713) 522-0160	Fax (713) 524-3693		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KELLIE ESPINOZA		
County HARRIS	Region 06 Date Licensed	10/18/2012	Owner Information A*MED HEALTH INC
License # 015315	A*MED COMMUNITY HOSPICE		8901 EF LOWRY EXPWY STE. A
Lic Expire 10/31/2022	3535 BRIARPARK DRIVE SUITE #220 HOUSTON, TEXAS 77042		TEXAS CITY, TX 77591
Medicare 1: Medicare 2:	HOUSTON, TEXAS 17042		PHONE: FAX:
Phone 713 9750690	Fax (713) 787-0951		Services: Hospice
Type: Alternate Delivery Site	Administrator JOE HINOJOSA		In-Patient Hospice: NO
County HARRIS	Region 06 Date Licensed	10/18/2012	Owner Information
License # 015315	A*MED COMMUNITY HOSPICE	10/10/2012	A*MED HEALTH INC
Lic Expire 10/31/2022	3535 BRIARPARK DRIVE SUITE #220		8901 EF LOWRY EXPWY STE. A
Medicare 1:	HOUSTON, TEXAS 77042		TEXAS CITY, TX 77591
Medicare 2:			PHONE: FAX:
Phone 713 9750690	Fax (713) 787-0951		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator JOE HINOJOSA		
County HARRIS	Region 06 Date Licensed	10/15/2012	Owner Information
License # 015278	A*MED HOME HEALTH		HOME HEALTH PROVIDERS, INC 8901 E F LOWRY EXPWYSTE A
Lic Expire 10/31/2022	1125 CYPRESS STATION DR. STE D-1		TEXAS CITY, TX 77591
Medicare 1: 678259 HHA-18 Medicare 2:	HOUSTON, TEXAS 77090		PHONE: (409) 935-1234 FAX:
Phone (713) 941-2115	Fax (713) 941-3317		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator JENNIFER WARD		Personal Assistance Services
County HARRIS	Region 06 Date Licensed	09/25/2015	Owner Information
License # 017054	A+ ANGELS HOMECARE ASSISTANCE		A PLUS ANGELS LLC
Lic Expire 9/30/2024	3707 FM 1960 W SUITE 200 G		3707 FM 1960 W SUITE 200 G
Medicare 1:	HOUSTON, TX 77068		HOUSTON, TX 77068
Medicare 2:			PHONE: FAX:
Phone (832) 405-2511	Fax (832) 384-7029		Services: Personal Assistance Services
Type: Parent Agency	Administrator TIFFANY POCHE		
County HARRIS	Region 06 Date Licensed	11/17/2005	Owner Information A DILLIS MEDICS SERVICES INC
License # 010142	A+ MEDICS SERVICES INC		A PLUS MEDICS SERVICES INC 3506 SHADOWVISTA CT
Lic Expire 11/30/2022	3506 SHADOWVISTA COURT		HOUSTON, TX 77082
Medicare 1: 679643 Medicare 2:	HOUSTON, TX 77082		PHONE: FAX:
Phone (281) 497-8100	Fax (281) 497-8188		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator NGOZI MBOGU		

County HARRIS License # 018522 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (713) 772-7721 Type: Parent Agency	Region 06 Date Licensed 12/20/2017 A1 ATTENDANT CARE SERVICES INC 7100 REGENCY SQUARE BLVD SUITE 161-B HOUSTON, TEXAS 77036 Fax (713) 620-3079 Administrator JOHN CARTER	Owner Information A1 ATTENDANT CARE SERVICES, INC P.O. BOX 1405 SUGAR LAND, TX 77487 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 020715 Lic Expire 4/23/2024 Medicare 1: 971683	Region 06 Date Licensed 04/23/2021 A1 PALLIATIVE HOSPICE INC 15022 FM 529 ROAD BLDG 2 STE C HOUSTON, TX 77095	Owner Information A1 PALLIATIVE HOSPICE INC
Medicare 2: Phone (281) 888-5129	Fax (281) 990-6716	PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator DARLINGTON OFOEFULE	III-r alient i lospice. No
County HARRIS License # 012488 Lic Expire 3/31/2023 Medicare 1: 671644 HOSPICE Medicare 2: Phone (713) 780-0150	Region 06 Date Licensed 03/05/2009 AADVANTAGE HEALTH & HOSPICE CARE SYSTEMS INC 10715 VALLEY HILLS DRIVE STE 101 HOUSTON, TX 77071 Fax (713) 772-0146	Owner Information AADVANTAGE HEALTH & HOSPICE CARE SYSTEMS INC 10715 VALLEY HILLS DRIVE STE 101 HOUSTON, TX 77071 PHONE: FAX: Services: Hospice; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SABINA UZOWULU	In-Patient Hospice: NO
County HARRIS License # 021285 Lic Expire 12/22/2024 Medicare 1: Medicare 2: Phone (713) 684-7200 Type: Parent Agency	Region 06 Date Licensed 12/22/2021 AARYN HOSPICE LLC 3411 JEANETTA ST HOUSTON, TEXAS 77063 Fax (713) 492-0454 Administrator EVANGELINEA OLVERA	Owner Information AARYN HOSPICE LLC PO BOX 631165 HOUSTON, TEXAS 77263 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type. Tarent Agency	Administrator EVANOLLINEA OLVENA	
	D	Owner Information
County HARRIS License # 012948 Lic Expire 2/28/2022 Medicare 1: 747580 HHA-18 Medicare 2:	Region 06 Date Licensed 11/04/2009 ABBA GENTLE HEALTHCARE LLC 11110 BELLAIRE BOULEVARD SUITE 226 HOUSTON, TX 77072	Owner Information ABBA GENTLE HEALTHCARE, LLC 7007 GULF FREEWAY SUITE 222-A HOUSTON, TX 77087 PHONE: FAX:
License # 012948 Lic Expire 2/28/2022 Medicare 1: 747580 HHA-18 Medicare 2: Phone (832) 369-6811	ABBA GENTLE HEALTHCARE LLC 11110 BELLAIRE BOULEVARD SUITE 226 HOUSTON, TX 77072 Fax (281) 561-8927	ABBA GENTLE HEALTHCARE, LLC 7007 GULF FREEWAY SUITE 222-A HOUSTON, TX 77087
License # 012948 Lic Expire 2/28/2022 Medicare 1: 747580 HHA-18 Medicare 2:	ABBA GENTLE HEALTHCARE LLC 11110 BELLAIRE BOULEVARD SUITE 226 HOUSTON, TX 77072	ABBA GENTLE HEALTHCARE, LLC 7007 GULF FREEWAY SUITE 222-A HOUSTON, TX 77087 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
License # 012948 Lic Expire 2/28/2022 Medicare 1: 747580 HHA-18 Medicare 2: Phone (832) 369-6811 Type: Parent Agency County HARRIS License # 017841 Lic Expire 3/25/2021 Medicare 1: 743168 Medicare 2: Phone (832) 623-6107 Type: Parent Agency County HARRIS License # 017331 Lic Expire 9/10/2023 Medicare 1: 741509 HOSPICE	ABBA GENTLE HEALTHCARE LLC 11110 BELLAIRE BOULEVARD SUITE 226 HOUSTON, TX 77072 Fax (281) 561-8927 Administrator LANI DELEON Region 06 Date Licensed 11/02/2016 ABBIS CARE TEAM 8700 COMMERCE PARK DRIVE STE. 131 HOUSTON, TX 77036 Fax (832) 426-4454	ABBA GENTLE HEALTHCARE, LLC 7007 GULF FREEWAY SUITE 222-A HOUSTON, TX 77087 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ABBIS CARE TEAM LLC 6201 BONHOMME SUITE 100 S HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ABIB HOSPICE CARE, INC 2620 TANGLEWILDE ST SUITE 107 HOUSTON, TX 77063
License # 012948 Lic Expire 2/28/2022 Medicare 1: 747580 HHA-18 Medicare 2: Phone (832) 369-6811 Type: Parent Agency County HARRIS License # 017841 Lic Expire 3/25/2021 Medicare 1: 743168 Medicare 2: Phone (832) 623-6107 Type: Parent Agency County HARRIS License # 01731 Lic Expire 9/10/2023	ABBA GENTLE HEALTHCARE LLC 11110 BELLAIRE BOULEVARD SUITE 226 HOUSTON, TX 77072 Fax (281) 561-8927 Administrator LANI DELEON Region 06 Date Licensed 11/02/2016 ABBIS CARE TEAM 8700 COMMERCE PARK DRIVE STE. 131 HOUSTON, TX 77036 Fax (832) 426-4454 Administrator MABEL MICHAEL Region 06 Date Licensed 10/05/2015 ABIB HOSPICE CARE INC 7322 SOUTHWEST FWY STE 660 RM A	ABBA GENTLE HEALTHCARE, LLC 7007 GULF FREEWAY SUITE 222-A HOUSTON, TX 77087 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ABBIS CARE TEAM LLC 6201 BONHOMME SUITE 100 S HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ABIB HOSPICE CARE, INC 2620 TANGLEWILDE ST SUITE 107

County HARRIS License # 019519 Lic Expire 8/8/2021 Medicare 1: Medicare 2: Phone (346) 214-2420 Type: Parent Agency	Region 06 Date Licensed 10/21 ABILITEE HOMECARE INC 10103 FONDREN ROAD #285 HOUSTON, TEXAS 77096 Fax (346) 214-2430 Administrator ENO OKON		Owner Information ABILITEE HOMECARE INC 10103 FONDREN ROAD #280 HOUSTON, TX 77096 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 009575 Lic Expire 2/28/2022 Medicare 1: 457954 HHA-18 Medicare 2: Phone (281) 498-8666	Region 06 Date Licensed 02/07 ABL HOMEHEALTH SERVICES INC 9888 BISSONNET STREET SUITE #135 HOUSTON, TX 77036 Fax (281) 498-4367	11/2005	Owner Information ABL HOMEHEALTH SERVICES INC 9888 BISSONNET STREET SUITE #135 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator BLESSING AMUSHIE	l	Personal Assistance Services
County HARRIS License # 020121 Lic Expire 8/26/2022 Medicare 1: 971646 Medicare 2:	ABLE CARING AND HOSPICE SERVICES INC 6201 BONHOMME ROAD, SUITE 308N HOUSTON, TEXAS 77036	96/2020	Owner Information ABLE CARING AND HOSPICE SERVICES INC 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 License # 014532 Lic Expire 9/30/2023 Medicare 1: 747749	Region 06 Date Licensed 09/15 ABLE HEALTHCARE SOLUTIONS LLC 18223 MULBERRY SPRING CIRCLE RICHMOND, TX 77407	5/2011	Owner Information ABLE HEALTHCARE SOLUTIONS LLC 15114 BELLAIRE BLVD HOUSTON, TX 77083
Medicare 2:	F (004) FC4 7F40		PHONE: FAX:
Phone (832) 607-7754 Type: Parent Agency	Fax (281) 564-7543 Administrator VICTORIA NWACHINEMERE		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020100 Lic Expire 8/12/2022 Medicare 1:	Region 06 Date Licensed 08/12 ABODE HEALTHCARE AGENCY, LLC 363 N SAM HOUSTON PKWY E STE 1100 HOUSTON, TEXAS 77060	2/2020	Owner Information ABODE HEALTHCARE AGENCY, LLC
Medicare 2:	,		PHONE: FAX:
Phone (281) 570-6272	Fax Administrator REBECCA CARTER	:	Services: Personal Assistance Services
County HARRIS License # 019751 Lic Expire 12/20/2021 Medicare 1:)3/2020 ⁹	Owner Information ABOUT HEALTHCARE SERVICES OF TEXAS INC P.O. BOX 16428 SUGAR LAND, TX 77496
Medicare 2:	F (004) 004 0500		PHONE: FAX:
Phone (832) 232-1969 Type: Parent Agency	Fax (281) 201-8530 Administrator SUNDAY NWOSUOCHA	:	Services: Personal Assistance Services
County HARRIS License # 021298 Lic Expire 12/30/2024 Medicare 1:	Region 06 Date Licensed 12/30 ABOVE ALL NEEDS LLC 7445 WANDA LANE HOUSTON, TX 77074	90/2021	Owner Information ABOVE ALL NEEDS LLC
Medicare 2: Phone (346) 857-6738	Fax (832) 415-0241		PHONE: FAX:
Type: Depart Agency	Administrator IIANII IN ZUOLI	;	Services: Licensed Home Health Services

Administrator

JIANLIN ZHOU

County HARRIS License # 021081 Lic Expire 9/24/2024	Region 06 Date Licensed 09/24/2021 ABOVE AND BEYOND CARE 1400 BROADFIELD BLVD STE 200	Owner Information NEAL & FOSTER SERVICES LLC
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77084	PHONE: FAX:
Phone (866) 557-3774	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator TYESHA NEAL	
County HARRIS License # 017852 Lic Expire 1/31/2023 Medicare 1: 741680 HOSPICE	Region 06 Date Licensed 01/12/2017 ABSOLUTE HOSPICE 3346 FM 528 ROAD FRIENDSWOOD, TX 77546	Owner Information ABSOLUTE HOSPICE INC 464 POMPANO ST BAYOU VISTA, TX 77563
Medicare 2:		PHONE: FAX:
Phone (409) 440-8199 Type: Parent Agency	Fax (409) 316-4548 Administrator EMILY WAGNER	Services: Hospice In-Patient Hospice: NO
· · · · · · · · · · · · · · · · · · ·		Owner Information
County HARRIS License # 018612	Region 06 Date Licensed 12/15/2017 ABSTAR CARE	ABSTAR CARE LLC
Lic Expire 12/31/2021	22503 KATY FREEWAY SUITE 50	12236 BOB WHITE DRIVE
Medicare 1:	KATY, TX 77450	HOUSTON, TX 77035
Medicare 2:		PHONE: FAX:
Phone (281) 994-4276 Type: Parent Agency	Fax (281) 994-4209 Administrator CHINAGOROM NDUBUISI	Services: Personal Assistance Services
County HARRIS License # 014410 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (832) 487-9173 Type: Parent Agency	Region 06 Date Licensed 10/12/2011 ABUNDANCE SYSTEMS LLC 10333 HARWIN DRIVE SUITE #460F HOUSTON, TX 77036 Fax (832) 487-9179 Administrator MUSILIU OLATOTO	Owner Information ABUNDANCE SYSTEMS, LLC 10333 HARWIN DRIVE, SUITE #460 F HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services
		Owner Information
County HARRIS License # 020995 Lic Expire 8/20/2023 Medicare 1:	Region 06 Date Licensed 08/20/2021 ABUNDANT HOSPICE AND PALLIATIVE CARE 9100 SOUTHWEST FREEWAY SUITE 246 HOUSTON, TEXAS 77074	ABUNDANT HOSPICE AND PALLIATIVE CARE INC
Medicare 2:		PHONE: FAX:
Phone (832) 668-5591	Fax (832) 668-5590	Services: Hospice
Type: Parent Agency	Administrator SHELIA LAWSON	In-Patient Hospice: NO
County HARRIS License # 014972 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (832) 701-5032 Type: Parent Agency	Region 06 Date Licensed 08/02/2012 AC COMPETENT PROVIDERS INC 17021 STEINHAGEN RD CYPRESS, TX 77429 Fax (281) 516-2622 Administrator CLEOPATRA MURADZIKWA	Owner Information AC COMPETENT PROVIDERS INC 17021 STEINHAGEN ROAD CYPRESS, TX 77429 PHONE: FAX: Services: Personal Assistance Services
County HARRIS	Region 06 Date Licensed 12/22/2006	Owner Information
License # 008310	ACARE HOME HEALTH SERVICES	AQUALITY CLINICAL STAFFINGS INC
Lic Expire 1/31/2023	313 S HWY 146 SUITE A	5313 BISSONNET ST. BELLAIRE, TX 77401
Medicare 1: 67Q9329001 Medicare 2:	BAYTOWN, TX 77520	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	Octaves. Licensed and Gennied Frenier reality Services, Licensed Frenier reality Services

County HARRIS License # 008310 Lic Expire 1/31/2023 Medicare 1: 679329 HHA-18 Medicare 2: Phone (713) 665-8200 Type: Parent Agency	Region 06 Date Licensed 01/30/2003 ACARE HOME HEALTH SERVICES 5313 BISSONNET ST BELLAIRE, TX 77401 Fax (713) 665-6176 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 License # 007705 Lic Expire 8/31/2022 Medicare 1: 679097 HHA-18 Medicare 2: Phone (713) 532-1980	Region 06 Date Licensed 08/27/2001 ACC HEALTH SERVICES INC 6001 SAVOY SUITE #501 HOUSTON, TX 77036 Fax (713) 532-6210	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;
Type: Parent Agency	Administrator TERESITA ALQUIZA	Personal Assistance Services
County HARRIS License # 021208 Lic Expire 11/16/2024 Medicare 1: Medicare 2: Phone (713) 459-7819 Type: Parent Agency	Region 06 Date Licensed 11/16/2021 ACCELERATE EDUCATIONAL & HEALTH SERVICES, LLC 15136 BELLAIRE BLVD. HOUSTON, TX 77083 Fax 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 License # 007607 Lic Expire 3/31/2025 Medicare 1:	Region 06 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 8876 GULF FREEWAY SUITE 410 HOUSTON, TX 77017	Owner Information TEXAS HOME HEALTH OF AMERICA, LP 17855 N. DALLAS PKWY, SUITE 200 DALLAS, TEXAS 75287 BHONE: EAY:
Medicare 2: Phone (713) 947-6265	Fax (713) 947-6245	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 013176 Lic Expire 3/31/2022 Medicare 1: 747603 HHA-18 Medicare 2: Phone (281) 859-3516 Type: Parent Agency	Administrator RASHONDA PROPHET Region 06 Date Licensed 03/17/2010 ACCESSIBLE HOME HEALTH CARE OF HOUSTON 16100 CAIRNWAY DRIVE SUITE 245 HOUSTON, TX 77084 Fax (281) 859-3517 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 License # 014477 Lic Expire 11/30/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 11/17/2011 ACCREDITED HOME HEALTH CARE OF AMERICA 21733 PROVINCIAL BLVD SUITE 920 KATY, TX 77450	Owner Information ACCREDITED GROUP V LLC PO BOX 701 FULSHEAR, TX 77441 PHONE: FAX:
Phone (832) 408-7999 Type: Parent Agency	Fax (866) 708-0821 Administrator JERRY MOSBACHER	Services: Licensed Home Health Services
County HARRIS License # 014260 Lic Expire 8/31/2023 Medicare 1: 671725 HOSPICE Medicare 2: Phone (832) 408-7999	Region 06 Date Licensed 08/05/2011 ACCREDITED HOSPICES OF AMERICA 21733 PROVINCIAL BLVD #920 KATY, TX 77450 Fax (866) 708-0821	Owner Information ACCREDITED GROUP II, LLC 14520 OLD KATY ROAD #101 HOUSTON, TX 77079 PHONE: FAX: Services: Hospice
· · ·	A	In-Patient Hospice: NO

Administrator JERRY MOSBACHER

County HARRIS License # 008101 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (877) 315-6140 Type: Parent Agency	Region 06 Date Licensed 06/14/2002 ACCREDO HEALTH GROUP INC 9307 KIRBY DRIVE HOUSTON, TX 77054 Fax (866) 529-3087 Administrator FREDRICKA HALL	Owner Information ACCREDO HEALTH GROUP INC ONE EXPRESS WAY ST LOUIS, MO 63121 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS	Region 06 Date Licensed 08/15/2018	Owner Information
License # 019087	ACCURATE HOME CARE	KARIE HEALTH CARE SERVICES, LLC
Lic Expire 8/15/2022	19015 CREST COVE DR	17465 RED OAK DR
Medicare 1:	CYPRESS, TEXAS 77433	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	ACCURATE HOSPICE AND PALLIATIVE CARE, INC
Lic Expire 5/26/2023	2412 COLLEGE HILLS BLVD, STE 211	1610 BLODGETT STE C
Medicare 1: 971544 (HOSPICE)	SAN ANGELO, TX 76904	HOUSTON, TX 77004
Medicare 2:	Fav. (742) 507 0700	PHONE: FAX:
Phone (713) 527-2727	Fax (713) 527-2728	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JENNIFER PRICE	and all of the second s
County HARRIS	Region 06 Date Licensed 01/01/2004	Owner Information
License # 008842	ACE HEALTHCARE SERVICES INC	ACE HEALTHCARE SERVICES INC
Lic Expire 12/31/2022	7070 KNIGHTS CT, UNIT 704	7070 KNIGHTS CT, UNIT 704
Medicare 1: 679256 HHA-18	MISSOURI CITY, TX 77459	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	ACE HOSPICE & PALLIATIVE SERVICES, LLC
Lic Expire 7/29/2024	9950 WESTPARK DR #302	
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	ACTIKARE	ENHEARTENKARE
Lic Expire 5/24/2024	20251 TARPON BAY LANE	
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	ADM PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 9/30/2022	12630 ALDERWOOD DRIVE	12630 ALDERWOOD DRIVE
Medicare 1:	MISSOURI CITY, TX 77489	MISSOURI CITY, TX 77489
Medicare 2:	F (904) 974 4999	PHONE: FAX:
Phone (832) 299-9711	Fax (281) 374-4388	Services: Personal Assistance Services

Administrator NICHOLE GLADNEY

County HARRIS License # 020750 Lic Expire 5/14/2024 Medicare 1:	Region 06 Date Licensed 05/14/2021 ADROIT HEALTH SYNERGY LTD 8315 SIERRA HILL CT HOUSTON, TEXAS 77083	Owner Information ADROIT HEALTH SYNERGY LTD
Medicare 2:	_	PHONE: FAX:
Phone (281) 904-4574 Type: Parent Agency	Fax Administrator ROBERT UCHEWUAKOR	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS	Region 06 Date Licensed 05/28/2020	Owner Information
License # 019968	ADULT HOME CARE SERVICES INC	ADULT HOME CARE SERVICES INC
Lic Expire 5/28/2022	505 N SAM HOUSTON PARKWAY E #190-A	
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77060	PHONE: FAX:
Phone (832) 800-1773	Fax	
Type: Parent Agency	Administrator HATTIE HOLCOMBE	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS	Region 06 Date Licensed 01/01/2020	Owner Information
License # 019781	ADVANCED CARE HOME HEALTH, LLC	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:	F	PHONE: FAX:
Phone (713) 239-1141	Fax (71) 383-5315	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JUAN CARLOS MAZORRA	. 555.4.7. 555.4.7. 555.
County HARRIS	Region 06 Date Licensed 08/22/2015	Owner Information
License # 017022	ADVANCED HEALTHCARE PROFESSIONALS INC	ADVANCED HEALTHCARE PROFESSIONALS INC
Lic Expire 8/31/2023	7001 CORPORATE DRIVE SUITE #306A	7001 CORPORATE DRIVE SUITE #306A
Medicare 1:	HOUSTON, TX 77036	HOUSTON, TX 77036
Medicare 2:		PHONE: FAX:
Phone (713) 271-8515	Fax (713) 988-6262	Services: Personal Assistance Services
Type: Parent Agency	Administrator KEYING CHEN	
County HARRIS	Region 06 Date Licensed 11/22/2021	Owner Information
License # 021223	ADVANCED HOLISTIC PALLIATIVE CARE LLC	ADVANCED HOLISTIC PALLIATIVE CARE, LLC
Lic Expire 11/22/2024	7322 SOUTHWEST FWY 645 RM F	
Medicare 1: Medicare 2:	HOUSTON, TX 77074	PHONE: FAX:
Phone (832) 419-3500	Fax	
(662) 110 6666	· 	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ADEJUMOKE OSHINUGA	
County HARRIS	Region 06 Date Licensed 10/27/2017	Owner Information
License # 018506	ADVANCED HOME HEALTH SERVICES	HOME THERAPEUTIC SOLUTIONS, LLC
Lic Expire 10/31/2024	8800 JAMEEL RD. STE 100	4411 DACOMA ST
Medicare 1: 743135 HHA-18	HOUSTON, TEXAS 77040	HOUSTON, TX 77092
Medicare 2:	_	PHONE: FAX:
Phone (713) 426-0313	Fax (713) 426-0013	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator TRIMINA KNIGHT HICKS	. 5.55.4.7. 50.54.1.5 50.7.650
County HARRIS	Region 06 Date Licensed	Owner Information
License # 018506	ADVANCED HOME HEALTH SERVICES	HOME THERAPEUTIC SOLUTIONS, LLC
Lic Expire 10/31/2024	101 PARKLANE BLVD, STE. 204	4411 DACOMA ST
Medicare 1: 74Q3135001	SUGAR LAND, TEXAS 77478	HOUSTON, TX 77092
Medicare 2:		PHONE: FAX:
Phone (281) 816-9222	Fax (832) 553-0081	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator TRIMINA KNIGHT HICKS	

County HARRIS License # 012027 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (281) 988-0800 Type: Parent Agency County HARRIS License # 019641 Lic Expire 10/12/2021 Medicare 1: Medicare 2: Phone (713) 480-6236	ADVANCED HOME HEALTH SERVICES INC 2950 S GESSNER RD HOUSTON, TX 77063 Fax (281) 940-2977 Administrator FUNMILAYO ONIPEDE	02/08/2008	Owner Information ADVANCED HOME HEALTH SERVICES INC 9896 BISSONNET STREET, STE #345 HOUSTON, TX 77036 PHONE: Services: Personal Assistance Services Owner Information ADVANTAGE HOMECARE LLC PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency County HARRIS License # 013447 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (713) 406-7390 Type: Parent Agency	Administrator HASSAN HILO Region 06 Date Licensed ADVOCATES FOR THE INDEPENDENT LLC 1812 W. SAM HOUSTON PKWY N HOUSTON, TX 77043 Fax (713) 856-9161 Administrator KIM TWEEDEL	07/09/2010	Owner Information ADVOCATES FOR THE INDEPENDENT LLC 1812 W SAM HOUSTON PRKWY N HOUSTON, TX 77043 PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 020048 Lic Expire 7/10/2022 Medicare 1: Medicare 2: Phone (813) 842-3549 Type: Parent Agency	Region 06 Date Licensed AFT HEALTHCARE LLC 19859 BROKEN CACTUS DR. CYPRESS, TEXAS 77433 Fax Administrator PATRICIA FONABEI	07/10/2020	Owner Information AFT HEALTHCARE LLC PHONE: Services: Licensed Home Health Services; Personal	FAX: al Assistance Services
County HARRIS License # 013755 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (713) 778-6090 Type: Parent Agency County HARRIS	AFTEX PERSONAL CARE SERVICES INC 8323 SOUTHWEST FREEWAY #500 HOUSTON, TX 77074 Fax (713) 270-6652 Administrator FRANCES NWORA Region 06 Date Licensed	12/06/2010	Owner Information AFTEX PERSON CARE SERVICES INC 8323 SOUTHWEST FREEWAY #500 HOUSTON, TX 77074 PHONE: Services: Personal Assistance Services Owner Information AGAPE CARE LLC	FAX:
License # 019809 Lic Expire 1/1/2025 Medicare 1: Medicare 2: Phone (713) 680-2273 Type: Parent Agency	AGAPE CARE LLC 7807 LONG POINT, #430 HOUSTON, TX 77055 Fax (832) 201-8794 Administrator JANA CALHOUN		4747 RESEARCH FOREST DRIVE, 180-292 THE WOODLANDS, TX 77381 PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 012875 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (281) 919-1130 Type: Parent Agency	Region 06 Date Licensed AGAPE PROVIDER SERVICES INC 11203 CYPRESS WAY DRIVE HOUSTON, TX 77065 Fax (281) 919-1378 Administrator CLEMENTINA IKWUEZUNMA	09/30/2009	AGAPE PROVIDER SERVICES INC 6100 CORPORATE DRIVE, SUITE 330 HOUSTON, TEXAS PHONE: Services: Personal Assistance Services	FAX:

County HARRIS License # 014035 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (832) 623-6755 Type: Parent Agency	Region 06 Date Licensed 04/13/2 AGC HOME HEALTH INC 9894 BISSONNET SUITE 100-H HOUSTON, TX 77036 Fax (832) 203-5465 Administrator PATIENCE ODUM	2011 Owner Information AGC HOME HEALTH, INC 9894 BISSONNET SUITE 100-H HOUSTON, TX 77036 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020630 Lic Expire 3/23/2023 Medicare 1: Medicare 2: Phone (832) 460-8320	Region 06 Date Licensed 03/23/2 AGE IN PLACE HOMECARE, LLC 9896 BISSONNET ST, SUITE 460 HOUSTON, TEXAS 77036 Fax	Owner Information AGE IN PLACE HOMECARE, LLC 9896 BISONNET ST, SUITE 460 HOUSTON, TEXAS PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County HARRIS License # 018034 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (832) 325-3454 Type: Branch Agency	Administrator ADESOJI OREBAJO Region 03 Date Licensed AGELESS LIVING HOME HEALTH LLC 13201 NW FREEWAY STE 844 HOUSTON, TX 77040 Fax (833) 214-0911 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 HARRIS License # 014881 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (713) 338-2325	Region 06 Date Licensed 06/19/2 AGILE HOME HEALTH SERVICES INC 10103 FONDREN RD #440 HOUSTON, TX 77096 Fax (713) 338-2328	2012 Owner Information AGILE HOME HEALTH SERVICES, INC 10103 FONDREN RD # 440 HOUSTON, TX 77096 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County HARRIS License # 018336 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone 8322078500 or 8328623 Type: Parent Agency	Administrator VERONICA ONWUKAMUCHE Region 06 Date Licensed 09/22/3 AIWC HOME CARE SERVICES 340 N. SAM HOUSTON PKWY E. 230 HOUSTON, TEXAS 77060 Fax (346) 888-4160 Administrator TAKEISHA ADAMS	2017 Owner Information AIWC SERVICES INC PO BOX 2441 HUMBLE, TX 77347 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 013772 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (713) 773-2298 Type: Parent Agency	Region 06 Date Licensed 12/15/2 ALAN HOME CARE SERVICES 6100 CORPORATE DR SUITE #318 HOUSTON, TX 77036 Fax (713) 777-3898 Administrator PAUL TRAN	Owner Information M M TRAN, INC 6100 CORPORATE DRIVE, SUITE 318 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 021204 Lic Expire 11/13/2024 Medicare 1: Medicare 2: Phone (832) 518-9549 Type: Parent Agency	Region 06 Date Licensed 11/13/2 ALANE PAS HEALTH INC 14735 BELTERRAZA DR HOUSTON, TEXAS 77083 Fax Administrator BOLA BELLO	Owner Information ALANE PAS HEALTH INC PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 020069 Lic Expire 7/22/2022 Medicare 1: 971610 Hospice	Region 06 Date Licensed 07/22/2020 ALASAN COMFORT CARE, INC 10518 KIPP WAY DRIVE STE.A-1 HOUSTON, TEXAS 77099	Owner Information ALASAN COMFORT CARE, INC
Medicare 2: Phone (281) 564-4503	Fax 28156445065	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator LANI PASAO	III didnit nopios. No
County HARRIS License # 013954 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (713) 808-9992	Region 06 Date Licensed 03/14/2011 ALEXIS HEALTH CARE INC 9888 BISSONNET STREET SUITE 665 HOUSTON, TX 77036 Fax (713) 808-9078	Owner Information ALEXIS HEALTH CARE INC 9888 BISSONNET ST SUITE #665 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FELICIA BOSAH	
County HARRIS License # 012179 Lic Expire 6/30/2022 Medicare 1: 679648 HHA-18 Medicare 2: Phone (713) 218-0260 Type: Parent Agency	Region 06 Date Licensed 06/06/2008 ALGEN HEALTH LLC 2626 SOUTH LOOP WEST # 550 HOUSTON, TX 77054 Fax (713) 218-0173 Administrator IRENE PODLUBNY	Owner Information ALGEN HEALTH LLC 2626 SOUTH LOOP WEST SUITE #550 HOUSTON, TX 77054 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018230 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (832) 897-7814 Type: Parent Agency	Region 06 Date Licensed 08/04/2017 ALICE ANGELS HEALTHCARE PSC 20718 DICKINSON MANOR LN CYPRESS, TEXAS 77433 Fax (281) 656-8131 Administrator NICOLE HORTON	Owner Information NICOLE HORTON 20718 DICKINSON MANOR LANE CYPRESS, TX 77433 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 008481 Lic Expire 5/31/2022 Medicare 1: 679454 HHA-18 Medicare 2: Phone 713 8021211 Type: Parent Agency	Region 06 Date Licensed 05/30/2003 ALL ABOUT HOME CARE INC 427 WEST 20TH STREET SUITE 601 HOUSTON, TX 77008 Fax 713 8021288 Administrator TAREK HUSSEIN	Owner Information ALL ABOUT HOME CARE INC PO BOX 590570 HOUSTON, TX 77259 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020994 Lic Expire 8/20/2024 Medicare 1: Medicare 2: Phone (832) 213-7788 Type: Parent Agency	Region 06 Date Licensed 08/20/2021 ALL ABOUT YOU CARE SERVICES LLC 12319 SPLIT RAIL LANE HOUSTON, TX 77071 Fax NA Administrator JASMINE CHARLES	Owner Information ALL ABOUT YOU CARE SERVICES LLC PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 021066 Lic Expire 9/22/2024 Medicare 1:	Region 06 Date Licensed 09/22/2021 ALL CARE HOSPICE AND PALLIATIVE CARE 9100 SOUTHWEST FREEWAY SUITE 248 HOUSTON, TEXAS 77074	Owner Information ALL CARE HOSPICE AND PALLIATIVE CARE INC
Medicare 2: Phone 800 214 5806	Fax (281) 564-7326	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOEL ADA	

County HARRIS License # 020245 Lic Expire 10/19/2022 Medicare 1:	Region 06 Date Licensed 10/19/2020 ALL IN ONE HOME HEALTHCARE, LLC 7403 BARTON LAKE CT. RICHMOND, TEXAS 77407	Owner Information ALL IN ONE HOME HEALTHCARE, LLC
Medicare 2:	F	PHONE: FAX:
Phone (832) 768-8106 Type: Parent Agency	Fax Administrator MIRACLE RIVERS	Services: Personal Assistance Services
County HARRIS License # 012408 Lic Expire 9/30/2022 Medicare 1: 677870 HHA-18 Medicare 2: Phone (713) 658-1000	Region 06 Date Licensed 09/05/2008 ALL MODERN HEALTHCARE INC 2600 S LOOP WEST SUITE 105 HOUSTON, TX 77054 Fax (713) 777-7575	Owner Information ALL MODERN HEALTHCARE INC 2600 S LOOP WEST SUITE 105 HOUSTON, TX 77054 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator VINCENT UZOMAH	. Gradial Addictation Collinois
County HARRIS License # 019649 Lic Expire 10/16/2021 Medicare 1:	Region 06 Date Licensed 02/25/2020 ALL PEOPLE'S CHOICE HEALTHCARE SERVICES INC 6464 SAVOY DRIVE, SUITE 545 HOUSTON, TX 77036	Owner Information ALL PEOPLES CHOICE HEALTHCARE SERVICES INC
Medicare 2:	, , , , , , , , , , , , , , , , , , , ,	PHONE: FAX:
Phone (713) 269-4194 Type: Parent Agency	Fax (281) 860-2030 Administrator EDDIE TAYLOR	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County HARRIS License # 011358 Lic Expire 12/31/2022 Medicare 1: 679331 HHA-18 Medicare 2:	Region 06 Date Licensed 01/01/2007 ALLBRIGHT HEALTH CARE SERVICES INC 2020 N LOOP WEST STE 160 HOUSTON, TX 77018	Owner Information ALLBRIGHT HEALTH CARE SERVICES INC 6666 HARWIN DR SUITE #340 HOUSTON, TX 77036-2231 PHONE: FAX:
Phone (713) 532-4199	Fax (713) 532-4197	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 017385 Lic Expire 5/31/2020 Medicare 1:	Administrator KAYSHA HOWLETT Region 06 Date Licensed 05/06/2016 ALLCARE AT HOME PROVIDERS 9100 SOUTHWEST FREEWAY STE 246 HOUSTON, TEXAS 77074	Owner Information ALLCARE AT PROVIDERS LLC 21627 MANITOU FALLS LANE KATY, TX 77449
Medicare 2:	HOUSTON, ILAAS 11014	PHONE: FAX:
Phone (832) 509-6853 Type: Parent Agency	Fax (281) 974-2591 Administrator SHELIA LAWSON	Services: Personal Assistance Services
County HARRIS License # 021168 Lic Expire 6/15/2024 Medicare 1: 741682 HOSPICE	Region 06 Date Licensed 06/15/2021 ALLEGIANCE HOSPICE 3033 CHIMNEY ROCK RD STE 111 HOUSTON, TEXAS 77056	Owner Information ALLEGIANCE HOSPICE, LLC
Medicare 2:		PHONE: FAX:
Phone (832) 872-1072 Type: Parent Agency	Fax (713) 434-6182 Administrator RANJISH PILLAI	Services: Hospice In-Patient Hospice: NO
County HARRIS License # 018703 Lic Expire 4/30/2022 Medicare 1: 74-1797 (HOSPICE Medicare 2:	Region 06 Date Licensed 04/16/2018 ALLEGIANT HOSPICE AND HOME CARE INC 340 N SAM HOUSTON PKWY E SUITE A299 HOUSTON, TX 77060	Owner Information ALLEGIANT HOSPICE AND HOME CARE INC 306 ARCADIAN DRIVE CROSBY, TX 77532 PHONE: FAX:
Phone (832) 528-0334	Fax (832) 201-8585	Services: Hospice; Personal Assistance Services
Type: Parent Agency	Administrator ELIZABETH SANCHEZ	In-Patient Hospice: NO

County HARRIS License # 007082 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (281) 395-5186 Type: Parent Agency	Region 06 Date Licensed ALLEN HOME HEALTH 23006 ADWICK CT KATY, TX 774501403 Fax (281) 395-5496 Administrator IDA THOMPSON	06/30/1999	Owner Information ALLEN HEALTH CARE, INC 23006 ADWICK CT KATY, TX 77450 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 012478 Lic Expire 3/31/2023 Medicare 1: 747314 HHA-18 Medicare 2: Phone (936) 756-2277 Type: Parent Agency	Region 06 Date Licensed ALLHEAL HOME HEALTH INC 16903 RED OAK DRIVE, SUITE 280.02 HOUSTON, TX 77090 Fax (936) 756-2288 Administrator LINDSEY GROTHE	03/02/2009	Owner Information ALLHEAL HOME HEALTH, INC 3305 WEST DAVIS, SUITE #100 CONROE, TX 77304 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 001432 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (713) 522-5773 Type: Parent Agency	Region 06 Date Licensed ALLIED HOME HEALTH 2421 W HOLCOMBE BLVD STE 300 HOUSTON, TX 77030 Fax (713) 522-4138 Administrator HELEN DICHOSO	01/11/1993	Owner Information ASSURANCE HEALTH SERVICES INC 2421 WEST HOLCOMBE BLVD, SUITE #A HOUSTON, TX 77030 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 017800 Lic Expire 12/31/2022 Medicare 1: 741791 Medicare 2: Phone (713) 541-5577 Type: Parent Agency	Region 06 Date Licensed ALLIED HOSPICE 6776 SOUTHWEST FWY SUITE 310 HOUSTON, TX 77074 Fax (713) 325-2833 Administrator MICHAEL ANI	12/19/2016	Owner Information ALLIED HOSPICE & PALLIATIVE CARE INCORPORATED 6776 SOUTHWEST FWY SUITE 310 HOUSTON, TX 77074 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 017175 Lic Expire 2/28/2024 Medicare 1: 679375 HHA-18 Medicare 2: Phone (832) 242-7979 Type: Parent Agency	Region 06 Date Licensed ALLTECH HOME HEALTH INC 8700 COMMERCE PARK DRIVE, SUITE 236 HOUSTON, TEXAS 77036 Fax (832) 242-7919 Administrator UCHENNA WATSON	02/06/2015	Owner Information ALLTECH HOME HEALTH INC 10039 BISSONNET ST. SUITE 336 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020837 Lic Expire 6/16/2024 Medicare 1: Medicare 2: Phone (713) 530-1317 Type: Parent Agency County HARRIS License # 020487	Region 06 Date Licensed ALOMA HEALTHCARE, INC 12610 EASTEN STREET HOUSTON, TEXAS 77014 Fax Administrator MARCIA SMITH-ANDERSON Region 06 Date Licensed ALORA HEALTHCARE LLC	06/16/2021	Owner Information ALOMA HEALTHCARE, INC 12610 EASTEN ST HOUSTON, TEXAS 77014 PHONE: FAX: Services: Personal Assistance Services Owner Information ALORA HEALTHCARE LLC
Lic Expire 1/26/2023 Medicare 1: Medicare 2: Phone (281) 736-3506	16623 KEEGANS RIDGE WAY DR HOUSTON, TEXAS 77083		PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

Administrator

SAMSON OGUNMOKUN

County HARRIS License # 016691 Lic Expire 6/30/2021 Medicare 1: 679500 Medicare 2: Phone (281) 313-0080 Type: Parent Agency	Region 06 Date Licensed 03/16/2015 ALPHA MED HOME HEALTH SERVICES 2855 MANGUM ROAD SUITE 401 HOUSTON, TX 77092 Fax (281) 313-0255 Administrator DAVID JAN	Owner Information KAIZEN MEDICAL SERVICES LLC 2855 MANGUM ROAD SUITE #401 HOUSTON, TX 77092-7486 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS	Region 06 Date Licensed 05/16/2019	Owner Information
License # 019384	ALTERNATIVE COMMUNITY SERVICES, INC OF GREATER HOUSTON	ALTERNATIVE COMMUNITY SERVICES INC OF GREATER HOUSTON
Lic Expire 5/16/2024 Medicare 1:	1035 DAIRY ASHFORD RD SUITE 142 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	ALTIMA HEALTHCARE SERVICES, INC
Lic Expire 12/31/2024	11115 MILLS RD #108	11115 MILLS ROAD #108
Medicare 1: 453110 HHA-18	CYPRESS, TEXAS 77429	CYPRESS, TX 77429
Medicare 2:		PHONE: FAX:
Phone (281) 897-0404 Type: Parent Agency	Fax (832) 862-5782 Administrator BERNADETTE DALE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
	Administrator DENANDETTE DALE	Owner Information
County HARRIS	Region 06 Date Licensed	ALTRUISTIC CARE PROVIDERS, LLC
License # 021356	ALTRUISTIC CARE PROVIDERS	, 11. 10. 10. 10. 11. 11. 11. 11. 11. 11.
Lic Expire 1/25/2025 Medicare 1:	2033 SOUTH GESSNER ROAD APT 2431 HOUSTON, TEXAS 77063	
Medicare 2:	HODGION, IEAAG 77003	PHONE: FAX:
Phone (314) 598-0268	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator KHADIJAH WHITE	Gervices. Tersorial Assistance Gervices
County HARRIS	Region 06 Date Licensed 10/25/2019	Owner Information ENVOY HOSPICE, LLC
License # 019754	ALTUS HOSPICE	500 FAULCONER DRIVE, STE. 200
Lic Expire 10/25/2024 Medicare 1: 671649 Hospice	201 KINGWOOD MEDICAL DRIVE, SUITE B500	CHARLOTTESVILLE, VA 22903
Medicare 1: 671649 Hospice Medicare 2:	KINGWOOD, TX 77339	PHONE: FAX:
Phone (281) 583-5455	Fax (281) 583-5578	Services: Hospice
Type: Parent Agency	Administrator MELISSA MEREDITH	In-Patient Hospice: NO
County HARRIS	Region 06 Date Licensed 04/30/2014	Owner Information
License # 016247	ALWAYS BEST CARE	KKIRK HOLDINGS, CORPORATION
Lic Expire 4/30/2022	9225 KATY FREEWAY SUITE #112	9225 KATY FREEWAY, SUITE #112
Medicare 1:	HOUSTON, TX 77024	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	ALWAYS BEST CARE SENIOR SERVICES	CUBELLIS ENTERPRISES, LLC
Lic Expire 10/31/2022	1104 W 25TH STREET	1104 W 25TH ST
Medicare 1:	HOUSTON, TX 77008	HOUSTON, TX 77008
Medicare 2:		PHONE: (832) 541-4744 FAX:
Phone (281) 392-1222	Fax (281) 392-1220	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator GUIDO CUBELLIS	

County HARRIS License # 017278 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (832) 704-0462 Type: Parent Agency	Region 06 Date Licensed 02/19/2016 ALWAYS BEST CARE SPRING TOMBALL 140 CYPRESS STATION DRIVE, SUITE 100-17 HOUSTON, TX 77090 Fax (832) 916-2711 Administrator STUART SPOONEMORE	Owner Information ABCST LLC 20038 CASTLEGREEN DR SPRING, TX 77388 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020381	Region 06 Date Licensed 12/07/2020 ALWAYS CARE FOR YOU INC OF TX	Owner Information ALWAYS CARE FOR YOU INC OF TX
Lic Expire 12/7/2022 Medicare 1:	14702 PAYETTE DR HOUSTON, TEXAS 77040	
Medicare 2: Phone (404) 791-5562	Fax (678) 922-9860	PHONE: FAX:
Type: Parent Agency	Administrator MARILYN WILLIAMS	Services: Personal Assistance Services
· · · · · · · · · · · · · · · · · · ·		Owner Information
County HARRIS License # 021179	Region 06 Date Licensed 11/02/2021 ALWAYS CARE HOME HEALTH LLC	ALWAYS CARE HOME HEALTH LLC
Lic Expire 11/2/2024	16676 NORTHCHASE DR. SUITE 420	2711 GOLD FLAKE TERRACE ROAD
Medicare 1:	HOUSTON, TX 77060	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	Owner Information
License # 019279	AMANA HOME CARE, LLC	AMANA HOME CARE LLC
Lic Expire 2/26/2023	6671 SOUTHWEST FRWY #812D	
Medicare 1:	HOUSTON, TEXAS 77074	
Medicare 2:	F (740) 404 0000	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	Owner Information AMANDI HOSPICE LLC
License # 020828	AMANDI HOSPICE LLC	AWANDI NOSPICE LLC
Lic Expire 6/14/2024	15022 FM 529 ROAD, BLDG 2, SUITE D	
Medicare 1: 971694 Medicare 2:	HOUSTON, TX 77095	PHONE: FAX:
Phone (832) 723-4436	Fax (281) 990-6716	
Type: Parent Agency	Administrator JUDITH ONYEJIAKA	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County HARRIS	Region 06 Date Licensed 02/04/2020	Owner Information
License # 019802	AMAREVIDA, LLC	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	Owner Information
License # 021330	AMARY COMFORT CARE, INC	AMARY COMFORT CARE, INC
Lic Expire 1/13/2025	10518 KIPP WAY DRIVE SUITE B-1	10518 KIPP WAY DRIVE SUITE B-1
Medicare 1:	HOUSTON, TEXAS 77099	HOUSTON, TEXAS 77099
Medicare 2: Phone (281) (495-3900	Fay (281) (05.3001	PHONE: FAX:
Phone (281) 495-3900	Fax (281) 495-3901	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SUSAN SANTOS	

County HARRIS License # 019991	AMAYSING GRACE HOME CARE, LLC	09/2020 Owner Information AMAYSING GRACE HOME CARE, LLC
Lic Expire 6/9/2022 Medicare 1:	7250 WEST GREENS ROAD #1305 HOUSTON, TX 77064	
Medicare 2:	1100010N, 1X 77004	PHONE: FAX:
Phone (936) 444-8659	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator SUMORRIA MAYS	
County HARRIS	Region 06 Date Licensed 03/2	23/2006 Owner Information
License # 010482	AMAZING GRACE NURSING SERVICES INC	AMAZING GRACE NURSING SERVICES INC
Lic Expire 3/31/2023	8200 WEDNESBURY # 265	8200 WEDNESBURY LANE, #265
Medicare 1: 673136 HHA-18	HOUSTON, TX 77074	HOUSTON, TX 77074
Medicare 2: Phone (713) 484-7555	Fax (713) 484-6318	PHONE: FAX:
Filone (713) 464-7555	rax (713) 404-0310	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SHERI TAJUDEEN	
County HARRIS	Region 06 Date Licensed 03/1	013/2019 Owner Information
License # 019299	AMAZING HANDS HOSPICE, LLC	AMAZING HANDS HOSPICE LLC
Lic Expire 3/13/2023	6776 SOUTHWEST FREEWAY STE 631	
Medicare 1: 971648	HOUSTON, TX 77074	
Medicare 2:	F (000) 050 0570	PHONE: FAX:
Phone (832) 350-2573	Fax (832) 350-2573	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator YAYE KESSEBEH	III I didnit Hospice. No
County HARRIS	Region 06 Date Licensed 03/1	15/2019 Owner Information
License # 019442	AMAZMEETT HOME HEALTH INC	AMAZMEETT HOME HEALTH INC
Lic Expire 6/26/2023	507 NORTH SAM HOUSTON PKWY EAST STE 340	0
Medicare 1:	HOUSTON, TX 77060	
Medicare 2:		PHONE: FAX:
Phone (281) 948-3543	Fax (281) 809-0189	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MYESHIA ISAIAH	
County HARRIS	Region 06 Date Licensed 11/2	20/2017 Owner Information
License # 018534	AMAZON HEALTH SERVICES	CGN HEALTHCARE SERVICES INC 8700 COMMERCE PARK DR STE # 147
Lic Expire 3/1/2022	8700 COMMERCE PARK DR SUITE 147	HOUSTON, TX 77036
Medicare 1: 747575 HHA-18 Medicare 2:	HOUSTON, TX 77036	PHONE: FAX:
Phone (713) 589-9060	Fax (713) 774-0400	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
_		In-Patient Hospice: NO
Type: Parent Agency	Administrator ADA EMELE	
County HARRIS	Region 06 Date Licensed 01/0	03/2019 Owner Information
License # 019172	AMAZON HEALTHCARE SERVICES, LLC	AMAZON HEALTHCARE SERVICES LLC
Lic Expire 1/3/2021	8700 COMMERCE PARK DRIVE, SUITE 228E	
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77036	PHONE: FAX:
Phone (832) 868-7049	Fax (832) 253-1152	
Type: Parent Agency	Administrator EZE ONUOHA	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS	Region 06 Date Licensed 12/2	22/2004 Owner Information
License # 009475	AMBASSADORS LLC	AMBASSADORS LLC
Lic Expire 12/31/2024	2118 OAKDALE STREET	P.O. BOX 301189
Medicare 1:	HOUSTON, TX 77004	HOUSTON, TX 77230
Medicare 2:		PHONE: FAX:
Phone (712) 521 2221	Fax (832) 827-3134	Comissos Demonal Assistance Comissos
Phone (713) 521-2221	(602) 62. 6.6.	Services: Personal Assistance Services

Administrator VICTORIA BRYANT

County HARRIS License # 020518 Lic Expire 2/8/2023 Medicare 1: 971674	Region 06 Date Licensed AMBIENT HOSPICE AND PALLIATIVE CARE 8303 SOUTHWEST FREEWAY SUITE 808 HOUSTON, TEXAS 77074	02/08/2021	Owner Information AMBIENT HOSPICE, INC	
Medicare 2: Phone (713) 440-9979	Fax (713) 493-7222		PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator EBERE ISIGUZO			
County HARRIS	Region 06 Date Licensed	08/16/2002	Owner Information	
License # 008059	AMEDISYS HOSPICE		COMPASSIONATE CARE HOSPICE OF HOUSTO	N, LLC
Lic Expire 8/31/2022	2040 NORTH LOOP WEST, SUITE 320		2040 NORTH LOOP WEST SUITE 320 HOUSTON, TX 77018	
Medicare 1: 451735 HOSPICE Medicare 2:	HOUSTON, TX 770188123		PHONE:	FAX:
Phone (713) 667-3247	Fax (713) 688-0195		Services: Hospice In-Patient Hospice: NO	TAX.
Type: Parent Agency	Administrator MAURI ERVIN			
County HARRIS	Region 06 Date Licensed	05/30/2019	Owner Information	
License # 019400	AMENITY HEALTH SERVICES PLLC		AMENITY HEALTH SERVICES, PLLC	
Lic Expire 5/30/2023	4606 FM 1960 RD W, SUITE 520			
Medicare 1:	HOUSTON, TEXAS 77069		PHONE:	FAX:
Medicare 2: Phone (346) 333-2794	Fax (832) 404-2649			
Type: Parent Agency	Administrator EMMANUEL CASTILLA		Services: Licensed Home Health Services; Persona	Assistance Services
County HARRIS	Region 06 Date Licensed	10/15/2021	Owner Information	
License # 021132	AMENITY HEALTH SERVICES, PLLC		AMENITY HEALTH SERVICES, PLLC	
Lic Expire 10/15/2024	950 ECHO LANE # 200			
Medicare 1:	HOUSTON, TEXAS 77024			
Medicare 2:	Foy (922) 404 2640		PHONE:	FAX:
Phone (346) 333-2794 Type: Parent Agency	Fax (832) 404-2649 Administrator EMMANUEL CASTILLA		Services: Licensed Home Health Services	
<u> </u>			Owner Information	
County HARRIS	Region 06 Date Licensed	11/21/2002	AMERI BLUE HEALTH CARE SERVICES LLC	
License # 008212 Lic Expire 11/30/2022	AMERI BLUE HEALTH CARE SERVICES LLC 3300 S GESSNER RD STE 165		3300 S GESSNER RD SUITE 111	
Medicare 1: 679316 HHA-18	HOUSTON, TX 77063		HOUSTON, TX 77063	
Medicare 2:			PHONE:	FAX:
Phone (713) 271-9027	Fax (713) 271-9067		Services: Licensed and Certified Home Health Servi	ces; Licensed Home Health Services;
Type: Parent Agency	Administrator MARIEVIC GAVIOLA		Personal Assistance Services	
<u> </u>			Owner Information	
County HARRIS License # 019097	Region 06 Date Licensed AMERICA HOME CARE SERVICES LLC	11/14/2018	AMERICA HOME CARE SERVICES LLC	
Lic Expire 11/14/2022	2130 BERTRAND ST		3423 HARTWICK RD	
Medicare 1:	HOUSTON, TX 77093		HOUSTON, TX 77093	
Medicare 2:			PHONE:	FAX:
Phone (281) 836-3417	Fax (281) 947-0662		Services: Personal Assistance Services	
Type: Parent Agency	Administrator MARIANA CERVANTES			
County HARRIS	Region 06 Date Licensed	01/23/2019	Owner Information	
License # 019217	AMERICAN HEALTHCARE SERVICES		SIDON HEALTHCARE SERVICES, INC 7900 WESTHEIMER RD #144	
Lic Expire 1/23/2023	6201 BONHOMME RD SUITE 468S		HOUSTON, TX 77063	
Medicare 1: 747991 HHA Medicare 2:	HOUSTON, TX 77036		PHONE:	FAX:
	Fax (832) 615-0459			
Phone (346) 571-6030	1 ax (632) 613-6439		Services: Licensed and Certified Home Health Servi Personal Assistance Services	ces; Licensed Home Health Services;

County HARRIS License # 001995 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (713) 521-0053 Type: Parent Agency	Region 06 Date Licensed 01/30/1989 AMERICAN HOME HEALTH CARE INC 3903 ALMEDA RD HOUSTON, TX 77004 Fax (713) 874-1302 Administrator TONI OVILLE	Owner Information AMERICAN HOME HEALTH CARE INC P. O. BOX 14411 HOUSTON, TX 77221 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020288 Lic Expire 11/4/2022 Medicare 1: Medicare 2: Phone (832) 209-2119 Type: Parent Agency	Region 06 Date Licensed 11/04/2020 AMERICAN PROFESSIONALS HOME HEALTH 13688 BRETON RIDGE, SUITE CEF HOUSTON, TEXAS 770706097 Fax (832) 201-2532 Administrator BETTY GREEN	Owner Information AMERICAN HEALTHCARE PROFESSIONALS, LLC P.O. BOX 682933 HOUSTON, TEXAS PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 019215 Lic Expire 1/22/2024 Medicare 1: Medicare 2: Phone (703) 231-4320 Type: Parent Agency	Region 06 Date Licensed 01/22/2019 AMERICA'S BEST HEALTH LLC 6420 CYPRESSWOOD DRIVE SPRING, TX 77379 Fax na Administrator FRANCES HEIMRICH	Owner Information AMERICA'S BEST HEALTH LLC 20315 KNIGHTS BRANCH DRIVE CYPRESS, TX 77433 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 010955 Lic Expire 12/31/2021 Medicare 1: 747014 HHA-18 Medicare 2: Phone (281) 376-0800 Type: Parent Agency	Region 06 Date Licensed 12/21/2006 AMERIPRO HEALTHCARE GROUP LLC 929 GRAHAM DR SUITE A TOMBALL, TX 77375 Fax (281) 884-6043 Administrator NATURE HIGGINBOTHAM	Owner Information AMERIPRO HEALTHCARE GROUP LLC 6601 CYPRESSWOOD DRIVE, SUITE #102 SPRING, TX 77379 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County HARRIS License # 019126 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (832) 461-1123	Region 06 Date Licensed 11/30/2018 AMERIPRO HOSPICE CARE, INC 929 GRAHAM DR SUITE A TOMBALL, TX 77375 Fax (281) 884-6043 Administrator NATURE HIGGINBOTHAM	Owner Information AMERIPRO HOSPICE CARE, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 019330 Lic Expire 3/18/2023 Medicare 1: 74-1686 Medicare 2: Phone (832) 231-1679 Type: Parent Agency	Region 06 Date Licensed 03/18/2019 AMICABLE HEALTHCARE HOSPICE INC 6260 WESTPARK DR. SUITE 250 HOUSTON, TEXAS 77057 Fax (281) 990-6716 Administrator DARLINGTON OFOEFULE	Owner Information AMICABLE HEALTHCARE CARE HOSPICE INC 6260 WESTPARK DR SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 020408 Lic Expire 12/16/2022 Medicare 1: 971700 Medicare 2: Phone (832) 559-0911 Type: Parent Agency	Region 06 Date Licensed 12/16/2020 AMOR HOSPICE CARE, INC 8303 SOUTHWEST FREEWAY, SUITE 305 HOUSTON, TEXAS 77074 Fax (877) 577-0009 Administrator MA CONCEPCION BALDUEZA	Owner Information AMOR HOSPICE CARE, INC PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County HARRIS License # 020508 Lic Expire 2/4/2024 Medicare 1: Medicare 2: Phone Main 8324590371 Alt 28	Region 06 Date Licensed 02/04/2021 AMORY HOME AND COMPANION CARE LLC 13562 BLUE MARLIN LN HOUSTON, TEXAS 77083 Fax (281) 783-2643	Owner Information AMORY HOME AND COMPANION CARE LLC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator SHERIKA AMORY	
County HARRIS License # 014219 Lic Expire 7/31/2023 Medicare 1: 747698 HHA-18 Medicare 2:	Region 06 Date Licensed 07/08/2011 AN ABSOLUTE HEALTH CARE SERVICES, LLC 6250 WESTPARK DRIVE SUITE #238 HOUSTON, TX 77057	Owner Information AN ABSOLUTE HEALTH CARE SERVICES, LLC 6250 WESTPARK DRIVE, #238 HOUSTON, TX 77057 PHONE: FAX:
Phone (281) 974-1917	Fax (281) 974-1765	Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MIKE EZIULOH	Our salet marker
County HARRIS License # 013629 Lic Expire 10/31/2022 Medicare 1: 741789 HOSPICE Medicare 2: Phone (713) 330-1964	Region 06 Date Licensed 10/11/2010 ANARCARE HOME HEALTH AND HOSPICE AGENCY, INC 13601 WOODFOREST BLVD HOUSTON, TX 77015 Fax (713) 451-5587	Owner Information ANARCARE HOME HEALTH AND HOSPICE AGENCY, INC 13601 WOODFOREST BLVD HOUSTON, TX 77015 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health
		Services In-Patient Hospice: NO
Type: Parent Agency	Administrator KENYATTA HOLMES	<u> </u>
County HARRIS License # 018814 Lic Expire 6/30/2022 Medicare 1: 741583 HOSPICE	Region 06 Date Licensed 06/30/2018 ANCHOR HOSPICE LLC 3100 TIMMONS LANE, SUITE 265 HOUSTON, TEXAS 77027	Owner Information ANCHOR HOSPICE LLC 4611 MONTROSE BLVD., STE A240 HOUSTON, TX 77006-6176
Medicare 2: Phone (877) 296-3840	Fax (877) 297-0294	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 019313 Lic Expire 7/30/2023 Medicare 1: 971681 Medicare 2: Phone (832) 338-9882 Type: Parent Agency	Administrator SARAH BOBEN Region 06 Date Licensed 04/02/2019 ANGEL HANDS HOSPICE INC 11902 HUECO TANKS DR SUGAR LAND, TX 77498 Fax (281) 983-0325 Administrator ALEXANDRA VELA	Owner Information ANGEL HANDS HOSPICE INC 11902 HUECO TANKS RD SUGAR LAND, TX 77498 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 020066 Lic Expire 7/22/2022 Medicare 1:	Region 06 Date Licensed 09/15/2020 ANGEL OF MERCY 8700 COMMERCE PARK DR SUITE 253 HOUSTON, TEXAS 77036	Owner Information ANGEL OF MERCY VILLA LLC
Medicare 2:	1100010N, 12000 11000	PHONE: FAX:
Phone (713) 540-0019	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator ANGELA OJI	
County HARRIS License # 019915 Lic Expire 5/5/2022 Medicare 1:	Region 06 Date Licensed 05/05/2020 ANGELFAITH HOME CARE 16151 CAIRNWAY DR SUITE 205B HOUSTON, TEXAS 770843572	Owner Information ANGELFAITH PEDIATRIC HOME HEALTH CARE, LLC
Medicare 2:	•	PHONE: FAX:
Phone 214 861 7534 Type: Parent Agency	Fax Administrator REMIGIUS NWABUEZE	Services: Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 020417 Lic Expire 12/21/2022 Medicare 1:	Region 06 Date Licensed 12/21/2020 ANGELIC HANDS HEALTHCARE SERVICES, LLC 24718 FREMONT TRAILS DR SPRING, TEXAS 77373	Owner Information ANGELIC HANDS HEALTHCARE SERVICES
Medicare 2: Phone (832) 326-2952	Fax	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator MARCUS POLLARD	In-Patient Hospice: NO
County HARRIS License # 019278 Lic Expire 2/26/2023 Medicare 1:	Region 06 Date Licensed 02/26/2019 ANGELICUS HOME CARE LLC 13201 NORTHWEST FREEWAY SUITE 800 HOUSTON, TEXAS 77040	Owner Information ANGELICUS HOME CARE LLC
Medicare 2:		PHONE: FAX:
Phone (832) 779-0452	Fax (832) 408-9224	Services: Personal Assistance Services
Type: Parent Agency	Administrator JAHREN SALAZAR-AGTARAP	
County HARRIS License # 021197 Lic Expire 11/9/2024 Medicare 1: Medicare 2: Phone (713) 351-0914	Region 06 Date Licensed 11/09/2021 ANGELS OF ANNIE HOMECARE 11111 KATY FRWY SUITE 910 HOUSTON, TEXAS 77079 Fax (855) 426-3916	Owner Information ANGELS OF ANNIE HOME CARE LLC 15000 PHILIPPINE ST UNIT 708 HOUSTON, TEXAS 77040 PHONE: FAX:
Type: Parent Agency	Administrator YOLANDA NEELYS	Services: Personal Assistance Services
County HARRIS License # 010691 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed 02/11/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 1155 DAIRY ASHFORD ROAD, SUITE 209 HOUSTON, TEXAS 77079	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459
Medicare 2:		PHONE: FAX:
Phone (713) 799-2200	Fax (903) 532-1400	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	
County HARRIS License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 02/11/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 1155 DAIRY ASHFORD ROAD, SUITE 209 HOUSTON, TEXAS 77079	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX:
Phone (713) 799-2200	Fax (903) 532-1400	Services: Licensed Home Health Services: Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	Contract. Electrocal formation activities, a closural recognition activities
County HARRIS License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 02/11/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 1155 DAIRY ASHFORD ROAD, SUITE 209 HOUSTON, TEXAS 77079	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX:
Phone (713) 799-2200	Fax (903) 532-1400	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	
County HARRIS License # 010691 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed 02/11/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 1155 DAIRY ASHFORD ROAD, SUITE 209 HOUSTON, TEXAS 77079	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459
Medicare 2: Phone (713) 799-2200	Fax (903) 532-1400	PHONE: FAX:
Type: Branch Agency	Administrator HEATHER RODGERS	Services: Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (713) 799-2200 Type: Branch Agency	Region 03 Date Licensed 02/11/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 1155 DAIRY ASHFORD ROAD, SUITE 209 HOUSTON, TEXAS 77079 Fax (903) 532-1400 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 License # 010691 Lic Expire 8/31/2022	Region 03 Date Licensed 02/11/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 1155 DAIRY ASHFORD ROAD, SUITE 209	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459
Medicare 1: Medicare 2: Phone (713) 799-2200 Type: Branch Agency	HOUSTON, TEXAS 77079 Fax (903) 532-1400 Administrator HEATHER RODGERS	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 019472 Lic Expire 7/9/2021 Medicare 1:	Region 06 Date Licensed 11/02/2018 ANGELS OF CARE PERSONAL HOME HEALTH SERVICES INC 9896 BISSONNET STREET STE 452 HOUSTON, TX 77036	Owner Information ANGELS OF CARE PERSONAL HOME HEALTH SERVICES INC 13838 PURPLEMARTIN ST HOUSTON, TX 77083
Medicare 2: Phone (713) 999-9131	Fax (713) 999-9131	PHONE: FAX:
Type: Parent Agency	Administrator BERNICE MOMBEFOR	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 010876 Lic Expire 11/30/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 11/14/2006 ANGELS ON CALL HOME CARE 7100 REGENCY SQUARE SUITE 161 HOUSTON, TX 77036	Owner Information ANGELS ON CALL HOME CARE INC PO BOX 611 SUGAR LAND, TX 77487 PHONE: FAX:
Phone (713) 772-7721	Fax (713) 620-3079	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 018629 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (281) 561-8921 Type: Parent Agency	Administrator VANESSA CARTER Region 06 Date Licensed 02/21/2018 ANGELS OVER US LLC 11110 BELLAIRE BLVD. SUITE 250 HOUSTON, TEXAS 77072 Fax (281) 561-8927 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 License # 015945 Lic Expire 12/31/2024 Medicare 1: 679196 HHA-18 Medicare 2: Phone (281) 856-6305 Type: Parent Agency	Region 06 Date Licensed 01/01/2014 ANGELUS HEALTH SERVICES, INC 16100 CAIRNWAY SUITE 240 HOUSTON, TX 77084 Fax (281) 856-6260 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 License # 018665 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (832) 978-2962 Type: Parent Agency	Region 06 Date Licensed 03/22/2018 ANGLE HOMECARE CORPORATION 10600 BELLAIRE BLVD, STE 112 HOUSTON, TX 77072 Fax (832) 634-4905 Administrator LYNN VO	Owner Information ANGLE HOMECARE CORPORATION 8215 ALMERA FALLS DRIVE CYPRESS, TX 77433 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 012960 Lic Expire 8/31/2019 Medicare 1: 453165 HHA-18 Medicare 2: Phone (832) 242-5907 Type: Parent Agency	Region 06 Date Licensed 08/20/2009 ANOINTED HOME HEALTH CARE SERVICES INC 6776 SOUTHWEST FREEWAY SUITE 220 HOUSTON, TX 77074 Fax (832) 251-3374 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 License # 021071 Lic Expire 9/24/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 09/24/2021 ANOINTED SERVICES LLC 2325 WAVELL STREET HOUSTON, TEXAS 77088	Owner Information ANOINTED SERVICES LLC PHONE: FAX:
Phone (346) 212-8045 Type: Parent Agency	Fax Administrator TAMEKA FRAZIER-TAYLOR	Services: Personal Assistance Services
County HARRIS License # 008211 Lic Expire 11/30/2021 Medicare 1: 679348 HHA-18 Medicare 2: Phone (713) 663-7131 Type: Parent Agency	Region 06 Date Licensed 11/21/2002 ANTIOCH HOME HEALTH INC 2420 FANNIN ST #1 A HOUSTON, TX 77002 Fax (713) 663-7205 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 License # 018360 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (917) 224-6215 Type: Parent Agency	Region 06 Date Licensed 10/05/2017 ANTODALACARE LLC 4614 FIELD MEADOW CT KATY, TX 77449 Fax (713) 370-1890 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 License # 020269 Lic Expire 10/27/2022 Medicare 1: Medicare 2: Phone 888 630 3650	Region 06 Date Licensed 10/27/2020 AP HOSPICE CARE, LLC 9950 WESTPARK DRIVE SUITE 646 HOUSTON, TEXAS 77063	Owner Information AP HOSPICE CARE, LLC PHONE: FAX:
Type: Parent Agency	Fax 281 564 7326 Administrator JOEL ADA	Services: Hospice In-Patient Hospice: NO
County HARRIS License # 012577 Lic Expire 5/31/2023 Medicare 1: 747376 HHA-18 Medicare 2: Phone (281) 568-1146 Type: Parent Agency	Region 06 Date Licensed 05/05/2009 APEX CARE HOME HEALTH INC 10518 KIPP WAY DRIVE STE A-1 HOUSTON, TX 77099 Fax (281) 568-1168 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 License # 020152 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (281) 216-2555	Region 06 Date Licensed 09/08/2020 APEX HEALTH CARE INC 9644 COURT GLEN DR HOUSTON, TX 77099 Fax (877) 915-1555	Owner Information APEX HEALTH CARE INC 13619 TONNOCHY DR HOUSTON, TX 77083 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance
Type: Parent Agency	Administrator KENNEDY OBANOR	Services In-Patient Hospice: NO

County HARRIS License # 013617 Lic Expire 10/31/2022 Medicare 1: 748016 Medicare 2: Phone (281) 974-5946	APEX HOMEHEALTH SERVICES INC 6201 BONHOMME ROAD, SUITE 388N HOUSTON, TX 77036 Fax (832) 667-8738	OVATION OF 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
Type: Parent Agency	Administrator CHINEDU MOKOLO	
County HARRIS License # 014334 Lic Expire 9/30/2024 Medicare 1: 747776 HHA-18 Medicare 2: Phone (281) 497-3045	Region 06 Date Licensed 09/07 APPLE HOME HEALTH 12000 RICHMOND AVE SUITE 333 HOUSTON, TX 77082 Fax (281) 497-3059	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;
Type: Parent Agency	Administrator SIMIN NAMDARI	Personal Assistance Services
County HARRIS License # 005125 Lic Expire 12/31/2021 Medicare 1: 459233 HHA-18 Medicare 2: Phone (713) 477-5105 Type: Parent Agency		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 License # 020285 Lic Expire 11/4/2022 Medicare 1: Medicare 2: Phone (713) 530-7391	Region 06 Date Licensed 11/04 APTIVA HOSPICE & PALLIATIVE LLC 6776 SOUTHWEST FWY. # 631 HOUSTON, TEXAS 770742107 Fax (713) 715-1471	Owner Information APTIVA HOSPICE & PALLIATIVE LLC 12808 W. AIRPORT BLVD, 325K SUGAR LAND, TX 77478 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator YANNETH MEJIA	
County HARRIS License # 021119 Lic Expire 10/11/2024 Medicare 1: Medicare 2: Phone (832) 292-6380	Region 06 Date Licensed 10/11 ARDENT HOSPICE CARE LLC 13688 BRETON RIDGE ST SUITE H HOUSTON, TEXAS 77070	PHONE: FAX:
1 Hone (652) 232-6566	Tun	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 017983 Lic Expire 4/30/2021 Medicare 1: Medicare 2: Phone (832) 203-5385 Type: Parent Agency County HARRIS License # 012392 Lic Expire 1/31/2023	ARIES HEALTHCARE AGENCY 9850 MEADOWGLEN LANE, #104 HOUSTON, TX 77042 Fax (832) 203-5503 Administrator CLARA JOSEPH	Owner Information ARIES HEALTHCARE AGENCY 7100 REGENCY SQUARE #280 HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services Owner Information ARISING HEALTHCARE SERVICES INC 8833 TALTON ST A
Medicare 1: 747486	HOUSTON, TEXAS 77078	HOUSTON, TX 77078
Medicare 2: Phone (832) 661-7492	Fax (281) 208-0179	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 FEFI JAMES	·

County HARRIS License # 018589 Lic Expire 2/28/2022 Medicare 1: 74-1747 Medicare 2: Phone (281) 918-0676	Region 06 Date Licensed ASCEND HOSPICE CARE INC 606 ROLLINGBROOK DRIVE STE. 2G BAYTOWN, TEXAS 77521 Fax (888) 930-2913	02/02/2018	Owner Information ASCEND HOSPICE CARE INC PO BOX 645 MONT BELVIEU, TX 77580 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MELINDA BASS		
County HARRIS License # 017451 Lic Expire 6/30/2022 Medicare 1:	Region 06 Date Licensed ASCENTIA HEALTHCARE LLC 24707 MALCA MANOR DR KATY, TEXAS 77494	06/09/2016	Owner Information ASCENTIA HEALTHCARE LLC 24704 MALCA MANOR DRIVE KATY, TX 77493
Medicare 2: Phone (281) 786-4880	Fax (281) 786-2084		PHONE: FAX:
Type: Parent Agency	Administrator IRETI JONES		Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 021041 Lic Expire 9/13/2024 Medicare 1:	Region 06 Date Licensed ASISTENCIA PALLIATIVE PROGRAM INC 8700 COMMERCE PARK DR STE. 208 HOUSTON, TX 77036	09/13/2021	Owner Information ASISTENCIA PALLIATIVE PROGRAM INC
Medicare 2:			PHONE: FAX:
Phone (800) 631-1429 Type: Parent Agency	Fax (800) 631-1429 Administrator NNAMDI OFODIKE		Services: Hospice In-Patient Hospice: NO
County HARRIS License # 020528 Lic Expire 2/10/2024 Medicare 1:	Region 06 Date Licensed ASPIRE CARE HOSPICE INC 340 N SAM HOUSTON TOLLWAY E #A299 HOUSTON, TX 77060	02/10/2021	Owner Information ASPIRE CARE HOSPICE INC
Medicare 2:	1100310N, 1X 17000		PHONE: FAX:
Phone (832) 412-6700	Fax		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ELIZABETH SANCHEZ		
County HARRIS License # 020550 Lic Expire 2/26/2024 Medicare 1:	Region 06 Date Licensed ASPIRE HOSPICE LLC 440 BENMAR DR SUITE 1177 HOUSTON, TX 77060	02/26/2021	Owner Information ASPIRE HOSPICE LLC
Medicare 2:			PHONE: FAX:
Phone 713 9036566 Type: Parent Agency	Fax Administrator JEFFERY CATES-ELSASSER		Services: Hospice In-Patient Hospice: NO
County HARRIS License # 007603 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (832) 300-3100 Type: Parent Agency		01/01/2001	Owner Information ASSISTMED INC SAME AS ABOVE HOUSTON, TX 77077 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 011932 Lic Expire 3/31/2023 Medicare 1:	Region 06 Date Licensed ASSISTING HANDS OF HUMBLE 1250 INDIANA HUMBLE, TX 77396	03/18/2008	Owner Information TLR ENTERPRISES LLC 55 PLUM GROVE RD NEW CANEY, TX 77357
Medicare 2: Phone (281) 540-7400	Fax (281) 446-5445 Administrator TERRI ROBBINS		PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency			

County HARRIS License # 016388 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (832) 699-6920 Type: Parent Agency	Region 06 Date Licensed 08/21/2014 ASSISTING HANDS OF NORTH HOUSTON 3845 CYPRESS CREEK PARKWAY SUITE 317 HOUSTON, TX 77068 Fax (877) 755-1470 Administrator FAITH DANIELS	Owner Information GCD ENTERPRISES LLC 17148 KNOLL DALE TRAIL CONROE, TX 77385 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 016326 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (281) 369-5858 Type: Parent Agency	Region 06 Date Licensed 07/22/2014 ASSISTING HANDS OF WEST HOUSTON 13111 WESTHEIMER RD STE 200 HOUSTON, TX 77077 Fax (281) 369-5859 Administrator MARISOL REYES	Owner Information MAR HEALTH SERVICES LLC PO BOX 820245 HOUSTON, TX 77282 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 001958 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (713) 674-9936 Type: Parent Agency	Region 06 Date Licensed 09/12/1988 ASSOCIATES HEALTH INC 4719 LYONS STREET HOUSTON, TX 77020 Fax (713) 674-9939 Administrator EMMA SMITH	Owner Information ASSOCIATES HEALTH INC PO BOX 15735 HOUSTON, TX 77220-5735 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 020290 Lic Expire 11/4/2022 Medicare 1: Medicare 2: Phone (713) 322-6191 Type: Parent Agency	Region 06 Date Licensed 11/04/2020 ASSURANCE HOME HEALTH 2901 WILCREST DR #400-17 HOUSTON, TX 77042 Fax (713) 352-3991 Administrator ASHLEY JONES	Owner Information ALL THINGS ENTERPRISE LLC PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 013884 Lic Expire 11/30/2022 Medicare 1: 679518 HHA-18 Medicare 2: Phone (713) 988-2618 Type: Parent Agency	Region 06 Date Licensed 12/01/2010 ASSURANCEJ HOMECARE SERVICES INC 11602 BURDINE STREET SUITE B HOUSTON, TEXAS 77035 Fax (713) 988-2619 Administrator JUDITH NWOKORIE	Owner Information ASSURANCEJ HOMECARE SERVICES INC PO BOX 2236 ALIEF, TX 77411 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020399 Lic Expire 12/14/2022 Medicare 1: Medicare 2: Phone (832) 258-5258 Type: Parent Agency	Region 06 Date Licensed 01/01/2021 ASSURED PERSONAL CARE LLC 4606 FM 1960 WEST, SUITE 415 HOUSTON, TEXAS 77069 Fax Administrator PAMELA EDWARDS	Owner Information ASSURED PERSONAL CARE LLC 23106 WESTGATE VILLAGE LANE SPRING, TX 77373 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 019906 Lic Expire 5/1/2022 Medicare 1: Medicare 2: Phone (832) 298-9095 Type: Parent Agency	Region 06 Date Licensed 11/12/2020 ASSURED PRIMARY CARE GROUP, INC 10226 BITTERNUT HICKORY LN TOMBALL, TEXAS 77375 Fax (281) 310-6576 Administrator BRANDY CLARK	Owner Information ASSURED PRIMARY CARE GROUP, INC PO BOX 682781 HOUSTON, TEXAS 77032 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 010760 Lic Expire 9/30/2022 Medicare 1: 743157 Medicare 2: Phone (713) 524-4414	Region 06 Date Licensed 09/22/2006 ASSURING CARE HOME HEALTH SERVICES INC 10103 FONDREN RD STE 420 HOUSTON, TX 77096 Fax (713) 524-4415	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
Type: Parent Agency	Administrator SLADE NJOKU	1 district resistance out vices
County HARRIS License # 008994 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (281) 931-5500 Type: Parent Agency	Region 06 Date Licensed 01/02/2004 ASTROCARE CLASS INC 14950 HEATHROW FOREST PARKWAY SUITE 300 HOUSTON, TX 77032 Fax (281) 931-5514 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 License # 008951 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (281) 931-5500 Type: Parent Agency	Region 06 Date Licensed 01/02/2004 ASTROCARE VISITING HEALTH PROFESSIONALS INC 14950 HEATHROW FOREST PARKWAY SUITE 300 HOUSTON, TX 77032 Fax (281) 931-5514 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 License # 019646 Lic Expire 10/16/2021 Medicare 1: Medicare 2: Phone (822) 526 3338	Region 06 Date Licensed 10/16/2019 AT HOME DIALYSIS LLP 11411 N SAM HOUSTON PKWY E. SUITE #120 HUMBLE, TEXAS 77396	Owner Information AT HOME DIALYSIS LLP PHONE: FAX:
Phone (832) 526-3338 Type: Parent Agency	Fax (281) 966-1844 Administrator BENGIE VELASQUEZ	Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services with Dialysis
County HARRIS License # 013051 Lic Expire 10/31/2023 Medicare 1: 679628 HHA-18	Region 06 Date Licensed 10/06/2009 AT HOME QUALITY CARE HOUSTON 8300 CYPRESS CREEK PARKWAY SUITE 350 HOUSTON, TX 77070	Owner Information SIGNATURE HOMECARE SERVICES TEXAS LLC, 15020 SOUTH CICERO AVE 1ST FLOOR OAK FOREST, IL 60452
Medicare 2: Phone (832) 237-5800 Type: Parent Agency	Fax (832) 237-5810 Administrator FRANCISCO "FRITZ" LUZ	PHONE: FAX: Services: Licensed and Certified Home Health Services
County HARRIS License # 020291 Lic Expire 11/5/2022 Medicare 1:	Region 06 Date Licensed 11/05/2020 AT PEACE HOME CARE LLC 7324 SOUTHWEST FWY SUITE 1475 HOUSTON, TEXAS 77074	Owner Information AT PEACE HOME CARE LLC
Medicare 2: Phone (832) 730-5479 Type: Parent Agency	Fax (832) 626-2791 Administrator AISHAT BASHIR	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 008967 Lic Expire 3/31/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 03/16/2004 AT YOUR SIDE HOME CARE 16868 ROYAL CREST DRIVE HOUSTON, TX 77058	Owner Information MSB PERSONAL ASSISTANT SERVICES, LLC 16868 ROYAL CREST HOUSTON, TX 77058 PHONE: FAX:
Phone (281) 335-4882 Type: Parent Agency	Fax (281) 984-7471 Administrator MARSENE BOLDT	Services: Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 014655 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone 281 520 3746 Type: Parent Agency	Region 06 Date Licensed 02/23/2012 AT YOUR SIDE HOME CARE NORTHWEST METRO HOUSTON 8203 WILLOW PLACE SOUTH SUITE 345 HOUSTON, TX 77070 Fax 281 520 3743 Administrator DAVID HITTLER	Owner Information DLLC HOMECARE, LLC 8203 WILLOW PLACE SOUTH, SUITE #555 HOUSTON, TX 77070 PHONE: (281) 520-3746 FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 011546 Lic Expire 8/31/2021 Medicare 1:	Region 06 Date Licensed 08/28/2007 AT YOUR SIDE HOME CARE WEST HOUSTON 2400 AUGUSTA DR STE 260 HOUSTON, TX 77057	Owner Information D&D ASSOCIATES INC 2400 AUGUSTA DR STE 260 HOUSTON, TX 77057
Medicare 2: Phone (713) 337-1133 Type: Parent Agency	Fax (713) 337-1136 Administrator DONNA WRABEL	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 014055 Lic Expire 12/31/2022 Medicare 1: 747740 HHA-18; 97 Medicare 2: Phone (713) 664-7800	Region 06 Date Licensed 12/07/2010 ATWELL HOME HEALTH SERVICES INC 6915 ATWELL DRIVE HOUSTON, TX 77081 Fax (713) 664-7811	Owner Information ATWELL HOME HEALTH SERVICES, INC 6915 ATWELL DRIVE HOUSTON, TX 77081 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 019661 Lic Expire 10/23/2021	Administrator UCHE MCHENRY Region 06 Date Licensed 10/23/2019 ATWELL HOSPICE & PJ HOME HEALTH SERVICES, INC 6917 ATWELL DRIVE	Owner Information ATWELL HOSPICE & PJ HOME HEALTH SERVICES, INC
Medicare 1: Medicare 2: Phone (713) 664-7800 Type: Parent Agency	HOUSTON, TEXAS 77081 Fax (713) 664-7811 Administrator UCHE MCHENRY	PHONE: FAX: Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County HARRIS License # 018746 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (832) 940-2212 Type: Parent Agency	Region 06 Date Licensed 05/11/2018 AUTHENTIC CARE SERVICES 2656 SOUTH LOOP W STE 333 HOUSTON, TX 77054 Fax (832) 940-2483 Administrator ROSALIND LEWINGS	Owner Information BL&J GROUP, LLC DBA AUTHENTIC CARE SERVICES 19806 CAMPFIELD DR. KATY, TX 77449 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 019522 Lic Expire 8/13/2023 Medicare 1: Medicare 2: Phone (832) 460-2140 Type: Parent Agency	Region 06 Date Licensed 08/13/2019 AVEANNA HEALTHCARE 11821 EAST FREEWAY, SUITE 210 HOUSTON, TEXAS 770291975 Fax (210) 332-6472 Administrator RICARDO CAMPUZANO	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 016935 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (713) 383-9700	Region 06 Date Licensed 12/31/2014 AVEANNA HEALTHCARE 9220 KIRBY DRIVE SUITE #1000 HOUSTON, TX 77054 Fax (713) 383-9795	Owner Information TCGHHA, LLC 400 INTERSTATE NORTH PARKWAY SE, SUITE 1600 ATLANTA, GA 30339 PHONE: FAX: Services: Licensed Home Health Services

Administrator RENEE PINA

County HARRIS License # 014986 Lic Expire 2/28/2024 Medicare 1: Medicare 2: Phone (832) 253-1188 Type: Parent Agency	Region 06 Date Licensed 02/02/2012 AVEANNA HEALTHCARE 110 CYPRESS STATION DR STE 270 HOUSTON, TX 77090 Fax (832) 253-1181 Administrator HOMER DEL TORO JR	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 014985 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (713) 979-3800	Region 06 Date Licensed 05/26/2011 AVEANNA HEALTHCARE 4828 LOOP CENTRAL DR SUITE 100 HOUSTON, TX 77081 Fax (713) 979-3806	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County HARRIS License # 015026 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (713) 575-2000 Type: Parent Agency	Administrator AARON BURRIS Region 06 Date Licensed 03/07/2012 AVEANNA HEALTHCARE 1011 HIGHWAY 6 SOUTH SUITE 311 HOUSTON, TX 77077 Fax (713) 575-2031 Administrator DERRIAN JAMES	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 020716 Lic Expire 4/24/2024 Medicare 1: Medicare 2: Phone (281) 661-3621	Region 06 Date Licensed 04/23/2021 AVERY HOSPICE 9100 SOUTHWEST FREEWAY SUITE 248 HOUSTON, TX 77074 Fax (281) 564-7326	Owner Information AVERY HOSPICE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 016938 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (281) 849-1949	Administrator FEFI JAMES Region 06 Date Licensed 07/24/2015 AVID HOME CARE SOLUTIONS 5870 HWY 6 N SUITE 315 HOUSTON, TX 77084 Fax (832) 442-3394	Owner Information GREENDORSEY ENTERPRISES, LLC 5870 HWY 6 N SUITE #315 HOUSTON, TX 77084 PHONE: FAX:
Type: Parent Agency County HARRIS License # 019712 Lic Expire 11/21/2021 Medicare 1: Medicare 2: Phone (281) 520-4960	Administrator CANDACE GREEN Region 06 Date Licensed 11/21/2019 AVISTACARE HEALTH CARE SERVICES INC 10402 SOUTHERN HAWKER CONROE, TEXAS 77385 Fax (281) 520-4964	Services: Personal Assistance Services Owner Information AVISTACARE HEALTH CARE SERVICES, INC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County HARRIS License # 019480 Lic Expire 7/15/2023 Medicare 1: Medicare 2:	Administrator OFONASHA EYO Region 06 Date Licensed 09/17/2018 AXCESS HOME HEALTHCARE SERVICES INC 8303 SOUTHWEST FREEWAY SUITE 808 HOUSTON, TEXAS 77074	Owner Information AXCESS HOME HEALTHCARE SERVICES INC PHONE: FAX:
Phone 713 440 9979 Type: Parent Agency	Fax 713 493 7222 Administrator IJEOMA ISIGUZO	Services: Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 019029 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (832) 288-3001 Type: Parent Agency	Region 06 Date Licensed AXON HOME HEALTH 1880 S. DAIRY ASHFORD RD, SUITE 672 HOUSTON, TEXAS 77077 Fax (713) 485-6008 Administrator LAUREANO BALSEIRO	10/31/2020	Owner Information AXON HOME HEALTH SERVICES CORP 507 N. SAM HOUSTON PKWY E. STE#280 HOUSTON, TX 77060 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 016491 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (281) 533-3360 Type: Parent Agency	Region 06 Date Licensed B & J HEALTHCARE SERVICES INC 11725 LOGAN RIDGE DR HOUSTON, TX 77072 Fax (832) 582-8540 Administrator JOY OGU	10/20/2014	Owner Information B & J HEALTHCARE SERVICES INC 11725 LOGAN RIDGE DR HOUSTON, TX 77072 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 017514 Lic Expire 2/28/2022 Medicare 1: 679798 HHA-18 Medicare 2: Phone (832) 962-8970 Type: Parent Agency	Region 06 Date Licensed BATHFOL HEALTH SERVICES INC 9119 SOUTH GESSNER SUITE 104 HOUSTON, TX 77074 Fax (832) 962-8930 Administrator FLORA UCHEA	02/27/2016	Owner Information BATHFOL HEALTH SERVICES INC 10960 STANDIFF ROAD, STE C HOUSTON, TX 77099 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 014078 Lic Expire 4/30/2023 Medicare 1: 679010 HHA-18 Medicare 2: Phone (281) 573-7000 Type: Parent Agency	Region 06 Date Licensed BAY VIEW HOME HEALTH SERVICES 1300 ROLLINGBROOK DR. STE. 310 BAYTOWN, TEXAS 77521 Fax (888) 522-3080 Administrator SEAN KRAJEWSKI	04/14/2011	Owner Information BEK HEALTH SERVICES, LLC P.O. BOX 262 HARDIN, TX 77561 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018187 Lic Expire 7/31/2023 Medicare 1: 741716 HOSPICE Medicare 2: Phone (713) 527-2727 Type: Parent Agency	Region 06 Date Licensed BAYOU CITY HOSPICE 20008 CHAMPION FOREST DR, SUITE 701 SPRING, TX 77379 Fax (713) 527-2728 Administrator GLENN SAMMONS	07/21/2017	Owner Information ACCURATE HOSPICE I, LLC 1610 BLODGETT, SUITE A HOUSTON, TX 77004 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 020704 Lic Expire 4/15/2024 Medicare 1: 971706 HOSPICE Medicare 2: Phone (832) 722-7051 Type: Parent Agency	Administrator GLENN SAMMONS Region 06 Date Licensed BAYOU HOSPICE LLC 315 W. ALABAMA ST. STE. 200 HOUSTON, TEXAS 77006 Fax (713) 529-1404 Administrator KENYATTA HOLMES	04/15/2021	Owner Information BAYOU HOSPICE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 020473 Lic Expire 1/20/2023 Medicare 1: 971661 Medicare 2: Phone (346) 379-1541 Type: Parent Agency	Region 06 Date Licensed BCM HEALTH LLC 7514 OAKLEIGH DR CYPRESS, TEXAS 77433 Fax (346) 818-2092 Administrator CYNTHIA MAHY	01/20/2021	Owner Information BCM HEALTH LLC PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO

County HARRIS License # 018572 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (832) 755-4954 Type: Parent Agency	Region 06 Date Licensed 01/23/2018 BEE DIVINE CARE PROVIDER SERVICES LLC 7123 SUN VILLAGE DR HOUSTON, TX 77083 Fax (281) 624-4722 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 License # 006638 Lic Expire 3/31/2023 Medicare 1: 679301 HHA-18	Region 06 Date Licensed 03/20/1998 BELL TECH HOME HEALTHCARE 12000 RICHMOND AVE, STE 135 HOUSTON, TEXAS 77082	Owner Information BELL TECH ENTERPRISE 14602 PRESIDIO SQUARE BLVD HOUSTON, TX 77083
Medicare 2: Phone (281) 679-0541	Fax (281) 679-0524	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 012342 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (281) 564-9959 Type: Parent Agency	Administrator KIKELOMO BELLO Region 06 Date Licensed 12/12/2008 BELLAIRE HOME HEALTH CARE LLC 10786-D BELLAIRE BOULEVARD HOUSTON, TX 77072 Fax (281) 564-9989 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 License # 011127 Lic Expire 3/31/2022 Medicare 1: 747115 Medicare 2:	Region 06 Date Licensed 03/06/2007 BELOR HOME HEALTH INC 11811 NORTH FREEWAY SUITE # 165 HOUSTON, TX 77060	Owner Information BELOR HOME HEALTH INC 440 BENMAR DRIVE, SUITE #2255 HOUSTON, TX 77060 PHONE: FAX:
Phone (713) 534-1486 Type: Parent Agency	Fax (713) 774-2082 Administrator CAROLINE VOGT	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 006711 Lic Expire 12/31/2023 Medicare 1: 458287 HHA-18 Medicare 2: Phone (713) 776-9333	Region 06 Date Licensed 01/01/1998 BELOVED HOME HEALTH SERVICES INC 9888 BISSONNET SUITE #430 HOUSTON, TX 77036 Fax (713) 776-9382	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;
Type: Parent Agency	Administrator AGATHA DURU	Personal Assistance Services
County HARRIS License # 020179 Lic Expire 9/16/2022 Medicare 1: Medicare 2: Phone (281) 638-7654 Type: Parent Agency	Region 06 Date Licensed 09/16/2020 BENDEL OAKS HEALTHCARE SERVICES INC 3727 E TRADITIONS CT HOUSTON, TX 77082 Fax (281) 372-8716 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 License # 011120 Lic Expire 3/31/2023 Medicare 1: 679773 HHA-18 Medicare 2:	Region 06 Date Licensed 03/05/2007 BENEVOLENT CARE HEALTH SERVICES INC 440 COBIA DRIVE SUITE #403 KATY, TX 77494	Owner Information BENEVOLENT CARE HEALTH SERVICES, INC 440 COBIA DRIVE, #403 KATY, TX 77494 PHONE: FAX:
Phone (281) 342-2273 Type: Parent Agency	Fax (281) 715-4248 Administrator SUELLEN CARSON	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 009711 Lic Expire 6/30/2022 Medicare 1: 679410 HHA-18 Medicare 2: Phone (713) 266-0250 Type: Parent Agency	Region 06 Date Licensed 06/06/2004 BEST DOMINION HEALTHCARE SERVICES INC 9950 WESTPARK DR SUITE 306 HOUSTON, TX 77063 Fax (713) 266-0256 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 License # 008207 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (281) 550-2928 Type: Parent Agency	Region 06 Date Licensed 11/18/2002 BESTWAY HOME HEALTH CORPORATION 9311 MEADOW BRANCH COURT HOUSTON, TX 77095 Fax (281) 861-7732 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 License # 011779 Lic Expire 4/29/2022 Medicare 1: 671672 HOSPICE Medicare 2: Phone (281) 359-9551	Region 06 Date Licensed 12/21/2007 BETHEL HOSPICE OF HOUSTON INC 1110 KINGWOOD DRIVE, SUITE 265 KINGWOOD, TX 77339 Fax (281) 359-9552	Owner Information BETHEL HOSPICE OF HOUSTON INC 14707 WINSTON FALLS LANE HUMBLE, TX 77396 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 021340 Lic Expire 1/20/2025 Medicare 1:	Administrator MINTU JOSEPH Region 06 Date Licensed BETTER AT HOME CARE EASTERN TEXAS LLC 19419 STANTON LAKE DR. CYPRESS, TX 77433	Owner Information BETTER AT HOME CARE EASTERN TEXAS LLC
Medicare 2: Phone (810) 449-5187 Type: Parent Agency	Fax Administrator KENNETH LYLE	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 021115 Lic Expire 10/8/2024 Medicare 1: Medicare 2: Phone (810) 875-1222 Type: Parent Agency	Region 06 Date Licensed 10/08/2021 BETTER AT HOME CARE TEXAS LLC 9100 WESTHEIMER RD. UNIT 715 HOUSTON, TX 77063 Fax (810) 875-1222 Administrator SHARITA HUGHES	Owner Information BETTER AT HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 019916 Lic Expire 5/6/2022 Medicare 1: Medicare 2: Phone (832) 604-3112	Region 06 Date Licensed 05/06/2020 BILINGUAL COMMUNICATION THERAPY 11201 STEEPLE PARK DRIVE HOUSTON, TEXAS 77065 Fax (832) 604-3139	Owner Information MMD PEDIATRIC SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County HARRIS License # 013719 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (832) 539-1999	Administrator KIMBERLEY KELLY Region 06 Date Licensed 11/18/2010 BLAKES BLESSING HEALTH CARE INC 2646 SOUTH LOOP WEST #422 HOUSTON, TEXAS 77054 Fax (713) 432-1701	Owner Information BLAKES BLESSING HEALTH CARE INC 2422 POCO DRIVE MISSOURI CITY, TX 77489 PHONE: FAX: Services: Personal Assistance Services

Administrator

Type: Parent Agency

CHRISTY JONES- BLAKES

County HARRIS License # 016845 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (832) 499-9875 Type: Parent Agency	Region 06 Date Licensed 06/10/2015 BLESS IT HANDS HOME HEALTH CARE 340 N SAM HOUSTON PKWY E SUITE #A155 HOUSTON, TX 77060 Fax (866) 593-3931 Administrator TINA SMITH	Owner Information TINA LAVETTE SMITH PO BOX 62184 HOUSTON, TX 77205 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 021033 Lic Expire 9/8/2024 Medicare 1:	Region 06 Date Licensed 09/08/2021 BLESSED HANDS HOME CARE 12430 OXFORD PARK DR. # 116 HOUSTON, TEXAS 77082	Owner Information BLESSED HANDS HOME CARE LLC
Medicare 2: Phone (832) 771-2670 Type: Parent Agency	Fax (281) 605-5443 Administrator KENDRA HAMPTON	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 016849 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (713) 773-0999 Type: Parent Agency	Region 06 Date Licensed 02/19/2015 BLESSED HOME HEALTH SERVICES INC 7457 HARWIN DR STE 260A HOUSTON, TEXAS 77036 Fax (713) 778-1919 Administrator KERRY AKUKORO	Owner Information BLESSED HOME HEALTH SERVICES INC 7457 HARWIN DR 105 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020311 Lic Expire 11/12/2022 Medicare 1: Medicare 2: Phone (202) 830-4105	Region 06 Date Licensed 11/12/2020 BLISS HEALTH SERVICES INC 4715 WESTGARDEN PLACE, KATY, TX 77449 Fax	Owner Information BLISS HEALTH SERVICES INC 4715 WESTGARDEN PLACE KATY, TX 77449 PHONE: FAX:
Type: Parent Agency	Administrator OLUFUNMILAYO ROZ-OMOPE	Services: Personal Assistance Services
County HARRIS License # 019301 Lic Expire 2/1/2023 Medicare 1:	Region 06 Date Licensed 02/01/2019 BLOSSOM HEALTHCARE INC 9894 BISSONNET STREET #422 HOUSTON, TEXAS 77036	Owner Information BLOSSOM HEALTHCARE INC 5411 GEMSTONE PARK ROAD RICHMOND, TX 77407
Medicare 2: Phone (281) 822-0061 Type: Parent Agency	Fax (281) 822-0060 Administrator INNOCENT OBETA	PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 020376 Lic Expire 12/4/2022 Medicare 1:	Region 06 Date Licensed 12/04/2020 BLUE BONNET HOSPICE CARE, LLC 9950 WESTPARK DRIVE SUITE 646 HOUSTON, TX 77063	Owner Information BLUE BONNET HOSPICE CARE, LLC
Medicare 2: Phone 800 590 5738 Type: Parent Agency	Fax (281) 564-7326 Administrator JOEL ADA	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 018167 Lic Expire 7/30/2023 Medicare 1: 741560 HOSPICE Medicare 2: Phone (832) 727-9119	Region 06 Date Licensed 03/16/2017 BLUE STAR HOSPICE INC 2023 N MASON RD SUITE 202 KATY, TX 77449 Fax (832) 204-8414	Owner Information BLUE STAR HOSPICE, INC 423 MASON PARK STE A-1 KATY, TX 77450 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator SONIA ROSSI	In-Patient Hospice: NO

County HARRIS License # 020477 Lic Expire 1/21/2023 Medicare 1: 971647	Region 06 Date Licensed 01/21/2021 BLUE STREAM HOSPICE AND PALLIATIVE CARE INC 2646 SOUTH LOOP WEST STE 440 HOUSTON, TEXAS 77054	Owner Information BLUE STREAM HOSPICE AND PALLIATIVE CARE INC
Medicare 2:	5	PHONE: FAX:
Phone (713) 667-7202	Fax (713) 667-0712	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KUDY ADELAKUN	
County HARRIS License # 019412 Lic Expire 6/6/2023 Medicare 1:	Region 06 Date Licensed 06/06/2019 BONAVENTURE HOME CARE INC 434 PARK GROVE DR KATY, TEXAS 77450	Owner Information BONAVENTURE HOME CARE INC
Medicare 2:		PHONE: FAX:
Phone 281 6469546	Fax 281 6469757	Services: Personal Assistance Services
Type: Parent Agency	Administrator ELIZABETH FITZGERALD	
County HARRIS	Region 06 Date Licensed 07/07/2011	Owner Information
License # 014201	BOSCO HEALTH CARE INC	BOSCO HEALTH CARE INC 6464 SAVOY DRIVE 240
Lic Expire 10/31/2021 Medicare 1:	6464 SAVOY DR STE 240	HOUSTON, TEXAS 77036
Medicare 2:	HOUSTON, TX 77036	PHONE: FAX:
Phone (832) 623-6327	Fax (713) 677-0739	Services: Personal Assistance Services
Type: Parent Agency	Administrator JAMES MCFRED	
County HARRIS	Region 06 Date Licensed 07/27/2018	Owner Information BP OMEGA HOMECARE, LLC
License # 018850 Lic Expire 7/31/2022	BP OMEGA HOMECARE LLC	7111 HARWIN DR. SUITE 125B
Medicare 1:	7111 HARWIN DRIVE SUITE 125 B HOUSTON, TX 77036	HOUSTON, TX 77036
Medicare 2:		PHONE: FAX:
Phone (281) 717-4295	Fax (281) 717-4211	Services: Personal Assistance Services
Type: Parent Agency	Administrator PRINCEPAUL AGBONLAHOR	
County HARRIS License # 020765 Lic Expire 5/20/2024 Medicare 1:	Region 06 Date Licensed 05/20/2021 BREAKING BARRIERS INCORPORATED 12326 FAIRMEADOW DR	Owner Information BREAKING BARRIERS INCORPORATED
Medicare 2:	HOUSTON, TEXAS 77071	PHONE: FAX:
Phone (713) 857-2965	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator TAMEKA KEGLER	CONTROL TO GOOD AND CONTROL
County HARRIS License # 017604 Lic Expire 8/31/2022 Medicare 1:	Region 06 Date Licensed 08/30/2016 BREAKTHROUGH PERSONAL HOMECARE SERVICES LLC 12223 CAMDEN MEADOW DR TOMBALL, TX 77375	Owner Information BREAKTHROUGH PERSONAL HOMECARE SERVICES LLC 12223 CAMDEN MEADOW DR TOMBALL, TX 77375
Medicare 2:		PHONE: FAX:
Phone (832) 552-9953	Fax (281) 557-6399	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator YANCY PAET	
County HARRIS License # 018624 Lic Expire 2/28/2022 Medicare 1: 971628	Region 06 Date Licensed 02/20/2018 BRIARGATE HEALTHCARE SERVICES INC 6260 WESTPARK DR STE 250 HOUSTON, TX 77057	Owner Information BRIARGATE HEALTHCARE SERVICES INC 4350 TOWN PLAZA DRIVE SUITE 203 HOUSTON, TX 77045
Medicare 2: Phone (832) 988-3387	Fax (281) 710-0762	PHONE: FAX:
, (, 200 000.	· () () · · · · · · · · · · · · · · ·	Services: Hospice; Personal Assistance Services
	Administrator CLEOPATRA OGBONNAYA	In-Patient Hospice: NO

County HARRIS License # 011063 Lic Expire 2/28/2022 Medicare 1: 747066 Medicare 2: Phone (713) 334-9920 Type: Parent Agency	Region 06 Date Licensed 02/07/2007 BRIDGE SOLUTIONS 2500 TANGLEWILDE ST STE 223 HOUSTON, TX 77063 Fax (713) 334-2527 Administrator TONY NWACHAN	Owner Information BRIDGETT MEMORIAL HEALTHCARE INC 2500 TANGLEWIDE ST., STE#223 HOUSTON, TX 77063 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020309 Lic Expire 11/12/2022	Region 06 Date Licensed 11/12/2020 BRIDGE SOLUTIONS 2500 TANGLEWILDE ST #223	Owner Information EARNESTWOOD CORP
Medicare 1:	HOUSTON, TX 77063	
Medicare 2:	Env. (712) 224 2527	PHONE: FAX:
Phone (713) 333-2324	Fax (713) 334-2527	Services: Personal Assistance Services
Type: Parent Agency	Administrator TONY NWACHAN	
County HARRIS	Region 06 Date Licensed 01/29/2019	Owner Information
License # 019634	BRIGHTLIGHT INFUSION HH AND PALLIATIVE CARE INC	BRIGHTLIGHT INFUSION HH AND PALLIATIVE CARE INC 6260 WESTPARK DR
Lic Expire 10/7/2024	7322 SOUTHWEST FWY SUITE 645 ROOM A	HOUSTON, TEXAS 77057
Medicare 1: 971624 Hospice	HOUSTON, TEXAS 77074	
Medicare 2: Phone 281 406 3274	Fax 281 406 3689	PHONE: FAX:
		Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator SEGUN OGUNGBEMI	
County HARRIS	Region 06 Date Licensed 08/24/2018	Owner Information
License # 019702	BRIGHTSTAR CARE BELLAIRE BUNKER HILL	FRAZIER HEALTH HOLDINGS LLC
Lic Expire 11/15/2021	1717 ST JAMES PLACE STE 305	
Medicare 1:	HOUSTON, TEXAS 77056	
Medicare 2:	F (000) 700 (050	PHONE: FAX:
Phone (832) 730-1255	Fax (832) 730-1253	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator RODERICK FRAZIER	
County HARRIS License # 019344 Lic Expire 4/1/2024 Medicare 1:	Region 06 Date Licensed 04/01/2019 BRIGHTSTAR CARE OF FRIENDSWOOD 1560 W. BAY AREA BLVD., SUITE 315 FRIENDSWOOD, TX 77546	Owner Information KC HOME CARE, LLC
Medicare 2:	F 004 000 4027	PHONE: FAX:
Phone 281 6064335 Type: Parent Agency	Fax 281 6064337 Administrator RANDALL CASEY	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 012876 Lic Expire 9/30/2024 Medicare 1:	Region 06 Date Licensed 04/04/2012 BROOKDALE AT HOME HOUSTON 11900 BARRYKNOLL LANE HOUSTON, TX 77024	Owner Information BKD PERSONAL ASSISTANCE SERVICES LLC 111 WESTWOOD PLACE, SUITE 400 BRENTWOOD, TN 37027
Medicare 2:		PHONE: FAX:
Phone (713) 932-0400	Fax (713) 932-9952	Services: Personal Assistance Services
Type: Branch Agency	Administrator TRISHA ALEXANDER	
County HARRIS License # 012876 Lic Expire 9/30/2024 Medicare 1:	Region 06 Date Licensed 04/04/2012 BROOKDALE AT HOME HOUSTON 5151 BUFFALO SPEEDWAY HOUSTON, TX 77005	Owner Information BKD PERSONAL ASSISTANCE SERVICES LLC 111 WESTWOOD PLACE, SUITE 400 BRENTWOOD, TN 37027
Medicare 2:		PHONE: FAX:
Phone (713) 432-7777 Type: Branch Agency	Fax (713) 839-8046 Administrator TRISHA ALEXANDER	Services: Personal Assistance Services

County MARNS	County HARRIS License # 012876 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (281) 316-9055 Type: Branch Agency	Region 06 Date Licensed 04/04/2012 BROOKDALE AT HOME HOUSTON 780 WEST BAY AREA BLVD. WEBSTER, TX 77598 Fax (281) 316-9066 Administrator TRISHA ALEXANDER	Owner Information BKD PERSONAL ASSISTANCE SERVICES LLC 111 WESTWOOD PLACE, SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Personal Assistance Services
Descript MARRIS Region 06	County HARRIS License # 012876 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (713) 993-9999	BROOKDALE AT HOME HOUSTON 2929 POST OAK BOULEVARD HOUSTON, TX 77056 Fax (713) 955-0152	BKD PERSONAL ASSISTANCE SERVICES LLC 111 WESTWOOD PLACE, SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX:
County HARRIS Region 06 Date Licensed 10/01/2012 Owner Information BROOKDALE HOSPICE, LLC LIC LIC	County HARRIS License # 011954 Lic Expire 2/28/2024 Medicare 1: 679313 HHA-18 Medicare 2: Phone (713) 623-0291	Region 06 Date Licensed 02/05/2008 BROOKDALE HOME HEALTH HOUSTON 12606 WEST HOUSTON CENTER BLVD STE#300 HOUSTON, TX 77082 Fax (713) 877-0449	INNOVATIVE SENIOR CARE HOME HEALTH OF HOUSTON, LLC 111 WESTWOOD PLACE BRENTWOOD, TN 37027 PHONE: FAX:
License # 01563 BROOKDALE HOSPICE HOUSTON BREDITION BRENTWOOD PLACE, SUITE #400	County HARRIS License # 015163 Lic Expire 9/30/2022 Medicare 1: 671663 HOSPICE Medicare 2: Phone (713) 623-0937	Region 06 Date Licensed 10/01/2012 BROOKDALE HOSPICE HOUSTON 15425 NORTH FREEWAY SUITE 160 HOUSTON, TX 77090 Fax (713) 623-0938	BROOKDALE HOSPICE, LLC 111 WESTWOOD PLACE, SUITE #400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Hospice
License # 019585 BRYTELYTE HOMECARE LLC Lic Expire 9/9/2024 6260 WESTPARK DR STE 265 Medicare 1: 971682 HOUSTON, TEXAS 77057 HOUSTON, TEXAS 77036 Medicare 2: Phone (832) 400-2104 Fax (832) 400-2105 Services: Hospice In-Patient Hospice: NO Type: Parent Agency Administrator NINA OLUGU County HARRIS Region 06 Date Licensed 12/20/2019 Owner Information License # 019752 BUENA VIDA HOSPICE Lic Expire 12/20/2023 810 HIGHWAY 6 S #101 Medicare 1: 971588 HOUSTON, TEXAS 77079 Medicare 2: PHONE: FAX: Phone (281) 888-1499 Fax (346) 204-4455 Services: Hospice In-Patient Hospice: NO	License # 015163 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (713) 623-0937	BROOKDALE HOSPICE HOUSTON 5751 BLYTHEWOOD STREET, STE 700 HOUSTON, TX 77021 Fax (713) 623-0938	BROOKDALE HOSPICE, LLC 111 WESTWOOD PLACE, SUITE #400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Hospice
County HARRIS Region 06 Date Licensed 12/20/2019 Owner Information License # 019752 BUENA VIDA HOSPICE Lic Expire 12/20/2023 810 HIGHWAY 6 S #101 Medicare 1: 971588 HOUSTON, TEXAS 77079 Medicare 2: PHONE: FAX: Phone (281) 888-1499 Fax (346) 204-4455 Services: Hospice In-Patient Hospice: NO	County HARRIS License # 019585 Lic Expire 9/9/2024 Medicare 1: 971682 Medicare 2: Phone (832) 400-2104	Region 06 Date Licensed 09/09/2019 BRYTELYTE HOMECARE LLC 6260 WESTPARK DR STE 265 HOUSTON, TEXAS 77057 Fax (832) 400-2105	BRYTELYTE HOMECARE LLC 6260 WESTPARK DR STE 265 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice
LVDC: Llorent Branch Administrator IDA HDICVA	County HARRIS License # 019752 Lic Expire 12/20/2023 Medicare 1: 971588 Medicare 2:	Region 06 Date Licensed 12/20/2019 BUENA VIDA HOSPICE 810 HIGHWAY 6 S #101 HOUSTON, TEXAS 77079	PHONE: FAX: Services: Hospice

County HARRIS License # 019794 Lic Expire 1/27/2022 Medicare 1: Medicare 2: Phone (346) 278-5445	Region 06 Date Licensed 10/15/2018 BUTTERFLY HOSPICE & PALLATIVE CARE, LLC 7322 SOUTHWEST FWY STE 600 RM B HOUSTON, TX 77074 Fax (346) 278-5450	Owner Information BUTTERFLY HOSPICE & PALLIATIVE CARE, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VICTOR ARISE	
County HARRIS License # 018241 Lic Expire 6/30/2022 Medicare 1: 971581 HOSPICE Medicare 2: Phone (281) 513-2851	Region 06 Date Licensed 08/11/2017 BY YOUR SIDE HOSPICE LLC 15602 ECHO CANYON DR #B HOUSTON, TX 77074 Fax (888) 248-9593	Owner Information BY YOUR SIDE HOSPICE LLC 9950 WESTPARK DR #634 HOUSTON, TX 77074 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator CHUDI OGADI	In-Patient Hospice: NO
County HARRIS License # 018080 Lic Expire 2/28/2023 Medicare 1: 677938 HHA-18 Medicare 2: Phone (832) 804-9649	Region 06 Date Licensed 02/15/2017 C & C ULTRA HEALTHCARE PROVIDERS INC 3300 SOUTH GESSNER RD #203 HOUSTON, TX 77063 Fax (832) 649-4988	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;
T D (A	ALL COLOR TOLLINGLODE LAGVE	Personal Assistance Services
County HARRIS License # 020435 Lic Expire 1/6/2023	Administrator TOLUWALOPE LAOYE Region 06 Date Licensed 01/06/2021 C & E ANGELS OF LIFE CAREGIVING SERVICE 15467 BAMMEL OAKS COURT	Owner Information C & E ANGELS OF LIFE HEALTHCARE LLC
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77014	PHONE: FAX:
Phone (832) 683-1155 Type: Parent Agency	Fax (281) 919-2077 Administrator TAWANA BROWN	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 012464 Lic Expire 2/28/2024 Medicare 1: 747545 Medicare 2:	Region 06 Date Licensed 02/25/2009 C & E HOME HEALTH SERVICES INC 20127 IVORY VALLEY LANE CYPRESS, TX 77433	Owner Information C & E HOME HEALTH SERVICES, INC 20127 IVORY VALLEY LANE CYPRESS, TEXAS 77433 PHONE: FAX:
Phone 281 8461557 Type: Parent Agency	Fax 281 8461947 Administrator PIERRE MAMIA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 018207 Lic Expire 4/30/2023 Medicare 1: 747195 HHA-18 Medicare 2: Phone (832) 623-6705	Region 06 Date Licensed 04/17/2017 C & M HEALTH SERVICES 9494 SOUTHWEST FWY STE 450-B HOUSTON, TX 77074 Fax (832) 623-6735	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;
Type: Parent Agency	Administrator JEREMY ULUOCHA	Personal Assistance Services
County HARRIS License # 018225 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (832) 895-9758 Type: Parent Agency	Region 06 Date Licensed 08/03/2017 C SUITE HEALTH SERVICES 7803 CRYSTAL MOON DRIVE HOUSTON, TX 77040 Fax (832) 218-0406 Administrator JACQUELINE JOHNSON	Owner Information CLARK HEALTHCARE SERVICES LLC 7803 CRYSTAL MOON DRIVE HOUSTON, TX 77040 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 009550 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (281) 550-3665 Type: Parent Agency	Region 06 Date Licensed 01/26/200 C&S HEALTHCARE SERVICES INC 15430 RIDGE PARK DRIVE HOUSTON, TX 77095 Fax (281) 550-8449 Administrator CINDY HARTMAN	Owner Information C & S HEALTHCARE SERVICES INC 15430 RIDGE PARK DR HOUSTON, TX 77095 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 014529 Lic Expire 12/31/2023 Medicare 1: 747820 HHA-18 Medicare 2: Phone (832) 649-6092	Region 06 Date Licensed 12/15/201 CAMILLIANS HOME HEALTH SERVICES LLC 4635 SOUTHWEST FREEWAY SUITE #645 HOUSTON, TX 770277105 Fax (800) 658-0781	CAMILLIANS HOME HEALTH SERVICES LLC 5909 WEST LOOP SOUTH SUITE #500 BELLAIRE, TX 77401 PHONE: FAX:
Type: Parent Agency	Administrator MAGDALENA TOLLES	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 008606 Lic Expire 8/31/2024 Medicare 1: 679457 HHA-18 Medicare 2: Phone (713) 771-7611 Type: Parent Agency	Region 06 Date Licensed 08/20/200 CANAAN HEALTH CARE SERVICES INC 12602 LALEU LN HOUSTON, TX 77071 Fax (713) 771-7180 Administrator OKWUCHI ARIMONYEOTU	Owner Information CANAAN HEALTH CARE SERVICES INC 12602 LALEU LN HOUSTON, TX 77071 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 015282 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (281) 979-1372	Region 06 Date Licensed 12/27/201 CAPENO HOME HEALTH INC 2000 SOUTH DAIRY ASHFORD, SUITE # 400 HOUSTON, TEXAS 77077 Fax (281) 495-3770	2 Owner Information CAPENO HOME HEALTH INC 3226 SOUTH BRIAR KNOLL DRIVE HOUSTON, TX 77082 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FRANCISCA EKWURUKE	Owner Information
County HARRIS License # 020600 Lic Expire 3/12/2024 Medicare 1:	Region 06 Date Licensed 03/12/202 CAPSTONE HOSPICE LLC 8525 WYNDHAM VILLAGE DRIVE JERSEY VILLAGE, TEXAS 77040	CAPSTONE HOSPICE LLC
Medicare 2: Phone (832) 867-7851	Fax	PHONE: FAX:
Type: Parent Agency	Administrator DAVID GOBER	Services: Hospice In-Patient Hospice: NO
County HARRIS License # 018621 Lic Expire 2/28/2022 Medicare 1: 74-1779 Medicare 2:	Region 06 Date Licensed 02/15/201 CAPU HOSPICE 14215 SOUTH POST OAK ROAD HOUSTON, TX 77045	Owner Information CAPU HEALTH CARE LLC 14215 SOUTH POST OAK ROAD HOUSTON, TX 77045 PHONE: FAX:
Phone (832) 831-4686	Fax (832) 831-4616	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MARCIA JOI HOWARD	пт авышторие. но
County HARRIS License # 019808 Lic Expire 1/2/2025 Medicare 1: 67-3130	Region 06 Date Licensed 01/02/202 CARE & CURE HOME HEALTH, INC 14200 GULF FREEWAY STE 105 HOUSTON, TEXAS 77034	Owner Information CARE & CURE HOME HEALTH INC
Medicare 2:	Fax 281 9229001	PHONE: FAX:
Phone 281 9229000	FAX 281 9229001	Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Administrator MEDHAT SALEM

County HARRIS License # 019676 Lic Expire 11/1/2021 Medicare 1: Medicare 2: Phone (713) 269-4194	Region 06 Date Licensed CARE 4 U HOSPICE, INC 6464 SAVOY DRIVE STE 545 HOUSTON, TEXAS 77036 Fax (281) 860-2030	12/20/2019	Owner Information CARE 4 U HOSPICE, INC PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator JESENIA PAREDES			
County HARRIS	Region 06 Date Licensed	09/05/2019	Owner Information	
License # 019452	CARE 4 YOU SENIOR SERVICES		COLE LEGACY INC 2107 WILLOW LAKE DRIVE	
Lic Expire 6/27/2023	12138 ELLA LEE LANE		HOUSTON, TEXAS 77077	
Medicare 1: 971594 Hospice Medicare 2:	HOUSTON, TEXAS 77077		PHONE:	FAX:
Phone (281) 372-6963	Fax (281) 741-8970		Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	
Type: Parent Agency	Administrator MAY COLE			
County HARRIS	Region 06 Date Licensed	12/03/2021	Owner Information CARE FROM THE HEART HOSPICE LLC	
License # 021249	CARE FROM THE HEART HOSPICE		CARE FROM THE HEART HOSPICE LLC	
Lic Expire 12/3/2024 Medicare 1:	9950 WESTPARK DRIVE SUITE 646 HOUSTON, TEXAS 77063			
Medicare 2:	100310N, 1EAA3 77003		PHONE:	FAX:
Phone 800 2170017	Fax 281 564 7326		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator JOEL ADA			
County HARRIS	Region 06 Date Licensed	05/24/2007	Owner Information	
License # 011353	CARE INNOVATIONS LLC		CARE INNOVATIONS LLC	
Lic Expire 5/31/2022	5850 SAN FELIPE STE # 500		5850 SAN FELIPE STE 500 HOUSTON, TX 77057	
Medicare 1:	HOUSTON, TX 77057			FAV.
Medicare 2: Phone (713) 771-1033	Fax (832) 201-7574		PHONE:	FAX:
Type: Parent Agency	Administrator KRIS DIAZ		Services: Personal Assistance Services	
County HARRIS License # 010311 Lic Expire 2/28/2025 Medicare 1: 677976 HHA-18	Region 06 Date Licensed CARE OPTIONS HEALTH SERVICES INC 12440 OXFORD PARK DRIVE SUITE C106 HOUSTON, TX 77082	02/24/2006	Owner Information CARE OPTIONS HEALTH SERVICES, INC SAME HOUSTON, TX 77027	
Medicare 2:			PHONE:	FAX:
Phone (713) 977-1222	Fax (713) 977-1333		Services: Licensed and Certified Home Health Ser	vices; Licensed Home Health Services;
Type: Parent Agency	Administrator GRACE DADA		Personal Assistance Services	
County HARRIS License # 018570 Lic Expire 1/31/2020 Medicare 1: Medicare 2: Phone (713) 280-7985	Region 06 Date Licensed CARE PLUS HOSPICE 9950 WESTPARK DRIVE SUITE 646 HOUSTON, TEXAS 77063 Fax (281) 564-7326	01/23/2018	Owner Information CARE PLUS HOSPICE INC 9950 WESTPARK SUITE # 644 HOUSTON, TX 77063 PHONE: Services: Hospice	FAX:
Type: Parent Agency	Administrator JOEL S ADA		In-Patient Hospice: NO	
County HARRIS License # 019136 Lic Expire 12/6/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed CARE SOLUTIONS INC 13111 WESTHEIMER ROAD SUITE 121-C HOUSTON, TEXAS 77077	03/29/2013	Owner Information CARE SOLUTIONS INC 13111 WESTHEIMER RD SUITE 121 HOUSTON, TX 77077 PHONE:	FAX:
Phone (832) 602-2422	Fax (713) 541-4002		Services: Personal Assistance Services	
Type: Parent Agency	Administrator ROXANA VELAZQUEZ		22.11000. 1 0.001MI / NORMATION OUTTION	

County HARRIS License # 007015 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone 281 7601903 Type: Parent Agency	Region 06 Date Licensed 04/28/1999 CARE TEXAS HOME HEALTH AGENCY 11938 STROUD DR HOUSTON, TX 77072 Fax (281) 760-1909 Administrator TAIWO DIPEOLU	Owner Information DIPSONS INC, INC 11938 STROUD DR HOUSTON, TX 77072 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 008400 Lic Expire 12/31/2022 Medicare 1: 459431 HHA-18 Medicare 2: Phone (713) 781-4048	Region 06 Date Licensed 01/01/2003 CARE UNLIMITED HOME HEALTH SERVICES 6201 BONHOMME STREET #166 N HOUSTON, TX 77036 Fax (713) 781-4241	Owner Information AP CARE UNLIMITED INC 6201 BONHOMME STREET SUITE 166 N HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 017868 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (832) 266-1222 Type: Parent Agency	Administrator PHYLLOMINA WATURUOCHA Region 06 Date Licensed 01/20/2017 CAREBUILDERS AT HOME 118 VINTAGE PARK BLVD SUITE W-425 HOUSTON, TX 77070 Fax (832) 590-0200 Administrator NICOLE KENNEDY	Owner Information CARE BY KENNEDY, LLC 17906 NORWOOD OAKS DR SPRING, TX 77379 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 018773 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (832) 810-0073	Region 06 Date Licensed 06/05/2018 CAREGIVERS 24HRS SERVICE 24022 CORINALDO CT PARK ROW, TEXAS 77493 Fax (832) 460-3744	Owner Information CAREGIVER 24 SERVICES LLC 2727 COMMERCIAL CENTER BLVD SUITE #471 KATY, TX 77494 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County HARRIS License # 018561 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (832) 641-1728 Type: Parent Agency	Administrator WILLIAM MARCANO Region 06 Date Licensed 01/12/2018 CAREKTER LLC 17815 PECAN BAYOU LANE CYPRESS, TX 77433 Fax (832) 848-1223 Administrator ANNA ROUBAN	Owner Information CAREKTER LLC 17815 PECAN BAYOU LN CYPRESS, TX 77433 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 011317 Lic Expire 5/31/2022 Medicare 1: 747011 Medicare 2: Phone (713) 771-7990 Type: Parent Agency	Region 06 Date Licensed 05/07/2007 CAREPOINT HEALTH INC 7324 SOUTHWEST FRWY STE 550 HOUSTON, TX 77074 Fax (713) 771-7947 Administrator MONICA AKOMPI	Owner Information CAREPOINT HEALTH INC 7324 SOUTHWEST FREEWAY SUITE #550 HOUSTON, TX 77074 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018756 Lic Expire 8/5/2022 Medicare 1: Medicare 2: Phone (888) 253-7627 Type: Parent Agency	Region 06 Date Licensed 05/22/2018 CARESNAP INC 2020 N LOOP W SUITE 140B HOUSTON, TX 77018 Fax (888) 253-7627 Administrator ERIC MORA	Owner Information CARESNAP INC 2020 N LOOP W SUITE 140B HOUSTON, TX 77018 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

License # 010117 Lic Expire 11/30/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 11/04/2005 CAREWORKS 12337 JONES ROAD SUITE #200-26 HOUSTON, TX 77070	Owner Information TRUSTED CARE SERVICES LLC 9514 FENCHURCH DRIVE SPRING, TX 77379 PHONE: FAX:
Phone (832) 237-2273 Type: Parent Agency	Fax NA Administrator WILLIAM HARDY	Services: Personal Assistance Services
County HARRIS License # 019385 Lic Expire 5/17/2021 Medicare 1:	Region 06 Date Licensed 05/17/2019 CARING ABUNDANTLY HOME & HOSPICE CARE, LLC 7206 FOX HALL LN HUMBLE, TEXAS 77338	Owner Information CARING ABUNDANTLY HOME & HOSPICE CARE, LLC
Medicare 2:		PHONE: FAX:
Phone (713) 816-9543	Fax (281) 812-0986	Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County HARRIS License # 017525 Lic Expire 11/30/2019 Medicare 1: 673140 HHA-18	Administrator TORINA LANE Region 06 Date Licensed 03/09/2016 CARING HEALTH SERVICES 16151 CAIRNWAY DR STE 200 HOUSTON, TX 77084	Owner Information VICTORIA JEFFERSON 16151 CAIRNWAY DR HOUSTON, TX 77084
Medicare 2: Phone (832) 683-4355 Type: Parent Agency	Fax (832) 427-1382 Administrator VICTORIA JEFFERSON	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 019978 Lic Expire 6/3/2022 Medicare 1:	Region 06 Date Licensed 06/03/2020 CARING HEART HOSPICE AND PALLIATIVE CARE SERVICES 6201 BONHOMME RD #468N HOUSTON, TX 77036	Owner Information CARING ANGELS GROUP INC
Medicare 2: Phone (281) 402-6644 Type: Parent Agency	Fax (713) 583-8124 Administrator SHELIA NELSON-MEREDITH	PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County HARRIS License # 016189 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (832) 279-4452 Type: Parent Agency	Region 06 Date Licensed 05/07/2014 CARING HEARTS 247 LLC 3922 CLUB VALLEY DRIVE HOUSTON, TX 77082 Fax (832) 781-8766 Administrator NATASHA DAVIS	Owner Information CARING HEARTS 247 LLC 3922 CLUB VALLEY DRIVE HOUSTON, TX 77082 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 020935 Lic Expire 7/27/2024 Medicare 1:	Region 06 Date Licensed 07/27/2021 CARING HEARTS PERSONAL CARE SERVICES LLC 4600 HIGHWAY 6 N SUITE 335 HOUSTON, TX 77084	Owner Information CARING HEARTS PERSONAL CARE SERVICES LLC
Medicare 2: Phone 281 8614576	Fax	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 007827 Lic Expire 1/31/2025 Medicare 1: 679152 HHA-18 Medicare 2:	Administrator NATASHA MILES Region 06 Date Licensed 01/17/2002 CARING PROFESSIONAL HEALTH SERVICES INC 8300 BISSONNET SUITE #150 HOUSTON, TX 77074 Fax (713) 270-9305	Owner Information CARING PROFESSIONAL HEALTH SERVICES INC SAME HOUSTON, TX 77074 PHONE: FAX:

County HARRIS License # 013851 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (281) 893-6699 Type: Parent Agency	Region 06 Date Licensed CARING SENIOR SERVICE OF HOUSTON 110 CYPRESS STATION DR SUITE 163 HOUSTON, TX 77090 Fax (281) 893-6698 Administrator KATHY CASEY	12/06/2010	Owner Information RPKC, INC PO BOX 130628 THE WOODLANDS, TX 77393 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 015801 Lic Expire 7/31/2023 Medicare 1: 679510 HHA-18 Medicare 2: Phone (281) 379-7052 Type: Parent Agency	Region 06 Date Licensed CARTER HEALTHCARE 5265 LOUETTA ROAD SUITE #B SPRING, TX 77379 Fax (281) 376-4357 Administrator BRIAN CARTER	07/29/2013	Owner Information CARTER HEALTHCARE OF SOUTHEAST TEXAS, INC 3105 S MERIDIAN AVE OKLAHOMA CITY, OK 73119 PHONE: FAX: Services: Licensed and Certified Home Health Services
County HARRIS License # 018156 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (832) 672-6648 Type: Parent Agency	Region 06 Date Licensed CASA TRINIDAD INHOME CARE LLC 3315 BURKE ROAD SUITE 240-B PASADENA, TX 77504 Fax (832) 672-6312 Administrator DAISY ALANIZ	07/12/2017	Owner Information CASA TRINIDAD INHOME CARE LLC SAME AS ABOVE PASADENA, TX 77505-1638 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 007673 Lic Expire 7/31/2022 Medicare 1: 679085 HHA-18 Medicare 2: Phone (713) 988-9443 Type: Parent Agency	Region 06 Date Licensed CASSEL HEALTH SERVICES 10333 HARWIN DR STE 575 HOUSTON, TX 77036 Fax (713) 988-9553 Administrator VIRGINIA CASSEL	07/17/2001	Owner Information CASSEL HEALTH SERVICES INC 10333 HARWIN DR SUITE 575 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020950 Lic Expire 8/3/2024 Medicare 1: Medicare 2: Phone (832) 723-4436	Region 06 Date Licensed CASTLE PALLIATIVE CARE LLC 8700 COMMERCE PARK DR STE. 208 HOUSTON, TX 77036 Fax (281) 990-6716	08/03/2021	Owner Information CASTLE PALLIATIVE CARE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 011069 Lic Expire 3/10/2022 Medicare 1: 457896 Medicare 2: Phone (713) 597-5131	Administrator NINA OLUGU Region 06 Date Licensed CATALYST HEALTH SERVICES INC 1724 RICHMOND AVE HOUSTON, TEXAS 77098 Fax (855) 474-9087	09/30/2006	Owner Information CATALYST HEALTH SERVICES INC 223 WEST 25TH STREET HOUSTON, TX 77008 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services In Patient Heaping: NO
Type: Parent Agency County HARRIS License # 021174 Lic Expire 10/29/2024 Medicare 1:	Administrator MARIYEH AMIRIAN Region 06 Date Licensed CATALYST HOSPICE LLC 315 W. ALABAMA ST. STE. 200 HOUSTON, TEXAS 77006	10/29/2021	In-Patient Hospice: NO Owner Information CATALYST HOSPICE LLC
Medicare 1: Medicare 2: Phone (832) 722-7051	Fax (713) 529-1404		PHONE: FAX: Services: Hospice In-Patient Hospice: NO

Administrator

KENYATTA HOLMES

County HARRIS	Region 06 Date Licensed 10/02/2002	Owner Information CATHY HOME CARE LTD
License # 008131	CATHY HOME CARE LTD	7601 W SAM HOUSTON PKWY SOUTH #818
Lic Expire 10/31/2021	7601 W SAM HOUSTON PKWY SOUTH SUITE #818	HOUSTON, TX 77072
Medicare 1: 679216 HHA-18 Medicare 2:	HOUSTON, TX 77072	PHONE: FAX:
Phone (713) 779-8998	Fax (713) 779-8997	Services: Licensed Home Health Services: Personal Assistance Services
Type: Parent Agency	Administrator CATHERINE PHAM	Gervices. Licensed Frome Health Gervices, Fersonal Assistance Gervices
County HARRIS	Region 06 Date Licensed 07/26/1999	Owner Information
License # 007085	CCR INC HOME HEALTH	CONSOLIDATED COMMUNITY RESOURCES INC
Lic Expire 7/31/2022	14215 SOUTH POST OAK ROAD	1314 COLONY LAKES DRIVE
Medicare 1:	HOUSTON, TX 77045	SUGAR LAND, TX 77479
Medicare 2:		PHONE: FAX:
Phone (713) 596-9030	Fax (713) 596-9031	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator E. CHINYERE NWANNA	
County HARRIS	Region 06 Date Licensed 02/12/2019	Owner Information
License # 019621	CECE HOSPICE LLC	CECE HOSPICE LLC
Lic Expire 9/30/2021	8700 COMMERCE PARK DR SUITE 208	
Medicare 1:	HOUSTON, TX 77036	
Medicare 2:		PHONE: FAX:
Phone (713) 478-4533	Fax (866) 278-2834	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DAVIS EGWIM	·
County HARRIS	Region 06 Date Licensed 03/11/2021	Owner Information
License # 020589	CELESTIAL HOSPICE, INC	CELESTIAL HOSPICE, INC
Lic Expire 3/11/2023	2922 ROSEDALE ST STE 1240	
Medicare 1:	HOUSTON, TEXAS 77004	
Medicare 2:	110001014, 127410 17004	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 04/12/1993	Owner Information
License # 002522	CENTRAL HOME HEALTH SERVICES OF TEXAS, LLC	CENTRAL HOME HEALTH SERVICES OF TEXAS, LLC
Lic Expire 4/30/2023		26515 WEDGEWOOD
Medicare 1: 677668	9896 BISSONNETT STREET #250 HOUSTON, TX 77036	CYPRESS, TX 77433
Medicare 2:	1100010N, 17 17000	PHONE: FAX:
Phone (713) 461-5696	Fax (713) 461-5698	
,	, ,	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JESSICA IVES	
County HARRIS	Region 06 Date Licensed 10/21/2013	Owner Information
License # 015822	CEST LA VIE PALLIATIVE AND HOSPICE CARE INC	CEST LA VIE PALLIATIVE AND HOSPICE CARE INC
Lic Expire 1/6/2022	6671 SOUTHWEST FREEWAY, SUITE 310	9330 LBJ FREEWAY SUITE 900
Medicare 1: 741602 HOSPICE	HOUSTON, TEXAS 77074	DALLAS, TX 75243
Medicare 2:	. ,	PHONE: FAX:
Phone (713) 773-2153	Fax (713) 474-1697	Services: Hospice
Type: Parent Agency	Administrator SERGE UKAWILU	In-Patient Hospice: NO
<u> </u>		Owner Information
County HARRIS	Region 06 Date Licensed 05/18/2020	CEVACARE HOME & HEALTH SERVICES LLC
License # 019947	CEVACARE HOME & HEALTH SERVICES LLC	11111 KATY FREEWAY, #910
Lic Expire 5/18/2022	11111 KATY FREEWAY, #934	HOUSTON, TEXAS 77079
Medicare 1:	HOUSTON, TEXAS 77079	
Medicare 2:	Fay no	PHONE: FAX:
Phone (713) 973-5763	Fax na	Services: Personal Assistance Services
Type: Parent Agency	Administrator CLARA UWAMU	

County HARRIS License # 009191 Lic Expire 1/31/2022 Medicare 1: 679219 HHA-18 Medicare 2: Phone (713) 271-2533 Type: Parent Agency County HARRIS License # 015322	Region 06 Date Licensed 01/02/2004 CHARLTON HOME HEALTH INC 9888 BISSONNET SUITE 268 HOUSTON, TX 77036 Fax (713) 271-3205 Administrator CHARLES ANUMNU Region 06 Date Licensed 11/08/2012 CHILDREN'S HOME CARE	Owner Information CHARLTON HOME HEALTH, INC 9888 BISSONNET STREET SUITE 268 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information CHILDREN'S HOME CARE LLC 14950 HEATHROW FOREST PKWY SUITE 250
Lic Expire 11/30/2022 Medicare 1:	14950 HEATHROW FOREST PARKWAY, SUITE 250 HOUSTON, TX 77032	HOUSTON, TX 77032
Medicare 2:	110001011, 17. 77002	PHONE: FAX:
Phone (281) 921-2301	Fax (281) 921-2305	Services: Licensed Home Health Services
Type: Parent Agency	Administrator ERIK CASPERSON	
County HARRIS License # 020075 Lic Expire 7/24/2022 Medicare 1: Medicare 2: Phone 18003593184	Region 06 Date Licensed 07/24/2020 CHIVALRY PALLIATIVE CARE SERVICES, INC 515 N SAM HOUSTON PKWY E SUITE 430 HOUSTON, TEXAS 77060 Fax (281) 564-7326	Owner Information CHIVALRY PALLIATIVE CARE SERVICES, INC PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JOEL ADA	In-Patient Hospice: NO
County HARRIS License # 016532 Lic Expire 5/31/2022 Medicare 1: 747242 HHA-18 Medicare 2:	Region 06 Date Licensed 06/01/2014 CHOICE HOMECARE 12929 GULF FREEWAY HOUSTON, TX 77034	Owner Information CP HOME CARE, LLC 6760 OLD JACKSONVILLE HWY, SUITE 102 TYLER, TX 75703 PHONE: FAX:
Phone 844 2700096 Type: Parent Agency	Fax (877) 715-5675 Administrator JAMES WALLACE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018147 Lic Expire 7/31/2023 Medicare 1: 741699 HOSPICE Medicare 2: Phone (713) 485-6940	Region 06 Date Licensed 07/06/2017 CHOICE HOSPICE 8303 SOUTHWEST FREEWAY SUITE 545 HOUSTON, TX 77074 Fax (832) 548-1164	Owner Information NEXTGEN HOSPICE CARE, LLC 6760 OLD JACKSONVILLE HWY, SUITE 102 TYLER, TX 75703 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator GALE PETRY	
County HARRIS License # 020964 Lic Expire 8/5/2024 Medicare 1:	Region 06 Date Licensed 08/05/2021 CHOICE HOSPICE 8303 SOUTHWEST FREEWAY SUITE 547 HOUSTON, TEXAS 77074	Owner Information SPOTLIGHT HOSPICE CARE LLC
Medicare 2:	Fav. (922) F49 4464	PHONE: FAX:
Phone (713) 485-6940 Type: Parent Agency	Fax (832) 548-1164 Administrator TOM KURIAN	Services: Hospice In-Patient Hospice: NO
County HARRIS License # 020639 Lic Expire 3/24/2023 Medicare 1: 971678	Region 06 Date Licensed 03/24/2021 CHOICE HOSPICE 8303 SOUTHWEST FREEWAY, SUITE 547 HOUSTON, TEXAS 77074	Owner Information FULL HEARTS HOSPICE LLC
Medicare 2:		PHONE: FAX:
Phone (281) 630-0483	Fax (832) 548-1164	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TOM KURIAN	

County HARRIS License # 017629 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (832) 413-3115 Type: Parent Agency	Region 06 Date Licensed 09/15/2016 CHRISTIAN COMPANIONS 14526 OLD KATY RD SUITE 96 HOUSTON, TX 77079 Fax (832) 408-7791 Administrator JUSTIN HARDMAN	Owner Information HOUSTON CHRISTIAN PERSONAL CARE LLC 14526 OLD KATY RD., SUITE 96 HOUSTON, TEXAS 77079 PHONE: FAX: Services: Personal Assistance Services
<u> </u>		Owner Information
County HARRIS License # 016827 Lic Expire 9/30/2021 Medicare 1:	Region 06 Date Licensed 05/28/2015 CHRISTIAN PROVIDER SERVICES INC 11200 WESTHIEMER RD STE 1050 HOUSTON, TX 77042	CHRISTIAN PROVIDER SERVICE INC 7322 SOUTHWEST FREEWAY SUITE 530 HOUSTON, TX 77074
Medicare 2:		PHONE: FAX:
Phone 18008912184	Fax (281) 988-5391	Services: Personal Assistance Services
Type: Parent Agency	Administrator MICHAEL OKENDU	
County HARRIS License # 013897	Region 06 Date Licensed 02/16/2011 CHRISTIAN SENIOR CARE SERVICES	Owner Information FAISON & FAISON, LLC
Lic Expire 2/28/2023	5625 FM 1960 ROAD WEST SUITE 405	5625 FM 1960 ROAD WEST, SUITE #405 HOUSTON, TX 77069
Medicare 1: Medicare 2:	HOUSTON, TX 77069	PHONE: FAX:
Phone (832) 286-4690	Fax (832) 286-4691	
Type: Parent Agency	Administrator QUINTIN FAISON	Services: Personal Assistance Services
County HARRIS License # 017386	Region 06 Date Licensed 05/06/2016 CHRISTMAS HOME HEALTH & PERSONAL ASSISTANCE SERVICE	Owner Information CHRISTMAS CHARITY, INC
Lic Expire	12011 HIGH STAR DR	9131 GIANNA CT
Medicare 1: 748018	HOUSTON, TX 77072	HOUSTON, TX 77083
Medicare 2:		PHONE: FAX:
Middiddid E.		
Phone (832) 877-6946	Fax (832) 739-8400	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
	Fax (832) 739-8400 Administrator JESSIE FENG	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (832) 877-6946 Type: Parent Agency County HARRIS	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1:	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX:
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2:	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX:
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency County HARRIS	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT Region 06 Date Licensed 08/15/2016	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX: Services: Personal Assistance Services
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency County HARRIS	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX: Services: Personal Assistance Services Owner Information
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency County HARRIS License # 017883	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT Region 06 Date Licensed 08/15/2016 CHRYSOLYTE HEALTH SERVICES	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX: Services: Personal Assistance Services Owner Information THE CHRYSOLYTE HEALTH SERVICES INC
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency County HARRIS License # 017883 Lic Expire 12/30/2022 Medicare 1: 457888 HHA-18 Medicare 2:	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT Region 06 Date Licensed 08/15/2016 CHRYSOLYTE HEALTH SERVICES 8700 COMMERCE PARK DR STE 208 HOUSTON, TX 77036	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX: Services: Personal Assistance Services Owner Information THE CHRYSOLYTE HEALTH SERVICES INC 8700 COMMERCE PARK DR STE 144
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency County HARRIS License # 017883 Lic Expire 12/30/2022 Medicare 1: 457888 HHA-18 Medicare 2: Phone (832) 703-0137	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT Region 06 Date Licensed 08/15/2016 CHRYSOLYTE HEALTH SERVICES 8700 COMMERCE PARK DR STE 208 HOUSTON, TX 77036 Fax (877) 212-2568	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX: Services: Personal Assistance Services Owner Information THE CHRYSOLYTE HEALTH SERVICES INC 8700 COMMERCE PARK DR STE 144 HOUSTON, TEXAS 77036
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency County HARRIS License # 017883 Lic Expire 12/30/2022 Medicare 1: 457888 HHA-18 Medicare 2:	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT Region 06 Date Licensed 08/15/2016 CHRYSOLYTE HEALTH SERVICES 8700 COMMERCE PARK DR STE 208 HOUSTON, TX 77036	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX: Services: Personal Assistance Services Owner Information THE CHRYSOLYTE HEALTH SERVICES INC 8700 COMMERCE PARK DR STE 144 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services; Personal Assistance Services
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency County HARRIS License # 017883 Lic Expire 12/30/2022 Medicare 1: 457888 HHA-18 Medicare 2: Phone (832) 703-0137 Type: Parent Agency County HARRIS	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT Region 06 Date Licensed 08/15/2016 CHRYSOLYTE HEALTH SERVICES 8700 COMMERCE PARK DR STE 208 HOUSTON, TX 77036 Fax (877) 212-2568 Administrator PAUL ROBERTSON Region 07 Date Licensed 09/17/2013	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX: Services: Personal Assistance Services Owner Information THE CHRYSOLYTE HEALTH SERVICES INC 8700 COMMERCE PARK DR STE 144 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services; Personal Assistance Services
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency County HARRIS License # 017883 Lic Expire 12/30/2022 Medicare 1: 457888 HHA-18 Medicare 2: Phone (832) 703-0137 Type: Parent Agency County HARRIS License # 017883 License # 017888 HHA-18 Medicare 2: Phone (832) 703-0137	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT Region 06 Date Licensed 08/15/2016 CHRYSOLYTE HEALTH SERVICES 8700 COMMERCE PARK DR STE 208 HOUSTON, TX 77036 Fax (877) 212-2568 Administrator PAUL ROBERTSON Region 07 Date Licensed 09/17/2013 CIRCLE OF CARE 09/17/2013 09/17/2013	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX: Services: Personal Assistance Services Owner Information THE CHRYSOLYTE HEALTH SERVICES INC 8700 COMMERCE PARK DR STE 144 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services; Personal Assistance Services
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency County HARRIS License # 017883 Lic Expire 12/30/2022 Medicare 1: 457888 HHA-18 Medicare 2: Phone (832) 703-0137 Type: Parent Agency County HARRIS License # 015904 Lic Expire 9/30/2024	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT Region 06 Date Licensed 08/15/2016 CHRYSOLYTE HEALTH SERVICES 8700 COMMERCE PARK DR STE 208 HOUSTON, TX 77036 Fax (877) 212-2568 Administrator PAUL ROBERTSON Region 07 Date Licensed 09/17/2013 CIRCLE OF CARE 2211 NORFOLK ST. SUITE 420	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX: Services: Personal Assistance Services Owner Information THE CHRYSOLYTE HEALTH SERVICES INC 8700 COMMERCE PARK DR STE 144 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services; Personal Assistance Services Owner Information CTW HOME HEALTH, LLC 4553 N LOOP 1604 W STE#1119
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency County HARRIS License # 017883 Lic Expire 12/30/2022 Medicare 1: 457888 HHA-18 Medicare 2: Phone (832) 703-0137 Type: Parent Agency County HARRIS License # 015904 Lic Expire 9/30/2024 Medicare 1:	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT Region 06 Date Licensed 08/15/2016 CHRYSOLYTE HEALTH SERVICES 8700 COMMERCE PARK DR STE 208 HOUSTON, TX 77036 Fax (877) 212-2568 Administrator PAUL ROBERTSON Region 07 Date Licensed 09/17/2013 CIRCLE OF CARE 09/17/2013 09/17/2013	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX: Services: Personal Assistance Services Owner Information THE CHRYSOLYTE HEALTH SERVICES INC 8700 COMMERCE PARK DR STE 144 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services; Personal Assistance Services Owner Information CTW HOME HEALTH, LLC 4553 N LOOP 1604 W STE#1119 SAN ANTONIO, TX 78249
Phone (832) 877-6946 Type: Parent Agency County HARRIS License # 018186 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 407-1662 Type: Parent Agency County HARRIS License # 017883 Lic Expire 12/30/2022 Medicare 1: 457888 HHA-18 Medicare 2: Phone (832) 703-0137 Type: Parent Agency County HARRIS License # 015904 Lic Expire 9/30/2024	Administrator JESSIE FENG Region 06 Date Licensed 07/21/2017 CHRYSALIS SPECTRUM LLC 118 VINTAGE PARK BLVD SUITE W449 HOUSTON, TEXAS 77070 HOUSTON, TEXAS 77070 Fax 18322188761 Administrator ALISA ELLIOT Region 06 Date Licensed 08/15/2016 CHRYSOLYTE HEALTH SERVICES 8700 COMMERCE PARK DR STE 208 HOUSTON, TX 77036 Fax (877) 212-2568 Administrator PAUL ROBERTSON Region 07 Date Licensed 09/17/2013 CIRCLE OF CARE 2211 NORFOLK ST. SUITE 420	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY 118 VINTAGE PARK BLVD W449 HOUSTON, TX 77070 PHONE: FAX: Services: Personal Assistance Services Owner Information THE CHRYSOLYTE HEALTH SERVICES INC 8700 COMMERCE PARK DR STE 144 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services; Personal Assistance Services Owner Information CTW HOME HEALTH, LLC 4553 N LOOP 1604 W STE#1119

County HARRIS License # 007431 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (713) 667-7202 Type: Parent Agency	Region 06 Date Licensed 05/ CITIZEN CARE HOME HEALTH INC 2646 SOUTH LOOP WEST SUITE 440 HOUSTON, TX 77054 Fax (713) 667-0712 Administrator SHAKKY THOMAS	1/2000	Owner Information CITIZEN CARE HOME HEALTH INC 2626 SOUTH LOOP WEST, SUITE 265 HOUSTON, TX 77054 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS	Region 06 Date Licensed 03,	3/03/2021	Owner Information
License # 020561	Region 06 Date Licensed 03, CITIZENS PALLIATIVE CARE LLC	0/03/2021	CITIZENS PALLIATIVE CARE LLC
Lic Expire 3/3/2023	2646 SOUTH LOOP WEST STE 440		2646 SOUTH LOOP WEST #440
Medicare 1: 971657	HOUSTON, TEXAS 77054		HOUSTON, TEXAS 77054
Medicare 2:	,		PHONE: FAX:
Phone (713) 667-7202	Fax (713) 667-0712		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KUDY ADELAKUN		
County HARRIS	Region 06 Date Licensed 06	6/29/2007	Owner Information
License # 011667	CITY CROWN HOME HEALTH AGENCY INC		CITY CROWN HOME HEALTH AGENCY INC
Lic Expire 9/30/2022	1560 WEST BAY AREA BLVD SUITE #230		1560 WEST BAY AREA BLVD
Medicare 1: 457908 HHA-18	FRIENDSWOOD, TX 77546		FRIENDSWOOD, TX 77546
Medicare 2:	Fav. (204) 496 2006		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	9/07/2012	Owner Information
License # 015055	CITYCARING HEALTHCARE LLC		CITYCARING HEALTHCARE LLC 10039 BISSONNET SUITE #336
Lic Expire 9/30/2022	8700 COMMERCE PARK DRIVE, SUITE 236		HOUSTON, TX 77036
Medicare 1:	HOUSTON, TEXAS 77036		
Medicare 2: Phone (832) 216-1556	Fax (832) 242-7919		PHONE: FAX:
Type: Parent Agency	Administrator UCHENNA WATSON		Services: Licensed Home Health Services; Personal Assistance Services
<u></u>			Owner Information
County HARRIS	ŭ	7/27/2010	CMD HOME HEALTH, INC
License # 013493 Lic Expire 7/31/2022	CMD HOME HEALTH, INC		6666 HARWIN, SUITE #510
Medicare 1:	6666 HARWIN SUITE #510 HOUSTON, TX 77036		HOUSTON, TX 77036
Medicare 2:	110001011, 17. 11000		PHONE: FAX:
Phone (713) 974-7373	Fax (713) 532-0538		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ANGEL CHAVEZ		CONTICOS. Electricos Fronte Fr
County HARRIS License # 011823 Lic Expire 3/31/2022 Medicare 1: 679456 HHA-18 Medicare 2:	Region 06 Date Licensed 03, CNE HOME HEALTH SERVICES INC 1880 SOUTH DAIRY ASHFORD RD. STE 537 HOUSTON, TX 77077	3/13/2007	Owner Information CNE HOME HEALTH SERVICES, INC 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		CNJ HOMECARE INC
Lic Expire 4/30/2023	8700 COMMERCE PARK DRIVE SUITE 105		8700 COMMERCE PARK DR #105
Medicare 1:	HOUSTON, TX 77036		HOUSTON, TX 77036
Medicare 2:	E (000) 707 00 15		PHONE: FAX:
Phone (281) 685-0838	Fax (832) 767-2845		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FRANCES OKAFOR		

County HARRIS	Region 06 Date Licensed 03/31/2012	Owner Information HAN MA EUM, INC
License # 014775	COASTAL HOME HEALTH CARE	10122 LONG POINT ROAD, SUITE 116
Lic Expire 3/31/2022	1249 B BLALOCK ROAD SUITE 203	HOUSTON, TX 77043-4300
Medicare 1: 679000 HHA-18	HOUSTON, TEXAS 77055	
Medicare 2: Phone (713) 772-0035	Fax (713) 973-2097	PHONE: FAX:
		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SEOUNG RYOU	•
County HARRIS	Region 06 Date Licensed 12/08/2006	Owner Information COLBY HEALTHCARE INC
License # 010926	COLBY D HEALTHCARE INC	9888 BISSONNET #410
Lic Expire 12/31/2022	9888 BISSONNET ST #410	HOUSTON, TX 77036
Medicare 1:	HOUSTON, TX 77036	
Medicare 2:	Fav. (749) 774 4949	PHONE: FAX:
Phone (832) 563-4970	Fax (713) 774-1842	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator BRIDGETTE DAVIS	
County HARRIS	Region 06 Date Licensed 06/17/2010	Owner Information
License # 013394	COLEMAN HEALTHCARE INC	COLEMAN HEALTHCARE INC
Lic Expire 6/30/2022	17302 HOUSE HAHL ROAD SUITE 328	12311 S RAVEN SHORE CT
Medicare 1:	CYPRESS, TX 77433	CYPRESS, TX 77433
Medicare 2:		PHONE: FAX:
Phone (281) 916-1900	Fax (281) 978-2617	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator INNOCENT NNANNA	
County HARRIS	Region 06 Date Licensed 03/28/2014	Owner Information
License # 016118	COMFORT CHOICE HOME HEALTH INC	COMFORT CHOICE HOME HEALTH INC
Lic Expire 3/31/2022	16123 TALONCREST DRIVE	16123 TALONCREST DRIVE
Medicare 1:	HOUSTON, TX 77083	HOUSTON, TX 77083
Medicare 2:		PHONE: FAX:
Phone (832) 875-6037	Fax (832) 917-0675	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ROSALINE ERHUNMWUNSEE	
County HARRIS	Region 03 Date Licensed 02/09/2015	Owner Information
License # 013951	COMFORT HOSPICE	COMFORT HOSPICE OF TEXAS, LLC
Lic Expire 9/30/2022	8588 KATY FREEWAY, STE 226C	PO BOX 99278
Medicare 1: 67-1633	HOUSTON, TX 770241829	TROY, MI 48099
Medicare 2:		PHONE: FAX:
Phone (832) 786-4216	Fax (877) 396-5954	Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CAROL HARDWICK	
County HARRIS	Region 03 Date Licensed 02/09/2015	Owner Information
License # 013951	COMFORT HOSPICE	COMFORT HOSPICE OF TEXAS, LLC
Lic Expire 9/30/2022	8588 KATY FREEWAY, STE 226C	PO BOX 99278
Medicare 1: 67-1633	HOUSTON, TX 770241829	TROY, MI 48099
Medicare 2:	, 	PHONE: FAX:
Phone (832) 786-4216	Fax (877) 396-5954	Services: Hospice Alternative Delivery Site (ADS)
		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CAROL HARDWICK	
County HARRIS	Region 06 Date Licensed 01/05/2006	Owner Information
License # 010234	COMFORT KEEPERS	THE LOVING CLARKS INC
Lic Expire 1/31/2024	6117 RICHMOND AVE STE 150	2630 FOUNTAIN VIEW DRIVE #226
Medicare 1:	HOUSTON, TX 77057	HOUSTON, TX 77057
Medicare 2:		PHONE: FAX:
Phone (713) 974-6920	Fax (713) 974-6922	Services: Personal Assistance Services
Type: Parent Agency	Administrator FREDERICK SELBY CLARK	

County HARRIS License # 012958 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (281) 218-7400 Type: Parent Agency	Region 06 Date Licensed 09/14/2009 COMFORT KEEPERS CLEAR LAKE 17045 EL CAMINO REAL SUITE 104 HOUSTON, TX 77058 Fax (281) 218-7401 Administrator JOETTA WATSON	Owner Information PAINTER'S HOME CARE LLC 10 MILLWRIGHT PLACE THE WOODLANDS, TX 77382 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 017680 Lic Expire 10/31/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 10/18/2016 COMFORTCARE HOMEHEALTH SERVICES LLC 2305 HIGHWAY 6 SOUTH SUITE A HOUSTON, TX 77077	Owner Information COMFORTCARE HOMEHEALTH SERVICES LLC 2305 HIGHWAY 6 SOUTH SUITE A HOUSTON, TX 77077 PHONE: FAX:
Phone (832) 486-9642 Type: Parent Agency	Fax (832) 486-9732 Administrator KAMRUL ALAM	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 016336 Lic Expire 1/31/2023 Medicare 1: 679224 HHA-18 Medicare 2: Phone (713) 988-2434 Type: Parent Agency	Region 06 Date Licensed 01/22/2013 COMFORTHOME HEALTH CARE INC 8700 COMMERCE PARK DR #122 HOUSTON, TEXAS 77036 Fax (713) 988-6247 Administrator BERNARD UGWU	Owner Information COMFORTHOME HEALTH CARE INC 8700 COMMERCE PARK DRIVE SUITE #125A HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 019333 Lic Expire 4/18/2023 Medicare 1:	Region 06 Date Licensed 04/18/2019 COMFORTING HANDS HEALTHCARE LLC 7407 PLEASANT RIDGE DR. HOUSTON, TEXAS 77095	Owner Information COMFORTING HANDS HEALTHCARE LLC
Medicare 2: Phone (813) 335-6895 Type: Parent Agency	Fax (813) 335-0579 Administrator OMOLOLA KOMOLAFE	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 014557 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (832) 484-3756 Type: Parent Agency	Region 06 Date Licensed 01/02/2012 COMMUNICATION ESSENTIALS 505 N. SAM HOUSTON PARKWAY E SUITE #615 HOUSTON, TX 77060 Fax (832) 324-7860 Administrator MECA GRANT	Owner Information COMMUNICATION ESSENTIALS, LLC 505 N SAM HOUSTON PARKWAY E, SUITE #615 HOUSTON, TX 77060-4098 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 021234 Lic Expire 11/30/2024 Medicare 1:	Region 06 Date Licensed 11/30/2021 COMMUNITY CARE COOPERATIVE 2501 HOLMAN STREET HOUSTON, TEXAS 77004	Owner Information COMMUNITY CARE COOPERATIVE
Medicare 2: Phone (281) 972-7565 Type: Parent Agency	Fax (281) 972-7565 Administrator TANISHA HOLMAN	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 020076 Lic Expire 7/27/2022 Medicare 1:	Region 06 Date Licensed 07/27/2020 COMMUNITY HOSPICE PALLIATIVE, INC 9100 SOUTHWEST FREEWAY SUITE 206 HOUSTON, TEXAS 77407	Owner Information COMMUNITY HOSPICE PALLIATIVE, INC
Medicare 2: Phone 1 866 252 4689	Fax (281) 564-7326	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator IOEL ADA	iii-i augiit i iospice. NO

Administrator

JOEL ADA

County HARRIS License # 020692 Lic Expire 4/12/2024	Region 06 Date Licensed 04/12/2021 COMPANION CARE HOME HEALTHCARE LLC 11111 KATY FWY STE 910	Owner Information COMPANION CARE HOME HEALTHCARE LLC
Medicare 1:	HOUSTON, TEXAS 77079	
Medicare 2:	F (000) 000 0000	PHONE: FAX:
Phone (832) 626-2933	Fax (832) 626-2989	Services: Personal Assistance Services
Type: Parent Agency	Administrator FRANK OWENS	Our solution at the
County HARRIS	Region 06 Date Licensed 12/23/2021	Owner Information COMPASSITANT COMPANION CARE LLC
License # 021290 Lic Expire 12/23/2024	COMPASSITANT COMPANION CARE, LLC 2755 CHESTNUT RIDGE DRIVE SUITE 240	
Medicare 1:	KINGWOOD, TEXAS 77339	
Medicare 2:		PHONE: FAX:
Phone (281) 608-7227	Fax (281) 608-7227	Services: Personal Assistance Services
Type: Parent Agency	Administrator RACHEAL NGOBIDI	
County HARRIS License # 021042 Lic Expire 9/13/2024	Region 06 Date Licensed 09/13/2021 COMPELLING PROFESSIONAL HEALTHCARE AGENCY LLC 17774 CYPRESS ROSEHILL SUITE 1700	Owner Information COMPELLING PROFESSIONAL HEALTHCARE AGENCY LLC
Medicare 1:	CYPRESS, TEXAS 77429	
Medicare 2: Phone (281) 781-7500	F (000) 000 4040	PHONE: FAX:
Type: Parent Agency	Fax (832) 286-1646 Administrator MARGARITA PATTERSON	Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County HARRIS License # 020452 Lic Expire 1/13/2023	Region 06 Date Licensed 01/13/2021 COMPETENT CARE HOME HEALTH LLC 14631 AUBURN DUSK DR	Owner Information COMPETENT CARE HOME HEALTH LLC
Medicare 1: Medicare 2:	HOUSTON, TX 770691135	PHONE: FAX:
Phone (615) 429-2767	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator FLORENCE AMOAKO	Services. Personal Assistance Services
County HARRIS License # 019464 Lic Expire 7/2/2024 Medicare 1:	Region 06 Date Licensed 10/09/2019 COMPLETE HOME HEALTHCARE PLUS LLC 10101 SOUTHWEST FRWY STE. 402	Owner Information COMPLETE HOME HEALTHCARE PLUS LLC
Medicare 2:	HOUSTON, TEXAS 77074	PHONE: FAX:
Phone (713) 637-4876	Fax (281) 542-3475	Services: Personal Assistance Services
Type: Parent Agency	Administrator TOI MANN	
County HARRIS License # 019913 Lic Expire 12/31/2021 Medicare 1: 679274 Medicare 2:	Region 06 Date Licensed 11/30/2015 COMPREHENSIVE PLUS HOME HEALTH INC 14423 CORNERSTONE VILLAGE DR. STE. 119 HOUSTON, TX 77014	Owner Information THE GOOD SHEPHARD LLC PHONE: FAX:
Phone 713 3708091	Fax 281 7270015	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SIMON ITAMAN	
County HARRIS License # 012395 Lic Expire 10/31/2022 Medicare 1:	Region 06 Date Licensed 10/27/2008 CONCEPT HEALTH SERVICES INC 13707 SUNMOUNT PINES DRIVE HOUSTON, TX 77083	Owner Information CONCEPT HEALTH SERVICES INC 10333 HARWIN DRIVE SUITE 120F HOUSTON, TX 77036
Medicare 2:		PHONE: FAX:
Phone (346) 219-5981	Fax (281) 498-1163	Services: Personal Assistance Services

County HARRIS License # 020367 Lic Expire 12/3/2022 Medicare 1:	Region 06 Date Licensed 12/03/2020 CONCIERGE CLINICIANS OF HOUSTON LLC 427 WEST 20TH STREET SUITE 611 HOUSTON, TEXAS 77008	Owner Information CONCIERGE CLINICIANS OF HOUSTON LLC
Medicare 2:	HOUSTON, ILAAS 11000	PHONE: FAX:
Phone (713) 715-5065	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator TAREK HUSSEIN	
County HARRIS	Region 06 Date Licensed 07/08/2020	Owner Information
License # 020041	CONCIERGE HOSPICE	CONCIERGE HOSPICE AND PALLIATIVE CARE, INC
Lic Expire 7/8/2022	9950 WESTPARK DRIVE SUITE 646	
Medicare 1:	HOUSTON, TEXAS 77063	BUQUE 51V
Medicare 2: Phone 866 454 6774	Fax 281 564 7326	PHONE: FAX:
1 Holic 000 404 0774	1 dx 201 004 1020	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOEL ADA	·
County HARRIS	Region 06 Date Licensed 09/12/1994	Owner Information
License # 003258	CONSOLIDATED COMMUNITY RESOURCES INC	CONSOLIDATED COMMUNITY RESOURCES INC
Lic Expire 9/30/2022	14215 SOUTH POST OAK ROAD	1314 COLONY LAKES DRIVE
Medicare 1: 458333 HHA-18	HOUSTON, TX 77045	SUGAR LAND, TX 77479
Medicare 2: Phone (713) 596-9030	Eq. (712) 506 0024	PHONE: FAX:
Phone (713) 596-9030 Type: Parent Agency	Fax (713) 596-9031 Administrator E. CHINYERE NWANNA	Services: Licensed Home Health Services; Personal Assistance Services
		Owner Information
County HARRIS	Region 06 Date Licensed 10/15/2017	CONTACT CARE HEALTH SERVICES INC
License # 018563 Lic Expire 10/31/2021	CONTACT CARE HEALTH SERVICES INC	5433 WESTHEIMER RD STE 408
Medicare 1: 747226	8700 COMMERCE PARK DR, STE. 150 HOUSTON, TEXAS 77036	HOUSTON, TX 77056
Medicare 2:		PHONE: FAX:
Phone (832) 831-7042	Fax (832) 849-0932	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OMOTAYO LAWAL	
County HARRIS	Region 06 Date Licensed 05/24/2007	Owner Information
License # 011354	CONTINUITY CARE HOME HEALTH AGENCY LLC	CONTINUITY CARE HOME HEALTH AGENCY LLC
Lic Expire 9/30/2024	1110 KINGWOOD DR STE 200JK	1510 WALNUT LANE KINGWOOD, TX 77339
Medicare 1: 679744 HHA-18 Medicare 2:	KINGWOOD, TX 77339	PHONE: FAX:
Phone (281) 348-2328	Fax (281) 358-2680	
Type: Parent Agency	Administrator JOSE LARA	Services: Licensed and Certified Home Health Services
	Region 06 Date Licensed 11/01/2014	Owner Information
County HARRIS License # 016510	Region 06 Date Licensed 11/01/2014 CONVENIENT HOME HEALTH	ALIMED HOME HEALTH CARE, INC
Lic Expire 10/31/2022	2600 SOUTH GESSNER ROAD SUITE 112	2600 S. GESSNER RD., STE. 112
Medicare 1: 677992 HHA-18	HOUSTON, TX 77063	HOUSTON, TX 77063
Medicare 2:		PHONE: FAX:
Phone (713) 917-0600	Fax (713) 917-0605	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator MAE THOMLINSON	
County HARRIS	Region 06 Date Licensed 01/09/1989	Owner Information
License # 003647	CORAM CVSSPECIALITY INFUSION SERVICES	CORAM ALTERNATE SITE SERVICES INC ONE CVS DRIVE, MC #1160
Lic Expire 3/31/2022	10611 S SAM HOUSTON PARKWAY WEST #200	WOONSOCKET, RI 2895
Medicare 1: Medicare 2:	HOUSTON, TX 77071	PHONE: FAX:
Phone (713) 667-4010	Fax (713) 667-9304	Services: Licensed Home Health Services
Type: Parent Agency	Administrator JAMES RANKIN	St. 1990. Electronal French Fredrick Out Frede

County HARRIS License # 008970 Lic Expire 3/31/2023 Medicare 1: 673112 HHA-18 Medicare 2: Phone (713) 490-3222 Type: Parent Agency	Region 06 Date Licensed 03/17/2004 CORAZON HOMECARE INC 4105 CHAPMAN HOUSTON, TX 77009 Fax (713) 490-3555 Administrator ANGELICA VALDEZ	Owner Information CORAZON HOMECARE, INC 4105 CHAPMAN HOUSTON, TX 77009 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 020026 Lic Expire 7/1/2022 Medicare 1:	Region 06 Date Licensed 12/07/2020 CORNERSTONE CAREGIVING 440 COBIA DR. STE 2003 KATY, TEXAS 77494	Owner Information KATY TX CAREGIVING LLC
Medicare 2:		PHONE: FAX:
Phone (281) 915-2250	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator CHAD KELLY	
County HARRIS License # 011838 Lic Expire 1/31/2023 Medicare 1:	Region 06 Date Licensed 01/24/2008 CORNERSTONE COMMUNITY HEALTHCARE SERVICES INC 2626 SOUTH LOOP WEST SUITE 118 HOUSTON, TX 77054	Owner Information CORNERSTONE COMMUNITY HEALTHCARE SERVICES INC 19806 CAMPFIELD DRIVE KATY, TX 77449
Medicare 2: Phone (713) 664-6100	Fax (713) 664-6103	PHONE: FAX:
Type: Parent Agency	Administrator ROSALIND LEWINGS	Services: Personal Assistance Services
County HARRIS License # 014449 Lic Expire 11/30/2021 Medicare 1: 671706 HOSPICE Medicare 2:	Region 06 Date Licensed 11/03/2011 CORPUS CHRISTI HOSPICE 9950 WESTPARK DR STE 646 HOUSTON, TX 77063	Owner Information CORPUS CHRISITI HEALTH SOLUTIONS INC 9950 WESTPARK DR STE 646 HOUSTON, TX 77053 PHONE: FAX:
Phone (713) 784-2885	Fax (713) 784-2848 Administrator JOEL ADA	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 012284 Lic Expire 10/31/2022 Medicare 1: 747369 HHA-18 Medicare 2: Phone (281) 980-2977 Type: Parent Agency	Region 06 Date Licensed 10/30/2008 COSMEC HEALTH CARE RESOURCE INC 8202 ASH GARDEN CT HOUSTON, TX 77083 Fax (281) 242-2265 Administrator MONICA CHIOMA IGWE	Owner Information COSMEC HEALTH CARE RESOURCE INC 8202 ASH GARDEN CT HOUSTON, TX 77083 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 019380 Lic Expire 5/15/2023 Medicare 1: Medicare 2: Phone (713) 541-4000 Type: Parent Agency	Region 06 Date Licensed 05/15/2019 COUNTY HOME HEALTHCARE 13111 WESTHEIMER RD, SUITE 121 HOUSTON, TX 77077 Fax (713) 541-4002 Administrator ROXANA VELAZQUEZ	Owner Information COUNTY HEALTHCARE INCORPORATED 13111 WESTHEIMER RD SUITE 121 HOUSTON, TX 77077 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 020072 Lic Expire 7/24/2022 Medicare 1: Medicare 2: Phone 800 487 9142 Type: Parent Agency	Region 06 Date Licensed 07/24/2020 COVENANT GRACE HOSPICE 9950 WESTPARK DRIVE SUITE 646 HOUSTON, TEXAS 77063 Fax 281 564 7326 Administrator JOEL ADA	Owner Information JEG2 2021 TRUST TEMP , TX PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County HARRIS License # 019034 Lic Expire 11/15/2022 Medicare 1: Medicare 2: Phone (832) 865-2310 Type: Parent Agency	Region 06 Date Licensed 11/15/2018 COWANS HOME CARE 15418 TYSOR PARK LANE HOUSTON, TX 77095 Fax (281) 463-7693 Administrator RUBY COWANS	Owner Information COWANS HOME CARE LLC P.O. BOX 841683 HOUSTON, TX 77284 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 021210 Lic Expire 11/17/2024	Region 06 Date Licensed 11/17/2021 CREATED TO CARE HOME HEALTHCARE AGENCY, LLC 11302 YORKSHIRE OAKS DR	Owner Information CREATED TO CARE HOME HEALTHCARE AGENCY LLC
Medicare 1: Medicare 2: Phone (318) 268-0716	HOUSTON, TEXAS 77065 Fax	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator CORTISA MILLER	0.1100.7 (0.05/1.11
County HARRIS License # 013587 Lic Expire 9/30/2022 Medicare 1:	Region 06 Date Licensed 09/29/2010 CREATION HEALTH MANAGEMENT INC 16325 WESTHEIMER ROAD, SUITE 102 HOUSTON, TX 77082	Owner Information CREATION HEALTH MANAGEMENT INC 9207 COUNTRY CREEK DRIVE, #209A 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 License # 007119 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (713) 773-0808 Type: Parent Agency	Region 06 Date Licensed 09/01/1999 CREATION LIVING CENTER 16325 WESTHEIMER ROAD SUITE 101 HOUSTON, TX 77082 Fax (713) 773-0941 Administrator HOPE ADODO	Owner Information HOPE ADODO 16325 WESTHEIMER RD HOUSTON, TX 77083 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 012025 Lic Expire 5/31/2022 Medicare 1: 747345 HHA-18	Region 06 Date Licensed 05/23/2008 CRESCENT HOME HEALTH INC 11251 NORTHWEST FREEWAY STE 470 HOUSTON, TX 77092	Owner Information A+ CRESCENT HOME HEALTH INC 11251 NORTHWEST FREEWAY STE 470 HOUSTON, TEXAS 77092
Medicare 2: Phone (713) 414-5837	Fax (713) 337-5460	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 015935 Lic Expire 12/31/2021 Medicare 1: 747933 HHA-18	Administrator ALTAF VISRAM Region 06 Date Licensed 12/18/2013 CRISTOS HEALTH CARE SERVICES INC 10998 S WILCREST DR STE 122 HOUSTON, TX 77099	Owner Information CRISTOS HEALTH CARE SERVICES INC 10998 S WILCREST DR STE 122 HOUSTON, TX 77099
Medicare 2: Phone (832) 672-8194	Fax (832) 672-8136	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARYANNE OMOREBOKHAE	
County HARRIS License # 016963 Lic Expire 5/31/2023 Medicare 1: 459232 HHA-18 Medicare 2:	Region 06 Date Licensed 06/01/2015 CRITI CARE HEALTH SERVICES INC 8319 HIDDEN TRAIL LN SPRING, TX 77379	Owner Information CRITI CARE HEALTH SERVICES, INC 8319 HIDDEN TRAIL LN SPRING, TX 77379 PHONE: FAX:
Phone (281) 547-8395 Type: Parent Agency	Fax (281) 605-6656 Administrator DEVIN MCELYA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County HARRIS License # 017178 Lic Expire 7/31/2023 Medicare 1: 671604 HOSPICE Medicare 2: Phone (888) 791-6770	Region 06 Date Licensed 07/15/2015 CROSSROADS HOSPICE INC 8582 KATY FREEWAY SUITE 225 HOUSTON, TEXAS 77024 Fax (832) 280-6776	Owner Information CROSSROADS HOSPICE INC 1900 S. GREGG ST. BIG SPRING, TX 79720 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ELIZABETH LOPEZ	
County HARRIS License # 010231 Lic Expire 11/30/2021 Medicare 1: 679387 HHA-18 Medicare 2:	Region 06 Date Licensed 11/21/2005 CUN HEALTH NET INC 7207 SKYLIGHT LANE HOUSTON, TX 77095	Owner Information CUN HEALTH NET INC 7207 SKYLIGHT LANE HOUSTON, TX 77095 PHONE: FAX:
Phone (281) 859-5937	Fax (281) 861-6743	Services: Personal Assistance Services
Type: Parent Agency	Administrator UCHE OKEKE	
County HARRIS License # 020593 Lic Expire 3/11/2024 Medicare 1:	Region 06 Date Licensed 03/11/2021 CUSK PERSONAL CARE HOME LLC 11830 GREENSHIRE DR HOUSTON, TEXAS 77048	Owner Information CUSK PERSONAL CARE HOME LLC
Medicare 2:		PHONE: FAX:
Phone (713) 584-8745 Type: Parent Agency	Fax Administrator SHANNA ANIEKWU	Services: Personal Assistance Services
County HARRIS License # 019652 Lic Expire 10/17/2021 Medicare 1: Medicare 2:	Region 06 Date Licensed 10/17/2019 CUSTOMIZED THERAPY SOLUTIONS 12302 CARMEL DALE LN HOUSTON, TEXAS 77089	Owner Information G, J & K LEGACY ENTERPRISES, INC 12302 CARMEL DALE LANE HOUSTON, TX 77089 PHONE: FAX:
Phone (832) 871-2105	Fax 1 833 5538065	Services: Licensed Home Health Services
Type: Parent Agency	Administrator KRYSTAL HOLMES-LANTIER, M.S. CCC-SLP	
County HARRIS License # 017717 Lic Expire 8/31/2022 Medicare 1: 677926 HHA-18	Region 06 Date Licensed 09/01/2016 CYFAIR HEALTHCARE LLC 23902 FM. 2978 TOMBALL, TEXAS 773755059	Owner Information CYFAIR HEALTHCARE LLC 11119 MCCRACKEN CIRCLE SUITE D CYPRESS, TX 77429-4460
Medicare 2:	Fav. (022) E40 E2E0	PHONE: FAX:
Phone (281) 890-0338 Type: Parent Agency	Fax (832) 518-5258 Administrator CHARLES RIDGWAY	Services: Licensed and Certified Home Health Services
County HARRIS License # 020990 Lic Expire 8/19/2023 Medicare 1:	Region 06 Date Licensed 08/19/2021 CYPRESS HOSPICE & PALLIATIVE CARE LLC 14405 WALTERS ROAD SUITE 614 HOUSTON, TEXAS 77014	Owner Information CYPRESS HOSPICE & PALLIATIVE CARE LLC
Medicare 2:	1100010N, 123/10 17014	PHONE: FAX:
Phone (832) 542-1554	Fax	Services: Hospice In-Patient Hospice: NO
County HARRIS License # 009130 Lic Expire 6/30/2023 Medicare 1: 457897 HHA-18	Administrator SUSSIE AKRONG Region 06 Date Licensed 06/03/2004 D LIFE HEALTHCARE SERVICES INC 2027 N. MASON RD. STE 303 KATY, TX 77449	Owner Information DLIFE HEALTHCARE SERVICES, INC 1820 SOUTH MASON ROAD, SUITE #340 KATY, TX 77450
Medicare 2:	Eav. (294) 602 0500	PHONE: FAX:
Phone (281) 693-0505 Type: Parent Agency	Fax (281) 693-0509 Administrator DICKSON FATUNBI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
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County HARRIS License # 017020 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (832) 895-3400 Type: Parent Agency	Region 06 Date Licensed 04/02/2015 DAISY KIDS CARE 17314 SH 249 SUITE 230 HOUSTON, TX 77064 Fax (832) 895-0293 Administrator HEATHER COLLIER	Owner Information DAISY CHILDREN'S HOMEHEALTH, LLC 17314 SH 249 SUITE 230 HOUSTON, TX 77064 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 014409 Lic Expire 10/31/2021 Medicare 1:	Region 06 Date Licensed 10/11/2011 DAYSPRING HEALTHCARE SERVICES INC 10333 HARWIN DR SUITE 675 HOUSTON, TX 77036	Owner Information DAYSPRING HEALTHCARE SERVICES INC 10590 WESTOFFICE DR. STE #105A HOUSTON, TX 77042
Medicare 2: Phone (281) 881-9131 Type: Parent Agency	Fax (713) 271-2298 Administrator OMOYEME OBEAHON	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 013306 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (713) 240-8436	Region 06 Date Licensed 05/11/2010 DDF HEALTH SERVICES INC 8300 BISSONNET SUITE 460J HOUSTON, TX 77074 Fax (281) 815-2123	Owner Information DDF HEALTH SERVICES INC 8300 BISSONNET SUITE 460J HOUSTON, TX 77074 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County HARRIS License # 017474 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (832) 526-6617	Administrator MARGARET ODUNUGA Region 06 Date Licensed 06/22/2016 DEAF BLIND SERVICES OF TEXAS 1526 KATY GAP ROAD, SUITE 503 KATY, TEXAS 77494 Fax (855) 382-6347	Owner Information DEAF BLIND SERVICES OF TEXAS LLC 1526 KATY GAP ROAD KATY, TEXAS 77494 PHONE: FAX:
Type: Parent Agency County HARRIS License # 009898 Lic Expire 8/31/2023 Medicare 1: 677988 Medicare 2: Phone (713) 954-9500	Administrator HEIDI MAY Region 06 Date Licensed 08/09/2005 DEBOK HEALTHCARE INC 16000 PARK TEN PLACE SUITE 902 HOUSTON, TX 77084 Fax (713) 954-9506	Owner Information DEBOK HEALTHCARE INC 16000 PARK TEN PLACE STE 9021 HOUSTON, TX 77084 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 010018 Lic Expire 10/31/2022 Medicare 1: 679521 HHA-18 Medicare 2: Phone (832) 767-0140 Type: Parent Agency	Administrator OLADELE KOLAPO Region 06 Date Licensed 10/04/2005 DECENCY HOME HEALTH CARE SERVICES INC 8323 SOUTHWEST FREEWAY # 270 HOUSTON, TX 77074 Fax (832) 767-0484 Administrator BEATRICE NSOWAH	Owner Information DECENCY HOME HEALTHCARE SERVICES, INC 8323 SOUTHWEST FREEWAY #270 HOUSTON, TX 77074 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 019119 Lic Expire 11/28/2022 Medicare 1: Medicare 2: Phone (346) 701-7915 Type: Parent Agency	Region 06 Date Licensed 11/28/2018 DEDICARE HOME HEALTH LLC 5700 NW CENTRAL DR STE 260-A HOUSTON, TEXAS 77092 Fax 13462231988 Administrator ANA REYES	Owner Information DEDICARE HOME HEALTH LLC 5700 NW CENTRAL DR STE #401 HOUSTON, TX 77092 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 018552 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (832) 703-4104 Type: Parent Agency	Region 06 Date Licensed DEDICATED HEALTHCARE INCORPORATED 9898 BISSONNET ST STE 670 HOUSTON, TEXAS 77036 Fax (281) 786-3946 Administrator ALEXI MBOGNE	01/09/2018 D	Owner Information DEDICATED HEALTHCARE INCORPORATED 2608 SUNFISH DR PEARLAND, TX 77584 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 016766 Lic Expire 4/30/2024 Medicare 1: 741598 HOSPICE Medicare 2: Phone (361) 723-0210	Region 06 Date Licensed DEL CIELO HOSPICE & PALLIATIVE CARE 9888 BISSONNET STREET SUITE #401-C HOUSTON, TX 77036 Fax (361) 723-0212	04/24/2015	Owner Information FAMILIA HEALTHCARE SERVICES, INC 9888 BISSONNET STREET SUITE 450-E HOUSTON, TX 77036 PHONE: FAX: Services: Hospice
Type: Parent Agency County HARRIS License # 007134 Lic Expire 5/31/2024 Medicare 1: 459480 HHA-18	Administrator ANDRES ELIZONDO III Region 06 Date Licensed DENSON HOME HEALTH INC 201 FLINT RIDGE ROAD SUITE 200 WEBSTER, TX 77598	06/01/1999	Owner Information BHC HOLDCO, LLC
Medicare 2: Phone (281) 990-7000 Type: Parent Agency	Fax (281) 990-7672 Administrator SUZANNE DENSON		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 010511 Lic Expire 6/30/2022 Medicare 1: 679607 HHA-18 Medicare 2: Phone (713) 783-2440	Region 06 Date Licensed DEROSS HEALTH CARE INC 7442 SAN BENITO DR HOUSTON, TX 77083 Fax (713) 783-2460	06/07/2006	Owner Information DE'ROSS HEALTH CARE INC 7442 SAN BENITO DR HOUSTON, TX 77083 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 009792 Lic Expire 3/31/2021 Medicare 1: 679449 Medicare 2: Phone (713) 785-4800 Type: Parent Agency	Region 06 Date Licensed DESTINY CARE SERVICES INC 8515 FONDREN ROAD SUITE 260 HOUSTON, TX 77074 Fax (713) 785-4806 Administrator CALLISTA DAVIS	03/22/2005	Owner Information DESTINY CARE SERVICES INC 8515 FONDREN RD #260 HOUSTON, TX 77074 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 013977 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (713) 541-3877 Type: Parent Agency	Region 06 Date Licensed DESTINY HEALTH CARE INC 10101 HARWIN DRIVE SUITE 220 HOUSTON, TX 77036 Fax (713) 541-3879 Administrator ALEXANDER ONYIRIOHA	01/24/2009	Owner Information DESTINY HEALTH CARE INC 10101 HARWIN DRIVE SUITE 220 HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 020407 Lic Expire 12/16/2022 Medicare 1: 971688 Medicare 2:	Region 06 Date Licensed DESTINY HOSPICE LLC 3300 S GESSNER RD SUITE 117 HOUSTON, TEXAS 77063	12/16/2020	Owner Information DESTINY HOSPICE LLC PHONE: FAX:
Phone (720) 254-5439 Type: Parent Agency	Fax Administrator KANAYO OKOLO		Services: Hospice In-Patient Hospice: NO

County HARRIS	Region 06 Date Licensed	06/05/2013	Owner Information
License # 015585	Region 06 Date Licensed DEVINITY HOSPICE	00/03/2013	DEVINITY HOME HEALTH CARE PLLC
			9102 ASPEN TRACE LN
Lic Expire 6/30/2024	9102 ASPEN TRACE LN		HUMBLE, TX 77338
Medicare 1: 741532 HOSPICE Medicare 2:	HUMBLE, TX 77338		PHONE: FAX:
Phone (281) 570-4072	Fax (281) 570-6234		
, ,			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator GINA OLUBANWO OMISANDE		
County HARRIS	Region 06 Date Licensed	03/22/2021	Owner Information
License # 020626	DEVOTED HOSPICE CARE LLC		DEVOTED HOSPICE CARE LLC
Lic Expire 3/22/2024	9894 BISSONNET ST STE 394		
Medicare 1:	HOUSTON, TEXAS 77036		
Medicare 2:			PHONE: FAX:
Phone (832) 790-1126	Fax (346) 571-2161		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VIVIAN KIFFA		iii-i alient rospice. No
	Pagian 06 Data License d	07/00/0046	Owner Information
County HARRIS	•	07/08/2016	DEVOTED LOVING CARE INC
License # 017505	DEVOTED LOVING CARE INC		9898 BISSONET STREET SUITE 430-0
Lic Expire 7/31/2022	9894 BISSONNET STREET SUITE 394		HOUSTON, TEXAS 77036
Medicare 1:	HOUSTON, TX 77036		PHONE: FAX:
Medicare 2: Phone (346) 571-2190	Fax (346) 571-2161		PHONE. FAX.
,	• •		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator VIVIAN KIFFA		
County HARRIS	Region 06 Date Licensed	07/16/2003	Owner Information
License # 008553	DEVOTION HEALTH CARE SERVICES INC		DEVOTION HEALTH CARE SERVICES INC
Lic Expire 7/31/2022	8300 BISSONNET SUITE 375		12802 MIRIAM LANE
Medicare 1: 679446	HOUSTON, TX 77074		HOUSTON, TX 77071
Medicare 2:			PHONE: FAX:
Phone (713) 723-3600	Fax (713) 723-3622		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator TAWAKALITU ADEBISI LAWR	ENCE	Personal Assistance Services
Type. Tarent/Igeney	/ Administrator // / / / / / / / / / / / / / / / / /		Owner Information
		06/02/2017	Owner Information
County HARRIS	•		DIAMOND HOSPICE LLC
County HARRIS License # 018086	Region 06 Date Licensed DEVOTION HOSPICE		DIAMOND HOSPICE LLC
License # 018086 Lic Expire 6/30/2024	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B		6260 WESTPARK DRIVE, SUITE 250
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE	DEVOTION HOSPICE		6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2:	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377		6260 WESTPARK DRIVE, SUITE 250
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B		6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442		6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX:
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2:	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS		6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed	12/22/2009	6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS	12/22/2009	6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information DHS HEALTHCARE INC
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed	12/22/2009	6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information DHS HEALTHCARE INC 6001 SAVOY DRIVE, SUITE #201
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218 Lic Expire 4/29/2022 Medicare 1: 673102 HHA-18	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed DHS HEALTHCARE INC	12/22/2009	6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information DHS HEALTHCARE INC 6001 SAVOY DRIVE, SUITE #201 HOUSTON, TX 77036
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218 Lic Expire 4/29/2022 Medicare 1: 673102 HHA-18 Medicare 2:	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed DHS HEALTHCARE INC 6464 SAVOY DRIVE, SUITE 104 HOUSTON, TEXAS 77036	12/22/2009	6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information DHS HEALTHCARE INC 6001 SAVOY DRIVE, SUITE #201
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218 Lic Expire 4/29/2022 Medicare 1: 673102 HHA-18	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed DHS HEALTHCARE INC 6464 SAVOY DRIVE, SUITE 104	12/22/2009	6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO 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;
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218 Lic Expire 4/29/2022 Medicare 1: 673102 HHA-18 Medicare 2:	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed DHS HEALTHCARE INC 6464 SAVOY DRIVE, SUITE 104 HOUSTON, TEXAS 77036	12/22/2009	6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information DHS HEALTHCARE INC 6001 SAVOY DRIVE, SUITE #201 HOUSTON, TX 77036 PHONE: FAX:
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218 Lic Expire 4/29/2022 Medicare 1: 673102 HHA-18 Medicare 2: Phone (713) 784-6400 Type: Parent Agency	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed DHS HEALTHCARE INC 6464 SAVOY DRIVE, SUITE 104 HOUSTON, TEXAS 77036 Fax (713) 784-6426 Administrator JOYCE AGU		6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO 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;
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218 Lic Expire 4/29/2022 Medicare 1: 673102 HHA-18 Medicare 2: Phone (713) 784-6400 Type: Parent Agency County HARRIS	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed DHS HEALTHCARE INC 6464 SAVOY DRIVE, SUITE 104 HOUSTON, TEXAS 77036 Fax (713) 784-6426 Administrator JOYCE AGU Region 06 Date Licensed	12/22/2009	6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO 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
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218 Lic Expire 4/29/2022 Medicare 1: 673102 HHA-18 Medicare 2: Phone (713) 784-6400 Type: Parent Agency County HARRIS License # 020181	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed DHS HEALTHCARE INC 6464 SAVOY DRIVE, SUITE 104 HOUSTON, TEXAS 77036 Fax (713) 784-6426 Administrator JOYCE AGU Region 06 Date Licensed DIAMOND HEALTH CARE SOLUTIONS LLC		6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO 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
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218 Lic Expire 4/29/2022 Medicare 1: 673102 HHA-18 Medicare 2: Phone (713) 784-6400 Type: Parent Agency County HARRIS License # 020181 Lic Expire 8/10/2022	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed DHS HEALTHCARE INC 6464 SAVOY DRIVE, SUITE 104 HOUSTON, TEXAS 77036 Fax (713) 784-6426 Administrator JOYCE AGU Region 06 Date Licensed DIAMOND HEALTH CARE SOLUTIONS LLC 13328 WESTHEIMER ROAD, #1302		6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO 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 Owner Information DIAMOND HEALTH CARE SOLUTIONS LLC
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218 Lic Expire 4/29/2022 Medicare 1: 673102 HHA-18 Medicare 2: Phone (713) 784-6400 Type: Parent Agency County HARRIS License # 020181 Lic Expire 8/10/2022 Medicare 1:	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed DHS HEALTHCARE INC 6464 SAVOY DRIVE, SUITE 104 HOUSTON, TEXAS 77036 Fax (713) 784-6426 Administrator JOYCE AGU Region 06 Date Licensed DIAMOND HEALTH CARE SOLUTIONS LLC		6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO 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 Owner Information DIAMOND HEALTH CARE SOLUTIONS LLC 13328 WESTHEIMER ROAD, #1302 HOUSTON, TEXAS 77077
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218 Lic Expire 4/29/2022 Medicare 1: 673102 HHA-18 Medicare 2: Phone (713) 784-6400 Type: Parent Agency County HARRIS License # 020181 Lic Expire 8/10/2022	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed DHS HEALTHCARE INC 6464 SAVOY DRIVE, SUITE 104 HOUSTON, TEXAS 77036 Fax (713) 784-6426 Administrator JOYCE AGU Region 06 Date Licensed DIAMOND HEALTH CARE SOLUTIONS LLC 13328 WESTHEIMER ROAD, #1302 HOUSTON, TEXAS 77077		6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO 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 Owner Information DIAMOND HEALTH CARE SOLUTIONS LLC 13328 WESTHEIMER ROAD, #1302 HOUSTON, TEXAS 77077 PHONE: FAX:
License # 018086 Lic Expire 6/30/2024 Medicare 1: 741694 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency County HARRIS License # 013218 Lic Expire 4/29/2022 Medicare 1: 673102 HHA-18 Medicare 2: Phone (713) 784-6400 Type: Parent Agency County HARRIS License # 020181 Lic Expire 8/10/2022 Medicare 1: Medicare 2:	DEVOTION HOSPICE 11611 SPRING CYPRESS RD SUITE B TOMBALL, TX 77377 Fax (346) 998-1442 Administrator SHAWN STEVENS Region 06 Date Licensed DHS HEALTHCARE INC 6464 SAVOY DRIVE, SUITE 104 HOUSTON, TEXAS 77036 Fax (713) 784-6426 Administrator JOYCE AGU Region 06 Date Licensed DIAMOND HEALTH CARE SOLUTIONS LLC 13328 WESTHEIMER ROAD, #1302		6260 WESTPARK DRIVE, SUITE 250 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO 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 Owner Information DIAMOND HEALTH CARE SOLUTIONS LLC 13328 WESTHEIMER ROAD, #1302 HOUSTON, TEXAS 77077

County HARRIS License # 007796 Lic Expire 11/30/2022 Medicare 1: 679112 HHA-18 Medicare 2: Phone (281) 920-9805 Type: Parent Agency	Region 06 Date Licensed 11/27/2001 DIAMOND HOME HEALTH INC 14780 MEMORIAL DRIVE SUITE 202C HOUSTON, TX 77079 Fax (281) 920-9812 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 License # 015117 Lic Expire 10/31/2020 Medicare 1: Medicare 2: Phone (281) 605-0781	Region 06 Date Licensed 10/05/2012 DIAMOND PERSONAL CAREGIVERS INC 11611 SANDSTONE ST HOUSTON, TX 77072 Fax (888) 510-5291	Owner Information DIAMOND PERSONAL CAREGIVERS, INC PO BOX 770366 HOUSTON, TX 77215 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 017619 Lic Expire 6/30/2022 Medicare 1: 747482 HHA-18 Medicare 2: Phone (281) 920-3100 Type: Parent Agency	Administrator CHINYERE TARVER Region 06 Date Licensed 06/22/2016 DIGNIFIED NURSING HOME HEALTH CARE AGENCY LLC 12000 RICHMOND AVE STE 360 HOUSTON, TX 77082 Fax (281) 920-0700 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 License # 013237 Lic Expire 2/28/2022 Medicare 1: 679212 HHA-18 Medicare 2: Phone (713) 484-6900	Region 06 Date Licensed 02/11/2010 DIMENSION HEALTHCARE SERVICES INC 6464 SAVOY DR HOUSTON, TX 77036 Fax (713) 484-6902	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 License # 020650 Lic Expire 3/26/2024 Medicare 1: 971680 Medicare 2: Phone (346) 202-7827	Administrator EZIAKONWA MELODY ODUNZE Region 06 Date Licensed 03/26/2021 DIMPLES HOSPICE LLC 8700 COMMERCE PARK DR STE. 208 HOUSTON, TEXAS 77036 Fax (346) 202-7827	Owner Information DIMPLES HOSPICE LLC PHONE: FAX: Services: Hospice
Type: Parent Agency County HARRIS License # 018012 Lic Expire 10/31/2023 Medicare 1: 97-1504 (HOSPICE Medicare 2: Phone (281) 888-6645	Administrator PATRICK IKEMERE Region 06 Date Licensed 04/19/2017 DIRECT HOSPICE CARE INC 2020 N LOOP WEST STE 160 HOUSTON, TX 77018 Fax (866) 481-4310	In-Patient Hospice: NO Owner Information DIRECT HOSPICE CARE INC 2855 MANGUM RD STE 563 HOUSTON, TX 77092 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 017316 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (713) 777-0522	Administrator JENNA BECKHAM Region 04 Date Licensed 04/05/2017 DISABILITY SERVICES OF THE SOUTHWEST INC 3800 BUFFALO SPEEDWAY SUITE 195 HOUSTON, TX 77098 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: Branch Agency

Administrator PHILLEATRO RILES

County HARRIS License # 008421 Lic Expire 4/30/2022 Medicare 1: 679397 HHA-18 Medicare 2: Phone (713) 771-5535 Type: Parent Agency	Region 06 Date Licensed 04/15/2003 DIVERSIFIED HEALTH CARE INC 8200 WEDNESBURY LANE#235 HOUSTON, TX 77074 Fax (713) 771-5516 Administrator TONY MORAH	Owner Information QUINDIARA CORPORATION 8200 WEDNESBURY LANE, #235 HOUSTON, TX 77074 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 019289 Lic Expire 3/4/2023 Medicare 1:	Region 06 Date Licensed 07/22/2019 DIVINE COMFORT CARE HOSPICE,INC 7322 SOUTHWEST FWY SUITE 805 HOUSTON, TEXAS 77074	Owner Information DIVINE COMFORT CARE HOSPICE, INC
Medicare 2: Phone (832) 433-7024	Fax (713) 808-9130	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 020108 Lic Expire 8/18/2022	Administrator PATRICK ILOANYA Region 06 Date Licensed 08/18/2020 DIVINE DIAMOND HOMECARE LLC 16903 RED OAK DR. SUITE 276	Owner Information DIVINE DIAMOND HOMECARE LLC
Medicare 1: Medicare 2: Phone 281 7817755 Type: Parent Agency	HOUSTON, TEXAS 770903941 Fax 281 7817012 Administrator CEDRIC IVEY	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 021005 Lic Expire 8/24/2024 Medicare 1:	Region 06 Date Licensed 08/24/2021 DIVINE GRACE PALLIATIVE CARE 515 N SAM HOUSTON PKWY E SUITE 430 HOUSTON, TEXAS 77060	Owner Information DIVINE GRACE HEALTHCARE INC
Medicare 2: Phone 877 212 7383 Type: Parent Agency	Fax (281) 564-7326 Administrator JOEL ADA	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 017752 Lic Expire 3/31/2022 Medicare 1: 747127 HHA-18 Medicare 2: Phone (713) 674-0142	Region 06 Date Licensed 04/01/2016 DIVINE HANDS HEALTHCARE CORPORATION 10101 SOUTHWEST FREEWAY, SUITE #436 HOUSTON, TX 77074 Fax (713) 674-0326	Owner Information DIVINE HANDS HEALTHCARE CORPORATION 2656 SOUTH LOOP WEST #525 HOUSTON, TX 77054 PHONE: FAX:
Type: Parent Agency	Administrator JOSEPH EGEDE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018193 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 207-5272 Type: Parent Agency	Region 06 Date Licensed 07/24/2017 DIVINE HOME HEALTH AGENCY 5743 FARWELL DRIVE HOUSTON, TX 77035 Fax (713) 485-0804 Administrator GWENDOLYN JACKSON	Owner Information J DIVINE, LLC 5743 FARWELL DRIVE HOUSTON, TX 77035 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 010672 Lic Expire 8/31/2023 Medicare 1: 679634 HHA-18 Medicare 2: Phone (281) 647-2424	Region 06 Date Licensed 08/10/2006 DIVINE HOME HEALTH CARE 16000 PARK TEN PL SUITE 404 HOUSTON, TX 77084 Fax (832) 321-5794	Owner Information DIVINE NURSING SERVICES INC 16000 PARK TEN PL. STE: 404 HOUSTON, TEXAS 77084 PHONE: FAX:
Type: Parent Agency	Administrator PHILLIP AYODELE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 013159 Lic Expire 3/31/2022 Medicare 1: 747606 HHA-18 Medicare 2: Phone (832) 987-1984	Region 06 Date Licensed 03/09/2010 DIVINE PROFESSIONALS HEALTHCARE INC 7322 SOUTHWEST FWY SUITE 805 HOUSTON, TEXAS 77074 Fax (832) 539-1952	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
Type: Parent Agency	Administrator PATRICK ILOANYA	
County HARRIS	Region 06 Date Licensed 11/17/2016	Owner Information
License # 017747	DIVINITY HOSPICE	A ASSURE HOSPICE, INC 10518 KIPP WAY DR STE A 1
Lic Expire 11/30/2022	1100 NASA PARKWAY, SUITE 200	HOUSTON, TX 77099
Medicare 1: 741696 HOSPICE Medicare 2:	HOUSTON, TX 77058	PHONE: FAX:
Phone (281) 339-6043	Fax (713) 357-6638	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JASON CAMPBELL	·
County HARRIS	Region 06 Date Licensed 07/10/1995	Owner Information
License # 003664	DOCTOR'S CHOICE HOME CARE	APPLIED HEALTH CARE NURSING DIVISION, INC
Lic Expire 7/31/2024	13100 NORTHWEST FREEWAY SUITE 400	13101 NORTHWEST FREEWAY SUITE 215
Medicare 1: 678169 HHA-18	HOUSTON, TX 77040	HOUSTON, TX 77040
Medicare 2:		PHONE: FAX:
Phone (713) 782-4487	Fax (713) 782-1824	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator SHWETA ANNA MITTEN	
County HARRIS	Region 06 Date Licensed 09/13/2021	Owner Information
License # 021040	DOLRAC HEALTHCARE SERVICES, INC	DOLRAC HEALTHCARE SERVICES,INC 3839 MISTISSIN LANE
Lic Expire 9/13/2024	3839 MISTISSIN LANE	HOUSTON, TX 77053-4554
Medicare 1:	HOUSTON, TEXAS 77053	
Medicare 2: Phone (832) 875-4149	Fax (713) 469-5686	PHONE: FAX:
Type: Parent Agency	Administrator CAROLINE OMOTOSO	Services: Personal Assistance Services
<u></u>		Owner Information
County HARRIS License # 018283	Region 06 Date Licensed 08/28/2017 DOVE HOSPICE LLC	DOVE HOSPICE LLC
Lic Expire 8/31/2019	21110 ALLENHAM LN	21110 ALLENHAM LN
Medicare 1:	HUMBLE, TX 77338	HUMBLE, TX 77338
Medicare 2:		PHONE: FAX:
Phone (281) 706-6428	Fax	Services: Personal Assistance Services; Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator EDDIE TAYLOR	
County HARRIS	Region 06 Date Licensed 02/29/2008	Owner Information
License # 011904	DREAMS HOME HEALTHCARE SERVICES INC	DREAMS HOME HEALTHCARE SERVICES INC
Lic Expire 2/28/2023	14780 MEMORIAL DRIVE SUITE 206B	14780 MEMORIAL DRIVE SUITE 206B
Medicare 1: 747194 HHA-18	HOUSTON, TX 77079	HOUSTON, TX 77079
Medicare 2:	F (004) F00 0444	PHONE: FAX:
Phone (281) 589-8134	Fax (281) 589-8144	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator NIKKI MOTAZEDIAN	Ounce Information
County HARRIS	Region 06 Date Licensed 01/11/2022	Owner Information DUNKELLY NURSING SERVICES
License # 021318	DUNKELLY NURSING SERVICES	DOMELLE MONOMO GENVICES
Lic Expire 1/11/2025 Medicare 1:	6210 S. DAIRY ASHFORD	
Medicare 1:	HOUSTON, TX 77072	PHONE: FAX:
Phone (281) 406-0765	Fax	
	i ax	Services: Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 013836 Lic Expire 1/31/2023 Medicare 1: 747758 HHA-18 Medicare 2: Phone (713) 782-0551	Region 06 Date Licensed 01/19/2011 DURACARE HOME HEALTH SERVICES INC 440 BENMAR DR, SUITE 1030 HOUSTON, TX 77060 Fax (713) 782-0615	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
Type: Parent Agency	Administrator EDUARDO FIERRO VIANA	
County HARRIS License # 013860 Lic Expire 8/30/2022 Medicare 1: Medicare 2: Phone (713) 271-9010 Type: Parent Agency	Region 06 Date Licensed 08/23/2010 DYNAMIC HOME HEALTH SERVICES 8313 SOUTHWEST FWY SUITE 239 HOUSTON, TX 77074 Fax (713) 271-0843 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 License # 019264 Lic Expire 2/19/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 02/19/2019 EAGLE E PERSONAL ASSISTANCE SERVICE 2218 ISABELLA STREET #2 HOUSTON, TEXAS 77004	Owner Information EAGLE E PERSONAL ASSISTANCE SERVICE LLC PHONE: FAX:
Phone (832) 453-6261 Type: Parent Agency	Fax (832) 672-7145 Administrator EYEKA DAVIS	Services: Personal Assistance Services
County HARRIS License # 016391 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 686-0849 Type: Parent Agency	Region 06 Date Licensed 08/21/2014 EAGLE HOME HEALTH CARE LLC 23335 S WARMSTONE WAY KATY, TX 77494 Fax (713) 583-3981 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 License # 010856 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (281) 249-7130 Type: Parent Agency	Region 06 Date Licensed 11/07/2006 EAGLES TRACE HOME CARE LLC 14703 EAGLE VISTA DRIVE HOUSTON, TX 77077 Fax (281) 249-7358 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 License # 010365 Lic Expire 3/31/2022 Medicare 1: 679585 HHA-18 Medicare 2: Phone (281) 568-4573 Type: Parent Agency	Region 06 Date Licensed 03/31/2006 EDICARE PROFESSIONAL HEALTHCARE SERVICES INC 2000 DAIRY ASHFORD STE 305 HOUSTON, TX 77077 Fax (281) 879-8411 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 License # 014023 Lic Expire 4/30/2023 Medicare 1: 747833 HHA-18 Medicare 2: Phone (713) 429-4161 Type: Parent Agency	Region 06 Date Licensed 04/08/2011 EDIHUMBLE HOME HEALTHCARE INC 8303 SOUTHWEST FWY STE 105 HOUSTON, TX 77074 Fax (713) 771-1349 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 License # 018320 Lic Expire 8/31/2023 Medicare 1: 459165 HHA-18 Medicare 2: Phone (281) 922-1337	Region 06 Date Licensed 08/21/2017 EFFICIENT HOME CARE INC 9888 BISSONNET STREET, SUITE 680 HOUSTON, TX 77036 Fax (281) 922-1399	Owner Information EFFICIENT HOME CARE, INC N/A HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ROSA DAVIS	
County HARRIS License # 010864 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (832) 298-5210 Type: Parent Agency	Region 06 Date Licensed 11/09/2006 EL SHADAI HEALTH AND HOME CARE 1407 LACY DRIVE BAYTOWN, TX 77520 Fax (281) 422-3716 Administrator OLUFISAYO OLOWE	Owner Information EMTOB EDUCATIONAL & CARE SERVICES LLC 1407 LACY DRIVE BAYTOWN, TX 77520 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 015685 Lic Expire 6/30/2024 Medicare 1: 679786 HHA-18 Medicare 2: Phone (713) 780-2390 Type: Parent Agency	Region 06 Date Licensed 06/13/2013 ELARA CARING 4205 FAIRMONT PARKWAY STE. 150A PASADENA, TEXAS 77504 Fax (888) 420-4606 Administrator ALLISON YOUNG	Owner Information BMR HOME HEALTH, LLC PO BOX 5610 LONGVIEW, TX 75608 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County HARRIS License # 001536 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (713) 956-8183 Type: Parent Agency	Region 06 Date Licensed 09/13/1993 ELDERLY HOME HEALTH CARE INC 5700 PINEMONT HOUSTON, TX 77092 Fax (866) 580-1983 Administrator CLARICE RAY	Owner Information ELDERLY HOME HEALTH CARE INC PO BOX 41822 HOUSTON, TEXAS PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 018515 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (713) 861-7500 Type: Parent Agency	Region 06 Date Licensed 06/03/2016 ELIK DIALYSIS HOME THERAPY MEMORIAL INC 7737 BEECHNUT STREET, SUITE 203 HOUSTON, TEXAS 77074 Fax (713) 861-7502 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 HARRIS License # 018349 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (713) 861-7500 Type: Parent Agency	Region 06 Date Licensed 09/28/2017 ELIK DIALYSIS HOME THERAPY MEMORIAL II LLC 1445 NORTH LOOP W STE 740 HOUSTON, TX 77008 Fax (713) 861-7502 Administrator MONICA BROOKS	Owner Information ELIK DIALYSIS HOME THERAPY MEMORIAL II LLC 1445 NORTHLOOP W SUITE#740 HOUSTON, TX 77008-1676 PHONE: FAX: Services: Licensed Home Health Services with Dialysis
County HARRIS License # 020558 Lic Expire 3/2/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 03/02/2021 ELITE EMBRACE HOME HEALTH CARE, LLC 4580 BEECHNUT ST, APT 105 HOUSTON, TEXAS 77096	Owner Information ELITE EMBRACE HOME HEALTH CARE, LLC PHONE: FAX:
Phone (346) 390-0000 Type: Parent Agency	Fax Administrator LATASHA KENNARD	Services: Personal Assistance Services

County HARRIS License # 020618 Lic Expire 3/22/2024 Medicare 1: 971709 Hospice Medicare 2: Phone (678) 677-4041 Type: Parent Agency	Region 06 Date Licensed ELITE HOSPICE 6363 RICHMOND AVE SUITE 316 HOUSTON, TEXAS 77057 Fax Administrator TYRONE LANE	03/22/2021	Owner Information T D LANE ENTERPRISES LLC 3627 CIBOLO COURT PEARLAND, TEXAS PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 009581 Lic Expire 2/28/2022 Medicare 1: 677970 HHA-18 Medicare 2: Phone (713) 776-9399 Type: Parent Agency	Region 06 Date Licensed ELITTE HEALTHCARE AND SERVICE 9888 BISSONNET SUITE #540 HOUSTON, TX 77036 Fax (713) 776-3994 Administrator OKORIE OKO	02/10/2005	Owner Information OKORIE U OKO 9888 BISSONNET STE 100 F HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 021222 Lic Expire 11/22/2024 Medicare 1: Medicare 2: Phone (281) 901-2584	Region 06 Date Licensed ELLE BEE CARE LLC 12623 SAI BABA DR. HOUSTON, TEXAS 77038 Fax (346) 312-5241	11/22/2021	Owner Information ELLE BEE CARE LLC PHONE: FAX:
Type: Parent Agency County HARRIS License # 019944 Lic Expire 5/15/2022 Medicare 1:	Administrator BRAYLON JEFFERSON Region 06 Date Licensed ELN ENTERPRISES 5312 CHEROKEE ST. HOUSTON, TX 77005	05/15/2020	Services: Personal Assistance Services Owner Information EARTHLY ANGELS HOME HEALTHCARE SERVICES LLC
Medicare 2: Phone (301) 651-6053 Type: Parent Agency	Fax Administrator NATASHA VARNER		PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 007009 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (713) 728-2677 Type: Parent Agency	Region 06 Date Licensed ELSHADDAI CARE SERVICES INC 7707 FAWN TERRACE DRIVE HOUSTON, TX 77071 Fax (713) 728-8226 Administrator JOSEPHINE OZOUGWU	06/11/1999	Owner Information ELSHADDAI CARE SERVICES, INC 7707 FAWN TERRACE HOUSTON, TX 77071 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 019394 Lic Expire 5/28/2024 Medicare 1: Medicare 2: Phone (281) 973-5889 Type: Parent Agency	Region 06 Date Licensed EMERALD TOTAL CARE 10101 SOUTHWEST FREEWAY SUITE 400 HOUSTON, TEXAS 77074 Fax (281) 973-4606 Administrator RONKE ODIGIE	05/28/2019	Owner Information EMERALD TOTAL CARE LLC PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 008175 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (713) 777-2376 Type: Parent Agency	Region 06 Date Licensed EMMACO HOME HEALTH SERVICES INC 8303 SOUTHWEST FRWY SUITE 270 HOUSTON, TX 77074 Fax (713) 777-2333 Administrator JOEL ANYANWU	10/25/2002	Owner Information EMMACO HOME HEALTH SERVICES INC 2211 WAR ADMIRAL DRIVE STAFFORD, TX 77477 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 004350 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (713) 505-1685 Type: Parent Agency	Region 06 Date Licensed EMMANUEL HEALTH HOMECARE INC 7676 HILLMONT ST STE 225 HOUSTON, TX 77040 Fax (832) 516-8325 Administrator JOYCE JONES	03/19/1996	Owner Information EMMANUEL HEALTH HOMECARE, INC 7676 HILLMONT ST STE #225 HOUSTON, TEXAS 77040 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 008919 Lic Expire 2/28/2022 Medicare 1: 673147 HHA-18 Medicare 2: Phone (713) 774-0490 Type: Parent Agency	Region 06 Date Licensed EMPATHY HOME HEALTH SERVICES INC 8103 BELLAIRE HOUSTON, TX 77036 Fax (713) 774-0499 Administrator CHRISTOPHER ORJI	02/19/2004	Owner Information EMPATHY HOME HEALTH SERVICES INC 8103 BELLAIRE BLVD HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 016939 Lic Expire 4/30/2023 Medicare 1: 679137 HHA-18 Medicare 2: Phone 281 8616635 Type: Parent Agency	Region 06 Date Licensed ENCOMPASS HEALTH HOME HEALTH 15840 FM 529, SUITE 302 HOUSTON, TEXAS 77095 Fax 281 8617297 Administrator LISA HILBURN	04/15/2015	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 License # 012241 Lic Expire 8/31/2022 Medicare 1: 673134 HHA-18 Medicare 2: Phone 713 6831021 Type: Parent Agency	Region 06 Date Licensed ENCOMPASS HEALTH HOME HEALTH 701 NORTH POST OAK ROAD, SUITE 101 HOUSTON, TEXAS 77024 Fax 713 6831020 Administrator BOBBIE SOLET-KANGOT	09/01/2008	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 License # 012241 Lic Expire 8/31/2022 Medicare 1: 673134 HHA-18 Medicare 2: Phone 713 6831021 Type: Parent Agency	Region 06 Date Licensed ENCOMPASS HEALTH HOME HEALTH 701 NORTH POST OAK ROAD, SUITE 101 HOUSTON, TEXAS 77024 Fax 713 6831020 Administrator BOBBIE SOLET-KANGOT	09/01/2008	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 License # 012241 Lic Expire 8/31/2022 Medicare 1: 673134 HHA-18 Medicare 2: Phone 713 6831021 Type: Parent Agency	Region 06 Date Licensed ENCOMPASS HEALTH HOME HEALTH 701 NORTH POST OAK ROAD, SUITE 101 HOUSTON, TEXAS 77024 Fax 713 6831020 Administrator BOBBIE SOLET-KANGOT	09/01/2008	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 License # 012241 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone 281 4228530	Region 06 Date Licensed ENCOMPASS HEALTH HOME HEALTH 1300 ROLLINGBROOK DRIVE, SUITE 500 BAYTOWN, TEXAS 77521 Fax 281 4228539	09/01/2008	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

Administrator

Type: Branch Agency

BOBBIE SOLET-KANGOT

County HARRIS License # 012241 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone 281 4228530 Type: Branch Agency	Region 06 Date Licensed 09/01/20 ENCOMPASS HEALTH HOME HEALTH 1300 ROLLINGBROOK DRIVE, SUITE 500 BAYTOWN, TEXAS 77521 Fax 281 4228539 Administrator BOBBIE SOLET-KANGOT	ONE 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 License # 012241 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone 281 4228530 Type: Branch Agency	Region 06 Date Licensed 09/01/20 ENCOMPASS HEALTH HOME HEALTH 1300 ROLLINGBROOK DRIVE, SUITE 500 BAYTOWN, TEXAS 77521 Fax 281 4228539 Administrator BOBBIE SOLET-KANGOT	ONS 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 License # 009508 Lic Expire 12/31/2022 Medicare 1: 678260 HHA-18 Medicare 2: Phone 281 4847070 Type: Parent Agency	Region 06 Date Licensed 01/01/20 ENCOMPASS HEALTH HOME HEALTH 12727 FEATHERWOOD DRIVE, SUITE 200 HOUSTON, TEXAS 77034 Fax 281 4847098 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 License # 015693 Lic Expire 5/31/2023 Medicare 1: 671703 HOSPICE Medicare 2: Phone 713 4760270	Region 06 Date Licensed 05/29/20 ENCOMPASS HEALTH HOSPICE 12727 FEATHERWOOD DR, SUITE 295 HOUSTON, TEXAS 77034 Fax 713 4760258	DALLAS, TX 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 012553 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (713) 686-2233 Type: Parent Agency	Administrator MARIAH GARRETT Region 06 Date Licensed 04/21/20 ENCORE CAREGIVERS 7925 KATY FREEWAY SUITE N HOUSTON, TX 77024 Fax (713) 686-9200 Administrator MILTON SCHOPPER	Owner Information ENCORE CAREGIVER, LTD 715 HIGHGROVE PARK HOUSTON, TX 77024 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 018499 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (713) 530-7391 Type: Parent Agency	Region 06 Date Licensed 12/11/20 ENCOUNTER HOME CARE INCORPORATED 9950 WESTPARK DRIVE 512 HOUSTON, TEXAS 77063 Fax (713) 715-1471 Administrator BLESSING GABRIEL	Other Information ENCOUNTER HOME CARE, INCORPORATED 9950 WESTPARK DRIVE 512 HOUSTON, TEXAS 77063 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 017998 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (832) 532-0851 Type: Parent Agency	Region 06 Date Licensed 12/09/20 ENHANCE HEALTHCARE SERVICES INC 7457 HARWIN DR STE 260-B HOUSTON, TX 77036 Fax (832) 939-8747 Administrator KERRY AKUKORO	OMNER Information ENHANCE HEALTHCARE SERVICES INC 25503 CRESTON MEADOW DR RICHMOND, TX 77406 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 020079 Lic Expire 7/28/2022 Medicare 1: Medicare 2: Phone (817) 455-7476 Type: Parent Agency	Region 05 Date Licensed 04/01/2021 ENTRUSTED PEDIATRIC HOME CARE LLC 16225 PARK TEN PLACE, SUITE 569 HOUSTON, TX 77084 Fax (512) 777-4072 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 HARRIS License # 015068 Lic Expire 8/31/2022 Medicare 1: 679793 Medicare 2: Phone (281) 599-8406	Region 06 Date Licensed 08/31/2012 EPRIMETEC HEALTH SERVICES 21322 SPRINGBEND LANE KATY, TX 77450 Fax (281) 377-8485	Owner Information EPRIMETEC, INC 21322 SPRINGBEND LN KATY, TX 77450 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator ANA MARIA SANTOS-GONZALES	
County HARRIS License # 008892 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (713) 778-0523	Region 06 Date Licensed 01/30/2004 ESSENCE HEALTH CARE INC 10101 HARWIN DRIVE SUITE 190 HOUSTON, TX 77036 Fax (713) 778-0009	Owner Information ESSENCE HEALTH CARE INC 10101 HARWIN SUITE 190 HOUSTON, TX 77036 PHONE: FAX:
Type: Parent Agency	Administrator ALEXANDER ONYIRIOHA	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018365 Lic Expire 6/30/2024 Medicare 1: 741572 HOSPICE	Region 06 Date Licensed 07/01/2017 ESSENTIAL HOSPICE AND PALLIATIVE SERVICES LLC 450 N. TEXAS AVENUE, SUITE A WEBSTER, TEXAS 77598	Owner Information ESSENTIAL HOSPICE AND PALLIATIVE SERVICES LLC 1002 GEMINI STREET, SUITE#116 HOUSTON, TX 77058-2706
Medicare 2: Phone (832) 224-4756	Fax (832) 284-4145	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JODY JAMES	
County HARRIS License # 005283 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (713) 783-8507 Type: Parent Agency	Region 06 Date Licensed 02/10/1997 ETERNAL HEALTHCARE CENTER INC 7457 HARWIN SUITE 141 HOUSTON, TX 77036 Fax (713) 783-8514 Administrator LORETTA OKUNGBOWA	Owner Information ETERNAL HEALTHCARE CENTER INC 7457 HARWIN, SUITE #251 HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 020570 Lic Expire 3/4/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 03/04/2021 ETERNAL LIGHT HOSPICE INC 2922 ROSEDALE ST STE 1220 HOUSTON, TEXAS 77004	Owner Information ETERNAL LIGHT HOSPICE INC PHONE: FAX:
Phone (713) 874-1234	Fax (713) 521-1277	Services: Hospice
Type: Parent Agency	Administrator JENNIFER ROY	In-Patient Hospice: NO
County HARRIS License # 008533 Lic Expire 6/30/2022 Medicare 1: 679493 HHA-18 Medicare 2:	Region 06 Date Licensed 06/30/2003 EVANGEL HOME CARE SERVICES 6464 SAVOY DRIVE SUITE 825 HOUSTON, TX 77036	Owner Information EVANGEL HEALTHCARE CHARITIES INC P.O.BOX 35447 HOSTON, TX 77235 PHONE: FAX:
Phone (713) 432-7330	Fax (713) 432-7331	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
T D		Personal Assistance Services

Administrator MERCY IROH

County HARRIS	Region 06 Date Licensed 05/22/2006	Owner Information
License # 010477	EVANGEL HOSPICE CARE SERVICES	EVANGEL HEALTHCARE CHARITIES INC
Lic Expire 5/31/2022	6464 SAVOY DRIVE SUITE 825	P.O.BOX 35447
Medicare 1: 671568 HOSPICE	HOUSTON, TX 77036	HOSTON, 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 PEDIATRIC SERVICES	EVANGEL HEALTHCARE CHARITIES INC
Lic Expire 3/31/2022	6464 SAVOY DRIVE SUITE 825	P.O.BOX 35447
Medicare 1:	HOUSTON, TX 77036	HOSTON, 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	50 11550. <u>2</u> 150 1150 1150 1150 1150
County HADDIC	Decien 06 Detailinement 00/20/0010	Owner Information
County HARRIS License # 015336	Region 06 Date Licensed 09/30/2012 EVANGEL PROVIDER ASSISTANCE SERVICES	EVANGEL PHC SERVICES, INC
Lic Expire 9/30/2022		P.O.BOX 35447
Medicare 1:	6464 SAVOY DRIVE SUITE 825 HOUSTON, TX 77036	HOUSTON, TX 77235
Medicare 2:	1100310N, 1X 17030	PHONE: FAX:
Phone (713) 923-6620	Fax (713) 921-0008	
Type: Parent Agency	Administrator MERCY IROH	Services: Personal Assistance Services
- I dient Agency	Administrator WENOT INOT	
County HARRIS	Region 06 Date Licensed 04/29/2016	Owner Information
License # 017376	EVERCARE HOSPICE	EVERCARE HOSPICE INC
Lic Expire 4/30/2022	6464 SAVOY DRIVE, SUITE 850	6201 BONHOMME ROAD, SUITE 181N
Medicare 1: 971541 (HOSPICE)	HOUSTON, TEXAS 77036	HOUSTON, TX 77036
Medicare 2:		PHONE: FAX:
Phone (832) 804-9815	Fax (281) 860-2030	Services: Hospice
Type: Parent Agency	Administrator EDDIE TAYLOR	In-Patient Hospice: NO
- Talent Agency	Administrator EDDIE TATEOR	0 1/ 0
County HARRIS	Region 06 Date Licensed 06/03/2014	Owner Information
License # 016349	EVERGREEN HEALTHCARE SERVICES INC	EVERGREEN HEALTHCARE SERVICES INC
Lic Expire 6/30/2022	9788 CLAREWOOD DRIVE SUITE #206	9788 CLAREWOOD DRIVE, SUITE #206 HOUSTON, TX 77036
Medicare 1:	HOUSTON, TX 77036	
Medicare 2:	5 (740) 777 4000	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	EVERGREEN PRIVATE CARE OF HOUSTON LLC
Lic Expire 11/30/2022	16818 N ELDRIDGE PKWY	16818 N ELDRIDGE PKWY
Medicare 1:	TOMBALL, TX 77377	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	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	

County HARRIS License # 013330 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (713) 783-1511 Type: Parent Agency	Region 06 Date Licensed 05/19 EVEROSE HEALTHCARE INC 10440 WESTOFFICE DRIVE HOUSTON, TEXAS 77042 Fax (713) 782-1530 Administrator TED DIEP NGUYEN	0/2010	Owner Information EVEROSE HEALTHCARE INC 11200 WESTHEIMER RD SUITE 100 HOUSTON, TX 77042 PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 021019 Lic Expire 9/1/2024 Medicare 1:	Region 06 Date Licensed 09/0 EVERYDAY HOME HEALTH CARE 7850 PARKWOOD CIRCLE DR B9 HOUSTON, TX 77036	1/2021	Owner Information LL EXCLUSIVE, LLC	
Medicare 2:			PHONE:	FAX:
Phone (832) 661-5545	Fax	;	Services: Personal Assistance Services	
Type: Parent Agency	Administrator LIN LUO			
County HARRIS License # 021105 Lic Expire 10/6/2024 Medicare 1:	Region 06 Date Licensed 10/00 EVVET ALLIED HEALTH AND SERVICES 9888 BISSONNET SUITE 656 HOUSTON, TEXAS 77036	6/2021	Owner Information EVERYDAY LIVING WITH PHIL LLC	
Medicare 2:	Ess		PHONE:	FAX:
Phone (832) 687-1581 Type: Parent Agency	Fax Administrator VINCENT EHIRIM	:	Services: Licensed Home Health Services; Persona	al Assistance Services
County HARRIS License # 005652 Lic Expire 6/30/2023 Medicare 1:	Region 06 Date Licensed 06/09 EXCEL E CARE 8333 SWEETWATER LANE HOUSTON, TX 77037	9/1997	Owner Information DEAVRA ARPEGE DAUGHTRY 956 NORTH FREEWAY HOUSTON, TX 77037	
Medicare 2:			PHONE:	FAX:
Phone (713) 697-9235	Fax (713) 697-9406	;	Services: Licensed Home Health Services; Persona	al Assistance Services
Type: Parent Agency	Administrator DEAVRA DAUGHTRY			
County HARRIS License # 020809 Lic Expire 6/3/2024 Medicare 1:	Region 06 Date Licensed 06/0: EXCEL HOME HEALTH CARE SERVICES, LLC 23 SHADED ARBOR DR THE WOODLANDS, TX 77389	3/2021	Owner Information EXCEL HOME HEALTH CARE SERVICES, LLC	
Medicare 2:			PHONE:	FAX:
Phone (956) 592-6365	Fax	:	Services: Personal Assistance Services	
Type: Parent Agency	Administrator GEORGINA ARENAS			
County HARRIS License # 020680 Lic Expire 4/7/2023 Medicare 1: Medicare 2: Phone (281) 550-8516 Type: Parent Agency	Region 06 Date Licensed 04/0 EXCEL PLUS HOME HEALTH 8700 COMMERCE PARK DRIVE SUITE 207 HOUSTON, TX 77036 Fax (281) 463-0283 Administrator ELIZABETH EVBUOMWAN	1112021	Owner Information ELIZABETH EVBUOMWAN 15930 MISTY HEATH LN HOUSTON, TEXAS 77084 PHONE: Services: Licensed Home Health Services; Persona	FAX: al Assistance Services
County HARRIS License # 012502 Lic Expire 3/31/2023 Medicare 1: 747576 HHA-18 Medicare 2: Phone (281) 333-0100	Region 06 Date Licensed 03/1: EXCELLENCE HOME HEALTHCARE 1322 SPACE PARK DRIVE SUITE C 102 HOUSTON, TX 77058 Fax (281) 333-0102	-	Owner Information ABACUS HOME HEALTH INC 1322 SPACE PARK DRIVE SUITE C-136 HOUSTON, TX 77058 PHONE: Services: Licensed and Certified Home Health Serv	FAX: rices; Licensed Home Health Services
Type: Parent Agency	Administrator BRETT SOUCEK			

County HARRIS License # 015533 Lic Expire 5/31/2023 Medicare 1: 741595 HOSPICE Medicare 2: Phone (281) 476-0436	Region 06 Date Licensed 05/09/2013 EXCELLENCE HOSPICE CARE 1322 SPACE PARK DRIVE, STE C-130 HOUSTON, TX 77058 Fax (281) 677-4238	Owner Information ACCORD HOSPICE CARE LLC 1358 PORTA ROSA LANE LEAGUE CITY, TX 77573 PHONE: FAX:
Type: Parent Agency	Administrator BRETT SOUCEK	Services: Hospice In-Patient Hospice: NO
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:	F (004) 047 F044	PHONE: FAX:
Phone (832) 967-0899	Fax (281) 817-5914	Services: Licensed and Certified Home Health Services with Dialysis; Personal Assistance
Type: Parent Agency	Administrator GOODLUCK ONUEKWUSI	Services
· · · · · · · · · · · · · · · · · · ·		Owner Information
County HARRIS	Region 06 Date Licensed 05/12/2021	EXCELLENT LIFE HEALTH SERVICES INC
License # 020747	EXCELLENT LIFE HEALTH SERVICES INC	
Lic Expire 5/12/2023 Medicare 1:	6464 SAVOY DRIVE STE 550 HOUSTON, TEXAS 77036	
Medicare 2:	HOUSTON, TEXAS 17030	PHONE: FAX:
Phone (832) 606-0282	Fax (281) 860-2030	Services: Hospice
Tuno: Doront Agonov	Administrator THECLAR OMEH	In-Patient Hospice: NO
Type: Parent Agency	Authinistrator Tricolary Owier	
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:	Fav. (742) 774 9946	PHONE: FAX:
Phone (713) 771-8826	Fax (713) 771-8846	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
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: FAX:
Phone (832) 487-9872	Fax (888) 512-9220	Services: Licensed Home Health Services
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: FAX:
Phone (832) 723-4436	Fax (281) 990-6716	Services: Hospice
Type: Parent Agency	Administrator NINA OLUGU	In-Patient Hospice: NO
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: FAX:
Phone (281) 653-2468	Fax 832 2132412	Services: Personal Assistance Services
Type: Parent Agency	Administrator BETH ANDERSON	OST 1000. 1 GIOGINI / GOIGINI INCO OCI VIDCO
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County HARRIS License # 009965 Lic Expire 9/30/2024 Medicare 1: 677965 HHA-18 Medicare 2: Phone (281) 972-9563 Type: Parent Agency County HARRIS	Region 06 Date Licensed 09/15/2005 EXTENDED HAND HOME HEALTH CARE INC 6325 CRAB ORCHARD RD HOUSTON, TEXAS 77057 Fax (713) 583-7700 Administrator TORSHALLA WARREN Region 06 Date Licensed 07/08/2014	Owner Information EXTENDED HAND HOME HEALTH CARE, INC 6201 BONHOMME RD SUITE #290 NK HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services
License # 016301 Lic Expire 7/31/2020	EXTENDED HOME HEALTH INC 9644 COURT GLEN DR	EXTENDED HOME HEALTH INC 13619 TONNOCHY DRIVE
Medicare 1:	HOUSTON, TX 77099	HOUSTON, TX 77083
Medicare 2: Phone (281) 216-2555	Fax (877) 915-1555	PHONE: FAX:
Type: Parent Agency	Administrator KENNEDY OBANOR	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 009624 Lic Expire 3/31/2024 Medicare 1: 677953 HHA-18	Region 06 Date Licensed 03/11/2005 EXTRACARE HOME HEALTH SERVICES 3724 FM 1960 RD WEST SUITE #201 HOUSTON, TX 77068	Owner Information AXER CORPORATION 3427 KENNONVIEW DRIVE HOUSTON, TX 77068
Medicare 2:	Eav. (922) 494 9204	PHONE: FAX:
Phone (832) 484-8203 Type: Parent Agency	Fax (832) 484-8204 Administrator RONNIE XAVIER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 019435 Lic Expire 6/21/2021 Medicare 1: Medicare 2:	Region 06 Date Licensed 06/21/2019 EXTRAORDINARY HEALTHCARE SERVICES 3823 WIMBERLEY HOLLOW LN HOUSTON, TEXAS 77053	Owner Information EXTRAORDINARY HEALTHCARE SERVICES 3823 WIMBERLEY HOLLOW LN HOUSTON, TX 77053 PHONE: FAX:
Phone (832) 642-9231 Type: Parent Agency	Fax (346) 335-1139 Administrator LA RHONDA COVIN	Services: Personal Assistance Services
County HARRIS License # 012360 Lic Expire 12/31/2023 Medicare 1: 747217 HHA-18 Medicare 2: Phone (713) 678-7686	Region 06 Date Licensed 12/19/2008 EYES OF HOPE HOME HEALTH LLC 4304 HARE STREET HOUSTON, TX 77020 Fax (713) 678-7687	Owner Information EYES OF HOPE HOME HEALTH LLC 4304 HARE ST HOUSTON, TX 77020 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ROSE TURNER	Personal Assistance Services
County HARRIS License # 006605 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (713) 782-3558 Type: Parent Agency	Region 06 Date Licensed 01/08/1998 F K BOLD HEALTHCARE INC 10103 FONDREN RD SUITE 310 HOUSTON, TX 77096 Fax (713) 782-3624 Administrator OLUKEMI TENNYSON	Owner Information F K BOLD HEALTHCARE, INC 10103 FONDREN ROAD, SUITE #310 HOUSTON, TX 77096 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 018277 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (713) 480-2224	Region 06 Date Licensed 08/24/2017 F PLANET HEALTHCARE 21318 MYSTIC OAK DR. CYPRESS, TX 77433 Fax (844) 358-1424	Owner Information F PLANET HEALTHCARE, LLC 21318 MYSTIC OAK DR CYPRESS, TEXAS 77433 PHONE: FAX:
Type: Parent Agency	Administrator OLUWADARE FADURI	Services: Personal Assistance Services

County HARRIS License # 010260 Lic Expire 1/31/2023 Medicare 1: 679763 HHA-18 Medicare 2: Phone (713) 432-7700 Type: Parent Agency	Region 06 Date Licensed 01/26/2006 FACE TO FACE HEALTHCARE SERVICES LLC 2616 SOUTH LOOP WEST, SUITE 300 HOUSTON, TX 77054 Fax (713) 432-7703 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 License # 009465 Lic Expire 12/31/2021 Medicare 1: 451787 HOSPICE Medicare 2: Phone (281) 422-0414	Region 06 Date Licensed 12/15/2004 FAITH COMMUNITY HOSPICE LLC 4721 GARTH RD SUITE H BAYTOWN, TX 77521 Fax (281) 422-9605	Owner Information FAITH COMMUNITY HOSPICE LLC 4721 GARTH RD SUITE H BAYTOWN, TX 77521 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 014577 Lic Expire 11/30/2023 Medicare 1: 747184 HHA-18 Medicare 2: Phone (832) 814-3048	Administrator CYNTHIA D PATTERSON Region 06 Date Licensed 11/07/2011 FAITH FOUNDATION INC 8431 ASHFORD GREEN LANE HOUSTON, TX 77072 Fax (281) 564-1509	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
Type: Parent Agency County HARRIS License # 021349 Lic Expire 1/22/2025 Medicare 1: Medicare 2: Phone 832 2490904 Type: Parent Agency	Administrator OYEBOLA PATRICK Region 06 Date Licensed FAITH HOME HEALTH SERVICES LLC 6730 LA PUENTE DRIVE HOUSTON, TEXAS 770831127 Fax 346 9075640 Administrator RONKE FAKIYESI	Owner Information FAITH HOME HEALTH SERVICES LLC PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 012705 Lic Expire 7/31/2024 Medicare 1: 747563 HHA-18 Medicare 2: Phone (832) 762-7614	Region 06 Date Licensed 07/13/2009 FAMCARE HOME HEALTH SERVICES INC 8230 MISSION ESTATES DR HOUSTON, TX 77083 Fax (281) 302-6603	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
Type: Parent Agency County HARRIS License # 018584 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (281) 300-8723 Type: Parent Agency	Administrator DORA FAMUYIWA Region 06 Date Licensed 01/30/2018 FAMILIAR CARE SENIOR CARE LLC 9522 ALEX SPRINGS LANE HOUSTON, TX 77044 Fax (281) 396-4544 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 License # 020807 Lic Expire 6/2/2024 Medicare 1: Medicare 2: Phone (219) 588-7387	Region 06 Date Licensed 06/02/2021 FAMILY 1ST HOME HEALTH SERVICES LLC 5434 CREEKSIDE RIDGE TRAIL KATY, TEXAS 77449 Fax	Owner Information FAMILY 1ST HOME HEALTH SERVICES PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

Administrator SHALONDA WILLIS

County HARRIS License # 020360 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (806) 500-1119 Type: Parent Agency	Region 06 Date Licensed FAMILY FIRST HOMECARE 2626 S LOOP W SUITE 423 HOUSTON, TEXAS 77054 Fax (813) 850-0043 Administrator CLAYTON PORTER	04/01/2021	Owner Information FAMILY FIRST HOMECARE OF TEXAS LLC 2203 N. LOIS AVE, #814 TAMPA, FL 33607 PHONE: Services: Licensed Home Health Services; Person	FAX: al Assistance Services
County HARRIS License # 014707 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (713) 333-9991	Region 06 Date Licensed FAMILY TREE INHOME CARE 3600 S. GESSNER RD. STE 150 HOUSTON, TEXAS 77063 Fax (713) 333-9995	03/27/2012	Owner Information ABSF, LLC 3600 S GESSNER, SUITE 150 HOUSTON, TX 77063 PHONE:	FAX:
Type: Parent Agency	Administrator ALEX BONETTI		Services: Licensed Home Health Services; Person	al Assistance Services
County HARRIS License # 018571 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone 281 760 8904	Region 06 Date Licensed FASHCARES HEALTH SERVICES LLC 9800 CENTRE PARKWAY SUITE 643 HOUSTON, TX 77036 Fax 281 846 6766	01/23/2018	Owner Information FASHCARES HEALTH SERVICES LLC SAME AS ABOVE HOUSTON, TX 77099 PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency County HARRIS License # 008943 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (713) 974-1981 Type: Parent Agency	Administrator YINKA USMAN Region 06 Date Licensed FAVOR HEALTHCARE INC 7115 PAVILION DR, HOUSTON, TEXAS 77083 Fax (713) 980-6844 Administrator DAVIS OKPAMEN	12/15/2003	Owner Information FAVOR HEALTHCARE INC 7457 HARWIN DRIVE SUITE 118 HOUSTON, TX 77036 PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 015944 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (713) 480-7759 Type: Parent Agency	Region 06 Date Licensed FAVOR HOME CARE INC 9719 HUNTINGTON WAY DRIVE HOUSTON, TX 77099 Fax (832) 529-2695 Administrator ADAEZE IFEANYI	01/02/2014	Owner Information FAVOR HOME CARE INC 9719 HUNTINGTON WAY DRIVE HOUSTON, TX 77099 PHONE: (713) 480-7759 Services: Personal Assistance Services	FAX:
County HARRIS License # 011911 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (281) 545-9900 Type: Parent Agency	Region 06 Date Licensed FCC OF TEXAS 10333 HARWIN DRIVE SUITE #518 HOUSTON, TX 77036 Fax (281) 545-9901 Administrator HENRY NWAKAEGO	03/05/2008	Owner Information FAVOR COMMUNITY CARE OF TEXAS INC 10333 HARWIN DRIVE SUITE #512 HOUSTON, TX 77036 PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 016271 Lic Expire 3/31/2022 Medicare 1: 741549 HOSPICE Medicare 2: Phone (281) 751-8333 Type: Parent Agency	Region 06 Date Licensed FEATHERLAND HOSPICE INC 6464 SAVOY DRIVE, SUITE 850 HOUSTON, TEXAS 77036 Fax (281) 860-2030 Administrator JESENIA PAREDES	03/15/2014	Owner Information FEATHERLAND HOSPICE INC 8200 WEDNESBURY LANE SUITE#317 HOUSTON, TX 77074 PHONE: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	FAX:

County HARRIS License # 008913 Lic Expire 2/28/2022 Medicare 1: 453170 HHA-18 Medicare 2: Phone (281) 550-0053	Region 06 Date Licensed 02/18/2004 FIDELITY CARE HOME HEALTH 6023 COVENTRY FALLS HOUSTON, TX 77084 Fax (281) 550-3150	Owner Information LIN SINC 6023 COVENTRY FALLS HOUSTON, TX 77084 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DELOISE WILSON	
County HARRIS License # 020602 Lic Expire 3/15/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 03/15/2021 FIDELITY HOME HEALTH CARE AGENCY LLC 20247 CREEKDALE BEND DR CYPRESS, TX 774337475	Owner Information FIDELITY HOME HEALTH CARE AGENCY LLC 15050 COPPER GROVE BLVD APT 814 HOUSTON, TX PHONE: FAX:
Phone (281) 213-2944	Fax (281) 213-2944	Services: Personal Assistance Services
Type: Parent Agency	Administrator SIMON NDIFON	
County HARRIS License # 011357 Lic Expire 12/31/2021 Medicare 1: Medicare 2:	Region 06 Date Licensed 12/28/2006 FIDELITY HOME HEALTH SERVICES LLC 9894 BISSONNET SUITE 585 HOUSTON, TX 77036	Owner Information FIDELITY HOME HEALTH SERVICES LLC 9207 COUNTRY CREEK DRIVE SUITE #201 HOUSTON, TX 77036 PHONE: FAX:
Phone (713) 771-5277 Type: Parent Agency	Fax (713) 771-5278 Administrator JOHN NOSIKE	Services: Personal Assistance Services
County HARRIS License # 016440 Lic Expire 12/30/2022 Medicare 1:	Region 06 Date Licensed 09/23/2014 FINE TOUCH HEALTHCARE SERVICES LLC 14206 ALMOND BAY LN	Owner Information FINE TOUCH HEALTHCARE SERVICES LLC
Medicare 1:	HOUSTON, TX 77083	PHONE: FAX:
Phone 2814165838832858624	Fax (832) 486-9687	Services: Personal Assistance Services
Type: Parent Agency	Administrator CLARA ADODO	
County HARRIS License # 014081 Lic Expire 5/31/2023 Medicare 1:	Region 07 Date Licensed FIRST CHOICE INHOME CARE LLC 1233 MORRIS ST (REAR) HOUSTON, TEXAS 77009	Owner Information FIRST CHOICE INHOME CARE LLC 2301 EAST BUSINESS HWY 83 LOT A HIDALGO, TX 78537
Medicare 2: Phone (713) 499-0418	Fax (832) 487-9740	PHONE: FAX:
Type: Branch Agency	Administrator MARIA C. RODRIGUEZ	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 021110 Lic Expire 10/8/2024 Medicare 1:	Region 06 Date Licensed 10/08/2021 FIRST CHOICE STAFFING AGENCY 440 LOUISIANA ST SUITE 900 HOUSTON, TEXAS 77002	Owner Information ADAMS & PARKS ENTERPRISES INC
Medicare 2:		PHONE: FAX:
Phone (989) 890-1659	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator LAKISHA ADAMS	
County HARRIS License# 020217 Lic Expire 10/7/2022 Medicare 1:	Region 06 Date Licensed 10/07/2020 FIRST TRINITY CARE LLC 24515 FLORA MEADOW DR SPRING, TEXAS 77373	Owner Information FIRST TRINITY CARE LLC
Medicare 2:		PHONE: FAX:
Phone (346) 355-0021 Type: Parent Agency	Fax (346) 355-0021 Administrator NOSA OSAIKHUIWU	Services: Personal Assistance Services

County HARRIS License # 020326 Lic Expire 6/1/2022 Medicare 1: Medicare 2: Phone (832) 978-5749	Region 06 Date Licensed 06/01/2020 FIRSTLIGHT HOME CARE KINGWOOD 6807 CHAMPION VILLAGE CT HOUSTON, TX 77069 Fax na	Owner Information MADJAK HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator WENDY OWENS	
County HARRIS License # 017773 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (713) 714-5625	Region 06 Date Licensed 12/08/2016 FIRSTLIGHT HOMECARE 5433 WESTHEIMER ROAD SUITE 403 HOUSTON, TX 77056 Fax (832) 835-2110	Owner Information INTEGRATED ADULT DAY HEALTH & INHOME SERVICES LLC 13019 ORCHARD GLEN DRIVE RICHMOND, TX 77407 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator NAMITA SHAH	Services. Personal Assistance Services
County HARRIS License # 015399 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (832) 380-8265 Type: Parent Agency	Region 06 Date Licensed 02/27/2013 FIRSTLIGHT HOMECARE OF THE WOODLANDS 14011 PARK DR SUITE #205 TOMBALL, TX 77377 Fax (832) 380-8255 Administrator WAYNE ARRINGTON	Owner Information BRANDKAST SOLUTIONS, LP PO BOX 1138 TOMBALL, TX 77375 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 008382 Lic Expire 3/31/2023 Medicare 1: 679356 HHA-18 Medicare 2: Phone (281) 313-0508	Region 06 Date Licensed 03/25/2003 FIVE STAR HEALTHCARE SERVICE INC 8306 BALLINA RIDGE COURT HOUSTON, TX 77083 Fax (281) 313-0504	Owner Information FIVE STAR HEALTHCARE SERVICE INC 8306 BALLINA RIDGE CT HOUSTON, TX 77083 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator REGINA IKEGBUNAM	Personal Assistance Services
County HARRIS License # 010335 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (713) 777-3434	Region 06 Date Licensed 03/09/2006 FLAGSTAR HEALTHCARE SERVICES 9888 BISSONET ST SUITE #450D HOUSTON, TX 77036 Fax (713) 777-3593	Owner Information VICTOR ADIUKU 9888 BISSONET ST SUITE 450#D HOUSTON, TEXAS 77036 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator VICTOR ADIUKU	
County HARRIS License # 019698 Lic Expire 4/29/2022 Medicare 1: Medicare 2: Phone (281) 935-4618 Type: Parent Agency	Region 06 Date Licensed 11/13/2019 FLEX CARE, LLC 19790 SAUMS ROAD HOUSTON, TEXAS 77084 Fax (832) 550-2345 Administrator ADELOLA ORUNDAMI	Owner Information FLEX CARE, LLC 17811 FOLLY POINT DRIVE CYPRESS, TEXAS 77429 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 012678 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (281) 495-7078 Type: Parent Agency	Region 06 Date Licensed 07/01/2009 FLORAC HEALTH CARE SERVICES 8300 BISSONNET ST. STE 460 B HOUSTON, TX 77074 Fax (281) 988-5390 Administrator GLORIA BOATENG	Owner Information GLORIA BOATENG 8300 BISSONNET ST. STE 460B HOUSTON, TX 77074 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 020982 Lic Expire 8/16/2024 Medicare 1:	Region 06 Date Licensed 08 FLORAC HEALTHCARE SERVICES, INC 8300 BISSONNET STREET, STE 460-B HOUSTON, TEXAS 77074	3/16/2021	Owner Information FLORAC HEALTHCARE SERVICES,INC	
Medicare 2:			PHONE:	FAX:
Phone 346 381 7648	Fax 832 940 2934		Services: Personal Assistance Services	
Type: Parent Agency	Administrator HEAMIA AKA			
County HARRIS License # 012282 Lic Expire 10/31/2022 Medicare 1: 747315 HHA-18 Medicare 2:	Region 06 Date Licensed 10 FLOURISH HOMEHEALTH CARE INC 10103 FONDREN SUITE 464 HOUSTON, TX 77096)/29/2008	Owner Information FLOURISH HOME HEALTH CARE INC 7918 ARBOR MEADOW STREET HOUSTON, TX 77071 PHONE:	FAX:
Phone (713) 981-6755	Fax (713) 726-0330			
, ,			Services: Licensed and Certified Home Health Servi Personal Assistance Services	ices, Licensed nome nealth Services,
Type: Parent Agency	Administrator KENNETH EMORDI			
County HARRIS License # 020393 Lic Expire 12/10/2022 Medicare 1:	Region 06 Date Licensed 12 FLOXY HOME HEALTH CARE SERVICES INC 13543 PASA ROBLES LN HOUSTON, TEXAS 77083	2/10/2020	Owner Information FLOXY HOME HEALTH CARE SERVICES INC	
Medicare 2:	110001011, 12310 17000		PHONE:	FAX:
Phone (602) 486-7604	Fax (602) 486-7604		Services: Licensed Home Health Services; Persona	I Assistance Services
Type: Parent Agency	Administrator FLORENCE EDI			
County HARRIS License # 019764 Lic Expire 1/8/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 01 FORTUNE HEALTHCARE INC 2825 WILCREST DR #312 HOUSTON, TX 77042	/08/2020	Owner Information FORTUNE HEALTHCARE INC 2825 WILCREST DRIVE, SUITE #312 HOUSTON, TX 77042 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	3/14/2009	Owner Information	
License # 012517	FORTUNE HEALTHCARE INC		FORTUNE HEALTHCARE INC	
Lic Expire 3/31/2023	2825 WILCREST SUITE 312		2825 WILCREST DRIVE, SUITE #312 HOUSTON, TX 77042	
Medicare 1: 679727 HHA-18;74	HOUSTON, TX 77042			FAV.
Medicare 2: Phone (713) 771-0032	Fax (832) 771-0039		PHONE: Services: Hospice; Licensed and Certified Home He Services; Personal Assistance Services In-Patient Hospice: NO	FAX: balth Services; Licensed Home Health
Type: Parent Agency	Administrator ATIF FATTAH		<u> </u>	
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 Servi	ices; Licensed Home Health Services;
Type: Parent Agency	Administrator MUTIAT LAWAL		Personal Assistance Services	
County HARRIS License # 019942 Lic Expire 5/15/2022 Medicare 1:	Region 06 Date Licensed 05 FRANCISNICEY HEALTH SERVICES LLC 6206 LONE PRAIRIE WAY KATY, TEXAS 77449	5/15/2020	Owner Information FRANCISNICEY HEALTH SERVICES LLC	
Medicare 2:			PHONE:	FAX:
Phone 713 474 7460	Fax		Services: Licensed Home Health Services; Persona	l Assistance Services
Type: Parent Agency	Administrator OLUYEMI AKINBOBOLA			

County HARRIS License # 017817 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (713) 993-6156 Type: Parent Agency	Region 06 Date Licensed 12/27/2016 FRANK HOME CARE 247 2600 S LOOP W STE 300M HOUSTON, TX 77054 Fax (713) 969-4843 Administrator SHIRLEY RAY	Owner Information FRANK FAMILY ENTERPRISES LLC 3926 OAKSIDE DRIVE STE B HOUSTON, TX 77053 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 021242 Lic Expire 12/1/2024 Medicare 1:	Region 06 Date Licensed 12/01/2021 FREELANCE HOSPICE LLC 15020 FM 529 ROAD STE.200 HOUSTON, TX 77095	Owner Information FREELANCE HOSPICE LLC
Medicare 2: Phone (346) 874-0052	Fax (833) 346-8740	PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 014247 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (713) 781-1270 Type: Parent Agency	Administrator NINA OLUGU Region 06 Date Licensed 08/03/2011 FRIENDSHIP CARE HOME ENTERPRISES LLC 7457 HARWIN DRIVE STE #303K HOUSTON, TX 77036 Fax (713) 781-1275 Administrator MARIAM ALAGA	Owner Information FRIENDSHIP CARE HOME ENTERPRISES, LLC 7457 HARWIN DRIVE STE #303K HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 013231 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (281) 206-7912	Region 06 Date Licensed 01/08/2010 FT BEND HOME HEALTH CARE INC 20501 KATY FREEWAY SUITE 110 KATY, TEXAS 77450 Fax (281) 206-7914	Owner Information FT BEND HOME HEALTH CARE INC 22503 KATY FREEWAY SUITE 65 KATY, TX 77450 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 016276 Lic Expire 6/30/2022	Administrator KEHINDE ALLI Region 06 Date Licensed 06/23/2014 FULLCARE HOME HEALTH INC 9800 CENTRE PARKWAY SUITE #635	Owner Information FULLCARE HOME HEALTH, INC 13446 QUEENSLAND WAY HOUSTON, TX 77083
Medicare 1: Medicare 2: Phone (281) 885-8799 Type: Parent Agency	HOUSTON, TX 77036 Fax (979) 488-2042 Administrator FOLASADE ADEYEYE	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 017071 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (281) 712-2273 Type: Parent Agency	Region 06 Date Licensed 10/09/2015 FUSION ONE HEALTHCARE 14601 BELLAIRE BLVD, SUITE 152 HOUSTON, TEXAS 77083 Fax (281) 712-2274 Administrator CHRISTIANA EDEM	Owner Information FUSION ONE INC 14601 BELLAIRE BLVD SUITE 152 HOUSTON, TEXAS 77083 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 010426 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (713) 333-6090 Type: Parent Agency	Region 06 Date Licensed 01/27/2006 GABLINK INC 2950 S. GESSNER RD SUITE 230 HOUSTON, TX 77063 Fax (713) 333-6091 Administrator ARLENE QUIJADA	Owner Information GABLINK INC 7457 HARWIN DRIVE, SUITE #102 HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 007455 Lic Expire 10/31/2021 Medicare 1: 679094 HHA-18 Medicare 2: Phone (713) 334-2881	Region 06 Date Licensed 10/12/2000 GABRIEL HOME HEALTH CARE 7100 REGENCY SQUARE SUITE #222 HOUSTON, TX 77036 Fax (713) 334-2886	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
Type: Parent Agency	Administrator TIMOTHY ODEBUNMI	
County HARRIS License # 015455 Lic Expire 3/31/2021 Medicare 1: Medicare 2: Phone (281) 724-2321 Type: Parent Agency	Region 06 Date Licensed 04/01/2013 GARDEN HEALTHCARE SERVICES CORPORATION 4930 RIDGE HARBOR DR HOUSTON, TX 77053 Fax (832) 327-7535 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 License # 010510 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone 2815300982 832788038 Type: Parent Agency	Region 06 Date Licensed 06/06/2006 GARDEN OF HOPE SERVICES INC 15627 LOMA VERDE DRIVE HOUSTON, TX 77083 Fax (281) 530-1303 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 License # 009885 Lic Expire 7/31/2022 Medicare 1: 677994 HHA-18 Medicare 2: Phone (713) 742-0615	Region 06 Date Licensed 07/27/2005 GASPY HOME HEALTHCARE INC 1919 N LOOP WEST STE 400 HOUSTON, TX 77008 Fax (713) 695-0323	Owner Information GASPY 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
Type: Parent Agency County HARRIS License # 020795 Lic Expire 5/28/2024	Administrator MARY CORIA-GUTIERREZ Region 06 Date Licensed 05/28/2021 GATEWAY QUALITY HOME CARE LLC 5090 RICHMOND AVE., SUITE 601	Owner Information GATEWAY QUALITY HOME CARE LLC
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77056	PHONE: FAX:
Phone (832) 940-7777	Fax (832) 834-3144	Services: Personal Assistance Services
Type: Parent Agency	Administrator BRITTNEY ANDERSON	SCIVICES. FEISUIRI ASSISIRILE SEIVICES
County HARRIS License # 006617 Lic Expire 12/31/2023 Medicare 1: 459068 HHA-18 Medicare 2:	Region 06 Date Licensed 01/01/1998 GC HEALTH SERVICES INC 9898 BISSONNET SUITE 426 HOUSTON, TX 77036	Owner Information GC HEALTH SERVICES INC 9898 BISSONNET STE 426 HOUSTON, TX 77036 PHONE: FAX:
Phone (713) 776-3309	Fax (713) 776-3346	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator IHUOMA ANYANWUEZE	i ordonali nodialatice del vices
County HARRIS License # 021255 Lic Expire 12/6/2024 Medicare 1:	Region 06 Date Licensed 12/06/2021 GENERATIONS HOSPICE AND PALLIATIVE CARE 9100 SOUTHWEST FREEWAY SUITE 105-A HOUSTON, TEXAS 77074	Owner Information GENERATIONS HOSPICE AND PALLIATIVE CARE INC
Medicare 2:	1100010N, 112AA0 11014	PHONE: FAX:
Phone (281) 667-9409	Fax	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator FEFI JAMES	

County HARRIS License # 018160 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (832) 986-5002 Type: Parent Agency	Region 06 Date Licensed 07/13/2017 GENTLE EMBRACE HOME HEALTH SERVICES LLC 6300 WEST LOOP SOUTH STE 690 BELLAIRE, TX 77401 Fax (844) 879-5144 Administrator LEFTERI PAPAVASILIOU	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 License # 015412 Lic Expire 1/31/2023 Medicare 1: 671682 HOSPICE Medicare 2:	Region 06 Date Licensed 01/03/2013 GENUS PATRIS HOSPICE 5315 BISSONNET STREET SUITE A BELLAIRE, TX 77401	Owner Information ACARE HOME HEALTH SERVICES OF EAST HOUSTON, INC 5313 BISSONNET ST. BELLAIRE, TEXAS 77401 PHONE: FAX:
Phone (713) 665-8200	Fax (713) 665-6176	Services: Hospice In-Patient Hospice: NO
County HARRIS License # 020283 Lic Expire 11/3/2022 Medicare 1: Medicare 2: Phone (832) 781-4340	Administrator MERRIDINE V. MAO Region 06 Date Licensed 11/03/2020 GET WELL AT HOME CARE AGENCY LLC 11411 N SAM HOUSTON PKWY E STE 146 HUMBLE, TX 773965903 Fax	Owner Information GET WELL AT HOME CARE AGENCY LLC PHONE: FAX:
Type: Parent Agency	Administrator JOUVONNA GRAY	Services: Hospice In-Patient Hospice: NO
County HARRIS License # 011655 Lic Expire 10/31/2021 Medicare 1: 747661 HHA-18	Region 06 Date Licensed 10/24/2007 GET WELL HOME HEALTH SERVICES OF HOUSTON INC 10134 OBOE DR. HOUSTON, TX 77025	Owner Information GET WELL HOME HEALTH SERVICES OF HOUSTON INC 10134 OBOE DR. HOUSTON, TX 77025
Medicare 2: Phone (713) 662-2275 Type: Parent Agency	Fax (713) 662-2295 Administrator BETTY DANCEL	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 021154 Lic Expire 10/26/2024 Medicare 1: Medicare 2: Phone (281) 703-8014 Type: Parent Agency	Region 06 Date Licensed 10/26/2021 GHP HEALTHCARE SOLUTIONS, LLC 1523 WICHITA ST. HOUSTON, TEXAS 770045748 Fax 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 License # 011918 Lic Expire 2/26/2023 Medicare 1: 747155 Medicare 2: Phone (281) 232-3555	Region 06 Date Licensed 11/30/2007 GILGAL HEALTHCARE SERVICES INC 15160 C BELLAIRE BLVD HOUSTON, TX 77083 Fax (281) 232-7595	Owner Information GILGAL HEALTHCARE SERVICES INC 19310 CHRISTINE CROSSING DRIVE RICHMOND, TX 77407 PHONE: FAX:
Type: Parent Agency	Administrator OYINLOLA ZINSOU	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 011753 Lic Expire 11/30/2024 Medicare 1: Medicare 2: Phone (713) 780-1248	Region 06 Date Licensed 11/30/2007 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 6800 WEST LOOP SOUTH #300 BELLAIRE, TX 77401 Fax (713) 782-9441	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX:
(. 10) 100 1210		Services: Licensed Home Health Services; Personal Assistance Services

Administrator MELLONIE SIMON

County HARRIS License # 015853 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (832) 767-3465 Type: Parent Agency	Region 06 Date Licensed 11/04/2013 GLORIOUS KIDS HOMECARE 9555 WEST SAM HOUSTON PKWY SOUTH #310 HOUSTON, TX 77099 Fax (832) 767-3763 Administrator FRANCOISE ARREY	Owner Information HOME STAY SENIOR CARE, INC 9555 WEST SAM HOUSTON PKWY SOUTH #310 HOUSTON, TX 77099 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 021151 Lic Expire 10/25/2024	Region 06 Date Licensed 10/25/2021 GLORIOUS PALLIATIVE CARE LLC 11965 BISSONNET STREET	Owner Information GLORIOUS PALLIATIVE CARE LLC
Medicare 1: Medicare 2: Phone (713) 724-1168	HOUSTON, TX 77099 Fax (713) 541-6001	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 013279 Lic Expire 4/30/2022 Medicare 1: 747697 Medicare 2: Phone (713) 231-4877	Administrator GLORIA EGBUCHUNAM Region 06 Date Licensed 05/01/2010 GLORYLAND HEALTH SERVICES INC 9806 DARBY MILL LN HOUSTON, TX 77095 Fax (281) 859-4402	Owner Information GLORYLAND HEALTH SERVICES INC 9806 DARBY MILL LN HOUSTON, TX 77095 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 020920 Lic Expire 7/21/2024 Medicare 1:	Administrator EDITH UGBOAJA Region 06 Date Licensed 07/21/2021 GO NACO CARE LLC 11811 EAST FWY SUITE 331 HOUSTON, TEXAS 77029	Owner Information GO NACO CARE LLC
Medicare 2: Phone 18337482273 Type: Parent Agency	Fax 832 7773475 Administrator DUANE OCH	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 016439 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (713) 485-4354	Region 06 Date Licensed 09/22/2014 GODLY HEARTS HOME HEALTHCARE AGENCY LLC 4606 FM 1960 W, SUITE 320 HOUSTON, TX 77069 Fax (866) 583-8731	Owner Information GODLY HEART HOME HEALTHCARE AGENCY LLC 6 VALLEY COTTAGE PLACE THE WOODANDS, TX 77389 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 014855 Lic Expire 3/31/2022 Medicare 1: 747083 HHA-18 Medicare 2: Phone (832) 962-4948 Type: Parent Agency	Administrator MARK AFRIYIE Region 06 Date Licensed 03/09/2012 GOLDEN ACRES HOME HEALTH 6430 RICHMOND AVE SUITE #130 HOUSTON, TX 77057 Fax (832) 962-4950 Administrator HASSAN BARMADA	Owner Information GOLDEN ACRES HEALTHCARE SERVICES INC 6430 RICHMOND AVE SUITE #130 HOUSTON, TX 77057 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018115 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (713) 540-8723 Type: Parent Agency	Region 06 Date Licensed 06/21/2017 GOLDEN AGE HEALTHCARE LLC 14007 RIVER KEG DRIVE HOUSTON, TX 77083 Fax (832) 328-5924 Administrator CAROL ETOAMA	Owner Information GOLDEN AGE HEALTHCARE LLC 14007 RIVER KEG DR HOUSTON, TX 77083 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 020802 Lic Expire 6/1/2024 Medicare 1: Medicare 2: Phone (281) 509-3924	Region 06 Date Licensed 06/01/2021 GOLDEN CREEK ENTERPRISES LLC 315 W. ALABAMA ST. STE. 200 HOUSTON, TEXAS 77006 Fax	Owner Information GOLDEN CREEK ENTERPRISES LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KENYATTA HOLMES	
County HARRIS License # 019919 Lic Expire 5/8/2022 Medicare 1:	Region 06 Date Licensed 05/08/2020 GOLDEN STEP HOME HEALTH CARE, LTD 6403 SIERRA BLANCA DRIVE APT 502 HOUSTON, TEXAS 77083	Owner Information GOLDEN STEP HOME HEALTH CARE, LTD
Medicare 2:		PHONE: FAX:
Phone (505) 712-9948	Fax	Services: Personal Assistance Services
Type: Parent Agency County HARRIS License # 017005 Lic Expire 1/31/2024 Medicare 1: Medicare 2:	Administrator OMOBOLA OLORUNSIWA Region 06 Date Licensed 02/01/2015 GOLDEN YEARS HOME HEALTH CARE 11169 BEECHNUT STE D HOUSTON, TX 77072	Owner Information GOLDEN YEARS HOME HEALTH CARE, LLC 11169 BEECHNUT STE D HOUSTON, TX 77072 PHONE: FAX:
Phone (832) 850-6253	Fax (713) 758-0109	Services: Personal Assistance Services
Type: Parent Agency	Administrator THIEU NGUYEN	Services. Personal Assistance Services
County HARRIS License # 020355 Lic Expire 11/30/2022 Medicare 1:	Region 06 Date Licensed 11/30/2020 GOOD LIFE FOREVER INC 3014 SCHULTZ MANOR LANE KATY, TEXAS 77494	Owner Information GOOD LIFE FOREVER INC
Medicare 2:	,,	PHONE: FAX:
Phone (203) 706-6914	Fax	Services: Licensed Home Health Services
Type: Parent Agency	Administrator ADIJAT OLAWALE	
County HARRIS License # 016534 Lic Expire 2/28/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 11/21/2014 GOOD LIFE HOME CARE SERVICES CORPORATION 3721 BRIARPARK DR. SUITE 200 HOUSTON, TX 77042	Owner Information GOOD LIFE HOME CARE SERVICES CORPORATION 2290 W. PIKE BLVD SUITE 201-A WESLACO, TX 78596 PHONE: FAX:
Phone (713) 965-6501	Fax (832) 240-5697	Services: Licensed Home Health Services
Type: Parent Agency	Administrator ODERA CHIDOKA	Services. Licensed nome nearm Services
County HARRIS License # 015099 Lic Expire 8/31/2022 Medicare 1: 743110 HHA-18 Medicare 2: Phone (281) 861-9146	Region 06 Date Licensed 08/28/2012 GOOD SHEPHERD HOME HEALTH SERVICES 9534 HUFFMEISTER ROAD HOUSTON, TEXAS 77095 Fax (877) 860-8137	Owner Information GS HOME HEALTH MANAGEMENT LLC 15330 WILLOW RIVER DRIVE HOUSTON, TX 77095-1713 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARGO CRUZ	
County HARRIS License # 015161 Lic Expire 10/31/2022 Medicare 1: 671783 HOSPICE Medicare 2:	Region 06 Date Licensed 10/26/2012 GOOD SHEPHERD HOSPICE OF HOUSTON LLC 14511 FALLING CREEK DR SUITE 204 HOUSTON, TX 770141280	Owner Information GOOD SHEPHERD HOSPICE OF HOUSTON LLC 4350 WILL ROGERS PARKWAY, STE 400 OKLAHOMA CITY, OK PHONE: FAX:
Phone (713) 664-4447	Fax (713) 664-4311	Services: Hospice
Type: Parent Agency	Administrator KIM CODR	In-Patient Hospice: NO

County HARRIS	Region 06 Date Licensed	02/03/2021	Owner Information	
License # 020503	GRACE HOME HEALTH CARE AGENCY		GOAAJ LIVING SOLUTIONS INC	
Lic Expire 2/3/2023	8130 MONTAGUE MANOR LN			
Medicare 1:	HOUSTON, TX 77072			
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		GRACE PROVIDER SERVICE INC	
Lic Expire 4/12/2022	11200 WESTHEIMER RD STE 1050		7322 SOUTHWEST FREEWAY SUITE 660	
Medicare 1:	HOUSTON, TX 77042		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		del vices. Tel sorial Assistance del vices	
			Owner Information	
County HARRIS	Region 06 Date Licensed	08/19/2019	GRACE RACE PALLIATIVE HOSPICE LLC	
License # 019203	GRACE RACE PALLIATIVE HOSPICE LLC		GRACE RACE PALLIATIVE HOSPICE LLC	
Lic Expire 1/16/2023	6776 SOUTHWEST FREEWAY STE 631			
Medicare 1: 971601 Hospice	HOUSTON, TEXAS 77074			
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	
Type: Parent Agency	Administrator SESTINA BANGONA			
County HARRIS	Region 06 Date Licensed	01/11/2017	Owner Information	
License # 017851	GRACE SPECIALTY CARE		GRACE SPECIALTY CARE, INC	
Lic Expire 9/10/2023	7322 SOUTHWEST FWY SUITE 645 ROOM E		8700 COMMERCE PARK DR, SUITE 208	
Medicare 1:	HOUSTON, TX 77074		HOUSTON, TX 77036	
Medicare 2:			PHONE:	FAX:
Phone 346 278 5445	Fax 713 588 8863		Services: Licensed Home Health Services; Persona	I 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		GRACEFULL HOME HEALTH INC	
Lic Expire 10/31/2022	9800 CENTER PARKWAY SUITE#615		9894 BISSONNET SUITE #100B	
Medicare 1:	HOUSTON, TX 77036		HOUSTON, TX 77036	
Medicare 2:	1100010N, 1X 17000		PHONE:	FAX:
Phone (713) 541-0101	Fax (281) 657-6219			
Type: Parent Agency	Administrator OLUFUNKE ADENOLA		Services: Licensed Home Health Services; Persona	I Assistance Services
- Taront Agonoy	Administration OEOF OTNICE ADDITIONAL		O	
County HARRIS	Region 06 Date Licensed	10/21/2016	Owner Information GRACE SPRINGS HEALTHCARE SERVICES LLC	•
License # 017696	GRACESPRINGS HEALTHCARE SERVICES			,
Lic Expire 10/31/2020	13111 WESTHEIMER RD., STE 300		27 GRIFFIN HILL CT	
Medicare 1:	HOUSTON, TEXAS 77077		THE WOODLANDS, TX 77382	
Medicare 2:				
DI (000) FOE 1100			PHONE:	FAX:
Phone (832) 585-1108	Fax (832) 585-1240		PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency				FAX:
Type: Parent Agency	Fax (832) 585-1240 Administrator KUNBI ALABI	02/22/2021		FAX:
Type: Parent Agency County HARRIS	Fax (832) 585-1240 Administrator KUNBI ALABI Region 06 Date Licensed	02/22/2021	Services: Personal Assistance Services	FAX:
Type: Parent Agency County HARRIS License # 019993	Fax (832) 585-1240 Administrator KUNBI ALABI Region 06 Date Licensed GRAFFITI HOME CARE LLC	02/22/2021	Services: Personal Assistance Services Owner Information	
Type: Parent Agency County HARRIS License # 019993 Lic Expire 6/11/2022	Fax (832) 585-1240 Administrator KUNBI ALABI Region 06 Date Licensed GRAFFITI HOME CARE LLC 11201 VETERANS MEMORIAL DRIVE #13206	02/22/2021	Services: Personal Assistance Services Owner Information GRAFFITI HOME CARE LLC	
Type: Parent Agency County HARRIS License # 019993 Lic Expire 6/11/2022 Medicare 1:	Fax (832) 585-1240 Administrator KUNBI ALABI Region 06 Date Licensed GRAFFITI HOME CARE LLC	02/22/2021	Owner Information GRAFFITI HOME CARE LLC 11201 VETERANS MEMORIAL DRIVE APT#13200 HOUSTON, TEXAS 77067	6
Type: Parent Agency County HARRIS License # 019993 Lic Expire 6/11/2022	Fax (832) 585-1240 Administrator KUNBI ALABI Region 06 Date Licensed GRAFFITI HOME CARE LLC 11201 VETERANS MEMORIAL DRIVE #13206	02/22/2021	Owner Information GRAFFITI HOME CARE LLC 11201 VETERANS MEMORIAL DRIVE APT#1320	

Administrator

Type: Parent Agency

TYTEILA ROACH

County HARRIS License # 021354 Lic Expire 1/24/2025 Medicare 1:	Region 06 Date Licensed GRAND HOSPICE, INC 2922 ROSEDALE ST HOUSTON, TEXAS 77004	Owner Information GRAND HOSPICE, INC	
Medicare 2: Phone 713874=1234	Fax (713) 521-1277	PHONE: FAX: Services: Hospice	
Type: Parent Agency	Administrator JENNIFER ROY	In-Patient Hospice: NO	_
County HARRIS License # 020057 Lic Expire 7/16/2022 Medicare 1:	Region 06 Date Licensed 12/01/2020 GREATER ELEVATIONS LLC 16920 KUYKENDAHL ROAD SUITE 229 HOUSTON, TX 77068	Owner Information GREATER ELEVATIONS LLC	
Medicare 2:	_	PHONE: FAX:	
Phone (832) 296-7709 Type: Parent Agency	Fax Administrator JACQUELYN BHONES	Services: Licensed Home Health Services	
County HARRIS License # 020451 Lic Expire 1/13/2023 Medicare 1:	Region 06 Date Licensed 01/13/2021 GREEN PASTURES HEALTH SERVICES LLC 10039 BISSONNET ST, STE 332 HOUSTON, TEXAS 77036	Owner Information GREEN PASTURES HEALTH SERVICES LLC	
Medicare 2:		PHONE: FAX:	
Phone 832 892 8719	Fax	Services: Personal Assistance Services	
Type: Parent Agency	Administrator AKINTADE AKINOKUN	Owney Information	
County HARRIS License # 019871 Lic Expire 4/9/2022 Medicare 1:	Region 06 Date Licensed 04/09/2020 GREENLEAF HOME HEALTH CARE SERVICES, LLC 17043 CLAN MACGREGOR DR	Owner Information GREENLEAF HOME HEALTH CARE SERVICES, LLC	
Medicare 2:	HOUSTON, TEXAS 77084	PHONE: FAX:	
Phone (832) 683-4790	Fax (281) 656-8574	Services: Personal Assistance Services	
Type: Parent Agency	Administrator SHAMSA ALI		
County HARRIS License # 019888 Lic Expire 4/21/2022 Medicare 1:	Region 06 Date Licensed 04/21/2020 GREENLIGHT HEALTHCARE CORPORATION 6510 TIMARRON LAKES DR. KATY, TX 77493	Owner Information GREENLIGHT HEALTHCARE CORPORATION	
Medicare 2:	,	PHONE: FAX:	
Phone (832) 533-6888	Fax	Services: Licensed Home Health Services; Personal Assistance	Services
Type: Parent Agency County HARRIS License # 020615 Lic Expire 3/31/2024 Medicare 1:	Administrator HELEN AKPAN Region 06 Date Licensed 03/31/2021 GRISWOLD HOME CARE 10998 S WILCREST DR. #297 HOUSTON, TEXAS 77099	Owner Information SHUMAN HOME HEALTH, LLC	
Medicare 2:		PHONE: FAX:	
Phone (281) 978-4244 Type: Parent Agency	Fax (877) 468-7075 Administrator CALLA SPATZ	Services: Personal Assistance Services	
County HARRIS License # 015915	Region 06 Date Licensed 12/12/2013 GRISWOLD HOME CARE OF FRIENDSWOOD LA PORTE LEAGUE CITY & GALVESTON	Owner Information BREMA INVESTMENTS LLC	
Lic Expire 12/31/2024 Medicare 1:	1110 NASA PARKWAY SUITE 311 HOUSTON, TX 77058		
Medicare 2:	1100010N; 1A 11000	PHONE: FAX:	
Phone (713) 568-4488	Fax (888) 662-5898	Services: Personal Assistance Services	
Type: Parent Agency	Administrator BRENDA GROSS		

		Owner Information
County HARRIS	Region 06 Date Licensed 05/07/2021	VB CAPITAL VENTURES, INC
License # 020743	GRISWOLD HOME CARE OF WEST HOUSTON	12 0 4 11 2 12 13 12 5 , 110
Lic Expire 5/7/2024	1011 S. TEXAS 6, SUITE 305	
Medicare 1: Medicare 2:	HOUSTON, TX 77077	PHONE: FAX:
Phone (832) 598-4131	Fax	
•		Services: Personal Assistance Services
Type: Parent Agency	Administrator VIKING DIETRICH	
County HARRIS	Region 06 Date Licensed 10/25/2014	Owner Information
License # 016520	GRISWOLD HOME CARE SOUTHWEST AND GREATER SOUTH	TO THE TOP MANAGEMENT SERVICES LLC
	HOUSTON	1910 CHATHAM TRAILS COURT
Lic Expire 10/31/2022	10998 WILCREST DR SUITE 297	SUGAR LAND, TX 77479
Medicare 1:	HOUSTON, TX 77099	
Medicare 2:	Eav. (977) 469 7075	PHONE: FAX:
Phone (281) 250-9993	Fax (877) 468-7075	Services: Personal Assistance Services
Type: Parent Agency	Administrator JAMES VONDERHAAR	
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	Services: Personal Assistance Services
Type: Parent Agency	Administrator ONYEGBULE OKONKO	
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
<u></u>		Ourse Information
County HARRIS	Region 06 Date Licensed 01/24/2008	Owner Information HEALTH PRIORITY HOME CARE INC
License # 012038	GUARDIAN HEALTHCARE	13737 NOEL ROAD SUITE 1400
Lic Expire 1/31/2023	6565 WEST LOOP SOUTH SUITE 780	DALLAS, TX 75340
Medicare 1: 678166 HHA-18	BELLAIRE, TX 77401	
Medicare 2:	Fav. (004) 404 0070	PHONE: FAX:
Phone (281) 481-2974	Fax (281) 481-2978	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator CRYSTAL CALLAHAM	
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	Services: Personal Assistance Services
Type: Parent Agency	Administrator CLEMENTINA IKWUEZUNMA	
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	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Personal Assistance Services
Toward A	A L COMPORT A OROR	

Administrator

COMFORT AGBOR

County HARRIS License # 021271 Lic Expire 12/13/2024 Medicare 1: Medicare 2: Phone (832) 344-3582 Type: Parent Agency	Region 06 Date Licensed 12/13/2021 GVA HOME HEALTH CARE SERVICES LLC 11811 EAST FREEWAY SUITE 630-11 HOUSTON, TX 77029 Fax NA Administrator ELVINA THOMAS	Owner Information GVA HOME HEALTH CARE SERVICES LLC 915 AMSRYLLIS RD BAYTOWN, TX 77521 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 020226 Lic Expire 10/13/2022 Medicare 1:	Region 06 Date Licensed 10/13/2020 HALO HOME CARE 16225 PARK TEN PLACE, STE 500 HOUSTON, TEXAS 77084	Owner Information HALO VISIONZ LLC
Medicare 2: Phone (346) 353-5693 Type: Parent Agency	Fax Administrator MARIA CLARK	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 018061 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (713) 703-8188 Type: Parent Agency	Region 06 Date Licensed 05/17/2017 HALO HOMECARE SERVICES 11251 NORTHWEST FREEWAY SUITE 410 HOUSTON, TX 77092 Fax (713) 730-8188 Administrator ROSAURA MARTINEZ-VISRAM	Owner Information HALO HOMECARE SERVICES INC 8506 VOGUE LANE HOUSTON, TX 77055 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 019937 Lic Expire 5/14/2022 Medicare 1:	Region 06 Date Licensed 05/14/2020 HANDS WITH A HEART, PAS, LLC 2402 RHYME COURT RD HOUSTON, TEXAS 77060	Owner Information HANDS WITH A HEART, PAS, LLC
Medicare 2: Phone (832) 267-2241 Type: Parent Agency	Fax Administrator CATINA ERWIN	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 019929 Lic Expire 5/12/2022 Medicare 1: Medicare 2: Phone 281 9369036 Type: Parent Agency	Region 06 Date Licensed 05/12/2020 HAPPIER AT HOME SENIOR CARE 8203 WILLOW PLACE DR S, SUITE 670 HOUSTON, TX 770705655 Fax 346 3522122 Administrator CHRISTOPHER PARMETER	Owner Information CJP ENCORE, INC 8765 SPRING CYPRESS RD, STE L-228 SPRING, TX 77379 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 020517 Lic Expire 2/8/2023 Medicare 1: Medicare 2: Phone (832) 767-7114 Type: Parent Agency	Region 06 Date Licensed 02/08/2021 HAPPY HEARTS HOME HEALTHCARE, INC 17719 QUIET LOCH LN HOUSTON, TEXAS 77084 Fax Administrator FELICIA WAMAH	Owner Information HAPPY HEARTS HOME HEALTHCARE, INC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 013794 Lic Expire 12/31/2022 Medicare 1: 747816 Medicare 2: Phone (713) 413-5292 Type: Parent Agency	Region 06 Date Licensed 12/29/2010 HARBOR HOME HEALTH LP 11980 KIRBY DR STE 120 HOUSTON, TX 77045 Fax (281) 929-0678 Administrator JON GARNER	Owner Information HARBOR HOME HEALTH LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County HARRIS License # 015201 Lic Expire 11/30/2022 Medicare 1: 671774 HOSPICE Medicare 2: Phone (713) 413-5200 Type: Parent Agency	Region 06 Date Licensed 11/13/2012 HARBOR HOSPICE 11990 KIRBY DRIVE HOUSTON, TX 77045 Fax (713) 413-5299 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
· · · · · · · · · · · · · · · · · · ·	Davies 00 Data Lisaarad 00/00/0040	Owner Information
County HARRIS License # 015403	Region 06 Date Licensed 02/28/2013 HARBOR HOSPICE MEDICAL CENTER HOUSTON LP	HARBOR HOSPICE MEDICAL CENTER HOUSTON LP
Lic Expire 2/28/2023	11980 KIRBY DR SUITE 240	SAME
Medicare 1: 671792 HOSPICE	HOUSTON, TX 77045	BEAUMONT, TX 77701-4612
Medicare 2:		PHONE: FAX:
Phone (713) 777-5290	Fax (713) 358-8927	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CHALICE MILLER	
County HARRIS	Region 06 Date Licensed 06/15/2011	Owner Information
License # 014160	HARBOR HOSPICE OF CENTRAL HOUSTON LP	HARBOR HOSPICE OF CENTRAL HOUSTON, LP
Lic Expire 6/30/2023	11980 KIRBY DRIVE SUITE 220	3406 COLLEGE STREET
Medicare 1: 671711 HOSPICE	HOUSTON, TX 77045	BEAUMONT, TX 77701
Medicare 2:	F (742) F02 0007	PHONE: FAX:
Phone (713) 777-5290	Fax (713) 583-8927	Services: Hospice
Type: Parent Agency	Administrator ELISHA SULTZER	In-Patient Hospice: NO
County HADDIS	Region 06 Date Licensed 12/05/2012	Owner Information
County HARRIS License # 015257	Region 06 Date Licensed 12/05/2012 HARBOR HOSPICE OF EAST HOUSTON LP	HARBOR HOSPICE OF EAST HOUSTON LP
Lic Expire 12/31/2022	2330 TIMBER SHADOWS DRIVE, SUITE 200	3406 COLLEGE STREET
Medicare 1: 741526 HOSPICE	KINGWOOD, TEXAS 77339	BEAUMONT, TX 77701
Medicare 2:		PHONE: FAX:
Phone (281) 973-8410	Fax (832) 644-5682	Services: Hospice
Towns December Assessed	Administrator ODICTINA WALL	In-Patient Hospice: NO
Type: Parent Agency	Administrator CRISTINA WALL	2 1/ "
County HARRIS	Region 06 Date Licensed 05/04/2011	Owner Information
License # 014077	HARBOR HOSPICE OF HOUSTON LP	HARBOR HOSPICE OF HOUSTON, LP 3406 COLLEGE STREET
Lic Expire 5/31/2023	1322 SPACE PARK DRIVE SUITE A-194	BEAUMONT, TX 77701
Medicare 1: 671745 HOSPICE Medicare 2:	HOUSTON, TX 77058	PHONE: FAX:
Phone (281) 461-6109	Fax (281) 754-4602	
(===, =================================		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DAN KENNEDY	
County HARRIS	Region 06 Date Licensed 08/30/2012	Owner Information
License # 015042	HARBOR HOSPICE OF RICHMOND LP	HARBOR HOSPICE OF RICHMOND LP
Lic Expire 8/31/2022	12808 WEST AIRPOT BLVD., SUITE 235	3406 COLLEGE STREET
Medicare 1: 671764 HOSPICE	SUGARLAND, TEXAS 77478	BEAUMONT, TX 77701
Medicare 2:		PHONE: FAX:
Phone (281) 762-0444	Fax (281) 762-7024	Services: Hospice
Type: Parent Agency	Administrator JESSICA JOHNSTONBAUGH	In-Patient Hospice: NO
		Owner Information
County HARRIS License # 014992	Region 06 Date Licensed 08/08/2012 HARBOR HOSPICE OF SOUTH HOUSTON LP	HARBOR HOSPICE OF SOUTH HOUSTON, LP
License # 014992 Lic Expire 8/31/2022		3406 COLLEGE STREET SUITE 200
Medicare 1: 741501 HOSPICE	12808 WEST AIRPOT BLVD., SUITE 235A SUGAR LAND, TEXAS 77478	BEAUMONT, TX 77701-4612
Medicare 2:		PHONE: FAX:
Phone (281) 762-0444	Fax (281) 762-7024	Services: Hospice
Type: Parent Agency	Administrator THERESA COUSINS	In-Patient Hospice: NO
21 2 2000 (3000)		

County HARRIS License # 013609 Lic Expire 10/31/2022 Medicare 1: 671685 HOSPICE Medicare 2: Phone (281) 659-0303 Type: Parent Agency	Region 06 Date Licensed 10/05/2010 HARBOR HOSPICE OF TEXAS LP 425 HOLDERREITH ST STE 205A TOMBALL, TX 77375 Fax (281) 659-0306 Administrator THERESA COUSINS	Owner Information HARBOR HOSPICE OF TEXAS LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
<u></u>	Region 06 Date Licensed 11/13/2012	Owner Information
County HARRIS License # 015199	HARBOR HOSPICE OF WEST HOUSTON LP	HARBOR HOSPICE OF WEST HOUSTON LP
Lic Expire 11/30/2022	11980 KIRBY DR SUITE 210	3406 COLLEGE STREET
Medicare 1: 741505 HOSPICE	HOUSTON, TX 77045	BEAUMONT, TX 77701
Medicare 2:		PHONE: FAX:
Phone (713) 777-5290	Fax (713) 777-5214	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ELISHA SULTZER	
County HARRIS	Region 06 Date Licensed 01/05/2009	Owner Information
License # 012378	HARBORHOSPICE OF BAYTOWN LP	HARBOR HOSPICE OF BAYTOWN LP
Lic Expire 1/31/2023	1600 JAMES BOWIE SUITE D-111	3406 COLLEGE STREET BEAUMONT, TX 77701
Medicare 1: 671645 HOSPICE	BAYTOWN, TX 77520	,
Medicare 2: Phone (281) 427-3800	Fax (281) 427-3855	PHONE: FAX:
1 Hone (201) 427 0000	1 47 (201) 421 0000	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHAWN HOWELL	•
County HARRIS	Region 06 Date Licensed 02/01/2017	Owner Information
License # 017901	HARMONY COMPLETE CARE LLC	HARMONY COMPLETE CARE, LLC
Lic Expire 1/31/2023	7807 LONGPOINT ROAD SUITE #445	4747 RESEARCH FOREST DRIVE, 180-292
Medicare 1: 457967 HHA-18	HOUSTON, TX 77055	THE WOODLANDS, TX 77381-4912
Medicare 2:		PHONE: FAX:
Medicare 2: Phone (713) 668-3883	Fax (713) 961-1248	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
	Fax (713) 961-1248 Administrator SHEILA GARDINER	
Phone (713) 668-3883		Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information
Phone (713) 668-3883 Type: Parent Agency	Administrator SHEILA GARDINER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1:	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2:	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX:
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1:	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2:	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX:
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 Fax (281) 860-2030 Administrator JESENIA PAREDES	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 Fax (281) 860-2030	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency County HARRIS	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 Fax (281) 860-2030 Administrator JESENIA PAREDES Region 06 Date Licensed 08/31/2016	Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency County HARRIS License # 018059	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 Fax (281) 860-2030 Administrator JESENIA PAREDES Region 06 Date Licensed 08/31/2016 HARMONY HOSPICE INC	Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARMONY HOSPICE INC
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency County HARRIS License # 018059 Lic Expire 8/31/2022	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 Fax (281) 860-2030 Administrator JESENIA PAREDES Region 06 Date Licensed 08/31/2016 HARMONY HOSPICE INC 7322 SOUTHWEST FWY SUITE 645 ROOM B	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARMONY HOSPICE INC 2620 TANGLEWILDE ST SUITE 104
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency County HARRIS License # 018059 Lic Expire 8/31/2022 Medicare 1: 671737 HOSPICE	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 Fax (281) 860-2030 Administrator JESENIA PAREDES Region 06 Date Licensed 08/31/2016 HARMONY HOSPICE INC 7322 SOUTHWEST FWY SUITE 645 ROOM B	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARMONY HOSPICE INC 2620 TANGLEWILDE ST SUITE 104 HOUSTON, TX 77063
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency County HARRIS License # 018059 Lic Expire 8/31/2022 Medicare 1: 671737 HOSPICE Medicare 2:	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 Fax (281) 860-2030 Administrator JESENIA PAREDES Region 06 Date Licensed 08/31/2016 HARMONY HOSPICE INC 7322 SOUTHWEST FWY SUITE 645 ROOM B HOUSTON, TX 77074	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARMONY HOSPICE INC 2620 TANGLEWILDE ST SUITE 104 HOUSTON, TX 77063 PHONE: FAX: Services: Hospice; Personal Assistance Services
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency County HARRIS License # 018059 Lic Expire 8/31/2022 Medicare 1: 671737 HOSPICE Medicare 2: Phone (281) 888-1602	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 Fax (281) 860-2030 Administrator JESENIA PAREDES Region 06 Date Licensed 08/31/2016 HARMONY HOSPICE INC 7322 SOUTHWEST FWY SUITE 645 ROOM B HOUSTON, TX 77074 Fax (281) 888-1025	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARMONY HOSPICE INC 2620 TANGLEWILDE ST SUITE 104 HOUSTON, TX 77063 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency County HARRIS License # 018059 Lic Expire 8/31/2022 Medicare 1: 671737 HOSPICE Medicare 2: Phone (281) 888-1602 Type: Parent Agency	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 Fax (281) 860-2030 Administrator JESENIA PAREDES Region 06 Date Licensed 08/31/2016 HARMONY HOSPICE INC 7322 SOUTHWEST FWY SUITE 645 ROOM B HOUSTON, TX 77074 Fax (281) 888-1025 Administrator OLAKUNLE OMIYALE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARMONY HOSPICE INC 2620 TANGLEWILDE ST SUITE 104 HOUSTON, TX 77063 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency County HARRIS License # 018059 Lic Expire 8/31/2022 Medicare 1: 671737 HOSPICE Medicare 2: Phone (281) 888-1602 Type: Parent Agency County HARRIS	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 1000 HOUSTON, TEXAS 77036 1000 1000 Fax (281) 860-2030 2000 Administrator JESENIA PAREDES Region 06 Date Licensed 08/31/2016 HARMONY HOSPICE INC 7322 SOUTHWEST FWY SUITE 645 ROOM B HOUSTON, TX 77074 Fax (281) 888-1025 2000 Administrator OLAKUNLE OMIYALE Region 06 Date Licensed 03/04/2021	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARMONY HOSPICE INC 2620 TANGLEWILDE ST SUITE 104 HOUSTON, TX 77063 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency County HARRIS License # 018059 Lic Expire 8/31/2022 Medicare 1: 671737 HOSPICE Medicare 2: Phone (281) 888-1602 Type: Parent Agency County HARRIS License # 020569 Lic Expire 3/4/2024 Medicare 1:	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 1000 HOUSTON, TEXAS 77036 1000 1000 Fax (281) 860-2030 200 Administrator JESENIA PAREDES Region 06 Date Licensed 08/31/2016 HARMONY HOSPICE INC 7322 SOUTHWEST FWY SUITE 645 ROOM B 1000 1000 HOUSTON, TX 77074 1000 1000 1000 1000 Fax (281) 888-1025 1000	Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARMONY HOSPICE INC 2620 TANGLEWILDE ST SUITE 104 HOUSTON, TX 77063 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information HARRIS COUNTY HOSPICE, INC
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency County HARRIS License # 018059 Lic Expire 8/31/2022 Medicare 1: 671737 HOSPICE Medicare 2: Phone (281) 888-1602 Type: Parent Agency County HARRIS License # 020569 Lic Expire 3/4/2024 Medicare 1: Medicare 2:	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 1000 HOUSTON, TEXAS 77036 1000 1000 Fax (281) 860-2030 200 Administrator JESENIA PAREDES Region 06 Date Licensed 08/31/2016 HARMONY HOSPICE INC 7322 SOUTHWEST FWY SUITE 645 ROOM B 1000 1000 HOUSTON, TX 77074 1000 <td< td=""><td>Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARMONY HOSPICE INC 2620 TANGLEWILDE ST SUITE 104 HOUSTON, TX 77063 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information</td></td<>	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARMONY HOSPICE INC 2620 TANGLEWILDE ST SUITE 104 HOUSTON, TX 77063 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information
Phone (713) 668-3883 Type: Parent Agency County HARRIS License # 019700 Lic Expire 11/13/2021 Medicare 1: Medicare 2: Phone (832) 501-2001 Type: Parent Agency County HARRIS License # 018059 Lic Expire 8/31/2022 Medicare 1: 671737 HOSPICE Medicare 2: Phone (281) 888-1602 Type: Parent Agency County HARRIS License # 020569 Lic Expire 3/4/2024 Medicare 1:	Administrator SHEILA GARDINER Region 06 Date Licensed 11/13/2019 HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 1000 HOUSTON, TEXAS 77036 1000 1000 Fax (281) 860-2030 200 Administrator JESENIA PAREDES Region 06 Date Licensed 08/31/2016 HARMONY HOSPICE INC 7322 SOUTHWEST FWY SUITE 645 ROOM B 1000 1000 HOUSTON, TX 77074 1000 1000 1000 1000 1000 Fax (281) 888-1025 1000	Owner Information HARMONY HEALTHCARE SERVICES INC 6464 SAVOY DRIVE STE 850 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARMONY HOSPICE INC 2620 TANGLEWILDE ST SUITE 104 HOUSTON, TX 77063 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO Owner Information HARRIS COUNTY HOSPICE, INC

County HARRIS License # 007981 Lic Expire 6/30/2022 Medicare 1: 679178 HHA-18 Medicare 2: Phone (713) 464-1342 Type: Parent Agency County HARRIS	Region 06 Date Licensed HAVEN HEALTHCARE SYSTEMS INC 4615 SOUTHWEST FREEWAY SUITE 740 HOUSTON, TX 77027 Fax (713) 464-1638 Administrator YOLANDA BAYONNE Region 06 Date Licensed	06/21/2002	Owner Information HAVEN HEALTHCARE SYSTEMS INC 9770 PINE LAKE DRIVE HOUSTON, TX 77055-6132 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Owner Information	n Services
License # 021090 Lic Expire 9/30/2024 Medicare 1:	HD HOME HEALTHCARE AGENCY LLC 440 BENMAR STE 3332 HOUSTON, TEXAS 77060		HD HOME HEALTHCARE AGENCY LLC	
Medicare 2:			PHONE: FAX:	
Phone (281) 529-6453	Fax NA		Services: Licensed Home Health Services	
Type: Parent Agency	Administrator LISA WILSON			
County HARRIS	Region 06 Date Licensed	09/14/2007	Owner Information	
License # 011584	HEALING HOME HEALTH INC		HEALING HOME HEALTH INC	
Lic Expire 9/30/2022	17024 BUTTE CREEK RD SUITE 101		814 N SKY DR	
Medicare 1: 747085 HHA-18	HOUSTON, TX 77090		HOUSTON, TX 77073	
Medicare 2:	F (004) 500 4500		PHONE: FAX:	
Phone (281) 580-1540 Type: Parent Agency	Fax (281) 580-1580 Administrator KERRY POYSER		Services: Licensed and Certified Home Health Services; Licensed Home Health	n Services
······································		44/47/0040	Owner Information	
County HARRIS License # 017749	Region 06 Date Licensed HEALING THROUGH CARING HOMECARE	11/17/2016	HEALING THROUGH CARING HOMECARE, LLC	
Lic Expire 11/30/2022	16630 IMPERIAL VALLEY DR. STE 104		4008 LOUETTA RD	
Medicare 1:	HOUSTON, TX 77060		SPRING, TX 77388	
Medicare 2:			PHONE: FAX:	
Phone (832) 504-9709	Fax (832) 504-9710		Services: Licensed Home Health Services; Personal Assistance Services	
Type: Parent Agency	Administrator SHONTEL YOUNGBLOOD			
County HARRIS	Region 06 Date Licensed	06/04/1984	Owner Information	
License # 000527	HEALTH CARE TEMPORARIES INC		HEALTH CARE TEMPORARIES INC	
Lic Expire 6/30/2022	8926 SHERBOURNE SUITE D		8926 SHERBOURNE SUITE D	
Medicare 1:	HOUSTON, TX 77016		HOUSTON, TX 77016	
Medicare 2:			PHONE: FAX:	
Phone (713) 631-7106	Fax (713) 631-9158		Services: Licensed Home Health Services; Personal Assistance Services	
Type: Parent Agency	Administrator BONITA WOODS, RN			
County HARRIS	Region 06 Date Licensed	11/02/2019	Owner Information	
License # 019445	HEALTH FIRST INC		HEALTH FIRST INC	
Lic Expire 6/26/2021	7400 BELLERIVE DRIVE #1106			
Medicare 1:	HOUSTON, TEXAS 77036		DUONE: FAV.	
Medicare 2: Phone (713) 480-4617	Fax		PHONE: FAX:	
Type: Parent Agency	Administrator JOHN EZIEVUO		Services: Personal Assistance Services	
County HARRIS License # 020146	Region 06 Date Licensed HEALTH HEROES HOME CARE LLC	09/03/2020	Owner Information HEALTH HEROES HOME CARE LLC	
Lic Expire 9/3/2022	3131 W BELLFORT AVE APT 1111			
Medicare 1:	HOUSTON, TX 770545048			
Medicare 2:	_		PHONE: FAX:	
Phone (832) 436-7914	Fax		Services: Personal Assistance Services	
Type: Parent Agency	Administrator OLGA WILLIAMS			

County HARRIS License # 021193 Lic Expire 11/8/2024 Medicare 1:	Region 06 Date Licensed 11/08/2021 HEALTH HERO'S HOME CARE 4101 E NASA PKWY UNIT 261 SEABROOK, TX 77586	Owner Information KIND HEARTED SOLUTIONS LLC
Medicare 2:		PHONE: FAX:
Phone (267) 467-3450	Fax NA	Services: Personal Assistance Services
Type: Parent Agency	Administrator REINALDO SANTOS	
County HARRIS License # 011150 Lic Expire 3/31/2023 Medicare 1: 747313 HHA-18	Region 06 Date Licensed 03/14/2007 HEALTH VISION HOME HEALTH SERVICES INC 10707 FUQUA GLEN LANE HOUSTON, TX 77075	Owner Information HEALTH VISION HOME HEALTH SERVICES INC 10707 FUQUA GLEN LANE HOUSTON, TX 77075
Medicare 2:		PHONE: FAX:
Phone (281) 484-3325	Fax (281) 484-3336 Administrator TERESA WENCES	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Autilitistiatoi TERESA WENGES	Ourse Information
County HARRIS License # 013619 Lic Expire 7/31/2022 Medicare 1: 677921 HHA-18	Region 06 Date Licensed 07/30/2010 HEALTHCARE PROVIDERS OF AMERICA INC 10801 HAMMERLY BLVD SUITE 120 HOUSTON, TX 77043	Owner Information HEALTHCARE PROVIDERS OF AMERICA, INC 10801 HAMMERLY BLVD., SUITE #120 HOUSTON, TX 77043
Medicare 2: Phone (713) 468-2100	Fax (713) 468-2400	PHONE: FAX:
Type: Parent Agency	Administrator IFTIKHAR SHEIKH	Services: Licensed and Certified Home Health Services
County HARRIS License # 009005 Lic Expire 3/31/2022 Medicare 1:	Region 06 Date Licensed 03/16/2004 HEALTHCARE SOLUTIONS 7731 CLARIDGE DRIVE HOUSTON, TX 77071	Owner Information JASCAM INC PO BOX 711126 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 License # 018638 Lic Expire 6/30/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 02/26/2018 HEALTHQUEST THERAPEUTICS LLC 1311 WEST SAM HOUSTON PARKWAY N. SUITE 100 HOUSTON, TX 77043	Owner Information HEALTHQUEST THERAPEUTICS LLC 2600 CORDES DR SUITE E SUGAR LAND, TX 77479 PHONE: FAX:
Phone (832) 612-3500	Fax (866) 612-3437	Services: Licensed Home Health Services
Type: Parent Agency	Administrator SHAUKAT ZAKARIA	
County HARRIS License # 007443 Lic Expire 4/30/2022 Medicare 1: 678376 HHA-18 Medicare 2: Phone (713) 592-5364	Region 06 Date Licensed 04/13/2000 HEALTHSOURCE HOME CARE INC 5709 DOLORES STREET HOUSTON, TX 77057 Fax (713) 592-5324	Owner Information HEALTHSOURCE HOME CARE INC 5709 DOLORES STREET HOUSTON, TX 77057 PHONE: FAX:
1 Holle (715) 532-5504	• •	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator TEKLE TESFAYE	
County HARRIS License# 020834 Lic Expire 6/16/2024 Medicare 1:	Region 06 Date Licensed 06/16/2021 HEART AT HOME NURSING PROVIDERS LLC 4701 FM 2920, UNIT D SPRING, TX 77388	Owner Information HEART AT HOME NURSING PROVIDERS LLC
Medicare 2:		PHONE: FAX:
Phone (832) 823-5098 Type: Parent Agency	Fax (346) 351-2847 Administrator MACCRIANNA COLEMAN	Services: Licensed Home Health Services

County HARRIS License # 017303 Lic Expire 12/31/2023 Medicare 1: 678220 HHA-18 Medicare 2: Phone (713) 654-8825 Type: Parent Agency	Region 06 Date Licensed 12/11/2015 HEART HOME HEALTH CARE INC 7545 SOUTH FREEWAY HOUSTON, TEXAS 77021 Fax (713) 571-6040 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 License # 019851 Lic Expire 3/11/2022 Medicare 1: 971592 Hospice	Region 06 Date Licensed 03/11/2020 HEART OF HOUSTON HOSPICE CARE, INC 5322 WEST BELLFORT ST SUITE 215 HOUSTON, TX 77035	Owner Information BRIGHTSTAR HOSPICE, INC
Medicare 2: Phone 281 9623400 Type: Parent Agency	Fax 281 9624739 Administrator SHERRIA BELL	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
ype. Parent Agency	AUTIIIIISUUUU SHERRIA BELL	
County HARRIS License # 016100 Lic Expire 10/31/2023	Region 06 Date Licensed 10/25/2013 HEART TO HEART HOSPICE OF GREATER HOUSTON LLC 16441 SPACE CENTER BOULEVARD SUITE C-300	Owner Information HEART TO HEART HOSPICE OF GREATER HOUSTON, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025
Medicare 1: 671542 HOSPICE	HOUSTON, TX 77058	
Medicare 2: Phone (713) 984-2100 Type: Parent Agency	Fax (713) 984-2171 Administrator KRISTIN FOSTER	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
- Tarent Agency	Naministration International I	0 17 6
County HARRIS	Region 06 Date Licensed 10/28/2013	Owner Information
License # 015926	HEART TO HEART HOSPICE OF HOUSTON LLC	HEART TO HEART HOSPICE OF HOUSTON, LLC
Lic Expire 10/31/2024	2930 CYPRESS GROVE MEADOWS DRIVE	7240 CHASE OAKS BLVD.
Medicare 1:	HOUSTON, TX 77014	PLANO, TX 75025
Medicare 2:		PHONE: FAX:
Phone (346) 355-2281 Type: Alternate Delivery Site	Fax (346) 231-7997 Administrator CLAUDIA THOMAS	Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: YES
·· · · · · · · · · · · · · · · · · · ·		Owner Information
County HARRIS	Region 06 Date Licensed 05/16/2017	Owner Information HEART TO HEART HOSPICE OF WEST HOUSTON LLC
License # 018137	HEART TO HEART HOSPICE OF WEST HOUSTON LLC	7240 CHASE OAKS BLVD.
Lic Expire 5/31/2023	12345 JONES ROAD SUITE 190	
Medicare 1: 741624 HOSPICE	HOUSTON, TX 77070	PLANO, TX 75025
Medicare 2:	F (000) 470 5500	PHONE: FAX:
Phone (832) 478-5534 Type: Parent Agency	Fax (832) 478-5592 Administrator CAROLINE ROSE	Services: Hospice In-Patient Hospice: NO
·· · · · · · · · · · · · · · · · · · ·	D : 00 D : 11 11 11 11 11 11 11 11 11 11 11 11 1	Owner Information
County HARRIS	Region 06 Date Licensed 11/30/2017	HEARTFUL SENIOR CARE, LLC
License # 018477	HEARTFUL SENIOR CARE LLC	537 VILLA DRIVE
Lic Expire 11/30/2023	537 VILLA DRIVE	HOUSTON, TX 77586
Medicare 1:	SEABROOK, TX 77586	
Medicare 2: Phone (281) 942-3131	Fax (281) 215-5243	PHONE: FAX:
, ,		Services: Personal Assistance Services
Type: Parent Agency	Administrator JEANNIE BERWANGER	
County HARRIS	Region 06 Date Licensed 05/05/2016	Owner Information
License # 017380	HEARTS OF HOPE HOME CARE LLC	HEARTS OF HOPE HOME CARE LLC
Lic Expire 5/31/2022	12337 JONES ROAD SUITE 200-7	20423 KNIGHTS BRANCH DRIVE
Medicare 1:	HOUSTON, TX 77070	CYPRESS, TX 77433
Medicare 2:		PHONE: FAX:
Phone (281) 653-2040	Fax (281) 890-5787	Services: Personal Assistance Services
Type: Parent Agency	Administrator KIYOKO AUGUSTUS	

County HARRIS License # 021012 Lic Expire 8/27/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 08/27/2021 HEARTS PALLIATIVE & HOSPICE CARE LLC 9896 BISSONNET STREET SUITE 220 HOUSTON, TX 77036	Owner Information HEARTS PALLIATIVE & HOSPICE CARE, LLC PHONE: FAX:
Phone (832) 775-8143	Fax	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOHNSON AMBROISE	
County HARRIS License # 021037 Lic Expire Medicare 1:	Region 06 Date Licensed 09/09/2021 HEAVENLY HANDS HOME CARE AGENCY LC 100 GLENBOROUGH DR. STE 430 HOUSTON, TX 77067	Owner Information HEAVENLY HANDS HOME CARE AGENCY LC
Medicare 2:		PHONE: FAX:
Phone (313) 236-7587	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator TORIANA FONTENO	
County HARRIS License # 011822 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (832) 439-3365	Region 06 Date Licensed 01/15/2008 HEAVENLY HOME HEALTH SERVICES INC 13210 RICHMOND AVE HOUSTON, TX 77082 Fax (281) 679-7212	Owner Information HEAVENLY HOME HEALTH SERVICES INC 13210 RICHMOND AVE HOUSTON, TX 77082 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator STELLA OYEKU	
County HARRIS License # 019454 Lic Expire 6/28/2021 Medicare 1:	Region 06 Date Licensed 06/28/2019 HEFLIN IMPERIAL CAREGIVERS, LLC 9911 FERNSTONE LN HOUSTON, TX 77070	Owner Information HEFLIN IMPERIAL CAREGIVERS LLC
Medicare 2:		PHONE: FAX:
Phone (832) 687-0715	Fax (713) 588-8972	Services: Personal Assistance Services
Type: Parent Agency	Administrator DENISE HEFLIN	
County HARRIS License # 016397 Lic Expire 8/31/2022 Medicare 1:	Region 06 Date Licensed 08/25/2014 HEIGHT OF HOPE HOME CARE 9950 WESTPARK DR. STE. 532 HOUSTON, TX 77063	Owner Information HEIGHT OF HOPE HOME CARE 9950 WESTPARK DR. STE 532 HOUSTON, TX 77063 PHONE: FAX:
Medicare 2: Phone (832) 572-0861	Fax (281) 988-6049	
Type: Parent Agency	Administrator RITSVY MEJIA	Services: Personal Assistance Services
County HARRIS License # 019517 Lic Expire 8/8/2021 Medicare 1: Medicare 2:	Region 06 Date Licensed 08/08/2019 HEIGHT'S HOSPICE CARE, LLC 1419 WEST 24TH STREET SUITE B HOUSTON, TEXAS 77008	Owner Information HEIGHT'S HOSPICE CARE, LLC PHONE: FAX:
Medicare 2: Phone (832) 372-0447	Fax (713) 647-9358	PHUNE: FAX: Services: Hospice
Type: Parent Agency	Administrator RODPA TUBLE	In-Patient Hospice: NO
County HARRIS License # 020074 Lic Expire 7/24/2022 Medicare 1:	Region 06 Date Licensed 07/24/2020 HELPING HAND HOME HEALTH LLC 14806 WATERSIDE VIEW CT. HOUSTON, TEXAS 77044	Owner Information HELPING HAND HOME HEALTH LLC
Medicare 2:	5 (70) 201 2771	PHONE: FAX:
Phone (713) 331-9343 Type: Parent Agency	Fax (713) 324-0554 Administrator RAMON GARCIA	Services: Licensed Home Health Services

County HARRIS License # 018116 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone (832) 866-5264 Type: Parent Agency	Region 06 Date Licensed HERITAGE DEVELOPMENTAL CARE LLC 11455 FALLBROOK DR. UNIT 301A HOUSTON, TX 77065 Fax (832) 534-1122 Administrator EMMANUEL ERIMIDE	06/21/2017	Owner Information HERITAGE DEVELOPMENTAL CARE LLC 13538 CABRERA LN HOUSTON, TX 77083 PHONE: FAX: Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: YES
County HARRIS License # 021056 Lic Expire 9/17/2024	Region 06 Date Licensed HERSTEL CARE CORPORATION 18204 CHISHOLM TRAIL #711	09/17/2021	Owner Information HERSTEL CARE CORPORATION
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77060		PHONE: FAX:
Phone (619) 577-8595	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator KEYAIRA SILER		Services. Personal Assistance Services
County HARRIS License # 017502 Lic Expire 7/31/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed HEURISTIC HOME HEATH CARE LLC 7155 OLD KATY RD STE N262 HOUSTON, TX 77024	07/07/2016	Owner Information HEURISTIC HOME HEALTH CARE LLC 7155 OLD KATY RD STE N262 HOUSTON, TX 77024 PHONE: FAX:
Phone (832) 582-7730	Fax (281) 783-2667		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LINDA WALKER		CONTROL ELOCITOR FIGURE CONTROL, FOR CONTROL FIGURE CONTROL
County HARRIS License # 017432 Lic Expire 2/28/2022 Medicare 1: 671664 HOSPICE Medicare 2: Phone (832) 306-3105	Region 06 Date Licensed HIGHLAND HOSPICE 6750 WEST LOOP SOUTH SUITE 350 BELLAIRE, TX 77401 Fax (832) 306-3106	02/07/2016	Owner Information NORTH AMERICAN HOSPICE INC 1350 E NASA PARKWAY SUITE 200 HOUSTON, TX 77058 PHONE: FAX: Services: Hospice
			In-Patient Hospice: NO
Type: Parent Agency	Administrator SHANNA ASHBERRY		
County HARRIS License # 021258 Lic Expire 12/7/2024 Medicare 1:	Region 06 Date Licensed HIGHLAND HOSPICE CARE, LLC 9898 BISSONNET ST HOUSTON, TEXAS 77036	12/07/2021	Owner Information HIGHLAND HOSPICE CARE, LLC
Medicare 2:			PHONE: FAX:
Phone (713) 234-7735 Type: Parent Agency	Fax (281) 982-1810 Administrator SHERRIA BELL		Services: Hospice In-Patient Hospice: NO
County HARRIS License # 020389 Lic Expire 12/8/2022 Medicare 1:	Region 06 Date Licensed HILLSCOPE HOME CARE 8700 COMMERCE PARK, SUITE 214 HOUSTON, TEXAS 77036	12/08/2020	Owner Information HILLSCOPE HOME CARE
Medicare 2:	110001011, 127010 17000		PHONE: FAX:
Phone (832) 670-9645	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator MOJISOLA MICAH		
County HARRIS License # 020394 Lic Expire 12/11/2022 Medicare 1:	Region 06 Date Licensed HIS SHADOW SERVICES LLC 3007 ROSE TRACE DR SPRING, TEXAS 77386	12/11/2020	Owner Information HIS SHADOW SERVICES LLC 3007 ROSE TRACE DR SPRINGS, TEXAS 77386
Medicare 2: Phone (432) 305-8090	Fax		PHONE: FAX:
Type: Parent Agency	Administrator EZE OWUNNA		Services: Personal Assistance Services

County HARRIS	Region 06 Date Licensed 11/15/2002	Owner Information KINGHAVEN INVESTMENTS INC
License # 008198	HITECH MEDICAL SERVICES	POST OFFICE BOX 740038
Lic Expire 11/30/2022	6335 GULFTON STREET SUITE #101	HOUSTON, TX 77274
Medicare 1: 679315 HHA-18 Medicare 2:	HOUSTON, TX 77081	PHONE: FAX:
Phone (713) 457-4373	Fax (713) 457-4376	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LATONYA CURVEY	
County HARRIS	Region 06 Date Licensed 02/17/1995	Owner Information
License # 003266	HOLISTIC HOME CARE NURSING INC	HOLISTIC HOME CARE NURSING INC
Lic Expire 2/28/2023	2909 HILLCROFT AVE, SUITE 670	7457 HARWIN DRIVE, SUITE #100
Medicare 1:	HOUSTON, TX 77057	HOUSTON, TX 77036
Medicare 2:		PHONE: FAX:
Phone (713) 956-9841	Fax (713) 956-9843	Services: Personal Assistance Services
Type: Parent Agency	Administrator JEWELLEAN MANGAROO	
County HARRIS	Region 06 Date Licensed 01/07/2022	Owner Information
License # 021313	HOLISTIC HOSPICE CARE LLC	HOLISTIC HOSPICE CARE LLC
Lic Expire 1/7/2025	2646 S LOOP W STE 440B	
Medicare 1:	HOUSTON, TEXAS 77054	
Medicare 2:		PHONE: FAX:
Phone 800 2940117	Fax 800 2940117	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator KUDY ADELAKUN	
County HARRIS	Region 06 Date Licensed 09/16/2020	Owner Information
License # 020178	HOLISTIC PALLIATIVE HOSPICE, INC	HOLISTIC PALLIATIVE HOSPICE, INC
Lic Expire 9/16/2022	9100 SOUTHWEST FREEWAY SUITE 206	
Medicare 1:	HOUSTON, TEXAS 77074	
Medicare 2:		PHONE: FAX:
Phone 866 2583457	Fax (281) 564-7326	Services: Hospice
Type: Perent Agency	Administrator JOEL ADA	In-Patient Hospice: NO
Type: Parent Agency	Autilistatoi JOLE ADA	
County HARRIS	Region 06 Date Licensed 08/26/2020	Owner Information
License # 020124	HOLY FAMILY HOME CARE SERVICES LLC	HOLY FAMILY HOME CARE SERVICES LLC
Lic Expire 8/26/2022	1120 NASA PARKWAY SUITE 220L	
Medicare 1:	HOUSTON, TEXAS 77058	
Medicare 2:	Fave	PHONE: FAX:
Phone (832) 400-4342	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator MAYLENE SANTIAGO	
County HARRIS	Region 06 Date Licensed 05/06/2020	Owner Information
License # 019917	HOME CARE 4 YOU	NANNIES N TUTORS 4 YOU ENTERPRISES, LLC
Lic Expire 5/6/2022	3100 TIMMONS LN. STE 311	518 WELLINGTON PT.
Medicare 1:	HOUSTON, TX 77027	HOUSTON, TX 77094
Medicare 2:		PHONE: FAX:
Phone (713) 930-1060	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SHARON TORAN	
County HARRIS	Region 06 Date Licensed 12/16/2010	Owner Information
License # 014051	HOME CARE ASSISTANCE	HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC
Lic Expire 12/31/2022	11173 WESTHEIMER ROAD	1255 OAKMEAD PARKWAY
Medicare 1:	HOUSTON, TX 77042	SUNNYVALE, CALIFORNIA 94085
Medicare 2:		PHONE: FAX:
Phone (713) 960-9988	Fax (713) 814-3878	Services: Personal Assistance Services
Type: Parent Agency	Administrator CHERRY GATTIS	

County HARRIS License # 020320 Lic Expire 11/16/2022 Medicare 1: Medicare 2: Phone 281 8880380 Type: Parent Agency	Region 06 Date Licensed 11/16/2020 HOME CARE FOR THE 21ST CENTURY SOUTH HOUSTON #0031 77 SUGAR CREEK CENTER BLVD. STE 600 SUGARLAND, TX 77478 Fax Administrator RICHARD TATE	Owner Information AT HOME HEALTHCARE GROUP LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020753 Lic Expire 5/14/2023 Medicare 1:	Region 06 Date Licensed 05/14/2021 HOME CARE OF HOUSTON 9894 BISSONNET STREET STE 100U HOUSTON, TEXAS 77036	Owner Information HOME CARE OF HOUSTON LLC
Medicare 2: Phone (832) 499-9627 Type: Parent Agency	Fax Administrator ADEOLA OTOKITI	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 017725 Lic Expire 9/30/2022 Medicare 1: 673186 HHA-18 Medicare 2: Phone (281) 602-0800 Type: Parent Agency	Region 06 Date Licensed 09/12/2016 HOME CARE OF TEXAS 1820 SOUTH MASON SUITE 320 KATY, TX 77450 Fax (281) 602-0806 Administrator NOE PEREZ	Owner Information LIFETIME HEALTHCARE INC 1910 TIMBER CREEK DRIVE MISSOURI CITY, TX 77459 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County HARRIS License # 007403 Lic Expire 8/31/2022 Medicare 1: 679008 HHA-18 Medicare 2: Phone (281) 957-9516 Type: Parent Agency	Region 06 Date Licensed 08/11/2000 HOME CARE PLUS 5870 HIGHWAY 6 NORTH SUITE 214 HOUSTON, TEXAS 77084 Fax (281) 309-0109 Administrator CAROLYN WALDREP	Owner Information DANGLEN INC 1100 E. NASA PKWY SUITE 500 HOUSTON, TX 77058 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County HARRIS License # 002174 Lic Expire 1/31/2024 Medicare 1: 677299 Medicare 2: Phone (281) 547-8395	Region 06 Date Licensed 01/25/1991 HOME CARE PROFESSIONAL SERVICES INC 8319 HIDDEN TRAIL LN SPRING, TX 77379 Fax (281) 605-6656	Owner Information HOME CARE PROFESSIONAL SERVICES INC 8319 HIDDEN TRAIL LN SPRING, TX 77379 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator GNNANASRIBALA MUKKAMALA	In-Patient Hospice: NO
County HARRIS License # 012651 Lic Expire 6/30/2023 Medicare 1: 747584 HHA-18 Medicare 2: Phone (832) 524-0712	Region 06 Date Licensed 06/11/2009 HOME CARE SENIOR SERVICES INC 9839 WHITHORN DRIVE SUITE #A HOUSTON, TX 77095 Fax (281) 256-4925	Owner Information HOME CARE SENIOR SERVICES INC 9839 WHITHORN DRIVE SUITE #A HOUSTON, TX 77095-5460 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator AXEL BALANDRANO	Personal Assistance Services
County HARRIS License # 010111 Lic Expire 11/30/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 11/03/2005 HOME DIALYSIS 11403 REGENCY GREEN DRIVE CYPRESS, TX 77429	Owner Information HOUSTON HOME DIALYSIS, LP 11463 REGENCY GREEN DRIVE CYPRESS, TX 77429 PHONE: FAX:
Phone (713) 690-2200 Type: Parent Agency	Fax (713) 690-2204 Administrator AKIHIRO MOCHIZUKI	Services: Licensed Home Health Services with Dialysis

County HARRIS License # 015631 Lic Expire 7/31/2021 Medicare 1: Medicare 2:	Region 06 Date Licensed 07/10/2013 HOME FOR TEXAS 7580 FANNIN SUITE 200 HOUSTON, TX 77054	Owner Information RENAL TREATMENT CENTERS SOUTHEAST LP 2000 16TH STREET DENVER, CO 80202 PHONE: FAX:
Phone (713) 790-1983 Type: Parent Agency	Fax (713) 795-5931 Administrator DEBBIE ALLEN	Services: Licensed Home Health Services with Dialysis
County HARRIS License # 003393 Lic Expire 10/31/2021 Medicare 1: 458380 HHA-18 Medicare 2: Phone (713) 783-8049	Region 06 Date Licensed 10/12/1994 HOME HEALTH CARE NETWORK 5870 HIGHWAY 6 NORTH, SUITE 208 HOUSTON, TEXAS 77084 Fax (713) 783-6941	Owner Information J & S HEALTH CARE NETWORK INC 12732 MCSWAIN RD CYPRESS, TX 77429 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PATRICIA FLORES	
County HARRIS License # 020391 Lic Expire 12/9/2022 Medicare 1:	Region 06 Date Licensed 12/09/2020 HOME HEALTH CARE NETWORK INC 8926 SHERBOURNE ST SUITE B HOUSTON, TEXAS 77016	Owner Information HOME HEALTH CARE NETWORK INC
Medicare 2:		PHONE: FAX:
Phone (832) 483-4898	Fax (346) 248-4511	Services: Personal Assistance Services
Type: Parent Agency	Administrator HILARION JOHNSON	
County HARRIS License # 010845 Lic Expire 10/31/2024 Medicare 1: 679660 HHA-18	Region 06 Date Licensed 10/30/2006 HOME HEALTH PROFESSIONALS 4635 SOUTHWEST FREEWAY SUITE #540 HOUSTON, TX 77027	Owner Information SHULTS INDUSTRIES INC 4635 SW FREEWAY #540 HOUSTON, TX 77027
Medicare 2:		PHONE: (713) 942-0100 FAX:
Phone (713) 942-0100 Type: Parent Agency	Fax (713) 942-0103 Administrator KELLEN SANDOZ	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 006965 Lic Expire 5/31/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 05/03/1999 HOME HEALTH RESOURCES AGENCY 18338 KINGSLAND BOULEVARD SUITE #102 HOUSTON, TX 77094	Owner Information HHR HEALTH SERVICES INC 18338 KINGSLAND BLVD STE 102 HOUSTON, TX 77094 PHONE: FAX:
Phone (281) 398-0500 Type: Parent Agency	Fax (281) 398-9070 Administrator CAROLYN FRANCO	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 004378 Lic Expire 3/31/2023 Medicare 1: 678279 HHA-18	Region 06 Date Licensed 03/11/1996 HOME HEALTH RESOURCES INC 18338 KINGSLAND BOULEVARD SUITE #100 HOUSTON, TX 77094	Owner Information HOME HEALTH RESOURCES INC 18338 KINGSLAND BLVD SUITE #100 HOUSTON, TX 77094
Medicare 2:		PHONE: FAX:
Phone (281) 398-3444	Fax (281) 398-6830	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator SUSAN SMITH	
County HARRIS License # 005440 Lic Expire 12/30/2022 Medicare 1: 458091	Region 06 Date Licensed 01/01/1997 HOME HEALTH UNLIMITED INC 10101 FONDREN ROAD SUITE #134 HOUSTON, TX 77096	Owner Information HOME HEALTH UNLIMITED INC 10101 FONDREN ROAD, SUITE #134 HOUSTON, TX 77096
Medicare 2:	Fav. (713) 091 1546	PHONE: FAX:
Phone (713) 981-1466	Fax (713) 981-1546	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Administrator

MARY MOSS

County HARRIS License # 019554	Region 06 Date Licensed 03/30/2020 HOME HELPERS	Owner Information EM&E INDUSTRIES INCORPORATED
Lic Expire 8/27/2021 Medicare 1:	5118 KENDALIA CLOUD LANE FULSHEAR, TEXAS 77441	
Medicare 2:	TOLONIAN, TEXAS TITLE	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 1706 KENT FALLS CT
Lic Expire 7/31/2022 Medicare 1:	1706 KENT FALLS CT KATY, TX 77450	KATY, TX 77450
Medicare 2:	10(11, 1)(1)(1)	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: Medicare 2:	HOUSTON, TEXAS 77040	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 HOUSTON, TX 77546
Medicare 1: Medicare 2:	PASADENA, TEXAS 77504	PHONE: FAX:
Phone (281) 484-0200	Fax (281) 484-0222	Services: Personal Assistance Services
Type: Parent Agency	Administrator HAROLD CORKRAN	CONTROLS. 1 COORDINATION CONTROLS
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 HOUSTON, TX 77074
Medicare 1: Medicare 2:	HOUSTON, TX 77074	PHONE: FAX:
Phone (713) 774-2215	Fax (713) 774-9407	Services: Personal Assistance Services
Type: Parent Agency	Administrator GREGORY GOMEZ-MIRA	Services. Personal Assistance Services
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 (713) 403-2273	Fax (713) 626-2226	PHONE: FAX:
Type: Parent Agency	Administrator MECHELLE MINTER	Services: Personal Assistance Services
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 (832) 379-4700	Fax (832) 379-4704	PHONE: FAX:
Type: Parent Agency	Administrator SUSAN JOHNSON	Services: Personal Assistance Services
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County HARRIS License # 020263 Lic Expire 9/14/2022 Medicare 1: Medicare 2: Phone (832) 379-4700 Type: Parent Agency	Region 06 Date Licensed 09/14/2020 HOME INSTEAD SENIOR CARE 11201 RICHMOND AVE BLDG A SUITE 110 HOUSTON, TEXAS 77082 Fax (832) 379-4704 Administrator IBRAHIM ABOUSAWAN	Owner Information HOUSTON HOME CARE, LLC 14410 LAKEPOINTE BEND LN CYPRESS, TEXAS 77429 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 017087 Lic Expire 10/31/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 10/20/2015 HOME SWEET HOME PROVIDER SERVICES 10103 FONDREN ROAD SUITE 438 HOUSTON, TX 77096	Owner Information HOME SWEET HOME PROVIDER SERVICES, LLC 10103 FONDREN RD STE. 438 HOUSTON, TX 77096 PHONE: FAX:
Phone (713) 305-7053 Type: Parent Agency	Fax (832) 426-4018 Administrator ANGELA WILLIAMS	Services: Personal Assistance Services
County HARRIS License # 009448 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (281) 580-9955	Region 06 Date Licensed 12/08/2004 HOME VITALITY CARE 6783 LEMPIRA CT HOUSTON, TX 77069 Fax 12817498111	Owner Information VITALITY RESOURCES INC 6783 LEMPIRA CT HOUSTON, TX 77069-1798 PHONE: FAX:
Type: Parent Agency	Administrator GAIL EISSLER	Services: Personal Assistance Services
County HARRIS License # 019543 Lic Expire 8/21/2023 Medicare 1:	Region 06 Date Licensed 08/21/2019 HOMECARE CONSULTING AND STAFFING 4201 CYPRESS CREEK PKWY SUITE 555 HOUSTON, TEXAS 77068	Owner Information HOMECARE CONSULTING AND STAFFING, LLC 419 N. FOREST BLVD. HOUSTON, TX 77090
Medicare 2: Phone (281) 570-8574	Fax	PHONE: FAX:
Type: Parent Agency	Administrator CHRISTINA JOSEPH	Services: Personal Assistance Services
County HARRIS License # 017971 Lic Expire 2/28/2023 Medicare 1: 678191	Region 07 Date Licensed HOMECARE DIMENSIONS 4700 WEST SAM HOUSTON PKWY NORTH, STE. 220 HOUSTON, TX 77041	Owner Information HOMECARE DIMENSIONS, INC 12500 NETWORK BLVD SUITE 210 SAN ANTONIO, TX 78249
Medicare 2:		PHONE: FAX:
Phone (210) 696-2626 Type: Branch Agency	Fax (210) 694-7800 Administrator ASHLEIGH STRICKLAND	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 016625 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (713) 910-9400	Region 06 Date Licensed 09/01/2014 HOMECARE HORIZONS INC 2626 SOUTH LOOP WEST, SUITE 530 HOUSTON, TX 77054 Fax (713) 910-9477	Owner Information HOMECARE HORIZONS, INC 7457 HARWIN DR STE 224 HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator ASHANTI FOBBS DORSEY	Owner Information
County HARRIS License # 021281 Lic Expire 12/17/2024 Medicare 1:	Region 06 Date Licensed 12/17/2021 HOMEWATCH CAREGIVERS OF CYPRESS 7171 HIGHWAY 6 N. SUITE 201 HOUSTON, TEXAS 77095	Owner Information DAYA SERVICES INC
Medicare 2: Phone (832) 868-7191	Fax	PHONE: FAX:
Type: Parent Agency	Administrator SHARANJIT SIHOTA	Services: Personal Assistance Services

County HARRIS License # 018472 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (713) 781-1448 Type: Parent Agency	Region 06 Date Licensed HOMEWATCH CAREGIVERS OF HOUSTON GA 1800 AUGUSTA DRIVE SUITE 210 HOUSTON, TX 77057 Fax (832) 937-7646 Administrator SAMUEL MORETON	11/29/2017 ALLERIA	Owner Information MORETON CARES INC 1800 AUGUSTA DRIVE SUITE 210 HOUSTON, TX 77057 PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 020300 Lic Expire 11/9/2022 Medicare 1:	Region 06 Date Licensed 4 HOMEWELL CARE SERVICES TX169 17920 HUFFMEISTER RD SUITE #250 CYPRESS, TEXAS 77429	11/09/2020	Owner Information TETRAD LEGACY	
Medicare 2: Phone (281) 904-5416 Type: Parent Agency	Fax (346) 818-2016 Administrator ELYSA COLEMAN		PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 015728 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (832) 292-4830		08/23/2013	Owner Information WILBURN HEALTHCARE MANAGEMENT SERV 6708 APOLLO ST HOUSTON, TX 77091 PHONE:	/ICES, LLC
Type: Parent Agency	Administrator JENICE HACKADAY		Services: Personal Assistance Services	
County HARRIS License # 020827 Lic Expire 6/14/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed (HONOUR STAFFING AGENCY, LLC 21723 BLACK OWL DR HUMBLE, TEXAS 77338	06/14/2021	Owner Information HONOUR STAFFING AGENCY LLC PHONE:	FAX:
Phone (832) 856-8004 Type: Parent Agency	Fax (281) 869-4643 Administrator BRENDA TANNER		Services: Personal Assistance Services	
County HARRIS License # 009032 Lic Expire 4/30/2023 Medicare 1:	Region 06 Date Licensed (HOPE HEALTH CARE INC 10103 FONDREN ROAD #285 HOUSTON, TX 77096	04/14/2004	Owner Information HOPE HEALTH CARE, INC 10103 FONDREN ROAD #285 HOUSTON, TX 77096	
Medicare 2: Phone (713) 783-7849	Fax (281) 436-7079		PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency	Administrator ENO OKON			
County HARRIS License # 020820 Lic Expire 6/8/2024 Medicare 1:	Region 06 Date Licensed (HOPE HOSPICE PALLIATIVE CARE LLC 6776 SOUTHWEST FREEWAY STE 618 HOUSTON, TEXAS 77074	06/08/2021	Owner Information HOPE HOSPICE PALLIATIVE CARE LLC	
Medicare 2:	_		PHONE:	FAX:
Phone (240) 413-8560 Type: Parent Agency	Fax Administrator LILIAN BAIYE		Services: Hospice In-Patient Hospice: NO	
County HARRIS License # 019600 Lic Expire 9/16/2021 Medicare 1: Medicare 2: Phone 713 9078785	Region 06 Date Licensed (HOPE PALLIATIVE AND HOSPICE CARE 14601 BELLAIRE, SUITE # 151 HOUSTON, TEXAS 77083 Fax 281 2777727	09/16/2019	Owner Information HOPE HEALTHCARE SYSTEM INTERNATIONA 14601 BELLAIRE BLVD # 351 HOUSTON, TEXAS 77083 PHONE: Sonvices: Hospice	IL LLC
Type: Parent Agency	Administrator AYO ALAKA-BRIGHT		Services: Hospice In-Patient Hospice: NO	

County HARRIS License # 008510 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (713) 995-9296 Type: Parent Agency County HARRIS License # 020281 Lic Expire 11/2/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 06/18/2003 HOPE PERSONAL ASSISTANCE SERVICES 10101 FONDREN RD SUITE 327 HOUSTON, TEXAS 77096 Fax (713) 995-9291 Administrator JEKAL PATEL Region 06 Date Licensed 11/02/2020 HOPEVILLE HEALTHCARE CONCEPTS INC 5850 SAN FELIPE STREET, SUITE 500 HOUSTON, TEXAS 77057	RADIANCE SERVICES INC 14503 STONE PARK LANE MISSOURI CITY, TX 77489 PHONE: FAX: Services: Personal Assistance Services
Phone (832) 768-2089	Fax (713) 400-7801	Services: Personal Assistance Services
Type: Parent Agency	Administrator IBIRONKE KAYODE	
County HARRIS License # 008940 Lic Expire 12/31/2022 Medicare 1: 679054 HHA-18	Region 06 Date Licensed 12/19/2003 HORIZON CARE HOME HEALTH SERVICES INC 22028 HIGHLAND KNOLLS DRIVE, BLDG C KATY, TX 77450	Owner Information HORIZON CARE HOME HEALTH SERVICES INC 22028 HIGHLAND KNOLLS< BLDG C KATY, TEXAS 77450
Medicare 2: Phone (713) 688-0752	Fax (713) 688-0842	PHONE: FAX:
Filolie (713) 000-0732	rax (713) 000-0042	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ENITAN BEAZER	
County HARRIS License # 007865 Lic Expire 3/31/2020 Medicare 1: Medicare 2: Phone (713) 694-0051 Type: Parent Agency	Region 06 Date Licensed 03/08/2002 HORIZON HOME HEALTH CARE 712 SUNNYSIDE STREET HOUSTON, TX 77076 Fax (713) 694-4711 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
<u></u>		Owner Information
County HARRIS License # 017527 Lic Expire 7/31/2022 Medicare 1: 741646 HOSPICE Medicare 2: Phone (281) 689-5350	Region 06 Date Licensed 07/15/2016 HORIZONS HOSPICE 140 CYPRESS STATION STE 214 HOUSTON, TX 77090 Fax (281) 689-5396	TEXAS ELITE HOSPICE, LLC 23010 GABRIEL SUITE 109 NEW CANEY, TEXAS 77357 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MICHELLE PRIMEAUX-DAVIS	III-1 attent hospice. NO
County HARRIS License # 020812 Lic Expire 6/4/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 06/04/202: HOSPICE CARE AMERICA 21733 PROVINCIAL BLVD STE 920 KATY, TEXAS 77450	Owner Information HPC AMERICA LLC PHONE: FAX:
Phone (832) 408-7999	Fax (866) 708-0821	Services: Hospice
Type: Parent Agency	Administrator JERRY MOSBACHER	In-Patient Hospice: NO
County HARRIS License # 009895 Lic Expire 8/31/2022 Medicare 1: 671537 HOSPICE	Region 06 Date Licensed 08/03/2008 HOSPICE COMPASSUS THE WOODLANDS 1770 ST JAMES PLACE SUITE 330 HOUSTON, TX 77056	ASPERION HOSPICE OF HOUSTON COMPANY, LP 12 CADILLAC DRIVE SUITE #360 BRENTWOOD, TX 37027
Medicare 2: Phone (713) 850-8853	Fax (713) 850-8850	PHONE: FAX:
Type: Perest Agency	Administrator MARY CEORCE	Services: Hospice In-Patient Hospice: NO

Administrator MARY GEORGE

County HARRIS License # 009895 Lic Expire 8/31/2022 Medicare 1: 671537 Hospice Medicare 2: Phone (281) 487-3453 Type: Alternate Delivery Site	Region 06 Date Licensed HOSPICE COMPASSUS THE WOODLANDS 11550 FUQUA STREET, SUITE 125 HOUSTON, TX 77034 Fax (281) 991-1184 Administrator CATHLEEN CAREY-HAMLIN	Owner Information ASPERION HOSPICE OF HOUSTON COMPANY, LP 12 CADILLAC DRIVE SUITE #360 BRENTWOOD, TX 37027 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 015346 Lic Expire 8/31/2022 Medicare 1:	Region 04 Date Licensed 07/29/2015 HOSPICE PLUS HOUSTON 12777 JONES ROAD SUITE 105 HOUSTON, TX 77070	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117
Medicare 2: Phone (346) 206-2985 Type: Alternate Delivery Site	Fax (844) 826-4626 Administrator SUSAN RICKETTS	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 312-2570 Type: Alternate Delivery Site	Region 04 Date Licensed 07/29/2015 HOSPICE PLUS HOUSTON 1525 LAKEVILLE DRIVE STE 218 KINGWOOD, TX 77339 Fax (844) 810-7028 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 License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (346) 206-2985	Region 04 Date Licensed 07/29/2015 HOSPICE PLUS HOUSTON 12777 JONES ROAD SUITE 105 HOUSTON, TX 77070 Fax (844) 826-4626	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site County HARRIS License # 015346 Lic Expire 8/31/2022 Medicare 1:	Administrator SUSAN RICKETTS Region 04 Date Licensed 07/29/2015 HOSPICE PLUS HOUSTON 12777 JONES ROAD SUITE 105 HOUSTON, TX 77070	In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117
Medicare 2: Phone (346) 206-2985 Type: Alternate Delivery Site	Fax (844) 826-4626 Administrator SUSAN RICKETTS	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (346) 206-2985	Region 04 Date Licensed 07/29/2015 HOSPICE PLUS HOUSTON 12777 JONES ROAD SUITE 105 HOUSTON, TX 77070 Fax (844) 826-4626	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site County HARRIS License # 015346 Lic Expire 8/31/2022 Medicare 1:	Administrator SUSAN RICKETTS Region 04 Date Licensed 07/29/2015 HOSPICE PLUS HOUSTON 1525 LAKEVILLE DRIVE STE 218 KINGWOOD, TX 77339	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117
Medicare 2: Phone (281) 312-2570 Type: Alternate Delivery Site	Fax (844) 810-7028 Administrator SUSAN RICKETTS	PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County HARRIS License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (281) 312-2570 Type: Alternate Delivery Site	Region 04 Date Licensed HOSPICE PLUS HOUSTON 1525 LAKEVILLE DRIVE STE 218 KINGWOOD, TX 77339 Fax (844) 810-7028 Administrator SUSAN RICKETTS	07/29/2015	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County HARRIS	Region 04 Date Licensed HOSPICE PLUS HOUSTON	07/29/2015	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC	
License # 015346 Lic Expire 8/31/2022	18333 EGRET BAY STE 148		655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:	HOUSTON, TX 77058		MORRESVILLE, NC 28117	
Medicare 2:			PHONE:	FAX:
Phone (281) 532-6498	Fax (832) 864-3928		Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site	Administrator SUSAN RICKETTS			
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	18333 EGRET BAY STE 148		655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:	HOUSTON, TX 77058		MORRESVILLE, NC 28117	FAV
Medicare 2: Phone (281) 532-6498	Fax (832) 864-3928		PHONE:	FAX:
(201) 002 0100			Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site	Administrator SUSAN RICKETTS		*	
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:	F (0.44) 0.40 7000		PHONE:	FAX:
Phone (281) 312-2570	Fax (844) 810-7028		Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site	Administrator SUSAN RICKETTS		III-I duent hospice. No	
County HARRIS	Region 04 Date Licensed	07/29/2015	Owner Information	
License # 015346	HOSPICE PLUS HOUSTON	0172072010	HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire 8/31/2022	18333 EGRET BAY STE 148		655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:	HOUSTON, TX 77058		MORRESVILLE, NC 28117	
Medicare 2:			PHONE:	FAX:
Phone (281) 532-6498	Fax (832) 864-3928		Services: Hospice	
Type: Alternate Delivery Site	Administrator SUSAN RICKETTS		In-Patient Hospice: NO	
· · · · · · · · · · · · · · · · · · ·		07/29/2015	Owner Information	
County HARRIS License # 015346	Region 04 Date Licensed HOSPICE PLUS HOUSTON	07/29/2015	HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire 8/31/2022	18333 EGRET BAY STE 148		655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:	HOUSTON, TX 77058		MORRESVILLE, NC 28117	
Medicare 2:			PHONE:	FAX:
Phone (281) 532-6498	Fax (832) 864-3928		Services: Hospice	
Type: Alternate Delivery Site	Administrator SUSAN RICKETTS		In-Patient Hospice: NO	
County HARRIS	Region 06 Date Licensed	09/11/2017	Owner Information	
License # 018310	HOUCARE LLC		HOUCARE LLC	
Lic Expire 9/30/2019	6164 W AIRPORT		6164 W AIRPORT	
Medicare 1:	HOUSTON, TX 77035		HOUSTON, TX 77035	FAV.
Medicare 2: Phone (345) 901-3607	Fax (832) 547-2232		PHONE:	FAX:
Type: Parent Agency	Administrator LINDA BONNER		Services: Licensed Home Health Services; Perso	nal Assistance Services
,,,				

County HARRIS License # 001994 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (713) 467-7423	Region 06 Date Licensed 03/04/2010 HOUSTON HOSPICE 7600 BEECHNUT HOUSTON, TEXAS 77074 Fax (713) 677-7177	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 HARRIS	Region 06 Date Licensed 03/12/2003	Owner Information HOUSTON HOSPICE
License # 001994	HOUSTON HOSPICE	1905 HOLCOMBE
Lic Expire 10/31/2022 Medicare 1:	7906 N. SAM HOUSTON PKWY WEST, SUITE 200 HOUSTON, TEXAS 77064	HOUSTON, TX 77030-4123
Medicare 1:	1100310N, 1EAAS 77004	PHONE: FAX:
Phone (713) 468-2441	Fax (281) 970-6977	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator RANA MCCLELLAND	in additioopid. No
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
Type: Daront Agency	Administrator RANA MCCLELLAND	In-Patient Hospice: YES
Type: Parent Agency	Autiliistiatoi Mana MCCLLLAND	O
County HARRIS	Region 06 Date Licensed 06/01/2021	Owner Information ACCREDITED GROUP IV LLC
License # 020803	HOUSTON HOSPICE AND PALLIATIVE CARE	ACCREDITED GROOF IV LEC
Lic Expire 6/1/2024	21733 PROVINCIAL BLVD, STE 920	
Medicare 1: Medicare 2:	KATY, TX 77450	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 BEEVILLE, TX 78102
Medicare 1:	HOUSTON, TX 77063	
Medicare 2: Phone (713) 784-2781	Fax (713) 784-2780	PHONE: FAX:
Type: Parent Agency	Administrator VICTOR DIMKPA	Services: Licensed Home Health Services
	Perion 06 Petal:accord 40/04/0040	Owner Information
County HARRIS License # 015785	Region 06 Date Licensed 10/01/2013 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	

County HARRIS License # 020805 Lic Expire 6/1/2024 Medicare 1: Medicare 2: Phone (281) 224-5351 Type: Parent Agency	Region 06 Date Licensed HOUSTON'S CHOICE SENIOR CARE LLC 8302 ROLAND CANYON DR CYPRESS, TEXAS 77433 Fax (832) 408-5523 Administrator MICHAEL STOMA	06/01/2021	Owner Information HOUSTON'S CHOICE SENIOR CARE LLC PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 019670 Lic Expire 10/29/2023 Medicare 1: 971589	Region 06 Date Licensed HTOWN HOSPICE, LLC 10440 WESTOFFICE DR #300 HOUSTON, TEXAS 77042	02/02/2019	Owner Information HTOWN HOSPICE LLC	
Medicare 2: Phone (832) 740-4360 Type: Parent Agency	Fax (346) 227-2150 Administrator KENYATTA HOLMES		PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County HARRIS License # 021010 Lic Expire 8/26/2024 Medicare 1:		08/26/2021	Owner Information HUDSON PALLIATIVE & HOSPICE CARE, LLC	
Medicare 2: Phone (832) 775-8143	Fax		PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator JOHNSON AMBROISE			
County HARRIS License # 009128 Lic Expire 6/30/2023 Medicare 1:	Region 06 Date Licensed HUMANE HEALTH CARE INC 7115 PAVILION DR HOUSTON, TX 77083	06/02/2004	Owner Information HUMANE HEALTH CARE INC 7457 HARWIN DRIVE, SUITE #185 HOUSTON, TX 77036	
Medicare 2: Phone (713) 771-7277 Type: Parent Agency	Fax (713) 771-7233 Administrator ELIZABETH OKPAMEN		PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 017468 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (832) 367-8828 Type: Parent Agency	Region 06 Date Licensed HUMBLE HEALTHCARE INC 9894 BISSONNET STREET SUITE #100-I HOUSTON, TX 77036 Fax (346) 444-6531 Administrator EVALONIA BANKS	06/20/2016	Owner Information HUMBLE HEALTHCARE INC 9894 BISSONNET STREET SUITE #100-I HOUSTON, TX 77036 PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 005097 Lic Expire 11/30/2021 Medicare 1: 459164 HHA-18		11/27/1996	Owner Information I CARE SYSTEMS INC 10103 FONDREN STE 370 HOUSTON, TX 77096	
Medicare 2: Phone (713) 779-7992	Fax (713) 779-7399		PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 018170 Lic Expire 7/31/2023 Medicare 1: 74-1742	Administrator VICTOR ANSAH Region 06 Date Licensed ICARE HOSPICE 8538 HAMMERLY BLVD HOUSTON, TX 77055	07/17/2017	Owner Information ICARE HOSPICE LLC 8538 HAMMERLY BLVD HOUSTON, TX 77055	FAX:
Medicare 2: Phone (832) 566-8280	Fax 18667364323		PHONE: Services: Hospice In-Patient Hospice: NO	FAA.

Administrator PAUL NGUYEN

County HARRIS License # 017831 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (832) 930-9500 Type: Parent Agency	Region 06 Date Licensed 04/29/2016 ICON HEALTH SERVICES LLC 5829 W SAM HOUSTON PKWY N SUITE 1109 HOUSTON, TX 77041 Fax (832) 930-9397 Administrator FARAHLEE MCCRAKEN	Owner Information ICON HEALTH SERVICES LLC 5829 W SAM HOUSTON PKWY N SUITE 1109 HOUSTON, TX 77041 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 016558 Lic Expire 10/31/2022 Medicare 1: 747514 HHA-18 Medicare 2: Phone (713) 436-8400 Type: Parent Agency	Region 06 Date Licensed 11/01/2014 ICON HOME HEALTH 10909 SABO ROAD SUITE # 118 HOUSTON, TX 77089 Fax (713) 436-8408 Administrator RAJIV CHACKO	Owner Information ICON COMMUNITY HEALTH SERVICES LLC 10909 SABO ROAD SUITE 118 HOUSTON, TX 77089 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 013883 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (281) 901-8950 Type: Parent Agency	Region 06 Date Licensed 02/11/2011 ICONIC HEALTHCARE SERVICES CO 17045 EL CAMINO REAL SUITE #218 HOUSTON, TX 77058 Fax (281) 204-9040 Administrator WILFRED AJAYI	Owner Information ICONIC HEALTHCARE SERVICES, CO 14115 IVY BLUFF CT HOUSTON, TX 77062-8062 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 014509 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (713) 779-4849 Type: Parent Agency	Region 06 Date Licensed 12/15/2011 IJ HEALTHCARE SERVICES INC 9555 W SAM HOUSTON PKWY SOUTH STE 425 HOUSTON, TX 77099 Fax (713) 779-1252 Administrator IJEOMA NWANNA	Owner Information IJ HEALTHCARE SERVICES, INC 24818 PLEASANT SHORES COURT RICHMOND, TEXAS 77406 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 015018 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone 832 2902544 Type: Parent Agency	Region 06 Date Licensed 08/16/2012 IMMACULATE HOME CARE 9102 KNIGHTSLAND TRAIL HOUSTON, TX 77083 Fax 281 5618964 Administrator FOLUSO AKEYE	Owner Information IMMACULATE INC 9102 KNIGHTSLAND TRAIL HOUSTON, TEXAS 77083 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 019886 Lic Expire 4/21/2022 Medicare 1: Medicare 2: Phone (713) 662-9760 Type: Parent Agency	Region 06 Date Licensed 04/21/2020 IMPACT HOME CARE AND STAFFING, LLC 6401 BINGLE RD STE 202 HOUSTON, TEXAS 77092 Fax (832) 827-3993 Administrator PATRICIA ROCK-STARLING	Owner Information IMPACT HOME CARE AND STAFFING, LLC PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 009505 Lic Expire 12/31/2024 Medicare 1: Medicare 2: Phone (713) 528-6499 Type: Parent Agency	Region 06 Date Licensed 01/01/2005 IN HOME ATTENDANT SERVICES LTD 2990 RICHMOND AVE SUITE 325 HOUSTON, TEXAS 77098 Fax (713) 529-5810 Administrator YADIRA LOERA	Owner Information INHOME ATTENDANT SERVICES, LTD P O BOX 131245 HOUSTON, TEXAS 77219 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 020085 Lic Expire 7/29/2022 Medicare 1:	Region 06 Date Licensed 07/29/2020 INDEPENDENCE WORX 5614 FIRST STREET KATY, TEXAS 77493	Owner Information GRN ENDEAVORS, LLC
Medicare 2:		PHONE: FAX:
Phone (832) 312-1339	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator GILDA VASQUEZ	Owner Information
County HARRIS License # 001663 Lic Expire 3/31/2022	Region 06 Date Licensed 03/18/1985 INDEPENDENT HOME HEALTH CARE INC 2401 ISABELLA STREET	INDEPENDENT HOME HEALTH CARE, INC P.O.BOX 8466 HOUSTON, TEXAS
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77004	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 License # 018450 Lic Expire 8/31/2020 Medicare 1: Medicare 2:	Region 06 Date Licensed 11/15/2017 INFINITY ELITE HOMECARE SERVICES LLC 9518 GENTRY SHADOWS LN HUMBLE, TX 77396	Owner Information INFINITY ELITE HOMECARE SERVICES LLC 9518 GENTRY SHADOWS LN HUMBLE, TX 77396 PHONE: FAX:
Phone (832) 428-9062	Fax (877) 834-4148	Services: Personal Assistance Services
Type: Parent Agency	Administrator SHARA FONTAINE	
County HARRIS License # 017454 Lic Expire 2/28/2022 Medicare 1: 747622 Medicare 2:	Region 06 Date Licensed 02/19/2016 INFINITY HEALTHCARE SERVICES INC 15022 FM 529 ROAD BLDG 2 SUITE A HOUSTON, TX 77095	Owner Information INFINITY HEALTHCARE SERVICES INC 6260 WESTPARK DR SUITE 266 HOUSTON, TX 77057 PHONE: FAX:
Phone (281) 576-1380 Type: Parent Agency	Fax (281) 990-6716 Administrator DARLINGTON OFOEFULE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 014232 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (713) 446-6755 Type: Parent Agency	Region 06 Date Licensed 07/25/2011 INFUSION XPERTS PLLC 3845 CYPRESS CREEK PARKWAY SUITE 254 HOUSTON, TX 77068 Fax (713) 583-9009 Administrator ARTHUR HARRISON JR	Owner Information INFUSION XPERTS, PLLC 3845 CYPRESS CREEK PARKWAY SUITE 254 HOUSTON, TX 77068 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 019811 Lic Expire 2/7/2022 Medicare 1: Medicare 2: Phone (281) 569-2999 Type: Parent Agency	Region 06 Date Licensed 02/07/2020 INNOVATIVE HOME SERVICES BY GLEANNLOCH FARMS 9505 NORTHPOINTE BOULEVARD SPRING, TX 77379 Fax (281) 569-2998 Administrator MAURISHA YARBRO	Owner Information CCRC OPCO GLEANNLOCH FARMS LLC 1920 MAIN STREET IRVINE, CA 92614 PHONE: (414) 918-5332 FAX: (414) 208-2118 Services: Personal Assistance Services
County HARRIS License # 016543 Lic Expire 6/30/2022 Medicare 1: 747543 HHA-18 Medicare 2: Phone (832) 582-8980 Type: Parent Agency	Region 06 Date Licensed 06/30/2014 INNOVISION HOME HEALTH CARE INC 9900 WESTPARK DRIVE SUITE 275 HOUSTON, TX 77063 Fax (832) 582-8649 Administrator SALEEM SHAKOOR	Owner Information INNOVISION HOME HEALTH CARE INC 9900 WEST PARK DRIVE, #275 HOUSTON, TX 77063 PHONE: FAX: Services: Licensed and Certified Home Health Services

County HARRIS License # 021259 Lic Expire 12/7/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 12/07/2021 INSIGHTS HOSPICE CARE INC 15020 FM 529 ROAD STE. 202 HOUSTON, TX 77095	Owner Information INSIGHTS HOSPICE CARE INC PHONE: FAX:
Phone (346) 395-0480	Fax (281) 990-6716	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator NINA OLUGU	
County HARRIS License # 020307 Lic Expire 11/10/2022 Medicare 1:	Region 06 Date Licensed 11/10/2020 INSPIRED ATTENTIVE CARE, LLC 4606 FM 1960 RD WEST STE 416 HOUSTON, TEXAS 77069	Owner Information INSPIRED ATTENTIVE CARE, LLC
Medicare 2:		PHONE: FAX:
Phone 832 4666950 Type: Parent Agency	Fax Administrator LEONA THOMAS	Services: Personal Assistance Services
County HARRIS License # 013733 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (713) 271-5599	Region 06 Date Licensed 09/01/2010 INTEGRATED HOME HEALTH CARE INC 12467 WELLINGTON PARK DRIVE HOUSTON, TX 77072 Fax (281) 561-8200	Owner Information INTEGRATED HOME HEALTH CARE INC P.O. BOX 722346 HOUSTON, TX 77272 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MAY HENDRIX	
County HARRIS License # 005969 Lic Expire 8/31/2022 Medicare 1:	Region 06 Date Licensed 08/25/1997 INTER ACTIVE HEALTH CARE INC 4677 TECHNIPLEX DR. STAFFORD, TX 77477	Owner Information INTERACTIVE HEALTH CARE, INC 4677 TECHNIPLES DRIVE STAFFORD, TX 77477
Medicare 2:		PHONE: FAX:
Phone (281) 892-2000	Fax (281) 892-2015	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 019354 Lic Expire 4/30/2024 Medicare 1:	Administrator LEIGH NARVACAN Region 06 Date Licensed 04/30/2019 INTERIM HEALTHCARE HOUSTON SOUTHEAST 1100 NASA PARKWAY STE 500	Owner Information AGESPACE CARE, LLC
Medicare 2:	HOUSTON, TEXAS 77058	PHONE: FAX:
Phone (832) 404-2006 Type: Parent Agency	Fax (832) 404-2336 Administrator DAWN BLOOMER	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 017115 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (346) 571-0963	Region 06 Date Licensed 11/02/2015 INTRA HOME HEALTH CARE AGENCY LLC 10101 FONDREN RD # 255 HOUSTON, TX 77096 Fax (346) 571-0148	Owner Information INTRA HOME HEALTH CARE AGENCY LLC 10101 FONDREN RD. STE #255 HOUSTON, TX 77096 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator JEAN KELLEY	
County HARRIS License # 018519 Lic Expire 4/29/2022 Medicare 1: 74-1755 Medicare 2:	Region 06 Date Licensed 12/19/2017 IPR HEALTHCARE SYSTEM INC 1328 S LOOP W, SUITE 100 HOUSTON, TEXAS 77054	Owner Information IPR HEALTHCARE SYSTEMS INC 8830 INTERCHANGE DRIVE HOUSTON, TX 77054 PHONE: FAX:
Phone (713) 592-6776	Fax (713) 592-6780	Services: Hospice In-Patient Hospice: NO
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County HARRIS License # 004688 Lic Expire 1/31/2023 Medicare 1: 45Q8306002 Medicare 2: Phone (281) 358-5970 Type: Branch Agency	Region 06 Date Licensed IPR HEALTHCARE SYSTEM INC 23966 HIGHWAY 59 N KINGWOOD, TX 77339 Fax (281) 358-5157 Administrator PABLITO CALUSCOS	06/14/2007	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 License # 004688 Lic Expire 1/31/2023 Medicare 1: 45Q8306001 Medicare 2: Phone (281) 420-2200 Type: Branch Agency County HARRIS	Region 06 Date Licensed IPR HEALTHCARE SYSTEM INC 3419 GARTH ROAD BAYTOWN, TX 77521 Fax (281) 420-2257 Administrator PABLITO CALUSCOS Region 06 Date Licensed	01/13/2006	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 Owner Information
License # 004688 Lic Expire 1/31/2023 Medicare 1: 458306 HHA-18 Medicare 2: Phone (713) 592-6776 Type: Parent Agency	IPR HEALTHCARE SYSTEM INC 1328 S LOOP W, SUITE 100 HOUSTON, TEXAS 77054 Fax (713) 592-6780 Administrator PABLITO CALUSCOS		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 License # 021195 Lic Expire 2/2/2025 Medicare 1: Medicare 2: Phone (713) 913-4649 Type: Parent Agency	Region 06 Date Licensed J & J ANGELS CARE LLC 10 HAROLD LN SUITE #2 BAYTOWN, TEXAS 77520 Fax (713) 513-5069 Administrator MARQUITTA BANKHEAD	11/09/2021	Owner Information J & J ANGELS CARE LLC 408 W NAZRO SR. BAYTOWN, TX. 77520 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 014880 Lic Expire 4/30/2020 Medicare 1: Medicare 2: Phone (281) 454-2077 Type: Parent Agency	Region 06 Date Licensed JADALIA HOME HEALTH AGENCY INC 14315 STONEBURY TRAIL LANE HOUSTON, TX 77044 Fax (281) 454-2089 Administrator MOLANDA SAULSBERRY	04/17/2012	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 License # 017979 Lic Expire 1/31/2023 Medicare 1: 679229 HHA-18 Medicare 2: Phone (713) 779-7042	Region 06 Date Licensed JAEG BRIGHT MEDICAL SERVICES INC 9894 BISSONNET STREET SUITE 525 HOUSTON, TX 77036 Fax (713) 779-7093	01/12/2017	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
Type: Parent Agency County HARRIS License # 012039 Lic Expire 5/31/2022 Medicare 1: 743198 HHA-18 Medicare 2: Phone (713) 780-2968	Administrator LATIFAT ADEBAYO Region 06 Date Licensed JAIMEL HEALTH CARE SERVICES LLC 9950 WESTPARK DRIVE SUITE 404 HOUSTON, TX 77063 Fax (713) 780-2936	05/31/2008	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

Administrator JAMES DIALA

County HARRIS License # 019253 Lic Expire 7/31/2023 Medicare 1:	Region 06 Date Licensed JAKIN CARE LLC 3730 KIRBY DR. SUITE 1200 HOUSTON, TX 77098	11/13/2019	Ouseyi idowu
Medicare 2:			PHONE: FAX:
Phone 202 7061734	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator ABIOLA AWOOJODU		
County HARRIS License # 017383 Lic Expire 2/28/2022	Region 06 Date Licensed JALSTAD HEALTHCARE SERVICES 3880 GREENHOUSE ROAD, SUITE 417	02/15/2016	Owner Information JALSTAD VENTURES INCORPORATED 18910 ELRINGTON CREEK COURT
Medicare 1: 677826 HHA-18	HOUSTON, TX 77084		RICHMOND, TX 77407
Medicare 2:			PHONE: FAX:
Phone (713) 271-2967	Fax (713) 271-3031		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator KOLAWOLE LADIPO		
County HARRIS License # 018334 Lic Expire 7/31/2024 Medicare 1: 747862 HHA-18	Region 06 Date Licensed JAMEN HOME HEALTH SERVICES INC 10101 FONDREN RD STE 226 HOUSTON, TX 77096	07/17/2017	Owner Information JAMEN HOME HEALTH SERVICES INC 10101 FONDREN RD SUITE 226 HOUSTON, TX 77096
Medicare 2: Phone (281) 879-6485	Fax (281) 520-4641		PHONE: FAX:
1 110110 (201) 010 0100	1 42 (201) 020 1011		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHRISTIANA EDEM		
County HARRIS License # 020949 Lic Expire 8/2/2024 Medicare 1:	Region 06 Date Licensed JARU HOME AND COMMUNITY SERVICES 9896 BISSONNET ST. SUITE 155 HOUSTON, TEXAS 770368104	08/02/2021	Owner Information CYNTHIA A EJIMADU 9896 BISSONNET ST. SUITE 155 HOUSTON, TEXAS 77036
Medicare 2:	- (994) 999 9944		PHONE: FAX:
Phone (281) 948-4250	Fax (281) 929-0811		Services: Personal Assistance Services
County HARRIS License # 019238 Lic Expire 2/4/2023 Medicare 1: Medicare 2:	Administrator CYNTHIA EJIMADU Region 04 Date Licensed JARVIC HEALTHCARE INC 21514 BOWCREEK LANE KATY, TEXAS 77449	02/04/2019	Owner Information JARVIC HEALTHCARE INC 21514 BOWCREEK LANE KATY, TX 77449 PHONE: FAX:
Phone (832) 867-8447	Fax (346) 770-1714		
Type: Parent Agency	Administrator CHIMDIKE VICTOR OGBONN	IAYA	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 016506 Lic Expire 10/31/2022 Medicare 1:	Region 06 Date Licensed JB HEALTH SERVICES LLC 7903 LOBERA DRIVE HOUSTON, TX 77083	10/30/2014	Owner Information JB HEALTH SERVICES, LLC 7903 LOBERA DRIVE HOUSTON, TEXAS 77083
Medicare 2:	F (200) 200 (200)		PHONE: FAX:
Phone (832) 982-8593	Fax (832) 886-4536		Services: Personal Assistance Services
Type: Parent Agency	Administrator MODUPEOLA AKANDE		
County HARRIS License# 015924 Lic Expire 12/31/2019 Medicare 1:	Region 06 Date Licensed JC HOME HEALTH CARE INC 21110 BROOKROCK CIRCLE KATY, TX 77449	12/16/2013	Owner Information JC HOME HEALTH CARE INC 21110 BROOKROCK CIRCLE KATY, TX 77449
Medicare 2: Phone (281) 829-7211	Fax (281) 717-4050		PHONE: FAX:
Type: Parent Agency	Administrator GRISELDA CASTILLO		Services: Personal Assistance Services

Administrator

GRISELDA CASTILLO

County HARRIS License # 021353 Lic Expire 1/24/2025 Medicare 1: Medicare 2: Phone (713) 874-1234	Region 06 Date Licensed JEFFERSON HOSPICE INC 2922 ROSEDALE ST HOUSTON, TEXAS 77004 Fax (713) 521-1277		Owner Information JEFFERSON HOSPICE, INC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JENNIFER ROY		
County HARRIS License # 014548 Lic Expire 12/31/2023 Medicare 1: 747870 Medicare 2: Phone (832) 379-3635	Region 06 Date Licensed JEKS HEALTHCARE SERVICES INC 6776 SOUTHWEST FREEWAY SUITE 515 HOUSTON, TX 77074 Fax (281) 495-7070	12/22/2011	Owner Information JEKS HEALTHCARE SERVICES INC 14111 RENN ROAD HOUSTON, TX 77083 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator EDITH EZEKWE		Personal Assistance Services
County HARRIS License # 018749 Lic Expire 5/31/2022 Medicare 1:	Region 06 Date Licensed JIBOP HOME CARE LLC 9730 TOWN PARK DR SUITE #107 HOUSTON, TX 77036	05/11/2018	Owner Information JIBOP HOME CARE LLC 9730 TOWN PARK DR SUITE 107 HOUSTON, TX 77036
Medicare 2:			PHONE: FAX:
Phone (832) 640-7779	Fax (713) 773-2968 Administrator PRINCESS IDOWU SUNMOL	AD	Services: Personal Assistance Services
Type: Parent Agency			Owner Information
County HARRIS License # 021067 Lic Expire 9/23/2024 Medicare 1:	Region 06 Date Licensed JM HOME HEALTH LLC 10910 MOSSY HOLLOW LANE HOUSTON, TEXAS 77075	09/23/2021	JM HOME HEALTH LLC
Medicare 2:			PHONE: FAX:
Phone (281) 630-8020 Type: Parent Agency	Fax Administrator RONALD MILTON JR.		Services: Personal Assistance Services
County HARRIS License # 019928 Lic Expire 5/12/2022 Medicare 1:	Region 06 Date Licensed JMK HOME CARE SOLUTIONS 9555 WEST SAM HOUSTON PWKY S. #410 HOUSTON, TEXAS 77099	05/12/2020	Owner Information JMK SOLUTIONS, INC
Medicare 2: Phone (832) 689-6321	Fax (713) 800-4999		PHONE: FAX:
Type: Parent Agency	Administrator OLAJUMOKE AJAYI		Services: Personal Assistance Services
County HARRIS License # 016231 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone 713 444 3455 Type: Parent Agency	Region 06 Date Licensed JODACA HOMEBRIDGE CARE LLC 11381 MEADOWGLEN LANE, SUITE E, HOUSTON, TX 77082 Fax (713) 484-5005 Administrator THOMAS ADEYEMI	05/27/2014	Owner Information JODACA HOMEBRIDGE CARE LLC 21324 PROVINCIAL BLVD KATY, TX 77450 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 018378 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (284) 033 2471	Region 06 Date Licensed JOGOO HEALTHCARE SERVICES LLC 7910 BEECH MEADOW LN HOUSTON, TX 77083	10/09/2017	Owner Information JOGOO HEALTHCARE SERVICES LLC 7910 BEECH MEADOW LN HOUSTON, TX 77083 PHONE: FAX:
Phone (281) 933-2471 Type: Parent Agency	Fax (832) 328-5823 Administrator MELYN OGETO-OMWEGA		Services: Personal Assistance Services

County HARRIS License # 020122 Lic Expire 3/20/2022 Medicare 1: 457815 HHA Medicare 2: Phone (713) 592-8955	Region 06 Date Licensed JOINT HEALTH CARE SERVICES INC 6430 EVENING ROSE LN KATY, TEXAS 77449 Fax (713) 592-8978	03/20/2020	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; Personal Assistance Services In-Patient Hospice: NO	icensed Home Health
Type: Parent Agency County HARRIS License # 018628 Lic Expire 12/31/2023 Medicare 1: 679247 HHA-18 Medicare 2: Phone (832) 288-4928 Type: Parent Agency	Administrator CYNTHIA ADDO Region 06 Date Licensed JOY HOME HEALTH CARE 9894 BISSONNET ST STE725 HOUSTON, TX 77036 Fax (832) 288-4844 Administrator ANITA ARCE	12/19/2017	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 H	lome Health Services
County HARRIS License # 019383 Lic Expire 5/16/2021 Medicare 1: Medicare 2: Phone (281) 883-4921 Type: Parent Agency	Region 06 Date Licensed JOYOUS UNIQUE CARE LLC 618 1ST ST E #C HUMBLE, TEXAS 77338 Fax (281) 883-4916 Administrator RONEISHA FOSTER	05/16/2019	Owner Information JOYOUS UNIQUE CARE LLC PHONE: FAX: Services: Personal Assistance Services	
County HARRIS License # 018517 Lic Expire 12/31/2019 Medicare 1: Medicare 2: Phone (281) 881-6230 Type: Parent Agency	Region 06 Date Licensed JP CARING HANDS 19811 CYPRESSWOOD SPRING SPRING, TX 77373 Fax (281) 881-6230 Administrator PERRY JAMES	12/18/2017	Owner Information JP CARING HANDS, LLC 19811 CYPRESSWOOD SPRING SPRING, TX 77373 PHONE: FAX: Services: Personal Assistance Services	
County HARRIS License # 018456 Lic Expire 3/31/2024 Medicare 1: 679787 HHA-18 Medicare 2: Phone (281) 216-2555 Type: Parent Agency	Region 06 Date Licensed JUBILEE HEALTH CARE INC 9644 COURT GLEN DRIVE HOUSTON, TX 77099 Fax (877) 915-1555 Administrator KENNEDY OBANOR	10/12/2017	Owner Information JUBILEE HEALTH CARE INC 13619 TONNOCHY DR HOUSTON, TX 77083 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal A	ssistance Services
County HARRIS License # 021073 Lic Expire 9/24/2024 Medicare 1: Medicare 2: Phone (225) 610-5558 Type: Parent Agency	Region 06 Date Licensed JUST LIKE FAMILY HOME CARE SERVICES 24624 INTERSTATE 45 NORTH, SUITE 200 SPRING, TX 77386 Fax Administrator XAVIER WINTERS	09/24/2021 LLC	Owner Information JUST LIKE FAMILY HOME CARE SERVICES LLC 24624 INTERSTATE 45 NORTH, SUITE 200 SPRING, TX 77386 PHONE: FAX: Services: Personal Assistance Services	
County HARRIS License # 012008 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (713) 266-2604 Type: Parent Agency	Region 06 Date Licensed JUST REAL KARE 9900 WESTPARK DRIVE SUITE #220 HOUSTON, TX 77063 Fax (713) 266-2611 Administrator ROSIE WILSON	05/14/2008	Owner Information JUST REAL KARE INC 9900 WESTPARK DR., SUITE 220 HOUSTON, TEXAS 77063 PHONE: FAX: Services: Personal Assistance Services	

County HARRIS License # 019714 Lic Expire 11/22/2021 Medicare 1: Medicare 2: Phone (832) 413-1756	Region 06 Date Licensed 11/22/2019 JV COMPASSIONATE CARE 6427 SUTTER PARK LN. HOUSTON, TX 77066 Fax	Owner Information JV COMPASSIONATE CARE LLC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator AGUIRRE JORGE	Owner Information
County HARRIS License # 020984 Lic Expire 8/17/2024 Medicare 1:	Region 06 Date Licensed 08/17/2021 KALEIDOSCOPE CARE SOLUTIONS HOME CARE LLC 4444 RICHMOND AVE. HOUSTON, TEXAS 77027	KALEIDOSCOPE CARE SOLUTIONS HOME CARE LLC
Medicare 2:		PHONE: FAX:
Phone (214) 424-9238	Fax	Services: Personal Assistance Services
County HARRIS License # 021118 Lic Expire 10/11/2024 Medicare 1: Medicare 2:	Administrator TAKAIRA ADAMS Region 06 Date Licensed 10/11/2021 KARDINAL HOME CARE LLC 11200 WESTHIEMER RD STE 1050 HOUSTON, TEXAS 77042	Owner Information KARDINAL HOME CARE LLC 11200 WESTHIEMER RD STE 1050 HOUSTON, TEXAS 77042 PHONE: FAX:
Phone (713) 261-0754	Fax (281) 988-5391	Services: Personal Assistance Services
Type: Parent Agency	Administrator MICHAEL OKENDU	
County HARRIS License # 013078 Lic Expire 1/31/2022 Medicare 1:	Region 06 Date Licensed 01/19/2010 KATY DREAMWEAVER HOME HEALTH SERVICES LLC 24110 COURTLAND OAKS KATY, TX 77494	Owner Information KATY DREAMWEAVER HOME HEALTH SERVICES LLC 24110 COURTLAND OAKS KATY, TX. 77494
Medicare 2:	F (004) 004 0070	PHONE: FAX:
Phone (713) 294-7999	Fax (281) 391-9372 Administrator NICHOLAUS OSBORNE	Services: Licensed Home Health Services
Type: Parent Agency County HARRIS License # 020098 Lic Expire 8/11/2022 Medicare 1:	Administrator NICHOLAUS OSBORNE Region 06 Date Licensed 08/11/2020 KATY HOSPICE, LLC 6005 FRANZ COURT KATY, TEXAS 77493	Owner Information KATY HOSPICE, LLC
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 License # 020350 Lic Expire 11/24/2022 Medicare 1:	Region 06 Date Licensed 11/24/2020 KATY LAKES HOME CARE LLC 12802 NEWBROOK DR HOUSTON, TEXAS 77072	Owner Information KATY LAKES HOME CARE LLC
Medicare 2:		PHONE: FAX:
Phone (832) 348-6011	Fax (832) 557-3422	Services: Personal Assistance Services
Type: Parent Agency	Administrator HARRIET EVBUOMWAN	
County HARRIS License # 016102 Lic Expire 3/31/2022 Medicare 1:	Region 06 Date Licensed 03/20/2014 KAYCEE INTEGRITY HEALTH SERVICES INC 9050 COOK ROAD SUITE #206 HOUSTON, TX 77099	Owner Information KAYCEE INTEGRITY HEALTH SERVICES INC 9050 COOK ROAD STE 206 HOUSTON, TX 77099
Medicare 2:	Fav. (004) F04 4570	PHONE: FAX:
Phone (281) 564-1349 Type: Parent Agency	Fax (281) 564-1573 Administrator STELLA UBI	Services: Personal Assistance Services

County HARRIS License # 019759 Lic Expire 1/2/2022 Medicare 1:	Region 06 Date Licensed 01/02/2020 KAYLAS LOVING HANDS, LLC 14614 FALLING CREEK DR. STE 226	Owner Information KAYLA'S LOVING HANDS, LLC
Medicare 2:	HOUSTON, TEXAS 77068	PHONE: FAX:
Phone (832) 602-5144	Fax (713) 561-3662	Services: Personal Assistance Services
Type: Parent Agency	Administrator BRANDY OLIVER	Col 1000. 1 Globilat Addictation Col 1000
County HARRIS	Region 06 Date Licensed 12/11/2015	Owner Information
License # 017171	KBC HOME HEALTHCARE INC	KBC HOME HEALTHCARE INC
Lic Expire 12/31/2023	7474 S KIRKWOOD SUITE 200 A	PO BOX 496
Medicare 1:	HOUSTON, TX 77072	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	KELLIES SITTING SERVICES, INC
Lic Expire 5/31/2022	2646 SOUTH LOOP W SUITE 115	2646 SOUTH LOOP W, #115
Medicare 1:	HOUSTON, TX 77054	HOUSTON, TX 77054
Medicare 2:	F (020) 204 2004	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 LLC	KESWOOD HOME HEALTH SERVICES
Lic Expire 3/31/2024	10998 SOUTH WILCREST #204	10998 SOUTH WILCREST # 204 HOUSTON, TX 77099
Medicare 1: 747055 HHA-18	HOUSTON, TX 77099	
Medicare 2: Phone (281) 416-4663	Fax (281) 416-4878	PHONE: FAX:
Type: Parent Agency	Administrator KINGSLEY OKEKE	Services: Licensed and Certified Home Health Services; Personal Assistance Services
		Owner Information
County HARRIS	Region 06 Date Licensed 04/08/2016	KID ADVENTURES PEDIATRIC THERAPY PLLC
License # 017348	KID ADVENTURES PEDIATRIC THERAPY PLLC	3027 WESTWOOD MANOR LN
Lic Expire 4/30/2022 Medicare 1:	3027 WESTWOOD MANOR LANE HOUSTON, TX 77047	HOUSTON, TX 77047
Medicare 1:	HOOSTON, IX TTO4T	PHONE: FAX:
Phone (713) 661-5400	Fax (832) 202-2375	Services: Licensed Home Health Services
Type: Parent Agency	Administrator LATOYA MITCHELL	Services. Licensed nome nearm Services
County HADDIS	Region 06 Date Licensed 02/20/2006	Owner Information
County HARRIS License # 010371	Region 06 Date Licensed 02/20/2006 KIDS DEVELOPMENTAL THERAPY	KDT LLC
Lic Expire 2/28/2025	6109 MAPLE	6109 MAPLE
Medicare 1: 679075	HOUSTON, TX 77074	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	KINA HEALTHCARE SERVICES INC
Lic Expire 2/28/2021	6666 HARWIN DR SUITE 290	6666 HARWIN DRIVE SUITE 290
Medicare 1: 679398 HHA-18	HOUSTON, TX 77036	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	

County HARRIS License # 013003 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (713) 397-0696 Type: Parent Agency	Region 06 Date Licensed 11/13/2009 KINDER HEALTHCARE SERVICES 13111 WESTHEIMER ROAD SUITE 305 HOUSTON, TEXAS 77077 Fax (281) 561-7325 Administrator JAMES NWANNA	Owner Information ROSE C NWANNA 9506 LERIN LANE SUGAR LAND, TEXAS 77498 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 017092 Lic Expire 6/30/2021 Medicare 1: 671719 HOSPICE Medicare 2: Phone (832) 558-8000	Region 06 Date Licensed 07/01/2015 KINDLE HOSPICE AND PALLIATIVE CARE 5100 WESTHEIMER SUITE 200 HOUSTON, TEXAS 77056 Fax (832) 558-8001	Owner Information KINDLE HOSPICE, LLC 1981 MARCUS AVENUE, SUITE #C129 NEW HYDE PARK, NY 11042 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 011738 Lic Expire 11/30/2022 Medicare 1: 457222 HHA-18 Medicare 2: Phone (713) 781-6691 Type: Parent Agency	Administrator CALLISTA DAVIS Region 06 Date Licensed 11/30/2007 KINDRED AT HOME 777 SOUTH FRY ROAD, SUITE 108 KATY, TEXAS 77450 Fax (713) 839-0966 Administrator TONI BROOKS-GROWE	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed and Certified Home Health Services
County HARRIS License # 003072 Lic Expire 11/30/2022 Medicare 1: 457264 HHA-18 Medicare 2: Phone (281) 446-5366 Tune: Parent Agency	Region 06 Date Licensed 11/22/1982 KINDRED AT HOME 9810 FM 1960 BYPASS ROAD WEST SUITE 215 HUMBLE, TX 77338 Fax (281) 446-4361	Owner Information GENTIVA CERTIFIED HEALTHCARE CORP 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213-2696 PHONE: FAX: Services: Licensed and Certified Home Health Services
Type: Parent Agency County HARRIS License # 017074 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (832) 973-4800 Type: Parent Agency	Administrator TONI BROOKS-GROWE Region 06 Date Licensed 10/13/2015 KINDRED AT HOMEPERSONAL HOME CARE ASSISTANCEHOUSTON 2600 SOUTH GESSNER ROAD, SUITE #320 HOUSTON, TX 77063 Fax (832) 973-4801 Administrator LA SHONJA BENNETT	Owner Information NP PLUS, LLC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 007698 Lic Expire 6/30/2021 Medicare 1: 451647 HOSPICE Medicare 2: Phone (281) 568-5548	Region 06 Date Licensed 07/01/2001 KINDRED HOSPICE 6700 WEST LOOP SOUTH SUITE 250 BELLAIRE, TX 77401 Fax (713) 669-1104	Owner Information ODYSSEY HEALTHCARE OPERATING A, LP P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 014961 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone 281 4959927	Administrator CRISTINA WALL Region 06 Date Licensed 07/30/2012 KINGSLEY HOME CARE INC 6628 WILCREST DR STE D HOUSTON, TX 770722043 Fax 888 6765604	Owner Information KINGSLEY HOME CARE, INC 6628 WILCREST DR SUITE B200 HOUSTON, TX 77072 PHONE: FAX: Services: Personal Assistance Services

Administrator MY-LYNH NGUYEN

County HARRIS License # 008679 Lic Expire 3/31/2022 Medicare 1: 679107 HHA-18 Medicare 2: Phone (713) 378-4488	Region 06 Date Licensed 03/24/2003 KINGSPOINT HEALTH CARE SERVICES INC 10900 KINGSPOINT SUITE #10 HOUSTON, TX 77075 Fax (713) 378-4477	Owner Information KINGSPOINT HEALTHCARE SERVICES, INC 10900 KINGSPOINT #10 HOUSTON, TX 77075 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator JOHN KWANG	Personal Assistance Services
County HARRIS License # 020000 Lic Expire 6/15/2022 Medicare 1:	Region 06 Date Licensed 06/15/2020 KMYAIAS HOME HEALTH 1620 AUSTIN HOUSTON, TX 77002	Owner Information KMYAIA'S HEALTHCARE, INC
Medicare 2:		PHONE: FAX:
Phone (832) 216-3496 Type: Parent Agency	Fax Administrator EBONY JENKINS	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 016817 Lic Expire 4/30/2023 Medicare 1: 747487 HHA-18 Medicare 2: Phone (832) 251-3311 Type: Parent Agency	Region 06 Date Licensed 04/30/2015 LA ANCHOR HOME HEALTH SERVICES INC 7211 REGENCY SQUARE BLVD #210 HOUSTON, TEXAS 77036 Fax (832) 251-3312 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 License # 013046 Lic Expire 12/31/2024 Medicare 1: 747437 HHA-18 Medicare 2: Phone (281) 324-4663	Region 06 Date Licensed 12/22/2009 LAKE HOUSTON HOME HEALTH 12238 FM 1960 EAST HUFFMAN, TX 77336 Fax (281) 324-2795	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
Type: Parent Agency County HARRIS License # 017890 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (281) 235-6029 Type: Parent Agency	Administrator BRANDI NICKELL Region 06 Date Licensed 01/30/2017 LAKEFRONT CARE INC 9898 BISSONNET STREET SUITE 480 HOUSTON, TX 77036 Fax (713) 776-3994 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 License # 011740 Lic Expire 3/31/2023 Medicare 1: 747101 HHA-18 Medicare 2: Phone (281) 398-4991 Type: Parent Agency	Region 06 Date Licensed 12/05/2007 LALA COMFORT HEALTHCARE INC 3831 GOLDEN WILLOW CT KATY, TX 77449 Fax (281) 398-1581 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 License # 017734 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (832) 953-5721 Type: Parent Agency	Region 06 Date Licensed 11/10/2016 LANORAH'S PERSONAL CARE 2514 11TH STREET GALENA PARK TEXAS, TEXAS 77547 Fax (832) 550-2185 Administrator LANORAH WOODHOUSE	Owner Information LANORAH'S PERSONAL CARE LLC 8230 HOMEWOOD LN HOUSTON, TX 77028 PHONE: FAX: Services: Personal Assistance Services

Microse HOUSETON, TEXAS 77055 FAX Microse Microse FAX Microse FAX Microse FAX Microse FAX Microse Microse FAX Microse FAX Microse Mi	County HARRIS License # 020087 Lic Expire 7/30/2022	Region 06 Date Licensed 07/30/2020 LARK HOME CARE LLC 12222 YEARLING DR	Owner Information LARK HOME CARE LLC
Place (800) 301-8200		HOUSTON, TEXAS 77065	PHONE: FAX:
Pose Pose Region Regio		Fax (586) 477-4687	
Control File Control Control	Type: Parent Agency	Administrator ASHLII WILLIAMS	03.100.1.1.000.0.1.000.0.000
	County HARRIS	Region 06 Date Licensed 12/18/2019	Owner Information
The content	License # 019745	LEARNING SERVICES HOME AND COMMUNITY LLC	
Microsine Micr	Lic Expire 12/18/2021	10497 TOWN AND COUNTRY WAY, SUITE 700	
Power 4868 \$20 5000 Fax 868 \$70 2507 Administrator Life A CLEN		HOUSTON, TEXAS 77024	,
Type		Fax (866) 870-2397	
County HARRIS Region 6 Date Uloresed 02/15/2011 LEGACY HEALTHCARE SERVICES LEGACY HEALTHCARE LEGACY HOLE LEGA			Services: Licensed Home Health Services
Phone (281) 513-1564	County HARRIS License # 013893 Lic Expire 2/28/2023	LEGACY HEALTHCARE SERVICES 10135 GLENGATE LN	
Type: Parent Agency			PHONE: FAX:
County MARRIS Region 06 Date Licensed 12/04/2017 Owner Information			Services: Personal Assistance Services
Cleanse # 018482 LECACY MOME HEALTH CARE Services FRIENDSWOOD, TX 77546	Type: Parent Agency	Administrator IKE MCDONALD	
Medicare 1/31/12/21 8866 GULF PEREWAY, SUTE 384 907 CACTUS RIDGE CT., FRIENDSWOOD, TX 77546 FAX: PHONE C81) 220-1102 FAX: PHONE C81) 220-1102 FAX: PHONE C81) 220-1102 PATENT Agency Administrator ANYA MORGAN PHONE C81) 220-121 LEGACY HOME HEALTH CARE PHONE FAX: PHONE	•	-	
Medicare 1			
Medicare 2	·		
Type: Parent Agency Administrator ANYA MORGAN Administra	Medicare 2:		PHONE: FAX:
County HARRIS Region 06 Date Licensed 09/02/2021 Owner Information 313 ASSOCIATES LLC	Phone (281) 220-1102	Fax (281) 220-1087	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS Region 06 Date Licensed 11/25/2019 HOUSTON, TY7036 HOUSTON, TY7037 HOU	Type: Parent Agency	Administrator ANYA MORGAN	
Lic Expire 9/12/02/4 4815 NORTH PINE BROOK WAY Medicare 2:	•	· ·	
Medicare 2:			0.0.10003.11.20.220
Phone (832) 577-1786 Fax Administrator AZRA FATIMA		HOUSTON, TEXAS 77059	
Type: Parent Agency Administrator AZRA FATIMA		Fav	
County HARRIS Region 06 Date Licensed 11/25/2019 Defendent 11/25/2019 License # 019718 LEGEND PROVIDER SERVICES, INC LEGEND PROVIDER SERVICES, INC S700 COMMERCE PARK DR STE 146 HOUSTON, TX 77036 PHONE: FAX: Phone (346) 406-2987 Fax (713) 636-3338 Services: Personal Assistance Services Fax: Type: Parent Agency Administrator JENNIFER AGBO Jet Licensed 01/12/2022 Demonstrator LENDING HANDS HOME HEALTHCARE LLC PHONE: FAX: Medicare 1:			Services: Personal Assistance Services
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: FAX: Phone (833) 425-4325 Fax NA Services: Personal Assistance Services	County HARRIS License # 019718 Lic Expire 11/25/2021 Medicare 1: Medicare 2: Phone (346) 406-2987	Region 06 Date Licensed 11/25/2019 LEGEND PROVIDER SERVICES, INC 8700 COMMERCE PARK DR STE 146 HOUSTON, TX 77036 Fax (713) 636-3338	LEGEND PROVIDER SERVICES, INC 8700 COMMERCE PARK DR STE 146 HOUSTON, TX 77036 PHONE: FAX:
Lic Expire 1/12/2025 5718 WESTHEIMER RD, SUITE 1000 Medicare 1: HOUSTON, TX 77057 Medicare 2: PHONE: FAX: Phone (833) 425-4325 Fax NA Services: Personal Assistance Services	County HARRIS	Region 06 Date Licensed 01/12/2022	
Medicare 1: HOUSTON, TX 77057 Medicare 2: PHONE: FAX: Phone (833) 425-4325 Fax NA Services: Personal Assistance Services	License # 021329	LENDING HANDS HOME HEALTHCARE LLC	LENDING HANDS HOME HEALTHCARE LLC
Medicare 2: PHONE: FAX: Phone (833) 425-4325 Fax NA Services: Personal Assistance Services	·		
Phone (833) 425-4325 Fax NA Services: Personal Assistance Services		HOUSTON, IX //05/	PHONE: EAY:
Services. Fersonial Assistance Services		Fax NA	
		Administrator LACRICIA LOVE	OCHIOCA. I GIOUIGI MODISQUIUC CONVICTO

			In-Patient Hospice: NO
Phone (281)	824-3250	Fax (281) 501-1896	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services
Medicare 2:			PHONE: FAX:
Medicare 1:	747582	HOUSTON, TX 77040	TOMBALL, TX 77377
Lic Expire	12/31/2022	13201 NORTHWEST FREEWAY, STE 670	12425 ISLAND DRIVE
County HAF License #	017815	Region 06 Date Licensed 12/23/2016 LIFEPOINTE HOSPICE AND HOME HEALTH	LIFEPOINTE HOSPICE LLC
-			Owner Information
Type: Parent	t Agency	Administrator MILDRED ROSALES	Services; Personal Assistance Services In-Patient Hospice: NO
Phone (281)	646-9546	Fax (281) 646-9751	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health
Medicare 2:			PHONE: FAX:
Medicare 1:	747061 HHA-18	KATY, TEXAS 77450	KATY, TX 77450
Lic Expire	3/31/2023	434 PARK GROVE DRIVE	434 PARK GROVE LANE
License #	011908	LIFECARE OPTIONS HOME HEALTH SERVICES INC	LIFECARE OPTIONS HOME HEALTH SERVICES INC
County HAF		Region 06 Date Licensed 03/04/2008	Owner Information
Type: Parent		Administrator SHOLA ODUNTAN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Medicare 2: Phone (281)	501-8394	Fax (281) 974-3238	PHONE: 12815018394 FAX:
Medicare 1:	679601 HHA-18	HOUSTON, TX 77036	MISSOURI CITY, TX 77459
Lic Expire	6/30/2022	8700 COMMERCE PARK DRIVE SUITE # 145	P. O. BOX 185
License #	010549	LIFECARE HEALTH SERVICES LLC	LIFECARE HEALTH SERVICES
County HAF	RRIS	Region 06 Date Licensed 06/16/2006	Owner Information
Type: Parent	t Agency	Administrator ROWENA MATIR	
. 110110 (201)	,0 0011		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Medicare 2: Phone (281)	420-3977	Fax (281) 420-1112	PHONE: FAX:
Medicare 1:	747752	BAYTOWN, TX 77521	
Lic Expire	4/30/2023	3302 GARTH RD	3302 GAKTH RD BAYTOWN, TX 77521-3808
License #	014037	LIFE SOURCE HOME HEALTHCARE INC	LIFE SOURCE HOME HEALTHCARE INC 3302 GARTH RD
County HAF	RRIS	Region 06 Date Licensed 04/14/2011	Owner Information
Type: Parent	t Agency	Administrator SALFO KABORE	·
Phone (281)	730-1786	Fax (281) 576-8758	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Medicare 2:	720 1706	Eay (204) E76 9759	PHONE: FAX:
Medicare 1:		HOUSTON, TX 77095	
Lic Expire	1/14/2025	15022 FM 529 RD BLDG 2 STE. 2A	
License #	021335	LIFE NEW LOOK HOSPICE LLC	LIFE NEW LOOK HOSPICE LLC
County HAF	RRIS	Region 06 Date Licensed	Owner Information
Type: Parent	t Agency	Administrator TATYANNA LUSK	
Phone 832 8	3315165	Fax 832 2815598	Services: Licensed Home Health Services; Personal Assistance Services
Medicare 2:			PHONE: FAX:
Medicare 1:		HOUSTON, TX 77054	HOUSTON, TX 77054
License #	7/31/2022	2626 SOUTH LOOP WEST, STE. 650 N	2626 SOUTH LOOP WEST, STE. 650N
County HAF License #	018857	Region 06 Date Licensed 07/31/2018 LIFE CHANGING ASSISTANCE HEALTHCARE LLC	LIFE CHANGING ASSISTANCE HEALTHCARE, LLC
-	RRIS		Owner Information
_ ,	t Agency	Administrator INGRID URUETA MANUEL	Services: Personal Assistance Services
	908-1213	Fax (713) 461-0068	
Medicare 1: Medicare 2:		HOUSTON, TEXAS 770806662	
Lic Expire	4/26/2024	8788 HAMMERLY #I-1	6766 HAWINIERLY #I-1 HOUSTON, TX
License #	020720	LERMIM HOME CARE LLC	LERMIM HOME CARE LLC 8788 HAMMERLY #I-1
			LEDMIN LOME CADE LLC

County HARRIS License # 020786 Lic Expire 5/26/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 05/26/2021 LIFE'S TREASURES HOSPICE CARE PLLC 10903 DOUD STREET HOUSTON, TEXAS 77035	Owner Information LIFE'S TREASURES HOSPICE CARE PLLC PHONE: FAX:
Phone (832) 582-5655	Fax (832) 582-5644	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator LARRY FLOWERS	
County HARRIS License # 017365 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (877) 434-3153 Type: Parent Agency	Region 06 Date Licensed 04/25/2016 LIFESPAN HOME HEALTH 3800 BUFFALO SPEEDWAY SUITE 195 HOUSTON, TX 77098 Fax (877) 463-1310 Administrator LORENA TORRES	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 HARRIS	Region 06 Date Licensed 10/05/2006	Owner Information
License # 010788	LIFEWAY HEALTHCARE INC	LIFEWAY HEALTHCARE INC
Lic Expire 10/31/2022	10039 BISSONNET STREET SUITE 112	10039 BISSONNET STREET SUITE 112
Medicare 1: 743133 HHA-18	HOUSTON, TX 77036	HOUSTON, TX 77036
Medicare 2:		PHONE: FAX:
Phone (281) 495-5100	Fax (281) 495-5101	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator AIROBOMAN OMOEGBELE	
County HARRIS	Region 06 Date Licensed 10/01/2021	Owner Information LIGHT BEARERS HOME CARE,LLC
License # 021096	LIGHT BEARERS HOME CARE, LLC	18930 VOLGA RIVER DR.
Lic Expire 10/1/2024	18930 VOLGA RIVER DRIVE	KATY, TEXAS 77449
Medicare 1: Medicare 2:	KATY, TEXAS 77449	PHONE: FAX:
Phone 713 554 0031	Fax 832 772 4469	
Type: Parent Agency	Administrator PAULINE ANUBONDEM	Services: Personal Assistance Services
County HARRIS License # 019349 Lic Expire 4/29/2023 Medicare 1: Medicare 2: Phone (800) 856-3319	Region 06 Date Licensed 04/29/2019 LIGHT HEART HOMECARE LLC 13201 NORTHWEST FREEWAY #800 HOUSTON, TEXAS 77040 Fax	Owner Information LIGHT HEART HOMECARE LLC 13201 NORTHWEST FREEWAY #800 HOUSTON, TEXAS 77040 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CLAUDINE NTING	
County HARRIS License # 018779 Lic Expire 6/30/2022 Medicare 1:	Region 06 Date Licensed 06/08/2018 LIGHTHOUSE HEALTHCARE SOLUTIONS LLC 6628 WILCREST DR STE D200 HOUSTON, TX 770722043	Owner Information LIGHTHOUSE HEALTHCARE SOLUTIONS, LLC 1605 POTOMAC DR UNIT B HOUSTON, TX 77057
Medicare 2:		PHONE: FAX:
Phone 281 4959927	Fax 888 6765604	Services: Personal Assistance Services
Type: Parent Agency	Administrator CHIEU NGUYEN	
County HARRIS License # 018373 Lic Expire 9/30/2023 Medicare 1:	Region 06 Date Licensed 09/17/2017 LILY HOME HEALTH INC 9894 BISSONNET STREET, SUITE 100E HOUSTON, TEXAS 77036	Owner Information LILY HOME HEALTH, INC 9894 BISSONNET ST, SUITE 100E HOUSTON, TEXAS 77036
Medicare 2:	F (004) 000 F007	PHONE: FAX:
Phone (281) 977-0157 Type: Parent Agency	Fax (281) 806-5967 Administrator RITA OKOJIE	Services: Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 020421 Lic Expire 12/30/2022 Medicare 1: Medicare 2: Phone (832) 529-7125 Type: Parent Agency	Region 06 Date Licensed 12/30/2020 LINKS OF COMPASSION INC 507 N. SAM HOUSTON PKWY E SUITE 450 HOUSTON, TEXAS 77060 Fax Administrator CHADNEZZAR MORGAN	Owner Information LINKS OF COMPASSION INC P.O. BOX 73363 HOUSTON, TEXAS 77273 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 011022 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (713) 622-6200 Type: Parent Agency	Region 06 Date Licensed 01/26/2007 LIVHOME INC 7670 WOODWAY DRIVE SUITE 210 HOUSTON, TX 77063 Fax (713) 622-6207 Administrator FURMAN ENTZ	Owner Information LIVHOME, INC DBA AROSA 5670 WILSHIRE BLVD. SUITE #500 LOS ANGELES, CA 90036 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 016867 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (346) 888-6210 Type: Parent Agency	Region 06 Date Licensed 06/18/2015 LIVING & LOVING HOME CARE 14615 CARMINE GLEN DRIVE HOUSTON, TX 77049 Fax (832) 218-3732 Administrator CREDESHA BROWN BELLANGER	Owner Information LIVING & LOVING HOME CARE, LLC 14615 CARMINE GLEN DR HOUSTON, TX 77049 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 011392 Lic Expire 6/30/2023 Medicare 1: 743196 HHA-18 Medicare 2: Phone (281) 484-6500	Region 06 Date Licensed 06/14/2007 LIVING HOPE HOME HEALTHCARE 12550 FUQUA STREET SUITE #100 HOUSTON, TX 770344600 Fax (281) 484-6501	Owner Information LIVING HOPE HEALTHCARE INC 12621 FEATHERWOOD DRIVE, SUITE #243 HOUSTON, TX 77034 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency County HARRIS License # 019168	Administrator TIJU THOMAS Region 06 Date Licensed 07/19/2018 LIVING WATER HOME HEALTH LLC	Personal Assistance Services Owner Information LIVING WATER HOME HEALTH LLC
Lic Expire 3/31/2021 Medicare 1: Medicare 2: Phone (832) 552-0674 Type: Parent Agency	2600 SOUTH LOOP WEST SUITE 350 HOUSTON, TEXAS 77054 Fax (833) 260-8598 Administrator ROXANE FREEMAN	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 017785 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (936) 271-9442 Type: Parent Agency	Region 06 Date Licensed 12/13/2016 LONE STAR HOME DIALYSIS INC 16903 RED OAK DRIVE SUITE 100B HOUSTON, TX 77090 Fax (800) 395-8956 Administrator BALBEER GODWIN	Owner Information LONE STAR HOME DIALYSIS INC 150 PINE FOREST RD STE 102 SHENANDOAH, TX 77384 PHONE: FAX: Services: Licensed Home Health Services with Dialysis
County HARRIS License # 016557 Lic Expire 3/31/2021 Medicare 1: Medicare 2: Phone (832) 649-5947 Type: Parent Agency	Region 06 Date Licensed 12/12/2014 LONG LIFE HEALTHCARE OF TEXAS 8866 GULF FREEWAY SUITE 250M HOUSTON, TX 77017 Fax (832) 767-1396 Administrator VERONICA MARISCAL	Owner Information LONG LIFE HEALTHCARE OF TEXAS LLC 8866 GULF FRWY STE 400F HOUSTON, TX 77017 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 017026 Lic Expire 2/17/2022 Medicare 1: 741662 HOSPICE Medicare 2: Phone (281) 493-6800	Region 06 Date Licensed 09/14/2015 LOTUS HOSPICE 810 HIGHWAY 6 SOUTH, SUITE 110 HOUSTON, TX 77079 Fax (281) 493-6807	Owner Information LOTUS HOSPICE, INC 9950 WESTPARK DRIVE SUITE 644 HOUSTON, TX 77063 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator NICOLE MCPHERSON	Our selection of the second of
County HARRIS License # 013724 Lic Expire 10/31/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed LOVE N CARE 3515 PRESTON AVENUE SUITE 102 PASADENA, TX 77505	Owner Information VELA INVESTMENT CORPORATION 3523 W ALBERTA RD EDINBURG, TX 78539 PHONE: FAX:
Phone (281) 760-3597	Fax (956) 664-9967 Administrator MAGDALENA CEPEDA	Services: Personal Assistance Services
County HARRIS License # 019589 Lic Expire 9/10/2021 Medicare 1: Medicare 2:	Administrator MAGDALENA CEPEDA Region 06 Date Licensed 09/10/2019 LOVING ARMS HEALTH CARE SERVICES, LLC 8323 TROPHY PLACE DRIVE HUMBLE, TEXAS 77346	Owner Information LOVING ARMS HEALTH CARE SERVICES LLC 8323 TROPHY PLACE DRIVE HUMBLE, TEXAS 77346 PHONE: (713) 927-5365 FAX:
Phone (713) 927-5365 Type: Parent Agency	Fax (281) 852-6998 Administrator NICOLE WILLIAMS	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018527 Lic Expire 12/31/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 12/21/2017 LOVING ARMS SENIOR ASSISTANCE LLC 10680 WESTBRAE PKWY BUILDING N129 HOUSTON, TEXAS 77031	Owner Information LOVING ARMS SENIOR ASSISTANCE LLC 16747 QUAIL PARK DRIVE MISSOURI CITY, TX 77489 PHONE: FAX:
Phone (281) 901-8279	Fax (832) 649-7176	Services: Personal Assistance Services
Type: Parent Agency County HARRIS License # 020305 Lic Expire 11/10/2022 Medicare 1:	Administrator TAMARA WELLINGTON Region 06 Date Licensed 11/10/2020 LOVING GRACE HEALTHCARE OF AMERICA INC 440 BENMAR DR STE. 1395 HOUSTON, TEXAS 77060	Owner Information LOVING GRACE HEALTHCARE OF AMERICA INC
Medicare 2:		PHONE: FAX:
Phone (832) 328-5646	Fax 18442738121	Services: Personal Assistance Services
County HARRIS License # 018452 Lic Expire 2/28/2022 Medicare 1: 741792 Medicare 2: Phone (832) 582-5112	Administrator TIFFANY SCOTT Region 06 Date Licensed 11/16/2017 LOVING HEARTS HOSPICEPALLIATIVE CARE INC 6671 SOUTHWEST FREEWAY #310 HOUSTON, TEXAS 77074 Fax (832) 649-2951	Owner Information LOVING HEARTS HOSPICE PALLIATIVE CARE INC 6666 HARWIN DR #205A HOUSTON, TX 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SERGE UKAWILU	
County HARRIS License # 020596 Lic Expire 3/12/2024 Medicare 1:	Region 06 Date Licensed 03/12/2021 LOVING TOUCH HOSPICE INC 2922 ROSEDALE ST STE 1200 HOUSTON, TEXAS 77004	Owner Information LOVING TOUCH HOSPICE INC
Medicare 2: Phone (713) 874-1234	Fax (713) 521-1277	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JENNIFER ROY	

County HARRIS License # 020342 Lic Expire 11/23/2022 Medicare 1:	Region 06 Date Licensed LOYAL HANDS HOME HEALTH INC 7001 CORPORATE STE 135 HOUSTON, TEXAS 77036	11/23/2020	Owner Information LOYAL HANDS HOME HEALTH INC	
Medicare 2:			PHONE:	FAX:
Phone 713 5103205	Fax		Services: Licensed Home Health Services; Perso	nal Assistance Services
Type: Parent Agency	Administrator CHIKA ODILI			
County HARRIS License# 007087 Lic Expire 8/31/2022 Medicare 1:	Region 06 Date Licensed LOYAL HOME HEALTH CARE AGENCY 12738 VILLAWOOD LANE HOUSTON, TX 77072	08/04/1999	Owner Information STELLA AVWORO	
Medicare 2:			PHONE:	FAX:
Phone (281) 530-2539	Fax (281) 498-8243		Services: Licensed Home Health Services; Perso	nal Assistance Services
Type: Parent Agency	Administrator STELLA AVWORO			
County HARRIS License # 009421 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (281) 530-2539 Type: Parent Agency	Region 06 Date Licensed LOYAL HOME HEALTH CARE INC 12738 VILLAWOOD LN HOUSTON, TX 77072 Fax (281) 498-8243 Administrator STELLA AVWORO	11/22/2004	Owner Information LOYAL HOME HEALTH CARE INC 12738 VILLAWOOD LN HOUSTON, TX 77072 PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 006749 Lic Expire 7/31/2022 Medicare 1:	Region 06 Date Licensed LUCKY HEALTH CARE SERVICES INC 10103 FONDREN SUITE #460 HOUSTON, TX 77096	07/08/1998	Owner Information LUCKY HEALTH CARE SERVICES INC SAME AS ABOVE HOUSTON, TX 77096	
Medicare 2:			PHONE:	FAX:
Phone (713) 773-1066	Fax (713) 773-0445		Services: Licensed Home Health Services; Perso	nal Assistance Services
Type: Parent Agency	Administrator NNEAMAKA AKALUSO			
County HARRIS License # 020648 Lic Expire 3/25/2024 Medicare 1:	Region 06 Date Licensed LUXURY INHOME SENIOR CARE, LLC 910 CYPRESS STATION DRIVE APT. 720 HOUSTON, TX 77090	03/25/2021	Owner Information LUXURY INHOME SENIOR CARE, LLC	
Medicare 2:			PHONE:	FAX:
Phone (281) 766-4420	Fax		Services: Personal Assistance Services	
County HARRIS License # 014649 Lic Expire 11/30/2023 Medicare 1: 679785 HHA-18 Medicare 2: Phone 832 4223519 Type: Parent Agency	Administrator ISATA KELLEH Region 06 Date Licensed M & M ADVANCED HEALTHCARE INC 11803 GRANT ROAD, SUITE 200 CYPRESS, TX 77429 Fax 832 4223524 Administrator SOLEDAD BANEA	12/01/2011	Owner Information M&M ADVANCED HEALTHCARE, INC 4635 SOUTHWEST FREEWAY, SUITE 300 HOUSTON, TX 77027 PHONE: Services: Licensed and Certified Home Health Se	FAX: rvices
County HARRIS License # 019293 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone (281) 818-0611	Region 06 Date Licensed M&N CARE GIVER 14829 BELLAIRE BLVD. SUITE 2B HOUSTON, TX 77083 Fax (281) 372-6892	03/08/2019	Owner Information NICHOLAS ONYENOBI PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency	Administrator LILIAN ONYENOBI		Co. vices. 1 cisonal / issistance ocivices	

County HARRIS License # 020552 Lic Expire 3/2/2024 Medicare 1: Medicare 2: Phone (832) 272-5331 Type: Parent Agency	Region 06 Date Licensed 03/02/2021 MACIE HEALTHCARE SERVICES LLC 3262 HOLLY HALL ST HOUSTON, TX 77054 Fax (281) 214-6371 Administrator NNAMDI ANIEKWENA	Owner Information MACIE HEALTHCARE SERVICES LLC 3262 HOLLY HALL ST HOUSTON, TX 77054 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018108 Lic Expire 6/30/2019	Region 06 Date Licensed 06/15/2017 MACS HEALTHY LIVING HOME CARE LLC 2630 MONTICELLO DRIVE	Owner Information
Medicare 1: Medicare 2:	HOUSTON, TX 77045	PHONE: FAX:
Phone (281) 206-3353 Type: Parent Agency	Fax (281) 596-4333 Administrator SHERICE SHEPPARD	Services: Personal Assistance Services
County HARRIS License # 019466 Lic Expire 7/2/2024 Medicare 1:	Region 06 Date Licensed 03/05/2020 MAGNOLIA HOME CARE 5703 PRAIRIE CHAPEL RD KATY, TX 77493	Owner Information LISSETTE ROSARIO
Medicare 2:	,	PHONE: FAX:
Phone (281) 729-9200 Type: Parent Agency	Fax (832) 558-9959 Administrator LISSETTE ROSARIO	Services: Personal Assistance Services
County HARRIS License # 008356 Lic Expire 3/31/2024 Medicare 1: 679287 HHA-18 Medicare 2: Phone (281) 333-2207 Type: Parent Agency	Region 06 Date Licensed 03/06/2003 MAGNOLIA HOME HEALTH CARE 5044 CRENSHAW ROAD SUITE 500A PASADENA, TX 77505 Fax (281) 333-2292 Administrator JACOB JHINGREE	Owner Information EXCELLENCE HEALTH CARE, INC 5044 CRENSHAW RD, STE 500A PASADENA, TEXAS 77505 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 019341 Lic Expire 4/23/2023 Medicare 1: 971526 Medicare 2:	Region 06 Date Licensed 04/23/2019 MAGNOLIA HOSPICE CARE, LLC 5044 CRENSHAW ROAD, SUITE 500D PASADENA, TEXAS 77505	Owner Information MAGNOLIA HOSPICE CARE, LLC 5044 CRENSHAW RD, STE 500D PASADENA, TEXAS 77505 PHONE: FAX:
Phone (281) 957-9752	Fax (832) 916-4577	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 017856 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (832) 288-2531 Type: Parent Agency	Administrator JACOB JHINGREE Region 06 Date Licensed 01/13/2017 MAJESTIC PERSONAL CARE SERVICES LLC 3614 APPLE HOLLOW LN HUMBLE, TX 77396 Fax (866) 668-2130 Administrator CHRISTOPHER GOODWIN	Owner Information MAJESTIC PERSONAL CARE SERVICES LLC 7601 FM 1960 RD E, #111 HUMBLE, TX 77346 PHONE: FAX: Services: Personal Assistance Services
County HARRIS		
License # 011333 Lic Expire 2/28/2022 Medicare 1: 677907 HHA-18 Medicare 2: Phone (832) 767-1729	Region 06 Date Licensed 02/15/2007 MAJESTIK CARE PROVIDERS INC 8700 COMMERCE PARK DRIVE SUITE 110 HOUSTON, TX 77036 Fax (832) 767-2845	Owner Information MAJESTIK CARE PROVIDERS, INC 8700 COMMERCE PARK DRIVE SUITE 110 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;

County HARRIS	Region 06 Date Licensed 09/14/2021	Owner Information
License # 021045	MAJESTY HOME CARE LLC	MAJESTY HOME CARE LLC
Lic Expire 9/14/2024	23615 BALZANO CT	
Medicare 1:	KATY, TX 774933156	DIONE
Medicare 2: Phone (973) 919-3408	Fax	PHONE: FAX:
Type: Parent Agency	Administrator MONSURAT SALVADOR	Services: Licensed Home Health Services; Personal Assistance Services
- Parent Agency	Administrator WONSONAT SALVADON	Our salefamation
County HARRIS	Region 06 Date Licensed 11/24/2020	Owner Information MASOTINA HEALTHCARE PROFESSIONALS LLC
License # 020348	MASOTINA HEALTHCARE PROFESSIONALS LLC	WAGGINGTHEALTHOUGH FROM EGGIOTALEGEE
Lic Expire 11/24/2022 Medicare 1:	8704 TORCELLO ST. HOUSTON, TX 77031	
Medicare 1:	H00310N, 1X 77031	PHONE: FAX:
Phone (713) 820-5205	Fax	
Type: Parent Agency	Administrator EKOMOBONG EDUOK	Services: Personal Assistance Services
		Owner Information
County HARRIS	Region 06 Date Licensed 01/01/2006	MASTERS HEALTH CARE SERVICES INC
License # 010369	MASTERS HEALTH CARE SERVICES INC	11999 KATY FREEWAY #275
Lic Expire 12/31/2021 Medicare 1: 458098 HHA-18	11999 KATY FREEWAY #275 HOUSTON, TX 77079	HOUSTON, TX 77079
Medicare 2:	1100310N, 1X 11019	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	MATDELIN HEALTHCARE SERVICES, L L C
Lic Expire 10/28/2024	3614 CAMERON BLUFF LANE	3614 CAMERON BLUFF LANE
Medicare 1:	KATY, TEXAS 77494	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	MATOLL HEALTH SERVICES INC
Lic Expire 3/31/2024	9800 CENTRE PARKWAY, SUITE 245	9800 CENTRE PARKWAY SUITE 157
Medicare 1:	HOUSTON, TEXAS 77036	HOUSTON, TX 77036
Medicare 2:	Fey. (077) 000 0404	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 HEALTH SERVICES	MATSAN INC 21719 CANYON PEAK LANE
Lic Expire 12/31/2024	23023 STRATHMERE COURT	KATY, TX 77450
Medicare 1: 679538 HHA-18	KATY, TX 77450	
Medicare 2: Phone (281) 392-6333	Fax (281) 719-9484	PHONE: FAX:
Type: Parent Agency	Administrator MATTHEW EHIMWENMA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
······································		Owner Information
County HARRIS	Region 06 Date Licensed 08/17/2017	MAXCARE HOME HEALTH SERVICES INC
License # 018255 Lic Expire 8/31/2024	MAXCARE HOME HEALTH SERVICES INC	9119 SOUTH GESSNER RD #100
Medicare 1: 679093 HHA-18	9119 SOUTH GESSNER SUITE 100 HOUSTON, TX 77074	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	20. 1000. Electroes and continue from Fround Continues, Electroes From Fround Continues

County HARRIS License # 014130 Lic Expire 5/31/2023 Medicare 1: 459384 HHA-18 Medicare 2: Phone (281) 903-1336 Type: Parent Agency	Region 06 Date Licensed 05/16/2011 MAXIMUM CARE 10777 WESTHEIMER ROAD STE 1100 HOUSTON, TX 77042 Fax (281) 903-2301 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 License # 019092 Lic Expire 8/15/2022 Medicare 1:	Region 06 Date Licensed 08/15/2018 MAXIMUM CARE HEALTHCARE SERVICES, LLC 6250 WESTPARK DR. # 113 HOUSTON, TEAXS 77057	Owner Information MAXIMUM CARE HEALTHCARE SERVICES, LLC 6260 WESTPARK DR #320 HOUSTON, TX 77057
Medicare 2: Phone (888) 312-8859 Type: Parent Agency	Fax (888) 312-8859 Administrator KRISTIE SEPTS-JOHNSON	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 010275 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (713) 783-7703 Type: Parent Agency	Region 06 Date Licensed 11/29/2005 MAXWELL PROVIDERS INC 2950 S. GESSNER ROAD #210 HOUSTON, TX 77063 Fax (713) 783-7519 Administrator AMENZE OSAZUWA	Owner Information MAXWELL PROVIDERS, INC 7457 HARWIN DRIVE, SUITE #130A HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 019055 Lic Expire 8/29/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 08/29/2018 MAYDAY HEALTH SERVICES LLC 11129 PANTHER COURT HOUSTON, TX 77099	Owner Information MAYDAY HEALTH SERVICES LLC PHONE: FAX:
Phone (832) 679-5444 Type: Parent Agency	Fax (832) 379-3383 Administrator UCHE IBE	Services: Personal Assistance Services
County HARRIS License # 015090 Lic Expire 9/30/2016 Medicare 1: Medicare 2:	Region 06 Date Licensed 09/25/2012 MCL HOME THERAPY LLC 13107 ADVANCE DRIVE HOUSTON, TX 77065	Owner Information MCL HOME THERAPY LLC 13107ADVANCE DRIVE HOUSTON, TX 77065 PHONE: FAX:
Phone (832) 688-9305 Type: Parent Agency	Fax (832) 688-8832 Administrator CHRISTINE MARIE S AZCONA	Services: Licensed Home Health Services
County HARRIS License # 015202 Lic Expire 9/30/2022 Medicare 1:	Region 06 Date Licensed 09/17/2012 MED FORCE MEDICAL SERVICES INC 12337 JONES ROAD, SUITE #110 HOUSTON, TX 77070	Owner Information MED FORCE MEDICAL SERVICES, INC 12337 JONES RD SUITE 224 HOUSTON, TX 77070
Medicare 2: Phone (281) 894-7003	Fax (281) 894-7010	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator BARBARA GLOVER	Su ness. I stocka / keloka ke Su ness
County HARRIS License # 011583 Lic Expire 9/30/2023 Medicare 1: 671724 HOSPICE	Region 06 Date Licensed 09/14/2007 MEDCORE PREFERRED HOSPICE 3880 GREENHOUSE RD SUITE 319 HOUSTON, TX 77084	Owner Information MEDCORE HEALTHCARE SERVICES INC 3880 GREENHOUSE ROAD STE. #319 HOUSTON, TX 77084
Medicare 2: Phone (281) 394-2042	Fax (866) 395-3908	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DERVAL ROMANS	

County HARRIS License # 008138 Lic Expire 12/31/2021 Medicare 1: 459256 HHA-18 Medicare 2: Phone (713) 661-6607 Type: Parent Agency	Region 06 Date Licensed 08/01/2002 MEDHEALTH INC 3001 WICHITA STREET HOUSTON, TX 77004 Fax (713) 522-0333 Administrator MARY JONES	Owner Information MED HEALTH INC 3001 WICHITA STREET HOUSTON, TX 77004 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 003492 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (713) 774-6428	Region 06 Date Licensed 01/01/1995 MEDICAL INSIGHTS & CARE UNLIMITED LP 4610 BELLE PARK DR HOUSTON, TX 770721820 Fax (713) 774-3822	Owner Information MEDICAL INSIGHTS & CARE UNLIMITED, LP PO BOX 721350 HOUSTON, TX 77272 PHONE: FAX:
Type: Parent Agency	Administrator MICHAEL MIRANDA	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 003491 Lic Expire 12/31/2023 Medicare 1: 677211 HHA-18	Region 06 Date Licensed 01/01/1995 MEDICAL INSIGHTS & CARE UNLIMITED LP 4610 BELLE PARK DRIVE HOUSTON, TX 77072	Owner Information MEDICAL INSIGHTS & CARE UNLIMITED, LP PO BOX 721350 HOUSTON, TX 77272
Medicare 2:		PHONE: FAX:
Phone (713) 774-6428 Type: Parent Agency	Fax (713) 774-3822 Administrator LUCENA DEVILLA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 015307 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (713) 489-7766 Type: Parent Agency	Region 06 Date Licensed 01/14/2013 MEDISTAR PROVIDER SERVICES INC 10039 BISSONNET ST, SUITE 322 HOUSTON, TX 77036 Fax (713) 489-3949 Administrator JUSTIN CHANDLER	Owner Information MEDISTAR PROVIDER SERVICES INC 10039 BISSONNET ST. SUITE 322 HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 015530 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (713) 932-0017 Type: Parent Agency	Region 06 Date Licensed 05/08/2013 MEDPROUSA HEALTH SERVICES 9219 KATY FREEWAY SUITE #207 HOUSTON, TX 77024 Fax (713) 932-0039 Administrator MILA KIL	Owner Information MFG HEALTH SERVICES, LLC 9111 KATY FREEWAY, SUITE #310 HOUSTON, TX 77024 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License# 010103 Lic Expire 10/31/2023	Region 06 Date Licensed 11/01/2005 MEDSOL HOME HEALTHCARE & CASE MANAGEMENT SERVICES LLC 7807 LONG POINT RD. SUITE# 310	Owner Information MEDSOL HOME HEALTHCARE & CASE MANAGEMENT SERVICES 8705 VARNER ROAD
Medicare 1: 679593 HHA-18	HOUSTON, TX 77055	HOUSTON, TX 77080
Medicare 2:	5 (740) 700 0000	PHONE: FAX:
Phone (713) 722-8009	Fax (713) 722-8099	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ARTIE DMELLO	
County HARRIS License # 013285 Lic Expire 4/30/2022 Medicare 1: 673193 HHA-18	Region 06 Date Licensed 04/05/2010 MEGACARE HOME HEALTH SERVICES INC 4606 FM 1960 RD W, SUITE 575 HOUSTON, TX 77069	Owner Information MEGACARE HOME HEALTH SERVICES INC 8313 SOUTHWEST FREEWAY SUITE #217 HOUSTON, TX 77074
Medicare 2: Phone (713) 995-0675	Fax (713) 995-0445	PHONE: FAX:
T	()	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Administrator VINCE DIKE

County HARRIS License # 011175 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (713) 772-2726 Type: Parent Agency	Region 06 Date Licensed 03/22/2007 MEGAMED HEALTHCARE SERVICES 10101 FONDREN ROAD SUITE #428 HOUSTON, TX 77096 Fax (713) 981-1990 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 License # 007859 Lic Expire 12/31/2021 Medicare 1: 457741 HHA-18	Region 06 Date Licensed 01/01/2002 MEMORIAL HERMANN HOME HEALTH 23920 KATY FREEWAY MEDICAL PLAZA 1, SUITE 460 KATY, TEXAS 77494	Owner Information MEMORIAL HERMANN HEALTH SYSTEM 929 GESSNER, SUITE #2700 HOUSTON, TX 77024
Medicare 2: Phone (281) 325-5600	Fax (281) 491-5830	PHONE: FAX:
Type: Parent Agency	Administrator RENEE HERNANDEZ	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 007859 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (281) 929-4550	Region 06 Date Licensed 01/01/2002 MEMORIAL HERMANN HOME HEALTH 11914 ASTORIA BLVD SUITE 390 HOUSTON, TX 770896075 Fax (281) 929-4551	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
Type: Branch Agency County HARRIS License # 007859 Lic Expire 12/31/2021 Medicare 1: Medicare 2:	Administrator MAUREEN CORMIER Region 06 Date Licensed 01/01/2002 MEMORIAL HERMANN HOME HEALTH 16538 AIR CENTER BLVD SUITE 150 HOUSTON, TX 770325144	Owner Information MEMORIAL HERMANN HEALTH SYSTEM 929 GESSNER, SUITE #2700 HOUSTON, TX 77024 PHONE: FAX:
Phone (281) 784-7500 Type: Branch Agency	Fax (281) 784-7501 Administrator MAUREEN CORMIER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 011389 Lic Expire 1/31/2022 Medicare 1: 451562 HOSPICE	Region 06 Date Licensed 01/08/2007 MEMORIAL HERMANN HOSPICE 902 FROSTWOOD DR STE 288 HOUSTON, TEXAS 770242403	Owner Information MEMORIAL HERMANN HEALTH SYSTEM 929 GESSNER RD., STE.2700 HOUSTON, TX 77024
Medicare 2: Phone (713) 338-7400	Fax (713) 338-7401	PHONE: (713) 242-2777 FAX: (713) 456-6052 Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MIAYA WRIGHT	
County HARRIS License # 011091 Lic Expire 2/28/2022 Medicare 1: 679698 HHA-18 Medicare 2: Phone (281) 206-7806	Region 06 Date Licensed 02/22/2007 MEMORIAL HOME HEALTHCARE INC 439 MASON PARK BLVD SUITE A1 KATY, TX 77450 Fax (713) 583-0099	Owner Information MEMORIAL HOME HEALTHCARE INC 439 MASON PARK BLVD SUITE A1 KATY, TX 77450 PHONE: FAX: Springer: Licensed and Cortified Home Health Springer: Licensed Home Health Services:
Type: Parent Agency	Administrator ABIGAIL GREENE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 021279 Lic Expire 12/16/2024 Medicare 1: Medicare 2: Phone (623) 565-3922	Region 06 Date Licensed 12/16/2021 MEMORIAL HOSPICE SERVICES LLC 7207 REGENCY SQUARE BLVD STE 260-26 HOUSTON, TEXAS 77036	Owner Information MEMORIAL HOSPICE SERVICES LLC 2084 E WASHINGTON AVE GILBERT, ARIZONA 85234 PHONE: FAX:
Type: Parent Agency	Administrator ABDALLA ELKHALIFA	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO

County HARRIS License # 019046 Lic Expire 11/1/2022 Medicare 1: 971515 Medicare 2:	Region 06 Date Licensed 11/01/2018 MERCIFUL HANDS LLC 7207 REGENCY SQUARE BLVD SUITE # 260-26 HOUSTON, TEXAS 77036	Owner Information MERCIFUL HANDS LLC PHONE: FAX:
Phone (281) 757-5555	Fax (832) 413-0090	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator STEVEN DEL ANGEL	
County HARRIS	Region 06 Date Licensed 04/30/2017	Owner Information
License # 018038	MERCRIS HOME HEALTH INC	MERCRIS HOME HEALTH INC 15322 MIRA VISTA DRIVE
Lic Expire 4/30/2023	6935 GETTYSBURG DR.	HOUSTON, TX 77083
Medicare 1: 747667	RICHMOND, TX 77469	
Medicare 2: Phone (281) 342-1980	Fax (281) 342-9912	PHONE: FAX:
1 Hone (201) 042 1300	1 4 (201) 072 3012	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator BOLA ODUSOLA-STEPHEN	, 555,147,155,141,155
County HARRIS	Region 06 Date Licensed 02/26/2004	Owner Information
License # 008935	MERCY HEALTHCARE SERVICES INC	MERCY HEALTHCARE SERVICES INC
Lic Expire 2/28/2024	10101 FONDREN RD SUITE 221	SAME
Medicare 1: 673160	HOUSTON, TX 77096	HOUSTON, TX 77096
Medicare 2:		PHONE: FAX:
Phone (713) 721-2869	Fax (713) 721-2684	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator RITA MADU	
County HARRIS	Region 06 Date Licensed 09/25/2014	Owner Information
License # 016445	MERIDIAN HOME CARE	DAILY CARE COMPANIONS LLC
Lic Expire 9/30/2022	11200 WESTHEIMER STE 760	6363 RICHMOND AVE SUITE 318
Medicare 1:	HOUSTON, TX 77042	HOUSTON, TEXAS 77057
Medicare 2:		PHONE: FAX:
Phone (281) 721-4561	Fax (713) 583-5323	Services: Personal Assistance Services
Type: Parent Agency	Administrator MICHAEL OKENDU	
County HARRIS	Region 06 Date Licensed 09/21/2021	Owner Information
License # 021017	METHODIST HOSPICE	METHODIST HOSPICE INC
Lic Expire 8/31/2024	7322 SOUTHWEST FWY SUITE 645 ROOM D	
Medicare 1:	HOUSTON, TEXAS 77074	
Medicare 2:	F (004) 000 4700	PHONE: FAX:
Phone (832) 814-0101	Fax (281) 966-1722	Services: Hospice
Type: Parent Agency	Administrator JACKELINE HERRERA	In-Patient Hospice: NO
		Owner Information
County HARRIS License # 014838	Region 06 Date Licensed 05/01/2012 METRO CARE SERVICES	METRO CARE TEAM LLC
Lic Expire 4/30/2022	13111 WESTHEIMER ROAD SUITE 305	2550 GRAY FALLS DRIVE, SUITE 142
Medicare 1: 453106	HOUSTON, TEXAS 77077	HOUSTON, TX 77077
Medicare 2:		PHONE: FAX:
Phone (832) 328-1818	Fax (832) 328-1820	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
T D	ALL CONTRACTOR OF THE PROPERTY	Personal Assistance Services
Type: Parent Agency	Administrator JAMES NWANNA	
County HARRIS	Region 06 Date Licensed 09/29/2020	Owner Information
License # 020203	METRO PALLIATIVE & HOSPICE INC	METRO PALLIATIVE & HOSPICE INC
Lic Expire 9/29/2022	4606 FM 1960 W STE 675	
Medicare 1:	HOUSTON, TEXAS 77069	DIONE. FAV.
Medicare 2: Phone (832) 301-0818	Fax (346) 998-1662	PHONE: FAX:
	(0.10) 000 1002	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VARFEETA SIRLEAF	

County HARRIS License # 011219 Lic Expire 4/30/2022 Medicare 1: 743111 HHA-18 Medicare 2: Phone (832) 886-4539 Type: Parent Agency	Region 06 Date Licensed 04/03/2007 MIDLAND HEALTH CARE SERVICES INC 7402 PAVILION DRIVE HOUSTON, TEXAS 77083 Fax (832) 886-4690 Administrator ALICE UDEOBONG	Owner Information MIDLAND HEALTH CARE SERVICES INC 12122 MURPHY ROAD STE B1 STAFFORD, TX 77477 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 016354	Region 06 Date Licensed 07/31/2014 MIDTOWN HOSPICE INC	Owner Information MIDTOWN HOSPICE, INC
Lic Expire 7/31/2022 Medicare 1: 741649 HOSPICE	2922 ROSEDALE ST SUITE 1030 HOUSTON, TEXAS 77004	2217 BLODGETT STREET, SUITE #707 HOUSTON, TX 77004
Medicare 2: Phone (832) 549-0994	Fax (713) 521-1277	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JENNIFER ROY	In-Patient Hospice: NO
County HARRIS License # 018847 Lic Expire 7/31/2022 Medicare 1:	Region 06 Date Licensed 07/25/2018 MILESTONES THERAPY SERVICES 6201 BONHOMME RD SUITE # 462N HOUSTON, TEXAS 770364365	Owner Information GULF COAST THERAPY HOUSTON LLC 6201 BONHOMME RD SUITE # 462N HOUSTON, TEXAS 77036
Medicare 2: Phone (713) 904-3444	Fax (281) 476-6388	PHONE: FAX:
Type: Parent Agency	Administrator MARIEL A CORTEZ	Services: Licensed Home Health Services
County HARRIS License # 018445 Lic Expire 11/30/2024 Medicare 1:	Region 06 Date Licensed 11/14/2017 MIMI'S CARING ANGELS 9811 MARTHA SPRINGS DRIVE HOUSTON, TX 77070	Owner Information MIMI'S CARING ANGELS SAME HOUSTON, TX 77068-3001
Medicare 2:		PHONE: FAX:
Phone (281) 253-0331 Type: Parent Agency	Fax (281) 674-8391 Administrator DEBRA HUNTER	Services: Personal Assistance Services
County HARRIS License # 020234 Lic Expire 10/14/2022 Medicare 1:	Region 06 Date Licensed 10/14/2020 MINDER TOUCH CARE LLC 9898 BISSONNET ST STE 252G HOUSTON, TEXAS 77036	Owner Information MINDER TOUCH CARE LLC
Medicare 2:		PHONE: FAX:
Phone (281) 962-4037 Type: Parent Agency	Fax (281) 552-8844 Administrator DEBORAH IDOWU	Services: Personal Assistance Services
County HARRIS License # 013343 Lic Expire 5/31/2020 Medicare 1: 747556 Medicare 2:	Region 06 Date Licensed 05/20/2010 MIRACLE NURSES HEALTHCARE SERVICES INC 23822 INDIAN HILLS WAY KATY, TX 77494	Owner Information MIRACLE NURSES HEALTHCARE SERVICES INC 23822 INDIAN HILLS WAY KATY, TX 77494 PHONE: FAX:
Phone (832) 577-7580	Fax (281) 601-1531	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator MARGARET AYUK	Personal Assistance Services
County HARRIS License # 012908 Lic Expire 10/31/2021 Medicare 1: 747574 HHA-18 Medicare 2:	Region 06 Date Licensed 10/19/2009 MIRAGE HEALTHCARE SERVICES INC 2825 WILCREST DRIVE SUITE 621 HOUSTON, TEXAS 77042	Owner Information MIRAGE HEALTHCARE SERVICES INC 6065 HILLCROFT AVENUE SUITE #208 HOUSTON, TX 77081 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	

County HARRIS License # 019456 Lic Expire 3/30/2024	Region 06 Date Licensed 03/30/2019 MODERN HOMECARE 10777 WESTHEIMER RD SUITE 1100	Owner Information MODERN HOMECARE, LLC
Medicare 1: 748021	HOUSTON, TEXAS 77042	DLIONIE: EAV.
Medicare 2: Phone (281) 501-0350	Fax (888) 891-6316	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator EDRICK BAHAM	resolial Assistance services
County HARRIS License # 019846 Lic Expire 11/7/2024 Medicare 1: 741775	Region 06 Date Licensed 11/07/2019 MOMENTS HOSPICE & PALLIATIVE CARE INC 5322 WEST BELLFORT AVE, SUITE 214 HOUSTON, TX 77035	Owner Information MOMENTS HOSPICE & PALLIATIVE CARE INC
Medicare 2:		PHONE: FAX:
Phone (281) 301-0641	Fax (281) 301-1462	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator VANESSA JOHNS	
County HARRIS License # 021027 Lic Expire 9/3/2024 Medicare 1:	Region 06 Date Licensed 09/03/2021 MOMENTUM HOME HEALTH LLC 1406 SOUTH FRY ROAD KATY, TX 77450	Owner Information MOMENTUM HOME HEALTH LLC 515 A SOUTH FRY ROAD, #306 KATY, TX 77450
Medicare 2:	_	PHONE: FAX:
Phone (713) 480-3534 Type: Parent Agency	Fax Administrator JOANN MARTINEZ	Services: Personal Assistance Services
·· · · · · · · · · · · · · · · · · · ·		Ourse Information
County HARRIS License # 020372 Lic Expire 12/3/2022 Medicare 1:	Region 06 Date Licensed 12/03/2020 MOMENTUM HOME HEALTH LLC 1406 SOUTH FRY ROAD KATY, TX 77450	Owner Information MOMENTUM HOME HEALTH LLC 515 A SOUTH FRY ROAD, #306 KATY, TX 77450
Medicare 2:		PHONE: FAX:
Phone (713) 480-3534	Fax	Services: Licensed Home Health Services
Type: Parent Agency	Administrator LATOYA GALLOW	
County HARRIS License # 020996 Lic Expire 7/1/2024 Medicare 1:	Region 06 Date Licensed 07/01/2021 MONARCH HOME HEALTHCARE 100 NORTH MAIN GALENA PARK, TEXAS 77547	Owner Information MONARCH FAMILY HEALTH SERVICES, LLC 700 MILAM STREET SUITE 1300 HOUSTON, TEXAS 77002
Medicare 2:		PHONE: FAX:
Phone (832) 553-6113 Type: Parent Agency	Fax (832) 553-6165 Administrator LANORAH WOODHOUSE	Services: Personal Assistance Services
County HARRIS License # 019825 Lic Expire 2/11/2022 Medicare 1:	Region 06 Date Licensed 02/11/2020 MORNING STAR CARE SERVICES 4231 OAK SHADOWS DR HOUSTON, TX 77091	Owner Information MORNING STAR CARE SERVICES LLC
Medicare 2:		PHONE: FAX:
Phone (713) 504-2213	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator ANTHONY GILLUM JR.	
County HARRIS License # 015316 Lic Expire 5/31/2021 Modicare 1: 747465 HUA 19	Region 06 Date Licensed 11/19/2012 MOTHER LOVE HEALTH CARE SERVICES 9950 WESTPARK DRIVE SUITE #634	Owner Information DIVINE MOTHER LOVE HEALTH CARE SERVICES INC 9950 WESTPARK DRIVE, SUITE #634 HOUSTON, TX 77063
Medicare 1: 747465 HHA-18 Medicare 2:	HOUSTON, TX 77063	PHONE: FAX:
Phone 281 515 4117	Fax (888) 604-9472	Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHUDI OGADI	

County HARRIS License # 020303 Lic Expire 11/9/2022	Region 06 Date Licensed 11/09/2020 MOUNT OLIVE HOSPICE AND PALLIATIVE CARE LLC 10998 S WILCREST DR STE 278	Owner Information MOUNT OLIVE HOSPICE AND PALLIATIVE CARE LLC
Medicare 1:	HOUSTON, TX 77099	
Medicare 2:		PHONE: FAX:
Phone (713) 363-1818	Fax	Services: Hospice
Type: Parent Agency	Administrator CHRISTIANA USEN	In-Patient Hospice: NO
County HARRIS	Region 06 Date Licensed 08/04/2010	Owner Information
License # 013512	MOUNT SINAI HOME CARE	MOUNT SINAI HOME ASSISTED LIVING LLC 15006 EMPANADA DR
Lic Expire 8/31/2022	15006 EMPANADA DR	HOUSTON, TX 77083
Medicare 1: Medicare 2:	HOUSTON, TX 77083	PHONE: FAX:
Phone (713) 955-5868	Fax (281) 575-7739	
Type: Parent Agency	Administrator OLAPEJU OLATEJU	Services: Personal Assistance Services
<u> </u>		Owner Information
County HARRIS License # 019625	Region 06 Date Licensed 10/01/2019 MY ANGEL HOME CARE LLC	MY ANGEL HOME CARE LLC
Lic Expire 10/1/2021	24906 GRAND SAPPHIRE LN	
Medicare 1:	KATY, TEXAS 77493	
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	MY COMPANION	GABES PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 1/31/2023	24803 ROESNER RD	24803 ROESNER ROAD
Medicare 1:	KATY, TX 77494	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	MY NURSE FAMILY	TEXAS BOY LLC
Lic Expire 2/12/2023	7915 FM 1960 SUITE 360	
Medicare 1:	HOUSTON, TEXAS 77070	
Medicare 2: Phone 832 7571484	Fox 947 9999050	PHONE: FAX:
	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 MY PILLOWS PERSONAL HOME CARE SERVICES AGENCY
License # 018855	MY PILLOWS PERSONAL HOME CARE SERVICES AGENCY	PO BOX 62614
Lic Expire 7/31/2022	8111 STONEMOUNT COURT	HOUSTON, TX 77205
Medicare 1: Medicare 2:	HUMBLE, TEXAS 77338	PHONE: FAX:
Phone Mobile 7132444674	Fax (832) 644-8796	Services: Personal Assistance Services
		Services. Fersonal Assistance Services
Type: Parent Agency	Administrator DIANA CAMPBELL	
<u></u>		Owner Information
County HARRIS License # 017002	Administrator DIANA CAMPBELL Region 06 Date Licensed 08/28/2015 MZEE HOME CARE SERVICES LLC	Owner Information MZEE HOME CARE SERVICES, LLC
County HARRIS	Region 06 Date Licensed 08/28/2015	
County HARRIS License # 017002	Region 06 Date Licensed 08/28/2015 MZEE HOME CARE SERVICES LLC	MZEE HOME CARE SERVICES, LLC
County HARRIS License # 017002 Lic Expire 8/31/2023	Region 06 Date Licensed 08/28/2015 MZEE HOME CARE SERVICES LLC 2200 SPEARS RD SUITE 400	MZEE HOME CARE SERVICES, LLC P. O. BOX 90441
County HARRIS License # 017002 Lic Expire 8/31/2023 Medicare 1:	Region 06 Date Licensed 08/28/2015 MZEE HOME CARE SERVICES LLC 2200 SPEARS RD SUITE 400	MZEE HOME CARE SERVICES, LLC P. O. BOX 90441 HOUSTON, TEXAS 77290

County HARRIS License # 019261	Region 06 Date Licensed 02/15/2019 N & N HEALTH SERVICES, LLC	Owner Information N & N HEALTH SERVICES LLC
Lic Expire 2/15/2023	18606 LANTERN WALK LANE	
Medicare 1: Medicare 2:	KATY, TEXAS 77449	PHONE: FAX:
Phone (281) 940-9349	Fax (281) 944-5684	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MAYENI YANSANEH	<u> </u>
County HARRIS	Region 06 Date Licensed 02/10/2012	Owner Information
License # 014716	NATIONS PIONEER HEALTH SERVICES INC	NATIONS PIONEER HEALTH SERVICES INC
Lic Expire 2/28/2024	11224 SOUTHWEST FREEWAY SUITE 240	THE SAME
Medicare 1: 679332 HHA-18	HOUSTON, TX 77031	HOUSTON, TEXAS 77031
Medicare 2: Phone (281) 498-6203	Fax (281) 498-6206	PHONE: FAX:
1 Hone (201) 430-0203	1 ax (201) 430-0200	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 HEALTH CARE SERVICES INC	NAZAM HEALTHCARE SERVICES INC
Lic Expire 10/31/2023	16100 CAIRNWAY DR, STE 345	16100 CAIRNWAY DRIVE, SUITE #345
Medicare 1:	HOUSTON, TX 77084	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	NAZARETH HOME HEALTHCARE, INC 13778 BRANFORD GREENS DR.
Lic Expire 11/30/2024	13778 BRANFORD GREENS DRIVE	HOUSTON, HOUSTON 77083
Medicare 1: Medicare 2:	HOUSTON, TX 77083	PHONE: FAX:
Phone (281) 983-0915	Fax (832) 328-9899	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SUSAN EGEGE	Services. Licensed nome nealth Services, reisonal Assistance Services
County HARRIS	Region 06 Date Licensed 10/28/2005	Owner Information
License # 010085	NCJ HEALTH SYSTEM INC	NCJ HEALTH SYSTEM INC
Lic Expire 10/31/2021	104 INDUSTRIAL BLVD, SUITE D	12827 KITTY BROOK LANE
Medicare 1: 679609 HHA-18	SUGAR LAND, TX 77498	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;
Type: Parent Agency	Administrator UDOKA OKOLIE	Personal Assistance Services
County HARRIS		
Journy Heating	Region 06 - Date Licensed 04/07/2016	Owner Information
License # 017345	Region 06 Date Licensed 04/07/2016 ND HEALTHCARE SERVICES INC	Owner Information ND HEALTHCARE SERVICES, INC
License # 017345 Lic Expire 4/30/2022	ND HEALTHCARE SERVICES INC	
	· 9 · · · · · · · · · · · · · · · · · · ·	ND HEALTHCARE SERVICES, INC
Lic Expire 4/30/2022	ND HEALTHCARE SERVICES INC 19947 ARBOR CREEK DRIVE	ND HEALTHCARE SERVICES, INC SAME AS ABOVE
Lic Expire 4/30/2022 Medicare 1:	ND HEALTHCARE SERVICES INC 19947 ARBOR CREEK DRIVE	ND HEALTHCARE SERVICES, INC SAME AS ABOVE HOUSTON, TX 77036
Lic Expire 4/30/2022 Medicare 1: Medicare 2:	ND HEALTHCARE SERVICES INC 19947 ARBOR CREEK DRIVE KATY, TEXAS 77449	ND HEALTHCARE SERVICES, INC SAME AS ABOVE HOUSTON, TX 77036 PHONE: FAX:
Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (281) 888-6408	ND HEALTHCARE SERVICES INC 19947 ARBOR CREEK DRIVE KATY, TEXAS 77449 Fax (832) 530-4496	ND HEALTHCARE SERVICES, INC SAME AS ABOVE HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services Owner Information
Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (281) 888-6408 Type: Parent Agency	ND HEALTHCARE SERVICES INC 19947 ARBOR CREEK DRIVE KATY, TEXAS 77449 Fax (832) 530-4496 Administrator NKECHINYERE C ANORUE-UDOKA	ND HEALTHCARE SERVICES, INC SAME AS ABOVE HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services Owner Information NEIGHBOURS HEALTHCARE SERVICES INC
Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (281) 888-6408 Type: Parent Agency County HARRIS	ND HEALTHCARE SERVICES INC 19947 ARBOR CREEK DRIVE KATY, TEXAS 77449 Fax (832) 530-4496 Administrator NKECHINYERE C ANORUE-UDOKA Region 06 Date Licensed 08/10/2012	ND HEALTHCARE SERVICES, INC SAME AS ABOVE HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services Owner Information NEIGHBOURS HEALTHCARE SERVICES INC 12611 LALEU LANE
Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (281) 888-6408 Type: Parent Agency County HARRIS License # 015000 Lic Expire 8/31/2022 Medicare 1: 747900 HHA-18	ND HEALTHCARE SERVICES INC 19947 ARBOR CREEK DRIVE KATY, TEXAS 77449 Fax (832) 530-4496 Administrator NKECHINYERE C ANORUE-UDOKA Region 06 Date Licensed 08/10/2012 NEIGHBOURS HEALTHCARE SERVICES INC	ND HEALTHCARE SERVICES, INC SAME AS ABOVE HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services Owner Information NEIGHBOURS HEALTHCARE SERVICES INC 12611 LALEU LANE HOUSTON, TEXAS 77071
Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (281) 888-6408 Type: Parent Agency County HARRIS License # 015000 Lic Expire 8/31/2022 Medicare 1: 747900 HHA-18 Medicare 2:	ND HEALTHCARE SERVICES INC 19947 ARBOR CREEK DRIVE KATY, TEXAS 77449 Fax (832) 530-4496 Administrator NKECHINYERE C ANORUE-UDOKA Region 06 Date Licensed 08/10/2012 NEIGHBOURS HEALTHCARE SERVICES INC 12611 LALEU LN HOUSTON, TX 77071	ND HEALTHCARE SERVICES, INC SAME AS ABOVE HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services Owner Information NEIGHBOURS HEALTHCARE SERVICES INC 12611 LALEU LANE
Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (281) 888-6408 Type: Parent Agency County HARRIS License # 015000 Lic Expire 8/31/2022 Medicare 1: 747900 HHA-18	ND HEALTHCARE SERVICES INC 19947 ARBOR CREEK DRIVE KATY, TEXAS 77449 Fax (832) 530-4496 Administrator NKECHINYERE C ANORUE-UDOKA Region 06 Date Licensed 08/10/2012 NEIGHBOURS HEALTHCARE SERVICES INC 12611 LALEU LN	ND HEALTHCARE SERVICES, INC SAME AS ABOVE HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services Owner Information NEIGHBOURS HEALTHCARE SERVICES INC 12611 LALEU LANE HOUSTON, TEXAS 77071

Administrator FELIX ONWUKWE

County HARRIS License # 011666 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (281) 398-5510 Type: Parent Agency	Region 06 Date Licensed NELO HEALTH CARE SERVICES INC 13111 WESTHEIMER RD SUITE 121 HOUSTON, TX 77077 Fax (281) 398-5525 Administrator ROXANA VELAZQUEZ	10/31/2007	Owner Information NELO HEALTH CARE SERVICES INC 6802 LAUDERWICK COURT KATY, TX 77450 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 018898 Lic Expire 8/31/2022 Medicare 1: 74-1770 Medicare 2: Phone (281) 888-5129	Region 06 Date Licensed NEW ALLIANCE PALLIATIVE CARE INC 15022 FM 529 RD., BLDG 2, STE A HOUSTON, TX 77095 Fax (281) 990-6716	08/22/2018	Owner Information NEW ALLIANCE PALLIATIVE CARE INC 6260 WESTPARK DRIVE SUITE 266 HOUSTON, TX 77057 PHONE: FAX: Services: Hospice; Personal Assistance Services
Type: Parent Agency	Administrator DARLINGTON OFOEFULE		In-Patient Hospice: NO
County HARRIS License # 015337 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (281) 459-1281 Type: Parent Agency	Region 06 Date Licensed NEW BEGINNINGS HEALTH CARE INC 3734 CYRIL DR HUMBLE, TX 77396 Fax (281) 459-1282 Administrator PATERINA WILLIAMS	01/23/2013	Owner Information NEW BEGINNINGS HEALTH CARE INC 3734 CYRIL DR HUMBLE, TX 77396 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 009517 Lic Expire 1/31/2025 Medicare 1: 457898 HHA-18 Medicare 2: Phone (281) 879-0106	Region 06 Date Licensed NEW CREATION CARE INC 7923 DAIRY VIEW LANE HOUSTON, TX 77072 Fax (281) 564-0377	01/06/2005	Owner Information NEW CREATION CARE INC 7923 DAIRY VIEW LANE HOUSTON, TX 77072 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator AUGUSTINE ENEHIKHUERE		
County HARRIS License # 020445 Lic Expire 1/8/2024 Medicare 1: Medicare 2: Phone (713) 874-1234	Region 06 Date Licensed NEW DAWN HOSPICE, INC 2922 ROSEDALE ST STE 1210 HOUSTON, TEXAS 77004 Fax (713) 521-1277	01/08/2021	Owner Information NEW DAWN HOSPICE, INC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JENNIFER ROY		ii i didik riospio. Ne
County HARRIS License # 012280 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (281) 201-5872 Type: Parent Agency	Region 06 Date Licensed NEW DIMENSIONS CAREGIVERS LLC 4008 VISTA ROAD SUITE C-107 PASADENA, TX 77504 Fax (346) 204-5059 Administrator RANDALL LIGHTFOOT	10/27/2008	Owner Information NEW DEMENSIONS CAREGIVERS LLC 4008 VISTA ROAD, SUITE #C-107 PASADENA, TX 77504 PHONE: (281) 201-5872 FAX: (346) 204-5059 Services: Personal Assistance Services
County HARRIS License # 017606 Lic Expire 3/31/2024 Medicare 1: 747586 HHA-18 Medicare 2: Phone (832) 623-7199 Type: Parent Agency	Region 06 Date Licensed NEW ESSENCE HEALTH CARE INC 2825 WILCREST DRIVE SUITE # 162 HOUSTON, TX 77042 Fax (832) 834-7839 Administrator MINH PHAN	03/15/2016	Owner Information NEW ESSENCE HEALTH CARE INC 7100 REGENCY SQUARE BLVD. #272 HOUSTON, TEXAS 77036 PHONE: (713) 292-8531 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 019704 Lic Expire 11/15/2021 Medicare 1:	Region 06 Date Licensed 11/15/2019 NEW HOPE HOME HEALTH CARE LLC 9898 BISSONNET ST SUITE 593 HOUSTON, TX 77036	Owner Information NEW HOPE HOME HEALTH CARE LLC
Medicare 2:		PHONE: FAX:
Phone (281) 372-6009	Fax (877) 451-1827	Services: Personal Assistance Services
Type: Parent Agency	Administrator ETHEL EYONG-AKO	
County HARRIS License # 009755 Lic Expire 5/31/2022 Medicare 1: 679533 HHA-18	Region 06 Date Licensed 05/12/2005 NEW LIFE HOME SERVICES 18019 WINSFORD DRIVE HOUSTON, TX 77084	Owner Information THE NEW LIFE CENTER INC 18019 WINSFORD DRIVE HOUSTON, TX 77084
Medicare 2:		PHONE: FAX:
Phone (832) 435-0141	Fax (281) 550-2018	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator JOSEPH OSEI-FRIMPONG	
County HARRIS License # 002102 Lic Expire 1/31/2023 Medicare 1: 677254	Region 06 Date Licensed 01/15/1990 NEW LIFE PERINATAL HEALTH CARE SERVICES INC 515 NORTH SAM HOUSTON PKWY EAST STE 215 HOUSTON, TX 77060	Owner Information NEW LIFE PERINATAL HEALTH CARE SERVICES INC 515 N SAM HOUSTON PKWY E, SUITE#215 HOUSTON, TX 77060
Medicare 2: Phone (281) 578-1205	Fax (281) 931-4429	PHONE: FAX:
Type: Parent Agency	Administrator MATTIE MASON	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 016591 Lic Expire 1/31/2023 Medicare 1: 741648 HOSPICE Medicare 2: Phone (281) 481-5100 Type: Parent Agency County HARRIS License # 009419 Lic Expire 11/30/2023 Medicare 1: 677873 HHA-18 Medicare 2: Phone (713) 668-4141 Type: Parent Agency	Region 06 Date Licensed 01/05/2015 NEW LIGHT HOSPICE 12550 FUQUA STREET STE # 300 HOUSTON, TX 770344600 HOUSTON, TX 770344600 Fax (281) 481-5102 Administrator LORENZO BELTRAN Region 06 Date Licensed 11/19/2004 NEWCHANNEL HEALTHCARE SERVICES 2646 SOUTH LOOP WEST SUITE #270 HOUSTON, TX 77054 Fax (713) 668-4142 Administrator PATRICIA ENYI	Owner Information ASSUMPTION HOSPICE INC 12550 FUQUA STREET, SUITE 300 HOUSTON, TX PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information NEWCHANNEL INCORPORATED P.O. BOX 36932 HOUSTON, TX 77236 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 017050 Lic Expire 2/28/2023 Medicare 1: 677983 HHA-18 Medicare 2: Phone (713) 780-8889 Type: Parent Agency	Region 06 Date Licensed 02/06/2015 NEWSTART HOME CARE SERVICES INC 3300 SOUTH GESSNER RD SUITE #203 HOUSTON, TX 77063 Fax (713) 975-7988 Administrator CHIKERENMA ODUNZE	Owner Information NEWSTART HOME CARE SERVICES INC 7100 REGENCY SQUARE BLVD., #134 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 012161 Lic Expire 8/31/2022 Medicare 1: 747158 HHA-18 Medicare 2: Phone (281) 463-4113	Region 06 Date Licensed 08/14/2008 NICHE HOME HEALTH SERVICES INC 16506 BATTLECREEK DR HOUSTON, TX 77095 Fax (281) 463-4033	Owner Information NICHE HOME HEALTH SERVICES INC 7066 LAKEVIEW HAVEN DRIVE SUITE 125 B HOUSTON, TX 77095 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator KENLYN OJONTA	

County HARRIS License # 000446 Lic Expire 12/31/2022 Medicare 1: 457955 HHA-18 Medicare 2: Phone (713) 780-0695 Type: Parent Agency	Region 06 Date Licensed 12/20/1983 NIGHTINGALE SERVICES INC 6220 WESTPARK SUITE #220 HOUSTON, TX 77057 Fax (713) 780-7210 Administrator PHILIP CHUNG	Owner Information NIGHTINGALE SERVICES INC 6220 WESTPARK SUITE 220 HOUSTON, TX 77057 PHONE: FAX: 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	NIMA HEALTH CARE SERVICES, INC
Lic Expire 4/7/2024	13111 WESTHEIMER RD, SUITE 103	
Medicare 1:	HOUSTON, TX 77077	
Medicare 2:	Fav. (204) 924 CC22	PHONE: FAX:
Phone (281) 824-6622	Fax (281) 824-6633	Services: Personal Assistance Services
Type: Parent Agency	Administrator ROXANA VELAZQUEZ	
County HARRIS License # 009975	Region 06 Date Licensed 09/19/2005 NISSI HOME HEALTH CARE AND PERSONAL ASSISTANCE CARE SERVICES AGENCY	Owner Information NISSI HOME HEALTH CARE AGENCY INC 9414 DEMSEY MILL DRIVE
Lic Expire 9/30/2024	9894 BISSONNET STREET STE 620	OLIGAD LAND TV 77400
Medicare 1: 679560 HHA-18	HOUSTON, TX 77036	SUGAR LAND, TX 77498
Medicare 2: Phone (281) 313-1874	Fax (281) 313-1875	PHONE: FAX:
Type: Parent Agency	Administrator ADESOYE AKINBAYO	Services: Personal Assistance Services
		Ounes Information
County HARRIS	Region 06 Date Licensed 07/21/2009	Owner Information NITOMEK HEALTHCARE SERVICES LLC
License # 012730	NITOMEK HEALTHCARE SERVICES LLC	5707 EDGEMOOR DRIVE
Lic Expire 7/31/2023 Medicare 1: 747592 HHA-18	5707 EDGEMOOR DRIVE HOUSTON, TX 77081	HOUSTON, TX 77081
Medicare 2:	1100010N, 1X 17001	PHONE: FAX:
Phone (713) 771-1333	Fax (713) 481-1715	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator PATRICIA AKUGHA	Personal Assistance Services
		Owner Information
County HARRIS License # 019324	Region 06 Date Licensed 06/10/2018 NOBLE HEALTH INC	NOBLE HEALTH INC
Lic Expire 4/12/2024	2807 TEAGUE RD #1225	
Medicare 1:	HOUSTON, TEXAS 77080	
Medicare 2:	·	PHONE: FAX:
Phone (713) 378-0781	Fax (713) 378-5289	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JESSICA IVES	
County HARRIS	Region 06 Date Licensed 11/16/2018	Owner Information
License # 019106	NOBLE HOME CARE INC	NOBLE HOME CARE INC
Lic Expire 11/16/2022	817 SOUTHMORE AVENUE SUITE 306	
Medicare 1:	PASADENA, TX 77502	
Medicare 2:		PHONE: FAX:
Phone (832) 623-6428	Fax (832) 623-6426	Services: Personal Assistance Services
Type: Parent Agency	Administrator MIRIAM ARROYO	
County HARRIS	Region 06 Date Licensed 09/10/2018	Owner Information
License # 019316	NOBLE HOME HEALTH	NOBLE HOME HEALTH, LLC
Lic Expire 4/8/2024	1223 MUIRFIELD PLACE	
Medicare 1: 747987 (HHA-18)	HOUSTON, TEXAS 77055	DUONE. FAV.
Medicare 2: Phone (832) 900-2237	Fax (832) 916-4553	PHONE: FAX:
(552) 555 2201	(602) 5.10 .000	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency		

County HARRIS License # 019939 Lic Expire 5/14/2022 Medicare 1: Medicare 2: Phone (832) 613-1684 Type: Parent Agency	Region 06 Date Licensed 05/14/2020 NOBLE PROVIDER SERVICES 819 DEEPWATER AVE. PASADENA, TEXAS 77503 Fax (713) 513-5955 Administrator DIONICIO ZUNIGA III	Owner Information NOBLE HOME PROVIDERS LLC PHONE: FAX: Services: Personal Assistance Services
County HARRIS	Region 06 Date Licensed 07/01/2004	Owner Information
License # 009546 Lic Expire 6/30/2024 Medicare 1:	NOEL HOME HEALTH AGENCY INC 9888 BISSONNET # 480 HOUSTON, TX 77036	NOEL HOME HEALTH AGENCY, INC 9888 BISSONNET #480 HOUSTON, TX 77036
Medicare 2: Phone (713) 779-8787	Fax (713) 779-8588	PHONE: FAX:
Type: Parent Agency	Administrator EMMANUEL EZEJI	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 013588 Lic Expire 9/30/2022 Medicare 1: 747795 HHA-18 Medicare 2: Phone (832) 688-9335 Type: Parent Agency	Region 06 Date Licensed 09/29/2010 NORTH HOUSTON HEALTHCARE SERVICES INC 11650 POSSUM HOLLOW LANE HOUSTON, TX 77065 Fax (832) 604-7180 Administrator MELODY BUGARIN	Owner Information NORTH HOUSTON HEALTHCARE SERVICES, INC 12402 BROOK COVE DRIVE CYPRESS, TX 77433 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 013680 Lic Expire 10/31/2022 Medicare 1: 747639 HHA-18	Region 06 Date Licensed 10/27/2010 NORTHPOINT HEALTHCARE SERVICES INCORPORATED 215 SOUTH POPLAR STREET TOMBALL, TX 77375	Owner Information NORTHPOINT HEALTHCARE SERVICES INCORPORATED 215 SOUTH POPLAR ST TOMBALL, TX 77375
Medicare 2:	TOMBALL, TA TTOIS	PHONE: FAX:
Phone (281) 351-2162 Type: Parent Agency	Fax (281) 351-8092 Administrator RICHILLE LANCANAN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Owner Information
County HARRIS License # 016302 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (281) 550-0287 Type: Parent Agency	Region 06 Date Licensed 07/08/2014 NORTHWEST HOUSTON DIALYSIS CENTER 8925 HWY 6 NORTH SUITE #100 HOUSTON, TX 77095 Fax (281) 856-7520 Administrator SHONTA WILLIAMS	BIO MEDICAL APPLICATIONS OF TEXAS INC 8925 HIGHWAY 6 NORTH, SUITE #100 HOUSTON, TX 77095 PHONE: FAX: Services: Licensed Home Health Services with Dialysis
		Owner Information
County HARRIS License # 017418 Lic Expire 5/31/2022 Medicare 1: 741724 HOSPICE	Region 06 Date Licensed 05/25/2016 NUESTRA FAMILIA HOSPICE 14410 COTTAGE TIMBERS LN HOUSTON, TX 77044	KJAL ENTERPRISES INC 9888 BISSONNET STREET SUITE #450-A HOUSTON, TX 77036
Medicare 2: Phone (281) 962-3344	Fax (281) 962-3630	PHONE: FAX:
(201) 002 0011	(201) 662 6666	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator AMY MORALES LAWRENCE	
County HARRIS License # 010559 Lic Expire 6/30/2022 Medicare 1:	Region 07 Date Licensed NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC 77 SUGAR CREEK CTR. SUITE 600 UNIT 13 SUGARLAND, TX 77478	Owner Information NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC 1005 E 10TH STREET STE A WESLACO, TX 78596
Medicare 2: Phone (281) 335-6466	Fax (281) 335-6465	PHONE: FAX:
	(201) 000 0100	Services: Personal Assistance Services

Type: Branch Agency

Administrator

ANA HERNANDEZ

County HARRIS License # 019983 Lic Expire 6/4/2022 Medicare 1: Medicare 2: Phone (832) 845-4179 Type: Parent Agency	Region 06 Date Licensed 06/04/2020 NURSES AT HEART HOME HEALTHCARE SERVICES 5430 GRIGGS RD STE B HOUSTON, TEXAS 77021 Fax (832) 212-3149 Administrator KANDI GAMBLE	Owner Information KANDI DENISE GAMBLE PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 001793 Lic Expire 4/30/2022 Medicare 1: 677006 HHA-18;74 Medicare 2: Phone (713) 529-8633	Region 06 Date Licensed 04/18/1986 NURSES NIGHT AND DAY INC 4310 AUSTIN STREET HOUSTON, TX 77004 Fax (713) 529-0377	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
Type: Parent Agency	Administrator GLENA PARKINSON	·
County HARRIS License # 014865 Lic Expire 1/31/2022 Medicare 1: 673157 HHA-18 Medicare 2: Phone (281) 361-0715	Region 04 Date Licensed 01/04/2012 NURSING AND BEYOND HOME HEALTH 20111 FM 2100 RD SUITE 106 CROSBY, TEXAS 77532 Fax (281) 476-7443	Owner Information SIRION, LLC P.O. BOX 5064 KINGWOOD, TX 77325 PHONE: (281) 713-8674 FAX: (281) 476-7443
	Administrator MELINDA TAYLOR	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020682 Lic Expire 4/8/2023	Region 06 Date Licensed 04/08/2021 NURSING COMPANION HEALTHCARE SERVICES, LLC 20115 STANTON LAKE DR	Owner Information NURSING COMPANION HEALTHCARE SERVICES, LLC
Medicare 1: Medicare 2:	CYPRESS, TX 774332677	PHONE: FAX:
Phone 832 8186419	Fax 281 7832485	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OSMUND L. WOODS JR.	
County HARRIS License # 014318 Lic Expire 8/31/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 08/31/2011 NURSING HOME HEALTH SERVICES INC 10015 N ELDRIDGE PKWY STE E-106 HOUSTON, TX 77065	Owner Information NURSING HOME HEALTH SERVICES INC 10927 MAYFIELD ROAD HOUSTON, TX 77043 PHONE: FAX:
Phone (832) 869-4795	Fax (832) 917-0660	Services: Personal Assistance Services
Type: Parent Agency	Administrator NAOMI FAVELA	
County HARRIS License # 006197 Lic Expire 2/28/2022 Medicare 1: 678474 HHA-18 Medicare 2: Phone (713) 937-7468	Region 06 Date Licensed 02/05/1997 NURSING RESOURCE HOME HEALTH SERVICES INC 8303 WINDFERN ROAD HOUSTON, TX 77040 Fax (713) 937-8720	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;
Type: Parent Agency	Administrator MERLITA VELASQUEZ	Personal Assistance Services
County HARRIS License # 018162 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (281) 888-6014	Region 06 Date Licensed 07/13/2017 NURTURING COMPANIONS 2626 S LOOP WEST, STE 650-M HOUSTON, TEXAS 77054 Fax (346) 803-2518	Owner Information TOMEKA THOMAS 11825 LONGWOOD GARDEN WAY HOUSTON, TX 77047-4435 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator TOMEKA THOMAS MCKINNEY	

County HARRIS License # 020958 Lic Expire 8/4/2024	Region 06 Date Licensed 08/04/2021 NURTURING HEARTS AT HOME 10411 GREEN VALLEY LANE	Owner Information NURTURING HEARTS AT HOME INC
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77064	PHONE: FAX:
Phone (346) 714-4172	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator SHERMANE CUNNINGHAM	CONTROL. I GIOGNATI REGIONALES CONTROL
County HARRIS	Region 06 Date Licensed 10/25/2004	Owner Information
License # 009372	NURTURING HOME HEALTHCARE AGENCY INC	NURTURING HOME HEALTHCARE AGENCY INC
Lic Expire 10/31/2022	7106 SHERMAN RIDGE LANE	7106 SHERMAN RIDGE LANE
Medicare 1: 457828 HHA-18	HOUSTON, TX 77083	HOUSTON, TX 77083
Medicare 2:		PHONE: FAX:
Phone (281) 980-0881	Fax (281) 980-7974	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MAUDRIA FITCHETT	
County HARRIS	Region 06 Date Licensed 09/16/2016	Owner Information
License # 017633	NV HEALTH SERVICES LLC	NV HEALTH SERVICES LLC
Lic Expire 9/30/2022	11360 BELLAIRE BLVD, SUITE 900	8106 EDGEMOOR DR
Medicare 1:	HOUSTON, TX 77072	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
		Owner Information
County HARRIS	Region 06 Date Licensed 12/08/2014	ALBERTSON HEALTH CARE SOLUTIONS
License # 016752	OAK GARDENS HEALTH CARE SERVICES	2656 SOUTH LOOP WEST SUITE 500
Lic Expire 12/31/2022 Medicare 1: 747084	6105 BEVERLY HILL ST, SUITE 101 HOUSTON, TX 77057	HOUSTON, TX 77054
Medicare 2:	HOOSTON, IX TTOST	PHONE: FAX:
Phone (713) 779-5200	Fax (713) 779-5202	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LUZ MATEUS	
County HARRIS	Region 06 Date Licensed 11/13/2020	Owner Information
License # 020316	OAK HEALTHCARE SERVICES, INC	OAK HEALTHCARE SERVICES, INC
Lic Expire 11/13/2022	15310 ADDICKS STONE DRIVE UNIT B	
Medicare 1:	HOUSTON, TEXAS 77082	
Medicare 2:	Fav. (022) 220 2242	PHONE: FAX:
Phone (856) 796-3905 Type: Parent Agency	Fax (832) 230-3343 Administrator AMBA OKONYE	Services: Personal Assistance Services
Type. I dient Agency	Administrator Aivida ONONTE	Owner Information
County HARRIS	Region 06 Date Licensed 11/25/2013	Owner Information OAK TREE HEALTHCARE, INC
License # 015886	OAK TREE HEALTHCARE INC	9100 SOUTHWEST FREEWAY STE. 150-H
Lic Expire 11/30/2024 Medicare 1:	9100 S W FREEWAY SUITE 150H HOUSTON, TX 77074	HOUSTON, TEXAS 77074
Medicare 2:	110001011, 17 17011	PHONE: FAX:
Phone (832) 830-8083	Fax (832) 830-8985	Services: Personal Assistance Services
Type: Parent Agency	Administrator THERESA MEGWA	
County HARRIS	Region 06 Date Licensed 06/23/2021	Owner Information
License # 020848	OAKWELL HOME HEALTH SERVICES LLC	OAKWELL HOME HEALTH SERVICES, LLC
Lic Expire 6/23/2024	17103 CLAY ROAD #410	
Medicare 1:	HOUSTON, TEXAS 77084	
Medicare 2:	_	PHONE: FAX:
Phone 832 480 4891	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator DENNIS OKOYE	

County HARRIS License # 020657 Lic Expire 3/30/2024 Medicare 1:	Region 06 Date Licensed 03/30/2021 OASIS HOSPICE AND PALLIATIVE CARE SERVICES, INC 8700 COMMERCE PARK DRIVE SUITE 108 HOUSTON, TX 77036	Owner Information OASIS HOSPICE AND PALLIATIVE CARE SERVICES, INC
Medicare 2: Phone (936) 668-2087	Fax 713583*1351	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator SHELIA NELSON-MEREDITH	In-Patient Hospice: NO
County HARRIS License # 020292 Lic Expire 11/5/2022	Region 06 Date Licensed 11/05/2020 OB TEAM HOME HEALTH CARE SERVICES LLC 22523 MIRAMAR BEND DR	Owner Information OB TEAM HOME HEALTH CARE SERVICES
Medicare 1: Medicare 2:	TOMBALL, TEXAS 77375	PHONE: FAX:
Phone (346) 496-1250 Type: Parent Agency	Fax (832) 218-9779 Administrator FLORENCE OBENOFUNDE	Services: Personal Assistance Services
County HARRIS License # 007590 Lic Expire 12/31/2022 Medicare 1: 459466 HHA-18 Medicare 2: Phone (281) 564-1635	Region 06 Date Licensed 01/01/2001 OMEGA HOME HEALTH SERVICES INC 12425 S SAM HOUSTON PARKWAY WEST HOUSTON, TX 77031 Fax (281) 564-1658	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
Type: Parent Agency	Administrator MAYEN HILL	, 555/14/1 805/14/15
County HARRIS License # 016027 Lic Expire 2/28/2022 Medicare 1: 741590 HOSPICE Medicare 2:	Region 06 Date Licensed 02/10/2014 OMEGALIFE HOSPICE OF TEXAS INC 5625 CYPRESS CREEK PARKWAY SUITE 418 HOUSTON, TEXAS 77069	Owner Information OMEGALIFE HOSPICE OF TEXAS, INC 17314 STATE HIGHWAY 249 SUITE 288 A HOUSTON, TX 77064 PHONE: FAX:
Phone (832) 912-5927 Type: Parent Agency	Fax (832) 912-5928 Administrator JAHREN SALAZAR-AGTARAP	Services: Hospice In-Patient Hospice: NO
County HARRIS License # 017774 Lic Expire 12/31/2022 Medicare 1: 741677 HOSPICE Medicare 2:	Region 06 Date Licensed 12/08/2016 OMNIX HEALTH CARE SERVICES INC 5503 FIRST STREET CROSBY, TX 77532	Owner Information OMNIX HEALTH CARE SERVICES INC PO BOX 810 CROSBY, TX 77532 PHONE: FAX:
Phone (281) 328-5869 Type: Parent Agency	Fax (281) 328-5950 Administrator TABATHA BRADY	Services: Hospice In-Patient Hospice: NO
County HARRIS License # 012688 Lic Expire 5/31/2023 Medicare 1: 743167 HHA-18 Medicare 2: Phone (281) 328-5869	Region 06 Date Licensed 05/14/2009 OMNIX HEALTH CARE SERVICES INC 5503 FIRST ST CROSBY, TX 77532 Fax (281) 328-5950	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
Type: Parent Agency	Administrator TABATHA BRADY	
County HARRIS License # 021111 Lic Expire 10/8/2024 Medicare 1:	Region 06 Date Licensed 10/08/2021 ONE YOU LOVE HOMECARE 1415 NORTH LOOP W STE 300-02 HOUSTON, TEXAS 77008	Owner Information HOUSTON HOME CARE SERVICES LLC
Medicare 2: Phone (346) 466-4807 Type: Parent Agency	Fax (806) 639-8761 Administrator ZAHRA KADIVAR	PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 015059 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 627-4990 Type: Branch Agency	Region 07 Date Licensed ONECARE PEDIATRIC THERAPY HOME SERVICES 6301 RICHMOND AVE STE 201 HOUSTON, TX 77057 Fax (956) 627-4991 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 HARRIS	Region 06 Date Licensed 09/18/2013	Owner Information
License # 015769 Lic Expire 9/30/2021 Medicare 1: 741600 HOSPICE	ONECOURAGEOUS HOSPICEPALLATIVE CARE 6666 HARWIN DR #345 HOUSTON, TX 77036	ONECOURAGEOUS HEALTH CARE SERVICES 12304 HILLCROFT STREET, #B HOUSTON, TX 77035-5376
Medicare 2:		PHONE: FAX:
Phone (832) 649-2951 Type: Parent Agency	Fax (832) 649-2978 Administrator SERGE UKAWILU	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
<u></u>		Owner Information
County HARRIS	Region 06 Date Licensed 03/16/2021	ONELLA HOME CARE LLC
License # 020607 Lic Expire 3/16/2024 Medicare 1:	ONELLA HOME CARE LLC 14515 BRIAR FOREST DR APT 1634 HOUSTON, TEXAS 770772113	
Medicare 2:		PHONE: FAX:
Phone (240) 437-8462	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator JAVIS NDUMBE	
County HARRIS	Region 06 Date Licensed 12/04/2003	Owner Information
License # 008794	ONLEX HEALTHCARE INC	ONLEX HEALTHCARE INC
Lic Expire 12/31/2020	20501 KATY FREEWAY SUITE 234	20501 KATY FREEWAY SUITE #234
Medicare 1: 673100 HHA-18	KATY, TX 77450	KATY, TX 77450-1935
Medicare 2:		PHONE: FAX:
Phone (281) 829-7211	Fax (281) 717-4050 Administrator HUMPHREY UZUEGBU	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency		Owner Information
County HARRIS	Region 06 Date Licensed 10/07/2021	OPAL ROYAL HOME CARE INC
License # 021107	OPAL ROYAL HOME CARE INC	SAME AS ABOVE
Lic Expire 10/7/2024 Medicare 1:	5757 WOODWAY DRIVE SUITE 300 HOUSTON, TX 77057	,
Medicare 2:	1100010N, 1X 17001	PHONE: FAX:
Phone (780) 787-8778	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OLUSOLA OJO	SCHOOLS. Electrical Former Feature Convices, Forsonial Assistance Convices
County HARRIS License # 021178 Lic Expire 11/2/2024 Medicare 1:	Region 06 Date Licensed 11/02/2021 OPEN HANDS HEALTHCARE AGENCY INC 12510 DIJON COURT HOUSTON, TEXAS 77015	Owner Information OPEN HANDS HEALTHCARE AGENCY INC
Medicare 2:	110001011, 12710 11010	PHONE: FAX:
Phone (281) 557-6738	Fax (281) 557-6738	Services: Personal Assistance Services
Type: Parent Agency	Administrator SABRINA THOMAS	CONTICO. I Cromini Assistance Convices
County HARRIS License # 020401 Lic Expire 3/22/2023 Medicare 1:	Region 06 Date Licensed 12/02/2019 OPEN HEART CARE NETWORK LIMITED COMPANY 1430 FOUNTAIN VIEW DRIVE #323 HOUSTON, TEXAS 77057	Owner Information OPEN HEART CARE NETWORK LIMITED COMPANY
Medicare 2:		PHONE: FAX:
Phone (213) 926-2240	Fax (832) 582-5879	Services: Personal Assistance Services

County HARRIS License # 010533 Lic Expire 6/30/2022 Medicare 1: 679659 HHA-18 Medicare 2: Phone (713) 622-0500 Type: Parent Agency	Region 06 Date Licensed 06/14/2006 OPT HOME HEALTHCARE INC 111111 RICHMOND AVE., SUITE 102 HOUSTON, TEXAS 77082 Fax (713) 622-0515 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 License # 019650 Lic Expire 10/17/2021 Medicare 1:	Region 06 Date Licensed 10/17/2019 OPTIMA HEALTHCARE LLC 19439 GRAND COLONY CT. KATY, TX 77449	Owner Information OPTIMA HEALTHCARE LLC
Medicare 2:	,	PHONE: FAX:
Phone (407) 844-5984	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LUKMAN LAWAL	
County HARRIS License # 009228 Lic Expire 8/31/2023 Medicare 1: 457860 HHA-18 Medicare 2:	Region 06 Date Licensed 08/02/2004 OPTIMAL COMMUNITY SUPPORT SERVICES 2646 SOUTH LOOP WEST SUITE 645 HOUSTON, TEXAS 77054	Owner Information OPTIMAL COMMUNITY SUPPORT SERVICES INC 3003 SOUTH LOOP WEST SUITE 330 HOUSTON, TX 77054 PHONE: FAX:
Phone (713) 669-0299	Fax (713) 669-0244	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator JACQUELINE MILLER	Personal Assistance Services
County HARRIS License # 021064 Lic Expire 9/21/2024 Medicare 1:	Region 06 Date Licensed 09/21/2021 OPTIMAL HEALTHCARE SERVICES, INC 13622 SAN MARTIN LN HOUSTON, TEXAS 77083	Owner Information OPTIMAL HEALTHCARE SERVICES, INC 13622 SAN MARTIN LN HOUSTON, TEXAS 77083
Medicare 2:	_	PHONE: FAX:
Phone 281 2220867	Fax Administrator OMOKHELE ALIU	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 006580 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (713) 669-0299 Type: Parent Agency	Administrator OMOKHELE ALIU Region 06 Date Licensed 05/28/1998 OPTIMAL IN HOME CARE 2646 SOUTH LOOP WEST SUITE 645 HOUSTON, TEXAS 77054 Fax (713) 669-0244 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 License # 018826 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (832) 672-4903 Type: Parent Agency	Region 06 Date Licensed 07/11/2018 OPTIMOM HEALTHCARE LLC 6119 KNOLLWEST DR HOUSTON, TX 77072 Fax (281) 416-4735 Administrator MARY BANGURA	Owner Information OPTIMOM HEALTHCARE LLC PHONE: FAX: Services: Personal Assistance Services
71 0 7		Owner Information
County HARRIS License # 018135 Lic Expire 5/31/2024 Medicare 1: 679373 HHA-18	Region 06 Date Licensed 05/20/2017 OPTIMUM CARE HOME HEALTH AGENCY 8321 WOODWARD ST. HOUSTON, TX 77051	OPTIMUM INC 7106 SHERMAN RIDGE LANE, SUITE B HOUSTON, TX 77803
Medicare 2: Phone (281) 974-2075	Fax (281) 783-2282	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator JAMES WALKER	Personal Assistance Services

County HARRIS License # 018681 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (832) 731-2148 Type: Parent Agency	Region 06 Date Licensed 04/02/2018 OPTIMUM CARE SERVICES 9118 MESA DRIVE HOUSTON, TX 77028 Fax (832) 565-1623 Administrator REGINALD MAXWELL	Owner Information OPTIMUM CARE SERVICES 1206 YUCCA MOUNTAIN DR HOUSTON, TX 77090 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 004685 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone 713 7940599	Region 06 Date Licensed 01/15/1996 OPTION CARE 9360 KIRBY DRIVE, SUITE 100 HOUSTON, TX 77054 Fax 713 5836426	Owner Information OPTION CARE ENTERPRISES INC PO BOX 377 DEERFIELD, IL 60015 PHONE: FAX:
Type: Parent Agency	Administrator JENNIFER RINE	Services: Licensed Home Health Services
County HARRIS License # 017731 Lic Expire 10/31/2022 Medicare 1: 747464 Medicare 2: Phone (713) 457-1350	Region 06 Date Licensed 10/31/2016 OPTION CARE WOMEN'S HEALTH 16770 IMPERIAL VALLEY DRIVE SUITE 150 HOUSTON, TX 77060 Fax (713) 457-1353	Owner Information HEALTHY CONNECTIONS HOMECARE SERVICES, INC 16770 IMPERIAL VALLEY DRIVE SUITE 150 HOUSTON, TX 77060 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator LUCAS KNEITZ	dervices. Elderised and definited frome freath dervices, Elderised frome freath dervices
County HARRIS License # 014646 Lic Expire 2/28/2022 Medicare 1:	Region 03 Date Licensed 04/04/2018 OPTUM INFUSION SERVICES 305, LLC 8888 INTERCHANGE DR HOUSTON, TX 77054	Owner Information OPTUM INFUSION SERVICES 500, INC
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 License # 015657 Lic Expire 7/31/2023 Medicare 1:	Region 06 Date Licensed 07/17/2013 OUR CARE SENIOR SOLUTIONS 430 HIGHWAY 6 SOUTH SUITE #209 HOUSTON, TX 77079	Owner Information BEAHER, LLC 4922 ROYAL ARBOR LANE HOUSTON, TX 77084
Medicare 2:		PHONE: FAX:
Phone (832) 850-7120 Type: Parent Agency	Fax (832) 850-7122 Administrator JESUS HERNANDEZ	Services: Personal Assistance Services
County HARRIS License # 007810 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone 281 8724495	Region 05 Date Licensed OUTREACH HOME CARE 3730 - C S. GESSNER RD HOUSTON, TX 77063 Fax 281 8724560	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
Type: Branch Agency	Administrator ANDREA AGUILERA	
County HARRIS License # 021140 Lic Expire 10/18/2024 Medicare 1:	Region 06 Date Licensed 10/18/2021 OUTSTANDING QUALITIES CARE 3663 NORTH SAM HOUSTON PARKWAY E., SUITE 600 HOUSTON, TEXAS 77032	Owner Information OUTSTANDING QUALITIES CARE LLC
Medicare 2:	_	PHONE: FAX:
Phone (832) 386-0168 Type: Parent Agency	Fax Administrator BRITTANNY GORMER	Services: Personal Assistance Services

County HARRIS License # 020879 Lic Expire 7/2/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 07/02/2021 P & N HOSPICE AND PALLIATIVE CARE INC 15020 FM 529 RD HOUSTON, TX 77095	Owner Information P & N HOSPICE AND PALLIATIVE CARE INC PHONE: FAX:
Phone (800) 459-1569	Fax (800) 459-1569	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator REBECA TAMAYO	
County HARRIS License # 010153 Lic Expire 11/30/2021 Medicare 1: 743113 HHA-18 Medicare 2: Phone (281) 497-4342 Type: Parent Agency	Region 06 Date Licensed 11/28/2005 PACIFIC CARE HOME HEALTH SERVICES LLC 11999 KATY FREEWAY SUITE #320 HOUSTON, TX 77079 Fax (281) 497-4343 Administrator IMELDA CLAUDETTE REVOTE	Owner Information PACIFIC CARE HOME HEALTH SERVICES LLC 11999 KATY FREEWAY SUITE 320 HOUSTON, TX 77079 PHONE: FAX: Services: Licensed and Certified Home Health Services
County HARRIS License # 007083 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (713) 270-1500	Region 06 Date Licensed 07/01/1999 PACIFIC HOME HEALTH CARE INC 8300 BISSONNET SUITE #340 HOUSTON, TX 77074 Fax (281) 713-9886	Owner Information PACIFIC HOME HEALTH CARE INC PO BOX 36 ALIEF, TX 77411-0036 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator EMEKA EHIRIM	
County HARRIS License # 010087 Lic Expire 10/31/2021 Medicare 1: 677989 HHA-18 Medicare 2: Phone (713) 772-7800	Region 06 Date Licensed 10/28/2005 PADLOCK HEALTHCARE SERVICES INC 9207 COUNTRY CREEK DRIVE SUITE #203 HOUSTON, TX 77036 Fax (713) 772-7802	Owner Information PADLOCK HEALTHCARE SERVICES INC 9207 COUNTRY CREEK DRIVE SUITE 203 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DARLINGTON NDUBUIKE	Owner Information
County HARRIS License # 011562 Lic Expire 9/30/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 09/05/2007 PAGES HEALTH SERVICES INC 16100 CAIRNWAY SUITE 355B HOUSTON, TX 77084	PAGES HEALTH SERVICES INC 16100 CAIRNWAY SUITE #355B HOUSTON, TX 77084 PHONE: FAX:
Phone (281) 738-3641 Type: Parent Agency	Fax (281) 277-6335 Administrator NNEKA EZEKWESILI	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020578 Lic Expire 8/31/2022 Medicare 1:	Region 06 Date Licensed 08/31/2020 PALLIATIVE HOSPICE CARE, INC 20127 IVORY VALLEY LANE DR CYPRESS, TEXAS 77433	Owner Information VMS PALLIATIVE HOSPICE CARE, LLC
Medicare 2:	OTT NEOD, 12/00 77400	PHONE: FAX:
Phone (832) 827-8278	Fax (832) 827-8253	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DONETTA PRICE	Owner Information
County HARRIS License # 019387 Lic Expire 5/21/2023 Medicare 1: 971658	Region 06 Date Licensed 05/21/2019 PALLIATIVE QUALITY CARE 14014 LITTLEBORNE BIRDWELL LANE HOUSTON, TEXAS 77047	QUALITY CARE ASSISTANT LIVING, INC
Medicare 2:		PHONE: FAX:
Phone (832) 971-0569	Fax (713) 733-2872	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CATHY MARTIN WEBBER	

County HARRIS License # 020480 Lic Expire 1/21/2023 Medicare 1: Medicare 2: Phone (713) 860-1750 Type: Parent Agency County HARRIS License # 020003 Lic Expire 6/16/2022 Medicare 1:	Region 06 Date Licensed 01/21/2021 PARAGON INFUSION CARE, INC 11691 WESTHEIMER ROAD, SUITE 1B HOUSTON, TX 77077 Fax (866) 491-9888 Administrator TODORICO MALIGAD Region 06 Date Licensed 06/16/2020 PASSIONATE HEART HOME CARE SERVICES, LLC 23 LIBERTY BRANCH BLVD THE WOODLANDS, TX 77389	Owner Information PARAGON INFUSION CARE, INC 3033 W. PRESIDENT GEORGE BUSH HWY, STE 100 PLANO, TX 75075 PHONE: FAX: Services: Licensed Home Health Services Owner Information PASSIONATE HEART HOME CARE SERVICES, LLC 23 LIBERTY BRANCH BOULEVARD THE WOODLANDS, TX 77389
Medicare 2: Phone (609) 610-8170	Fax (281) 205-7067	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator WANDA DAVIS	53. 1633. 1 5.651.a. 1.6554
County HARRIS License # 020402 Lic Expire 12/14/2022 Medicare 1: 971667 Hospice	Region 06 Date Licensed 12/14/2020 PASSIONATE HOSPICE LLC 13100 NORTHWEST FWY SUITE 400B HOUSTON, TEXAS 77040	Owner Information PASSIONATE HOSPICE LLC
Medicare 2:		PHONE: FAX:
Phone (833) 365-2464	Fax (713) 782-1824	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CHRISTY LYMBERY	in auent rospice. No
County HARRIS License # 012397 Lic Expire 1/31/2023 Medicare 1:	Region 06 Date Licensed 02/16/2011 PATHFINDER PEDIATRIC HOME CARE INC 535 E. FERNHURST DR KATY, TX 77450	Owner Information PATHFINDER PEDIATRIC HOME CARE INC 318 BRIAR ROCK RD THE WOODLANDS, TX 77380
Medicare 2: Phone (281) 364-9695	Fax (281) 456-2479	PHONE: FAX:
Type: Branch Agency	Administrator CHARLES WILCOX	Services: Licensed Home Health Services
County HARRIS License # 010800 Lic Expire 10/31/2022 Medicare 1:	Region 06 Date Licensed 10/12/2006 PATIENT CAREGIVERS LLC 3405 EDLOE ST STE 210 HOUSTON, TX 77027	Owner Information PATIENT CAREGIVERS LLC 2001 HOLCMBE BLVD UNIT 3201 HOUSTON, TX 77030
Medicare 2:	-	PHONE: FAX:
Phone (713) 227-3448	Fax (713) 589-3672 Administrator LATOYA COOPER	Services: Personal Assistance Services
County HARRIS License # 013941 Lic Expire 3/31/2023 Medicare 1:	Region 06 Date Licensed 03/09/2011 PATIENT RECOVERY HOME HEALTHCARE SERVICES 505 N SAM HOUSTON PKWY E #680 HOUSTON, TX 77060	Owner Information PATIENT RECOVERY HEALTHCARE MGMT SERVICES LLC 7324 SOUTHWEST FREEWAY #970 HOUSTON, TX 77074
Medicare 2:	Eq. (204) 447 1212	PHONE: FAX:
Phone (281) 447-1010 Type: Parent Agency	Fax (281) 447-1313 Administrator DYRREN DAVIS	Services: Personal Assistance Services
County HARRIS License # 019396 Lic Expire 5/29/2021 Medicare 1:	Region 06 Date Licensed 05/29/2019 PAULANT HEALTH AND ALLIED SERVICES INC 7207 CRIMSON SKY DRIVE HOUSTON, TX 77083	Owner Information PAULANT HEALTH AND ALLIED SERVICES INC
Medicare 2:	Fav. NA	PHONE: FAX:
Phone (832) 892-0188	Fax NA	Services: Licensed Home Health Services; Personal Assistance Services

Administrator

Type: Parent Agency

ANTHONY PAUL

County HARRIS License # 005497 Lic Expire 4/30/2022 Medicare 1: 459422 HHA-18 Medicare 2: Phone (713) 779-5673 Type: Parent Agency	Region 06 Date Licensed 04/24/1997 PDR HOME HEALTH SERVICES 8520 SOUTH BRAESWOOD BLVD. HOUSTON, TX 77071 Fax (713) 779-7766 Administrator MERCEDITA P DAJAO	Owner Information GLUCARE CORPORATION 8515 S BRAESWOOD BLVD HOUSTON, TX 77071 PHONE: FAX: Services: Licensed and Certified Home Health Services
County HARRIS License # 020878 Lic Expire 7/2/2024 Medicare 1: Medicare 2: Phone (800) 459-1569	Region 06 Date Licensed 07/02/2021 PDSF HOSPICE & PALLIATIVE CARE INC 8700 COMMERCE PARK DRIVE SUITE 221 HOUSTON, TEXAS 77036 Fax (800) 459-1569	Owner Information PDSF HOSPICE & PALLIATIVE CARE INC 15010 FM 529 RD HOUSTON, TEXAS 77095 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 021059 Lic Expire 9/17/2024 Medicare 1: Medicare 2: Phone (713) 429-0943	Administrator REBECA TAMAYO Region 06 Date Licensed 09/17/2021 PEACE HEALTH SERVICES, INC 3934 FM 1960 ROAD WEST SUITE 370 HOUSTON, TEXAS 77068 Fax (713) 429-0750 Administrator CHRISTINA THOMAS	Owner Information PEACE HEALTH SERVICES, INC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 016256 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (713) 275-0008	Administrator CHRISTINA THOMAS Region 03 Date Licensed 09/07/2016 PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC 1900 NORTH LOOP WEST STE 510 HOUSTON, TX 77018 Fax (281) 664-6423	Owner Information PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC 1721 WEST PLANO PARKWAY SUITE 130 PLANO, TX 75075 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site County HARRIS License # 016519 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (855) 268-4098 Type: Branch Agency	Administrator PAMELA EYAMBE Region 05 Date Licensed 11/02/2017 PEDIATRIC HEALTHCARE CONNECTION 13201 NORTHWEST FREEWAY, SUITE #600 HOUSTON, TX 770406023 Fax (866) 311-9885 Administrator JULIE GAUT	Owner Information TOTS IN TOW, LLC 12617 LEE PARK LANE AUSTIN, TX 78732 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 018240 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (281) 520-3428 Type: Parent Agency	Region 06 Date Licensed 08/11/2017 PEDIATRIC HOME HEALTHCARE LLC 363 NORTH SAM HOUSTON PARKWAY EAST #340 HOUSTON, TX 77060 Fax (832) 300-8456 Administrator PAMELA HANSON-LONG	Owner Information PEDATRIC HOME HEALTHCARE LLC 1341 W MOCKINGBIRD LN STE#900 DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 016173 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (832) 730-5785	Region 06 Date Licensed 04/28/2014 PEDIATRIC HOME HEALTHCARE LLC 3120 SOUTHWEST FREEWAY # 227 HOUSTON, TX 77098 Fax (281) 822-9600	Owner Information PEDATRIC HOME HEALTHCARE LLC 1341 W MOCKINGBIRD LN STE#900 DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services

Administrator

PAMELA HANSON-LONG

County HARRIS License # 016173 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (713) 574-7567 Type: Branch Agency	Region 06 Date Licensed PEDIATRIC HOME HEALTHCARE LLC 15995 NORTH BARKERS LANDING RD, SUITE 140 HOUSTON, TEXAS 77079 Fax (832) 300-0412 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 HARRIS License # 020757 Lic Expire 5/17/2024 Medicare 1: Medicare 2: Phone (713) 383-2100 Type: Parent Agency	Region 06 Date Licensed 05/17/2021 PEDIATRIC HOME SERVICE 9349 KIRBY DR. HOUSTON, TX 770542516 Fax (713) 383-2113 Administrator MANDY OWENS	Owner Information TCG INTERESTS, LLC 9299 KIRBY DRIVE HOUSTON, TX 77054 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 013640 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (281) 954-2554 Type: Parent Agency	Region 06 Date Licensed 10/14/2010 PEDIATRIC IMPRESSIONS HOME HEALTH INC 8700 COMMERCE PARK SUITE 146 HOUSTON, TX 77036 Fax (713) 636-3338 Administrator IFY AGBO	Owner Information PEDIATRIC IMPRESSIONS HOME HEALTH INC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 013259 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (832) 675-9704 Type: Parent Agency	Region 06 Date Licensed 04/21/2010 PEDIATRIC THERAPY SOLUTIONS 5600 NORTHWEST CENTRAL DRIVE, SUITE 213 HOUSTON, TEXAS 77092 Fax (888) 859-0849 Administrator KIMBERLY SULAIMAN	Owner Information PROGRESSIVE MILESTONES CORPORATION 7676 HILLMONTSTREET # 290-F HOUSTON, TX 77040 PHONE: (832) 675-9704 FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 015987 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (713) 266-5370 Type: Parent Agency	Region 06 Date Licensed 01/01/2014 PEMA HEALTHCARE SERVICES INC 6200 SAVOY SUITE #731 HOUSTON, TX 77036 Fax (713) 566-5539 Administrator PETER ISHOLA	Owner Information PEMA HEALTHCARE SERVICES, INC 6200 SAVOY, SUITE #731 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 015456 Lic Expire 11/30/2023 Medicare 1: 679477 HHA-18 Medicare 2: Phone (713) 856-8002 Type: Parent Agency	Region 06 Date Licensed 11/08/2012 PERPETUAL HEALTH HOME CARE INC 8311 A WINDFERN RD HOUSTON, TX 77040 Fax (832) 243-1530 Administrator MARILYN BLODGETT	Owner Information PERPETUAL HEALTH HOME CARE INC PO BOX 41871 HOUSTON, TX 77241 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 015604 Lic Expire 12/31/2022 Medicare 1: 747119 HHA-18 Medicare 2: Phone (281) 444-1789	Region 06 Date Licensed 12/18/2012 PERPETUAL HOME HEALTH LLC 4218 COUNTRYHEIGHTS CT SPRING, TX 77388 Fax (281) 719-8847	Owner Information PERPETUAL HOME HEALTH LLC 14614 FALLING CREEK DRIVE SUITE 128 HOUSTON, TX 77068 PHONE: FAX: Services: Licensed and Certified Home Health Services

MA. MAGINDA LOQUELLANO

Administrator

Type: Parent Agency

County HARRIS License # 019896 Lic Expire 4/27/2022 Medicare 1: Medicare 2: Phone (713) 385-6687 Type: Parent Agency	Region 06 Date Licensed 12/01/2020 PERRODIN SERVICES LLC 1816 MARSHALL ST #1 HOUSTON, TX 77098 Fax NA Administrator SEDONIA PERRODIN	Owner Information PERRODIN SERVICES LLC PO BOX 711366 HOUSTON, TEXAS 77271 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information
County HARRIS License # 018021	Region 06 Date Licensed 04/25/2017 PERSONAL CARE HEALTH SERVICES	GEORGE H SMITH, LLC
Lic Expire 4/30/2023 Medicare 1:	7447 HARWIN DRIVE STE 102A HOUSTON, TX 77036	7447 HARWIN DR STE 102A 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	Owner Information
County HARRIS	Region 06 Date Licensed 04/23/2009	S GERBER & ASSOCIATES INC
License # 012559 Lic Expire 4/30/2023	PERSONAL CAREGIVING SERVICES	9301 SOUTHWEST FREEWAY, SUITE 250
Medicare 1:	3730 KIRBY DRIVE, SUITE 1200 HOUSTON, TEXAS 77098	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 License # 014435 Lic Expire 10/31/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 10/21/2011 PERSONAL TOUCH THERAPY LLC 480 N. SAM HOUSTON PKWY E. SUITE 124 HOUSTON, TX 77060	Owner Information PERSONAL TOUCH THERAPY, LLC 480 N SAM HOUSTON PKWY E SUITE #124 HOUSTON, TX 77060 PHONE: FAX:
Phone (713) 510-5699	Fax (832) 932-1629	
Type: Parent Agency	Administrator SHONTAI THOMAS	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020403 Lic Expire 12/15/2022 Medicare 1:	Region 06 Date Licensed 12/15/2020 PETRA HOME CARE LLC 16305 WESTHEIMER ROAD, SUITE 104 HOUSTON, TX 77082	Owner Information PETRA HOME CARE LLC
Medicare 2:		PHONE: FAX:
Phone (281) 942-2670	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator VICTORIA SHOWUNMI	
County HARRIS License # 017556 Lic Expire 5/31/2022 Medicare 1: 747186 HHA-18 Medicare 2:	Region 06 Date Licensed 06/01/2016 PHOENIX FAMILY HEALTHCARE INC 5625 CYPRESS CREEK PARKWAY SUITE 504 HOUSTON, TEXAS 77069	Owner Information PHOENIX FAMILY HEALTHCARE INC 11104 WEST AIRPORT BLVD STE #218 STAFFORD, TX 77477 PHONE: FAX:
Phone (281) 525-6020	Fax (281) 525-6021	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator	Personal Assistance Services
County HARRIS License # 010735 Lic Expire 12/31/2024 Medicare 1: 679498 HHA-18 Medicare 2:	Region 06 Date Licensed 12/28/2005 PHOENIX HEALTHCARE SERVICES INC 5625 CYPRESS CREEK PARKWAY, SUITE 601 HOUSTON, TEXAS 77069	Owner Information PHOENIX HEALTHCARE SERVICES, INC 17314 STATE HIGHWAY 249, SUITE 288 HOUSTON, TX 77064 PHONE: FAX:
Phone (281) 571-8050	Fax (281) 571-8051	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator MARIE DAISY LOU ONG	Personal Assistance Services

County HARRIS License # 018846 Lic Expire 7/31/2022 Medicare 1: 74-1767 Medicare 2: Phone (832) 925-7527 Type: Parent Agency County HARRIS License # 021346 Lic Expire 12/15/2024 Medicare 1: Medicare 2: Phone (713) 621-4040	Region 06 Date Licensed PICC HOSPICE 9888 BISSONNET STREET SUITE 235 HOUSTON, TEXAS 77036 Fax (832) 925-7461 Administrator CELESTINE EKECHUKWU Region 06 Date Licensed PIN OAK CAREGIVERS 4635 SOUTHWEST FREEWAY, SUITE 640 HOUSTON, TX 77027	07/25/2018	Owner Information PICC PALIATIVE CARE HOSPICE LLC 9888 BISSONNET ST SUITE 235 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information CARING PEOPLE TX OPERATING, LLC 4450 S TIFFANY DR S WEST PALM, FL 33407 PHONE: FAX:
Type: Parent Agency	Administrator JANE SEGER		Services: Personal Assistance Services
County HARRIS License # 009204 Lic Expire 7/31/2024 Medicare 1: 673185 HHA-18 Medicare 2: Phone (281) 205-7948	Region 06 Date Licensed PINARD HOME HEALTH INC 17819 STUEBNER AIRLINE RD SUITE F SPRING, TX 77379 Fax (281) 205-7951	07/19/2004	Owner Information PINARD HOME HEALTH INC 17350 ST LUKES WAY #490 THE WOODLANDS, TX 77384 PHONE: FAX: Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator DEBRA HEYT		
County HARRIS License # 008462 Lic Expire 4/30/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed PINNACLE MEDICAL SYSTEMS INC 2323 PROSPECT STREET HOUSTON, TX 77004	04/07/2003	Owner Information PINNACLE MEDICAL SYSTEM INC 2323 PROSPECT HOUSTON, TX 77004 PHONE: FAX:
Phone (713) 988-6358 Type: Parent Agency	Fax (713) 988-6215 Administrator ZENOBIA ANEKWE		Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 016983 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (713) 870-4367 Type: Parent Agency	Region 06 Date Licensed PINNACLE QUALITY CARE SERVICES LLC 24014 BUFFALO COVE LANE KATY, TX 77493 Fax (281) 929-0392 Administrator AZEEZAT ADEBUTU	08/19/2015	Owner Information PINNACLE QUALITY CARE SERVICES LLC 9900 WESTPARK #209 HOUSTON, TX 77063 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 013792 Lic Expire 9/30/2022 Medicare 1: 679132 HHA-18 Medicare 2: Phone (713) 532-1722 Type: Parent Agency	Region 06 Date Licensed PINNACLE SENIOR CARE 8588 KATY FWY., STE. 226B HOUSTON, TX 77024 Fax 713 5321733 Administrator LILLIAN DAVIS	09/07/2010	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 License # 016768 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (713) 400-9690	Region 06 Date Licensed PJ CARE PLUS INC 12627 LALEU LANE HOUSTON, TX 77071 Fax (713) 400-9696	09/11/2014	Owner Information PJ CARE PLUS INC 12627 LALEU LANE HOUSTON, TX 77071 PHONE: FAX: Services: Personal Assistance Services

Administrator

Type: Parent Agency

ERICA ARIMONYEOTU

County HARRIS License # 012185 Lic Expire 8/31/2022 Medicare 1: 747198 HHA-18 Medicare 2: Phone (281) 631-0900	Region 06 Date Licensed 08/20/20 PLATINUM HOME CARE INC 14511 FALLING CREEK DR #304 HOUSTON, TX 77014 Fax (281) 631-0902 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
Type: Parent Agency		Owner Information
County HARRIS License # 018807 Lic Expire 6/30/2022 Medicare 1: 74-1760 Medicare 2: Phone (281) 974-2075	Region 06 Date Licensed 06/27/20 PNC PALLIATIVE HOSPICE LLC 8321 WOODWARD STREET HOUSTON, TEXAS 77051 Fax	PNC PALLIATIVE HOSPICE LLC 8700 COMMERCE PARKWAY DRIVE SUITE 143 HOUSTON, TX 77036 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JAMES WALKER	iin audit nospice. No
County HARRIS License # 019473 Lic Expire 7/9/2021 Medicare 1: Medicare 2: Phone (281) 983-3500 Type: Parent Agency	Region 06 Date Licensed 07/09/20 POR HOME HEALTHCARE SERVICES 10925 BEECHNUT STREET, SUITE B204-60 HOUSTON, TEXAS 77072 Fax (281) 983-3502 Administrator PETER AWOFODU	19 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 04/01/20	
License # 013208 Lic Expire 3/31/2022 Medicare 1: 747517 HHA-18	POSTHEALTH HOME CARE 1801 MAIN STREET, SUITE 1350 HOUSTON, TEXAS 77002	POSTHEALTH INC PO BOX 10815 HOUSTON, TX 77206
Medicare 2:	F (001) F70 F000	PHONE: FAX:
Phone (281) 570-5028 Type: Parent Agency	Fax (281) 570-5028 Administrator PAUL DELCAMBRE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 021211 Lic Expire 11/18/2024 Medicare 1:	Region 06 Date Licensed 11/18/20 POTTERS TOUCH CARE LLC 6019 DIANTHA STREET KATY, TX 77449	21 Owner Information POTTERS TOUCH CARE LLC
Medicare 2:	Ess	PHONE: FAX:
Phone (214) 274-0637 Type: Parent Agency	Fax Administrator ADETOLA JEGEDE	Services: Personal Assistance Services
County HARRIS License # 009503 Lic Expire 12/31/2021 Medicare 1:	Region 06 Date Licensed 12/31/20 PRECIOUS HEALTHCARE SERVICES INC 10103 FONDREN SUITE #315 HOUSTON, TX 77096	PRECIOUS HEALTHCARE SERVICES INC 10103 FONDREN #376 HOUSTON, TX 77096
Medicare 2: Phone (713) 771-4130	Fax (713) 771-1568	PHONE: FAX:
Type: Parent Agency	Administrator NEKPEN STELLA IZEVBIGIE	Services: Personal Assistance Services
County HARRIS License # 012224 Lic Expire 6/30/2024 Medicare 1:	Region 06 Date Licensed 06/30/20 PRECISE PRIVATE DUTY INCORPORATED 2922 ROSEDALE STREET HOUSTON, TX 77004	ON OWNER Information PRECISE PRIVATE DUTY INCORPORATED 2217 BLODGETT HOUSTON, TX 77004
Medicare 2:	Eav. (742) 790 2024	PHONE: FAX:
Phone (713) 780-2006 Type: Parent Agency	Fax (713) 780-2024 Administrator JENNIFER ROY	Services: Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 021243 Lic Expire 12/1/2024 Medicare 1: Medicare 2: Phone 832 5725225 Type: Parent Agency	Region 06 Date Licensed 12. PREFERRED CARE AT HOME OF CENTRAL HOU 12471 CHALMETTE ST HOUSTON, TX 77015 Fax (281) 404-5554 Administrator RUTH AVILA	/01/2021 USTON	Owner Information BENL CARE LLC 12471 CHAMETTE ST HOUSTON, TX 77015 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 021312 Lic Expire 1/7/2025 Medicare 1:	Region 06 Date Licensed 01, PREMIER HOME CARE SOLUTIONS, LLC 6719 HUNTERS TRACE LANE BAYTOWN, TEXAS 77521	/07/2022	Owner Information PREMIER HOME CARE SOLUTIONS, LLC
Medicare 2: Phone (713) 320-2600	Fax (713) 733-5424		PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator CHERYL LEE		
County HARRIS License # 017956 Lic Expire 3/31/2024 Medicare 1: 74-1732 Hospice	Region 06 Date Licensed 03/ PREMIER HOSPICE 4606 FM 1960 W SUITE 675 HOUSTON, TX 77069	/15/2017	Owner Information
Medicare 2: Phone (832) 610-9733	Fax (281) 836-6303		PHONE: FAX:
Type: Parent Agency	Administrator VARFEETA SIRLEAF		Services: Hospice In-Patient Hospice: NO
County HARRIS License # 020886 Lic Expire 3/11/2024 Medicare 1: 74-1762	Region 06 Date Licensed 03; PREMIER HOSPICE 4606 FARM TO MARKET 1960 RD W STE 675 HOUSTON, TEXAS 77069	/11/2021	Owner Information THE EPHAH GROUP LP
Medicare 2: Phone (832) 610-9733	Fax (346) 998-1662		PHONE: FAX:
Type: Parent Agency	Administrator NWANNEOMA NDUBISI		Services: Hospice In-Patient Hospice: NO
County HARRIS License # 019831 Lic Expire 2/13/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 02/ PREMIUM HOME CARE SERVICES INC 8627 CONNAUGHT GARDEN DR HOUSTON, TX 77083	/13/2020	Owner Information PREMIUM HOME CARE SERVICES INC PHONE: FAX:
Phone (713) 922-5659	Fax		
Type: Parent Agency	Administrator GEENA ERIKEWE		Services: Personal Assistance Services
County HARRIS License # 012393 Lic Expire 11/30/2022 Medicare 1: 679223 HHA-18 Medicare 2:	Region 06 Date Licensed 11/ PRESTIGE CARE HEALTH SERVICES INC 8313 SOUTHWEST FREEWAY SUITE #235 HOUSTON, TX 77074	/25/2008	Owner Information PRESTIGE CARE HEALTH SERVICES, INC SAME AS ABOVE HOUSTON, TX 77074 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 County HARRIS License # 012393 Lic Expire 11/30/2022 Medicare 1: Medicare 2:	Administrator DENISE HUFF Region 06 Date Licensed 11/ PRESTIGE CARE HEALTH SERVICES INC 8313 SOUTHWEST FREEWAY SUITE 235 HOUSTON, TX 77074	/25/2008	Owner Information PRESTIGE CARE HEALTH SERVICES, INC SAME AS ABOVE HOUSTON, TX 77074 PHONE: FAX:
Phone (713) 271-0105	Fax (713) 271-0190		Services: Licensed Home Health Services; Personal Assistance Services
Type: Propeh Agency	Administrator DENICE HIJEE		Oct viocs. Licensed Figure Fredith Oct viocs, 1 croundi Assistance Scivices

Type: Branch Agency

Administrator DENISE HUFF

County HARRIS License # 008656 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (713) 974-1288 Type: Parent Agency	Region 06 Date Licensed PRESTIGE LIVING CENTER INC 10103 FONDREN ROAD SUITE 366 HOUSTON, TX 77096 Fax (713) 772-0701 Administrator VERONICA OBOMESE	09/18/2003	Owner Information PRESTIGE LIVING CENTER INC 10103 FONDREN ROAD SUITE 366 HOUSTON, TEXAS 77096 PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 010709 Lic Expire 8/31/2022 Medicare 1: 679736 HHA-18 Medicare 2: Phone (281) 530-8900 Type: Parent Agency	Region 06 Date Licensed PREVAIL HOME HEALTH CARE LLC 12803 WIREVINE LN HOUSTON, TX 77072 Fax (281) 530-1114 Administrator ISTMENIA ELLIS	09/01/2006	Owner Information PREVAIL HOME HEALTHCARE LLC PO BOX 2801 STAFFORD, TX 77479 PHONE: Services: Licensed and Certified Home Health Ser Personal Assistance Services	FAX: vices; Licensed Home Health Services;
County HARRIS License # 016865 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone (832) 659-0690 Type: Branch Agency	Region 03 Date Licensed PRILEO HOME CARE 9894 BISSONNET STREET SUITE #631 HOUSTON, TX 77036 Fax (832) 742-9985 Administrator CAROLIN LEONG	07/27/2018	Owner Information PRILEO HOME CARE TX LLC 8883 W. FLAMINGO ROAD, SUITE 103 LAS VEGAS, NV 89147 PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 019783 Lic Expire 7/19/2023 Medicare 1: 741756 (HOSPICE) Medicare 2: Phone (903) 291-6164 Type: Parent Agency	Region 06 Date Licensed PRIME CARE HOSPICE LLC 707 HOLLYBROOK DR STE 404 LONGVIEW, TEXAS 75605 Fax (903) 291-6176 Administrator CHRISTOPHER SLATER	07/19/2019	Owner Information PRIME CARE HOSPICE LLC PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County HARRIS License # 021069 Lic Expire 9/24/2023 Medicare 1: Medicare 2: Phone (281) 456-4116 Type: Parent Agency	Region 06 Date Licensed PRIME VALUE HOME CARE LLC 507 N. SAM HOUSTON PKWY SUITE 584 HOUSTON, TEXAS 77060 Fax (281) 456-4108 Administrator FOLASADE POPOOLA	09/24/2021	Owner Information PRIME VALUE HOME CARE LLC PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 016396 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (713) 896-3058 Type: Parent Agency	Region 06 Date Licensed PRIMEROSE HOME HEALTH SERVICES INC 13231 ELDRIDGE MEADOW DR HOUSTON, TX 77041 Fax (713) 896-3093 Administrator KEHINDE F. ADEGOKE	08/25/2014	Owner Information PRIMEROSE HOME HEALTH SERVICES INC 13132 ELDRIDGE MEADOW DR HOUSTON, TX 77041 PHONE: Services: Licensed Home Health Services; Person	FAX: lal Assistance Services
County HARRIS License # 011742 Lic Expire 11/15/2023 Medicare 1: Medicare 2: Phone (713) 977-7721	Region 06 Date Licensed PRIMETIME HOME HEALTH SERVICES INC 11602 BURDINE STREET SUITE A HOUSTON, TX 77035 Fax (713) 977-7728	08/13/2007	Owner Information PRIMETIME HOME HEALTH SERVICES,INC 9894 BISSONNET ST STE 307 HOUSTON, TX 77036 PHONE: Services: Licensed Home Health Services; Person	FAX: al Assistance Services

Administrator

JOHNSON NWOKORIE

County HARRIS	Region 06 Date Licensed	11/14/2018	Owner Information	
License # 019741	PRIORITY HOME HEALTH CARE INC		PRIORITY HOME HEALTH CARE INC	
Lic Expire 12/9/2021	14515 BRIARHILLS PKWY STE 117		19411 BEAR SPRINGS DRIVE	
Medicare 1:	HOUSTON, TX 77077		KATY, TX 77449	
Medicare 2:	,		PHONE: F	AX:
Phone (281) 617-7853	Fax (832) 909-9055		Services: Licensed Home Health Services; Personal A	ecictanca Sanvicas
Type: Parent Agency	Administrator HARLEY ADAMU		del vides. Eldersed Florite Fleditif del vides, i ersonal A	ssistance dervices
Oncombine HARRIG	Paris 00 Pataliannad	00/00/0007	Owner Information	
County HARRIS	Region 06 Date Licensed	08/20/2007	NEW ERA HEALTH CARE SERVICES, INC	
License # 011816	PROGRESSIVE HEALTHCARE SERVICES		P. O . BOX 720460	
Lic Expire 8/31/2024	15210 MIRA VISTA DRIVE		HOUSTON, TEXAS 77272	
Medicare 1: 747058 Medicare 2:	HOUSTON, TX 77083			AX:
Phone (713) 776-9993	Fax (713) 776-9994			
1 Hone (110) 110 3330	Tax (110) 110 3334		Services: Licensed and Certified Home Health Service Personal Assistance Services	s; Licensed Home Health Services;
Type: Parent Agency	Administrator PATRICIA AMAEFULE		1 disorial / disistance out vices	
<u>· </u>			Owner Information	
County HARRIS	Region 06 Date Licensed	05/20/1999	PROMED PERSONNEL SERVICES, INC	
icense # 006980	PROMED HOME CARE		4615 SOUTHWEST FREEWAY STE 725	
Lic Expire 5/31/2023	4615 SOUTHWEST FREEWAY SUITE 725		HOUSTON, TX 77027-7162	
Medicare 1: 459479 HHA-18	HOUSTON, TX 77027		,	A.V.
Medicare 2:	F (742) 000 0444		PHONE: F	AX:
Phone (713) 626-1644	Fax (713) 626-2441		Services: Licensed and Certified Home Health Service	s; Licensed Home Health Services
Type: Parent Agency	Administrator MARILOU SAGULLO			
County HARRIS	Region 06 Date Licensed	12/01/2011	Owner Information	
_icense # 014725	PROMEDIC HOME HEALTH SERVICES		PROMEDIC HEALTHCARE SYSTEMS INC	
ic Expire 11/30/2021	857 TRISTAR DRIVE STE A-1		857 TRISTAR DRIVE STE A-1	
Medicare 1: 677973	WEBSTER, TX 77598		WEBSTER, TX 77598	
Medicare 2:			PHONE: F	AX:
Phone (713) 747-4400	Fax (713) 747-4407		Services: Licensed and Certified Home Health Service	s: Licensed Home Health Services:
			Personal Assistance Services	o, Elochood Floring Floring Colvicoo,
Type: Parent Agency	Administrator AMIR RAZA			
County HARRIS	Region 06 Date Licensed	04/07/2014	Owner Information	
License # 016134	PROMEDIC HOSPICE		PROMEDIC HOSPICE OF AMERICA LLC	
Lic Expire 4/30/2022	857 TRISTAR DRIVE STE A-2		857 TRISTAR DRIVE STE A-2	
Medicare 1: 741534 HOSPICE	WEBSTER, TX 77598		WEBSTER, TX 77598	
Medicare 2:	,		PHONE: F	AX:
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	
icense # 020059	PROMEDIC HOSPICE CARE	377 1072020	PROMEDIC HOSPICE CARE, LLC	
Lic Expire 7/16/2022	857 TRISTAR DRIVE STE. A3		9950 WESTPARK DRIVE SUITE 646	
Medicare 1:	WEBSTER, TEXAS 77598		HOUSTON, TX 77063	
Medicare 1:	HEBOTER, TEXAGO TTOO		PHONE: F	AX:
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	
County HARRIS License # 020220	PROPER HOSPICE AND HOME HEALTH LLC		PROPER HOSPICE AND HOME HEALTH LLC	
		•		
Lic Expire 10/8/2022 Medicare 1:	2323 S VOSS RD SUITE 125L HOUSTON, TEXAS 77057			
Medicare 2:	HOUSTON, ILAAS 11001		PHONE: F	AX:
Phone (832) 404-2022	Fax (832) 975-0714			/ V\.
(002) 707 2022	(302) 5.5 07 17		Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	
Type: Derent Agency	Administrator TAMEKA CIDCON		dilont 1100p100. 110	

Administrator

TAMEKA GIBSON

County HARRIS License # 020064 Lic Expire 7/20/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed PROVIDENCE TOTAL CARE LLC 6201 BONHOMME ROAD STE 185N-D HOUSTON, TEXAS 77036	07/20/2020	Owner Information PROVIDENCE TOTAL CARE LLC PHONE: FAX:
Phone (832) 857-0892 Type: Parent Agency	Fax (832) 416-1502 Administrator OMOTOPE ALEXANDER		Services: Personal Assistance Services
County HARRIS License # 020634 Lic Expire 3/23/2024 Medicare 1:	Region 06 Date Licensed PROVIDERS OF TEXAS 9311 MEADOW BRANCH COURT HOUSTON, TX 77095	03/23/2021	Owner Information PROVIDERS OF TEXAS, LLC
Medicare 2: Phone (626) 935-9041	Fax (281) 861-7732		PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator UGOCHUKWU EZIEFULE		
County HARRIS License # 016848 Lic Expire 12/31/2021 Medicare 1: 673153 HHA-18 Medicare 2: Phone 713 2557246	Region 06 Date Licensed PRUDENT HEALTH MANAGEMENT INC 8903 ALTAMONT DRIVE HOUSTON, TX 77074 Fax 866 3002562 and 713 2557249	04/15/2015	Owner Information PRUDENT HEALTH MANAGEMENT INC 8700 COMMERCE PARK SUITE 237 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHUDI M. OGADI		
County HARRIS License # 019912 Lic Expire 5/5/2022 Medicare 1:	Region 06 Date Licensed PTA HOME HEALTH CARE 5606 ROCKY TRAIL DR. KINGWOOD, TEXAS 77339	05/05/2020	Owner Information PTA HOME HEALTH CARE 5606 ROCKY TRAIL DR. KINGWOOD, TX 77339
Medicare 2: Phone (832) 795-2418 Type: Parent Agency	Fax 12813108782 Administrator PATRICE BURNETT		PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 014652 Lic Expire 12/31/2023 Medicare 1: 679710 HHA-18 Medicare 2: Phone (713) 255-4360 Type: Parent Agency	Region 06 Date Licensed PURITY HEALTH CARE INC 4615 SOUTHWEST FREEWAY STE 750 HOUSTON, TX 77027 Fax (713) 255-4366 Administrator MARILOU SAGULLO	12/12/2011	Owner Information PURITY HEALTH CARE INC 4615 SOUTHWEST FREEWAY STE 750 HOUSTON, TX 77027 PHONE: FAX: Services: Licensed and Certified Home Health Services
County HARRIS License # 015863 Lic Expire 8/31/2023 Medicare 1: 747370 HHA-18 Medicare 2: Phone (281) 339-7415 Type: Parent Agency	Region 06 Date Licensed QA HOME HEALTH SERVICES INC 1100 NASA PKWY STE 205 HOUSTON, TX 77058 Fax (281) 339-7416 Administrator NITA PANCHOLI	08/08/2013	Owner Information QA HOME HEALTH SERVICES INC 1100 NASA PARKWAY STE 205 HOUSTON, TX 77058 PHONE: FAX: Services: Licensed and Certified Home Health Services
County HARRIS License # 020928 Lic Expire 7/23/2024 Medicare 1: Medicare 2: Phone (281) 819-4408 Type: Parent Agency	Region 06 Date Licensed QARDIOCHECK LLC 11200 WESTHIEMER RD STE 1050 HOUSTON, TEXAS 77042 Fax (281) 819-4408 Administrator MICHAEL OKENDU	07/23/2021	Owner Information QARDIOCHECK LLC 11200 WESTHIEMER RD STE 1050 HOUSTON, TEXAS 77042 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 019830 Lic Expire 2/13/2022 Medicare 1: 971677 Medicare 2: Phone (281) 216-2555	Region 06 Date Licensed QUALITY LIFE HEALTHCARE INC 9644 COURT GLEN DR HOUSTON, TX 77099 Fax (877) 915-1555	02/13/2020	Owner Information QUALITY LIFE HEALTHCARE INC 13619 TONNOCHY DR HOUSTON, TX 77083 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator KENNEDY OBANOR		0 16 %	
County HARRIS License # 020458 Lic Expire 1/13/2023 Medicare 1:	Region 06 Date Licensed QUALITY TIME HOME HEALTHCARE LLC 4646 CULLEN BROOK RD KATY, TX 77449	01/13/2021	Owner Information QUALITY TIME HOME HEALTHCARE LLC	
Medicare 2:			PHONE:	FAX:
Phone (504) 223-3033 Type: Parent Agency	Fax Administrator HERCHELLE DUPLESSIS		Services: Personal Assistance Services	
County HARRIS License # 008552 Lic Expire 7/31/2023 Medicare 1:	Region 06 Date Licensed RAPHA NURSING & REHABILITATION CLINIC 11000 FONDREN ROAD SUITE #C 5 HOUSTON, TX 77096	07/15/2003 C INC	Owner Information RAPHA NURSING & REHABILITATION CLINIC II 11000 FONDREN ROAD SUITE C-5 HOUSTON, TEXAS 77096	NC
Medicare 2:			PHONE:	FAX:
Phone (713) 776-2500 Type: Parent Agency	Fax (713) 777-5252 Administrator FUNSHO FADIPE		Services: Personal Assistance Services	
County HARRIS License # 013695 Lic Expire 11/30/2022 Medicare 1: 747704 HHA-18 Medicare 2:	Region 06 Date Licensed RASHA HOME HEALTH SERVICES INC 6220 WESTPARK DRIVE SUITE 171 HOUSTON, TX 77057	11/05/2010	Owner Information RASHA HOME HEALTH SERVICES INC 17914 SUNSHINE TRACE LN RICHMOND, TX 77407 PHONE:	FAX:
Phone (281) 491-0626	Fax (281) 491-0631		Services: Licensed and Certified Home Health Ser Personal Assistance Services	
Type: Parent Agency	Administrator TAOFEEKAT AJIBADE			
County HARRIS License # 016981 Lic Expire 12/31/2022 Medicare 1: 677209 HHA-18	Region 06 Date Licensed REACH HEALTHCARE SERVICES 6565 WEST LOOP S STE 115 BELLAIRE, TX 774013500	01/01/2015	Owner Information TCG CLINIC LLC 9220 KIRBY DRIVE SUITE 900 HOUSTON, TX 77054-2533 PHONE:	FAX:
Medicare 2: Phone (713) 500-0000	Fax (713) 500-0050			
Type: Parent Agency	Administrator THERESA BOHANNON GERM	ΚΕ	Services: Licensed and Certified Home Health Ser Personal Assistance Services	vices; Licensed Home Health Services;
County HARRIS License # 018069 Lic Expire 5/31/2023 Medicare 1: 971617 Hospice Medicare 2: Phone (866) 447-6894	Region 06 Date Licensed REAL COMFORT HEALTHCARE INC 9100 SOUTHWEST FREEWAY SUITE 105-A HOUSTON, TEXAS 77074 Fax (833) 666-7325	05/24/2017	Owner Information REAL COMFORT HEALTHCARE INC 8833 TALTON STREET HOUSTON, TEXAS 77078 PHONE: Services: Hospice; Licensed Home Health Service In-Patient Hospice: NO	FAX: s; Personal Assistance Services
Type: Parent Agency	Administrator FEFI JAMES		III-I AUGILLIUSPICE. NO	
County HARRIS License # 021246 Lic Expire 12/2/2024 Medicare 1:	Region 06 Date Licensed REAL SHEPHERD HEALTH CARE LLC 1950 ELDRIDGE PKWY, APT 3214 HOUSTON, TEXAS 77077	12/02/2021	Owner Information REAL SHEPHERD HEALTH CARE LLC	
Medicare 2:			PHONE:	FAX:
Phone (832) 774-2331 Type: Parent Agency	Fax Administrator TEMIDAYO AMBALI		Services: Personal Assistance Services	

County HARRIS License # 010739 Lic Expire 9/30/2021 Medicare 1: 743154 Medicare 2: Phone (281) 919-2033 Type: Parent Agency	Region 06 Date Licensed 05 REDEEMED HEALTH SERVICES INC 4606 FM 1960 WEST SUITE 540 HOUSTON, TX 77069 Fax (866) 825-4643 Administrator OLUWASEUN ADEBAJO	9/13/2006	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	3/15/2004	Owner Information
License # 008965 Lic Expire 3/31/2022 Medicare 1: 673150	REDEMPTION HOME HEALTH SERVICES INC 8303 SOUTHWEST FREEWAY SUITE 702 HOUSTON, TX 77074	, 10/L00 1	REDEMPTION HOME HEALTH SERVICES INC SAME HOUSTON, TX 77036
Medicare 2:			PHONE: FAX:
Phone (713) 771-5667 Type: Parent Agency	Fax (713) 771-5235 Administrator SIFON UMOEKPO		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020831 Lic Expire 6/15/2023 Medicare 1: Medicare 2: Phone (346) 715-0974 Type: Parent Agency		5/15/2021	Owner Information REGAL HEALTHCARE SERVICES 5110 COLLINS RD HOUSTON, TX 77093 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 017921 Lic Expire 2/28/2023 Medicare 1: 97-1500 (HOSPICE Medicare 2: Phone (281) 216-2555	Region 06 Date Licensed 02 REGIONAL HOSPICE INC 9644 COURT GLEN DRIVE HOUSTON, TX 77099 Fax (877) 915-1555	2/14/2017	Owner Information REGIONAL HOSPICE INC 13619 TONNOCHY RD HOUSTON, TX 77083 PHONE: FAX:
Type: Parent Agency	Administrator KENNEDY OBANOR		Services: Hospice In-Patient Hospice: NO
County HARRIS License # 013847 Lic Expire 1/31/2023 Medicare 1: 747869 HHA-18 Medicare 2: Phone (281) 240-1084	Region 06 Date Licensed 01 REGIONS HEALTHCARE SERVICES, INC 9894 BISSONNET STREET SUITE 632 HOUSTON, TEXAS 77036 Fax (281) 240-5665	1/26/2011	Owner Information REGIONS HEALTHCARE SERVICES, INC 9898 BISSONNET STREET SUITE 583 RICHMOND, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator NAFISA KASSIM		Personal Assistance Services
County HARRIS License # 016026 Lic Expire 9/30/2024 Medicare 1: 679603 HHA-18 Medicare 2: Phone (713) 484-8132	Region 06 Date Licensed 10 REHAB MED CARE 8313 SOUTHWEST FREEWAY SUITE 106 HOUSTON, TX 77074 Fax (713) 484-8133	0/01/2013	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
Type: Parent Agency	Administrator SHIRLEY RAGASA		Home Health Services with Dialysis; Personal Assistance Services In-Patient Hospice: NO
County HARRIS License # 010197 Lic Expire 12/31/2021 Medicare 1:	Region 06 Date Licensed 12 REHOBOTH HEALTHCARE SERVICES INC 8323 SOUTHWEST FREEWAY # 455 HOUSTON, TX 77074	2/15/2005	Owner Information REHOBOTH HEALTHCARE SERVICES INCORPORATED 8323 SOUTHWEST FREEWAY #455 HOUSTON, TX 77074
Medicare 2: Phone (713) 255-1070 Type: Parent Agency	Fax (713) 255-1074 Administrator SUNDAY OSO		PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 019127 Lic Expire 7/1/2022 Medicare 1: 671512 Medicare 2: Phone 281 4428200	Region 06 Date Licensed RELIANT AT HOME 2325 TIMBER SHADOW DR STE B KINGWOOD, TEXAS 773392028 Fax 281 4428201	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
Type: Alternate Delivery Site	Administrator CASEY WILSON	
County HARRIS License # 014075 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (832) 230-1518 Type: Parent Agency	Region 06 Date Licensed 05/03/2011 RELIANT PEDIATRIC THERAPY SERVICES, PC 21630 MERCHANTS WAY KATY, TX 77449 Fax (281) 741-7355 Administrator OLENDU OKORAFOR	Owner Information RELIANT PEDIATRIC THERAPY SERVICES, PC 21630 MERCHANTS WAY KATY, TX 77449 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 018457 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (281) 961-9070 Type: Parent Agency	Region 06 Date Licensed 11/17/2017 RELIEF GARDEN HEALTHCARE SYSTEM LLC 24202 COURT LAND OAKS KATY, TX 77494 Fax (832) 437-4409 Administrator UGO IWUOFOR	Owner Information RELIEF GARDEN HEALTHCARE SYSTEM LLC 24202 COURT LAND OAKS STREET KATY, TX 77494 PHONE: (281) 961-9070 FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 010547 Lic Expire 6/30/2022 Medicare 1: 679632 Medicare 2: Phone (832) 582-7734	Region 06 Date Licensed 06/16/2006 RELIEF HEALTHCARE SERVICES INC 7155 OLD KATY RD, SUITE N262 HOUSTON, TX 77024 Fax (281) 783-2667	Owner Information RELIEF HEALTHCARE SERVICES, INC 7155 OLD KATY RD, SUITE N262 HOUSTON, TX 77024 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LINDA WALKER	
County HARRIS License # 021254 Lic Expire 12/6/2024 Medicare 1:	Region 06 Date Licensed 12/06/2021 RELY HOME CARE LLC 11111 KTY FWY STE 901 HOUSTON, TEXAS 77079	Owner Information RELY HOME CARE LLC
Medicare 2: Phone (626) 421-0695	Fax	PHONE: FAX:
Type: Parent Agency	Administrator SHANNELLE BROWN	Services: Personal Assistance Services
County HARRIS License # 016833 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (281) 309-8710	Region 06 Date Licensed 06/02/2015 REMARKABLE KIDS PEDIATRIC HOME CARE LLC 507 N SAM HOUSTON PKWY EAST STE 280 HOUSTON, TX 770605920 Fax (281) 353-1097 Administrator KEVIN MCZEAL	Owner Information REMARKABLE KIDS PEDIATRIC HOME CARE LLC 507 N SAM HOUSTON PKWY EAST STE 280 HOUSTON, TEXAS PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency	Administrator KEVIN MCZEAL	Owner Information
County HARRIS License # 020011 Lic Expire 6/23/2022 Medicare 1:	Region 06 Date Licensed 06/23/2020 RENAISSANCE CASE MANAGEMENT SERVICES LLC 4141 SOUTHWEST FREEWAY SUITE 510 HOUSTON, TEXAS 770277334	RENAISSANCE CASE MANAGEMENT SERVICES LLC 4141 SOUTHWEST FREEWAY SUITE 510 HOUSTON, TEXAS 77027
Medicare 2: Phone (713) 528-2097 Type: Parent Agency	Fax (713) 960-1122 Administrator MICHAEL GRAVES	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 020228 Lic Expire 10/13/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 10/13/2020 RENAY'S ANGELS PROVIDER SERVICES LLC 11007 CRINKLEAWN DR. HOUSTON, TX 77086	Owner Information RENAY'S ANGELS PROVIDER SERVICES LLC PHONE: FAX:
Phone (832) 846-9574 Type: Parent Agency	Fax Administrator SUWANDA THOMAS	Services: Personal Assistance Services
County HARRIS License # 014931 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (281) 459-0093 Type: Parent Agency	Region 06 Date Licensed 07/16/2012 RESIDENTIAL HOME CARE 10333 HARWIN STE 640 HOUSTON, TX 77036 Fax (281) 459-0891 Administrator JALEESA OKENDU	Owner Information UNIQUE LIVING HEALTH AND WELLNESS FACILITY LLC 1927 MEADOW EDGE LANE SPRING, TX 77388 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 019932 Lic Expire 5/12/2022 Medicare 1: Medicare 2: Phone (832) 549-0994	Region 06 Date Licensed 05/12/2020 RESIDENTIAL HOSPICE, INC 2922 ROSEDALE ST SUITE 1210 HOUSTON, TEXAS 77004 Fax (713) 521-1377	Owner Information RESIDENTIAL HOSPICE INC PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JENNIFER ROY	In-Patient Hospice: NO
County HARRIS License # 020685 Lic Expire 1/1/2023 Medicare 1: 741720 Hospice Medicare 2:	Region 06 Date Licensed 01/01/2021 RESOLUTIONS HOSPICE 363 N SAM HOUSTON PARKWAY E, SUITE 545 HOUSTON, TX 77060	Owner Information SOUTHERN PINES HEALTHCARE LLC PHONE: FAX:
Phone (832) 553-2276	Fax	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 019607 Lic Expire 5/1/2023 Medicare 1: 671722	Administrator TABITHA SHOOK Region 06 Date Licensed 05/01/2019 RESOLUTIONS HOSPICE HOUSTON 17040 EL CAMINO REAL, SUITE 200 HOUSTON, TEXAS 77058	Owner Information CLEAR CREEK HEALTHCARE, INC
Medicare 2: Phone (832) 588-6083 Type: Parent Agency	Fax (713) 383-4447 Administrator TABITHA SHOOK	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 014170 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (713) 972-1010 Type: Parent Agency	Region 06 Date Licensed 06/15/2011 RESONA MEDICAL SERVICES 6201 BONHOMME RD STE 440N HOUSTON, TX 77036 Fax (713) 972-1011 Administrator STEPHEN NWANKWO	Owner Information RESONA HOME HEALTH SERVICES INC 6201 BONHOMME RD SUITE 440N HOUSTON, TX 77036 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 009621 Lic Expire 11/30/2022 Medicare 1: 453160 HHA-18 Medicare 2: Phone (713) 972-9090 Type: Parent Agency	Region 06 Date Licensed 07/31/2003 RESOURCE CARE CORPORATION 7322 SOUTHWEST FREEWAY, STE 1735 HOUSTON, TEXAS 77074 Fax (713) 780-3508 Administrator ROSE NWABUISI	Owner Information RESOURCE CARE CORPORATION 7211 REGENCY SQUARE #116 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 008301 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (713) 270-8880 Type: Parent Agency	Region 06 Date Licensed RESOURCE HEALTH CARE INC 6464 SAVOY DR STE 657 HOUSTON, TX 77036 Fax (713) 270-8820 Administrator MATTHEW MBA	01/24/2003	Owner Information RESOURCE HEALTH CARE, INC 6464 SAVOY DR. STE 210A HOUSTON, TEXAS 77036 PHONE: (713) 270-8880 FAX: Services: Personal Assistance Services
County HARRIS License # 007241 Lic Expire 8/31/2020 Medicare 1: 679098 HHA-18 Medicare 2: Phone (713) 981-4389 Type: Parent Agency	Region 06 Date Licensed RESOURCE HOME HEALTH SERVICES 7322 SOUTHWEST FWY, STE 1750 HOUSTON, TEXAS 77074 Fax () 832-8119 Administrator ROSE NWABUISI	08/23/1999	Owner Information RESOURCE HEALTH SERVICES INC 7211 REGENCY SQUARE BLVD SUITE 102 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018140 Lic Expire 10/9/2021 Medicare 1: Medicare 2: Phone (281) 686-6273 Type: Parent Agency	Region 06 Date Licensed RESPECT HOME CARE LLC 1815 ENCLAVE PARKWAY HOUSTON, TX 77077 Fax (281) 531-8945 Administrator AMALIA GARCIA	06/29/2017	Owner Information RESPECT HOME CARE LLC 1511 DURANGO HOUSTON, TX 77055 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 009741 Lic Expire 5/31/2022 Medicare 1: 677936 HHA-18 Medicare 2: Phone (713) 248-5866 Type: Parent Agency	Region 06 Date Licensed RESTORE HEALTH CARE SERVICES INC 16000 PARK TEN PLACE SUITE 103 HOUSTON, TX 77084 Fax (713) 726-0220 Administrator SHARON TORAN	05/05/2005	Owner Information RESTORE HEALTH CARE SERVICES INC 16000 PARK TEN PLACE SUITE #103 HOUSTON, TX 77084 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 019355 Lic Expire 4/30/2021 Medicare 1: Medicare 2: Phone (713) 429-0737 Type: Parent Agency	Region 06 Date Licensed RESTORE HOME HEALTH 9100 SOUTHWEST FREEWAY, SUITE 116 HOUSTON, TX 77074 Fax (281) 974-4039 Administrator HANA JOB	04/30/2019	Owner Information RESTORE HOME HEALTH CARE 9100 SOUTHWEST FREEWAY STE #202 HOUSTON, TX 77074 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 017500 Lic Expire 7/31/2022 Medicare 1: 741668 HOSPICE Medicare 2: Phone (832) 538-0973 Type: Parent Agency	Region 06 Date Licensed REVELATION HOSPICE 317 W 20TH ST HOUSTON, TEXAS 77008 Fax (281) 919-2930 Administrator STEVEN DEL ANGEL	07/07/2016	Owner Information AT HOME HEALTHCARE HOSPICE INC 650 N SAM HOUSTON PWKY STE 250 HOUSTON, TX 77036 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County HARRIS License # 020297 Lic Expire 11/6/2022 Medicare 1: Medicare 2: Phone (832) 324-9953	Region 06 Date Licensed RHYMERHEALTH SERVICES 4606 FM 1960 RD W, SUITE #224 HOUSTON, TX 77069 Fax (832) 324-9993	11/06/2020	Owner Information RHYMERHEALTH LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

Administrator

NNAEMEKA NWANKWO

County HARRIS License # 015811 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (832) 924-3610 Type: Parent Agency	Region 06 Date Licensed 10/10/2013 RIGHT AT HOME 9538 HUFFMEISTER ROAD HOUSTON, TX 77095 Fax (832) 924-8899 Administrator SANDRA HEINTZ	Owner Information JCL HEINTZ CORPORATION 9538 HUFFMEISTER ROAD HOUSTON, TX 77095 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 010931 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (281) 358-9922	Region 06 Date Licensed 12/11/2006 RIGHT AT HOME KINGWOOD 1214 STONEHOLLOW DRIVE SUITE A KINGWOOD, TX 77339 Fax (281) 358-4206	Owner Information ACTS OF GRACE INC 3010 WOODLAND VIEW DR KINGWOOD, TX 77345 PHONE: FAX:
Type: Parent Agency	Administrator JAMES ROYAL	Services: Personal Assistance Services
County HARRIS License # 021280 Lic Expire 9/12/2024 Medicare 1:	Region 06 Date Licensed 09/12/2021 RIGHT AT HOME HOUSTON 6300 W. LOOP SOUTH, STE. 430 BELLAIRE, TX 77401	Owner Information RAHCO HOUSTON, LLC
Medicare 2:		PHONE: FAX:
Phone (713) 838-0100 Type: Parent Agency	Fax (713) 492-2002 Administrator JON SEARLES	Services: Personal Assistance Services
County HARRIS License # 019828 Lic Expire 2/13/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 02/13/2020 RISE HEALTHCARE SERVICES, INC 9888 BISSONNET ST SUITE 520 HOUSTON, TEXAS 77036	Owner Information RISE HEALTHCARE SERVICES INC PHONE: FAX:
Phone (346) 393-0023 Type: Parent Agency	Fax (832) 925-7157 Administrator CHRISTIANA SODEKE	Services: Personal Assistance Services
County HARRIS License # 018309 Lic Expire 9/30/2023 Medicare 1: 97-1505 (HOSPICE Medicare 2: Phone (713) 702-4927	Region 06 Date Licensed 09/11/2017 ROAD TO HAPPINESS HOME CARE SERVICES 2600 SOUTH LOOP WEST SUITE #350 HOUSTON, TX 77054 Fax (281) 969-5140	Owner Information ROAD TO HAPPINESS HOME CARE SERVICES LLC P.O. BOX 710056 HOUSTON, TX 77006 PHONE: (712) 702-4927 FAX: Services: Hospice
Type: Parent Agency	Administrator SANDRA FRANCOIS	In-Patient Hospice: NO
County HARRIS License # 020801 Lic Expire 6/1/2024 Medicare 1:	Region 06 Date Licensed 06/01/2021 ROAD TO RICKS CARE LLC 2300 OLD SPANISH TRAIL APT.1136 HOUSTON, TEXAS 77054	Owner Information ROAD TO RICKS CARE LLC
Medicare 2:		PHONE: FAX:
Phone (908) 627-2901 Type: Parent Agency	Fax Administrator KEENA RICKS	Services: Licensed Home Health Services
County HARRIS License # 012293 Lic Expire 11/30/2022 Medicare 1: 747371 Medicare 2:	Region 06 Date Licensed 11/06/2008 ROSARY HOME HEALTH 16360 PARK TEN PLACE SUITE 108 HOUSTON, TX 77084	Owner Information ROSARY HOME HEALTH, INC 16360 PARK TEN PLACE, SUITE #108 HOUSTON, TX 77084 PHONE: FAX:
Phone (281) 600-1600	Fax (281) 600-1602	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ROSALINE IGBOKWE	

	Region 06 Date Licensed 03/31/2005 ROSELAND HEALTHCARE SERVICES INC 9555 W. SAM HOUSTON PKWAY SOUTH SUITE 325 HOUSTON, TEXAS 77099 Fax (713) 270-6207 Administrator ROSEMARY AMADI	Owner Information ROSELAND HEALTHCARE SERVICES INC 10039 BISSONNET ST SUITE #219 HOUSTON, TX 77036 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 020172 Lic Expire 9/14/2022 Medicare 1:	Region 06 Date Licensed 09/14/2020 ROYAL CAREGIVERS 12 GREENWAY PLAZA HOUSTON, TX 77027	Owner Information ROYAL HOME CARE LLC
Medicare 2:		PHONE: FAX:
	Fax (800) 668-2517	Services: Personal Assistance Services
Type: Parent Agency	Administrator ELIKEM GLOVER	O
County HARRIS	Region 06 Date Licensed 05/30/2002	Owner Information ROYAL CARE INC
License # 007960 Lic Expire 5/31/2023	ROYAL HOME CARE	15358 PARK ROW
Lic Expire 5/31/2023 Medicare 1: 679198 HHA-18	15358 PARK ROW BLVD. HOUSTON, TX 77084	HOUSTON, TX 77084
Medicare 2:	THE COLON, TA THE C	PHONE: FAX:
Phone (281) 647-7733	Fax (281) 647-7744	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator GRACE AYODELE	
County HARRIS License # 014667 Lic Expire 11/30/2023 Medicare 1: 677942 HHA-18	Region 06 Date Licensed 11/30/2011 ROYAL STAR HEALTHCARE INC 7457 HARWIN DRIVE SUITE #252 HOUSTON, TX 77036	Owner Information ROYAL STAR HEALTHCARE INC 7457 HARWIN DRIVE SUITE #252 HOUSTON, TX 77036
Medicare 2:		PHONE: FAX:
Phone (713) 589-7019	Fax (713) 784-0525	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator FRANCIS OYELEKE	Personal Assistance Services
County HARRIS License # 020169 Lic Expire 9/11/2022 Medicare 1:	Region 06 Date Licensed 09/11/2020 ROYALTY HOSPICE, LLC 650 N. SAM HOUSTON PKWY E. SUITE 210 HOUSTON, TEXAS 77060	Owner Information ROYALTY HOSPICE, LLC
Medicare 2:		PHONE: FAX:
Phone (832) 262-1299	Fax	Services: Hospice
Type: Parent Agency	Administrator MELISSA WADE	In-Patient Hospice: NO
County HARRIS License # 020563 Lic Expire 3/3/2023 Medicare 1:	Region 06 Date Licensed 03/03/2021 RUBY'S HOUSE OF HOME HEALTH LLC 17110 RAINIER CREEK DRIVE HUMBLE, TEXAS 77346	Owner Information RUBY'S HOUSE LLC
Medicare 1:	HOWIDEL, TEXAS 17540	PHONE: FAX:
Phone (713) 324-9218	Fax (713) 324-8874	Services: Personal Assistance Services
	Administrator MIOSHY SMITH	Services. Personal Assistance Services
County HARRIS License # 016611 Lic Expire 1/31/2023 Medicare 1: Medicare 2:	Region 06 Date Licensed 01/21/2015 RWW HOME & COMMUNITY REHAB SERVICES, INC 11200 WESTHEIMER SUITE 235 HOUSTON, TX 77042	Owner Information RWW HOME & COMMUNITY REHAB SERVICES, INC 9901 LINN STATION ROAD LOUISVILLE, KY 40223 PHONE: FAX:
Phone (888) 299-3998	Fax (855) 222-6934 Administrator TARA ANN S. LOUD	Services: Licensed Home Health Services

County HARRIS License # 021050 Lic Expire 9/16/2024 Medicare 1:	Region 06 Date Licensed SACRED GIFT WILLOW HOSPICE LLC 6201 BONHOMME RD #468N HOUSTON, TX 77036	09/16/2021	Owner Information SACRED GIFT WILLOW HOSPICE LLC	
Medicare 2:	F (7.0) 0.0.		PHONE:	FAX:
Phone (832) 405-1671	Fax (713) 583-8124		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	SAFE HARBOR CARE		SAFEHARBOR GROUP, LLC	
Lic Expire 1/31/2023	3310 QUEENSBURG LANE		3310 QUEENSBURG LANE FRIENDSWOOD, TX 77546	
Medicare 1:	FRIENDSWOOD, TX 77546			-NV
Medicare 2: Phone (281) 333-2233	Fax (281) 333-2275		PHONE:	FAX:
,	Administrator DEBRA FULL		Services: Personal Assistance Services	
Type: Parent Agency	Administrator DEBNA FOLE		O	
County HARRIS	Region 06 Date Licensed	01/11/2020	Owner Information SAFECARE HEALTHCARE SERVICES, INC	
License # 019288	SAFECARE HEALTH SERVICE, INC		9050 COOK RD SUITE 210	
Lic Expire 3/1/2023	9050 COOK RD SUITE 210		HOUSTON, TX 77099	
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77099		PHONE: (832) 640-6328	FAX:
Phone (832) 640-6328	Fax (281) 741-9831		(**) * * * * * *	
Type: Parent Agency	Administrator DONATUS ELIOKU		Services: Licensed Home Health Services; Persona	al Assistance Services
County HARRIS License # 014132 Lic Expire 5/31/2023	Region 06 Date Licensed SAHAB HEALTH CARE SERVICES LLC 10911 WESTBRAE VILLAGE DRIVE	06/01/2011	Owner Information SAHAB HEALTH CARE SERVICES, LLC 10911 WESTBRAE VILLAGE DRIVE	
Medicare 1:	HOUSTON, TX 77031		HOUSTON, TX 77031	
Medicare 2:			PHONE:	FAX:
Phone (713) 772-8155	Fax (713) 484-5445		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		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:	FAX:
Phone (832) 231-1679	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	08/09/2018	Owner Information	
License # 018879	SAINT PAUL HOSPICE LLC		SAINT PAUL HOSPICE CARE LLC	
Lic Expire 8/31/2022	9894 BISSONNET STREET, SUITE 320		6260 WESTPARK DR STE 250	
Medicare 1: 971549 (HOSPICE)	HOUSTON, TEXAS 77036		HOUSTON, TX 77057	
Medicare 2:	_		PHONE:	FAX:
Phone (346) 335-8994	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 HEALTH CARE SERVICES INC		SALVATION HEALTHCARE SERVICES, INC	
Lic Expire 5/31/2023	3300 S GESSNER ROAD SUITE 205		3300 S GESSNER, SUITE #205	
Medicare 1: 677997 HHA-18	HOUSTON, TX 77063		HOUSTON, TX 77063	
Medicare 2:			PHONE:	FAX:
Phone (713) 975-7944	Fax (713) 975-7988		Services: Licensed and Certified Home Health Serv	rices; Personal Assistance Services
Type: Parent Agency	Administrator TOLUWALOPE LAOYE			

County HARRIS License # 020604 Lic Expire 3/16/2023 Medicare 1:	Region 06 Date Licensed 03/16/2021 SALVATIONS HOSPICE, LLC 315 W. ALABAMA STREET SUITE 102 HOUSTON, TEXAS 77006	Owner Information SALVATIONS HOSPICE, LLC
Medicare 2: Phone (832) 262-1299	Fax (832) 201-0407	PHONE: FAX:
	· ,	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MELISSA WADE	Ourse Information
County HARRIS License # 014248	Region 06 Date Licensed 08/03/2011	Owner Information SAMCOS HEALTHCARE SERVICES, INC
License # 014248 Lic Expire 8/31/2023	SAMCOS HEALTHCARE SERVICES INC 10806 PRIMROSE ACRES LANE	10806 PRIMROSE ACRES LANE
Medicare 1:	HOUSTON, TX 77031	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	<u> </u>
County HARRIS	Region 06 Date Licensed 12/06/2021	Owner Information
License # 021253	SAPPHIRE HOME & PERSONAL CARE SERVICES, LLC	SAPPHIRE HOME & PERSONAL CARE SERVICES LLC
Lic Expire 12/6/2024	4419 BRIDGESTONE LAKES DRIVE	
Medicare 1: Medicare 2:	SPRING, TEXAS 77388	PHONE: FAX:
Phone (281) 989-3257	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator TANYA TERO	Services. Personal Assistance Services
County HARRIS	Region 06 Date Licensed 10/06/2014	Owner Information
License # 016461	SAVIOR CARE HOME SERVICES	SAVIOR CARE HOME SERVICES
Lic Expire 10/31/2022	10101 HARWIN DR STE 172B	7118 ROCKY RIDGE LN
Medicare 1:	HOUSTON, TX 77036	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	SCENIC HEALTHCARE HOSPICE LLC
Lic Expire 11/20/2022	6260 WESTPARK DR SUITE 266	6260 WEST PARK DR SUITE 266
Medicare 1: 971525 (HOSPICE)	HOUSTON, TX 77057	HOUSTON, TX 77057
Medicare 2: Phone (281) 576-1380	Fax (281) 990-6716	PHONE: FAX:
1 1010 (201) 370-1300	1 ax (201) 330-01 10	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	SEASONS HOSPICE & PALLIATIVE CARE OF TEXASHOUSTON, LLC SAME
Lic Expire 7/31/2022	4500 E SAM HOUSTON PARKWAY SOUTH STE 255	SAIVIE
Medicare 1:	PASADENA, TX 77505	HOUSTON, TX 77070
Medicare 2:		PHONE: FAX:
Phone (281) 847-6300	Fax (281) 847-6301	Services: Hospice
Type: Alternate Delivery Site	Administrator BRANDII NILES	In-Patient Hospice: NO
County HARRIS	Region 06 Date Licensed 07/18/2012	Owner Information
License # 014939	SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS HOUSTON	SEASONS HOSPICE & PALLIATIVE CARE OF TEXASHOUSTON, LLC
21,000	LLC	SAME
Lic Expire 7/31/2022	10318 LAKE ROAD BUILDING C SUITE 102	HOUSTON, TX 77070
Medicare 1: 671741 HOSPICE	HOUSTON, TX 77070	
Medicare 2: Phone (281) 931-1129	Fax (281) 847-6301	PHONE: FAX:
	V 1 / 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BRANDII NILES	

County HARRIS License # 019626 Lic Expire 10/1/2021 Medicare 1: Medicare 2: Phone (832) 216-8157 Type: Parent Agency	Region 06 Date Licensed 10/01/2019 SECOND START HOME CARE 2806 LACKECREST RIVER DR KATY, TEXAS 77493 Fax Administrator LORIANE NTANGA	Owner Information SECOND START HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 017328 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (713) 409-2710 Type: Parent Agency	Region 06 Date Licensed 03/28/2016 SEDS KIDS CARE 21352 PROVINCIAL BLVD. KATY, TEXAS 77450 Fax (281) 829-7331 Administrator IBIYEMI AJAYI	Owner Information SEDS HEALTHCARE, INC 2011 AUTUMN FERN DRIVE KATY, TX 77450 PHONE: (713) 409-2710 FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 008655 Lic Expire 9/30/2021 Medicare 1: 453155 Medicare 2: Phone (713) 484-8699 Type: Parent Agency	Region 06 Date Licensed 09/18/2003 SEGNIK HEALTHCARE SERVICES 7001 CORPORATE DRIVE #302 HOUSTON, TX 77036 Fax (713) 484-8675 Administrator JOSHUA OYENIYI	Owner Information SEGNIK GROUP INC 7001 CORPORATE DRIVE SUITE #302 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018431 Lic Expire 10/31/2023 Medicare 1: 679170 HHA-18 Medicare 2: Phone (281) 370-3500	Region 06 Date Licensed 10/15/2017 SELECT CARE HOME HEALTH INC 11803 GRANT ROAD SUITE #203 CYPRESS, TX 77429 Fax (281) 370-3567	Owner Information SELECT CARE HOME HEALTH, INC 11803 GRANT ROAD CYPRESS, TX 77429 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 012801 Lic Expire 6/30/2023 Medicare 1: 679582 HHA-18 Medicare 2: Phone (713) 975-1519 Type: Parent Agency	Administrator ROBERTO GOAN Region 06 Date Licensed 06/15/2009 SENIOR ALLEGIANCE 2501 WESTERLAND DR APT F307 HOUSTON, TX 77063 Fax (832) 252-7376 Administrator KARINA WALKER	Owner Information SENIOR ALLEGIANCE INC 5353 WYOMING BLVD NE, SUITE A ALBUQUERQUE, NM 87109 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018698 Lic Expire 4/30/2025 Medicare 1: Medicare 2: Phone (832) 900-5194 Type: Parent Agency	Region 06 Date Licensed 04/11/2018 SENIOR HELPERS 1919 N. LOOP W. SUITE 443 HOUSTON, TX 77008 Fax (832) 900-5197 Administrator EDUARDO VISBAL-INSIGNARES	Owner Information BEST CARE PROFESSIONALS LLC 1625 MAIN STREET #610 HOUSTON, TX 77002 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 018236 Lic Expire 11/30/2019 Medicare 1: Medicare 2: Phone (832) 487-9969 Type: Parent Agency	Region 06 Date Licensed 08/08/2017 SENIOR HELPERS 4916 W. 34TH ST #A HOUSTON, TX 77092 Fax (281) 974-5356 Administrator XUAN LY LAM	Owner Information DAVID AND LY LLC 4916 WEST 34TH STREET, SUITE A HOUSTON, TX 77092 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 017678 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (281) 919-1876 Type: Parent Agency	Region 06 Date Licensed 10/03/2016 SENIOR HELPERS NORTH HOUSTON 11106 BAMMEL NORTH HOUSTON RD, STE A HOUSTON, TX 77066 Fax (832) 218-2043 Administrator DAVID CHAN	Owner Information DALYAN CARE LLC 11106 BAMMEL NORTH HOUSTON RD STE A HOUSTON, TX 77066 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 014446 Lic Expire 10/31/2021 Medicare 1: 747856 HHA-18	Region 06 Date Licensed 10/28/2011 SENIOR SOLUTIONS HOME HEALTH 2855 WESTMINSTER PLAZA DR HOUSTON, TX 77082	Owner Information VIVICARE HEALTH PARTNERS HOUSTON, INC 448 W. 19TH STREET BOX 548 HOUSTON, TEXAS 77008
Medicare 2: Phone (713) 337-4444 Type: Parent Agency	Fax (713) 337-4449 Administrator ZACHARY CHAUMONT	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 019656 Lic Expire 10/21/2021 Medicare 1:	Region 06 Date Licensed 10/21/2019 SENIORS HELPING SENIORS 7610 HIGHMEADOW DR HOUSTON, TEXAS 77063	Owner Information STUDIO LIFESTYLE INC
Medicare 2:	1100310N, 1EAAS 77003	PHONE: FAX:
Phone (832) 830-6940	Fax	Services: Personal Assistance Services
Type: Parent Agency County HARRIS License # 021127 Lic Expire 10/14/2024 Medicare 1:	Administrator SHEHNAZ KAPASI Region 06 Date Licensed 10/14/2021 SENIORS HELPING SENIORS 12131 BRIGHTON BROOK LANE TOMBALL, TX 77377	Owner Information DANI'S HELPING HANDS, LLC
Medicare 2:		PHONE: FAX:
Phone 346 8087675	Fax 346 2360406	Services: Personal Assistance Services
County HARRIS License # 019793 Lic Expire 2/28/2022	Administrator JASON BLEVINS Region 06 Date Licensed 02/28/2020 SERENITE HEALTH LTD CO 10601 GRANT RD STE. 115	Owner Information SERENITE HEALTH LTD CO
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77070	PHONE: FAX:
Phone (832) 688-8760 Type: Parent Agency	Fax (832) 688-8678 Administrator ADEFUNKE OMO-OSAGIE	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020538 Lic Expire 2/12/2024 Medicare 1: 971684	Region 06 Date Licensed 02/12/2021 SERENITY CARE SOLUTIONS, LLC 607 E WALLISVILLE RD HIGHLANDS, TX 77562	Owner Information SERENITY CARE SOLUTIONS, LLC
Medicare 2:	,	PHONE: FAX:
Phone (732) 484-6354	Fax (281) 426-7983	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HARRIS License # 021212 Lic Expire 11/18/2024 Medicare 1:	Administrator DALLAL ABDELSAYED Region 06 Date Licensed 11/18/2021 SERENITY HOME CARE SERVICES, LLC 17807 LAKECREST VIEW DR. APT 8207 CYPRESS, TEXAS 77433	Owner Information SERENITY HOME CARE SERVICES LLC
Medicare 2:	•	PHONE: FAX:
Phone (989) 475-6587 Type: Parent Agency	Fax Administrator TAKARA DOBSON	Services: Personal Assistance Services

County HARRIS License # 016185 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (713) 585-1377 Type: Parent Agency	Region 06 Date Licensed 05/05/2014 SERENITY HOME PROVIDERS INC 2616 SOUTH LOOP WEST STE # 555 HOUSTON, TX 77054 Fax (713) 955-0839 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	Owner Information SERENITY HEALTH SERVICES LLC
License # 018654 Lic Expire 3/31/2022	SERENITY HOSPICE SOLUTIONS 340 NORTH SAM HOUSTON PARKWAY SUITE A222	523 N. SAM HOUSTON PKWY EAST, SUITE 390
Medicare 1: 97-1532 (HOSPICE	HOUSTON, TEXAS 77060	HOUSTON, TX 77060
Medicare 2: Phone (281) 402-6971	Fax (832) 213-4500	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator RAYMOND HOWARD	
County HARRIS License # 008280 Lic Expire 1/31/2023 Medicare 1: 679272 HHA-18	Region 06 Date Licensed 01/09/2003 SEV HOME CARE INC 4000 GARTH RD STE 130 BAYTOWN, TX 77521	Owner Information SEV HOME CARE, INC 4000 GARTH RD SUITE 130 BAYTOWN, TX 77521-3169
Medicare 2: Phone (281) 420-1427	Fax (281) 420-4513	PHONE: FAX:
1 1010 (201) 420 1421	1 47 (201) 420 40 10	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ELIZABETH VALLAGOMESA	
County HARRIS License # 021030 Lic Expire 9/7/2024	Region 06 Date Licensed 09/07/2021 SHARED HEARTS LLC 19200 SPACE CENTER BLVD APT 1821	Owner Information SHARED HEARTS LLC
Medicare 1: Medicare 2:	HOUSTON, TX 77058	PHONE: FAX:
Phone (832) 978-8810	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator JULIE MATHEWS	CONTROL. I GIOGNAL NEGLOANIO CONTROL
County HARRIS License # 015554 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (281) 480-4846 Type: Parent Agency	Region 06 Date Licensed 05/21/2013 SHEILAS ANGELS INHOME CARE LLC 1350 NASA PARKWAY STE 204 HOUSTON, TX 77058 Fax (866) 419-7804 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 License # 017829 Lic Expire 1/31/2023 Medicare 1: 747678 HHA-18 Medicare 2:	Region 06 Date Licensed 01/03/2017 SHIELDS HEALTHCARE SERVICES PLLC 6260 WESTPARK DRIVE SUITE 277 HOUSTON, TX 77057	Owner Information SHIELDS HEALTHCARE SERVICES, PLLC 6260 WESTPARK DRIVE SUITE 277 HOUSTON, TX 77057 PHONE: FAX:
Phone (832) 412-1213	Fax (888) 859-5359	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator KENNETH ETUOKWU	Personal Assistance Services
County HARRIS License # 019282 Lic Expire 2/27/2023 Medicare 1:	Region 06 Date Licensed 02/27/2019 SHOWERS OF MERCY HOME HEALTHCARE 13523 JESSICA LANE HOUSTON, TEXAS 77069	Owner Information SHOWERS OF MERCY HOME HEALTHCARE LLC
Medicare 2: Phone 832 461 7456	Fax	PHONE: FAX:
T 10010 002 401 7400	I GA	Services: Licensed Home Health Services; Personal Assistance Services

Administrator

MARGARET AKINDELE-ALO

County HARRIS	Region 06 Date Licensed 01/01/2017	Owner Information
License # 017844	SIBLINGS HEALTHCARE SOLUTIONS LLC	SIBLINGS HEALTHCARE SOLUTIONS LLC
Lic Expire 12/31/2022	2646 SOUTH LOOP WEST SUITE #355	2218 SILVER LEAF DRIVE
Medicare 1: 679394 HHA-18	HOUSTON, TX 77054	MISSOURI CITY, TEXAS 77489
Medicare 2:		PHONE: FAX:
Phone (713) 218-7099	Fax (713) 218-6772	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator NKECHI AHANOTU-ANIGBOGU	
County HARRIS	Region 06 Date Licensed 11/16/2020	Owner Information
License # 020322	SIEDZECARE LLC	SIEDZECARE LLC
Lic Expire 11/16/2022	310 PARRAMATTA LANE APT 3225	
Medicare 1:	HOUSTON, TX 77073	
Medicare 2:		PHONE: FAX:
Phone 346 3310306	Fax NA	Services: Personal Assistance Services
Type: Parent Agency	Administrator FABRICE NDE	55 N550 1 5 55 N5 N
County HADDIS	Pagin 06 Pata Liannad 12/21/2000	Owner Information
County HARRIS License # 013171	Region 06 Date Licensed 12/31/2009 SIENNA HOME HEALTH CARE	SIENNA HEALTH CARE, INC
		14011 PARK DRIVE, SUITE #218
Lic Expire 12/31/2021 Medicare 1: 453145 HHA-18	14011 PARK DRIVE SUITE #218	TOMBALL, TX 77377-6292
Medicare 1: 453145 HHA-18 Medicare 2:	TOMBALL, TX 77377	PHONE: FAX:
Phone (281) 516-0255	Fax (281) 516-0223	
Type: Parent Agency	Administrator JANICE WALSTON	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS	Region 06 Date Licensed 02/15/2019	Owner Information
License # 019659	SIGHTED HOMECARE SERVICES, LLC	SIGHTED HOMECARE SERVICES, LLC
Lic Expire 10/22/2021	3119 ASHLOCK DRIVE	
Medicare 1:	HOUSTON, TX 77082	
Medicare 2:		PHONE: FAX:
Phone (832) 365-3400	Fax (832) 365-3401	Services: Personal Assistance Services
Type: Parent Agency	Administrator ENITA ODOFIN	Services. Personal Assistance Services
County HARRIS	Region 06 Date Licensed 04/08/1996	Owner Information
License # 004433	SIGNATURE HEALTH SERVICES	IMMANUEL HOME HEALTH CARE INC
Lic Expire 4/30/2022	606 ROLLINGBROOK SUITE 2F	606 ROLLINGBROOK SUITE 2F
Medicare 1: 678499 HHA-18	BAYTOWN, TX 77521	BAYTOWN, TX 77521-4053
Medicare 2:	5, 7	PHONE: FAX:
Phone (281) 837-1321	Fax (866) 379-1971	
Type: Parent Agency	Administrator KARIE SPELL	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS	Region 06 Date Licensed 01/08/2020	Owner Information
License # 019766	SIGNATURE HOSPICE AND PALLIATIVE CARE, LLC	SIGNATURE HOSPICE & PALLIATIVE CARE, LLC
Lic Expire 1/8/2022	7322 SOUTHWEST FWY STE 660 RM C	
Medicare 1:	HOUSTON, TEXAS 77074	
Medicare 2:		PHONE: FAX:
Phone 346 341 0172	Fax 346 341 0165	Services: Hospice; Personal Assistance Services
Type: Parent Agency	Administrator HEATHER EMBIL RN	In-Patient Hospice: NO
County HARRIS	Region 06 Date Licensed 01/20/2012	Owner Information
License # 014602	SILVER HEALTHCARE INC	SILVER HEALTHCARE INC
Lic Expire 1/31/2022		9050 COOK ROAD, SUITE 204
Medicare 1:	9050 COOK RD STE 204 HOUSTON, TX 77099	HOUSTON, TX 77099
Medicare 2:	110001011, 17 11099	PHONE: FAX:
Phone (281) 741-8893	Fax (281) 741-9831	
,		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FRANCIS AGHADO	

County HARRIS License # 013892 Lic Expire 10/31/2022 Medicare 1: 671535 HOSPICE Medicare 2: Phone (281) 397-8800 Type: Parent Agency	Region 06 Date Licensed 10/04/2010 SILVERADO HOSPICE NORTH HOUSTON 14550 TORREY CHASE, SUITE 345 HOUSTON, TEXAS 77014 Fax (281) 397-8813 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
	Region 06 Date Licensed 03/03/2015	Owner Information
County HARRIS License # 016665	SILVERSPRING HEALTHCARE SERVICES	TRM HOSPICE CARE INC
Lic Expire 3/31/2024	25700 I-45 NORTH SUITE 440	25420 KUYKENDHAL RD, SUITE F400
Medicare 1: 741670 HOSPICE	SPRING, TX 77386	TOMBALL, TX 77375
Medicare 2:		PHONE: FAX:
Phone (281) 651-2268	Fax (281) 656-5230	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator OMOLOLA BAKARE	
County HARRIS	Region 06 Date Licensed 05/04/2010	Owner Information
License # 013291	SILVERSPRING HEALTHCARE SERVICES	SILVER SPRING
Lic Expire 5/31/2022	25700 I-45 NORTH, SUITE 440	18 AUGUSTA PINES DR SUITE 120 W
Medicare 1: 747611 HHA-18	SPRING, TX 77386	SPRING, TX 77389
Medicare 2:	Face (004) 050 5000	PHONE: FAX:
Phone (281) 651-2268 Type: Parent Agency	Fax (281) 656-5230 Administrator OMOLOLA BAKARE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
· · · · · · · · · · · · · · · · · · ·		Owner Information
County HARRIS	Region 06 Date Licensed 01/01/2005	SIMPLEX HEALTH AND ALLIED SERVICES INC
License # 009667	SIMPLEX HEALTH AND ALLIED SERVICES INC	15615 BROOKWOOD LK
Lic Expire 12/31/2021 Medicare 1: 677891 HHA-18	5715 SALUDA CREEK LANE	SUGAR LAND, TX 77478
Medicare 2:	HOUSTON, TX 77085	PHONE: FAX:
Phone (713) 334-7266	Fax (713) 334-7297	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator UDO NNAJI	
County HARRIS	Region 06 Date Licensed 05/25/2018	Owner Information
License # 018763	SIMPLY DIALYSIS AND HOME HEALTH LLC	SIMPLY DIALYSIS AND HOME HEALTH, LLC
Lic Expire 5/31/2022	21925 FRANZ RD. STE. 401	21925 FRANZ ROAD., STE#401
Medicare 1:	KATY, TX 77449	KATY, TX 77449
Medicare 2:		PHONE: FAX:
Phone (346) 307-7767	Fax (346) 307-7849	Services: Licensed Home Health Services with Dialysis
Type: Parent Agency	Administrator BONAVENTURA CELESTINE	
County HARRIS	Region 06 Date Licensed 02/28/2019	Owner Information
License # 019284	SIMPLY JOY HOME HEALTH LLC	SIMPLY JOY HOME HEALTH
Lic Expire 2/28/2021	7610 ECHINACEA DRIVE	1940 FOUNTAIN DRIVE SUITE 3010
Medicare 1:	BAYTOWN, TEXAS 77521	HOUSTON, TEXAS 77057
Medicare 2:	_	PHONE: FAX:
Phone (713) 331-2111	Fax	Services: Licensed Home Health Services
Type: Parent Agency	Administrator LAURA CLEVELAND	
County HARRIS	Region 06 Date Licensed 01/16/2008	Owner Information
License # 011825	SJC HOME HEALTH CARE INC	SJC HOME HEALTH CARE INC
Lic Expire 1/31/2024	1834 SNAKE RIVER ROAD SUITE A	1834 SNAKE RIVER ROAD SUITE A & B
Medicare 1: 747103 HHA-18	KATY, TX 77449	KATY, TX 77449
Medicare 2:		PHONE: FAX:
Phone (281) 492-9000	Fax (281) 492-9009	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SARAH JANE BALBON	

County HARRIS License # 011658 Lic Expire 10/31/2022 Medicare 1: 747187 Medicare 2: Phone (346) 395-8233	Region 06 Date Licensed 10/26/2007 SKYLINE MEDICAL SERVICES INC 514 SUMMER OAKS CT ROSENBERG, TX 77469 Fax (866) 925-6638	Owner Information SKYLINE MEDICAL SERVICES, INC 12623 LALEU LANE HOUSTON, TX 77071 PHONE: FAX: Services: Licensed and Cartified Home Health Services: Licensed Home Health Services:
		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FRANCISCA NNABUO	Owner Information
County HARRIS License # 019489 Lic Expire 7/22/2023 Medicare 1:	Region 06 Date Licensed 07/22/2019 SMART CHOICE CAREGIVERS INC 11811 EAST FREEWAY SUITE 322 HOUSTON, TEXAS 77029	Owner Information SMART CHOICE CAREGIVERS INC
Medicare 2:	1100010N, 1EAA0 11029	PHONE: FAX:
Phone (713) 360-7408	Fax (713) 360-7426	Services: Personal Assistance Services
Type: Parent Agency	Administrator ROSA RODRIGUEZ	00.1100.1.1.0.00.110.1.000
County HARRIS License # 016214 Lic Expire 3/31/2022 Medicare 1: 747449 HHA-18 Medicare 2:	Region 06 Date Licensed 03/15/2014 SMARTLIVING HEALTHCARE SERVICES INC 10101 HARWIN DRIVE SUITE 315 HOUSTON, TX 77036	Owner Information SMARTLIVING HEALTHCARE SERVICES INC 10101 HARWIN DRIVE SUITE 315 HOUSTON, TX 77036 PHONE: FAX:
Phone (281) 974-1036 Type: Parent Agency	Fax (832) 830-8406 Administrator JENNIFER OLIN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 015913 Lic Expire 8/31/2019	Region 06 Date Licensed 08/02/2013 SNG RENAL SOLUTIONS DIALYSIS CENTER LP 2756 WEST TC JESTER BLVD	Owner Information SNG RENAL SOLUTIONS DIALYSIS CENTER LP 1000 W CANNON ST FT WORTH, TX 76104-3029
Medicare 1: Medicare 2:	HOUSTON, TX 77018	PHONE: FAX:
Phone (713) 680-9056	Fax (713) 680-9310	Services: Licensed Home Health Services with Dialysis
Type: Parent Agency	Administrator QUICTA HILL	,
County HARRIS License # 016638 Lic Expire 2/28/2023 Medicare 1:	Region 06 Date Licensed 02/06/2015 SOLEO HEALTH INC 8275 EL RIO SUITE 180 HOUSTON, TX 77054	Owner Information SOLEO HEALTH INC 2912 W. 6TH STREET SUITE #120 FORT WORTH, TX 76107
Medicare 2:		PHONE: FAX:
Phone (832) 981-1000 Type: Parent Agency	Fax (713) 574-9676 Administrator LINDA SPARKS	Services: Licensed Home Health Services
County HARRIS License # 012815 Lic Expire 12/31/2021 Medicare 1: 747179 HHA-18 Medicare 2: Phone (713) 774-2790	Region 06 Date Licensed 08/08/2009 SONICA HEALTHCARE GROUP INC 5800 RANCHESTER DR SUITE #178 HOUSTON, TX 77036 Fax (713) 774-2912	Owner Information SONICA HEALTHCARE GROUP INC 5800 RANCHESTER DR SUITE 178 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PETER U. ONYEWUENYI	
County HARRIS License # 020636 Lic Expire 4/30/2023 Medicare 1:	Region 06 Date Licensed 03/03/2021 SOULS OF NURSING INC 10201 BUFFALO SPEEDWAY APT 1203 HOUSTON, TX 770542543	Owner Information SOULS OF NURSING INC
Medicare 2:	_	PHONE: FAX:
Phone (346) 284-9608 Type: Parent Agency	Fax Administrator RAY' VION	Services: Licensed Home Health Services

County HARRIS License # 017215 Lic Expire 11/30/2021 Medicare 1: 457743 HHA-18 Medicare 2: Phone (713) 526-3482	Region 06 Date Licensed 11/03/2015 SOUTHERN TOUCH HOME HEALTH 7322 SW FRWY SUITE 1-0775 HOUSTON, TX 77074 Fax (713) 526-2058	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
Type: Parent Agency	Administrator HEATHER APPLEWHITE	
County HARRIS License # 002801 Lic Expire 3/31/2022 Medicare 1: 458112 HHA-18 Medicare 2: Phone (713) 660-6671 Type: Parent Agency	Region 06 Date Licensed 04/01/1994 SOUTHSIDE HOME HEALTH SERVICES 7700 S MAIN SUITE #330 HOUSTON, TX 77030 Fax (713) 660-6771 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 License # 008005 Lic Expire 7/31/2022 Medicare 1: 679246 HHA-18 Medicare 2: Phone (713) 812-8822	Region 06 Date Licensed 07/18/2002 SPECIAL KIDS CARE 1225 NORTH LOOP W STE 500 HOUSTON, TEXAS 77008 Fax (713) 812-7555	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
Type: Parent Agency	Administrator LESLIE RUTLEDGE	Owner Information
County HARRIS License # 021261 Lic Expire 12/7/2024 Medicare 1:	Region 06 Date Licensed 12/07/2021 SPECIALTY HOSPICE, INC 2922 ROSEDALE ST HOUSTON, TEXAS 77004	SPECIALTY HOSPICE, INC
Medicare 2:		PHONE: FAX:
Phone (713) 874-1234	Fax (713) 521-1277	Services: Hospice In-Patient Hospice: NO
County HARRIS License # 004057 Lic Expire 10/31/2023 Medicare 1: 678261 HHA-18	Administrator JENNIFER ROY Region 06 Date Licensed 10/25/1995 SPECIALTY WOUND & OSTOMY NURSING HOME CARE 15727 MORLEY DR CYPRESS, TEXAS 774292144	Owner Information SPECIALTY WOUND & OSTOMY NURSING INC P.O. BOX 2625 CYPRESS, TEXAS 77410
Medicare 2:		PHONE: FAX:
Phone (713) 465-8497 Type: Parent Agency	Fax (713) 465-8499 Administrator ROSALINDA GUZMAN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 018687 Lic Expire 4/30/2022 Medicare 1: 971575 (HOSPICE) Medicare 2: Phone (713) 874-1234	Region 06 Date Licensed 04/04/2018 SPECTRUM HOSPICE INC 2922 ROSEDALE SUITE 1110 HOUSTON, TEXAS 77004 Fax (713) 780-2024	Owner Information SPECTRUM HOSPICE INC 2217 BLODGETT ST., SUITE #1111 HOUSTON, TX 77004 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JENNIFER ROY	In-Patient Hospice: NO
County HARRIS License # 021308 Lic Expire 1/5/2025 Medicare 1: Medicare 2:	Region 06 Date Licensed 01/05/2022 SPRING HOME HEALTH SERVICES LLC 19627 INTERSTATE 45 STE 220 SPRING, TEXAS 77388	Owner Information PHONE: FAX:
Phone (318) 906-0809 Type: Parent Agency	Fax (832) 442-4950 Administrator ALI QAZI	Services: Licensed Home Health Services; Personal Assistance Services
. , po. i aroni, rigorioy	,	

County HARRIS License # 020644 Lic Expire 3/25/2024	Region 06 Date Licensed 03/25/2021 SPRING HOSPICE 9950 WESTPARK DRIVE, SUITE 646	Owner Information SPRING HOSPICE CARE INC
Medicare 1: 971704 Hospice Medicare 2:	HOUSTON, TEXAS 77063	PHONE: FAX:
Phone 18882974695	Fax (281) 564-7326	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOEL ADA	
County HARRIS	Region 06 Date Licensed 10/15/2015	Owner Information SPRINGWELL HEALTHCARE SERVICES INC
License # 017203	SPRINGWELL HEALTHCARE SERVICES INC	16100 CAIRNWAY DR. STE #242
Lic Expire 10/31/2023 Medicare 1: 747623 HHA-18	16100 CAIRNWAY DR SUITE 242 HOUSTON, TX 77084	HOUSTON, TX 77084
Medicare 2:	1100310N, 1X 17004	PHONE: FAX:
Phone (281) 324-0602	Fax (855) 524-4010	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OLUWATOYIN ALLEN TAYLOR	
County HARRIS	Region 06 Date Licensed 10/27/2006	Owner Information
License # 010843	SSA HOME HEALTH CARE	SANDRA SANDS ARNAEZ
Lic Expire 10/31/2023	4635 SOUTHWEST FREEWAY SUITE #182	4635 SOUTHWEST FREEWAY STE 182
Medicare 1: 747008 HHA-18	HOUSTON, TX 77027	HOUSTON, TEXAS 77027
Medicare 2:	F (742) C00 7077	PHONE: FAX:
Phone (713) 960-1188 Type: Parent Agency	Fax (713) 622-7877 Administrator SANDRA SANDS-ARNAEZ	Services: Licensed and Certified Home Health Services
County HARRIS License # 009977 Lic Expire 8/31/2022 Medicare 1: 453154	Region 06 Date Licensed 08/30/2005 ST AGNES HEALTHCARE PROFESSIONALS INC 12603 S.W. FREEWAY, STE. 695 STAFFORD, TX 77477	Owner Information ST AGNES HEALTHCARE PROFESSIONALS INC P.O.BOX 2269 STAFFORD, TEXAS 77497
Medicare 2:		PHONE: FAX:
Phone (713) 777-6333	Fax (713) 777-6332	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ANIE USORO	Personal Assistance Services
County HARRIS License # 017652 Lic Expire 9/30/2022 Medicare 1:	Region 06 Date Licensed 09/26/2016 ST ANNA'S TENDER CARE INC 11615 CANEMONT STREET HOUSTON, TX 77035	Owner Information ST ANNA'S TENDER CARE 635 BOLD RULER DR STAFFORD, TX 77477
Medicare 2:		PHONE: (281) 403-3284 FAX: (713) 433-5782
Phone (832) 983-4882	Fax (713) 726-8085	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ANTHONY ADEFOPE	
County HARRIS	Region 06 Date Licensed 06/21/2017	Owner Information
License # 018119	ST BENEDICT HOSPICE	SAINT BENEDICT HOSPICE, INC 10707 CORPORATE DR SUITE 102
Lic Expire 6/30/2019		
	9950 WESTPARK DRIVE SUITE 646	
Medicare 1:	9950 WESTPARK DRIVE SUITE 646 HOUSTON, TX 77063	STAFFORD, TX 77477
Medicare 1: Medicare 2: Phone (281) 499-7070		STAFFORD, TX 77477 PHONE: FAX: Services: Hospice
Medicare 2:	HOUSTON, TX 77063	STAFFORD, TX 77477 PHONE: FAX:
Medicare 2: Phone (281) 499-7070	HOUSTON, TX 77063 Fax (281) 564-7326	STAFFORD, TX 77477 PHONE: FAX: Services: Hospice
Medicare 2: Phone (281) 499-7070 Type: Parent Agency County HARRIS License # 019346 Lic Expire 4/24/2024 Medicare 1: 971633 Hospice	HOUSTON, TX 77063 Fax (281) 564-7326 Administrator JOEL S ADA Region 06 Date Licensed 08/05/2019 ST CATHERINE'S HEALTHCARE LLC 9894 BISSONNET STREET, SUITE 320	STAFFORD, TX 77477 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information ST CATHERINES HEALTHCARE LLC 4711 LJ PARKWAY, APT 11102 SUGARLAND, TEXAS 77479

County HARRIS License # 014879 Lic Expire 4/30/2022 Medicare 1: 747170 HHA-18 Medicare 2: Phone (713) 572-4663 Type: Parent Agency County HARRIS License # 019645 Lic Expire 10/16/2021 Medicare 1:	ST CLARE HOME CARE INC 11111 RICHMOND AVE., SUITE 103 HOUSTON, TEXAS 77082 Fax (713) 572-4653 Administrator FRANCIS SAGULLO	S 16/2019	Owner Information ST CLARE HOME CARE, INC 11111 RICHMOND AVE SUITE 291 HOUSTON, TX 77082 PHONE: Services: Licensed and Certified Home Health Servi Owner Information ST DAVIS CORPORATION	FAX: ces; Licensed Home Health Services
Medicare 2: Phone (713) 478-4533 Type: Parent Agency	Fax Administrator NOMSO EGWIM		PHONE: Services: Licensed Home Health Services	FAX:
County HARRIS License # 008577 Lic Expire 7/31/2022 Medicare 1: 679434 HHA-18 Medicare 2: Phone (713) 271-2200 Type: Parent Agency	Region 06 Date Licensed 07/3 ST FRANCIS HEALTH CARE SERVICES INC 9888 BISSONNET SUITE #370 HOUSTON, TX 77036 Fax (713) 271-2204 Administrator JOHN IBE	S112003	Owner Information ST FRANCIS HEALTH CARE SERVICES INC 9888 BISSONNET, SUITE #370 HOUSTON, TX 77036 PHONE: Services: Licensed and Certified Home Health Servicersonal Assistance Services	FAX: ces; Licensed Home Health Services;
County HARRIS License # 015507 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (281) 306-1405 Type: Parent Agency	Region 06 Date Licensed 04/2 ST HELEN HEALTHCARE LLC 6776 SOUTHWEST FREEWAY SUITE 445 HOUSTON, TX 77074 Fax (713) 893-6129 Administrator OMO AKHILE	20/2013	Owner Information ST HELEN HEALTHCARE, LLC 9896 BISSONNET STREET, SUITE 320 HOUSTON, TX 77036 PHONE: Services: Licensed Home Health Services; Personal	FAX: Assistance Services
County HARRIS License # 010872 Lic Expire 3/31/2023 Medicare 1: 453186 HHA-18 Medicare 2: Phone (713) 783-5833	Region 06 Date Licensed 03/2 ST JUDE VISITING NURSES HOMEHEALTH INC 2020 NORTH LOOP WEST SUITE 140 HOUSTON, TX 77018	\$ \$ \$ \$	Owner Information ST JUDE VISITING NURSES HOMEHEALTH INC 2020 N LOOP W SUITE 140 HOUSTON, TX 77018 PHONE: Services: Hospice; Licensed and Certified Home He Services; Personal Assistance Services	FAX: alth Services; Licensed Home Health
Type: Parent Agency	Administrator ERIC MORA	ır	n-Patient Hospice: NO	
County HARRIS License # 021093 Lic Expire 10/1/2024 Medicare 1: Medicare 2: Phone (832) 692-3851	Region 06 Date Licensed 10/0 ST LEO HEALTHCARE SERVICES INC 6776 SOUTHWEST FREEWAY STE 618 HOUSTON, TEXAS 77074	5 S	Owner Information ST LEO HEALTHCARE SERVICES INC PHONE: Services: Hospice	FAX:
Type: Parent Agency	Administrator LEONARD IHENETU	lr	n-Patient Hospice: NO	
County HARRIS License # 011346 Lic Expire 5/31/2024 Medicare 1: 747044 HHA-18 Medicare 2: Phone (713) 771-5553	Region 06 Date Licensed 05/2 ST MARTIN HEALTHCARE SERVICES LLC 10015 N. ELDRIDGE PKWY STE. E- 109 HOUSTON, TX 77065	:	Owner Information ST MARTIN HEALTHCARE SERVICES LLC 10015 N. ELDRIDGE PWKY STE. 109 HOUSTON, TX 77065 PHONE: Services: Licensed and Certified Home Health Servi	FAX: ces; Licensed Home Health Services
Type: Parent Agency	Administrator NAOMI FAVELA			

County HARRIS License # 007453 Lic Expire 10/31/2023	Region 06 Date Licensed 10/12/2000 ST MARY'S HOME HEALTH INC	Owner Information ST MARY'S HOME HEALTH, INC 2901 WILCREST DR. SUITE #280
Medicare 1: 459442 HHA-18	2901 WILCREST DR SUITE 280 HOUSTON, TX 77042	HOUSTON, TX 77042
Medicare 2:		PHONE: FAX:
Phone (713) 781-4211	Fax (713) 781-4221	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	Owner Information ST THERESA HOSPICE LLC
License # 021080	ST THERESA HOSPICE LLC	ST THERESA HOSFIGE ELC
Lic Expire 9/24/2024 Medicare 1:	14215 S POST OAK RD HOUSTON, TEXAS 77045	
Medicare 1:	HOUSTON, TEXAS TTU45	PHONE: FAX:
Phone (713) 562-3195	Fax	Services: Hospice
Type: Parent Agency	Administrator CHIDERA AHAIWE	In-Patient Hospice: NO
· · · · · · · · · · · · · · · · · · ·		Owner Information
County HARRIS License # 013776	Region 06 Date Licensed 06/14/2010 ST THOMAS HOME HEALTH SERVICES INC	ST THOMAS HOME HEALTH SERVICES INC
License # 013776 Lic Expire 6/30/2022	5314 NORBORNE LN	PO BOX 14761
Medicare 1:	HOUSTON, TX 77069	HOUSTON, TX 770221
Medicare 2:		PHONE: FAX:
Phone (832) 881-0489	Fax (281) 919-2782	Services: Personal Assistance Services
Type: Parent Agency	Administrator BECCY NDUKWE	
County HARRIS	Region 06 Date Licensed 02/23/2005	Owner Information
License # 009600	STAR HOME HEALTH INC	STAR HOME HEALTH INC
Lic Expire 2/28/2023	6100 CORPORATE DRIVE, SUITE 330	6201 BONHOMME, SUITE 365N
Medicare 1: 677874 HHA-18	HOUSTON, TEXAS 77036	HOUSTON, TEXAS 77036
Medicare 2:	Fav. (742) 792 6400	PHONE: FAX:
Phone (713) 785-4949	Fax (713) 782-6100	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	Owner Information
License # 015429	STAR OF MARIS HOME HEALTH INC	STAR OF MARIS HOME HEALTH INC
Lic Expire 3/31/2023	10103 FONDREN RD SUITE 462	10103 FONDREN RD SUITE 462 HOUSTON, TX 77096
Medicare 1:	HOUSTON, TX 77096	
Medicare 2: Phone (713) 773-1999	Fax (713) 393-7689	PHONE: FAX:
Type: Parent Agency	Administrator CEDRIC C IHEGWORD	Services: Personal Assistance Services
County HARRIS	Region 06 Date Licensed 11/19/2020	Owner Information
License # 020331	STAR OF TEXAS HOME HEALTH LLC	STAR OF TEXAS HOME HEALTH LLC
Lic Expire 11/19/2022	5433 WESTHIEMER RD STE 920	5433 WESTHIEMER RD STE 920
Medicare 1:	HOUSTON, TEXAS 77056	HOUSTON, TEXAS 77056
Medicare 2:		PHONE: FAX:
Phone (832) 754-6066	Fax (832) 565-1068	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SATAVIA AUSTIN	
County HARRIS	Region 06 Date Licensed 08/25/2016	Owner Information SS NATIONAL HOSPICE SOLUTIONS CO JOURNEY HOLDINGS HEALTHCARE
License # 017595	STAR OF TEXAS HOSPICE	55 NATIONAL ROSPICE SOLUTIONS CO JOURNET ROLDINGS REALTROAKE 5433 WESTHEIMER SUITE 920
Lic Expire 8/31/2022 Medicare 1: 741687 HOSPICE	5433 WESTHEIMER SUITE 920	HOUSTON, TX 77056
Medicare 1: 741687 HOSPICE Medicare 2:	HOUSTON, TX 77056	PHONE: FAX:
Phone (713) 385-1865	Fax (832) 565-1068	Services: Hospice
Type: Parent Agency	Administrator SATAVIA AUSTIN	In-Patient Hospice: NO

Pare Agency	County HARRIS License # 020335 Lic Expire 11/23/2022 Medicare 1: Medicare 2: Phone (832) 754-6066	Region 06 Date Licensed 11/23/2020 STAR OF TEXAS HOSPICE AND PALLIATIVE CARE LLC 5433 WESTHIEMER RD STE 920 HOUSTON, TEXAS 77056 Fax (832) 565-1068	Owner Information STAR OF TEXAS HOSPICE AND PALLIATIVE CARE LLC 5433 WESTHIEMER RD STE 920 HOUSTON, TEXAS 77056 PHONE: FAX: Services: Hospice
STARLYTE HEALTH AND PALLIATIVE CARE LLC Le Equipe 9170207 \$200 WEST PARK RS TE 26 \$700	Type: Parent Agency	Administrator SHERRON JONES-JOHNSON	In-Patient Hospice: NO
Profest 1921 Profest 1922 Profest	License # 019602 Lic Expire 9/17/2021	STARLYTE HEALTH AND PALLIATIVE CARE LLC 6260 WESTPARK DR STE 265	
Note	Medicare 2:		PHONE: FAX:
Type	Phone (832) 400-2104	Fax (832) 400-2105	
County HARRIS Ragion 6	Type: Parent Agency	Administrator NINA OLUGU	In-Patient Hospice: NO
STARR'S HELPING HANDS STARR'S HELPING HANDS LLC STARR'S HELPING HANDS LSC STAR	License # 011840 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (713) 777-1286	STARPOINT HEALTH SERVICES INC 8300 BISSONNET SUITE 380 HOUSTON, TEXAS 77074 Fax (713) 777-1287	STARPOINT HEALTH SERVICES INC 8300 BISSONNET SUITE 380 HOUSTON, TX 77074 PHONE: FAX:
Phone	License # 021270 Lic Expire 12/13/2024	STARR'S HELPING HANDS LLC 3303 CYPRESS CREEK PKWY SUITE 370	
Type: Parent Agency	Medicare 2:		PHONE: FAX:
County MARIS Region 06 Date Licensed 10/09/2003 STATES HEALTH, INC	Phone (314) 556-8978	Fax	Services: Personal Assistance Services
Type: Parent Agency Administrator ROSEMARY EKEH County HARRIS Region 06 Date Licensed 06/11/2010 Owner Information License # 013386 STEADFAST HEALTHCARE LLC STEADFAST HEALTHCARE LLC 13311 ARLON TRAIL Lic Expire 6/30/2020 13311 ARLON TX 77082 HOUSTON, TX 77082 FAX: Medicare 1: 747715 HHA-18 HOUSTON, TX 77082 PHONE: FAX: Phone (832) 641-9713 Fax (281) 531-7645 Services: Licensed and Certified Home Health Services; Personal Assistance Services Type: Parent Agency Administrator REGION VESE Services: Licensed and Certified Home Health Services; Personal Assistance Services County HARRIS Region 06 Date Licensed 05/11/2006 Owner Information License # 010447 STEADFAST HOME COMPANION SERVICES INC STEADFAST HOME COMPANION SERVICES INC 9894 BISSONNET STREET SUITE #605 Houston, TX 77036 HOUSTON, TX 77036 PHONE: FAX: Phone (713) 333-9590 Fax (713) 333-9592 Fax (713) 333-9592 Services: Licensed and	County HARRIS License # 008686 Lic Expire 12/9/2022 Medicare 1: 453132 HHA-18 Medicare 2:	Region 06 Date Licensed 10/09/2003 STATES HEALTH INC 6666 HARWIN DRIVE SUITE 540 HOUSTON, TX 77036	STATES HEALTH, INC 6666 HARWIN DRIVE SUITE 540 HOUSTON, TX 77036
County HARRIS Region 06 Date Licensed 06/11/2010 Owner Information			Services: Licensed and Certified Home Health Services; Personal Assistance Services
License # 010447 STEADFAST HOME COMPANION SERVICES INC STEADFAST HOME COMPANION SERVICES INC STEADFAST HOME COMPANION SERVICES INC Lic Expire 5/31/2022 9894 BISSONNET ST STE 488 9894 BISSONNET STREET SUITE #605 Medicare 1: 679658 HHA-18 HOUSTON, TEXAS 77036 HOUSTON, TX 77036 Medicare 2: PHONE: FAX: Phone (713) 333-9590 Fax (713) 333-9592 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	County HARRIS License # 013386 Lic Expire 6/30/2020 Medicare 1: 747715 HHA-18 Medicare 2: Phone (832) 641-9713	Region 06 Date Licensed 06/11/2010 STEADFAST HEALTHCARE LLC 13311 ARLON TRAIL HOUSTON, TX 77082 Fax (281) 531-7645	STEADFAST HEALTHCARE LLC 13311 ARLON TRAIL HOUSTON, TX 77082 PHONE: FAX:
Personal Assistance Services	License # 010447 Lic Expire 5/31/2022 Medicare 1: 679658 HHA-18 Medicare 2:	STEADFAST HOME COMPANION SERVICES INC 9894 BISSONNET ST STE 488 HOUSTON, TEXAS 77036	STEADFAST HOME COMPANION SERVICES INC 9894 BISSONNET STREET SUITE #605 HOUSTON, TX 77036

County HARRIS License # 014586 Lic Expire 1/31/2022 Medicare 1: 747832 HHA-18 Medicare 2: Phone (713) 367-7371	Region 06 Date Licensed 01/17/2 STEDEN HOME HEALTH SERVICES 8511 OLD BROOK DRIVE HOUSTON, TX 77071 Fax (713) 271-3531	Owner Information JAYSTAL, INC 8511 OLD BROOK DR HOUSTON, TX 77071 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ESTELLA ABAM	reisonal Assistance services
County HARRIS License # 010333 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (832) 251-0664 Type: Parent Agency	Region 06 Date Licensed 03/01/2 STJ HEALTH CARE SERVICES INC 11302 WEST BELLFORT ST HOUSTON, TX 77099 Fax (832) 251-0886 Administrator FLORENCE ADENOTE	Owner Information STJ HEALTHCARE SERVICES, INC 11302 W . BELLFORT ST. HOUSTON, TEXAS 77099 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020893 Lic Expire 7/9/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 07/09/2 STONE CREEK HOSPICE CARE INC 315 W. ALABAMA ST. HOUSTON, TEXAS 77006	21 Owner Information STONE CREEK HOSPICE CARE INC PHONE: FAX:
Phone (713) 962-5330	Fax (713) 529-1404	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KENYATTA HOLMES	
County HARRIS License # 017457 Lic Expire 6/30/2022 Medicare 1:	Region 06 Date Licensed 06/14/2 STRENGTH WITHIN LLC 721 ANGELINA ST. WEBSTER, TX 77598	116 Owner Information STRENGTH WITHIN LLC PO BOX 1256 PEARLAND, TX 77588
Medicare 2: Phone (281) 508-0739 Type: Parent Agency	Fax (713) 987-9199 Administrator JEZREEL WASHINGTON	PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 020884 Lic Expire 7/6/2024 Medicare 1: Medicare 2: Phone (317) 489-2315 Type: Parent Agency	Region 06 Date Licensed 07/06/2 STUARTS HEALING HANDS LLC 826 FOREST HILLSIDE LN HOUSTON, TEXAS 77067 Fax Administrator DOROTHY STUART	21 Owner Information STUARTS HEALING HANDS LLC 826 FOREST HILLSIDE LN HOUSTON, TX 77067 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 016449 Lic Expire 9/30/2022 Medicare 1:	Region 06 Date Licensed 09/29/2 SUBURBAN CAREGIVERS INC 2922 ROSEDALE ST STE 1010 HOUSTON, TEXAS 770046188	SUBURBAN CAREGIVERS, INC 2217 BLODGETT STREET SUITE 909 HOUSTON, TX 77004
Medicare 2: Phone (713) 780-2006	Fax (713) 721-1277	PHONE: FAX:
Type: Parent Agency	Administrator JENNIFER ROY	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 016941 Lic Expire 3/31/2023 Medicare 1: 747616 HHA-18	Region 06 Date Licensed 03/15/2 SUGARLAND TRINITY HOME HEALTH CARE INC 25510 CAMILLA MAE CT KATY, TEXAS 77493	SUGARLAND TRINITY HOME HEALTH CARE, INC 15807 CERCA BLANCA DRIVE SUITE #B HOUSTON, TX 77083
Medicare 2: Phone (281) 277-0848	Fax (281) 277-6808	PHONE: FAX:
Type: Perent Agency	Administrator CATLIV NAID	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Administrator CATHY NAIR

County HARRIS License # 011186 Lic Expire 3/31/2024 Medicare 1: 747009 HHA-18 Medicare 2: Phone (713) 988-0013 Type: Parent Agency	Region 06 Date Licensed SUMIC CARE INCORPORATED 11622 OGUNNOWO LANE HOUSTON, TX 77031 Fax (713) 981-4089 Administrator OLAMIDE OGUNNOWO	03/23/2007	Owner Information SUMIC CARE INCORPORATED 11622 OGUNNOWO LN HOUSTON, TX 77031 PHONE: Services: Licensed and Certified Home Health Serversonal Assistance Services	FAX: rices; Licensed Home Health Services;
County HARRIS License # 014903	Region 06 Date Licensed SUMIC HEALTH INCORPORATED	06/29/2012	Owner Information SUMIC HEALTH INCORPORATED 7618 PORTAL DRIVE	
Lic Expire 6/30/2022 Medicare 1:	11622 OGUNNOWO LANE HOUSTON, TX 77031		HOUSTON, TX 77071	
Medicare 2:			PHONE:	FAX:
Phone (713) 266-8011 Type: Parent Agency	Fax (713) 266-8015 Administrator OLAMIDE OGUNNOWO		Services: Personal Assistance Services	
County HARRIS License # 020151 Lic Expire 9/8/2022	Region 06 Date Licensed SUNBEAM HOME CARE 4228 DAWN AVE	09/08/2020	Owner Information SUNBEAM LIVING SOLUTION LLC	
Medicare 1: Medicare 2:	ODESSA, TEXAS 79762		PHONE:	FAX:
Phone (346) 280-9103	Fax (832) 201-6777		Services: Personal Assistance Services	
Type: Parent Agency	Administrator OLADELE THOMAS-OLASUPO	0		
County HARRIS License # 019490	Region 06 Date Licensed SUNLIGHT HEALTHCARE LLC	07/23/2019	Owner Information SUNLIGHT HEALTHCARE LLC	
Lic Expire 7/23/2021	20242 TARPON BAY LN			
Medicare 1: Medicare 2:	CYPRESS, TEXAS 774335177		PHONE:	FAX:
Phone 281 404 5548	Fax		Services: Licensed Home Health Services	rax.
Type: Parent Agency	Administrator EUNICE ARASA		CONTIGOR ELECTRICAL TIONS FLORING CONTIGOR	
County HARRIS License # 019334	Region 06 Date Licensed SUNSET HEALTHCARE SERVICES	04/18/2019	Owner Information SUNSET HEALTHCARE SERVICES, INC	
Lic Expire 4/18/2024 Medicare 1: 971603 Hospice	10103 FONDREN RD, #380 HOUSTON, TEXAS 77096			
Medicare 2:	Foy (742) 770 0670		PHONE:	FAX:
Phone (832) 517-6451 Type: Parent Agency	Fax (713) 772-8670 Administrator MARYJANE DURUJI		Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	
County HARRIS	Region 06 Date Licensed	10/30/2003	Owner Information	
License # 008722	SUNSET HOSPICE INC		SUNSET HOSPICE, INC 1420 RUDEL DRIVE	
Lic Expire 4/21/2022 Medicare 1: 451762 HOSPICE	17154 N ELDRIDGE PKWY, SUITE B TOMBALL, TX 77377		TOMBALL, TX 77375	
Medicare 2:	5 004 000 T000		PHONE:	FAX:
Phone 281 290 7600	Fax 281 290 7603		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator JACKLYN USSERY			
County HARRIS	Region 06 Date Licensed	04/18/2006	Owner Information THE TAO DIMENSION INC	
License # 010396 Lic Expire 4/30/2024	SUNSHINE HOME HEALTH CARE 6501 WESTLINE		6501 WESTLINE DR	
Medicare 1:	HOUSTON, TX 77036		HOUSTON, TX 77036	
Medicare 2: Phone (713) 988-2843	Fay (713) 088-2840		PHONE: (713) 988-2843	FAX: (713) 988-2840
T 10110 (113) 300-2043	Fax (713) 988-2840		Services: Licensed Home Health Services; Persona	al Assistance Services

Administrator

JAN CHANG

County HARRIS License # 018328 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (832) 356-0117 Type: Parent Agency County HARRIS License # 015950 Lic Expire 2/28/2025 Medicare 1: 679511	Region 06 Date Licensed 09/18/2017 SUNSHINY DAYS LLC 15321 FALMOUTH AVENUE HOUSTON, TX 77084 Fax (832) 201-8355 Administrator DEMITRA GREEN Region 06 Date Licensed 09/30/2013 SUPERIOR INTEGRATED HOME HEALTH CARE INC 7203 ATHLONE DRIVE HOUSTON, TEXAS 77088	Owner Information DL GREEN ENTERPRISES, LLC 6031 HWY 6 N STE. 165-245 HOUSTON, TEXAS 77084 PHONE: FAX: Services: Personal Assistance Services Owner Information SUPERIOR INTEGRATED HOME HEALTH CARE, INC 1337B W43ST B11 HOUSTON, TX 77018
Medicare 2: Phone (281) 802-6034	Fax (713) 583-4470	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020597 Lic Expire 3/12/2023 Medicare 1: Medicare 2: Phone (713) 298-1029 Type: Parent Agency	Administrator CHERYL BEAUSOLEIL Region 06 Date Licensed 03/12/2021 SUPREME HOME CARE SERVICES INC 4411 GARDEN RIDGE COURT HOUSTON, TEXAS 77084 Fax Administrator TEMI IDOWU	Owner Information SUPREME HOME CARE SERVICES INC PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 005646 Lic Expire 3/31/2024 Medicare 1: 678439 Medicare 2: Phone (713) 752-0166 Type: Parent Agency	Region 06 Date Licensed 03/24/1997 SUPREME NURSING SERVICES INC 2101 CRAWFORD SUITE 306 HOUSTON, TX 77002 Fax (713) 752-0503 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 License # 018599 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (832) 774-6541 Type: Parent Agency	Region 06 Date Licensed 02/07/2018 SUREWAY HEALTH SERVICES INC 9050 COOK RD SUITE 205 HOUSTON, TX 77099 Fax (281) 741-9831 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 License # 015708 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (832) 422-4111 Type: Parent Agency	Region 06 Date Licensed 08/13/2013 SUSTAIN HOME HEALTH CARE SERVICES 9900 WESTPARK DRIVE STE 262 HOUSTON, TX 77063 Fax (832) 422-4112 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 License # 016521 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (832) 404-8708 Type: Parent Agency	Region 06 Date Licensed 11/10/2014 SWEET HOME CARE 6435 BRIAR MOSS LN KATY, TX 77449 Fax (832) 427-1816 Administrator GENET HOWARD	Owner Information SWEET HOME CARE 6435 BRIAR MOSS LN KATY, TX 77449 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 020387 Lic Expire 12/8/2022	Region 06 Date Licensed 12/08/2020 SYMPHONY HOME HEALTH CARE LLC 2501 WESTRIDGE ST. # 68	Owner Information SYMPHONY HOME HEALTH CARE LLC
Medicare 1: Medicare 2:	HOUSTON, TX 77054	PHONE: FAX:
Phone (832) 376-1842	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator FLOYDETTA HARBIN	Sel vices. Felsonial Assistance Selvices
County HARRIS	Region 06 Date Licensed 05/23/2013	Owner Information
License # 015561	SYNERGY HOME CARE OF KATY	HASELDEN HOMECARE LLC
Lic Expire 5/31/2023	16300 KATY FREEWAY SUITE 185	16300 KATY FREEWAY SUITE 185 HOUSTON, TX 77094
Medicare 1:	HOUSTON, TX 77094	
Medicare 2: Phone (832) 803-0011	Fax (281) 206-7435	PHONE: FAX:
Type: Parent Agency	Administrator HAYLEY SHEEKS	Services: Personal Assistance Services
County HARRIS License # 019630 Lic Expire 10/2/2021 Medicare 1:	Region 06 Date Licensed 10/02/2019 SYNERGY HOME CARE OF NORTHEAST HOUSTON 12605 EAST FREEWAY SUITE 320 HOUSTON, TX 77015	Owner Information SLJ VENTURES LLC
Medicare 2:	_	PHONE: FAX:
Phone (281) 771-4786	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator SHAUNDARA JONES	
County HARRIS	Region 06 Date Licensed 01/24/2007	Owner Information MONARCH ENDEAVORS LLC
License # 011014	SYNERGY HOMECARE	14425 TORREY CHASE BLVD., SUITE 170
Lic Expire 1/31/2023 Medicare 1:	14425 TORREY CHASE BLVD STE 170 HOUSTON, TX 77014	HOUSTON, TX 77014
Medicare 2:	110001011, 17 17014	PHONE: FAX:
Phone (281) 999-2273	Fax (713) 400-9552	Services: Personal Assistance Services
Type: Parent Agency	Administrator CHAD JOLLEY	
County HARRIS License # 016783 Lic Expire 4/30/2021 Medicare 1:	Region 06 Date Licensed 02/20/2015 SYNERGY HOMECARE BAY AREA 17043 EL CAMINO REAL SUITE 107 HOUSTON, TX 77058	Owner Information BRISTOL ENTERPRISE INC 2390 EASTEX FREEWAY SUITE 100 BEAUMONT, TX 77703
Medicare 2:		PHONE: FAX:
Phone (281) 535-1979	Fax (281) 245-3325	Services: Personal Assistance Services
Type: Parent Agency	Administrator STEPHANIE ALLEN	
County HARRIS License # 010630 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (713) 868-6112	Region 06 Date Licensed 07/21/2006 SYNERGY HOMECARE HOUSTON 1225 NORTH LOOP WEST SUITE 322 HOUSTON, TX 77008 Fax (713) 868-9946	Owner Information BEACON HILL INVESTMENTS CORP 1225 NORTH LOOP W STE 322 HOUSTON, TX 77008 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator MICHAEL WILLETT	Ounce Information
County HARRIS	Region 06 Date Licensed 12/20/2017	Owner Information AA & B HOME CARE INC
License # 018524 Lic Expire 12/31/2024	SYNERGY HOMECARE OF SOUTH HOUSTON	9302 GAUGUIN LANE
Lic Expire 12/31/2024 Medicare 1:	2600 SOUTH LOOP WEST SUITE 208 HOUSTON, TX 77054	MISSOURI CITY, TX 77459
Medicare 2:	,	PHONE: FAX:
Phone (713) 321-2488	Fax (713) 391-8943	Services: Personal Assistance Services
Type: Parent Agency	Administrator BEATRICE ASHU	

6101 PINEMONT DR. BLDG. G HOUSTON, TX 77092 Fax (281) 947-3120 Administrator DANITA ANDERSON	T&D HEAVENLY HOME HEALTHCARE INC 8702 WILD BASIN STE A HOUSTON, TX 77088 PHONE: FAX: Services: Personal Assistance Services
Region 06 Date Licensed 02/I T & N HEALTHCARE INCORPORATED 6143 PLANTATION FOREST DR KATY, TX 77449 Fax (281) 809-3082	2/09/2015 Owner Information T & N HEALTHCARE INCORPORATED 6143 PLANTATION FOREST DR KATY, TX 77449 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Administrator CHINYEREOBI OLUOHA	
TANDEM HEALTH SERVICES INC 18333 EGRET BAY BLVD, STE 270M HOUSTON, TX 77058 Fax 832 5143646	9/18/2015 Owner Information TANDEM HEALTH SERVICES, INC 5202 EMORY MILL RD RICHMOND, TX 77407 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
	9/17/2019 Owner Information
TARGET HOME HEALTH 5600 S. WILLOW DR. SUITE 203	TARGET HEALTHCARE SOLUTIONS LLC
,	PHONE: FAX:
Fax (833) 731-0024	Services: Licensed Home Health Services; Personal Assistance Services
	2/13/2001 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
Region 06 Date Licensed TEAM SELECT HOME CARE 5252 WESTCHESTER, SUITE 275 HOUSTON, TX 77005 Fax (281) 393-4018 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
Region 06 Date Licensed 01/	1/01/2003 Owner Information
	Administrator DANITA ANDERSON Region 06 Date Licensed 0 T & N HEALTHCARE INCORPORATED 6143 PLANTATION FOREST DR KATY, TX 77449 Fax (281) 809-3082 Administrator CHINYEREOBI OLUOHA Region 06 Date Licensed 0 TANDEM HEALTH SERVICES INC 18333 EGRET BAY BLVD, STE 270M HOUSTON, TX 77058 Fax 832 5143646 Administrator JORFUI KANDEH-DABO Region 06 Date Licensed 0 TARGET HOME HEALTH 5600 S. WILLOW DR. SUITE 203 HOUSTON, TX 77035 Fax (833) 731-0024 Administrator DEDRA RAYMOND Region 06 Date Licensed 0 TAWL HEALTH CARE INC 9898 BISSONNET SUITE #600 HOUSTON, TX 77036 Fax (713) 777-9617 Administrator TONG MU Region 06 Date Licensed TEAM SELECT HOME CARE 5252 WESTCHESTER, SUITE 275 HOUSTON, TX 77005 Fax (281) 393-4018

County HARRIS License # 020149 Lic Expire 9/8/2022 Medicare 1: Medicare 2: Phone (361) 317-2139 Type: Parent Agency	Region 06 Date Licensed TELECARE HOME HEALTH, LLC 10500 NORTHWEST FREEWAY SUITE 194 HOUSTON, TEXAS 77092 Fax (888) 342-2235 Administrator TARA REED	09/08/2020	Owner Information TELECARE HOME HEALTH, LLC 10500 NORTHWEST FREEWAY HOUSTON, TX 77092 PHONE: Services: Licensed Home Health Services; Person	FAX: nal Assistance Services
County HARRIS License # 004728 Lic Expire 7/31/2023 Medicare 1: 459088 HHA-18 Medicare 2: Phone (281) 428-2807 Type: Parent Agency	Region 06 Date Licensed TENDER HOME HEALTH CARE INC 407 W BAKER RD STE S BAYTOWN, TX 77521 Fax (281) 421-1009 Administrator KATHY CLARK	07/08/1996	Owner Information TENDER HOME HEALTH CARE INC 5523 WEST ROAD BAYTOWN, TX 77522-9078 PHONE: Services: Licensed and Certified Home Health Se	FAX: rvices; Licensed Home Health Services
County HARRIS License # 021038 Lic Expire 9/10/2024 Medicare 1: Medicare 2: Phone 361 4128865 Type: Parent Agency	Region 06 Date Licensed TENDER LOVE & COMPASSION LLC 8218 CORINTH ST UNIT B HOUSTON, TEXAS 77051 Fax Administrator KRISTY HARVEY	09/10/2021	Owner Information TENDER LOVE & COMPASSION LLC PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 020937 Lic Expire 7/27/2024 Medicare 1: Medicare 2: Phone (401) 556-5602 Type: Parent Agency	Region 06 Date Licensed TENDERHEART HEALTHCARE LLC 19927 DRAKE SHADOWS LN KATY, TX 774491649 Fax Administrator BABATUNDE ORULEBAJA	07/27/2021	Owner Information TENDERHEART HEALTHCARE LLC PHONE: Services: Licensed Home Health Services; Person	FAX: nal Assistance Services
County HARRIS License # 020253 Lic Expire 10/21/2022 Medicare 1: Medicare 2: Phone (281) 818-9657 Type: Parent Agency	Region 06 Date Licensed TEXAN HOME CARE SERVICE,LLC 2616 SOUTH LOOP WEST SUITE # 301 E HOUSTON, TEXAS 77054 Fax (713) 256-7695 Administrator MARY GREENWOOD	10/21/2020	Owner Information TEXAN HOME CARE SERVICE, LLC 2616 S LOOP W #301 E HOUSTON, TEXAS 77054 PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 021363 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (713) 261-0754 Type: Parent Agency	Region 06 Date Licensed TEXANS HOME CARE LLC 11200 WESTHEIMER RD SUITE 1050 HOUSTON, TEXAS 77042 Fax (281) 988-5391 Administrator MICHAEL OKENDU		Owner Information TEXANS HOME CARE LLC PHONE: Services: Personal Assistance Services	FAX:
County HARRIS License # 021147 Lic Expire 10/22/2024 Medicare 1: Medicare 2: Phone (832) 372-4564 Type: Parent Agency	Region 06 Date Licensed TEXAS FIRST STEP HEALTHCARE SERVICE 10103 FONDREN ROAD SUITE 340 HOUSTON, TX 77096 Fax Administrator ERIC THOMAS	10/22/2021 E, INC	Owner Information TEXAS FIRST STEP HEALTHCARE SERVICES PHONE: Services: Personal Assistance Services	INC FAX:

County HARRIS License # 012893 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (713) 636-9919 Type: Parent Agency	Region 06 Date Licensed 10/07/2009 TEXAS HOME CARE PARTNERS OF HOUSTON LLC 1309 ANTOINE DRIVE HOUSTON, TX 77055 Fax (713) 636-9865 Administrator TAMMY MILLS	Owner Information TEXAS HOME CARE PARTNERS OF HOUSTON LLC 1309 ANTOINE DRIVE HOUSTON, TX 77055 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 010899 Lic Expire 11/30/2023 Medicare 1: 671559 HOSPICE Medicare 2: Phone (713) 895-8615 Type: Parent Agency	Region 06 Date Licensed 11/28/2006 TEXAS HOME HEALTH HOSPICE 8876 GULF FREEWAY SUITE 350 HOUSTON, TX 77017 Fax (713) 460-1887 Administrator EUGENE STEVENS	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 HARRIS License # 019858 Lic Expire 3/27/2022 Medicare 1: Medicare 2: Phone 832798 8722 Type: Parent Agency	Region 06 Date Licensed 03/27/2020 TEXAS HOME HEALTH LIVING INC 2255 BRAESWOOD PARK DR APT 301 HOUSTON, TEXAS 77030 Fax NA Administrator ANGEL DELGADO	Owner Information TEXAS HOME HEALTH LIVING INC PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 019212 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone (832) 875-5833 Type: Parent Agency	Region 06 Date Licensed 01/22/2019 TEXAS HOME PROVIDER SERVICES, LLC 16402 OLD SAYBROOK DRIVE HOUSTON, TEXAS 77084 Fax Administrator LAN LIU	Owner Information TEXAS HOME PROVIDER SERVICES LLC PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 012556 Lic Expire 4/30/2024 Medicare 1: 679306 HHA-18 Medicare 2: Phone (281) 933-2300 Type: Parent Agency	Region 06 Date Licensed 04/13/2009 TEXAS HUMAN HEALTHCARE SERVICES 4715 MONARCH FALLS LN. RICHMOND, TX 77469 Fax (281) 933-2302 Administrator	Owner Information MEFI INC 6111 GLADEWELL DRIVE HOUSTON, TEXAS 77072 PHONE: (281) 933-8737 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 013442 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (713) 981-1111 Type: Parent Agency	Region 06 Date Licensed 07/08/2010 TEXAS PLUS HOMEHEALTH INC 6655 HILLCROFT STREET SUITE 227 HOUSTON, TX 77081 Fax (713) 981-1101 Administrator BEATRICE ONYEDIRI	Owner Information TEXAS PLUS HOMEHEALTH, INC N/A HOUSTON, TX 77081 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 011752 Lic Expire 12/31/2022 Medicare 1: 743170 HHA-18 Medicare 2: Phone (281) 463-1166	Region 06 Date Licensed 12/07/2007 TEXAS PREMIER CARE SERVICES INC 14525 FM 529 SUITE 102 HOUSTON, TX 77095 Fax (281) 463-1168	Owner Information TEXAS PREMIER CARE SERVICES INC 14525 FM 529 SUITE 102 HOUSTON, TX 77095 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Administrator CHINYERE NZEADIBE

County HARRIS License # 006843 Lic Expire 6/30/2022 Medicare 1: 459172 Medicare 2: Phone (713) 784-5255 Type: Parent Agency	Region 06 Date Licensed 06/03/1998 TEXAS QUALITY ONE MEDICAL SERVICES 2646 SOUTH LOOP WEST, SUITE 250 HOUSTON, TX 77054 Fax (713) 838-0356 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	Owner Information
License # 015937	TEXAS RESIDENTIAL HEALTHCARE SERVICES	RESIDENTIAL HEALTHCARE SERVICES, LLC
Lic Expire 12/31/2023	1318 HEIGHTS DR	32602 WESTON COURT
Medicare 1: 747952 HHA-18	KATY, TX 77450	FULSHEAR, TX 77441
Medicare 2:		PHONE: FAX:
Phone (832) 226-3880	Fax (888) 496-0265	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JAMIE HARRIS	
County HARRIS	Region 06 Date Licensed 12/01/2008	Owner Information
License # 012326	THE ELDERCARE NETWORK LLC	THE ELDERCARE NETWORK LLC
Lic Expire 2/26/2021	6825 ROWAN LANE	6825 ROWAN LANE
Medicare 1:	HOUSTON, TX 77074	HOUSTON, TX 77074-6207
Medicare 2:	F (740) 074 0707	PHONE: FAX:
Phone (713) 271-6658 Type: Parent Agency	Fax (713) 271-8727 Administrator JOAN DEROOY	Services: Personal Assistance Services
County HARRIS	Region 06 Date Licensed 10/18/2002	Owner Information
License # 008157	THE FOUR GROUP HOMECARE LLC	THE FOUR GROUP HOMECARE, LLC
Lic Expire 3/31/2022	4635 SOUTHWEST FREEWAY SUITE # 360	4615 SOUTHWEST FRWY, SUITE #400
Medicare 1: 679363 HHA-18	HOUSTON, TX 77027	HOUSTON, TX 77027
Medicare 2:		PHONE: FAX:
Phone (713) 840-1811	Fax (713) 840-1822 Administrator EMMANUEL ONUOHA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Autilitistiatoi LiviiviAivoLL OivoOi IA	O
County HARRIS License # 020761 Lic Expire 5/18/2024 Medicare 1:	Region 06 Date Licensed 05/18/2021 THE GRACE HEALTHCARE LIMITED COMPANY 10039 BISSONNET ST STE 335 HOUSTON, TX 770367864	Owner Information THE GRACE HEALTHCARE LIMITED COMPANY
Medicare 2:		PHONE: FAX:
Phone (346) 399-1040 Type: Parent Agency	Fax (281) 340-2001 Administrator GBADEBO ADERINOLA	Services: Personal Assistance Services
County HARRIS License # 004001 Lic Expire 10/31/2023 Medicare 1:	Region 06 Date Licensed 10/02/1995 THE HALLMARK 4718 HALLMARK DRIVE HOUSTON, TX 77056	Owner Information BRAZOS PRESBYTERIAN HOMES INC 4141 S BRAESWOOD BLVD HOUSTON, TX 77025
Medicare 2:		PHONE: (713) 666-2651 FAX: (713) 660-5048
Phone (713) 622-6633	Fax (713) 599-1324	Services: Personal Assistance Services
Type: Parent Agency	Administrator KATHY CLOSE	
County HARRIS License # 017771 Lic Expire 12/31/2022 Medicare 1:	Region 06 Date Licensed 12/07/2016 THE HOME CARE FAMILY 8530 FM 1960 E #121 HUMBLE, TX 77346	Owner Information THE HOME CARE FAMILY LLC PO BOX 15594 HUMBLE, TX 77347
Medicare 2:	F (000) 000 0000	PHONE: FAX:
Phone (281) 888-0385 Type: Parent Agency	Fax (888) 888-0328 Administrator ERIC GOMEZ	Services: Personal Assistance Services

County HARRIS License # 018510 Lic Expire 12/31/2021 Medicare 1: 74-1748 Medicare 2: Phone (281) 741-5337	Region 06 Date Licensed 12/13/2017 THE LIVING HOSPICE CARE OF TEXAS INC 14355 TORREY CHASE BLVD, STE A HOUSTON, TEXAS 77014 Fax (281) 741-7912	Owner Information LIVING HOSPICE CARE OF TEXAS, INC 11999 KATY FREEWAY SUITE 396 HOUSTON, TX 77079 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TERRIONEE GARRETT	
County HARRIS License # 016266 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (713) 528-6577 Type: Parent Agency	Region 06 Date Licensed 06/18/2014 THE MASTER CAREGIVER COMPANY LLC 2408 KIPLING STREET HOUSTON, TX 77098 Fax (713) 528-0093 Administrator RITA JUSTICE	Owner Information THE MASTER CAREGIVER COMPANY, LLC 2408 KIPLING STREET HOUSTON, TX 77098-5604 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 018480 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (713) 275-5000 Type: Parent Agency	Region 06 Date Licensed 12/01/2017 THE MENNINGER CLINIC 2407 WAUGH HOUSTON, TEXAS 77006 Fax (713) 275-5120 Administrator EMILY PYLE	Owner Information THE MENNINGER CLINIC 12301 S MAIN HOUSTON, TX 77025 PHONE: FAX: Services: Licensed Home Health Services
County HARRIS License # 019256 Lic Expire 2/13/2023 Medicare 1: Medicare 2: Phone (832) 670-4951	Region 06 Date Licensed 06/30/2019 THE PERSONAL CARE GROUP 5711 WATERFORD DR HOUSTON, TEXAS 77033 Fax (832) 476-2116	Owner Information GROVERJACKSON INDUSTRIES, LLC P.O. BOX 464 STAFFORD, TX 77497 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County HARRIS License # 016678 Lic Expire 3/31/2023 Medicare 1: Medicare 2:	Administrator KANDRA GROVER Region 06 Date Licensed 03/10/2015 THE SERENITY GROUP INC 7807 LONGPOINT SUITE 345 HOUSTON, TX 77055	Owner Information THE SERENITY GROUP, INC 8904 LAKESHORE BEND DRIVE HOUSTON, TX 77080 PHONE: FAX:
Phone (832) 884-8458 Type: Parent Agency	Fax (888) 224-3820 Administrator LEDARRE ZEIGLER	Services: Personal Assistance Services
County HARRIS License # 014653 Lic Expire 2/28/2022 Medicare 1: 67Q3162001 (HHA Medicare 2:	Region 06 Date Licensed THERACARE HOME HEALTH 11104 W. AIRPORT BLVD., SUITE 255-C STAFFORD, TEXAS 77477	Owner Information CANTEX HOME HEALTH HOUSTON, LLC 2537 GOLDEN BEAR DRIVE CARROLLTON, TX 75006 PHONE: FAX:
Phone 281 4884663 Type: Branch Agency	Fax 281 4884662 Administrator CAROL RODRIGUEZ	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020627 Lic Expire 3/23/2023 Medicare 1:	Region 06 Date Licensed 03/23/2021 THOMAS UNITED FAMILY HOME HEALTH CARE SERVICES 2100 WEST LOOP SOUTH, SUITE 800 HOUSTON, TEXAS 77027	Owner Information THOMAS UNITED FAMILY HOME HEALTH CARE SERVICES
Medicare 2: Phone (312) 998-0335	Fax	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator NICOLE THOMAS	

Administrator

NICOLE THOMAS

County HARRIS	Region 06 Date Licensed		Owner Information ALLIANCE HOSPICE, LLC
License # 017932	THREE OAKS HOSPICE HOUSTON		717 N. HARWOOD STREET, SUITE 550
Lic Expire 12/31/2022	2200 NASA ONE ROAD, SUITE 230		DALLAS, TEXAS 75201
Medicare 1:	HOUSTON, TX 77058		
Medicare 2:	Fay. (004) 702 0040		PHONE: FAX:
Phone (281) 698-5300	Fax (281) 783-2940		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator STEVEN PARKER		
County HARRIS	Region 06 Date Licensed	03/11/2009	Owner Information
License # 012501	THREE OAKS HOSPICE HOUSTON WEST		AG HOSPICE, LLC
Lic Expire 3/31/2023	5502 4TH STREET		717 N. HARWOOD STREET, SUITE 550
Medicare 1: 671635 HOSPICE	KATY, TX 77493		DALLAS, TX 75201
Medicare 2:			PHONE: FAX:
Phone (832) 437-2089	Fax (832) 437-2090		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator STEVEN PARKER		
County HARRIS	Region 06 Date Licensed	11/01/2016	Owner Information
License # 017881	THRIVE SKILLED PEDIATRIC CARE	1 1/0 1/20 10	FIRST CHOICE CHILDREN'S HOMECARE, LP
Lic Expire 10/31/2022			701 EDGEWATER DRIVE, SUITE 300
Medicare 1:	2424 WILCREST DRIVE SUITE 110 HOUSTON, TX 770422772		WAKEFIELD, MA 1880
Medicare 1:	1100310N, 1X 110422112		PHONE: FAX:
Phone (713) 666-8287	Fax (713) 660-8391		
Type: Parent Agency	Administrator AMANDA STERLE, RN		Services: Licensed Home Health Services
ype. Falent Agency	Administrator Awanda STEREE, NN		
County HARRIS	Region 06 Date Licensed	11/01/2016	Owner Information
License # 017881	THRIVE SKILLED PEDIATRIC CARE		FIRST CHOICE CHILDREN'S HOMECARE, LP
Lic Expire 10/31/2022	2424 WILCREST DRIVE SUITE 110		701 EDGEWATER DRIVE, SUITE 300
Medicare 1:	HOUSTON, TX 770422772		WAKEFIELD, MA 1880
Medicare 2:			PHONE: FAX:
Phone (713) 666-8287	Fax (713) 660-8391		Services: Licensed Home Health Services
Type: Parent Agency	Administrator AMANDA STERLE, RN		
County HARRIS	Region 06 Date Licensed	03/08/2006	Owner Information
License # 010331	TIMELESS HOME HEALTH INC		TIMELESS HOME HEALTH INC
Lic Expire 3/31/2022	8506 OLD BROOK DRIVE		BOX 300889
Medicare 1: 679756 HHA-18	HOUSTON, TX 77071		HOUSTON, TEXAS 77230
Medicare 2:			PHONE: FAX:
Phone (832) 693-6374	Fax (713) 270-7396		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
			Personal Assistance Services
Type: Parent Agency	Administrator DR BEKEE NWAKANMA		
County HARRIS	Region 06 Date Licensed	09/25/2017	Owner Information
License # 018758	TLC HOMECARE		JOHN T LESLIE II INC
Lic Expire 9/30/2019	15110 MINTZ LANE		15110 MINTZ LANE
Medicare 1: 453114 HHA-18	HOUSTON, TX 77014		HOUSTON, TX 77014
Medicare 2:			PHONE: FAX:
Phone (281) 591-0915	Fax (281) 591-0921		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MIGUEL COLON		
County HARRIS	Region 06 Date Licensed	11/13/2003	Owner Information
License # 008739	TOBI HEALTH CARE SERVICES INC		TOBI HEALTH CARE SERVICES INC
Lic Expire 11/30/2021	7457 HARWIN DR STE 128		7211 REGENCY SQUARE BLVD SUITE #246
Medicare 1:	HOUSTON, TX 77036		HOUSTON, TX 77036
Medicare 2:	,		PHONE: FAX:
Phone (713) 953-7680	Fax (713) 953-1523		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator TOYIN JAMES		Gervices. Licensed Figure Fleatin Services, Fersonal Assistance Services
7F			

County HARRIS License # 004948 Lic Expire 11/30/2022 Medicare 1: 459310 Medicare 2: Phone (713) 777-0778 Type: Parent Agency	Region 06 Date Licensed 10/14/1996 TODAY'S HEALTHCARE LLC 8602 JASON STREET HOUSTON, TX 77074 Fax (713) 777-3930 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 License # 008420 Lic Expire 4/30/2023 Medicare 1: 679349 HHA-18 Medicare 2: Phone (832) 777-7744 Type: Parent Agency	Region 06 Date Licensed 04/11/2003 TOFY HEALTH CARE SERVICES, INC 4606 FM 1960 W SUITE #215 HOUSTON, TX 77069 Fax (832) 900-0001 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 License # 014536 Lic Expire 9/30/2021 Medicare 1: 458148 HHA-18 Medicare 2: Phone (346) 808-5669 Type: Parent Agency	Region 06 Date Licensed 10/01/2011 TOMBALL REGIONAL HOME HEALTH 425 HOLDERRIETH BLVD, SUITE 215 TOMBALL, TX 773754552 Fax (346) 808-5751 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 License # 016097 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (281) 257-9061 Type: Parent Agency	Region 06 Date Licensed 03/19/2014 TOP NOTCH HEALTH CARE ASSISTANCE LLC 6575 WEST LOOP SOUTH #500 BELLAIRE, TX 77401 Fax (281) 257-9068 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 License # 013317 Lic Expire 5/31/2022 Medicare 1: 747719 HHA-18 Medicare 2: Phone (713) 866-4015 Type: Parent Agency	Region 06 Date Licensed 05/13/2010 TOPICAL HEALTHCARE SERVICES INC 18238 ETON RIDGE COURT RICHMOND, TX 77407 Fax (713) 866-4016 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 License # 006486 Lic Expire 12/31/2022 Medicare 1: 459308 HHA-18 Medicare 2: Phone (832) 767-0836 Type: Parent Agency	Region 06 Date Licensed 12/27/1997 TOTAL CONCEPT HOME HEALTH AGENCY 10575 WESTOFFICE DRIVE HOUSTON, TX 77042 Fax 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 License # 001009 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (713) 942-7557 Type: Parent Agency	Region 06 Date Licensed 05/23/1988 TOTAL HEALTH SERVICES 808 LOVETT BOULEVARD SUITE 2 HOUSTON, TX 77006 Fax (713) 942-7831 Administrator OLIVE MCPHERSON	Owner Information OLIVE MCPHERSONBARTON PO BOX 66153 HOUSTON, TEXAS 77266 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 005424 Lic Expire 3/31/2024 Medicare 1: 459406 HHA-18 Medicare 2: Phone (713) 647-7036 Type: Parent Agency	Region 06 Date Licensed 03/24/1997 TOTAL HOME CARE INC 1419 WEST 24TH ST HOUSTON, TX 77008 Fax (713) 647-9358 Administrator HARLEY TUBLE	Owner Information TOTAL HOME CARE, INC 1419 W 24TH ST HOUSTON, TEXAS 77008 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS	Region 06 Date Licensed 05/08/2020	Owner Information
License # 019922	TOTAL LOVING CARE	TOTAL LOVING CARE PRIVATE CAREGIVERS LLC
Lic Expire 5/8/2022	1606 ELK RIVER RD.	
Medicare 1:	HOUSTON, TX 77090	
Medicare 2:		PHONE: FAX:
Phone (832) 343-6706	Fax (832) 461-1842	Services: Personal Assistance Services
Type: Parent Agency	Administrator DEMARSENESE GREEN	0.100.1.000.1.000.00.1000
County HARRIS License # 009281	Region 06 Date Licensed 09/01/2004 TOUCH OF CLASS	Owner Information TOUCH OF CLASS
Lic Expire 8/31/2022	7171 HIGHWAY 6 NORTH SUITE 130	
Medicare 1:	HOUSTON, TX 77095	
Medicare 2:	F (00.1) 0.15 0700	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 License # 020140	Region 06 Date Licensed 02/04/2021 TOUCHED BY GUARDIAN ANGELS PERSONAL HOME CARE & AGENCY LLC	Owner Information TOUCHED BY GUARDIAN ANGELS PERSONAL HOME CARE & AGENCY LLC
Lic Expire 9/2/2022	525 N. SAM HOUSTON PKWY E, SUITE 320	
Medicare 1:	HOUSTON, TEXAS 77060	
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	TOUCHING HEARTS AT HOME	A HUNT & ASSOCIATES, LLC
Lic Expire 12/17/2022	4606 FM 1960 W RD STE 698	
Medicare 1:	HOUSTON, TEXAS 77069	
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 HEALTH	TRADITIONS HOSPICE OF SOUTH HOUSTON, LLC
Lic Expire 6/30/2023	1120 NASA PARKWAY SUITE 340A	PO BOX 9980
Medicare 1: 671686 HOSPICE	HOUSTON, TX 77058	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	alon sopon to
County HARRIS	Region 06 Date Licensed 01/10/2017	Owner Information
License # 017848	TRADITIONS HEALTH	TRADITIONS HOSPICE OF GALVESTON, LLC
Lic Expire 1/31/2023	4326 HUGH ECHOLS BLVD.	PO BOX 9980
Medicare 1: 671684 HOSPICE	BAYTOWN, TX 77521	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	

County HARRIS License # 020551 Lic Expire 6/1/2022 Medicare 1: 451709 Hospice Medicare 2: Phone (281) 646-9900	Region 06 Date Licensed 06/01/2020 TRADITIONS HEALTH 16730 NORTH ELDRIDGE PARKWAY TOMBALL, TEXAS 77377 Fax (866) 908-8704	Owner Information TRADITIONS HOSPICE OF TOMBALL, LLC PO BOX 9980 COLLEGE STATION, TX 77842 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOANNA MATTHEWS	
County HARRIS License # 015118 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (409) 766-1062 Type: Branch Agency	Region 06 Date Licensed 10/01/2012 TRADITIONS HEALTH CARE 1120 NASA PARKWAY SUITE 340B HOUSTON, TEXAS 77058 Fax (866) 908-8704 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 HARRIS License # 013263 Lic Expire 12/31/2023 Medicare 1: 747420 HHA-18 Medicare 2: Phone (713) 665-5471 Type: Parent Agency	Region 06 Date Licensed 12/24/2009 TRANSITION HOME HEALTH CARE 4888 LOOP CENTRAL DRIVE, SUITE 450 HOUSTON, TX 77081 Fax (281) 936-0199 Administrator SANDRA GARZA	Owner Information AZTEX HEALTH SERVICES INC 4888 LOOP CENTRAL DRIVE, SUITE 450 HOUSTON, TX 77081 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 013263 Lic Expire 12/31/2023 Medicare 1: 74Q74200001 Medicare 2:	Region 06 Date Licensed TRANSITION HOME HEALTH CARE 500 SPRING HILL DRIVE, SUITE 160 SPRING, TX 77386	Owner Information AZTEX HEALTH SERVICES INC 4888 LOOP CENTRAL DRIVE, SUITE 450 HOUSTON, TX 77081 PHONE: FAX:
Phone (713) 665-5471 Type: Branch Agency	Fax Administrator SANDRA GARZA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRIS License # 012721 Lic Expire 7/31/2023 Medicare 1: 747583 Medicare 2: Phone (281) 529-6255	Region 06 Date Licensed 07/20/2009 TREASURE CARE HOME HEALTH INC 440 BENMAR DR, SUITE 1022F HOUSTON, TX 77060 Fax (281) 670-5178	Owner Information TREASURE CARE HOME HEALTH INC 440 BENMAR DR, SUITE 1022F HOUSTON, TX 77060 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator YERELIS GARCIA JIMENEZ	Personal Assistance Services
County HARRIS License # 004485 Lic Expire 5/31/2022 Medicare 1: 459050 Medicare 2: Phone 281 9991943	Region 06 Date Licensed 05/03/1996 TRI ACECARE HOME HEALTH SERVICES INC 2506-A NANTUCKET DRIVE HOUSTON, TX 77057 Fax 713 2449875	Owner Information TRI ACECARE HOME HEALTH SERVICES, INC 2506 A NANTUCKET DRIVE HOUSTON, TX 77057 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator YVONNE ISIDRO	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 021257 Lic Expire 12/7/2024 Medicare 1:	Region 06 Date Licensed 12/07/2021 TRIAGE HOSPICE LLC 15022 FM 529 ROAD BLDG 2 SUITE C HOUSTON, TX 77095	Owner Information TRIAGE HOSPICE LLC
Medicare 2: Phone (832) 723-4436	Fax (281) 990-6716	PHONE: FAX: Services: Hospice; Personal Assistance Services
Type: Parent Agency	Administrator DARLINGTON OFOEFULE	In-Patient Hospice: NO

County HARRIS License # 019963 Lic Expire 5/27/2022 Medicare 1: Medicare 2: Phone (409) 937-0452	Region 04 Date Licensed 05/27/2020 TRINITY HEALTHCARE OF SOUTHEAST TEXAS, INC 24624 INTERSTATE 45 N SUITE 200 SPRING, TEXAS 77386 Fax	Owner Information TRINITY HEALTHCARE OF SOUTHEAST TEXAS, INC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator TYRA JACKSON	
County HARRIS License # 006489 Lic Expire 1/31/2022 Medicare 1: 678253 Medicare 2:	Region 06 Date Licensed 01/30/1998 TRINITY HOME HEALTH CARE 7324 SOUTHWEST FREEWAY STE 977 HOUSTON, TX 77074	Owner Information 1ST TRINITY HOME HEALTH CARE INC 7322 SOUTHWEST FREEWAY STE 977 HOUSTON, TX 77074 PHONE: FAX:
Phone (713) 665-6666	Fax (713) 665-6663	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator STEPHANIE CROSBY	
County HARRIS License # 015874 Lic Expire 9/30/2024 Medicare 1: 678332 HHA-18 Medicare 2: Phone (713) 682-3090 Type: Parent Agency	Region 06 Date Licensed 09/30/2013 TRINITY HOMECARE 5450 NORTHWEST CENTRAL DRIVE SUITE 111 HOUSTON, TX 77092 Fax (713) 682-3325 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
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County HARRIS	Region 06 Date Licensed 10/31/2017	Owner Information TRUE CARE HOSPICE, LLC
License # 018415	TRINITY HOSPICE	540 E APPLEBY RD., STE 104
Lic Expire 10/31/2024	9900 WESTPARK DRIVE STE 240	FAYETTEVILLE, AR 72703
Medicare 1: 741712 HOSPICE	HOUSTON, TX 77063	
Medicare 2: Phone 713 6770137	Fax 888 8447961	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ALLURA REYNOLDS	
County HARRIS License # 020009 Lic Expire 6/23/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 06/23/2020 TRINITY LIVING PROVIDER SERVICES LLC 12677 HIRAM CLARKE RD HOUSTON, TEXAS 77045	Owner Information TRINITY LIVING PROVIDER SERVICES LLC PHONE: FAX:
Phone 7132428167 ext1	Fax 17132428167	Services: Personal Assistance Services
Type: Parent Agency County HARRIS License # 017700 Lic Expire 10/31/2022 Medicare 1: 747736 HHA-18	Administrator CHARLENE OKENDU Region 06 Date Licensed 10/15/2016 TRIUMPH HEALTH CARE SERVICES INC 10333 HARWIN DRIVE SUITE 675 HOUSTON, TEXAS 77036	Owner Information TRIUMPH HEALTH CARE SERVICES INC 10590 WEST OFFICE DR. SUITE #105 HOUSTON, TX 77042
Medicare 2:		PHONE: FAX:
Phone (832) 573-6736	Fax (713) 271-2298	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OMOYEME OBEAHON	
County HARRIS License # 020212 Lic Expire 10/1/2022 Medicare 1:	Region 06 Date Licensed 10/01/2020 TRUE AMOR HEALTH PROFESSIONALS LLC 6201 BONHOMME STE. 370N HOUSTON, TX 77036	Owner Information TRUE AMOR HEALTH PROFESSIONALS LLC
Medicare 2:	-	PHONE: FAX:
Phone (346) 212-7530	Fax	Services: Personal Assistance Services
Type: Derent Agency	Administrator PRIDNEY CAMPRELL	

Administrator BRIDNEY CAMPBELL

County HARRIS License # 020930 Lic Expire 7/23/2024 Medicare 1:	Region 06 Date Licensed 07/23/ TRUHOME HEALTH & HOSPICE SERVICES LLC 9950 WESTPARK DR STE 302 HOUSTON, TEXAS 77063	72021 Owner Information TRUHOME HEALTH & HOSPICE SERVICES LLC
Medicare 2:	HOUSTON, IEAAS 77003	PHONE: FAX:
Phone (832) 409-2687	Fax (281) 982-1817	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator JOHNSON AMBROISE	
County HARRIS License # 020951 Lic Expire 8/3/2024 Medicare 1:	Region 06 Date Licensed 08/03/ TRUSTING ANGELS HEALTHCARE LLC 8414 CHANCELLORSVILLE LN HOUSTON, TEXAS 77083	Owner Information TRUSTING ANGELS HEALTHCARE LLC
Medicare 2:		PHONE: FAX:
Phone (832) 310-6282	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator ETHEL EMEHEL	
County HARRIS License # 010842 Lic Expire 10/31/2022 Medicare 1: 679764 HHA-18 Medicare 2: Phone (713) 850-0088 Type: Parent Agency	Region 06 Date Licensed 10/27/ TTI HOME HEALTH CARE 4635 SOUTHWEST FREEWAY SUITE #182 HOUSTON, TX 77027 Fax (713) 622-0688 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 License # 020863 Lic Expire 6/25/2024 Medicare 1:	Region 06 Date Licensed 06/25/ TULIP HOME HEALTH, INC 2922 ROSEDALE ST HOUSTON, TEXAS 77004	Owner Information TULIP HOME HEALTH, INC
Medicare 2:		PHONE: FAX:
Phone (713) 780-2006	Fax (713) 780-2024	Services: Licensed Home Health Services
Type: Parent Agency	Administrator JENNIFER ROY	
County HARRIS License # 019735 Lic Expire 12/6/2024 Medicare 1: 971623 Hospice	Region 06 Date Licensed 12/06/ TULIP HOSPICE LLC 2922 ROSEDALE STREET HOUSTON, TEXAS 770046188	Owner Information TULIP HOSPICE LLC
Medicare 2:	1100010N, 12/10 770040100	PHONE: FAX:
Phone (713) 874-1234 Type: Parent Agency	Fax (713) 521-1277 Administrator JENNIFER ROY	Services: Hospice In-Patient Hospice: NO
County HARRIS License # 020975 Lic Expire 8/12/2024 Medicare 1:	Region 06 Date Licensed 08/12/ TUNNIKS HEALTH CARE LLC 1710 S. DAIRY ASHFORD #103E HOUSTON, TEXAS 77077	TUNNIKS HEALTH CARE LLC 4931 KALE GARDEN CT KATY, TX 77449
Medicare 2:	F (740) 004 4040	PHONE: FAX:
Phone (832) 449-9732	Fax (713) 984-4640 Administrator OLANIKE PETERS	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 020118 Lic Expire 8/24/2022 Medicare 1:	Region 06 Date Licensed 08/24/ TURBO HOME CARE INC 2800 POST OAK BLVD, SUITE 4100 HOUSTON, TEXAS 77056	/2020 Owner Information TURBO HOME CARE INC
Medicare 2:		PHONE: FAX:
Phone 18007739165 Type: Parent Agency	Fax Administrator JALEESA OKENDU	Services: Personal Assistance Services

County HARRIS License # 010441 Lic Expire 5/31/2022 Medicare 1: 679645 Medicare 2: Phone (713) 413-2444	Region 06 Date Licensed 05/10/2006 UAC HEALTH CARE SERVICES LLC 14215 SOUTH POST OAK ROAD HOUSTON, TX 77045 Fax (713) 413-1844	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
Type: Parent Agency	Administrator FRANCOISE BANGOURA	Torsonal Assistance out vices
County HARRIS License # 008617 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (713) 988-8668 Type: Parent Agency	Region 06 Date Licensed 08/26/2003 ULTIMATE HOME HEALTH SERVICES 10103 FONDREN #322 HOUSTON, TX 77096 Fax (713) 988-8985 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 License # 018442 Lic Expire 8/31/2023 Medicare 1: 677999 HHA-18 Medicare 2: Phone (832) 252-1030 Type: Parent Agency	Region 06 Date Licensed 08/29/2017 ULTIMATE THERAPY SERVICES 9900 WESTPARK DR SUITE 340 HOUSTON, TX 77063 Fax (832) 252-1062 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 License # 000980 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (713) 522-7100	Region 06 Date Licensed 05/09/1988 ULTRASTAFF 1818 MEMORIAL DRIVE SUITE #200 HOUSTON, TX 77007 Fax (713) 522-0744	Owner Information JWS HEALTH CONSULTANTS, INC 1818 MEMORIAL DR SUITE 200 HOUSTON, TX 77007 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency	Administrator JOLYN WEST SCHEIRMAN	CONTROL ELONGON NOTICE NOTICE NOTICE
County HARRIS License # 021213 Lic Expire 9/1/2024 Medicare 1: 971649	Region 06 Date Licensed 11/18/2021 UNICARE PALLIATIVE & HOSPICE CARE, LLC 633 E FERNHURST DR SUITE 1305 KATY, TX 77450	Owner Information UNICARE PALLIATIVE & HOSPICE CARE LLC
Medicare 2: Phone (832) 532-0876 Type: Parent Agency	Fax (281) 476-7780 Administrator MOLLY ONYANGO	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 019757 Lic Expire 1/2/2022 Medicare 1: Medicare 2: Phone (713) 505-3300	Region 06 Date Licensed 01/02/2020 UNIQ HEALTHCARE AND THERAPY SERVICE 8700 COMMERCE PARK DR STE 108A HOUSTON, TEXAS 77071 Fax (855) 313-7001	Owner Information UNIQ GROUP, INC 7700 W AIRPORT BLVD #910 HOUSTON, TX 77071 PHONE: FAX: Services: Hospice; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HARRIS License # 017110 Lic Expire 10/31/2023 Medicare 1: Medicare 2:	Administrator CHRISTOPHER DAUDU Region 06 Date Licensed 10/30/2015 UNISTAR HEALTHCARE SERVICES LLC 8403 BRIGHTON LAKE LANE HOUSTON, TX 77095	In-Patient Hospice: NO Owner Information UNISTAR HEALTHCARE SERVICES, LLC 8403 BRIGHTON LAKE LANE HOUSTON, TX 77095 PHONE: FAX:
Phone (713) 732-7395	Fax (713) 583-5660	Services: Licensed Home Health Services; Personal Assistance Services

Administrator TABITHA OMONDI

County HARRIS License # 013630 Lic Expire 6/30/2022 Medicare 1: 677869 HHA-18 Medicare 2: Phone (713) 975-1310 Type: Parent Agency	Region 06 Date Licensed 06/29/2010 UNITED AMERICA HOME HEALTH SERVICES INC 3721 BRIARPARK DR STE 155 HOUSTON, TX 77042 Fax (713) 975-7312 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 License # 019622 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (832) 455-7071 Type: Parent Agency	Region 06 Date Licensed 03/02/2019 UNITED CARE INC 6464 SAVOY DRIVE, SUITE 778 HOUSTON, TX 77036 Fax 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 License # 007402 Lic Expire 8/31/2021 Medicare 1: 679018 HHA-18 Medicare 2: Phone (713) 944-0500 Type: Parent Agency	Region 06 Date Licensed 08/15/2000 UNITY HOMECARE 4000 DOVER STREET SUITE #100 HOUSTON, TX 77087 Fax (713) 944-0600 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 License # 012113 Lic Expire 5/31/2022 Medicare 1: 678449 HHA-18 Medicare 2: Phone (713) 914-9141 Type: Parent Agency	Region 06 Date Licensed 05/05/2008 UNIVERSAL HEALTH SERVICES 7111 HARWIN DRIVE, SUITE 275 HOUSTON, TX 77036 Fax (713) 914-9464 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 License # 006751 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (713) 541-2900 Type: Parent Agency	Region 06 Date Licensed 12/08/1998 UNIVERSITY PLACE RETIREMENT COMMUNITY 7480 BEECHNUT HOUSTON, TX 77074 Fax (713) 456-4828 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 License # 003259 Lic Expire 10/31/2023 Medicare 1: 458331 HHA-18 Medicare 2: Phone (713) 988-2261 Type: Parent Agency	Region 06 Date Licensed 10/11/1994 UNLIMITED HOME CARE INC 8633 W AIRPORT BLVD SUITE 1032 HOUSTON, TX 77071 Fax (713) 988-4117 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 License # 020677 Lic Expire 4/6/2024 Medicare 1: Medicare 2: Phone (832) 305-6706 Type: Parent Agency	Region 06 Date Licensed 04/06/2021 UNLIMITED PATHWAYS TO CHANGE, LLC 5757 WOODWAY DRIVE, SUITE 300 HOUSTON, TEXAS 77057 Fax (318) 625-0636 Administrator RENEKA CLARK	Owner Information UNLIMITED PATHWAYS TO CHANGE, LLC PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 014455 Lic Expire 11/30/2021 Medicare 1: 747853 HHA-18 Medicare 2: Phone (281) 302-6519	Region 06 Date Licensed 11/07/2011 UPCARE HOME HEALTH LLC 9896 BISSONNET STREET SUITE 125 HOUSTON, TX 77036 Fax (281) 240-6335	Owner Information UPCARE HOME HEALTH LLC 9896 BISSONET STREET, SUITE#125 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator LOLITA USERO	Personal Assistance Services
County HARRIS License # 011955 Lic Expire 7/28/2022 Medicare 1: Medicare 2: Phone (713) 622-9877	Region 06 Date Licensed 04/04/2008 UPTOWN HOMECARE 5858 WESTHEIMER RD SUITE 700 HOUSTON, TX 77057 Fax (713) 622-1241	Owner Information ADVANCED HR SOLUTIONS LTD 5858 WESTHEIMER RD, SUITE 700 HOUSTON, TX 77057 PHONE: FAX:
Type: Parent Agency	Administrator MARY KATHERINE KILLIAN	Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 020109 Lic Expire 8/18/2022 Medicare 1:	Region 06 Date Licensed 08/18/2020 US NATIONAL HEALTHCARE TRAINING SERVICES INC 2626 SOUTH LOOP WEST STE 426 HOUSTON, TEXAS 77054	Owner Information US NATIONAL HEALTHCARE TRAINING SERVICES INC
Medicare 2:	_	PHONE: FAX:
Phone (832) 849-1186 Type: Parent Agency	Fax Administrator KEVIN SIMMS	Services: Personal Assistance Services
County HARRIS License # 014191 Lic Expire 6/30/2023 Medicare 1:	Region 06 Date Licensed 06/28/2011 US RENAL CARE HOME THERAPIES LLC 8515 FANNIN STREET, SUITE 190 HOUSTON, TEXAS 77054	Owner Information US RENAL CARE HOME THERAPIES, LLC PO BOX 251549 PLANO, TEXAS 75025
Medicare 2: Phone (713) 668-2744 Type: Parent Agency	Fax (713) 595-5959 Administrator TARA KENNEDY	PHONE: FAX: Services: Licensed Home Health Services with Dialysis
County HARRIS License # 020252 Lic Expire 10/21/2022 Medicare 1: Medicare 2: Phone (832) 833-9520	Region 06 Date Licensed 10/21/2020 V V EMMANUEL LLC 10451 HUFFMEISTER RD #2101 HOUSTON, TX 77065 Fax NA	Owner Information V V EMMANUEL LLC 10451 HUFFMEISTER RD #2101 HOUSTON, TEXAS 77065 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator AYOTUNDE BANKOLE	
County HARRIS License # 020015 Lic Expire 6/25/2022 Medicare 1:	Region 06 Date Licensed 06/25/2020 VALID PRIMARY CARE SERVICES,LLC 2600 SOUTH LOOP WEST SUITE 692 HOUSTON, TEXAS 77054	Owner Information VALID PRIMARY CARES SERVICES,LLC 3030 WEST FUQUA STREET UNIT 450211 HOUSTON, TEXAS 77245
Medicare 2: Phone (832) 831-0189	Fax (346) 335-8150	PHONE: FAX:
Type: Parent Agency	Administrator TINA MCNEAL	Services: Personal Assistance Services
County HARRIS License # 006515 Lic Expire 5/31/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 05/14/2015 VALLEY VIEW PRIMARY HOME CARE 2200 N. LOOP W, SUITE 106 HOUSTON, TEXAS 77018	Owner Information VALLEY VIEW PRIMARY HOME CARE 609 WEST VAN BUREN HARLINGEN, TX 78550 PHONE: FAX:
Phone (281) 501-0301 Type: Branch Agency	Fax (281) 501-0324 Administrator LUZ ELIZARDE	Services: Licensed Home Health Services; Personal Assistance Services

County HARRIS License # 020182 Lic Expire 9/17/2022 Medicare 1:	Region 06 Date Licensed VANKEMSEA GLOBAL AGENCY 6257, HWY 6 SOUTH	09/17/2020	Owner Information LYDIA AGUEBOR
Medicare 2:	HOUSTON, TX 77083		PHONE: FAX:
Phone (281) 935-5408	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator LYDIA AGUEBOR		
County HARRIS	Region 06 Date Licensed	02/02/2012	Owner Information
License # 014626	VANTAGE HOSPICE		VANTAGE HOSPICE, LLC
Lic Expire 2/28/2022	21720 KINGSLAND BLVD SUITE 301		21720 KINGSLAND BLVD SUITE 301
Medicare 1: 671680 HOSPICE	KATY, TX 77450		KATY, TX 77450
Medicare 2:	- (004) 570 5004		PHONE: FAX:
Phone (281) 579-5660	Fax (281) 579-5661		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ANETA NICOLE KNIGHT		
County HARRIS	Region 06 Date Licensed	10/15/2021	Owner Information
License # 021133	VARCO HOME HEALTH, LLC		VARCO HOME HEALTH, LLC
Lic Expire 10/15/2024	9898 BISSONNET ST #364		19218 DESERT CALICO LN
Medicare 1:	HOUSTON, TX 77036		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 KASHIF MAHMOOD		
County HARRIS	Region 06 Date Licensed	05/27/2021	Owner Information
License # 020793	VASITY HEALTHCARE SERVICES INC		VASITY HEALTHCARE SERVICES INC
Lic Expire 5/27/2024	8303 SOUTHWEST FWY STE 105		
Medicare 1:	HOUSTON, TEXAS 770741606		
Medicare 2:	- (740) 774 4040		PHONE: FAX:
Phone (832) 646-1788	Fax (713) 771-1349		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ALOZIE UHEGWU		
County HARRIS	Region 06 Date Licensed	11/26/2003	Owner Information VEMAX HEALTHCARE SERVICES INC
License # 008782	VEMAX HEALTHCARE SERVICES INC		10715 VALLEYHILLS DRIVE
Lic Expire 11/30/2022	10715 VALLEY HILLS DRIVE		HOUSTON, TX 77071
Medicare 1: 453120 HHA-18 Medicare 2:	HOUSTON, TX 77071		PHONE: FAX:
Phone (713) 751-0016	Fax (713) 751-0300		
(110) 101 0010	(110) 101 0000		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SABINA UZOWULU		
County HARRIS	Region 06 Date Licensed	02/22/2006	Owner Information
License # 010308	<u> </u>		
	VENTEX HOME HEALTH AGENCY INC		VENTEX HOME HEALTH AGENCY INC
Lic Expire 2/28/2023	VENTEX HOME HEALTH AGENCY INC 7111 HARWIN DRIVE SUITE 215		VENTEX HOME HEALTH AGENCY INC 7111 HARWIN DR. #215
Lic Expire 2/28/2023 Medicare 1: 679748			
•	7111 HARWIN DRIVE SUITE 215		7111 HARWIN DR. #215
Medicare 1: 679748	7111 HARWIN DRIVE SUITE 215		7111 HARWIN DR. #215 HOUSTON, TEXAS 77036
Medicare 1: 679748 Medicare 2:	7111 HARWIN DRIVE SUITE 215 HOUSTON, TX 77036		7111 HARWIN DR. #215 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Medicare 1: 679748 Medicare 2: Phone (713) 272-7273	7111 HARWIN DRIVE SUITE 215 HOUSTON, TX 77036 Fax (713) 272-7276	05/11/2010	7111 HARWIN DR. #215 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Medicare 1: 679748 Medicare 2: Phone (713) 272-7273 Type: Parent Agency	7111 HARWIN DRIVE SUITE 215 HOUSTON, TX 77036 Fax (713) 272-7276 Administrator JOSEPHINE NWANKPA	05/11/2010	7111 HARWIN DR. #215 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information VESSEL HEALTHCARE SERVICES LLC
Medicare 1: 679748 Medicare 2: Phone (713) 272-7273 Type: Parent Agency County HARRIS	7111 HARWIN DRIVE SUITE 215 HOUSTON, TX 77036 Fax (713) 272-7276 Administrator JOSEPHINE NWANKPA Region 06 Date Licensed	05/11/2010	7111 HARWIN DR. #215 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information VESSEL HEALTHCARE SERVICES LLC 9950 WESTPARTK DRIVE #334
Medicare 1: 679748 Medicare 2: Phone (713) 272-7273 Type: Parent Agency County HARRIS License # 013305	7111 HARWIN DRIVE SUITE 215 HOUSTON, TX 77036 Fax (713) 272-7276 Administrator JOSEPHINE NWANKPA Region 06 Date Licensed VESSEL HEALTHCARE SERVICES LLC	05/11/2010	7111 HARWIN DR. #215 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information VESSEL HEALTHCARE SERVICES LLC
Medicare 1: 679748 Medicare 2: Phone (713) 272-7273 Type: Parent Agency County HARRIS License # 013305 Lic Expire 5/31/2022 Medicare 1: Medicare 2:	7111 HARWIN DRIVE SUITE 215 HOUSTON, TX 77036 Fax (713) 272-7276 Administrator JOSEPHINE NWANKPA Region 06 Date Licensed VESSEL HEALTHCARE SERVICES LLC 9950 WESTPARK SUITE 324 HOUSTON, TX 77063	05/11/2010	7111 HARWIN DR. #215 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information VESSEL HEALTHCARE SERVICES LLC 9950 WESTPARTK DRIVE #334
Medicare 1: 679748 Medicare 2: Phone (713) 272-7273 Type: Parent Agency County HARRIS License # 013305 Lic Expire 5/31/2022 Medicare 1:	7111 HARWIN DRIVE SUITE 215 HOUSTON, TX 77036 Fax (713) 272-7276 Administrator JOSEPHINE NWANKPA Region 06 Date Licensed VESSEL HEALTHCARE SERVICES LLC 9950 WESTPARK SUITE 324	05/11/2010	7111 HARWIN DR. #215 HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information VESSEL HEALTHCARE SERVICES LLC 9950 WESTPARTK DRIVE #334 HOUSTON, TX 77063

Lic Europe 600/2022 6074 60/HES R0 FAX	County HARRIS License # 011941 Lic Expire 3/31/2022 Medicare 1: 459274 HHA-18 Medicare 2: Phone (281) 661-5900 Type: Parent Agency County HARRIS License # 010727	Region 06 Date Licensed VESTA HOME CARE 7910 MOLINE ST SUITE 110 HOUSTON, TX 77087 Fax (281) 661-6000 Administrator BENITA TURK Region 06 Date Licensed VICTORIAS HEALTH CARE INC	03/26/2008	Owner Information VESTA HOME CARE INC 7910 MOLINE STREET, SUITE 110 HOUSTON, TX 77087 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information VICTORIAS HEALTH CARE INC 6074 BONESS RD
Modicary Fax Region Fax Region Regio	Lic Expire 6/30/2022 Medicare 1:	6074 BONESS RD HUMBLE TX 77396		
Type		HOWBLE, IX 17000		PHONE: FAX:
Caunty MARRIS Region 66	Phone (281) 570-6719	Fax (281) 913-5807		Services: Personal Assistance Services
National	Type: Parent Agency	Administrator PABLA HERNANDEZ		
Phone (713) 884-1985	License # 010158 Lic Expire 11/30/2022	VICTORY PERSONAL CARE INC 1919 NORTH LOOP WEST STE 435	11/29/2005	VICTORY PERSONAL CARE INC P.O. BOX 924615
Type: Parent Agency		F (740) 004 44F0		PHONE: FAX:
County HARRIS Region 06 Date Licensed 07/27/2010 Owner Information VICOR HEALTHCARE SERVICES LLC S984 BISSONNET ST, SUITE 585 S984 BISSONNET ST, SUITE 585 HOUSTON, TX 77036 HOUSTON, TX 77037 HOUSTON, TX 77039 HOUSTON,				Services: Personal Assistance Services
Type: Parent Agency Administrator GLORY NOSIKE	County HARRIS License # 013495 Lic Expire 11/30/2022 Medicare 1:	Region 06 Date Licensed VIGOR HEALTHCARE SERVICES LLC 9894 BISSONNET ST, SUITE 585	07/27/2010	VIGOR HEALTHCARE SERVICES LLC 9894 BISSONNET, SUITE 585 HOUSTON, TX 77036
County HARRIS Region Date Licensed Owner Information VIKING HOSPICE CARE LLC VIKING HOSPICE CARE HOSPICE VIKING HOSPICE HOSPICE VIKING HOSPICE HOSPICE VIKING HOSPICE HOSPICE VIKING HOSPICE CARE LLC VIKING HOSPICE CARE HOSP	Phone (713) 715-5899	Fax (713) 771-5278		Services: Personal Assistance Services
Type: Parent Agency Administrator AZEEZ EMIOLA	County HARRIS License # 021367 Lic Expire 2/7/2025 Medicare 1:	Region Date Licensed VIKING HOSPICE CARE LLC 2646 S LOOP W STE 440A		VIKING HOSPICE CARE LLC
Note Parent Agency Administrator AZEZZ EMIOLA AZEZZ EMIOLA	Phone 888 9323236	Fax 888 9323236		
License # 021061 VILLAGE CARE HOSPICE VILLAGE CARE LLC	Type: Parent Agency	Administrator AZEEZ EMIOLA		In-Patient Hospice: NO
Medicare 2: PHONE: FAX: Phone (346) 339-4920 Fax (281) 208-0179 Services: Hospice In-Patient Hospice: NO Type: Parent Agency Administrator FEFI JAMES County HARRIS Region 06 Date Licensed 07/13/2010 Owner Information License # 013456 VINA HEALTH CARE SERVICES INC VINA HEALTH CARE SERVICES INC 2500 TANGLEWILDE ST, STE 223 HOUSTON, TX 77089 HOUSTON, TX 77089 HOUSTON, TX 77089 HOUSTON, TX 77089 PHONE: FAX: Phone (713) 334-5031 Fax (713) 334-2527 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	License # 021061 Lic Expire 9/20/2024	VILLAGE CARE HOSPICE 515 N SAM HOUSTON PKWY E STE 430	09/20/2021	
Type: Parent Agency Administrator FEFI JAMES Region 06 Date Licensed 07/13/2010 Owner Information				PHONE: FAX:
County HARRIS Region 06 Date Licensed 07/13/2010				
Personal Assistance Services	County HARRIS License # 013456 Lic Expire 7/31/2022 Medicare 1: 747801 HHA-18 Medicare 2:	Region 06 Date Licensed VINA HEALTH CARE SERVICES INC 2500 TANGLEWILDE ST, STE 223 HOUSTON, TX 77063	07/13/2010	VINA HEALTH CARE SERVICES INC 2500 TANGLEWILDE ST, STE 223 HOUSTON, TX 77089 PHONE: FAX:
	Type: Parent Agency	Administrator TONY NWACHAN		

County HARRIS License # 021065 Lic Expire 9/22/2024	Region 06 Date Licensed VINESSEE HOSPICE LLC	09/22/2021	Owner Information VINESSEE HOSPICE LLC	
Medicare 1:	14215 S POST OAK RD HOUSTON, TX 77045			
Medicare 2:			PHONE:	FAX:
Phone (713) 367-0064	Fax		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator CHIDERA AHAIWE		пт шонтюрюс. По	
County HARRIS	Region 06 Date Licensed	07/15/2015	Owner Information	
License # 016913	VISITING ANGELS		RUNNING ANGELS INC 20126 HARDWIDGE COURT	
Lic Expire 7/31/2023	7050 LAKEVIEW HAVEN DRIVE SUITE 116		KATY, TX 77450	
Medicare 1: Medicare 2:	HOUSTON, TX 77095		PHONE:	FAX:
Phone (832) 509-4024	Fax (832) 509-4002			FAA.
Type: Parent Agency	Administrator PETER LOMBARDI		Services: Personal Assistance Services	
·····			Owner Information	
County HARRIS	Region 06 Date Licensed VISITING ANGELS	05/24/2017	I FLORISH LLC	
License # 018077 Lic Expire 5/31/2023			23318 BRAT PAS DR	
Medicare 1:	14614 FALLING CREEK DR SUITE 208 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	0.722/20	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:	F (004) 440 0050		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 TOMLICO LLC	
License # 012924	VISITING ANGELS		1908 N MEMORIAL WAY	
Lic Expire 3/31/2024	218 NOBLE STREET		HOUSTON, TX 77007	
Medicare 1: Medicare 2:	SPRING, TX 77373		PHONE:	FAX:
Phone (713) 864-7388	Fax (281) 288-9111			1770.
Type: Parent Agency	Administrator SUSAN TOMLINSON		Services: Personal Assistance Services	
County HARRIS	Region 06 Date Licensed	12/17/2009	Owner Information	
License # 013037	VISITING ANGELS	.2.11.2000	II & 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			

County HARRIS License # 021360 Lic Expire 1/17/2025 Medicare 1: Medicare 2: Phone (281) 969-8576 Type: Parent Agency	Region 06 Date Licensed VISITING ANGELS 920 FM 1092 RD STE 215 STAFFORD, TX 77477 Fax (832) 201-7721 Administrator TIANA CLARK	Owner Information TOPHER HOMECARE, LLC PHONE: FAX: Services: Personal Assistance Services
County HARRIS	Region 06 Date Licensed 07/11/2009	Owner Information
License # 012756	VISITING ANGELS LIVING ASSISTANCE SERVICES	DIVINE ASSISTANCE SERVICES LLC
Lic Expire 7/31/2024	16940 HIGHWAY 3	16940 HIGHWAY 3 WEBSTER, TX 77598
Medicare 1:	WEBSTER, TX 77598	
Medicare 2: Phone (832) 632-2273	Fax (832) 632-2256	PHONE: FAX:
Type: Parent Agency	Administrator THERESA DIVINE	Services: Personal Assistance Services
County HARRIS	Region 06 Date Licensed 10/24/2019	Owner Information
License # 019987	VITAL HEALTHCARE LLC	VITAL HEALTHCARE, LLC
Lic Expire 10/24/2021	2755 CHESTNUT RIDGE RD., SUITE 118	
Medicare 1: 679595 (HHA)	KINGWOOD, TX 773392498	
Medicare 2:	5 (001) 070 F005	PHONE: FAX:
Phone (281) 915-9828 Type: Parent Agency	Fax (281) 972-5335 Administrator FARAH HASNIE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
<u> </u>		Owner Information
County HARRIS License # 018751	Region 06 Date Licensed 08/16/2017 VITALUS HOME	BLESSING HANDS HOME HEALTH LLC
Lic Expire 11/30/2021	2727 ALLEN PKWY STE 1915	509 W. TIDWELL ROAD SUITE 318
Medicare 1: 747675	HOUSTON, TX 77019	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 L P	VITAS HEALTHCARE OF TEXAS LP
Lic Expire 11/30/2022		201 S. BISCAYNE BLVD SHITE 400
	17320 RED OAK DRIVE	201 S. BISCAYNE BLVD SUITE 400 MIAMI, FL 33131
Medicare 1:	17320 RED OAK DRIVE HOUSTON, TEXAS 77090	MIAMI, FL 33131
		MIAMI, FL 33131 PHONE: FAX:
Medicare 1: Medicare 2: Phone (281) 895-6351	HOUSTON, TEXAS 77090 Fax (281) 580-1347	MIAMI, FL 33131
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77090	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Medicare 1: Medicare 2: Phone (281) 895-6351	HOUSTON, TEXAS 77090 Fax (281) 580-1347	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Medicare 1: Medicare 2: Phone (281) 895-6351 Type: Alternate Delivery Site County HARRIS License # 006974	HOUSTON, TEXAS 77090 Fax (281) 580-1347 Administrator WILLIAM WELLER	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VITAS HEALTHCARE OF TEXAS LP
Medicare 1: Medicare 2: Phone (281) 895-6351 Type: Alternate Delivery Site County HARRIS License # 006974 Lic Expire 11/30/2022	HOUSTON, TEXAS 77090 Fax (281) 580-1347 Administrator WILLIAM WELLER Region 06 Date Licensed 12/01/1998 VITAS HEALTHCARE OF TEXAS L P 3131 EASTSIDE STREET SUITE 200	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VITAS HEALTHCARE OF TEXAS LP 201 S. BISCAYNE BLVD SUITE 400
Medicare 1: Medicare 2: Phone (281) 895-6351 Type: Alternate Delivery Site County HARRIS License # 006974 Lic Expire 11/30/2022 Medicare 1: 451536 HOSPICE	HOUSTON, TEXAS 77090 Fax (281) 580-1347 Administrator WILLIAM WELLER Region 06 Date Licensed 12/01/1998 VITAS HEALTHCARE OF TEXAS L P	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VITAS HEALTHCARE OF TEXAS LP 201 S. BISCAYNE BLVD SUITE 400 MIAMI, FL 33131
Medicare 1: Medicare 2: Phone (281) 895-6351 Type: Alternate Delivery Site County HARRIS License # 006974 Lic Expire 11/30/2022	HOUSTON, TEXAS 77090 Fax (281) 580-1347 Administrator WILLIAM WELLER Region 06 Date Licensed 12/01/1998 VITAS HEALTHCARE OF TEXAS L P 3131 EASTSIDE STREET SUITE 200	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VITAS HEALTHCARE OF TEXAS LP 201 S. BISCAYNE BLVD SUITE 400 MIAMI, FL 33131 PHONE: FAX:
Medicare 1: Medicare 2: Phone (281) 895-6351 Type: Alternate Delivery Site County HARRIS License # 006974 Lic Expire 11/30/2022 Medicare 1: 451536 HOSPICE Medicare 2: Phone (713) 663-4900	HOUSTON, TEXAS 77090 Fax (281) 580-1347 Administrator WILLIAM WELLER Region 06 Date Licensed 12/01/1998 VITAS HEALTHCARE OF TEXAS L P 3131 EASTSIDE STREET SUITE 200 HOUSTON, TX 77098 Fax (713) 663-4990	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VITAS HEALTHCARE OF TEXAS LP 201 S. BISCAYNE BLVD SUITE 400 MIAMI, FL 33131
Medicare 1: Medicare 2: Phone (281) 895-6351 Type: Alternate Delivery Site County HARRIS License # 006974 Lic Expire 11/30/2022 Medicare 1: 451536 HOSPICE Medicare 2:	HOUSTON, TEXAS 77090 Fax (281) 580-1347 Administrator WILLIAM WELLER Region 06 Date Licensed 12/01/1998 VITAS HEALTHCARE OF TEXAS L P 3131 EASTSIDE STREET SUITE 200 HOUSTON, TX 77098	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VITAS HEALTHCARE OF TEXAS LP 201 S. BISCAYNE BLVD SUITE 400 MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Medicare 1: Medicare 2: Phone (281) 895-6351 Type: Alternate Delivery Site County HARRIS License # 006974 Lic Expire 11/30/2022 Medicare 1: 451536 HOSPICE Medicare 2: Phone (713) 663-4900 Type: Parent Agency County HARRIS	HOUSTON, TEXAS 77090 Fax (281) 580-1347 Administrator WILLIAM WELLER Region 06 Date Licensed 12/01/1998 VITAS HEALTHCARE OF TEXAS L P 3131 EASTSIDE STREET SUITE 200 HOUSTON, TX 77098 Fax (713) 663-4990 Administrator ANNETTE PEREZ Region 06 Date Licensed 01/29/2020	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VITAS HEALTHCARE OF TEXAS LP 201 S. BISCAYNE BLVD SUITE 400 MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Medicare 1: Medicare 2: Phone (281) 895-6351 Type: Alternate Delivery Site County HARRIS License # 006974 Lic Expire 11/30/2022 Medicare 1: 451536 HOSPICE Medicare 2: Phone (713) 663-4900 Type: Parent Agency County HARRIS License # 019711	HOUSTON, TEXAS 77090 Fax (281) 580-1347 Administrator WILLIAM WELLER Region 06 Date Licensed 12/01/1998 VITAS HEALTHCARE OF TEXAS L P 3131 EASTSIDE STREET SUITE 200 HOUSTON, TX 77098 Fax (713) 663-4990 Administrator ANNETTE PEREZ Region 06 Date Licensed 01/29/2020 VIV HEALTH CARE SERVICES LLC	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VITAS HEALTHCARE OF TEXAS LP 201 S. BISCAYNE BLVD SUITE 400 MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Medicare 1: Medicare 2: Phone (281) 895-6351 Type: Alternate Delivery Site County HARRIS License # 006974 Lic Expire 11/30/2022 Medicare 1: 451536 HOSPICE Medicare 2: Phone (713) 663-4900 Type: Parent Agency County HARRIS License # 019711 Lic Expire 11/21/2021	HOUSTON, TEXAS 77090 Fax (281) 580-1347 Administrator WILLIAM WELLER Region 06 Date Licensed 12/01/1998 VITAS HEALTHCARE OF TEXAS L P 3131 EASTSIDE STREET SUITE 200 HOUSTON, TX 77098 Fax (713) 663-4990 Administrator ANNETTE PEREZ Region 06 Date Licensed 01/29/2020 VIV HEALTH CARE SERVICES LLC 2100 WEST LOOP SOUTH SUITE 900 OFFICE NO. 833	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VITAS HEALTHCARE OF TEXAS LP 201 S. BISCAYNE BLVD SUITE 400 MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Medicare 1: Medicare 2: Phone (281) 895-6351 Type: Alternate Delivery Site County HARRIS License # 006974 Lic Expire 11/30/2022 Medicare 1: 451536 HOSPICE Medicare 2: Phone (713) 663-4900 Type: Parent Agency County HARRIS License # 019711 Lic Expire 11/21/2021 Medicare 1:	HOUSTON, TEXAS 77090 Fax (281) 580-1347 Administrator WILLIAM WELLER Region 06 Date Licensed 12/01/1998 VITAS HEALTHCARE OF TEXAS L P 3131 EASTSIDE STREET SUITE 200 HOUSTON, TX 77098 Fax (713) 663-4990 Administrator ANNETTE PEREZ Region 06 Date Licensed 01/29/2020 VIV HEALTH CARE SERVICES LLC	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VITAS HEALTHCARE OF TEXAS LP 201 S. BISCAYNE BLVD SUITE 400 MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VIV HEALTH CARE SERVICES LLC
Medicare 1: Medicare 2: Phone (281) 895-6351 Type: Alternate Delivery Site County HARRIS License # 006974 Lic Expire 11/30/2022 Medicare 1: 451536 HOSPICE Medicare 2: Phone (713) 663-4900 Type: Parent Agency County HARRIS License # 019711 Lic Expire 11/21/2021	HOUSTON, TEXAS 77090 Fax (281) 580-1347 Administrator WILLIAM WELLER Region 06 Date Licensed 12/01/1998 VITAS HEALTHCARE OF TEXAS L P 3131 EASTSIDE STREET SUITE 200 HOUSTON, TX 77098 Fax (713) 663-4990 Administrator ANNETTE PEREZ Region 06 Date Licensed 01/29/2020 VIV HEALTH CARE SERVICES LLC 2100 WEST LOOP SOUTH SUITE 900 OFFICE NO. 833	MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information VITAS HEALTHCARE OF TEXAS LP 201 S. BISCAYNE BLVD SUITE 400 MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information

Administrator MELISSA CODIO

County HARRIS License # 014679 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (713) 293-2080 Type: Parent Agency	Region 06 Date Licensed VOLGA HOME CARE LLC 10101 FONDREN ROAD SUITE 451 HOUSTON, TX 77096 Fax (888) 817-4126 Administrator NADEZHDA KOSHKINA	03/05/2012	Owner Information VOLGA HOME CARE LLC 17754 PRESTON RD. SUITE #200 DALLAS, TX 75252 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 004131 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (713) 460-0781	Region 03 Date Licensed VOLUNTEERS OF AMERICA TEXAS INC 4808 YALE STREET HOUSTON, TX 77018 Fax (713) 460-0988	06/14/1999	Owner Information VOLUNTEERS OF AMERICA TEXAS INC 300 E MIDWAY DRIVE EULESS, TX 76039 PHONE: (817) 529-7300 FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County HARRIS License # 017387 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (832) 363-9696 Type: Parent Agency	Administrator ERICA SMITH Region 06 Date Licensed VYDELL HEALTHCARE SERVICES INC 9898 BISSONNET ST SUITE 295 HOUSTON, TX 770368270 Fax (832) 582-5029 Administrator PRUDENCIA DEBA	12/29/2015	Owner Information VYDELL HEALTHCARE SERVICES INC 8700 COMMERCE PARK DR SUITE #223 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HARRIS License # 018331 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone 469 9864822 Type: Parent Agency	Region 06 Date Licensed WE ARE ONE HOME CARE LLC 340 N SAM HOUSTON PKWY E STE A110H HOUSTON, TEXAS 77060 Fax 469 2008339 Administrator TONI BOOTH	09/20/2017	Owner Information WE ARE ONE HOME CARE, LLC 7460 WARREN PARKWAY STE 100 FRISCO, TX 75034 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 010505 Lic Expire 6/30/2022 Medicare 1: 747216 HHA-18 Medicare 2: Phone 832 4370217 Type: Parent Agency	Region 06 Date Licensed WELLNESS HEALTHCARE INC 11603 POSSUM HOLLOW LANE HOUSTON, TEXAS 77065 Fax 281 3706762 Administrator RODDETTE DE VEGA	06/02/2006	Owner Information WELLNESS RESPONSE INC 11603 POSSUM HOLLOW LN HOUSTON, TX 77065 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County HARRIS License # 019578 Lic Expire 9/5/2021 Medicare 1: Medicare 2: Phone 281 8458261 Type: Parent Agency	Region 06 Date Licensed WESLEY HEALTHCARE LLC 7322 SOUTHWEST FWY STE 660 RM D HOUSTON, TEXAS 77074 Fax 713 5888863 Administrator VICTOR ARISE	09/05/2019	Owner Information WESLEY HEALTHCARE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 010643 Lic Expire 10/31/2023 Medicare 1: 679210 HHA-18 Medicare 2: Phone (713) 972-1902	Region 06 Date Licensed WEST WYNDE HEALTH SERVICES 6201 BONHOMME RD. #264N HOUSTON, TX 77036 Fax (713) 972-0272	10/19/2005	Owner Information WEST WYNDE HEALTH SERVICES INC 6201 BONHOMME RD SUITE 264N HOUSTON, TEXAS 77036 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Administrator

GLADYS IBIK

County HARRIS License # 020356	Region 06 Date Licensed 11/30/2020 WHITE OAK HOSPICE LLC	Owner Information WHITE OAK HOSPICE LLC
Lic Expire 11/30/2022	7322 SOUTHWEST FWY SUITE 645 ROOM D	
Medicare 1:	HOUSTON, TEXAS 77074	PUONE
Medicare 2: Phone 346 341 0073	Fax 346 341 0036	PHONE: FAX:
1 110110 010 011 0010	0.0011 0000	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	WILCARE INC
Lic Expire 11/30/2020	10440 WESTOFFICE DRIVE, #100	11200 WESTHEIMER RD SUITE #300A
Medicare 1:	HOUSTON, TEXAS 77042	HOUSTON, TX 77042
Medicare 2:	F (004) C70 0000	PHONE: FAX:
Phone (281) 679-6997	Fax (281) 679-6928	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	WILD ROSE HOSPICE, LLC
Lic Expire 5/15/2023	10101 HARWIN DR #315	
Medicare 1: 971559	HOUSTON, TEXAS 77036	DUONE
Medicare 2: Phone (866) 247-7681	Fax (832) 830-8406	PHONE: FAX:
1 Hone (600) 247-7001	1 ax (002) 000-0400	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MONIQUE BUCHANAN HUNTER	in and the option to
County HARRIS	Region 06 Date Licensed 08/10/2021	Owner Information
License # 020972	WILLOW NURSING CONCIERGE LLC	WILLOW NURSING CIENCIERGE LLC
Lic Expire 8/10/2024	2007 COMMERCE ST. # 36	
Medicare 1:	HOUSTON, TX 77002	
Medicare 2:		PHONE: FAX:
Phone (936) 306-3658	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	WILMINGTON HOSPICE, INC
Lic Expire 12/15/2024	2922 ROSEDALE STREET	
Medicare 1:	HOUSTON, TEXAS 77004	
Medicare 2:	Fav. (742) F04 4077	PHONE: FAX:
Phone (713) 874-1234	Fax (713) 521-1277	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JENNIFER ROY	III didnit recipio. No
County HARRIS	Region 06 Date Licensed 06/14/2006	Owner Information
License # 010537	WINNERS HEALTHCARE SOLUTIONS INC	WINNERS HEALTHCARE SOLUTIONS INC
Lic Expire 6/30/2022	440 COBIA DRIVE SUITE #1602	440 COBIA DRIVE, SUITE 1602
Medicare 1:	KATY, TX 77494	KATY, TX 77494
Medicare 2:		PHONE: FAX:
Phone (713) 780-9696	Fax (713) 780-9690	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	WONDER HOME CARE INC
Lic Expire 11/30/2021	8515 FONDREN ROAD #220	8110 PRAIRIE SAGE DR
Medicare 1: 747185 HHA-18	HOUSTON, TX 77074	RICHMOND, TX 77406
Medicare 2:		PHONE: FAX:
Phone (281) 232-8200	Fax (281) 762-1164	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FLORENCE MKPARU MKPARU	

County HARRIS License # 017415 Lic Expire 3/31/2022 Medicare 1: 457847 Medicare 2: Phone (713) 541-0651	Region 06 Date Licensed 03/30/2016 WORLD HEALTH SERVICES INC 13111 WESTHEIMER ROAD SUITE 215 HOUSTON, TX 77077 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 County HARRIS License # 021025 Lic Expire 9/3/2024 Medicare 1: Medicare 2: Phone (832) 746-7224 Type: Parent Agency	Administrator SAMUEL ANWAEGBU Region 06 Date Licensed 09/03/2021 XCEL COMMUNITY SERVICES, LLC 11423 WEATHERING OAKS DR HOUSTON, TEXAS 77066 Fax (281) 586-7884 Administrator PAULA MILLER	Owner Information XCEL COMMUNITY SERVICES, LLC 11423 WEATHERING OAKS DR. HOUSTON, TX 77066 PHONE: FAX: Services: Personal Assistance Services
County HARRIS License # 012316 Lic Expire 9/30/2022 Medicare 1: 679728 HHA-18 Medicare 2: Phone (713) 270-1160 Type: Parent Agency	Region 06 Date Licensed 09/16/2008 XTRACARE HOME HEALTH INC 9894 BISSONNET SUITE 575 HOUSTON, TX 77036 Fax (713) 270-1190 Administrator ROSEMARY UWAEZUOKE	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
County HARRIS License # 020979 Lic Expire 8/13/2024 Medicare 1: Medicare 2: Phone (832) 292-3672	Region 06 Date Licensed 08/13/2021 YANY'S CARE TEAM, INC 13326 HIGH STAR DR HOUSTON, TX 77083 Fax	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 License # 021247 Lic Expire 12/3/2024 Medicare 1: Medicare 2: Phone (713) 357-1594	Administrator YANOCSY CARMOUCET Region 06 Date Licensed 12/03/2021 YOUR CHOICE HOSPICE AND PALLIATIVE CARE 9100 SOUTHWEST FREEWAY SUITE 105-A HOUSTON, TEXAS 77074 Fax (713) 357-1594	Owner Information YOUR CHOICE HOSPICE AND PALLIATIVE CARE INC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRIS License # 008025 Lic Expire 7/31/2022 Medicare 1: 679186 HHA-18 Medicare 2: Phone (281) 980-3242	Administrator FEFI JAMES Region 06 Date Licensed 07/26/2002 YOUR QUALITY HEALTH CARE INC 1800 SNAKE RIVER ROAD SUITE D KATY, TX 77449 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
County HARRIS License # 014101 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (281) 382-2754 Type: Parent Agency	Administrator JENNIFER SOLANO, MS, PA-C Region 06 Date Licensed 05/16/2011 YOU'RE FIRST LLC 11019 NORTHPOINTE BLVD, SUITE B TOMBALL, TX 77375 Fax (281) 430-3281 Administrator HERMAN MCCLURE	Owner Information YOU'RE FIRST LLC 18319 CYPRESS STONE LN CYPRESS, TX 77429 PHONE: FAX: Services: Personal Assistance Services

County HARRIS License # 019902 Lic Expire 3/25/2022 Medicare 1: 748019 Medicare 2: Phone (346) 571-4997	Region 06 Date Licensed 03/25/2020 ZAPHIRO HOME HEALTH, LLC 5950 S GESSNER RD, STE. C HOUSTON, TEXAS 77036 Fax (346) 571-5964	Owner Information ZAPHIRO HOME HEALTH, LLC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LIDIBET MOREJON	
County HARRIS License # 020438 Lic Expire 1/7/2023 Medicare 1: 971662 Medicare 2: Phone 800 6311429	Region 06 Date Licensed 01/07/2021 ZENITH PALLIATIVE CARE INC 8700 COMMERCE PARK DR SUITE 125 HOUSTON, TEXAS 77036 Fax 800 6311429	Owner Information ZENITH PALLIATIVE CARE INC SAME , PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator NNAMDI OFODIKE	·
County HARRIS License # 007719 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (713) 484-8870	Region 06 Date Licensed 09/05/2001 ZION HOME HEALTH SERVICES INC 7324 SOUTHWEST FREEWAY SUITE # 208 HOUSTON, TX 77074 Fax (713) 484-8871	Owner Information ZION HOME HEALTH SERVICES INC 7324 SOUTHWEST FREEWAY SUITE # 208 HOUSTON, TX 77074 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency	Administrator CINDY ORJI	OCIVICOS. Electrica Fichile Fichility OCIVICOS
County HARRISON License # 020197 Lic Expire 9/24/2022 Medicare 1: Medicare 2: Phone (318) 393-7352	Region 04 Date Licensed 09/24/2020 BLESSED HEARTS SERVICES, LLC 505 E TRAVIS ST SUITE 207 MARSHALL, TX 75670 Fax (903) 471-0049	Owner Information BLESSED HEARTS SERVICES 505 TRAVIS ST SUITE 207 MARSHALL, TX 75670 PHONE: FAX:
Type: Parent Agency	Administrator TREONNA JACKSON	Services: Personal Assistance Services
County HARRISON License # 018573 Lic Expire 10/31/2023 Medicare 1: 458244 HHA-18 Medicare 2: Phone 903 9271144 Type: Parent Agency	Region 04 Date Licensed 11/01/2017 CHRISTUS GOOD SHEPHERD 401 SOUTH BOLIVAR STREET MARSHALL, TX 75670 Fax 903 9271181 Administrator CORTNI GOLDEN	Owner Information MARSHALL HOMECARE LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HARRISON License # 015767 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (903) 923-0518 Type: Alternate Delivery Site	Region 04 Date Licensed 06/21/2013 HEART TO HEART HOSPICE OF EAST TEXAS LLC 1005 E GRAND AVENUE MARSHALL, TX 75670 Fax (903) 923-0520 Administrator CHRISTINE BLACK	Owner Information HEART TO HEART HOSPICE OF EAST TEXAS LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HARRISON License # 002514 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (903) 938-5200 Type: Alternate Delivery Site	Region 04 Date Licensed 11/28/2007 HEART'SWAY HOSPICE OF NORTHEAST TEXAS 205 EAST AUSTIN ST MARSHALL, TX 75670 Fax (903) 938-1244 Administrator POLLY MAINES	Owner Information HOSPICE LONGVIEW INC PO BOX 5608 LONGVIEW, TEXAS 75608 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

		Owner Information
County HARRISON	Region 04 Date Licensed 03/11/2021	INNER QUALITY SERVICES LLC
License # 020592 Lic Expire 3/11/2024	INNER QUALITY SERVICES	PO BOX 538
Lic Expire 3/11/2024 Medicare 1:	505 E. TRAVIS STREET MARSHALL, TX 75670	STONEWALL, LA 71078
Medicare 2:	WATGIALL, IX 75070	PHONE: FAX:
Phone (318) 906-5054	Fax (318) 906-5057	Services: Personal Assistance Services
Type: Parent Agency	Administrator TANESHA HALL	CONTICOS. 1 CISORIAI AGGISTATICO CONTICOS
County HARRISON	Region 04 Date Licensed 05/16/2005	Owner Information
License # 009761	MARSHALL HOMECARE AND HOSPICE	MARSHALL MANOR HOMECARE LLC
Lic Expire 5/31/2022	111 E BURLESON	111 E BURESON ST.
Medicare 1: 457878 HHA-18;67	MARSHALL, TX 75670	MARSHALL, TX 75670
Medicare 2:		PHONE: FAX:
Phone (903) 923-8154	Fax (903) 935-3332	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services In-Patient Hospice: NO
Type: Parent Agency	Administrator BRANDON WHITE	
County HARTLEY	Region 01 Date Licensed 06/13/1997	Owner Information
License # 005693	COON MEMORIAL HOSPITAL HOME CARE	DALLAMHARTLEY COUNTIES HOSPITAL DISTRICT
Lic Expire 6/30/2022	210 E TEXAS BLVD	PO BOX 2014
Medicare 1: 459416 HHA-18;67	DALHART, TX 79022	DALHART, TX 79022
Medicare 2:		PHONE: (806) 244-8555 FAX: (806) 244-1665
Phone (806) 244-8738	Fax (806) 244-6604	Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator RACHEL HUNTER	·
County HASKELL	Region 01 Date Licensed 03/04/1999	Owner Information
License # 001773	YOUNG COUNTY HOME HEALTH CARE	YOUNG COUNTY HOME HEALTH CARE INC
Lic Expire 7/31/2022	417 SOUTH 1ST	2735 WIND RIVER LANE SUITE 153
Medicare 1:	HASKELL, TX 79521	DENTON, TX 76210
Medicare 2:		PHONE: FAX:
Phone (940) 864-5074	Fax (940) 864-6163	Services: Licensed and Certified Home Health Services
Type: Branch Agency	Administrator HARRY TALBOTT	
County HAYS	Region 05 Date Licensed 02/01/2017	Owner Information
License # 018037	ANGELS FOR ELDERS	
Lic Expire 1/31/2023	1500 SPOKE HOLLOW ROAD	
Medicare 1:	WIMBERLEY, TX 78676	
Medicare 2:		PHONE: FAX:
Phone 512 8477445	Fax (512) 847-1425	Services: Personal Assistance Services
Type: Parent Agency	Administrator KIMA COLTHARP	
County HAYS	Region 05 Date Licensed 05/04/2015	Owner Information
License # 016887	ASCENSION AT HOME	SETON RIVER BEND HOME HEALTH LLC
Lic Expire 5/31/2023	1300 DACY LANE SUITE 170	10 CADILLAC DRIVE, SUITE 400
Medicare 1: 679048 HHA-18	KYLE, TX 78640	BRENTWOOD, TN 37027
Medicare 2:		PHONE: FAX:
Phone 512 5493490	Fax 512 5493495	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator JORDAN WOJNARSKI	
County HAYS	Region 05 Date Licensed	Owner Information
License # 014127	AT HOME HEALTHCARE	NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
Lic Expire	1251 SADLER DRIVE, BUILDING I SUITE 1250	506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
Medicare 1: 45Q7159002	SAN MARCOS, TEXAS 78666	TYLER, TX 75705
Medicare 2:		PHONE: FAX:
Phone (254) 751-1600	Fax	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Personal Assistance Services

Type: Branch Agency

Administrator

ERICA SHELLIE THOMAS

County HAYS License # 014127 Lic Expire Medicare 1: 45Q7159002 Medicare 2: Phone (254) 751-1600	Region 05 Date Licensed AT HOME HEALTHCARE 1251 SADLER DRIVE, BUILDING I SUITE 1250 SAN MARCOS, TEXAS 78666 Fax	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 ERICA SHELLIE THOMAS	Personal Assistance Services
County HAYS License # 011379 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (512) 392-5166	Region 07 Date Licensed 07/31/2009 AXIS HOME HEALTH 1900 NORTH IH 35 STE 101 SAN MARCOS, TX 78666 Fax (877) 270-3788	Owner Information AXYB INC 120 N. MESQUITE STREET SAN ANTONIO, TX 78202 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HAYS License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (855) 290-2394 Type: Branch Agency	Administrator XENIA BUENO Region 07 Date Licensed 09/11/2013 BEE FIRST PRIMARY HOME CARE 101 UHLAND ROAD SUITE 200 SAN MARCOS, TX 78666 Fax (512) 757-8834 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 HAYS License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (855) 290-2394	Region 07 Date Licensed 09/11/2013 BEE FIRST PRIMARY HOME CARE 101 UHLAND ROAD SUITE 200 SAN MARCOS, TX 78666 Fax (512) 757-8834	Owner Information FIRST PRIMARY HOME CARE, INC 2809 SOUTH EXPRESSWAY 83 HARLINGEN, TX 78550 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County HAYS License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (855) 290-2394 Type: Branch Agency	Administrator MICHAEL THIEL Region 07 Date Licensed 09/11/2013 BEE FIRST PRIMARY HOME CARE 101 UHLAND ROAD SUITE 200 SAN MARCOS, TX 78666 Fax (512) 757-8834 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 HAYS License # 017887 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (512) 667-7068 Type: Parent Agency	Region 05 Date Licensed 01/27/2017 BENNINGTON HOME HEALTH CARE LLC 215 WEST SAN ANTONIO STREET SUITE 103 SAN MARCOS, TX 78666 Fax (512) 269-0040 Administrator CHUCK RYAN	Owner Information BENNINGTON HOME HEALTH CARE, LLC 215 WEST SAN ANTONIO STREET SUITE 103 SAN MARCOS, TX 78666 PHONE: FAX: Services: Personal Assistance Services
County HAYS License # 014131 Lic Expire 5/31/2023 Medicare 1: 671713 HOSPICE Medicare 2: Phone (512) 537-8950 Type: Parent Agency	Region 05 Date Licensed 06/01/2011 BLUE BONNET PALLIATIVE CARE PLLC 12111 RANCH RD 12 SPACE 114 WIMBERLEY, TX 78676 Fax (866) 616-7615 Administrator COLLEEN RITTER	Owner Information BLUE BONNET PALLIATIVE CARE PLLC 12111 RANCH RD 12 SPACE 114 WIMBERLEY, TX 78676 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County HAYS License # 020678	Region 05 Date Licensed 04/07/202 BRIDGEWAY HOSPICE, LLC	1 Owner Information BRIDGEWAY HOSPICE, LLC
Lic Expire 4/7/2023 Medicare 1:	825 MAIN ST., SUITE 120 BUDA, TEXAS 78610	
Medicare 2:		PHONE: FAX:
Phone (512) 565-6182	Fax (512) 295-7070	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 11/01/202	
License # 020455	CHRISTUS HOSPICE CENTRAL TEXAS	LHCG CLI, LLC PO BOX 51266
Lic Expire 11/1/2022	1315 IH 35 NORTH	LAFAYETTE, LOUISIANA 70505
Medicare 1: 451548 Medicare 2:	SAN MARCOS, TEXAS 78666	PHONE: FAX:
Phone 512 7546159	Fax 512 7541657	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ALLISON HARDY	an additional and
County HAYS	Region 05 Date Licensed 06/01/201	Owner Information
License # 013546	ENCOMPASS HEALTH HOME HEALTH	EH HOME HEALTH OF AUSTIN, LLC
Lic Expire 5/31/2022	2108 HUNTER ROAD SUITE 106	6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	SAN MARCOS, TX 78666	DALLAS, TEXAS 75206
Medicare 2:		PHONE: FAX:
Phone (512) 392-5801	Fax (512) 392-5806	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator ANNABEL LINSCOMB	
County HAYS	Region 05 Date Licensed 06/01/201	
License # 013546	ENCOMPASS HEALTH HOME HEALTH	EH HOME HEALTH OF AUSTIN, LLC
Lic Expire 5/31/2022	2108 HUNTER ROAD SUITE 106	6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	SAN MARCOS, TX 78666	DALLAS, TEXAS 75206
Medicare 2:	Foy. (F12) 202 F906	PHONE: FAX:
Phone (512) 392-5801	Fax (512) 392-5806 Administrator ANNABEL LINSCOMB	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	AUTHINISTRATOR ANNADEL LINOCOMB	Ourse Information
County HAYS	Region 05 Date Licensed 12/06/201	9 Owner Information KINGFISHER HEALTH, LLC
License # 019736	HALCYON HOME	MINORIONIEM III, EEO
Lic Expire 12/6/2021 Medicare 1: 971605 Hospice	125 W MCCARTY LN SAN MARCOS, TEXAS 78666	
Medicare 2:	SAN MARCOO, TEXAS 70000	PHONE: FAX:
Phone (512) 815-9009	Fax (512) 233-5161	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator HAYLEY HUGHES	
County HAYS	Region 05 Date Licensed 02/11/201	
License # 019267	HALCYON HOME	KINGFISHER HEALTH, LLC
Lic Expire 2/11/2023	125 W MCCARTY LANE	
Medicare 1: 457094	SAN MARCOS, TEXAS 78666	PHONE: FAX:
Medicare 2: Phone 512 6676775	Fax 512 6676774	
Type: Parent Agency	Administrator TANYA ROBERTS	Services: Licensed and Certified Home Health Services
·· · · · · · · · · · · · · · · · · · ·		Owner Information
County HAYS	Region 05 Date Licensed 08/08/201 HEART TO HEART HOSPICE OF SAN MARCOS LLC	6 HEART TO HEART HOSPICE OF SAN MARCOS LLC
License # 017559 Lic Expire 8/31/2022	1340 WONDER WORLD DRIVE SUITE 4202	7240 CHASE OAKS BLVD.
Medicare 1: 741661 HOSPICE	SAN MARCOS, TX 78666	PLANO, TX 75025
Medicare 2:		PHONE: FAX:
Phone (512) 667-6816	Fax (512) 667-6823	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TAMMY ALLEN	

County HAYS License # 014439 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (512) 353-1391 Type: Parent Agency County HAYS License # 009412	Region 05 Date Licensed HUTCHISON PLACE SOUTH 545 W HUTCHISON STREET SAN MARCOS, TX 78666 Fax (512) 396-2024 Administrator DANIEL SMITH Region 06 Date Licensed IPH HOSPICE CARE INC	10/25/2011	Owner Information TANGRAM REHABILITATION NETWORK INC 9901 LINN STATION RD LOUISVILLE, KY 40223 PHONE: (502) 394-2100 Services: Personal Assistance Services Owner Information IPH HOSPICE CARE INC 190 ABNER JACKSON PKWY STE #220	FAX: (502) 394-2285
Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (281) 793-0515 Type: Alternate Delivery Site	9300 RESEARCH BLVD, SUITE 300 AUSTIN, TEXAS 78759 Fax (979) 529-9561 Administrator LISA CHARBULA		LAKE JACKSON, TX 77566 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County HAYS License # 019564 Lic Expire 8/1/2024 Medicare 1: 741615 (HOSPICE) Medicare 2: Phone (512) 781-3921 Type: Parent Agency	Region 05 Date Licensed JOL HEALTHCARE 1300 DACY LANE, SUITE 150 KYLE, TEXAS 78640 Fax (512) 597-0883 Administrator MARIE SOMMERVILLE	08/01/2019	Owner Information JOL HOSPICE KYLE, LLC 2006 S BAGDAD RD, STE 100 LEANDER, TEXAS 78641 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County HAYS License # 019525 Lic Expire 4/18/2024 Medicare 1: 747926 HHA-18	Region 05 Date Licensed JOL HEALTHCARE 1300 DACY LANE, SUITE 150 KYLE, TEXAS 78640	04/18/2019	Owner Information JOL HOME HEALTH KYLE, LLC 2006 SOUTH BAGDAD ROAD, STE 180 LEANDER, TEXAS 78641	
Medicare 2: Phone (512) 786-4198 Type: Parent Agency	Fax (512) 597-0883 Administrator KATIE TREVINO		PHONE: Services: Licensed and Certified Home Health Ser	FAX: ervices
County HAYS License # 019564 Lic Expire 8/1/2024 Medicare 1: 741615 (HOSPICE) Medicare 2: Phone (512) 781-3921 Type: Parent Agency	Region 05 Date Licensed JOL HEALTHCARE 1300 DACY LANE, SUITE 150 KYLE, TEXAS 78640 Fax (512) 597-0883 Administrator MARIE SOMMERVILLE	08/01/2019	Owner Information JOL HOSPICE KYLE, LLC 2006 S BAGDAD RD, STE 100 LEANDER, TEXAS 78641 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County HAYS License # 004098 Lic Expire 10/31/2022 Medicare 1: 451640 HOSPICE Medicare 2: Phone (512) 392-9138	Region 05 Date Licensed KINDRED HOSPICE 1911 CORPORATE DRIVE SUITE 104 SAN MARCOS, TX 786666171 Fax (512) 392-9148	10/26/1995	Owner Information FAMILY HOSPICE LTD PO BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency County HAYS License # 016868 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (512) 361-0008	Administrator APRIL SMITH Region 05 Date Licensed NELLIE'S HEART CAREGIVING INCORPORA 12621 RED BUD TRAIL BUDA, TX 78610 Fax (512) 727-8346	06/22/2015 TED	Owner Information NELLIE'S HEART CAREGIVING INC 12621 RED BUD TRAIL BUDA, TX 78610 PHONE: Services: Personal Assistance Services	FAX:

Administrator SANDRA ROBINSON

County HAYS License # 021362 Lic Expire 1/31/2025 Medicare 1:	Region 05 Date Licensed NEXT OF KIN HOMECARE INC 262 SOUTHERN SUNSET CV DRIFTWOOD, TX 78619	Owner Information NEXT OF KIN HOMECARE INC
Medicare 2:		PHONE: FAX:
Phone (530) 864-3119	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator JESSICA JAMES	
County HAYS License # 012109 Lic Expire 7/31/2022 Medicare 1: 747688 HHA-18	Region 05 Date Licensed 07/18/2008 PAM HEALTH AT HOME 825 MAIN ST. STE. 110 BUDA, TEXAS 78610	Owner Information BHH HEALTH LLC
Medicare 2:		PHONE: FAX:
Phone (512) 295-7000 Type: Parent Agency	Fax (512) 295-7070 Administrator BRANDIS WILMORE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type. Faretil Agency		Owner Information
County HAYS	Region 05 Date Licensed 03/26/2004	FDN ENTERPRISES LLC
License # 008988 Lic Expire 3/31/2023	PROGRESSIVE HOME HEALTH AGENCY	1766 FM 967 SUITE-B
Medicare 1: 453125 HHA-18	1760 FM 967 SUITE B BUDA, TX 78610	BUDA, TX 78610
Medicare 2:	5557, 17. 70010	PHONE: FAX:
Phone (512) 312-5222	Fax (512) 312-5552	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator MERCY NKANSAH	·
County HAYS License # 012568 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (512) 291-9495	Region 05 Date Licensed 03/20/2015 RIGHT AT HOME 1202 120 EBONY STREET SUITE #100 SAN MARCOS, TX 78666 Fax (512) 465-9901	Owner Information EDWIN YOUNG HEALTHCARE INC 5555 N. LAMAR BLVD., SUITE #C111 AUSTIN, TX 78751 PHONE: FAX: Services: Personal Assistance Services
Type: Branch Agency	Administrator KATRINA VANBENTHUYSEN	
County HAYS License # 009939 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (512) 774-6177 Type: Parent Agency	Region 05 Date Licensed 09/06/2005 SAN MARCOS COMMUNITY LIVING PROGRAM 211 LUCK STREET SAN MARCOS, TEXAS 78666 Fax (512) 357-4025 Administrator RACHELLE GABALDON	Owner Information THERAPEUTIC COMMUNITIES LLC P.O. BOX 705 SAN MARCOS, TX 78667 PHONE: (512) 567-1704 FAX: (512) 357-4025 Services: Personal Assistance Services
County HAYS License # 016504 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 05 Date Licensed 08/04/2014 TEXAS HOME HEALTH 1205 N STATE HIGHWAY 123 SUITE 302 SAN MARCOS, TX 78666	Owner Information NURSES UNLIMITED INC P. O BOX 4534 ODESSA, TX 79760 PHONE: FAX:
Phone (512) 392-4663	Fax (512) 392-4674	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator REGANALD MACKEY	Owner Information
County HAYS License # 007195 Lic Expire 11/30/2024 Medicare 1: 451591	Region 07 Date Licensed VITAS HEALTHCARE OF TEXAS LP 1999 MEDICAL PARKWAY, SUITE C SAN MARCOS, TEXAS 78666	Owner Information VITAS HEALTHCARE OF TEXAS LP
Medicare 2:		PHONE: FAX:
Phone (512) 871-6300	Fax	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator JOSEPH BRICKNER	

County HEMPHILL License # 003016	Region 01 Date Licensed 08/01/1994 HEMPHILL COUNTY HOSPICE	Owner Information HEMPHILL COUNTY HOSPITAL DISTRICT
Lic Expire 7/31/2024	1020 SOUTH 4TH STREET	1020 S 4TH ST. CANADIAN, TX 79014
Medicare 1: 451603 HOSPICE	CANADIAN, TX 79014	
Medicare 2: Phone (806) 323-6422	Fax (806) 323-8261	PHONE: (806) 323-6422 FAX: (806) 323-8109 Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ASHLEY MORALES	······································
County HEMPHILL	Region 01 Date Licensed 06/18/1991	Owner Information
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: FAX:
Phone (806) 323-8603	Fax (806) 323-8261	Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ASHLEY MORALES	
County HENDERSON	Region 04 Date Licensed 02/23/2006	Owner Information
License # 009025	ANGELS CARE HOME HEALTH OF DALLAS	BANNER HEALTH SERVICES INC
Lic Expire 2/28/2024	126 W MAIN STREET SUITE F	104 EAST US HWY 80 SUITE 190
Medicare 1:	GUN BARREL CITY, TX 75156	FORNEY, TX 75126
Medicare 2:	F (000) 007 F000	PHONE: FAX:
Phone (903) 887-0364	Fax (903) 887-5963	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator RUBY BALDENEGRO	
County HENDERSON	Region 03 Date Licensed 01/02/2015	Owner Information
License # 016699	ASANA HOSPICE	HOSPICE HOLDINGS DFW, LLC
Lic Expire 1/31/2023	164 HERITAGE PARKWAY	SAME WHITE PLAINS, NY 10601
Medicare 1:	GUN BARREL CITY, TX 75156	
Medicare 2: Phone (903) 880-5000	Fax (903) 880-5015	PHONE: FAX:
1 Hone (303) 000-3000	1 ax (303) 000-3013	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator JOSH LASATER	
County HENDERSON	Region 04 Date Licensed 03/15/2021	Owner Information
License # 020708	AVANT HOSPICE, LLC	AVANT HOSPICE, LLC
Lic Expire 3/15/2024	130 LYNN CREEK DR	
Medicare 1:	MABANK, TEXAS 75156	
Medicare 2:		PHONE: FAX:
Phone (214) 536-8273	Fax (214) 383-7594	Services: Hospice
Type: Parent Agency	Administrator DAVID GROOM	In-Patient Hospice: NO
Type: Parent Agency		Ounce Information
County HENDERSON	Region 03 Date Licensed 01/27/2012	Owner Information BRIDGEWAY HEALTH SERVICES LLC
License # 014989	BRIDGEWAY HEALTH SERVICES INC	3033 W. PRESIDENT GEORGE BUSH HWY, #150
Lic Expire 1/31/2025	164 HERITAGE PARKWAY	PLANO, TX 75075
Medicare 1: 45Q8178003	GUN BARREL CITY, TX 75156	
Medicare 2: Phone (903) 880-5000	Fax (903) 880-5015	PHONE: FAX:
Type: Branch Agency	Administrator DEBORAH ELLIS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
· ·		Ounce Information
County HENDERSON	Region 03 Date Licensed 05/15/2017	Owner Information CAREPARTH HEALTHCARE SYSTEM LLP
License # 012995	CAREPATH HOME HEALTH NETWORK	720 WEST NATHAN LOWE RD SUITE 100
Lic Expire 11/30/2021	425 SOUTH CARROLL STREET	ARLINGTON, TX 76017
Medicare 1: Medicare 2:	ATHENS, TX 75751	PHONE: FAX:
Phone (903) 292-5118	Fax (903) 292-5119	
(100) 202 0110	. (/	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator DANIEL N EZEUKWU	

County HENDERSON	Region 04 Date Licensed	12/13/2004	Owner Information
License # 009458	CARING COMPANIONS AT HOME		MONDINI INC
Lic Expire 12/31/2022	104 E CORSICANA		104 E CORSICANA
Medicare 1:	ATHENS, TX 75751		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	CARING HEARTS HOSPICE		L S AND S S INC
Lic Expire 6/30/2022	2115 W MAIN STREET		1837 W MAIN
Medicare 1: 451793 HOSPICE	GUN BARREL CITY, TEXAS 75156		GUN BARREL CITY, TX 75156
Medicare 2:			PHONE: FAX:
Phone (844) 474-4026	Fax (903) 340-8527		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CHELSEA SMITH		
County HENDERSON	Region 04 Date Licensed	12/28/1983	Owner Information
License # 001440	CEDAR LAKE HOME HEALTH & HOSPICE		CEDAR LAKE NURSING SERVICE, INC
Lic Expire 12/31/2022	1611 W ROYALL BLVD		P. O. BOX 560
Medicare 1: 457582 HHA-18;45	MALAKOFF, TEXAS 75148		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
Tunes Derent Agency	Administrator CYNTHIA CALLOWAY		In-Patient Hospice: NO
Type: Parent Agency	Administrator CYNTHIA CALLOWAY		
County HENDERSON	Region 04 Date Licensed	12/28/1983	Owner Information
License # 001440	CEDAR LAKE HOME HEALTH & HOSPICE		CEDAR LAKE NURSING SERVICE, INC
Lic Expire 12/31/2022	1611 W ROYALL BLVD		P. O. BOX 560
Medicare 1: 457582 HHA-18;45	MALAKOFF, TEXAS 75148		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 In-Patient Hospice: NO
Type: Parent Agency	Administrator CYNTHIA CALLOWAY		
County HENDERSON	Region 04 Date Licensed	01/07/2014	Owner Information
	Region 04 Date Licensed		
License # 015957	GENESIS EXTRACARE LLC		GENESIS EXTRACARE LLC
License # 015957 Lic Expire 1/31/2022			
	GENESIS EXTRACARE LLC		GENESIS EXTRACARE LLC
Lic Expire 1/31/2022	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C		GENESIS EXTRACARE LLC 1317 S PALESTINE STE C
Lic Expire 1/31/2022 Medicare 1:	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C		GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751
Lic Expire 1/31/2022 Medicare 1: Medicare 2:	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751		GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX:
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP	01/15/2015	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX:
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed	01/15/2015	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE	01/15/2015	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893 Lic Expire 1/31/2023	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE 1317 S PALESTINE STE B	01/15/2015	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information GENESIS HOSPICE INC
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893 Lic Expire 1/31/2023	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE	01/15/2015	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information GENESIS HOSPICE INC 1317 S PALESTINE SUITE B
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893 Lic Expire 1/31/2023 Medicare 1: 451657 HOSPICE	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE 1317 S PALESTINE STE B	01/15/2015	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information GENESIS HOSPICE INC 1317 S PALESTINE SUITE B ATHENS, TX 75751 PHONE: FAX:
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893 Lic Expire 1/31/2023 Medicare 1: 451657 HOSPICE Medicare 2:	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE 1317 S PALESTINE STE B ATHENS, TX 75751	01/15/2015	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information GENESIS HOSPICE INC 1317 S PALESTINE SUITE B ATHENS, TX 75751
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893 Lic Expire 1/31/2023 Medicare 1: 451657 HOSPICE Medicare 2:	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE 1317 S PALESTINE STE B ATHENS, TX 75751	01/15/2015	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information GENESIS HOSPICE INC 1317 S PALESTINE SUITE B ATHENS, TX 75751 PHONE: FAX: Services: Hospice
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893 Lic Expire 1/31/2023 Medicare 1: 451657 HOSPICE Medicare 2: Phone (903) 675-4730	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE 1317 S PALESTINE STE B ATHENS, TX 75751 Fax (903) 904-5003	01/15/2015	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information GENESIS HOSPICE INC 1317 S PALESTINE SUITE B ATHENS, TX 75751 PHONE: FAX: Services: Hospice
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893 Lic Expire 1/31/2023 Medicare 1: 451657 HOSPICE Medicare 2: Phone (903) 675-4730 Type: Parent Agency	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE 1317 S PALESTINE STE B ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP		GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information GENESIS HOSPICE INC 1317 S PALESTINE SUITE B ATHENS, TX 75751 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893 Lic Expire 1/31/2023 Medicare 1: 451657 HOSPICE Medicare 2: Phone (903) 675-4730 Type: Parent Agency County HENDERSON	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE 1317 S PALESTINE STE B ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed		GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information GENESIS HOSPICE INC 1317 S PALESTINE SUITE B ATHENS, TX 75751 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893 Lic Expire 1/31/2023 Medicare 1: 451657 HOSPICE Medicare 2: Phone (903) 675-4730 Type: Parent Agency County HENDERSON License # 019151	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE 1317 S PALESTINE STE B ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed HOME INSTEAD SENIOR CARE #726		GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information GENESIS HOSPICE INC 1317 S PALESTINE SUITE B ATHENS, TX 75751 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893 Lic Expire 1/31/2023 Medicare 1: 451657 HOSPICE Medicare 2: Phone (903) 675-4730 Type: Parent Agency County HENDERSON License # 019151 Lic Expire 1/1/2023	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE 1317 S PALESTINE STE B ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed HOME INSTEAD SENIOR CARE #726 12757 S. STATE HWY 198		GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information GENESIS HOSPICE INC 1317 S PALESTINE SUITE B ATHENS, TX 75751 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 286-9081 Type: Parent Agency County HENDERSON License # 016893 Lic Expire 1/31/2023 Medicare 1: 451657 HOSPICE Medicare 2: Phone (903) 675-4730 Type: Parent Agency County HENDERSON License # 019151 Lic Expire 1/1/2023 Medicare 1:	GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed GENESIS HOSPICECARE 1317 S PALESTINE STE B ATHENS, TX 75751 Fax (903) 904-5003 Administrator SUSAN SHARP Region 04 Date Licensed HOME INSTEAD SENIOR CARE #726 12757 S. STATE HWY 198		GENESIS EXTRACARE LLC 1317 S PALESTINE STE C ATHENS, TX 75751 PHONE: FAX: Services: Personal Assistance Services Owner Information GENESIS HOSPICE INC 1317 S PALESTINE SUITE B ATHENS, TX 75751 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information MECK, LLC

KIM GASSMAN

Administrator

Type: Parent Agency

County HENDERSON License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 675-4444	Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 836 SOUTHPARK CIRCLE, SUITE D ATHENS, TX 75752 Fax (903) 292-1739	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON	
County HENDERSON	Region 03 Date Licensed 08/04/2004	Owner Information
License # 009235	HOSPICE PLUS	INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY
Lic Expire 8/31/2022	836 SOUTHPARK CIRCLE, SUITE D	MOORESVILLE, NC 28117
Medicare 1:	ATHENS, TX 75752	, , , , , , , , , , , , , , , , , , ,
Medicare 2: Phone (903) 675-4444	Fax (903) 292-1739	PHONE: FAX:
1 11010 (300) 010 4444	1 dx (500) 252 1705	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON	
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	
Medicare 2:		PHONE: 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:	F (000) 075 4000	PHONE: FAX:
Phone (903) 675-5184	Fax (903) 675-4098	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator PATRICIA WHEELER	
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:	Fav. (002) 077 0240	PHONE: FAX:
Phone (903) 677-8301	Fax (903) 677-8310	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator LARI L. SMILEY	
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:	Fav. (244) CG7 9045	PHONE: FAX:
Phone (214) 667-8040	Fax (214) 667-8045	Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator ANGELA HAMMONS	
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 (903) 767-0135	Fax (903) 535-6064	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Branch Agency	Administrator KIMBRA BOGUE	Personal Assistance Services
. , po. Dianon's goney	, a.m. mounter rainbly (DOOCE	

County HENDERSON License # 018716 Lic Expire 2/28/2022 Medicare 1: 677586 HHA-18 Medicare 2: Phone (903) 675-8882	Region 04 Date Licensed 03/01/2018 UT HEALTH EAST TEXAS HOME HEALTH SERVICES 909 EAST TYLER SUITE 117 ATHENS, TX 75751 Fax (903) 675-8832	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
Type: Parent Agency County HIDALGO License # 018141 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (956) 348-4229	Administrator MICHELLE RAYBURN Region 07 Date Licensed 06/30/2017 4 GENESIS PRIMARY HOME CARE LLC 9700 N. 23RD ST MCALLEN, TX 78504 Fax (956) 378-9975	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
Type: Parent Agency County HIDALGO License # 016413 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 262-9390 Type: Parent Agency	Administrator MANUEL MIRANDA Region 07 Date Licensed 09/05/2014 A & E 121 WILSON AVE ELSA, TX 78543 Fax (956) 567-2320 Administrator ARMANDO LAYTON	Owner Information ARMANDO RENE LAYTON P.O BOX 1062 ELSA, TEXAS 78543 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 017601 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 609-9277 Type: Parent Agency	Region 07 Date Licensed 08/30/2016 A & M HOME HEALTH AGENCY LLC 1724 WILCOX DR EDINBURG, TX 78542 Fax (956) 609-9279 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 License # 011505 Lic Expire 7/31/2022 Medicare 1: 747060 HHA-18 Medicare 2: Phone (956) 447-2046	Region 07 Date Licensed 07/27/2007 A BEAUTIFUL DAY HEALTH CARE 3102 E. BUS 83 SUITE I WESLACO, TX 78596 Fax (956) 968-0785	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
Type: Parent Agency County HIDALGO License # 009474 Lic Expire 12/31/2022 Medicare 1: 457890 HHA-18 Medicare 2: Phone (956) 447-1803 Type: Parent Agency	Administrator JAVIER SEPULVEDA Region 07 Date Licensed 12/22/2004 A HEALING TOUCH HOME HEALTH 2900 N TEXAS SUITE 101 WESLACO, TX 78596 Fax (956) 447-1813 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 License # 017677 Lic Expire 10/31/2022 Medicare 1: 741730 HOSPICE Medicare 2: Phone (956) 447-1803 Type: Parent Agency	Region 07 Date Licensed 10/14/2016 A HEALING TOUCH HOSPICE 2900 N TEXAS SUITE 104 WESLACO, TX 78599 Fax (956) 447-1813 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

County HIDALGO License # 019803 Lic Expire 2/4/2022 Medicare 1: Medicare 2: Phone (956) 533-4079 Type: Parent Agency	Region 07 Date Licensed 02/04/2020 A PLUS PROVIDER SERVICES, LLC 8463 E HWY 107 SUITE C EDINBURG, TX 78542 Fax Administrator BERTHA TAMEZ	Owner Information A PLUS PROVIDER SERVICES, LLC 8463 E. HWY 107 SUITE C EDINBURG, TX 78542 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO	Region 07 Date Licensed 09/23/2010	Owner Information
License # 013572	ABBA HOME CARE	RGBGM GROUP LLC
Lic Expire 9/30/2022	808 E. TULIPAN AVE BOX 5300	PO BOX 8465 HIDALGO, TX 78557
Medicare 1: Medicare 2:	HIDALGO, TX 78557	PHONE: FAX:
Phone (956) 843-9074	Fax (956) 627-3572	Services: Personal Assistance Services
Type: Parent Agency	Administrator BLANCA MENDEZ	Services. Fersonial Assistance Services
County HIDALGO License # 017223 Lic Expire 1/31/2025 Medicare 1:	Region 07 Date Licensed 01/13/2016 ABC PRIMARY HOME CARE SERVICES LLC 214 N 16TH STREET SUITE 306 MCALLEN, TX 78501	Owner Information ABC PRIMARY HOME CARE SERVICES LLC SAME MCALLEN, TX 78501
Medicare 2: Phone (956) 627-0282	Fax (956) 627-0358	PHONE: FAX:
Type: Parent Agency	Administrator MELISSA SALINAS	Services: Personal Assistance Services
County HIDALGO License # 020461 Lic Expire 1/14/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed 01/14/2021 ABSOLUTION HEALTH CARE, INC 1015 MOOREFIELD RD PALMVIEW, TEXAS 78572	Owner Information ABSOLUTION HEALTH CARE, INC 609 S. RESPLANDOR ST MISSION, TEXAS 78572 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 License # 019854 Lic Expire 3/13/2022 Medicare 1:	Region 07 Date Licensed 03/13/2020 ABUELITOS PRIMARY HOME CARE LLC 122 E. PARK AVENUE PHARR, TEXAS 78577	Owner Information ABUELITOS PRIMARY HOME CARE LLC
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 ABUNDANT HEALTH CARE INC
License # 007268	ABUNDANT HEALTH CARE AND PERSONAL ASSISTANCE SERVICES	1305 EAST NOLANA SUITE B & C
Lic Expire 2/28/2023	1305 EAST NOLANA SUITE B & C	
Medicare 1:	MCALLEN, TX 78504	MCALLEN, TX 78504
Medicare 2: Phone (956) 631-0012	Fax (956) 631-0054	PHONE: FAX:
Type: Parent Agency	Administrator DAVID RUTLEDGE	Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO	Region 07 Date Licensed 01/01/1999	Owner Information
License # 007025	ABUNDANT HEALTH CARE SERVICES	ABUNDANT HEALTH CARE INC
Lic Expire 12/31/2024	1305 EAST NOLANA SUITE B & C	1305 EAST NOLANA SUITE B & C
Medicare 1: 459311 HHA-18	MCALLEN, TX 78504	MCALLEN, TX 78504
Medicare 2: Phone (956) 631-0012	Fax (956) 631-0054	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DAVID RUTLEDGE	

County HIDALGO License # 017951 Lic Expire 1/31/2023 Medicare 1: 679367 HHA-18 Medicare 2: Phone (888) 407-4108 Type: Parent Agency	Region 07 Date Licensed ACCHEALTH 200 S 10TH STREET SUITE 103 MCALLEN, TX 78501 Fax (956) 202-0260 Administrator JESSICA OCHOA	01/04/2017	Owner Information ASC HEALTHCARE INC 200 S 10TH ST BOX 130 MCALLEN, TX 78576 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HIDALGO License # 010212 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (956) 781-7229	Region 07 Date Licensed ACE PRIMARY HOME CARE INC 920 W FERGUSON AVE PHARR, TX 78577 Fax (956) 781-2588	12/27/2005	Owner Information ACE PRIMARY HOME CARE INC 4313 D1 N 10TH STREET MCALLEN, TX 78504 PHONE: FAX:
Type: Parent Agency	Administrator ANTONIO SALINAS		Services: Personal Assistance Services
County HIDALGO License # 006523 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (956) 973-2803 Type: Parent Agency	Region 07 Date Licensed ADL SERVICES INC 512 SOUTH WESTGATE SUITE D WESLACO, TX 78596 Fax (956) 969-8236 Administrator REYNALDO DELGADO	05/07/1998	Owner Information ADL SERVICES INC 512 SOUTH WESTGATE SUITE D WESLACO, TX 78596 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 013106 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (956) 581-1600 Type: Parent Agency	Region 07 Date Licensed ADORE PRIMARY HOME CARE INC 105 PALMVIEW DRIVE SUITE C MISSION, TX 78572 Fax (956) 581-2181 Administrator ARABEL LEAL	02/12/2010	Owner Information ADORE PRIMARY HOME CARE INC 105 PALMVIEW DRIVE SUITE C MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 020254 Lic Expire 10/21/2022 Medicare 1:	Region 07 Date Licensed AGAPE LOVE PRIMARY HOME CARE, LLC 315 N NEBRASKA AVE SAN JUAN, TEXAS 78589	10/21/2020	Owner Information AGAPE LOVE PRIMARY HOME CARE, LLC
Medicare 2:	,		PHONE: FAX:
Phone (956) 624-3003 Type: Parent Agency	Fax Administrator VERONICA LUCIO		Services: Personal Assistance Services
County HIDALGO License # 011206 Lic Expire 3/31/2024 Medicare 1: 747059 HHA-18 Medicare 2: Phone (956) 580-2552	Region 07 Date Licensed AIMA HOME HEALTH 8305 N LA HOMA BLVD SUITE D MISSION, TX 78574 Fax (956) 580-2585	03/30/2007	Owner Information AIMA HEALTH CARE LLC P O BOX 3360 MISSION, TX 78572 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator IRENE EROMOSELE		Owner Information
County HIDALGO License # 011712 Lic Expire 11/30/2022 Medicare 1: 747341 HHA-18 Medicare 2:	Region 07 Date Licensed ALEGRE HOME HEALTH CARE LLC 1904 E GRIFFIN PARKWAY MISSION, TEXAS 78572	11/28/2007	ALEGRE HOME HEALTH CARE, LLC 3400 N MCCOLL RD STE B2 MCALLEN, TX 78501 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		

County HIDALGO License # 011712 Lic Expire 11/30/2022 Medicare 1: 747341 HHA-18 Medicare 2: Phone (956) 668-7730	Region 07 Date Licensed ALEGRE HOME HEALTH CARE LLC 1904 E GRIFFIN PARKWAY MISSION, TEXAS 78572 Fax (956) 668-7732	11/28/2007	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;
Type: Parent Agency	Administrator ALICIA DELEON		Personal Assistance Services
County HIDALGO License # 010951 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (956) 627-2844 Type: Parent Agency	Region 07 Date Licensed ALEGRIA PRIMARY HOME CARE INC 900 E REDBUD AVENUE SUITE E MCALLEN, TX 78504 Fax (956) 627-2846 Administrator FRANCISCO NINO	12/19/2006	Owner Information ALEGRIA PRIMARY HOME CARE INC SAME AS PHYSICAL ADDRESS SAN JUAN, TX 78589 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 012508 Lic Expire 3/31/2023 Medicare 1: 747422; 971552 (H Medicare 2: Phone (956) 928-1001 Type: Parent Agency	Region 07 Date Licensed ALL GENERATIONS HEALTH CARE INC 4709 EAST CURRY ROAD EDINBURG, TX 78542 Fax (956) 928-1493 Administrator NEFTALI GUAJARDO	03/16/2009	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 License # 010852 Lic Expire 10/31/2022 Medicare 1: 747500 HHA-18 Medicare 2: Phone (956) 584-7444 Type: Parent Agency	Region 07 Date Licensed ALL SEASONS HOME CARE 3320 WEST ALBERTA RD EDINBURG, TEXAS 78539 Fax (956) 584-8573 Administrator AMBROSE HERNANDEZ	10/19/2006	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 License # 019841 Lic Expire 2/26/2022 Medicare 1: Medicare 2: Phone (956) 789-1117 Type: Parent Agency	Region 07 Date Licensed ALL STAR PRIMARY HOME CARE, LLC 2513 E. GRIFFIN PKWY MISSION, TEXAS 78572 Fax Administrator ISRAEL PENA JR.	02/26/2020	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 License # 018736 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (956) 970-6221 Type: Parent Agency	Region 07 Date Licensed ALL VALLEY HOME CARE INC 1802 SCOBEY AVE. SUITE B DONNA, TX 78537 Fax (956) 464-8706 Administrator BRENDA ANDERSON	05/02/2018	ALL VALLEY HOME CARE, INC 1802 SCOBEY AVE SUITE B DONNA, TX 78537 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 003255 Lic Expire 3/31/2022 Medicare 1: 458416 HHA-18 Medicare 2: Phone (956) 782-9002 Type: Parent Agency	Region 07 Date Licensed ALL VALLEY HOME HEALTH INC 1910 TESORO BOULEVARD PHARR, TX 78577 Fax (956) 782-9888 Administrator FELIPE GAZCA	03/31/1995	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 License # 007171 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (956) 782-9002 Type: Parent Agency	Region 07 Date Licensed 1 ALL VALLEY PRIMARY HOME CARE INC 1910 TESORO STREET PHARR, TX 78577 Fax (956) 782-9888 Administrator FELIPE GAZCA	1/23/1999	Owner Information ALL VALLEY PRIMARY HOME CARE INC 1910 TESORO BOULEVARD PHARR, TX 78577 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 016284 Lic Expire 4/30/2022 Medicare 1: 679530 HHA-18 Medicare 2: Phone (956) 519-4646	Region 07 Date Licensed 0 ALLEGIANCE HEALTH CARE INC 116 W TOM LANDRY MISSION, TX 78572 Fax (956) 519-3811)5/01/2014	Owner Information HEALTH COM MANAGEMENT, LLC 116 W TOM LANDRY MISSION, TX 78572 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator MARLA DALINDA MUNOZ MUN	OZ	Personal Assistance Services
County HIDALGO License # 013304 Lic Expire 5/31/2022 Medicare 1: 671657 HOSPICE Medicare 2: Phone (956) 287-8588 Type: Parent Agency	Region 07 Date Licensed 0 ALLSTATE HOSPICE LLC 4622 S CLOSNER EDINBURG, TX 78539 Fax (956) 287-8586 Administrator SEDAT NECIPOGLU)5/10/2010	Owner Information ALLSTATE HOSPICE LLC 4622 S. CLOSNER EDINBURG, TX 78539 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HIDALGO License # 011833 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (956) 287-8585	Region 07 Date Licensed 1 ALLSTATE PRIMARY HOME CARE 4622 S CLOSNER BOULEVARD EDINBURG, TX 78539 Fax (956) 287-8586	2/06/2007	Owner Information VERGE PRIMARY HOME CARE LLC 4622 S. CLOSNER BLVD EDINBURG, TX 78539 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator SEDAT NECIPOGLU		
County HIDALGO License # 012991 Lic Expire 5/30/2022 Medicare 1: 747144 HHA-18 Medicare 2:	Region 07 Date Licensed 0 ALPHA CARE HOME HEALTH 701 E ESPERANZA SUITE A MCALLEN, TX 78501)9/08/2009	Owner Information ONE LAC INC 701 EAST ESPERANZA SUITE A MCALLEN, TEXAS 78501 PHONE: FAX:
Phone (956) 631-1022 Type: Parent Agency	Fax (956) 631-1224 Administrator FRANK MORA		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 017196 Lic Expire 9/30/2024 Medicare 1: 679599 HHA-18 Medicare 2: Phone (956) 583-0807		0/01/2015	Owner Information AMADO HEALTH CARE, LLC 2020 E. GRIFFIN PARKWAY MISSION, TX 78572 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ERNESTO GARCIA		
County HIDALGO License # 011598 Lic Expire 10/31/2023 Medicare 1: 457971 HHA-18	Region 07 Date Licensed 0 AMANECER HOME HEALTH CARE LLC 2533 WEST TRENTON ROAD EDINGBURG, TX 78539	7/17/2007	Owner Information AMANECER HOME HEALTH CARE LLC 7108 NORTH CYNTHIA ST. MCLLEN, TX 78504
Medicare 2: Phone (956) 668-8886	Fax (956) 971-0090		PHONE: FAX:
	(,-		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;

Administrator

CELIA OJEAGA

County HIDALGO License # 017403 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (956) 583-0303 Type: Parent Agency County HIDALGO License # 016584 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (956) 380-4431	Region 07 Date Licensed 12/18/2015 AMANECER PRIMARY HOME CARE LLC 2017 E GRIFFIN PKWY MISSION, TX 78574 Fax (956) 583-0382 Administrator YURIDIA ALVAREZ Region 07 Date Licensed 12/30/2014 AMAR HOME HEALTHCARE LLC 2318 E FREDDY GONZALEZ DR. EDINBURG, TEXAS 785423883 Fax (888) 789-1978	Owner Information AMANECER PRIMARY HOME CARE LLC 2017 E GRIFFIN PKWY MISSION, TX 78574 PHONE: FAX: Services: Personal Assistance Services Owner Information AMAR HOME HEALTHCARE LLC 2318 E FREDDY GONZALEZ DR. EDINBURG, TEXAS PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County HIDALGO License # 013335 Lic Expire 5/31/2022 Medicare 1: 671671 HOSPICE Medicare 2: Phone (956) 283-1550	Administrator SARAH E MENA Region 07 Date Licensed 05/19/2010 AMARA HOSPICE 505 WEST OWASSA ROAD EDINBURG, TX 78539 Fax (956) 961-4910 Administrator CRISTINA TERRY	Owner Information CBJI HOME CARE LLC 615 BLAZE BLVD EDINBURG, TX 78539 PHONE: FAX: Services: Hospice In-Patient Hospice: YES
Type: Parent Agency County HIDALGO License # 019482 Lic Expire 7/15/2023 Medicare 1: 971564	Region 07 Date Licensed 07/15/2019 AMAVI HOSPICE AND PALLIATIVE CARE, LLC 5009 N. MCCOLL RD MCALLEN, TX 78504	Owner Information AMAVI HOSPICE AND PALLIATIVE CARE, LLC
Medicare 2: Phone 956 803 0081 Type: Parent Agency	Fax 956 467 1907 Administrator BLANCA QUINTANILLA	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HIDALGO License # 016835 Lic Expire 5/31/2021 Medicare 1: Medicare 2: Phone (956) 348-2194 Type: Parent Agency	Region 07 Date Licensed 05/15/2015 AMAZING VALLEY HEALTH SERVICES INC 3601 SOUTH BUSINESS HIGHWAY 281, SUITE 12 EDINBURG, TEXAS 78539 Fax (956) 316-4042 Administrator DANIEL TORRES	Owner Information AMAZING VALLEY HEALTH SERVICES INC 217 CONQUEST BLVD STE B EDINBURG, TX 78539 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 021082 Lic Expire 9/24/2024 Medicare 1:	Region 07 Date Licensed 09/24/2021 AMBER LOVE PRIMARY HOME CARE 615 E. CANO ST. STE. B EDINBURG, TEXAS 78539	Owner Information AMBER LOVE PRIMARY HOME CARE
Medicare 2: Phone (956) 329-1034 Type: Parent Agency	Fax 18774089290 Administrator MANICA MARISSA MONCIVAIS	PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 018296 Lic Expire 9/30/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed 09/05/2017 AMEN PROVIDER SERVICES INC 401 S KANSAS AVE STE A-7 WESLACO, TX 78596	Owner Information AMEN PROVIDER SERVICES INC 401 S KANSAS AVE STE D-2 WESLACO, TX 78596 PHONE: FAX:
Medicare 2: Phone (956) 854-4429 Type: Parent Agency	Fax (956) 854-4432	Services: Personal Assistance Services

Administrator

RAMONA SUAREZ

County HIDALGO License # 015230 Lic Expire 5/31/2022 Medicare 1: 458302 HHA-18 Medicare 2: Phone (956) 783-7368	Region 07 Date Licensed 05/21/2012 AMERICARE NURSING SERVICE PLLC 1103 NORTH RAUL LONGORIA ROAD SAN JUAN, TX 78589 Fax (956) 783-7860	Owner Information AMERICARE 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
Type: Parent Agency	Administrator JORGE ARANGO	
County HIDALGO License # 017406 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (956) 755-7620 Type: Parent Agency	Region 07 Date Licensed 05/18/2016 AMIGOS DEL VALLE HOME HEALTH CARE INC 1300 N 10TH ST SUITE 480-B MCALLEN, TX 78501 Fax (956) 800-4741 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 License # 013745 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (956) 424-0060 Type: Parent Agency	Region 07 Date Licensed 12/03/2010 AMIGOS Y FAMILIA PRIMARY HOME CARE INC 1424 HILL DRIVE PALMVIEW, TX 78572 Fax (956) 424-3053 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 License # 016704 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (956) 627-3970	Region 07 Date Licensed 03/26/2015 AMISTAD PHC SERVICES 4814 N 11TH STREET STE D MC ALLEN, TX 78504 Fax (956) 627-3975	Owner Information AMISTAD PHC, LLC 4814 N 11TH STREET SUITE D MCALLEN, TX 78504 PHONE: (956) 627-3970 FAX: Services: Personal Assistance Services
Type: Parent Agency County HIDALGO License # 012320 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (956) 383-7660 Type: Parent Agency	Administrator SILVIA GOMEZ Region 07 Date Licensed 11/26/2008 AMISTAD PRIMARY HOME CARE INC 119 N 9TH AVE EDINBURG, TX 78539 Fax (956) 383-7316 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 License # 012246 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 318-3235 Type: Parent Agency	Region 07 Date Licensed 07/12/2008 AMISTAD PROVIDER AGENCY INC 601 EAST MCINTYRE EDINBURG, TX 78539 Fax (956) 318-3240 Administrator MARIA ALICIA GARZA	Owner Information AMISTAD PROVIDER AGENCY INC 601 EAST MCINTYRE EDINBURG, TX 78539 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 018899 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 803-0185 Type: Parent Agency	Region 07 Date Licensed 08/24/2018 AMOR EN CASA PHC SERVICES 3000 N MCCOLL ROAD, BLDG B, SUITE 4 MCALLEN, TX 78501 Fax (956) 803-0184 Administrator MELISSA SALINAS	Owner Information VENTURA CARE SERVICES, LLC 2138 E GRIFFIN PARKWAY MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 020315 Lic Expire 11/13/2022 Medicare 1: Medicare 2: Phone (956) 685-5036 Type: Parent Agency County HIDALGO License # 019822 Lic Expire 2/11/2022 Medicare 1:	Region 07 Date Licensed 11/13/2020 AMOR ETERNO PROVIDER SERVICES, LLC 702 WEST INTERSTATE 2, SUITE C2 PHARR, TEXAS 78577 Fax (956) 685-5037 Administrator DANA LOPEZ Region 07 Date Licensed 02/11/2020 AMOR Y ESPERANZA PRIMARY HOME CARE LLC 121 WILSON AVE ELSA, TEXAS 78543	Owner Information AMOR ETERNO PROVIDER SERVICES, LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information AMOR Y ESPERANZA PRIMARY HOME CARE LLC P.O BOX 1062 ELSA, TEXAS 78543
Medicare 2: Phone (956) 262-9390 Type: Parent Agency	Fax (956) 567-2320 Administrator ARMANDO LAYTON	PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 021216 Lic Expire 11/19/2024 Medicare 1: Medicare 2: Phone (956) 662-0653 Type: Parent Agency	Region 07 Date Licensed 11/19/2021 AMOR Y TERNURA PRIMARY HOME CARE, LLC 5401 N CAGE BLVD PHARR, TEXAS 78577 Fax Administrator ERIKA MORA	Owner Information AMOR Y TERNURA PRIMARY HOME CARE, LLC 7608 N 20TH ST MCALLEN, TEXAS PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 016008 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (956) 383-2667 Type: Parent Agency	Region 07 Date Licensed 01/31/2014 AMORCITOS HOME CARE 3223 W. ALBERTA ROAD EDINBURG, TX 78539 Fax (956) 383-2668 Administrator MARLENE SEPULVEDA	Owner Information MARYBEL T SANCHEZ 1922 RUBY STREET EDINBURG, TX 78504 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 019769 Lic Expire 1/8/2022 Medicare 1: Medicare 2: Phone 956 7324058 Type: Parent Agency	Region 07 Date Licensed 01/08/2020 AMORCITOS PHC, LLC 4504 N. KENYON ROAD EDINBURG, TX 78542 Fax Administrator MARLENE SEPULVEDA	Owner Information AMORCITOS PHC, LLC PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 013867 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 598-5440 Type: Parent Agency	Region 07 Date Licensed 02/07/2011 AMORES PRIMARY HOME CARE 513 E 9TH STREET SUITE B MISSION, TX 78572 Fax (956) 598-5612 Administrator RUDY GUZMAN	Owner Information AMORES PRIMARY HOME CARE LLC SAME AS PHYSICAL ADDRESS MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 019943 Lic Expire 5/15/2022 Medicare 1: Medicare 2: Phone 956 5997513 Type: Parent Agency	Region 07 Date Licensed 05/15/2020 AMOROCHO HOME CARE 1300 W RAY CIR MISSION, TEXAS 78572 Fax 956 6008562 Administrator MARTHA MUNOZ	Owner Information AMOROCHO HOME CARE LLC SAME AS PHYSICAL ADDRESS , PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 018690 Lic Expire 4/30/2022 Medicare 1:	Region 07 Date Licensed AMOROSA HEALTHCARE SERVICES LLC 900 E. REDBUD AVE BLD. 17 STE. B MCALLEN, TX 78504	04/06/2018	Owner Information AMOROSA HEALTHCARE SERVICES LLC
Medicare 2:	_		PHONE: FAX:
Phone 956 6831842 Type: Parent Agency	Fax 956 6838862 Administrator GILDA HORR		Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 020595 Lic Expire 3/11/2023	Region 07 Date Licensed ANCHOR OF LOVE HOSPICE 1532 DOVE AVE. STE. E	03/11/2021	Owner Information LD5 LLC
Medicare 1:	MCALLEN, TEXAS 78504		
Medicare 2:			PHONE: FAX:
Phone (956) 578-8284	Fax (956) 290-8284		Services: Hospice
Type: Parent Agency	Administrator LISA BLUM		In-Patient Hospice: NO
County HIDALGO License # 018582 Lic Expire 1/31/2025 Medicare 1: 74-1738 Medicare 2: Phone (956) 647-5261	Region 07 Date Licensed ANGEL WINGS HOSPICE SERVICES LLC 923 W BUSINESS 83 STE B WESLACO, TX 78596 Fax (956) 351-5313	01/30/2018	Owner Information ANGEL WINGS HOSPICE SERVICES LLC 923 W BUSINESS 83 STE B WESLACO, TX 78596 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOSE CASTILLO		
County HIDALGO License # 010100 Lic Expire 8/31/2023 Medicare 1: 677881 HHA-18 Medicare 2: Phone (956) 581-1251	Region 07 Date Licensed ANGELICAL HOME HEALTH INC 504 LAKE POINT ST LA JOYA, TEXAS 78560 Fax (956) 581-4859	08/04/2005	Owner Information ANGELICAL HOME HEALTH, INC 730 E EXPRESSWAY 83 STE 9 LA JOYA, TX 78560 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator BLANCA GONZALEZ		Personal Assistance Services
County HIDALGO License # 009182 Lic Expire 7/31/2023 Medicare 1: 453180 HHA-18 Medicare 2: Phone (956) 584-2410	Region 07 Date Licensed ANGELITOS HOME HEALTH CARE INC 704 E GRIFFIN PARKWAY SUITE 120 MISSION, TX 78572 Fax (956) 584-8752	07/05/2004	Owner Information ANGELITOS HOME HEALTH CARE INC 704 E GRIFFIN PARKWAY SUITE 120 MISSION, TX 78572 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator CORINA SAENZ		Personal Assistance Services
County HIDALGO License # 006460 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (956) 581-6242 Type: Parent Agency	Region 07 Date Licensed ANGELITOS PRIMARY HOME CARE INC 704 EAST GRIFFIN PARKWAY STE 100 MISSION, TX 78572 Fax (956) 581-9918 Administrator JUAN PEREZ JR	04/24/1998	Owner Information ANGELITOS PRIMARY HOME CARE INC 704 E GRIFFIN PKWYSTE 100 MISSION, TX 78572 PHONE: (956) 624-6965 FAX: (956) 581-9918 Services: Personal Assistance Services
County HIDALGO License # 009584 Lic Expire 11/30/2022 Medicare 1: 679466 HHA-18 Medicare 2: Phone (956) 583-9995 Type: Parent Agency	Region 07 Date Licensed ANGELS OF MERCY HOME HEALTH LLC 910 EAST PALMA VISTA DRIVE PALMVIEW, TX 78572 Fax (956) 583-1305 Administrator ELIA C. CANALES	11/10/2004	Owner Information ANGELS OF MERCY HOME HEALTH LLC 1000 E. EXPRESSWAY 83 SUITE 2 LA JOYA, TX 78560 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County HIDALGO License # 021138 Lic Expire 10/18/2024 Medicare 1: Medicare 2: Phone (956) 223-1002 Type: Parent Agency	Region 07 Date Licensed ANGELS ON EARTH PRIMARY HOME CARE, 4011 JESENIA ST SAN JUAN, TX 78589 Fax Administrator LETICIA GONZALEZ	10/18/2021 INC	Owner Information ANGELS ON EARTH PRIMARY HOME CARE, INC PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 005556 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (956) 627-2610 Type: Parent Agency County HIDALGO License # 014398 Lic Expire 9/30/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed ANTHONYS HOME HEALTH CARE 725 EAST ESPERANZA AVENUE SUITE A MCALLEN, TX 78501 Fax (956) 627-2613 Administrator IRAIDA HINOJOSA Region 02 Date Licensed APC HOMEMAKER SERVICES 801 E. FERN AVE., STE. 129 MCALLEN, TEXAS 785011525	01/01/1997	Owner Information HJC HOME HEALTH CARE SERVICES INC SAME MCALLEN, TX 78501 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information APC HOME HEALTH SERVICE, INC 1805 BELL STREET HARLINGEN, TX PHONE: () - 1 FAX:
Phone 956 7831191 Type: Branch Agency	Fax 956 7815028 Administrator JOVIE CANTU		Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 012117 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (956) 383-8887 Type: Parent Agency	Region 07 Date Licensed APEX PRIMARY CARE 4801 W UNIVERSITY EDINBURG, TX 78539 Fax (956) 383-8897 Administrator MARIO FLORES	04/29/2008	Owner Information APEX PRIMARY CARE INC 11321 N BENTSEN MCALLEN, TX 78504 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 019439 Lic Expire 6/24/2021 Medicare 1: Medicare 2: Phone (956) 342-4375 Type: Parent Agency	Region 07 Date Licensed APICAL HEALTHCARE INC 605 S. MINA DE ORO ST. MISSION, TEXAS 78572 Fax 18665090326 Administrator CESAR DUQUE	04/08/2019	Owner Information APICAL HEALTHCARE, INC 839 RICARDO AVENUE PALMVIEW, TX 78574 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 016417 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 529-5262 Type: Parent Agency	Region 07 Date Licensed ARBOLEDA HOME HEALTHCARE LLC 1216 W VETERANS BLVD, STE B PALMVIEW, TEXAS 78572 Fax (956) 529-5263 Administrator MARIA TIJERINA	09/12/2014	Owner Information ARBOLEDA HOME HEALTHCARE LLC 720 W PALMA VISTA DRIVE STE 7 PALMVIEW, TX 78572 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 004067 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (956) 580-1155 Type: Parent Agency	Region 07 Date Licensed ARISE HOME HEALTH CARE INC 215 CATHOLIC WAR VETERANS BLVD MISSION, TX 78572 Fax (956) 580-7911 Administrator MARIA DAVILA	11/03/1995	Owner Information ARISE HOME HEALTH CARE INC 215 W 9TH SUITE A MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 011517 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 387-0000 Type: Parent Agency	Region 07 Date Licensed AT HOME HEALTH CARE LLC 117 E. LOEB ST EDINBURG, TX 78541 Fax (956) 387-0012 Administrator JOSE RAMOS	08/10/2007	Owner Information AT HOME HEALTH CARE LLC 117 E LOEB EDINBURG, TX 78539 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 014807 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (956) 510-8777 Type: Parent Agency	Region 07 Date Licensed AVEANNA HEALTHCARE 508 W INTERSTATE 2, SUITE #3 PHARR, TX 78577 Fax (956) 854-4338 Administrator EDUARDO HINOJOSA	03/07/2012	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 011303 Lic Expire 2/28/2022 Medicare 1: 458339 HHA-18 Medicare 2: Phone (956) 972-1920 Type: Parent Agency	Region 07 Date Licensed AVEANNA HEALTHCARE 5313 NORTH MCCOLL RD MCALLEN, TX 78504 Fax (956) 972-0339 Administrator ISAAC GUZMAN	02/27/2007	Owner Information PEDIATRIC SERVICES OF AMERICA LLC SIX CONCOURSE PARKWAY, SUITE 1100 ATLANTA, GA 30328-6117 PHONE: FAX: Services: Licensed and Certified Home Health Services
County HIDALGO License # 021148 Lic Expire 10/22/2024 Medicare 1: Medicare 2: Phone (361) 265-4596 Type: Parent Agency	Region 07 Date Licensed AVEANNA HEALTHCARE 508 W INTERSTATE 2, STE 4 PHARR, TX 78577 Fax (956) 278-3886 Administrator RAYMOND BECKLEY	10/22/2021	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 018644 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (956) 424-6161 Type: Parent Agency	Region 07 Date Licensed AZUL HOMECARE LLC 2007 E. GRIFFIN PKWY AVE. STE. C MISSION, TEXAS 78572 Fax (956) 424-6068 Administrator SASHA ESPINOZA	03/06/2018	Owner Information AZUL HOMECARE, LLC 2032 E. GRIFFIN PWKY STE. D MISSION, TEXAS 78572 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (855) 313-5795 Type: Branch Agency	Region 07 Date Licensed BEE FIRST PRIMARY HOME CARE 1401 SOUTH 6TH STREET SUITE A MCALLEN, TX 78503 Fax (956) 627-2594 Administrator MICHAEL THIEL	07/02/2013	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 HIDALGO License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (855) 313-5795	Region 07 Date Licensed BEE FIRST PRIMARY HOME CARE 1401 SOUTH 6TH STREET SUITE A MCALLEN, TX 78503 Fax (956) 627-2594	07/02/2013	Owner Information FIRST PRIMARY HOME CARE, INC 2809 SOUTH EXPRESSWAY 83 HARLINGEN, TX 78550 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

Type: Branch Agency

Administrator

MICHAEL THIEL

County HIDALGO License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (855) 313-5795 Type: Branch Agency	Region 07 Date Licensed 07/02/2013 BEE FIRST PRIMARY HOME CARE 1401 SOUTH 6TH STREET SUITE A MCALLEN, TX 78503 Fax (956) 627-2594 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 HIDALGO License # 020999	Region 07 Date Licensed 08/24/2021 BELLA PRIMARY HOME SERVICES, LLC	Owner Information BELLA PRIMARY HOME SERVICES, LLC SAME
Lic Expire 8/24/2024 Medicare 1:	944 W. NOLANA STE. A-1 PHARR, TEXAS 78577	, PHONE: FAX:
Medicare 2: Phone (956) 272-1970 Type: Parent Agency	Fax (956) 513-0339 Administrator YVONNE ZAMORA	Services: Personal Assistance Services
County HIDALGO License # 017553 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 587-1023 Type: Parent Agency	Region 07 Date Licensed 08/03/2016 BELLOS MOMENTOS HOMECARE INC 315 N SHARY RD SUITE 1008 MISSION, TX 78572 Fax (844) 302-0895 Administrator JENNIFER MUNGUIA	Owner Information BELLOS MOMENTOS HOMECARE INC 4033 N FM 492 MISSION, TX 78574 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 019615 Lic Expire 9/25/2021 Medicare 1:	Region 07 Date Licensed 09/25/2019 BELOVED ANGELS PRIMARY HOME CARE LLC 1700 W. BUS. 83 STE C MISSION, TX 78572	Owner Information BELOVED ANGELS PRIMARY HOME CARE LLC
Medicare 2: Phone (956) 360-4747	Fax (956) 585-5520	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County HIDALGO License # 019815 Lic Expire 2/7/2022 Medicare 1: Medicare 2: Phone (956) 564-3781 Type: Parent Agency	Administrator JOSE C. HERNANDEZ III Region 07 Date Licensed 02/07/2020 BEST CAREPHC LLC 302 N REYES EDCOUCH, TEXAS 78538 Fax (956) 255-4252 Administrator MYRTA GARCIA	Owner Information BEST CAREPHC LLC PO BOX 2656 ELSA, TEXAS 78543 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 008975 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (956) 583-0103 Type: Parent Agency	Region 07 Date Licensed 02/29/2004 BEST HEALTH SERVICES 9500 HWY 107 SUITE B MISSION, TX 78574 Fax (956) 583-5120 Administrator BENJAMIN MADRIGALES	Owner Information RGV ELDER HEALTH SYSTEMS INC P. O. BOX 1136 MISSION, TEXAS 78573 PHONE: (956) 583-8013 FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 019498 Lic Expire 7/26/2023 Medicare 1:	Region 07 Date Licensed 11/06/2018 BEYOND DREAMS PRIMARY HOME CARE, INC 122 N MISSOURI AVENUE MERCEDES, TEXAS 78570	Owner Information BEYOND DREAMS PRIMARY HOME CARE, INC
Medicare 2: Phone (956) 254-8075 Type: Parent Agency	Fax (956) 435-0253 Administrator JULI GONZALEZ	PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 010836 Lic Expire 10/31/2022 Medicare 1: 679737 HHA-18 Medicare 2: Phone (956) 565-0000	Region 07 Date Licensed BIENVENIDOS HOME HEALTH CARE LLC 932 SOUTH MISSOURI AVE MERCEDES, TX 78570 Fax (956) 565-0700	10/27/2006	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
Type: Parent Agency	Administrator MARIA RAMOS		
County HIDALGO License # 017138 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (956) 627-0902 Type: Parent Agency	Region 07 Date Licensed BK HOME HEALTH THERAPY SERVICES 801 E FERN SUITE 160 MCALLEN, TX 78501 Fax (956) 627-0690 Administrator MARIA QUINTERO	11/18/2015	Owner Information BK THERAPY SERVICES INC 801 EAST FERN AVENUE SUITE 160 MCALLEN, TX 78501 PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 014966 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone 956 6273917 Type: Parent Agency	Region 07 Date Licensed BLESSED HOME CARE INC 2700-A EAST GRIFFIN PARKWAY MISSION, TX 78572 Fax 956 6184631 Administrator MONICA CENTENO	07/31/2012	Owner Information BLESSED HOME CARE, INC 2700-A EAST GRIFFIN PARKWAY MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 017354 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (956) 223-4528 Type: Parent Agency	Region 07 Date Licensed BRAVO HOME CARE 208 WEST FERGUSON ST UNIT 4 SUITE 5 PHARR, TX 78577 Fax (956) 601-1357 Administrator JULIO CANTU	04/13/2016	Owner Information CANVI GROUP LLC 208 W FERGUSON UNIT 4 SUITE 5 PHARR, TX 78577-2455 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 013807 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 627-2717 Type: Branch Agency	Region 07 Date Licensed BRIGHTSTAR CARE 2715 CORNERSTONE BLVD EDINBURG, TX 78539 Fax (956) 627-2720 Administrator VERONICA TAMEZ	10/10/2012	Owner Information PW HEALTH SERVICES, LLC 615A GALE ST. LAREDO, TX 78041 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 017675 Lic Expire 6/30/2022 Medicare 1: 679514 HHA-18 Medicare 2: Phone (956) 702-9933 Type: Parent Agency	Region 07 Date Licensed BUENA SUERTE HOME HEALTH 216 E EXPRESSWAY 83 SUITE F PHARR, TX 78577 Fax (956) 702-9966 Administrator LISA GONZALEZ	07/01/2016	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 License # 010339 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (956) 720-8887 Type: Parent Agency	Region 07 Date Licensed CALIDAD HEALTH CARE SERVICES INC 3202 N CLOSNER BLVD SUITE A EDINBURG, TX 78542 Fax (956) 289-1046 Administrator SANTHOSH SKARIAH	03/10/2006	Owner Information CALIDAD HEALTH CARE SERVICES INC PO BOX 4601 EDINBURG, TEXAS 78540 PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 020784 Lic Expire 5/24/2024 Medicare 1: Medicare 2: Phone (956) 732-3712 Type: Parent Agency	Region 07 Date Licensed CALVARY'S LOVE HOME CARE SERVICES 1811 N 23RD STE 121 MCALLEN, TX 78501 Fax Administrator CLARISE AGBOR	05/24/2021	Owner Information CALVARY'S LOVE HOME CARE SERVICES PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 017325 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (210) 541-0131	Region 07 Date Licensed CARE HOME HEALTH SERVICES 6618 FONTANA PT SAN ANTONIO, TX 78240 Fax (210) 541-0227	12/16/2015	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
Type: Branch Agency County HIDALGO License # 017325 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (210) 541-0131 Type: Branch Agency	Administrator SYLVIA MONTEZ Region 07 Date Licensed CARE HOME HEALTH SERVICES 6618 FONTANA PT SAN ANTONIO, TX 78240 Fax (210) 541-0227 Administrator SYLVIA MONTEZ	12/16/2015	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 HIDALGO License # 017325 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (210) 541-0131 Type: Branch Agency	Region 07 Date Licensed CARE HOME HEALTH SERVICES 6618 FONTANA PT SAN ANTONIO, TX 78240 Fax (210) 541-0227 Administrator SYLVIA MONTEZ	12/16/2015	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 HIDALGO License # 003165 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (956) 972-0707 Type: Branch Agency	Region 07 Date Licensed CARING FOR YOU HOME HEALTH INC 1212 N 10TH STREET MCALLEN, TX 78501 Fax (956) 972-0797 Administrator NOEMI TORRE	04/09/2014	Owner Information CARING FOR YOU HOME HEALTH INC PO BOX 6218 BROWNSVILLE, TX 78523 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 004452 Lic Expire 4/30/2023 Medicare 1: 678300 HHA-18 Medicare 2: Phone (956) 972-0707 Type: Parent Agency	Region 07 Date Licensed CARING FOR YOU HOME HEALTH INC 1212 N. 10TH ST MCALLEN, TX 78501 Fax (956) 972-0797 Administrator CHRISTEL VASQUEZ	04/12/1996	Owner Information CARING FOR YOU HOME HEALTH INC PO BOX 6218 BROWNSVILLE, TX 78523 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County HIDALGO License # 007917 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (956) 687-9494 Type: Parent Agency	Region 07 Date Licensed CARING SENIOR SERVICE OF MCALLEN 1321 WEST PECAN BOULEVARD SUITE C MCALLEN, TX 78501 Fax (866) 687-9393 Administrator GENEVIEVE RAMIREZ	10/01/2001	Owner Information CARING SENIOR SERVICE USA LTD 201 E. PARK AVENUE SAN ANTONIO, TX 78212 PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 011519 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 664-9199 Type: Branch Agency	Region 07 Date Licensed 04/07/2009 CARING TOUCH PROVIDER SERVICES 940 W NOLANA LOOP STE A PHARR, TX 78577 Fax (956) 783-9006 Administrator IRMA P GARZA	Owner Information MRNG, INC PO BOX 568 BENAVIDES, TX 78341 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 011519 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 664-9199 Type: Branch Agency	Region 07 Date Licensed 04/07/2009 CARING TOUCH PROVIDER SERVICES 940 W NOLANA LOOP STE A PHARR, TX 78577 Fax (956) 783-9006 Administrator IRMA P GARZA	Owner Information MRNG, INC PO BOX 568 BENAVIDES, TX 78341 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 017892 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 598-8818 Type: Parent Agency	Region 07 Date Licensed 01/31/2017 CASA HOME CARE 3607 N. WARE RD. SUITE 10 MCALLEN, TEXAS 78501 Fax (956) 598-8550 Administrator MARIA MENDOZA	Owner Information CASA HOME CARE 1712 EAST GRIFFEN PKWY STE H MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 019145 Lic Expire 12/11/2022 Medicare 1: Medicare 2: Phone (956) 843-0740 Type: Parent Agency	Region 07 Date Licensed 12/11/2018 CASA MIA HOME CARE, LLC 5407 S. MCCOLL RD. STE. A EDINBURG, TEXAS 78539 Fax (855) 534-5187 Administrator TALMA HINOJOSA	Owner Information CASA MIA HOME CARE, LLC SAME , PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 020883 Lic Expire 7/6/2024 Medicare 1: Medicare 2: Phone (956) 843-0740	Region 07 Date Licensed 07/06/2021 CASA MIA HOSPICE CARE, LLC 5407 S. MCCOLL RD., STE. A-1 EDINBURG, TEXAS 78539 Fax (956) 534-5187	Owner Information CASA MIA HOSPICE CARE, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County HIDALGO License # 018223 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (956) 353-6253 Type: Parent Agency	Administrator SUZANNE BALDERRAMA Region 07 Date Licensed 08/03/2017 CASITA CORAZON HEALTHCARE AGENCY LLC 207 S. CAGE BLVD SUITE A-2 PHARR, TEXAS 78577 Fax (956) 353-6389 Administrator EDGARDO RODRIGUEZ	Owner Information CASITA CORAZON HEALTHCARE AGENCY, LLC 2717 BRONCO STREET ROMA, TX 78584-6684 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 010228 Lic Expire 1/31/2023 Medicare 1: 679554 Medicare 2: Phone (956) 318-1520 Type: Parent Agency	Region 07 Date Licensed 01/04/2006 CHAMPION HEALTH CARE 1018 S CLOSNER BLVD. EDINBURG, TX 78539 Fax (956) 318-1530 Administrator LYDIA BAZAN	Owner Information MYG VENTURES INC 3218 S SUGAR RD EDINBURG, TX 78539 PHONE: (956) 318-1520 FAX: Services: Personal Assistance Services

County HIDALGO License # 012683 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (956) 686-5600 Type: Parent Agency	Region 07 Date Licensed 03/26/2009 CHARITY HOME HEALTH INC 3107 CENTER POINTE DR EDINBURG, TX 78539 Fax (956) 686-7577 Administrator MARIA MOYA	Owner Information CHARITY HOME HEALTH, INC 1609 NORTH 6TH STREET MCALLEN, TX 78504 PHONE: (956) 686-5600 FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information
County HIDALGO License # 020230 Lic Expire 10/13/2022 Medicare 1:	Region 07 Date Licensed 10/13/2020 CIELITO LINDO PRIMARY HOME CARE LLC 8012 W EXPRESSWAY 83 SUITE B MISSION, TEXAS 78572	CIELITO LINDO PRIMARY HOME CARE LLC
Medicare 2:		PHONE: FAX:
Phone (956) 458-4949	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator JOSEFINA ROMO	
County HIDALGO License # 019275 Lic Expire 2/21/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed 02/21/2019 CIELO AZUL PROVIDER SERVICES, LLC 3241 N. 38TH ST. MCALLEN, TEXAS 78501	Owner Information CIELO AZUL PROVIDER SERVICES, LLC 3241 N. 38TH ST. MCALLEN, TEXAS 78501 PHONE: FAX:
Phone (956) 567-9711	Fax (956) 420-0444 Administrator CLAUDIA HARO	Services: Personal Assistance Services
Type: Parent Agency County HIDALGO License # 021135 Lic Expire 10/15/2024 Medicare 1:	Region 07 Date Licensed 10/15/2021 CIRCLE OF FRIENDS HOME CARE LLC 4601 E CURRY RD EDINBURG, TEXAS 78542	Owner Information CIRCLE OF FRIENDS HOME CARE LLC
Medicare 1:	EDINBUNG, TEXAS 70042	PHONE: FAX:
Phone (956) 383-4991	Fax (956) 383-6464	Services: Personal Assistance Services
Type: Parent Agency	Administrator ASHLEY FUGATE	Scivices. Personal Assistance Scivices
County HIDALGO License # 020791 Lic Expire 5/27/2024 Medicare 1:	Region 07 Date Licensed 05/27/2021 COMPASSION PROVIDER SERVICES, LLC 1600 W 27TH ST MISSION, TEXAS 78574	Owner Information COMPASSION PROVIDER SERVICES LLC
Medicare 2:		PHONE: FAX:
Phone (956) 599-9066	Fax (956) 599-9160	Services: Personal Assistance Services
Type: Parent Agency	Administrator VERONICA RODRIGUEZ	
County HIDALGO License # 020001 Lic Expire 6/15/2022 Medicare 1: Medicare 2: Phone (956) 627-6100 Type: Parent Agency	Region 07 Date Licensed 06/15/2020 CON AMOR PROVIDER SERVICES 2041 ORCHID AVE. MCALLEN, TX 78504 Fax (956) 627-6101 Administrator NAYFA SATARAIN	Owner Information CON AMOR PROVIDER SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services
<u></u>		Owner Information
County HIDALGO License # 007396 Lic Expire 8/31/2024 Medicare 1:	Region 07 Date Licensed 08/21/2000 CON CARINO PRIMARY HOME CARE 2230 EAST BUSINESS 83 WESLACO, TEXAS 78596	CON CARINO INC P.O. BOX1102 WESLACO, TEXAS 78599
Medicare 2: Phone (956) 447-4002 Type: Parent Agency	Fax (956) 447-4062 Administrator REYNALDO LIMAS	PHONE: (956) 447-4062 Services: Personal Assistance Services

County HIDALGO License # 014524 Lic Expire 12/31/2021 Medicare 1: 747802 HHA-18	Region 07 Date Licensed CON ENCANTO HEALTHCARE LLC 207 S. CAGE BLVD SUITE A-3 PHARR, TEXAS 78577	12/14/2011	Owner Information CON ENCANTO HEALTHCARE LLC
Medicare 2:	F 050 0055000		PHONE: FAX:
Phone 956 6855081 Type: Parent Agency	Fax 956 6855082 Administrator EDGARDO RODRIGUEZ		Services: Licensed and Certified Home Health Services
County HIDALGO License # 019167 Lic Expire 12/27/2022 Medicare 1: 97-1507 (HOSPICE	Region 07 Date Licensed CONCORD HOSPICE CARE LLC 7981 MILE 17 N, SUITE C EDCOUCH, TEXAS 78538	12/27/2018	Owner Information CONCORD HOSPICE CARE, LLC
Medicare 2:			PHONE: FAX:
Phone (956) 532-7983	Fax (956) 271-6182		Services: Hospice
Type: Parent Agency	Administrator DAVID LOPEZ		In-Patient Hospice: NO
County HIDALGO License # 018308 Lic Expire 9/30/2023 Medicare 1: 741719 HOSPICE	Region 07 Date Licensed CONTIGO HOSPICE LLC 4900 W. EXPRESSWAY 83 SUITE 105 MCALLEN, TX 78501	09/11/2017	Owner Information CONTIGO HOSPICE LLC
Medicare 2:			PHONE: FAX:
Phone (956) 300-2273 Type: Parent Agency	Fax (956) 435-0239 Administrator CASSANDRA LOSOYA		Services: Hospice In-Patient Hospice: NO
County HIDALGO License # 019536 Lic Expire 8/19/2021	Region 07 Date Licensed CORAZON DIVINO LLC 1409 S 9TH AVE STE 225	08/19/2019	Owner Information CORAZON DIVINO LLC
Medicare 1:	EDINBURG, TEXAS 785395527		PHONE: FAX:
Medicare 2: Phone (956) 609-8250	Fax (888) 879-6223		Services: Personal Assistance Services
Type: Parent Agency	Administrator MARIA IBARRA		Sel vices. Personal Assistance Sel vices
County HIDALGO License # 016022 Lic Expire 12/31/2023 Medicare 1: 679587 HHA-18 Medicare 2: Phone (956) 618-9911	Region 07 Date Licensed CORAZON HEALTH CARE SERVICES LLC 102 SOUTH BROADWAY STREET MCALLEN, TX 78501 Fax (956) 618-9913	12/16/2013	Owner Information CORAZON HEALTH CARE SERVICES LLC 102 S BROADWAY MCALLEN, TX 78501 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ALECK RIOS		, distribution of these
County HIDALGO License # 018183 Lic Expire 7/31/2023 Medicare 1: 74-1735 Medicare 2: Phone (956) 627-4336	Region 07 Date Licensed CORAZON HOSPICE LLC 102 SOUTH BROADWAY SUITE C MCALLEN, TX 78501 Fax (956) 618-9913	07/20/2017	Owner Information CORAZON HOSPICE LLC 102 S BROADWAY STE C MCALLEN, TX 78501 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ALECK RIOS		iiri audittiospice. NO
County HIDALGO License # 019204 Lic Expire 1/16/2021 Medicare 1: Medicare 2: Phone (956) 272-1971	Region 07 Date Licensed CORAZON PROVIDER SERVICES, LLC 109 N. INDIANA MERCEDES, TEXAS 78570 Fax (956) 348-0888	01/16/2019	Owner Information CORAZON PROVIDER SERVICES,LLC 109 N. INDIANA MERCEDES, TEXAS 78570 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator ROLANDO GARZA		

County HIDALGO License # 015135 Lic Expire 10/31/2020 Medicare 1: Medicare 2: Phone (956) 588-4060 Type: Parent Agency	Region 07 Date Licensed CREATIONS THERAPY LLC 216 EAST INTERSTATE 2 STE K PHARR, TX 78577 Fax (877) 797-3584 Administrator SHANNON RAE MCLAUGHLIN	10/12/2012	Owner Information CREATIONS THERAPY LLC 216 EAST INTERSTATE 2 SUITE 2 PHARR, TX 78577 PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 020180 Lic Expire 9/16/2022 Medicare 1:	Region 07 Date Licensed CRUZ HOMECARE, LLC 702 E. GRIFFIN PKWY STE 3 MISSION, TX 78572	03/29/2021	Owner Information CRUZ HOMECARE, LLC
Medicare 2: Phone (956) 600-8770 Type: Parent Agency	Fax (956) 600-7934 Administrator DENISE CRUZ		PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 020485 Lic Expire 1/25/2024 Medicare 1:	Region 07 Date Licensed CRUZ PRIMARY HOMECARE, LLC 702 E GRIFFIN PKWY STE 3B MISSION, TEXAS 78572	03/29/2021	Owner Information CRUZ PRIMARY HOMECARE, LLC
Medicare 2:	,		PHONE: FAX:
Phone (956) 933-2909 Type: Parent Agency	Fax (956) 600-7934 Administrator DENISE CRUZ		Services: Personal Assistance Services
County HIDALGO License # 017739 Lic Expire 11/15/2023 Medicare 1: Medicare 2: Phone (956) 627-4804 Type: Parent Agency	Region 07 Date Licensed CRYSTAL PRIMARY CARE LLC 833 NORTH WARE ROAD SUITE C-8 MCALLEN, TX 78501 Fax (956) 618-9913 Administrator ALECK RIOS	11/14/2016	Owner Information CRYSTAL PRIMARY CARE LLC 102 S BROADWAY MC ALLEN, TX 78501 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 013686 Lic Expire 11/30/2022 Medicare 1: 747919 HHA-18 Medicare 2: Phone (956) 968-7833 Type: Parent Agency	Region 07 Date Licensed CUIDANDO VIDAS HOME HEALTH LLC 1900 EAST 28TH STREET SUITE B WESLACO, TX 78596 Fax (956) 854-4090 Administrator YOLANDA CUELLAR	11/02/2010	Owner Information CV HOME HEALTH LLC 1700 E. 28TH STREET SUITE B WESLACO, TX 78596 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 009435 Lic Expire 11/30/2024 Medicare 1: 673132 HHA-18 Medicare 2: Phone (956) 973-9700 Type: Parent Agency	Region 07 Date Licensed D ORO HOME HEALTH SERVICES 609 WEST SIXTH STREET SUITE 2 WESLACO, TX 78596 Fax (956) 973-9788 Administrator BLANCA GONZALEZ LMSW-P	12/01/2004	Owner Information ODP MANAGEMENT LLC P O BOX 267 WESLACO, TX 78599 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 018595 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (956) 897-3970 Type: Parent Agency	Region 07 Date Licensed D&D PRIMARY HOME CARE LLC 6920 W EXPRESSWAY 83 SUITE A PALMVIEW, TX 78572 Fax (956) 513-0697 Administrator DILENY OLIVARES	02/06/2018	Owner Information D&D PRIMARY HOME CARE LLC PO BOX 497 PENITAS, TX 78576 PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 020532 Lic Expire 2/11/2023 Medicare 1: Medicare 2: Phone (956) 929-0911 Type: Parent Agency County HIDALGO	Region 07 Date Licensed 02/11/2021 D&Z PRIMARY HOME CARE, LLC 6618 BANDERA LANE EDINBURG, TX 78542 Fax (956) 513-0394 Administrator DIEGO SAENZ Region 07 Date Licensed 04/28/2020	Owner Information D&Z PRIMARY HOME CARE, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information
License # 019248 Lic Expire 2/11/2023 Medicare 1: Medicare 2:	DE FE PROVIDER HEALTH SERVICES 3109 CACTUS DR. WESLACO, TEXAS 78599	DE FE PROVIDER HEALTH SERVICES LLC PHONE: FAX:
Phone (956) 520-8127 Type: Parent Agency	Fax (956) 520-8137 Administrator VANESSA RAMOS	Services: Personal Assistance Services
County HIDALGO License # 018047 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (956) 223-9118 Type: Parent Agency	Region 07 Date Licensed 05/09/2017 DE LEON CARE 611 W EAGLE AVENUE PHARR, TX 78577 Fax (833) 860-7214 Administrator ELISA LOPEZ	Owner Information MAYRA A DE LEON 611 W EAGLE AVENUE PHARR, TX 78577 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 019867 Lic Expire 4/6/2022 Medicare 1: Medicare 2: Phone (956) 616-3544	Region 07 Date Licensed 10/01/2020 DE LOS ANGELES HOME HEALTH SERVICES LLC 1409 S 9TH AVE, STE. 311 EDINBURG, TEXAS 78539 Fax (956) 378-9975	Owner Information DE LOS ANGELES HOME HEALTH SERVICES LLC 8318 RIVERBEND CANYON LN HOUSTON, TEXAS 77089 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 020663 Lic Expire 3/31/2024 Medicare 1:	Administrator VICTOR GONZALEZ Region 07 Date Licensed 03/31/2021 DE LOS SANTOS PRIMARY HOME CARE, INC #2 939 S. 13TH STREET, STE. A ALAMO, TEXAS 78516	Owner Information DE LOS SANTOS PRIMARY HOME CARE, INC #2
Medicare 2: Phone (800) 585-9120 Type: Parent Agency	Fax (956) 435-0105 Administrator MARIBEL DE LOS SANTOS	PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 019895 Lic Expire 4/24/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 12/10/2020 DE LOS SANTOS PRIMARY HOME CARE, LLC 304 S ALAMO RD SUITE A ALAMO, TEXAS 78516	Owner Information DE LOS SANTOS PRIMARY HOME CARE, LLC PHONE: FAX:
Phone (956) 373-9868 Type: Parent Agency	Fax (956) 435-0105 Administrator LIZETTE DE LOS SANTOS	Services: Personal Assistance Services
County HIDALGO License # 017480 Lic Expire 6/30/2022 Medicare 1:	Region 07 Date Licensed 06/24/2016 DE TODO CORAZON PRIMARY HOME CARE 813 N. WARE RD. STE. A MCALLEN, TX 78501	Owner Information FUERA INVESTMENT GROUP LLC 2216 N 47TH ST MCALLEN, TX 78501
Medicare 2: Phone (956) 928-1811 Type: Parent Agency	Fax (956) 928-1814 Administrator JOSE FUENTES	PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 018720 Lic Expire 4/30/2020 Medicare 1: Medicare 2: Phone (956) 666-9007 Type: Parent Agency	Region 07 Date Licensed 04/20/2018 DEL SOL PERSONAL ASSISTANCE SERVICES LLC 5224 N CAGE STE 1-A PHARR, TX 78577 Fax (956) 782-8847 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 License # 021159 Lic Expire 10/26/2024 Medicare 1: Medicare 2: Phone (956) 890-0222	Region 07 Date Licensed 10/26/2021 DEVINE PRIMARY HOME CARE LLC 3003 WISTERIA DRIVE MISSION, TEXAS 78574 Fax	Owner Information DE'VINE PRIMARY HOME CARE LLC 3003 WISTERIA DR. MISSION, TEXAS 78574 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 021319 Lic Expire 1/11/2025 Medicare 1: Medicare 2: Phone (832) 349-2567 Type: Parent Agency	Administrator ANDRINA DE ANDA Region 07 Date Licensed 01/11/2022 DEVOTED HELPING HANDS 21714 CANYON TERRACE LANE KATY, TEXAS 77450 Fax Administrator SYLVIA TEMPLE	Owner Information DEVOTED HELPING HANDS LLC PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 013812 Lic Expire 1/31/2023 Medicare 1: 747735 HHA-18 Medicare 2: Phone (956) 563-7509 Type: Parent Agency	Region 07 Date Licensed 01/10/2011 DHC DIVINE HEALTH CARE LLC 4309 N 10TH ST STE C MCALLEN, TX 78504 Fax (956) 687-7509 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 License # 014151 Lic Expire 6/30/2023 Medicare 1: 671788 HOSPICE Medicare 2: Phone (956) 362-5780 Type: Parent Agency	Region 07 Date Licensed 06/09/2011 DHR HEALTH HOSPICE 2717 MICHAEL ANGELO DR, STE 302 EDINBURG, TEXAS 78539 Fax (956) 362-5789 Administrator MARISSA ANDERSON	Owner Information PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HIDALGO License # 013979 Lic Expire 3/31/2023 Medicare 1: 747762 HHA-18 Medicare 2: Phone (956) 580-3957 Type: Parent Agency	Region 07 Date Licensed 03/24/2011 DOGWOOD HOME HEALTH CARE LLC 1216 W VETERANS BLVD, STE A PALMVIEW, TEXAS 78572 Fax (956) 580-8188 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 License # 012619 Lic Expire 5/31/2023 Medicare 1: 747657 HHA-18 Medicare 2: Phone (956) 630-1231 Type: Parent Agency	Region 07 Date Licensed 05/26/2009 DOLCE VIDA HOME HEALTH LLC 1401 E RIDGE ROAD SUITE F-1 MCALLEN, TX 78503 Fax (956) 627-4936 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 License # 020841 Lic Expire 6/18/2024 Medicare 1: Medicare 2: Phone (956) 310-8275	Region 07 Date Licensed 06/18/2021 DONA MARI'S RGV PRIMARY HOME CARE, LLC 2602 GARDENIA DR SAN JUAN, TEXAS 78589 Fax (956) 513-0429	Owner Information DONA MARI'S RGV PRIMARY HOME CARE, LLC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator VANEZA OCHOA	
County HIDALGO License # 019403 Lic Expire 5/31/2021 Medicare 1: Medicare 2: Phone (956) 731-9903 Type: Parent Agency	Region 07 Date Licensed 08/01/2018 DULCE AMOR Y PAZ PRIMARY HOME CARE LLC 5401 N CAGE BLVD STE A PHARR, TX 78577 Fax 18888910277 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 License # 011139 Lic Expire 3/31/2022 Medicare 1: 743106 HHA-18 Medicare 2: Phone (956) 580-2119	Region 07 Date Licensed 03/09/2007 DULCE ESPERANZA HOME HEALTH CARE LLC 3000 N TAYLOR ROAD MCALLEN, TX 78501 Fax (956) 580-1119	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
Type: Parent Agency	Administrator NORMA AMALIA TORRES	
County HIDALGO License # 016886 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (956) 800-5502 Type: Parent Agency	Region 07 Date Licensed 06/30/2015 DULCE VIDA PROVIDER SERVICES 1418 BEECH AVENUE STE 131 MCALLEN, TX 78501 Fax (956) 800-5503 Administrator AIDA VILLARREAL	Owner Information LIZT, INC 1418 BEECH AVENUE SUITE 131 MCALLEN, TX 78501 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 019826 Lic Expire 2/12/2022 Medicare 1: Medicare 2: Phone (956) 803-0162 Type: Parent Agency	Region 07 Date Licensed 02/12/2020 EL JARDIN PROVIDER SERVICES, LLC 711 W NOLANA AVE. STE 103-L MCALLEN, TEXAS 78504 Fax (956) 803-0169 Administrator JOSE A. DE LA O	Owner Information EL JARDIN PROVIDER SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 010998 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 792-5080 Type: Parent Agency	Region 07 Date Licensed 01/19/2007 EL MUNDO FELIZ 415 S. INTERNATIONAL BLVD SUITE 4 WESLACO, TEXAS 78596 Fax (956) 514-0603 Administrator DANIEL MARTINEZ JR	Owner Information EL MUNDO FELIZ 524 E LOS EBANOS BROWNSVILLE, TX 78520 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 008591 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 968-7100	Region 07 Date Licensed 08/13/2003 EL REY PRIMARY HEALTHCARE LLC 3622 MORELAND DR WESLACO, TX 78596 Fax (956) 968-7116	Owner Information EL REY PRIMARY HEALTHCARE LLC 110 EAST AGOSTADERO STREET SUITE B WESLACO, TX 78596 PHONE: FAX: Services: Personal Assistance Services

Administrator

MONICA MEAVE

County HIDALGO License # 011272 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (956) 381-5804 Type: Parent Agency	Region 07 Date Licensed ELARA CARING 3524 W ALBERTA ROAD EDINBURG, TX 78539 Fax (956) 381-5901 Administrator JACLYN SCHULTZ	04/01/2007	Owner Information CHARTWELL COMMUNITY SERVICES, INC 14295 MIDWAY ROAD SUITE 400 ADDISON, TX 75001 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 018367 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (956) 929-1054	Region 07 Date Licensed ENCINO PRIMARY HOME CARE LLC 309 W. PIKE BLVD. STE. B WESLACO, TEXAS 78596 Fax (877) 784-1426	10/09/2017	Owner Information ENCINO PRIMARY HOME CARE LLC 2607 SPADES AVENUE EDINBURG, TX 78542 PHONE: FAX:
Type: Parent Agency County HIDALGO License # 020749 Lic Expire 5/13/2024	Administrator MARIA CARMEN CAVAZOS Region 07 Date Licensed ENTRUSTED CARE LLC 1512 EAST GRIFFIN PARKWAY, SUITE 5	05/13/2021	Services: Personal Assistance Services Owner Information ENTRUSTED CARE LLC
Medicare 1: Medicare 2: Phone (214) 837-9976 Type: Parent Agency	MISSION, TX 78572 Fax (956) 581-9568 Administrator LAETITIA FOMBON		PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 009348 Lic Expire 10/31/2022 Medicare 1: 457858 HHA-18 Medicare 2: Phone (956) 683-0505	Region 07 Date Licensed ESSENTIAL HOME CARE INC 6112 N 10TH STREET SUITE 1F MCALLEN, TEXAS 78504 Fax (956) 686-9484	10/06/2004	Owner Information ESSENTIAL HOME CARE INC PO BOX 720346 MCALLEN, TEXAS 78504 PHONE: FAX:
()	()		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator TERESITA CONTRERAS		Personal Assistance Services
County HIDALGO License # 012942 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (956) 994-1717	Region 07 Date Licensed ESTRELLA PHC SERVICES 3513 W ALBERTA EDINBURG, TX 78539 Fax (956) 994-1818	11/03/2009	Owner Information ESTRELLA PHC SERVICES, LLC 3513 W ALBERTA RD EDINBURG, TEXAS 78539 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 012942 Lic Expire 11/30/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed ESTRELLA PHC SERVICES 3513 W ALBERTA EDINBURG, TX 78539	11/03/2009	Owner Information ESTRELLA PHC SERVICES, LLC 3513 W ALBERTA RD EDINBURG, TEXAS 78539 PHONE: FAX:
County HIDALGO License # 012942 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (956) 994-1717 Type: Parent Agency County HIDALGO License # 021238 Lic Expire 11/30/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed ESTRELLA PHC SERVICES 3513 W ALBERTA EDINBURG, TX 78539 Fax (956) 994-1818 Administrator CYNTHIA CHAVEZ Region 07 Date Licensed EVERCARE HEALTHCARE, INC 1713 W. GRIFFIN PKWY. STE. A MISSION, TEXAS 78572		Owner Information ESTRELLA PHC SERVICES, LLC 3513 W ALBERTA RD EDINBURG, TEXAS 78539 PHONE: FAX: Services: Personal Assistance Services Owner Information EVERCARE HEALTHCARE, INC PHONE: FAX:

County HIDALGO License # 017876 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 845-6152 Type: Parent Agency	Region 07 Date Licensed EXCEL PRIMARY HOME CARE LLC 29149 FM 493, UNIT 235 HARGILL, TX 785490235 Fax (855) 278-8213 Administrator JOEL CANTU	01/26/2017	Owner Information EXCEL PRIMARY HOME CARE LLC PO BOX 235 HARGILL, TEXAS 78549 PHONE: Services: Personal Assistance Services	FAX:
County HIDALGO License # 017358 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (956) 387-0500 Type: Parent Agency	Region 07 Date Licensed EXPERT PROVIDER SERVICES INC 420 S CLOSNER BLVD EDINBURG, TX 78539 Fax (956) 387-0501 Administrator BETH PETERS	03/28/2016	Owner Information EXPERT PRIMARY HOME HEALTH CARE, INC 909 BUSINESS PARKSTE 3 MISSION, TX 78572 PHONE: (956) 584-7100 Services: Personal Assistance Services	FAX: (956) 584-8778
County HIDALGO License # 020364 Lic Expire 12/1/2022 Medicare 1: Medicare 2: Phone (956) 258-5558 Type: Parent Agency	Region 07 Date Licensed FAITH HOME CARE, INC 200 EAST EXPRESSWAY 83 SUITE O PHARR, TEXAS 78577 Fax (956) 258-5558 Administrator ILSIA KAREN HIPOLITO	12/01/2020	Owner Information FAITH HOME CARE, INC PHONE: Services: Personal Assistance Services	FAX:
County HIDALGO License # 019089 Lic Expire 8/22/2022 Medicare 1: Medicare 2: Phone (956) 272-1950	Region 07 Date Licensed FAITH PRIMARY HOME CARE LLC 813 EL GATO ROAD ALAMO, TX 78516 Fax 18885597871	08/22/2018	Owner Information FAITH PRIMARY HOME CARE LLC PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency County HIDALGO License # 015140 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone 956 5834620 Type: Parent Agency	Administrator LYDIA SANDOVAL Region 07 Date Licensed FAMILIA PRIMARY HOME CARE INC 2002 N. CONWAY AVENUE, SUITE C MISSION, TEXAS 78572 Fax 956 5834621 Administrator EVELIA GUTIERREZ	10/17/2012	Owner Information FAMILIA PRIMARY HOME CARE INC 2700 E GRIFFIN PARKWAY, SUITE D-2 MISSION, TX 78572 PHONE: Services: Personal Assistance Services	FAX:
County HIDALGO License # 020039 Lic Expire 7/7/2022 Medicare 1: Medicare 2: Phone (956) 272-1968 Type: Parent Agency	Region 07 Date Licensed FAMILIA UNIDA HOME HEALTHCARE, LLC 3000 N. MCCOLL RD BLD. B STE. 13 MCALLEN, TEXAS 78501 Fax (956) 928-9544 Administrator SAMANTHA SALINAS	03/22/2021	Owner Information FAMILIA UNIDA HOME HEALTHCARE, LLC PHONE: Services: Personal Assistance Services	FAX:
County HIDALGO License # 010847 Lic Expire 10/31/2023 Medicare 1: 679780 HHA-18 Medicare 2: Phone (956) 381-8253 Type: Parent Agency	Region 07 Date Licensed FAMILY AND FRIENDS HOME HEALTH CAR 508 W CANTON RD STE A EDINBURG, TX 78539 Fax (956) 381-8353 Administrator FELIPE GARZA JR	10/31/2006 E INC	Owner Information FAMILY AND FRIENDS HOME HEALTH CARE IN 508 W CANTON ROAD SUITE A EDINBURG, TX 78539 PHONE: Services: Licensed and Certified Home Health Services	FAX:

County HIDALGO License # 003459 Lic Expire 1/31/2025 Medicare 1: 458294 HHA-18 Medicare 2: Phone (956) 381-9294 Type: Parent Agency	Region 07 Date Licensed FAMILY HOME HEALTH SERVICES 606 S MCCOLL ROAD EDINBURG, TX 78539 Fax (956) 381-9293 Administrator ARNULFO MARTINEZ	01/06/1995	Owner Information VALLEY HOME HEALTH INC 606 SOUTH MCCOLL ROAD EDINBURG, TX 78539 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County HIDALGO License # 008177 Lic Expire 12/31/2023 Medicare 1: 459199 Medicare 2: Phone (956) 664-2659 Type: Parent Agency	Region 07 Date Licensed FIRST CHOICE HEALTHCARE 3049 W. ALBERTA ROAD EDINBURG, TEXAS 78539 Fax (956) 664-2689 Administrator MARCIAL ZAMORA	12/21/2001	Owner Information FRONTLINE HEALTH SERVICES INC 3049 W. ALBERTA ROAD EDINBURG, TEXAS 78539 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 014081 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (956) 246-9737 Type: Parent Agency	Region 07 Date Licensed FIRST CHOICE INHOME CARE LLC 2301 E BUSINESS HWY 83 LOT A DONNA, TX 78537 Fax (956) 461-0032 Administrator MARIA RODRIGUEZ	05/06/2011	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 HIDALGO License # 015722 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (956) 821-1273 Type: Parent Agency	Region 07 Date Licensed FIRST CLASS PROVIDER SERVICES LLC 214 N. 16TH STREET SUITE: 122 MCALLEN, TX 78501 Fax (956) 627-4789 Administrator ARIANNA ANTU	08/21/2013	Owner Information FIRST CLASS PROVIDER SERVICES LLC 214 N. 16TH STREET SUITE:122 MCALLEN, TEXAS 78501 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 016722 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 720-4256 Type: Branch Agency	Region 07 Date Licensed FIRST HOME HEALTHCARE LLC 3222 S SUGAR ROAD EDINBURG, TX 78539 Fax (956) 287-4988 Administrator ARELY MATHEWS	11/03/2015	Owner Information FIRST HOME HEALTHCARE LLC PO BOX 1877 ALICE, TX PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License# 015072 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 683-9339 Type: Parent Agency	Region 07 Date Licensed FIRST STEPS PEDIATRIC HOME HEALTH 4004 NORTH JACKSON ROAD PHARR, TX 78577 Fax (956) 683-9329 Administrator BELINDA DOLLINGER	09/19/2012	Owner Information PASOS D AMOR LLC 4004 NORTH JACKSON RD PHARR, TEXAS 78577 PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 019857 Lic Expire 3/27/2022 Medicare 1: Medicare 2: Phone (956) 540-7172 Type: Parent Agency	Region 07 Date Licensed FLORESITA HOMECARE, LLC 929 E. ESPERANZA STE. 21 MCALLEN, TEXAS 78501 Fax (956) 540-7127 Administrator DENISE SANDOVAL	03/27/2020	Owner Information FLORESITA HOMECARE, LLC PO BOX 721004 MCALLEN, TEXAS 78504 PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 019561 Lic Expire 8/28/2021 Medicare 1: Medicare 2: Phone (956) 378-9128	Region 07 Date Licensed 08/28/2019 FLOWERS PRIMARY HOME CARE LLC 1221 INTERNATIONAL ST EDINBURG, TEXAS 78539 Fax (956) 287-4582	Owner Information FLOWERS PRIMARY HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator NORMA FLORES	
County HIDALGO License # 012860 Lic Expire 12/31/2021 Medicare 1: 747615 HHA-18 Medicare 2: Phone (956) 583-9261	Region 07 Date Licensed 09/17/2009 FOCUSING IN HOME CARE INC 1001 W BUS 83 STE C MISSION, TX 78572 Fax (956) 583-9267	Owner Information FOCUSING IN HOME CARE INC 1001 W BUS 83 SUITE C MISSION, TX 78572 PHONE: FAX:
Type: Parent Agency	Administrator ROLANDO SANCHEZ	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 018006 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (956) 618-3757 Type: Parent Agency	Region 07 Date Licensed 04/18/2017 FOREMOST HEALTHCARE SERVICES LLC 701 E. ESPERANZA AVENUE SUITE B MCALLEN, TX 78501 Fax (956) 686-3420 Administrator MIGUEL ESPINOZA	Owner Information FOREMOST HEALTHCARE SERVICES LLC 701 E ESPERANZA AVENUE SUITE B MCALLEN, TX 78501-9383 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 020216 Lic Expire 10/7/2022 Medicare 1:	Region 07 Date Licensed 10/07/2020 FORTALEZA Y AMISTAD PRIMARY HOME CARE, LLC 500 LLANO GRANDE AVE. EDCOUCH, TEXAS 785380245	Owner Information FORTALEZA Y AMISTAD PRIMARY HOME CARE, LLC
Medicare 2:	E5000011, 1E7010 700000240	PHONE: FAX:
Phone (956) 975-1222	Fax (956) 517-1361	Services: Personal Assistance Services
Type: Parent Agency	Administrator RICARDO FLORES	
County HIDALGO License # 011179 Lic Expire 3/31/2022 Medicare 1: 747029	Region 07 Date Licensed 03/22/2007 FREEDOM HEALTHCARE INC 4405 N. 22ND STREET MCALLEN, TX 78504	Owner Information FREEDOM HEALTHCARE INC 5111 N 10TH #207 MCALLEN, TEXAS 78505
Medicare 2: Phone (956) 686-9948	Fax (956) 686-9949	PHONE: FAX:
Type: Parent Agency	Administrator MELISSA VANDORN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HIDALGO License # 012125 Lic Expire 3/31/2022 Medicare 1: 459489 HHA-18 Medicare 2: Phone (956) 854-4424	Region 07 Date Licensed 03/25/2008 FRIENDS HEALTH CARE SERVICES INC 401 S KANSAS AVENUE, SUITE D-1 WESLACO, TX 78596 Fax (956) 854-4430	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
Type: Parent Agency	Administrator DAVID SUAREZ	Fersonial Assistance Services
County HIDALGO	Region 07 Date Licensed 05/13/2015	Owner Information
License # 016802 Lic Expire 5/31/2023 Medicare 1: Medicare 2:	FUNCTIONAL GAINZ THERAPEUTICS LLC 502 W SUGARCANE DR WESLACO, TX 78596	FUNCTIONAL GAINZ THERAPEUTICS LLC 2708 BAYLOR AVENUE MCALLEN, TX 78504 PHONE: FAX:

County HIDALGO Region 07 Date Licensed 07/02/2018 Owner Information GARDENIA PRIMARY HOME CARE LLC 370 E. BOWIE AVE. ALAMO, TX 78516 ALA	
County HDALGO	
Medicare 1: ALAMO, TX 78516 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 Lice Expire 11/30/2023 824 DEL ORO IN. 824 DEL ORO IN. 824 DEL ORO IN. STE. B Medicare 1: PHARR, TX 78577 PHONE: FAX: Medicare 2: PHONE: FAX: Phone (956) 540-7133 Fax (956) 540-7134 Services: Personal Assistance Services Type: Parent Agency Administrator NICKIE YBARRA NICKIE YBARRA County HIDALGO Region 07 Date Licensed 12/11/2017 Owner Information Lice Expire 12/31/2023 2209 WALNUT GROVE SUITE 1 GENTLE ARMS HEALTHCARE SERVICES LLC 2209 WALNUT GROVE SUITE 1 Medicare 2: MERCEDES, TX 78570 MERCEDES, TEXAS 78570 Phone 956 5142595 Fax 866 7626313 Services: Personal Assistance Services Type: Perent Agency Administrator	
Medicare 2:	
Phone (956) 720-4979	
Type: Parent Agency Administrator MARITES TAUTHO	
County HIDALGO Region 07 Date Licensed 11/17/2017 Owner Information	
License # 018459	
Lic Expire 11/30/2023 824 DEL ORO LN. Medicare 1: PHARR, TX 78577 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 GENTLE ARMS HEALTHCARE SERVICES LLC Lic Expire 12/31/2023 2209 WALNUT GROVE SUITE 1 Medicare 1: MERCEDES, TX 78570 MERCEDES, TEXAS 78570 Medicare 2: PHONE: FAX: Phone 956 5142595 Fax 866 7626313 Type: Parent Agency Administrator MELISSA SANDOVAL County HIDALGO Region 07 Date Licensed 06/13/2013 Owner Information GENTLE ARMS HEALTHCARE SERVICES, LLC 2209 WALNUT GROVE SUITE 1 MERCEDES, TEXAS 78570 MEDICARE SERVICES FAX: Phone 956 5142595 Fax 866 7626313 Services: Personal Assistance Services	
Medicare 1:	
Medicare 2: PHONE: FAX: Phone (956) 540-7133 Fax (956) 540-7134 Services: Personal Assistance Services Type: Parent Agency Administrator NICKIE YBARRA Services: Personal Assistance Services County HIDALGO Region 07 Date Licensed 12/11/2017 Owner Information License # 018498 GENTLE ARMS HEALTHCARE SERVICES LLC GENTLE ARMS HEALTHCARE SERVICES, LLC Lic Expire 12/31/2023 2209 WALNUT GROVE SUITE 1 2209 WALNUT GROVE SUITE 1 Medicare 1: MERCEDES, TX 78570 MERCEDES, TEXAS 78570 Medicare 2: PHONE: FAX: Phone 956 5142595 Fax 866 7626313 Services: Personal Assistance Services Type: Parent Agency Administrator MELISSA SANDOVAL Owner Information County HIDALGO Region 07 Date Licensed 06/13/2013 Owner Information CENTUE TO LICE DEPLACED. CENTUE TO LICE DEPLACED.	
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 Gentle ARMS HEALTHCARE SERVICES LLC License # 018498 GENTLE ARMS HEALTHCARE SERVICES LLC Lic Expire 12/31/2023 2209 WALNUT GROVE SUITE 1 2209 WALNUT GROVE SUITE 1 Medicare 1: MERCEDES, TX 78570 MERCEDES, TX 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 CENTLE TOLICH PRIMARY HOME CAPE LLC	
Type: Parent Agency Administrator NICKIE YBARRA County HIDALGO Region 07 Date Licensed 12/11/2017 License # 018498 GENTLE ARMS HEALTHCARE SERVICES LLC Lic Expire 12/31/2023 2209 WALNUT GROVE SUITE 1 Medicare 1: MERCEDES, TX 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 Services: Personal Assistance Services Owner Information GENTLE ARMS HEALTHCARE SERVICES, LLC 2209 WALNUT GROVE SUITE 1 MERCEDES, TEXAS 78570 PHONE: FAX: Phone 956 5142595 Fax 866 7626313 Services: Personal Assistance Services	
County HIDALGO Region 07 Date Licensed 12/11/2017 Owner Information License # 018498 GENTLE ARMS HEALTHCARE SERVICES LLC GENTLE ARMS HEALTHCARE SERVICES, LLC Lic Expire 12/31/2023 2209 WALNUT GROVE SUITE 1 2209 WALNUT GROVE SUITE 1 Medicare 1: MERCEDES, TX 78570 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 CENTLE TOLICH PRIMARY HOME CAPE LLC	
License # 018498 GENTLE ARMS HEALTHCARE SERVICES LLC Lic Expire 12/31/2023 2209 WALNUT GROVE SUITE 1 Medicare 1: MERCEDES, TX 78570 MERCEDES, TEXAS 78570 Medicare 2: Phone 956 5142595 Fax 866 7626313 Type: Parent Agency Administrator MELISSA SANDOVAL County HIDALGO Region 07 Date Licensed 06/13/2013 GENTLE ARMS HEALTHCARE SERVICES, LLC 2209 WALNUT GROVE SUITE 1 MERCEDES, TEXAS 78570 PHONE: FAX: Services: Personal Assistance Services Owner Information CENTLE TOUGH PRIMARY HOME CAPE LLC	
Lic Expire 12/31/2023 2209 WALNUT GROVE SUITE 1 2209 WALNUT GROVE SUITE 1 Medicare 1: MERCEDES, TX 78570 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 CENTLE TOLICH PRIMARY HOME CAPE LLC	
Medicare 1: MERCEDES, TX 78570 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	
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 CENTLE TOLICH PRIMARY HOME CAPE LLC	
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 CENTLE TOLICH PRIMARY HOME CAPE LLC	
Type: Parent Agency Administrator MELISSA SANDOVAL County HIDALGO Region 07 Date Licensed 06/13/2013 Owner Information CENTLE TOLICH PRIMARY HOME CAPE LLC	
County HIDALGO Region 07 Date Licensed 06/13/2013 Owner Information CENTLE TOLICH PRIMARY HOME CAPE LLC	
County Region of Date Licensed On 13/2013	
License # 015601 GENTLE TOLICH PRIMARY HOME CAPELLO GENTLE TOUCH PRIMARY HOME CARE LLC	
LICEISE # 013001 GENTLE TOUCH PRIMARY HOWE CARE LLC	
Lic Expire 6/30/2023 7123 N BENTSEN PALM DR STE#4 7123 N BENTSEN PALM DRIVE, SUITE 4	
Medicare 1: MISSION, TX 78574 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 GENUINE HEALTHCARE SERVICES INC	
Lic Expire 3/31/2024 3243 NORTH 38TH STREET SUITE A	
Medicare 1: 747702 HHA-18 MCALLEN, TX 78501 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	vices;
Type: Parent Agency Administrator DANIEL VILLALOBOS	
County HIDALGO Region 07 Date Licensed 07/29/2009 Owner Information	
License # 011757 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE GIRLING HEALTH CARE, INC	
Lic Expire 11/30/2023 2901 N 23RD STREET SUITE 106 12900 FOSTER	
Medicare 1: MCALLEN, TX 78501 OVERLAND PARK, NC 28117	
Medicare 2: PHONE: FAX:	
Phone (956) 682-4864 Fax (956) 682-4875 Services: Licensed Home Health Services; Personal Assistance Services	

County HIDALGO License # 008521 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 664-0608 Type: Parent Agency	Region 07 Date Licensed 06/24/2003 GMC PHC SERVICES INC 4106 N 22ND ST. STE 3 MCALLEN, TX 78504 Fax (956) 664-0708 Administrator MARIBEL MANRIQUE	Owner Information GMC PHC SERVICES INC 4106 N 22ND STE 3 MCALLEN, TX 78504 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 017205 Lic Expire 10/31/2024 Medicare 1: 747691 HHA-18 Medicare 2: Phone (956) 618-4653 Type: Parent Agency	Region 07 Date Licensed 10/30/2015 GOLDEN LIFE HOME HEALTH CARE 4901 S. MCCOLL SUITE B EDINBURG, TEXAS 78539 Fax (956) 618-4656 Administrator MARISOL GARZA	Owner Information JHONSDTC INC 4901 S. MCCOLL RD STE B EDINBURG, TEXAS 78539 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 014704 Lic Expire 3/31/2022 Medicare 1: 747858 HHA-18 Medicare 2: Phone (956) 627-4090 Type: Parent Agency	Region 07 Date Licensed 03/23/2012 GOLDEN YEARS HEALTH SERVICES INC 5009 N MCCOLL RD MCALLEN, TX 78504 Fax (956) 627-0773 Administrator VICTOR BENAVIDES	Owner Information GOLDEN YEARS HEALTH SERVICES INC 5009 N MCCOLL ROAD MCALLEN, TX 78504 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 017127 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (956) 381-0906 Type: Parent Agency	Region 07 Date Licensed 11/16/2015 GOOD LIFE PAS 304 E. CANO EDINBURG, TEXAS 78539 Fax (956) 287-4744 Administrator GABRIELA AGUILLON	Owner Information GABRIELA AGUILLON 422 E SAMANO EDINBURG, TX 78539 PHONE: (956) 380-0461 FAX: (956) 287-4744 Services: Personal Assistance Services
County HIDALGO License # 011744 Lic Expire 12/31/2022 Medicare 1: 747135 HHA-18 Medicare 2: Phone (956) 262-7445 Type: Parent Agency	Region 07 Date Licensed 12/07/2007 GOOD SHEPHERD PRIMARY HEALTH CARE LLC 7981 MILE 17 NORTH EDCOUCH, TX 78538 Fax (956) 262-0008 Administrator MACARIA SALINAS	Owner Information GOOD SHEPHERD PRIMARY HEALTH CARE LLC 7981 MILE 17 NORTH EDCOUCH, TX 78538 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 015208 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone 956 5408695 Type: Parent Agency	Region 07 Date Licensed 11/15/2012 GOODWILL HEALTHCARE TEAM 1111 W NOLANA AVENUE STE N MCALLEN, TX 78504 Fax 956 5408699 Administrator JOSE LUIS FLORES	Owner Information GOODWILL HEALTHCARE TEAM, INC SAME AS PHYSICAL ADDRESS MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 016698 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (956) 217-5999	Region 07 Date Licensed 03/24/2015 GRACE PHC 900 E REDBUD AVE., STE. E MCALLEN, TX 78504 Fax (210) 941-0500	Owner Information GPHHT LLC SAME AS PHYSICAL ADDRESS EDINBURG, TX 78539 PHONE: FAX: Services: Personal Assistance Services

Administrator

ADRIANA CAVAZOS

County HIDALGO License # 019240 Lic Expire 10/1/2022 Medicare 1: 671659 Medicare 2: Phone (956) 661-1177 Type: Parent Agency	Region 07 Date Licensed GRACIA HOSPICE 717 EAST ESPERANZA AVE MCALLEN, TEXAS 78501 Fax (956) 661-1178 Administrator ERNESTO MORENO	10/01/2018	Owner Information REGENCY IHS HOSPICE SERVICES LLC 101 W GOODWIN AVE STE 600 VICTORIA, TX 77901 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County HIDALGO License # 012169 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 688-9797	Region 07 Date Licensed GREATER VALLEY HOSPICE ALLIANCE LP 1018 BEECH AVENUE SUITE 104 MCALLEN, TX 78501 Fax (956) 428-2541		Owner Information GREATER VALLEY HOSPICE ALLIANCE LP 605 MACO DRIVE HARLINGEN, TX 78550 PHONE: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO	FAX:
Type: Alternate Delivery Site County HIDALGO License # 016589 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (956) 783-4900 Type: Parent Agency	Administrator DANIELLE MARTINEZ Region 07 Date Licensed GUADALUPE HOME CARE INC 6717 S JACKSON RD PHARR, TEXAS 78577 Fax (956) 783-4905 Administrator ERIKA DELATORRE	12/30/2014	Owner Information GUADALUPE HOME CARE INC 7801 S CAGE BLVD STE 102 PHARR, TX 78577 PHONE: Services: Licensed Home Health Services; Persona	FAX: al Assistance Services
County HIDALGO License # 020881 Lic Expire 7/5/2023 Medicare 1: Medicare 2: Phone (956) 631-4421 Type: Parent Agency	Region 07 Date Licensed GUARDIAN HOME CARE LLC 612 W NOLANA AVE SUITE 570-B MCALLEN, TEXAS 78504 Fax (956) 631-5540 Administrator MAYTE GARZA	07/05/2021	Owner Information GUARDIAN HOME CARE LLC PHONE: Services: Licensed Home Health Services	FAX:
County HIDALGO License # 014251 Lic Expire 8/31/2023 Medicare 1: 747848 HHA-18 Medicare 2: Phone (956) 565-1110 Type: Parent Agency	Region 07 Date Licensed HACIENDA HEALTH CARE LLC 2187 MILE 10 N MERCEDES, TX 78570 Fax (956) 565-1116 Administrator CARLOS GARZA	08/03/2011	Owner Information HACIENDA HEALTH CARE LLC 2187 MILE 10 N MERCEDES, TEXAS 78570 PHONE: Services: Licensed and Certified Home Health Sen Personal Assistance Services	FAX: vices; Licensed Home Health Services;
County HIDALGO License # 021078 Lic Expire 9/24/2024 Medicare 1: Medicare 2: Phone (956) 591-0777 Type: Parent Agency	Region 07 Date Licensed HACIENDA LAS FUENTES PHC, LLC 2606 W. VETERANS BLVD STE B PALMVIEW, TX 78572 Fax Administrator LUZELMA ROSALES	09/24/2021	Owner Information HACIENDA LAS FUENTES PHC, LLC PHONE: Services: Personal Assistance Services	FAX:
County HIDALGO License # 014957 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 475-3531 Type: Parent Agency	Region 07 Date Licensed HAPPY VALLEY HOME CARE 2517 W. TRENTON ROAD EDINBURG, TX 78539 Fax (956) 475-3541 Administrator MARY MORENO	06/18/2012	Owner Information ARC PRIMARY CARE LLC 2517 W. TRENTON ROAD EDINBURG, TX 78539 PHONE: Services: Licensed Home Health Services; Persona	FAX: al Assistance Services

County HIDALGO License # 015364 Lic Expire 2/28/2023 Medicare 1: 741705 HOSPICE Medicare 2: Phone (361) 595-3066 Type: Parent Agency County HIDALGO	Region 07 Date Licensed HARBOR HOSPICE OF KINGSVILLE 213 WEST KLEBERG KINGSVILLE, TX 78363 Fax (361) 593-6490 Administrator CLARISSA TABOADA Region 07 Date Licensed	02/12/2013	Owner Information HARBOR HOSPICE OF HARLINGEN LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HARBOR HOSPICE OF MCALLEN LP
License # 015366 Lic Expire 2/28/2023	HARBOR HOSPICE OF MCALLEN LP 6521 NORTH 10TH STREET SUITE E		3406 COLLEGE STREET
Medicare 1: 741537 HOSPICE	MCALLEN, TX 78501		BEAUMONT, TX 77701
Medicare 2: Phone (956) 800-4977	Fax (956) 800-4979		PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator NOE REYES		
County HIDALGO License # 015365 Lic Expire 2/28/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed HARBOR HOSPICE OF SOUTH TEXAS LP 6521 NORTH 10TH STREET SUITE E2 MCALLEN, TX 78504	02/12/2013	Owner Information HARBOR HOSPICE OF SOUTH TEXAS LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX:
Phone (956) 800-4977 Type: Parent Agency	Fax (956) 800-4979 Administrator LEONEL BETANCOURT		Services: Hospice In-Patient Hospice: NO
County HIDALGO License # 019818 Lic Expire 2/10/2022 Medicare 1:	Region 07 Date Licensed HARMONY HEALTH NETWORK LLC 929 E ESPERANZA AVE UNIT 24 MCALLEN, TX 78501	02/10/2020	Owner Information HARMONY HEALTH NETWORK LLC
Medicare 2:	WOALLIN, IX 70001		PHONE: FAX:
Phone (956) 212-8005	Fax (956) 631-3810		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HIDALGO License # 013444 Lic Expire 3/31/2022 Medicare 1: 677834 HHA-18	Administrator SONIA ANCISO Region 07 Date Licensed HCP INC 300 E. NOLANA LOOP STE. J PHARR, TX 78577	03/05/2010	Owner Information HEALTH CARE PARTNERS INCORPORATED DBA HCP, INC 300 E. NOLANA LOOP STE. J PHARR, TEXAS 78577
Medicare 2:	_		PHONE: FAX:
Phone (956) 633-0043 Type: Parent Agency	Fax (956) 633-0044 Administrator RIZALINA LAGAS		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 002164 Lic Expire 11/30/2022 Medicare 1: 677285 HHA-18 Medicare 2: Phone (956) 994-9911	Region 07 Date Licensed HEALTH CARE UNLIMITED INC 1100 EAST LAUREL SUITE 100 MCALLEN, TX 78501 Fax (956) 630-0452	11/26/1990	Owner Information HEALTH CARE UNLIMITED, INC 1100 E LAUREL MCALLEN, TX 78504 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator JOSEPH RAMON, III		Personal Assistance Services
County HIDALGO License # 012472 Lic Expire 2/28/2023 Medicare 1: 747861 HHA-18 Medicare 2:	Region 07 Date Licensed HEALTHPLUS HOMECARE 2049 INDUSTRIAL DRIVE MCALLEN, TX 78504	02/26/2009	Owner Information PPL COMPADRES INC 944 WEST NOLANA LOOP SUITE F PHARR, TX 78577 PHONE: FAX:
Phone (956) 322-3888 Type: Parent Agency	Fax (956) 322-3288 Administrator JOEL PEREZ		Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County HIDALGO License # 020764 Lic Expire 5/19/2024 Medicare 1: Medicare 2: Phone (956) 420-2178	Region 07 Date Licensed 05/19/2021 HEART OF GOLD PRIMARY CARE SVCS 517 ROBIN ST SULLIVAN CITY, TEXAS 78595 Fax (956) 485-6149	Owner Information HEART OF GOLD PRIMARY CARE SVCS PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator JUDY TANGUMA	
County HIDALGO License # 019807 Lic Expire 2/6/2022 Medicare 1:	Region 07 Date Licensed 08/31/2018 HEARTS OF TEXAS PROVIDER SERVICES, LLC 702 W INTERSTATE 2, STE C1 PHARR, TEXAS 78577	Owner Information HEARTS OF TEXAS PROVIDER SERVICES, LLC
Medicare 2:		PHONE: FAX:
Phone (956) 666-9055 Type: Parent Agency	Fax (956) 517-2021 Administrator DANA LOPEZ	Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 013056 Lic Expire 12/31/2024 Medicare 1:	Region 07 Date Licensed 12/30/2009 HEAVENLY CARE PHC SERVICES 2204 W SPRAGUE STREET EDINBURG, TX 78539	Owner Information HEAVEN SENT SERVICES LLC 2701 N. JACKSON RD. EDINBURG, TX 78541
Medicare 2: Phone (956) 720-4490	Fax (956) 720-4402	PHONE: FAX:
Type: Parent Agency	Administrator DALYLA JASSO DEAN	Services: Personal Assistance Services
County HIDALGO License # 017755 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (956) 821-2556	Region 07 Date Licensed 11/22/2016 HEAVENLY GRACE OURANIOS INC 813 N MAIN ST SUITE 315 MCALLEN, TEXAS 78501 Fax (956) 627-6630	Owner Information HEAVENLY GRACE OURANIOS, INC 620 S TEXAS BLVD STE D WESLACO, TX 78596 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator ALFREDO CUELLAR	·
County HIDALGO License # 010551 Lic Expire 6/30/2022 Medicare 1: 679656 HHA-18 Medicare 2: Phone (956) 271-4755	Region 07 Date Licensed 06/19/2006 HEAVENLY HEALTH CARE 1506 E GRIFFIN PARKWAY STE B MISSION, TX 78572 Fax (956) 598-5098	Owner Information HEAVENLY HEALTH CARE LLC 1506 E. GRIFFIN PARKWAY STE B MISSION, TX 78572 PHONE: FAX:
Type: Parent Agency	Administrator CYNTHIA OCHOA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HIDALGO License # 015804 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (956) 463-0723	Region 07 Date Licensed 10/09/2013 HEAVENLY HELPERS HOME CARE LLC 710 WEST 2ND ST MERCEDES, TX 78570 Fax (956) 565-6457	Owner Information HEAVENLY HELPERS HOME CARE LLC 710 WEST 2ND STREET MERCEDES, TX 78570 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 018317 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (956) 375-2009	Administrator AARON CAMARGO Region 07 Date Licensed 09/13/2017 HEAVENLY STALLIONS PHC LLC 127 SOUTH 8TH STREET DONNA, TEXAS 78537 Fax (956) 375-2047	Owner Information HEAVENLY STALLIONS PHC LLC 127 S. 8TH STREET DONNA, TX 78537 PHONE: (956) 375-2009 FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator MELISSA FLORES	

County HIDALGO License # 008091 Lic Expire 9/30/2023 Medicare 1: 679232 HHA-18 Medicare 2: Phone (956) 631-7070 Type: Parent Agency	Region 07 Date Licensed 09/04/2002 HELPING HANDS HOME HEALTH CARE 306 WEST CAMELLIA AVE. MCALLEN, TX 78501 Fax (956) 631-7001 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 License # 021248 Lic Expire 12/3/2024 Medicare 1: Medicare 2: Phone (956) 867-5345	Region 07 Date Licensed 12/03/2021 HELPING HANDS PRIMARY HOME CARE, LLC 4004 S LAS NUBES PHARR, TEXAS 78577 Fax (956) 222-0441	Owner Information HELPING HANDS PRIMARY HOME CARE, LLC SAME , PHONE: FAX:
Type: Parent Agency	Administrator ROSA C. YSQUIRERDO	Services: Personal Assistance Services
County HIDALGO License # 010819 Lic Expire 10/31/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed 10/20/2006 HELPING HANDS PROVIDER SERVICE 2200 EAST GRIFFIN PARKWAY MISSION, TX 78572	Owner Information CSL ENTERPRISES INC 2200 E GRIFFIN PARKWAY MISSION, TX 78572 PHONE: (956) 585-0547 FAX: (956) 600-7473
Phone (956) 585-0547 Type: Parent Agency	Fax (956) 600-7473 Administrator CARLOS LUGO	Services: Personal Assistance Services
County HIDALGO License # 021048 Lic Expire 9/14/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed 09/14/2021 HERMOSA VICTORIA PROVIDER AGENCY LLC 2511 BUDDY OWENS AVE STE. E MCALLEN, TEXAS 78504	Owner Information HERMOSA VICTORIA PROVIDER AGENCY LLC 1960 ZENAIDA AVE MCALLEN, TEXAS 78504 PHONE: FAX:
Phone (956) 322-8020	Fax (956) 992-1327	Services: Personal Assistance Services
Type: Parent Agency	Administrator JAVIER HERNANDEZ	
County HIDALGO License # 020936 Lic Expire 7/27/2024 Medicare 1:	Region 07 Date Licensed 07/27/2021 HERNANDEZ HOME HEALTH, LLC 206 N. BROADWAY SUITE #2 ELSA, TEXAS 78543	Owner Information HERNANDEZ HOME HEALTH, LLC P.O. BOX 202 ELSA, TEXAS 78543
Medicare 2:		PHONE: FAX:
Phone 956 2610336	Fax 800 8485649 Administrator DALIA HERNANDEZ	Services: Personal Assistance Services
Type: Parent Agency County HIDALGO License # 008864 Lic Expire 1/31/2023 Medicare 1: 679476 HHA-18 Medicare 2: Phone (956) 683-8662	Administrator DALIA HERNANDEZ Region 07 Date Licensed 01/15/2004 HHN HEALTHCARE LLC 2007 E. GRIFFIN PARKWAY STE. A MISSION, TEXAS 78572 Fax (956) 683-1484	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
Type: Parent Agency	Administrator SASHA ESPINOZA	i distribui rissistante del vices
County HIDALGO License # 010831 Lic Expire 10/31/2023 Medicare 1: 679752 HHA-18 Medicare 2:	Region 07 Date Licensed 10/26/2006 HIGH POINT HOME HEALTH 1700 WEST GRIFFIN PARKWAY MISSION, TX 78572	Owner Information HIGH POINT HOME HEALTH LP SAME MISSION, TX 78572 PHONE: FAX:
Phone (956) 583-8876	Fax (956) 580-2356	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OMAR CONTRERAS	

County HIDALGO License # 013666 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (956) 424-2317 Type: Parent Agency	Region 07 Date Licensed 10/21/2010 HOLISTIC PERSONAL ASSISTANCE SERVICES LLC 2017 E GRIFFIN PARKWAY MISSION, TEXAS 78574 Fax (956) 600-8007 Administrator YURIDIA ALVAREZ	Owner Information HOLISTIC PERSONAL ASSISTANCE SERVICES, LLC 2017 E GRIFFIN PARKWAY MISSION, TEXAS 78574 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 021205 Lic Expire 11/13/2024 Medicare 1:	Region 07 Date Licensed 11/13/2021 HOME WATCH PROVIDER CARE INC 5303 N MCCOLL RD MCALLEN, TEXAS 78504	Owner Information HOME WATCH PROVIDER SERVICE INC
Medicare 2:		PHONE: FAX:
Phone (956) 575-7111	Fax (956) 664-9957	Services: Personal Assistance Services
Type: Parent Agency	Administrator TAELOR MANDEVILLE	
County HIDALGO License # 017971 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 627-0554	Region 07 Date Licensed 02/17/2017 HOMECARE DIMENSIONS 1317 EAST JASMIN AVE UNIT B MCALLEN, TX 78501 Fax (956) 627-0724	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
Type: Branch Agency	Administrator ASHLEIGH STRICKLAND	·
County HIDALGO License # 016861 Lic Expire 1/31/2023 Medicare 1: 679070 HHA-18 Medicare 2:	Region 07 Date Licensed 01/28/2015 HOSANNA HEALTH CARE 1001 N CONWAY MISSION, TX 78572	Owner Information HEALTH COM MANAGEMENT, LLC 116 W TOM LANDRY MISSION, TX 78572 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 License # 020572 Lic Expire 3/5/2023 Medicare 1:	Region 07 Date Licensed 03/05/2021 HOSPICE CARE GOOD SHEPHERD, LLC 7938 MILE 17 ROAD EDCOUCH, TEXAS 78538	Owner Information HOSPICE CARE GOOD SHEPHERD LLC
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 License # 012576	Region 07 Date Licensed 05/05/2009	Owner Information HOSPICE COMPASSIONATE CARE SERVICES LLC
Lic Expire 5/31/2024 Medicare 1: 671642 HOSPICE Medicare 2:	HOSPICE COMPASSIONATE CARE SERVICES LLC 2411 E GRIFFIN PKWY MISSION, TX 78572	2411 E. GRIFFIN PKWY, MISSION, TX 78572
•	2411 E GRIFFIN PKWY	2411 E. GRIFFIN PKWY, MISSION, TX 78572 PHONE: FAX:
Medicare 1: 671642 HOSPICE Medicare 2:	2411 E GRIFFIN PKWY MISSION, TX 78572	2411 E. GRIFFIN PKWY, MISSION, TX 78572
Medicare 1: 671642 HOSPICE Medicare 2: Phone (956) 581-9450	2411 E GRIFFIN PKWY MISSION, TX 78572 Fax (956) 581-8660	2411 E. GRIFFIN PKWY, MISSION, TX 78572 PHONE: FAX: Services: Hospice

County HIDALGO License # 020486 Lic Expire 1/25/2023 Medicare 1: Medicare 2: Phone (956) 591-0357 Type: Parent Agency	Region 07 Date Licensed HUMBLE CARE, INC 1601 E. GRIFFIN PKWY STE C. MISSION, TEXAS 78572 Fax (956) 591-0417 Administrator BRIDGET FOMBON-NAMBO	01/25/2021 UH	Owner Information HUMBLE CARE, INC 3912 EUCALIPTUS AVE MCALLEN, TEXAS 78501 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 019874 Lic Expire 4/13/2022 Medicare 1:	Region 07 Date Licensed HUMILDE HOME CARE, LLC 1601 W. TRENTON RD STE L EDINBURG, TEXAS 78539	04/13/2020	Owner Information HUMILDE HOME CARE, LLC
Medicare 2: Phone (956) 513-8444 Type: Parent Agency	Fax (956) 513-8440 Administrator BIANCA DELGADO		PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 002876 Lic Expire 4/30/2024 Medicare 1: 458032 HHA-18 Medicare 2: Phone (956) 971-0224 Type: Parent Agency	Region 07 Date Licensed I P H HOME HEALTH CARE INC 1300 N 10TH STREET STE 210 MCALLEN, TX 78501 Fax (956) 971-0298 Administrator MIRNA LUGO	04/07/1994	Owner Information IPH HOME HEALTH CARE INC 1300 N 10TH STREET STE 210 MCALLEN, TX 78501 PHONE: FAX: Services: Licensed and Certified Home Health Services
County HIDALGO License # 007074 Lic Expire 12/31/2022 Medicare 1: 678299 HHA-18 Medicare 2: Phone (956) 464-9111 Type: Parent Agency	Region 07 Date Licensed IMS HOME HEALTH CARE INC 623 S TEXAS UNIT A WESLACO, TX 78596 Fax (956) 464-6611 Administrator LINDA GARDNER	01/01/1999	Owner Information IMS HOME HEALTH CARE, INC 623A S. TEXAS BLVD WESLACO, TX 78596 PHONE: FAX: Services: Licensed and Certified Home Health Services
County HIDALGO License # 018048 Lic Expire 5/31/2023 Medicare 1: 74-1746 Medicare 2: Phone (956) 975-2615 Type: Parent Agency	Region 07 Date Licensed IMS HOSPICE CARE INC 623A S. TEXAS BLVD WESLACO, TX 78596 Fax (956) 975-2619 Administrator ALICIA RODRIGUEZ	05/10/2017	Owner Information IMS HOSPICE CARE INC 623A S. TEXAS BLVD WESLACO, TX 78596 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HIDALGO License # 009264 Lic Expire 8/31/2024 Medicare 1: 673164 Medicare 2: Phone 956 6272264 Type: Parent Agency	Region 07 Date Licensed IN HOME HEALTH CARE SERVICES 4811 S JACKSON RD EDINBURG, TEXAS 785399793 Fax 956 6273354 Administrator MARIA MORENO	08/24/2004	Owner Information JAL HEALTH SERVICES INC SAME AS PHYSICAL ADDRESS WESLACO, TEXAS 78596 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HIDALGO License # 012126 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (956) 600-7042 Type: Parent Agency	Region 07 Date Licensed IN HOME PRIMARY CARE 1713 W. GRIFFIN PKWY MISSION, TEXAS 78572 Fax (956) 391-2345 Administrator MARICELA RIOS	07/31/2008	Owner Information JAL COMMUNITY SERVICES, INC 1713 W GRIFFIN PKWY MISSION, TEXAS 78572 PHONE: (956) 600-7042 FAX: (956) 391-2345 Services: Personal Assistance Services

County HIDALGO License # 012321 Lic Expire 11/30/2022 Medicare 1: 747308 HHA-18 Medicare 2: Phone (956) 630-3001	Region 07 Date Licensed 11/26/2008 INFINITY CARE HOME HEALTH LLC 1910 S 1ST, STE 500 MCALLEN, TX 78503 Fax (956) 630-3011	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
Type: Parent Agency	Administrator ABEL MARTINEZ	
County HIDALGO License # 021225 Lic Expire 11/22/2024 Medicare 1: Medicare 2: Phone (956) 598-7322 Type: Parent Agency	Region 07 Date Licensed 11/22/2021 INNOVATIVE HOME CARE SOLUTIONS, LLC 1904 JONATHON DR. STE B MISSION, TX 78572 Fax (956) 594-4225 Administrator JOSE HERNANDEZ	Owner Information INNOVATIVE HOME CARE SOLUTIONS, LLC SAME , PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 012543 Lic Expire 5/1/2023 Medicare 1: 671573 HOSPICE Medicare 2: Phone (956) 682-4234	Region 07 Date Licensed 02/03/2009 IPH HOSPICE CARE INC 1100 E. JASMINE AVE. STE. 203 MCALLEN, TX 78501 Fax (956) 631-1677	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
Type: Parent Agency County HIDALGO License # 006027 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (956) 971-9732 Type: Parent Agency	Administrator YVETTE HUERTA Region 07 Date Licensed 09/30/1997 IPH PRIMARY HOME CARE INC 900 KERRIA AVE. MCALLEN, TX 78501 Fax (956) 971-9307 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 License # 020279 Lic Expire 10/30/2022 Medicare 1: Medicare 2: Phone (956) 569-4220 Type: Parent Agency	Region 07 Date Licensed 10/30/2020 JIREH HEALTHCARE SERVICES, LLC 3000 N. MCCOLL RD STE 6 MCALLEN, TEXAS 78501 Fax (956) 569-4220 Administrator MARISSA BADILLO	Owner Information JIREH HEALTHCARE SERVICES, LLC SAME , PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 014592 Lic Expire 1/31/2022 Medicare 1: 747799 HHA-18 Medicare 2: Phone (956) 621-1715 Type: Parent Agency	Region 07 Date Licensed 01/18/2012 JOJEMAR HOME HEALTH INC 300 E NOLANA LOOP SUITE H PHARR, TX 78577 Fax (956) 621-1906 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 License # 021100 Lic Expire 10/5/2024 Medicare 1: Medicare 2: Phone (956) 627-4358 Type: Parent Agency	Region 07 Date Licensed 10/05/2021 JOYFUL PROVIDER SERVICES LLC 2528 BUDDY OWENS AVENUE MCALLEN, TX 78504 Fax Administrator LAURI VELLASQUEZ	Owner Information JOYFUL PROVIDER SERVICES LLC PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 020568 Lic Expire 3/4/2023 Medicare 1: Medicare 2: Phone (956) 405-3406 Type: Parent Agency	Region 07 Date Licensed 03/04/2021 JUST HAPPY PRIMARY HOME CARE, LLC 3512 DEVON ST WESLACO, TEXAS 785991450 Fax (956) 405-3005 Administrator JOSE HINOJOSA	Owner Information JUST HAPPY PRIMARY HOME CARE, LLC PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 020534 Lic Expire 2/11/2024 Medicare 1:	Region 07 Date Licensed 02/11/2021 KAMILA HOME CARE, INC 801 W. FALCON AVE PHARR, TEXAS 78577	Owner Information KAMILA HOME CARE, INC
Medicare 2:	11744, 1276 16077	PHONE: FAX:
Phone (956) 685-1046 Type: Parent Agency	Fax (956) 685-1072 Administrator GRISELLE RIOS	Services: Personal Assistance Services
County HIDALGO License # 013856 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 230-3301 Type: Parent Agency	Region 07 Date Licensed 01/28/2011 KATS KIDS ADVANCED THERAPY SERVICES 526 W 2ND ST MERCEDES, TX 78570 Fax (956) 391-2825 Administrator ISRAEL MALDONADO	Owner Information BRADWELL DIVERSIFIED INC 526 W 2ND ST MERCEDES, TEXAS PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 004197 Lic Expire 1/31/2022 Medicare 1: 678225	Region 07 Date Licensed 01/12/1996 KELLYS HEALTH CARE INC 2007 N CONWAY MISSION, TX 78572	Owner Information KELLYS HEALTH CARE INC 2007 N CONWAY SUITE C MISSION, TX 78572
Medicare 2: Phone (956) 519-8118	Fax (956) 584-8572	PHONE: FAX: Services: Licensed and Certified Home Health Services
County HIDALGO License # 006524 Lic Expire 7/31/2019 Medicare 1: Medicare 2: Phone (956) 583-0141	Administrator JAYNIE CHAPA Region 07 Date Licensed 05/06/1998 KELLY'S PRIMARY CARE INC 2007 N CONWAY AVE SUITE D MISSION, TX 78572 Fax (956) 583-0143	Owner Information KELLYS PRIMARY CARE INC 2007 NORTH CONWAY AVE., SUITE D MISSION, TX 78572 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HIDALGO License # 015058 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 682-2621 Type: Parent Agency	Administrator JAYNIE CHAPA Region 07 Date Licensed 09/11/2012 KIDS KORNER HOME THERAPY 910 EAST 8TH STREET SUITE 7 WESLACO, TX 78596 Fax (956) 994-3888 Administrator TRAVIS FRENCH	Owner Information RENAISSANCE OUTPATIENT THERAPY CENTER, LLCKIDS KORNER HOME THERAPY 910 EAST 8TH STREET SUITE 7 WESLACO, TX 78596 PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 011490 Lic Expire 5/31/2023 Medicare 1: 459486 HHA-18 Medicare 2: Phone (956) 585-7266 Type: Parent Agency	Region 07 Date Licensed 05/16/2007 KSC HOME CARE LLC 1101 W VETERANS BLVD STE A PALMVIEW, TX 78572 Fax (956) 585-7388 Administrator NICOLAS JUSTANCE	Owner Information KSC HOME CARE LLC 1101 W VETERANS BLVD STE A PALMVIEW, TX 78572 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County HIDALGO License # 017567 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 400-5181 Type: Parent Agency County HIDALGO	Region 07 Date Licensed L & A PRIMARY HOME CARE LLC 1403 RUBY ST PENITAS, TX 78576 Fax (956) 513-0745 Administrator AURORA CASTILLO Region 07 Date Licensed	08/11/2016	Owner Information L & A PRIMARY HOME CARE, LLC P O BOX 733 PENITAS, TEXAS 78576 PHONE: Services: Personal Assistance Services Owner Information	FAX:
License # 020894 Lic Expire 7/9/2024 Medicare 1:	LA BENDICION PRIMARY HOME CARE, LLC 1431 W. POLK AVE STE 110 PHARR, TEXAS 78577	07/09/2021	LA BENDICION PRIMARY HOME CARE, LLC SAME AS PHYSICAL ADDRESS ,	EAV
Medicare 2: Phone 956 5108058 Type: Parent Agency	Fax 956 5108098 Administrator GENOVEVA V. BRIONES		PHONE: Services: Personal Assistance Services	FAX:
County HIDALGO License # 009325 Lic Expire 9/30/2021 Medicare 1: 677835 HHA-18 Medicare 2: Phone (956) 485-1190 Type: Parent Agency	Region 07 Date Licensed LA FUENTE HOME HEALTH SERVICES INC 801 WEST HWY 83 SULLIVAN CITY, TX 78595 Fax (956) 485-1193 Administrator VERONICA ALEMAN	09/24/2004	Owner Information LA FUENTE HOME HEALTH SERVICES INC PO BOX 280 SULLIVAN CITY, TEXAS 78595 PHONE: Services: Licensed and Certified Home Health Services Personal Assistance Services	FAX: vices; Licensed Home Health Services;
County HIDALGO License # 007540 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 485-2400 Type: Parent Agency	Region 07 Date Licensed LA FUENTE PRIMARY HOME CARE 1723 W EXPRESSWAY 83 SUITE B SULLIVAN CITY, TX 78595 Fax (956) 485-1193 Administrator VERONICA ALEMAN	02/06/2001	Owner Information LA FUENTE INCORPORATED PO BOX 280 SULLIVAN CITY, TX 78595 PHONE: (956) 485-9650 Services: Licensed Home Health Services; Person	FAX: (956) 485-9652 al Assistance Services
County HIDALGO License # 019891 Lic Expire 4/22/2022 Medicare 1: Medicare 2: Phone (956) 567-9719 Type: Parent Agency	Region 07 Date Licensed LA HACIENDA HOMECARE, LLC 246 EBANO CIRCLE SUITE B LA JOYA, TEXAS 78560 Fax (866) 580-0923 Administrator RICARDO BENITEZ	08/17/2020	Owner Information LA HACIENDA HOMECARE, LLC PO BOX 721004 MCALLEN, TEXAS 78504 PHONE: Services: Personal Assistance Services	FAX:
County HIDALGO License # 018307 Lic Expire 9/30/2023 Medicare 1: 741704 HOSPICE Medicare 2: Phone (956) 515-5050 Type: Parent Agency	Region 07 Date Licensed LA MISION PALLIATIVE CARE & HOSPICE 3413 W. ALBERTA RD. EDINBURG, TX 78539 Fax (888) 926-9306 Administrator JOSE JUAREZ	09/11/2017	Owner Information LA MISION PALLIATIVE CARE AND HOSPICE, L 3521 W FREDDY GONZALEZ STE A-3 EDINBURG, TX 78539 PHONE: Services: Hospice In-Patient Hospice: NO	LC FAX:
County HIDALGO License # 018606 Lic Expire 2/28/2022	Region 07 Date Licensed LA PALMA PROVIDER SERVICES LLC	02/09/2018	Owner Information LA PALMA PROVIDER SERVICES LLC P.O. BOX 1614	

County HIDALGO License # 017449 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (956) 271-6161 Type: Parent Agency	Region 07 Date Licensed 01/11/2016 LA TRINIDAD PROVIDER SERVICES 1418 BEECH AVE SUITE 117 MCALLEN, TEXAS 78501 Fax (956) 322-4128 Administrator ISELA TREVINO	Owner Information PRIVILEGE CARE LLC PO BOX 4277 MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 019286 Lic Expire 6/30/2021 Medicare 1:	Region 07 Date Licensed 02/28/2019 LAS MARIPOSAS PRIMARY HOME CARE, LLC 1801 EDWARD DRIVE STE A EDINBURG, TEXAS 78539	Owner Information LAS MARIPOSAS PRIMARY HOME CARE, LLC
Medicare 2: Phone (956) 598-7576 Type: Parent Agency	Fax (956) 599-9749 Administrator LORENA SALIANS	PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 020918 Lic Expire 7/20/2024 Medicare 1:	Region 07 Date Licensed 07/20/2021 LEE'S PRIMARY HOME CARE, INC 1503 GARDEN RIDGE AVE, STE A SAN JUAN, TX 78589	Owner Information LEE'S PRIMARY HOME CARE, INC
Medicare 2: Phone (844) 956-5337 Type: Parent Agency	Fax (956) 338-5801 Administrator MARIBEL DE LOS SANTOS	PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 008442 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 580-9100 Type: Branch Agency	Region 07 Date Licensed 05/10/2006 LEGACY HOME HEALTH AGENCY INC 3304 W. ALBERTA RD EDINBURG, TX 78539 Fax (956) 580-9110 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 Home Health Services; Personal Assistance Services
County HIDALGO License # 008442 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 580-9150 Type: Alternate Delivery Site	Region 07 Date Licensed 02/16/2007 LEGACY HOME HEALTH AGENCY INC 3304 W. ALBERTA RD. EDINBURG, TX 78539 Fax (956) 580-9111 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 HIDALGO License # 021039 Lic Expire 9/13/2024 Medicare 1:	Region 07 Date Licensed 09/13/2021 LIBERTY PRIMARY HOME CARE, LLC 4701 FIR AVE. MCALLEN, TEXAS 78501	Owner Information LIBERTY PRIMARY HOME CARE, LLC
Medicare 2: Phone (956) 800-4097 Type: Parent Agency	Fax (956) 322-3911 Administrator VANESSA I. REGULES	PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 016623 Lic Expire 10/31/2022 Medicare 1: 747136 HHA-18 Medicare 2:	Region 07 Date Licensed 10/07/2014 LIFE HOME HEALTH CARE INC 1609 DAVENPORT STREET SUITE B WESLACO, TX 78596	Owner Information LIFE HOME HEALTH CARE INC 1609 DAVENPORT ST STE B WESLACO, TX 78596 PHONE: FAX:
Phone (956) 287-7080 Type: Parent Agency	Fax (956) 287-7084 Administrator ARTURO RAMOS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County HIDALGO License # 012339 Lic Expire 12/31/2022 Medicare 1: 747248 HHA-18 Medicare 2: Phone (956) 664-0106	Region 07 Date Licensed 12/10/2008 LIFE TOUCH HOME HEALTH SERVICES, LLC 2215 CORNERSTONE BLVD EDINBURG, TEXAS 78539 Fax (956) 664-0107	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
Type: Parent Agency	Administrator JONSETE REYNA	Total Academic Contract
County HIDALGO License # 020492 Lic Expire 1/27/2023 Medicare 1: Medicare 2: Phone (956) 258-2381 Type: Parent Agency	Region 07 Date Licensed 01/27/2021 LION OF JUDAH PRIMARY HOMECARE 813 N MAIN ST. SUITE 320 MCALLEN, TEXAS 78501 Fax (956) 258-2381 Administrator ADRIAN FLORES JR	Owner Information ADRIAN FLORES JR PO BOX 5014 MCALLEN, TEXAS 78502 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 019591 Lic Expire 9/10/2021 Medicare 1:	Region 07 Date Licensed 11/26/2018 LITTLE WARRIORS PEDIATRIC HOME CARE, LLC 1409 S. 9TH AVE. SUITE #224 EDINBURG, TEXAS 78539	Owner Information LITTLE WARRIORS PEDIATRIC HOME CARE, LLC
Medicare 2:	EDINDONG, TEAAS 10009	PHONE: FAX:
Phone (956) 429-1191 Type: Parent Agency	Fax (956) 380-6968 Administrator ESTELA RODRIGUEZ	Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 017767 Lic Expire 12/31/2022 Medicare 1:	Region 07 Date Licensed 12/06/2016 LOS MILAGROS PHC LLC 810 E VETERANS BLVD #K PALMVIEW, TX 78572	Owner Information LOS MILAGROS PHC, LLC 810 E VETERANS BLVD # K PALMVIEW, TX 78572
Medicare 2: Phone (956) 600-7936 Type: Parent Agency	Fax (956) 599-9027 Administrator KENYA MORENO	PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 013925 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (956) 584-9200	Region 07 Date Licensed 12/31/2010 LOS REYES HOME CARE 5428 S. JACKSON RD EDINBURG, TX 78539 Fax (956) 584-9205	Owner Information DDNJ, INC P.O. BOX 1445 EDINBURG, TX 78542 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HIDALGO License # 013724 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone 956 6888116 Type: Parent Agency	Administrator DEANNETTE CORTEZ Region 07 Date Licensed 11/01/2010 LOVE N CARE 3523 W ALBERTA RD EDINBURG, TX 78539 Fax 956 6649967 Administrator MAGDALENA CEPEDA	Owner Information VELA INVESTMENT CORPORATION 3523 W ALBERTA RD EDINBURG, TX 78539 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 021046 Lic Expire 9/14/2024 Medicare 1: Medicare 2: Phone 956 6888116 Type: Parent Agency	Region 07 Date Licensed 09/14/2021 LOVE 'N CARE 3523 W. ALBERTA ROAD EDINBURG, TX 78539 Fax 956 6649967 Administrator MAGDALENA CEPEDA	Owner Information VELA INVESTMENT CORPORATION 3523 W ALBERTA RD EDINBURG, TX 78539 PHONE: FAX: Services: Licensed Home Health Services

County HIDALGO License # 019961 Lic Expire 5/27/2022	Region 07 Date Licensed LOVING HANDS HOME CARE LLC 4713 N. KENYON ROAD	05/27/2020	Owner Information LOVING HANDS HOME CARE LLC
Medicare 1:	EDINBURG, TX 78542		
Medicare 2:			PHONE: FAX:
Phone (956) 624-0128	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator BENJAMIN SALINAS		
County HIDALGO	Region 07 Date Licensed	04/14/2017	Owner Information
License # 018002	LYNNCARE HOSPICE SERVICES LLC		LYNNCARE HOSPICE SERVICES LLC 1611 DAVENPORT ST STE B
Lic Expire 4/30/2023	108 W HUISACHE ST		WESLACO, TX 78596
Medicare 1: 741693 HOSPICE Medicare 2:	WESLACO, TX 78596		PHONE: FAX:
Phone (956) 684-5957	Fax (956) 520-8048		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator LINDA NUNEZ		
County HIDALGO	Region 07 Date Licensed	02/01/2007	Owner Information
License # 011052	M & G PRIMARY HOME CARE INC		M & G PRIMARY HOME CARE INC
Lic Expire 1/31/2023	2700 A GRIFFIN PARKWAY		SAME AS PHYSICAL ADDRESS MISSION, TX 78572
Medicare 1: Medicare 2:	MISSION, TX 78572		PHONE: FAX:
Phone (956) 618-4620	Fax (956) 618-4631		
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		MAMI ROSA HOMECARE INC
Lic Expire 2/28/2023	207 S. CAGE BLVD SUITE A-1		219 S CASE SUITE #8
Medicare 1:	PHARR, TEXAS 78577		PHARR, TX 78577
Medicare 2:			PHONE: FAX:
Phone (956) 685-5420	Fax (956) 685-5310		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator EDGARDO RODRIGUEZ		
County HIDALGO	Region 07 Date Licensed	08/01/2018	Owner Information MANO AMIGA PRIMARY HOME CARE LLC
License # 018861	MANO AMIGA PRIMARY HOME CARE LLC		711 W NOLANA AVE SUITE 103J
Lic Expire 7/31/2022 Medicare 1:	1101 VINE AVE STE C MCALLEN, TX 78501		MCALLEN, TX 78504
Medicare 2:	Morelli, ix root		PHONE: FAX:
Phone (956) 331-8523	Fax (956) 331-8625		Services: Personal Assistance Services
Type: Parent Agency	Administrator JULIO FERNANDEZ		
County HIDALGO	Region 07 Date Licensed	06/03/2005	Owner Information
License # 009787	MANOS DE ORO PHC INC		MANOS DE ORO PHC, INC
Lic Expire 6/30/2022	302 N TOM GILL STE 5		1418 BEECH AVE. STE #124
Medicare 1: 679516 HHA-18	PENITAS, TEXAS 78576		MCALLEN, TX 78505
Medicare 2: Phone (956) 618-3480	Fax (956) 618-3396		PHONE: FAX:
Type: Parent Agency	Administrator YAMEIDA CHAVANA		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
<u></u>		0.4/00/0040	Owner Information
County HIDALGO License # 018692	Region 07 Date Licensed MARIPOSA HOME CARE INC	04/09/2018	MARIPOSA HOME CARE INC
Lic Expire 4/30/2022	1315 W POLK AVE., STE 16		7420 S. COLORADO LANE
Medicare 1:	PHARR, TEXAS 78577		PHARR, TX 78577
Medicare 2:	•		PHONE: FAX:
Phone (956) 884-7200	Fax (956) 884-7202		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LAURA GUTIERREZ		

County HIDALGO License # 011226 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (956) 472-3080 Type: Parent Agency County HIDALGO	Region 07 Date Licensed MAS QUE AMIGOS HOME HEALTH INC 902 LORENA CT DONNA, TX 78537 Fax (956) 464-1248 Administrator EVERLINDA GALLEGOS Region 07 Date Licensed	04/04/2007	Owner Information MAS QUE AMIGOS HOME HEALTH INC 902 LORENA CT DONNA, TX 78537 PHONE: FAX: Services: Personal Assistance Services
License # 011518	MASE'S HOME HEALTH INC	00/10/2007	MASE'S HOME HEALTH INC
Lic Expire 5/31/2023	1406 SOUTH INSPIRATION BLVD		1406 S. INSPIRATION BLVD
Medicare 1: 747190 HHA-18	MISSION, TX 78573		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		MAX PRIMARY HOME CARE, LLC
Lic Expire 7/6/2024	2601 FRANBOYLLAN ST.		
Medicare 1: Medicare 2:	EDINBURG, TEXAS 78541		PHONE: FAX:
Phone (956) 900-1020	Fax (956) 253-4389		
Type: Parent Agency	Administrator MARIA R MARTINEZ		Services: Personal Assistance Services
County IIIDALCO	Daging 07 Data Licensed	01/15/2010	Owner Information
County HIDALGO License # 013385	Region 07 Date Licensed MAXIMUM HOME HEALTH LLC	01/15/2010	MAXIMUM HOME HEALTH LLC
Lic Expire 1/31/2024	1609 DAVENPORT ST STE A		1609 E DAVENPORT
Medicare 1: 457985 HHA-18	WESLACO, TEXAS 785966543		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		MAXIMUM QUALITY HOSPICE LLC
Lic Expire 6/30/2022	1609 DAVENPORT ST STE D		1609 DAVENPORT STE D
Medicare 1: 971584	WESLACO, TX 78596		WESLACO, TX 78596
Medicare 2:	Fav. (056) 200 4224		PHONE: FAX:
Phone (956) 520-8004	Fax (956) 289-1221		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ARTURO RAMOS JR		2.5
County HIDALGO License # 018883 Lic Expire 8/31/2022 Medicare 1:	Region 07 Date Licensed MEDI LAB PROVIDER SERVICES LLC 4301 N. 22ND ST. SUITE A-1 MCALLEN, TEXAS 78504	08/10/2018	Owner Information MEDI LAB PROVIDER SERVICES LLC 605 S 10TH STREET SUITE B 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 License # 006960 Lic Expire 2/28/2023 Medicare 1: 458060 HHA-18	Region 07 Date Licensed MEDICAL INNOVATIONS HOME HEALTH CA 702 WEST INTERSTATE 2 SUITE F PHARR, TX 78577	02/08/1999 ARE	Owner Information D & R HEALTH CARE PROVIDERS, INC 702 WEST INTERSTATE STE F PHARR, TX 78577-6508
Medicare 2:	Fay (056) 781 0808		PHONE: FAX:
Phone (956) 781-9600	Fax (956) 781-9808		Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Administrator DIANA GUERRA

County HIDALGO License # 012388 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 565-9600 Type: Parent Agency County HIDALGO	Region 07 Date Licensed 01/07/2009 MEDSS PRIMARY HOME CARE LLC 5701 N FM 1015, STE B WESLACO, TEXAS 78599 Fax (956) 565-9700 Administrator MARIA RODRIGUEZ Region 07 Date Licensed 06/04/2021	Owner Information MEDSS PRIMARY HOME CARE LLC 5701 N FM 1015, SUITE B WESLACO, TX 78599 PHONE: FAX: Services: Personal Assistance Services Owner Information MEJOR SALUD LLC
License # 020810 Lic Expire 6/4/2024	MEJOR SALUD LLC 1101 GREENBRIAR AVE	MEGON O'LEGO ELO
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 License # 013707 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (956) 287-2999	Region 07 Date Licensed 11/10/2010 MEMORY LANE HEALTHCARE SERVICES INC 312 WEST UNIVERSITY EDINBURG, TX 78539 Fax (956) 287-2998	Owner Information MEMORY LANE HEALTHCARE SERVICES, INC 1207 JOANN COURT EDINBURG, TEXAS 78539 PHONE: FAX: Services: Licensed Home Health Services: Personal Assistance Services
Type: Parent Agency	Administrator LETISIA CABALLERO	Services. Electised Figure Tealth Services, Personal Assistance Services
County HIDALGO License # 007650 Lic Expire 6/30/2023 Medicare 1:	Region 07 Date Licensed 06/07/2001 MI CASA PHC INC 3907 S SUGAR ROAD EDINBURG, TX 78539	Owner Information MI CASA PHC INC 3907 S SUGAR DRIVE EDINBURG, TX 78539
Medicare 2:		PHONE: FAX:
Phone (956) 380-2220	Fax (956) 383-6337	Services: Personal Assistance Services
County HIDALGO License # 019207 Lic Expire 1/16/2023 Medicare 1: Medicare 2: Phone (956) 567-2342	Administrator BLANCA PALOMO Region 07 Date Licensed 01/16/2019 MI CASITA HOMECARE, LLC 610 N. BROADWAY, STE B ELSA, TEXAS 78543 Fax (956) 420-0222	Owner Information MI CASITA HOMECARE, LLC PO BOX 1614 ELSA, TEXAS 78543 PHONE: FAX:
Type: Parent Agency	Administrator CUAHTEMOC MARTINEZ	Services: Personal Assistance Services
County HIDALGO License # 014042 Lic Expire 4/30/2023 Medicare 1: 747920 HHA-18 Medicare 2: Phone 956 6836219	Region 07 Date Licensed 04/15/2011 MI MARANATHA HOME HEALTH INC 2916 N TAYLOR RD MCALLEN, TX 78501 Fax 956 2873776	Owner Information MI MARANATHA HOME HEALTH INC P.O. BOX 721032 MCALLEN, TEXAS 78504 PHONE: FAX: 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 License # 017635 Lic Expire 9/30/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 09/19/2016 MI PROVIDER 720 E EDINBURG AVENUE SUITE 1006 ELSA, TX 78543	Owner Information AEMS ENTERPRISES, LLC PO BOX 1139 ELSA, TX 78543 PHONE: FAX:
Phone (956) 929-6961	Fax (888) 799-0101	Services: Personal Assistance Services
	A	

Administrator

BLANCA LOPEZ

County HIDALGO License # 017810 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (956) 994-9650 Type: Parent Agency	Region 07 Date Licensed 12/21/2016 MILESTONES AT HOME 7001 N 10TH STREET SUITE 303 MCALLEN, TX 78504 Fax (844) 274-0941 Administrator VALERIE NEVAREZ	Owner Information MILESTONES THERAPEUTIC ASSOCIATES 7001 N. 10TH STREET SUITE 303 MCALLEN, TEXAS PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 016540 Lic Expire 8/31/2022 Medicare 1: 679681 HHA-18 Medicare 2: Phone (956) 583-1500 Type: Parent Agency	Region 07 Date Licensed 08/20/2014 MILLENNIUM COMFORT HOME HEALTHCARE 1431 W POLK AVE STE 111 PHARR, TX 78577 Fax (956) 583-8865 Administrator ANA VILLARREAL	Owner Information MILLENNIUM COMFORT HOME HEALTH CARE LLC 2116 E GRIFFIN PARKWAY MISSION, TX 78572 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 010619 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 581-7493 Type: Parent Agency	Region 07 Date Licensed 07/18/2006 MIRASOL HEALTH SERVICES INC 710 EAST GRIFFIN PARKWAY #C MISSION, TX 78572 Fax (956) 581-2306 Administrator YOLANDA BALDERAS	Owner Information MIRASOL HEALTH SERVICES INC 710 EAST GRIFFIN PARKWAY #B MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 006581 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 581-1351 Type: Parent Agency	Region 07 Date Licensed 07/21/1998 MIRASOL PRIMARY HOME CARE LLC 710 E GRIFFIN PARKWAY SUITE C MISSION, TX 78572 Fax (956) 581-2306 Administrator YOLANDA BALDERAS	Owner Information MIRASOL PRIMARY HOME CARE LLC 710 E. GRIFFIN PARKWAY SUITE # C MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 018462 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (956) 386-9821 Type: Parent Agency	Region 07 Date Licensed 11/21/2017 MIS ABRAZOS HOMECARE LLC 537 E. FRONTAGE RD. STE. B ALAMO, TEXAS 78516 Fax (866) 762-6313 Administrator HAROLD ALDAPE	Owner Information MIS ABRAZOS HOMECARE LLC SAME MCALLEN, TX 78501 PHONE: FAX: Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County HIDALGO License # 011201 Lic Expire 6/30/2022 Medicare 1: 679201 HHA-18 Medicare 2: Phone (956) 687-9000 Type: Parent Agency	Region 07 Date Licensed 06/02/2006 MS HEALTH CARE INC 3202 W ALBERTA RD EDINBURG, TX 78539 Fax (956) 687-9009 Administrator EDUARDO CASTRO	Owner Information MS HEALTH CARE INC P O BOX 3764 MCALLEN, TX 78502-3764 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HIDALGO License # 014736 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (956) 781-7832 Type: Parent Agency	Region 07 Date Licensed 04/10/2012 MY MORNING STAR ATTENDANT SERVICES 300 E NOLANA SUITE D PHARR, TX 78577 Fax (956) 781-7830 Administrator MARISSA SOTELO	Owner Information MY MORNING STAR ATTENDANT SERVICES INC 300 EAST NOLANA SUITE D PHARR, TX 78577 PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 010306 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone (956) 781-7827 Type: Parent Agency	Region 07 Date Licensed 02/22/2006 MY MORNING STAR HOME CARE INC 300 E NOLANA LOOP STE A PHARR, TX 78577 Fax (956) 781-7830 Administrator ESTELA T SOTELO	Owner Information MY MORNING STAR HOME CARE INC 4325 N 23RD ST STE A MCALLEN, TX 78504 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 004670 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (956) 928-0609 Type: Parent Agency	Region 07 Date Licensed 07/02/1996 NEW ERA MEDICAL SERVICES INC 4106 N 22ND STE 2 MCALLEN, TX 78504 Fax (956) 928-0619 Administrator EVANGELINA FLORES	Owner Information NEW ERA MEDICAL SERVICES INC PO BOX 3181 MCALLEN, TX 78502 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 020941 Lic Expire 7/28/2024 Medicare 1:	Region 07 Date Licensed 07/28/2021 NEW HORIZONS HOME HEALTH SERVICES 5241 NORTH 23RD ST. MCALLEN, TEXAS 78504	Owner Information BARDZ GROUP LLC
Medicare 2:		PHONE: FAX:
Phone (956) 280-2414	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator RAISA BARRERA	
County HIDALGO License # 009347 Lic Expire 9/30/2023 Medicare 1:	Region 07 Date Licensed 10/01/2004 NEW LIFE HOME HEALTH SERVICES 2115 LOTT ROAD DONNA, TX 78537	Owner Information A&E HEALTH SERVICES, INC 2115 LOTT ROAD DONNA, TEXAS 78537
Medicare 2:		PHONE: FAX:
Phone 956 4647741	Fax 956 4640007	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JOSE LUGO	
County HIDALGO License # 009099 Lic Expire 5/31/2022 Medicare 1: 453185 HHA-18 Medicare 2: Phone (956) 783-4746	Region 07 Date Licensed 05/14/2004 NEW LIFE HOME HEALTH SERVICES 2115 LOTT ROAD SUITE B DONNA, TX 78537 Fax (956) 783-7831	Owner Information ALL VALLEY HEALTH CARE INC 2115 LOTT ROAD DONNA, TX 78537 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 JOSE E LUGO JR	'
County HIDALGO License # 006705 Lic Expire 10/31/2024 Medicare 1:	Region 07 Date Licensed 10/30/1998 NIGHTINGALE PRIMARY HOME CARE 2505 N STEWART ROAD MISSION, TX 78574	Owner Information CON MI GENTE INC 1616 E GRIFFIN PKWY PMB 157 MISSION, TX 78572
Medicare 2:		PHONE: FAX:
Phone (956) 789-3744	Fax (956) 581-9560	Services: Personal Assistance Services
Type: Parent Agency	Administrator AURORA GONZALEZ	
County HIDALGO License # 014193 Lic Expire 6/30/2023 Medicare 1:	Region 07 Date Licensed 06/29/2011 NUESTRA ESPERANZA PRIMARY HOME CARE LLC 2700-C EAST GRIFFIN PARKWAY MISSION, TX 78572	Owner Information NUESTRA ESPERANZA PRIMARY HOME CARE LLC SAME AS PHYSICAL ADDRESS MCALLEN, TX 78503
Medicare 2:		PHONE: FAX:
Phone (956) 630-6411	Fax (956) 618-4631	Services: Personal Assistance Services

County HIDALGO License # 010559 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 627-3434 Type: Parent Agency	Region 07 Date Licensed 06/20/2006 NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC 4811 S. JACKSON RD. EDINBURG, TEXAS 78539 Fax (956) 627-3699 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 License # 002388 Lic Expire 9/30/2022 Medicare 1: 677548 HHA-18 Medicare 2: Phone (956) 682-0800 Type: Parent Agency	Region 07 Date Licensed 09/22/1992 NURSES THAT CARE 5411 NORTH MCCOLL ROAD MCALLEN, TX 78504 Fax (956) 682-1120 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 License # 002388 Lic Expire 9/30/2022 Medicare 1: 677548 HHA-18 Medicare 2: Phone (956) 682-0800 Type: Parent Agency	Region 07 Date Licensed 09/22/1992 NURSES THAT CARE 5411 NORTH MCCOLL ROAD MCALLEN, TX 78504 Fax (956) 682-1120 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 License # 004672 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (956) 668-0029 Type: Parent Agency	Region 07 Date Licensed 04/05/1996 NURSES THAT CARE SITTER SERVICES INC 5411 N MCCOLL ROAD MCALLEN, TX 78504 Fax (956) 682-6461 Administrator ANDY SANCHEZ	Owner Information NURSES THAT CARE SITTER SERVICES, INC PO BOX 52562 MCALLEN, TX 78501 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 007496 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (956) 289-1883 Type: Parent Agency	Region 07 Date Licensed 12/20/2000 OASIS PRIMARY HOMECARE INC 3202 N CLOSNER BLVD SUITE A EDINBURG, TX 78541 Fax (956) 289-1046 Administrator SANTHOSH SKARIAH	Owner Information OASIS PRIMARY HOMECARE INC PO BOX 2167 EDINBURG, TX 78540 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 013402 Lic Expire 4/30/2022 Medicare 1: 747593 HHA-18 Medicare 2: Phone (956) 287-2600	Region 07 Date Licensed 04/09/2010 ODYSSEY PRIMARY HOMECARE INC 3224 SOUTH SUGAR ROAD SUITE L EDINBURG, TX 78539 Fax (956) 685-1374	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 License # 019108 Lic Expire 11/19/2022 Medicare 1: Medicare 2: Phone (956) 627-5799	Administrator DALIA MOLINA Region 07 Date Licensed 11/19/2018 ONE HEART HOME CARE LLC 1800 N 23RD ST STE 50 MCALLEN, TEXAS 78501 Fax (956) 631-5730	Owner Information ONE HEART HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services

Administrator

HERMELINDA GUAJARDO

County HIDALGO License # 015059 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 627-4990 Type: Parent Agency County HIDALGO License # 012337 Lic Expire 9/30/2022	Region 07 Date Licensed 09/11/2012 ONECARE PEDIATRIC THERAPY HOME SERVICES 300 S 2ND ST STE A-B MCALLEN, TEXAS 78501 Fax (956) 627-4991 Administrator PAOLA TAMEZ Region 07 Date Licensed 09/08/2008 ONLY LOVE HOME CARE 833 E ESPERANZA AVE STE A	Owner Information ALL JOY HEALTH SERVICES LLC 300 S 2ND ST. STE A-B MCALLEN, TEXAS 78501 PHONE: FAX: Services: Licensed Home Health Services Owner Information TEN LAC INC 833 E ESPERANZA SUITE A MCALLEN, TX 78501
Medicare 1: 747404 HHA-18 Medicare 2:	MCALLEN, TX 78501	PHONE: FAX:
Phone (956) 631-8844	Fax (956) 631-8855	
Type: Parent Agency	Administrator CYNTHIA SALAZAR	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HIDALGO License # 013675 Lic Expire 10/31/2022 Medicare 1: 671687 HOSPICE Medicare 2: Phone (956) 631-0616	Region 07 Date Licensed 10/26/2010 ONLY LOVE HOSPICE 833 E ESPERANZA AVENUE SUITE A MCALLEN, TX 78501 Fax (956) 631-0313	Owner Information ONLY LOVE HOSPICE LLC 833 E ESPERANZA AVENUE SUITE A MCALLEN, TX 78501 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator MELODY CLARKE	In-Patient Hospice: NO
County HIDALGO License # 012804 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (956) 631-7228 Type: Parent Agency	Region 07 Date Licensed 07/25/2009 ONLY LOVE PCS & PROVIDER CARE SERVICES 833 E ESPERANZA AVE STE A MCALLEN, TX 78501 Fax (956) 631-7885 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 License # 018026 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (210) 988-1461	Region 07 Date Licensed OPUSCARE OF TEXAS 101 E. EXPRESSWAY 83 MCALLEN, TEXAS 78501 Fax (210) 404-9887	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
Type: Alternate Delivery Site	Administrator SONIA VELEZ	
County HIDALGO License # 012641 Lic Expire 6/30/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed 06/03/2009 OUR SACRED HEART HOME HEALTH INC 1018 W. WISCONSIN RD. EDINBURG, TEXAS 78539	Owner Information OUR SACRED HEART HOME HEALTH, INC SAME AS PHYSICAL ADDRESS , PHONE: FAX:
Phone (956) 348-2052	Fax (956) 348-2123	Services: Personal Assistance Services
Type: Parent Agency	Administrator JESUS RUBEN MORENO	55550. 1 Globina Fidulation Sul Fidu
County HIDALGO License # 007332 Lic Expire 5/31/2023 Medicare 1:	Region 07 Date Licensed OUTREACH HOME CARE 5311 S MCCOLL EDINBURG, TX 785399168	Owner Information OUTREACH HEALTH COMMUNITY CARE SERVICES, LP 1919 S SHILOH RDSTE 102 LB 28 GARLAND, TX 75042
Medicare 2:	Fav. (056) 664-1013	PHONE: FAX: (972) 792-6739
Phone (956) 664-0963	Fax (956) 664-1013	Services: Licensed Home Health Services; Personal Assistance Services

Type: Branch Agency

Administrator

JULIA LERMA

County HIDALGO License # 007813 Lic Expire 5/31/2022 Medicare 1: 459037 HHA-18 Medicare 2: Phone (956) 447-8886 Type: Parent Agency	Region 07 Date Licensed PACE HEALTH CARE INC 1001 RONE AVENUE WESLACO, TX 78596 Fax (956) 447-2032 Administrator THELMA M CAVAZOS, RN	05/04/2001	Owner Information PACE HEALTH CARE INC P O BOX 655 WESLACO, TX PHONE: Services: Licensed and Certified Home Health Services Assistance Services	FAX: vices; Licensed Home Health Services;
County HIDALGO	Region 07 Date Licensed	07/08/2015	Owner Information	
License # 016955	PALLIMED HOSPICE LLC		PALLIMED HOSPICE LLC	
Lic Expire 7/31/2024	1310 E MAIN AVE SUITE B		1310 E MAIN AVE SUITE B ALTON, TX 78573	
Medicare 1: 741530 HOSPICE Medicare 2:	ALTON, TX 78573		PHONE:	FAX:
Phone (956) 627-2744	Fax (956) 627-5625		Services: Hospice	FAA.
			In-Patient Hospice: NO	
Type: Parent Agency	Administrator CLARISE AGBOR			
County HIDALGO	Region 07 Date Licensed	08/08/2003	Owner Information PALM VALLEY HEALTH CARE II INC	
License # 008584	PALM VALLEY HEALTH CARE II INC		119E CANTON	
Lic Expire 8/31/2024 Medicare 1: 679465 HHA-18	119 E CANTON RD EDINBURG, TX 78539		EDINBURG, TX 78539	
Medicare 2:	EBINDONO, IX 10000		PHONE:	FAX:
Phone (956) 994-3200	Fax (956) 994-3231		Services: Licensed and Certified Home Health Ser	vices; Licensed Home Health Services;
Type: Parent Agency	Administrator HORACIO CANALES		Personal Assistance Services	
<u></u>			Owner Information	
County HIDALGO	Region 07 Date Licensed	12/14/2005	PALM VALLEY HEALTH CARE, INC	
License # 010192 Lic Expire 12/31/2022	PALM VALLEY HEALTH CARE INC		209 E CANTON SUITE B	
Medicare 1:	209 E CANTON SUITE A EDINBURG, TX 78539		EDINBURG, TX 78539	
Medicare 2:	EBINDONG, IX 70000		PHONE:	FAX:
Phone (956) 292-0920	Fax (956) 292-0923		Services: Personal Assistance Services	
Type: Parent Agency	Administrator CLAUDIA NAVAS		53.1050. 7 5.651.iii 7 6515iiii 65 53.1055	
County HIDALGO	Region 07 Date Licensed	01/02/1997	Owner Information	
License # 005158	PALM VALLEY HEALTH CARE INC		PALM VALLEY HEALTH CARE, INC	
Lic Expire 1/31/2023	209 E CANTON SUITE B		209 E CANTON SUITE B	
Medicare 1: 459167 HHA-18	EDINBURG, TX 78539		EDINBURG, TX 78539	
Medicare 2:	-		PHONE:	FAX:
Phone (956) 292-0900	Fax (956) 292-0918		Services: Licensed and Certified Home Health Ser Personal Assistance Services	vices; Licensed Home Health Services;
Type: Parent Agency	Administrator CLAUDIA NAVAS		. 0.00.18.7.00.08.100	
County HIDALGO	Region 07 Date Licensed	02/04/2019	Owner Information	
License # 019239	PALM VALLEY PRIMARY HOME CARE, INC		PALM VALLEY PRIMARY HOME CARE, INC	
Lic Expire 2/4/2023	209 E CANTON RD STE A			
Medicare 1:	EDINBURG, TX 78539			
Medicare 2:	Fav. (056) 202 2022		PHONE:	FAX:
Phone (956) 292-0920	Fax (956) 292-0923		Services: Personal Assistance Services	
Type: Parent Agency	Administrator CLAUDIA NAVAS		Ourner Inform - 1:	
County HIDALGO	Region 07 Date Licensed	12/21/2020	Owner Information PALMS HEALTHCARE	
License # 020193	PALMS HEALTHCARE		. , senso respectively at the	
Lic Expire 9/23/2022 Medicare 1:	5205 W STATE HIGHWAY 107 SUITE B EDINBURG, TEXAS 78539			
Medicare 2:			PHONE:	FAX:
Phone (956) 239-8631	Fax (956) 313-8894		Services: Licensed Home Health Services; Person	
Type: Parent Agency	Administrator CHRISTIAN ANDERSON			

County HIDALGO License # 016960 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (956) 766-1836 Type: Parent Agency	Region 07 Date Licensed PALOMA PRIMARY HOME CARE LLC 910 E. PALMA VISTA DR., STE. B PALMVIEW, TX 78572 Fax (956) 585-4050 Administrator ELIA CANALES	08/11/2015	Owner Information PALOMA PRIMARY HOME CARE LLC 31 ALVARADO AVENUE RANCHO VIEJO, TX 78575 PHONE: FAX: Services: Personal Assistance Services	
County HIDALGO License # 017613 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 583-3330 Type: Parent Agency	Region 07 Date Licensed PALOMA'S PROVIDER SERVICE 1020 N CONWAY AVE MISSION, TX 78572 Fax (956) 519-2884 Administrator VERONICA MELENDEZ	09/02/2016	Owner Information AMOR D & B LLC 1020 N. CONWAY AVENUE MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services	
County HIDALGO License # 019835 Lic Expire 2/20/2022 Medicare 1: Medicare 2: Phone (956) 800-5026	Region 07 Date Licensed PALOMITA ATTENDANT SERVICES, LLC 214 N. 16TH ST. STE. 301 MCALLEN, TEXAS 78501 Fax (877) 670-5089	02/20/2020	Owner Information PALOMITA ATTENDANT SERVICES, LLC PHONE: FAX: Services: Personal Assistance Services	
Type: Parent Agency County HIDALGO License # 017795 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (956) 887-7014 Type: Parent Agency	Administrator MELISSA SALINAS Region 07 Date Licensed PAN DE VIDA HEALTHCARE 2916 N TAYLOR RD., STE. 2 MCALLEN, TX 78501 Fax (956) 887-7015 Administrator GABRIELA DELEON	12/16/2016	Owner Information SPEARS HOME CARE INC PO BOX 721032 MCALLEN, TX 78504 PHONE: FAX: Services: Personal Assistance Services	
County HIDALGO License # 013575 Lic Expire 9/30/2022 Medicare 1: 747728 HHA-18 Medicare 2: Phone (956) 351-5923 Type: Parent Agency	Region 07 Date Licensed PARTNERS IN CARE LLC 912 S CLOSNER BLVD SUITE A EDINBURG, TX 78539 Fax (956) 351-5925 Administrator DAVID LOPEZ	09/23/2010	Owner Information PARTNERS IN CARE LLC 912 S CLOSNER BLVD SUITE A EDINBURG, TX 78599 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services	rvices;
County HIDALGO License # 012907 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (956) 854-4008 Type: Parent Agency	Region 07 Date Licensed PAS HOME CARE, LLC 530 S BRIDGE AVE WESLACO, TX 78596 Fax (956) 854-4003 Administrator SANDY SALINAS	10/17/2009	Owner Information PAS HOME CARE LLC 604 E. 6TH STREET WESLACO, TX 78596 PHONE: FAX: Services: Personal Assistance Services	
County HIDALGO License # 019738 Lic Expire 12/6/2021 Medicare 1: Medicare 2: Phone (956) 252-5950 Type: Parent Agency	Region 07 Date Licensed PASEO CARES HOME HEALTH SERVICES 13418 N. DEPOT RD. EDINBURG, TEXAS 78541 Fax (956) 316-0505 Administrator CESARIO MONTALVO	09/23/2018	Owner Information NICE VIEW HOME CARE, LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services	

County HIDALGO License # 013941 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (281) 447-1010 Type: Branch Agency	Region 06 Date Licensed PATIENT RECOVERY HOME HEALTHCARE SERVICES 101 E SIOUX ROAD UNIT 277 LAKE TRAILS PHARR, TEXAS 78577 Fax (281) 447-1313 Administrator DYRREN DAVIS	Owner Information PATIENT RECOVERY HEALTHCARE MGMT SERVICES LLC 7324 SOUTHWEST FREEWAY #970 HOUSTON, TX 77074 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 012236 Lic Expire 9/30/2022 Medicare 1: 671643 HOSPICE Medicare 2: Phone (956) 686-4414	Region 07 Date Licensed 09/22/2008 PAX VILLA HOSPICE AND PALLIATIVE CARE 4513 W. BUSINESS HWY 83 MCALLEN, TX 78502 Fax (956) 686-3993	Owner Information PAX VILLA INC PO BOX 5957 MCALLEN, TX 78502 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator SAMUEL ETIENNE	In-Patient Hospice: NO
County HIDALGO License # 012598 Lic Expire 3/31/2023 Medicare 1: 679579 HHA-18 Medicare 2:	Region 07 Date Licensed 03/12/2009 PAZ HOME HEALTH LLC 1111 W NOLANA STE S MCALLEN, TX 78504	Owner Information PAZ HOME HEALTH, LLC 205 EAST EXPRESSWAY 83 PHARR, TX 78577 PHONE: FAX:
Phone (956) 781-8445 Type: Parent Agency	Fax (956) 781-8448 Administrator MEIR BERMEA	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County HIDALGO License # 014480 Lic Expire 11/30/2023 Medicare 1: 747945 HHA-18 Medicare 2: Phone (956) 627-0937	Region 07 Date Licensed 11/21/2011 PAZ HOME HEALTHII LLC 1111 W NOLANA STE T MCALLEN, TX 78504 Fax (956) 627-0740	Owner Information PAZ HOME HEALTHII, LLC 1300 N 10TH ST ST 410 MCALLEN, TX 78501 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator MEIR BERMEA	Personal Assistance Services
County HIDALGO License # 011071 Lic Expire 2/28/2022 Medicare 1: 679795	Region 07 Date Licensed 02/13/2007 PHYSICIAN PREFERRED HOME HEALTH SERVICES 1801 S 5TH STREET SUITE 117 C & D MCALLEN, TX 78503	Owner Information VOLVER A CASA HOME HEALTH SERVICES INC 1801 S 5TH STREET SUITE 117A MCALLEN, TX 78503
Medicare 2: Phone (956) 353-6055	Fax (956) 353-6011	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HIDALGO License # 018298 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (956) 375-2843 Type: Parent Agency	Administrator JOSE FLORES Region 07 Date Licensed 09/06/2017 PLATINUM HEARTS HEALTH CARE LLC 8529 N FM 88 WESLACO, TX 78599 Fax (956) 405-3280 Administrator JOSE LUIS CASTILLO	Owner Information PLATINUM HEARTS HEALTH CARE LLC 923 W BUSINESS 83 WESLACO, TX 78596 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 013622 Lic Expire 10/31/2020 Medicare 1: Medicare 2: Phone (956) 968-0969 Type: Parent Agency	Region 07 Date Licensed 10/08/2010 PLATINUM PRIMARY CARE LLC 1629 CYPRESS SUITE 3 WESLACO, TX 78596 Fax (956) 647-5602 Administrator ERIKA AGUIRRE	Owner Information PLATINUM PRIMARY CARE LLC 1629 CYPRESS DRIVE, STE 3 WESLACO, TX 78599 PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 018100 Lic Expire 2/28/2023 Medicare 1: 747189 HHA-18 Medicare 2: Phone (956) 683-8050 Type: Parent Agency	Region 07 Date Licensed 02/08/2017 PRECIOUS LIFE HOME HEALTH INC 1701 QUAMASIA AVE MCALLEN, TX 78504 Fax (866) 309-3196 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 License # 009247	Region 07 Date Licensed 08/10/2004 PRESIDENTE HOME CARE INC	PRESIDENTE HOME CARE INC
Lic Expire 8/31/2022	405 N MAIN STREET SUITE 1	405 N MAIN STREET SUITE 1
Medicare 1: 673101 HHA-18	MCALLEN, TX 78501	MCALLEN, TX 78501
Medicare 2:		PHONE: FAX:
Phone (956) 687-6760	Fax (956) 687-6763	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator ROMEO VALLADARES	
County HIDALGO License # 017174	Region 07 Date Licensed 09/16/2015 PROACTIVE HOMECARE	Owner Information FREDDY'S INVESTMENTS, INC
Lic Expire 9/30/2021 Medicare 1: 677813 HHA-18	704 S. 11TH ST STE. B MCALLEN, TEXAS 78501	301 N. CAGE BLVD SUITE #H PHARR, TX 78577
Medicare 2:		PHONE: FAX:
Phone (956) 720-4575 Type: Parent Agency	Fax (956) 258-5012 Administrator LORENA SALINAS	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County HIDALGO	Region 07 Date Licensed 08/13/2012	Owner Information
License # 015001	PROFESSIONAL REHAB SERVICES	POLICARPIO ENTERPRISES LLC
Lic Expire 8/31/2022	801 E NOLANA AVE STE 10	801 E NOLANA AVE, STE 10
Medicare 1:	MCALLEN, TX 78504	MCALLEN, TEXAS 78504
Medicare 2: Phone 9566649889, 95656095	Fax (956) 664-9879	PHONE: FAX:
Type: Parent Agency	Administrator ALMA R POLICARPIO	Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 010488 Lic Expire 5/31/2023 Medicare 1: 743107 HHA-18	Region 07 Date Licensed 05/26/2006 PROGRESSIVE SKILLED HOME HEALTH SERVICES LLC 940 W. NOLANA SUITE C PHARR, TX 78577	Owner Information PROGRESSIVE SKILLED HOME HEALTH SERVICES LLC 940 W. NOLANA SUITE C PHARR, TX 78577
Medicare 2:	THAIN, IA 10011	PHONE: FAX:
Phone (956) 702-4466	Fax (956) 702-4477	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator BRENDA BELCHER	Personal Assistance Services
County HIDALGO License # 013769 Lic Expire 10/31/2022	Region 07 Date Licensed 10/26/2010 PROMESA HOME HEALTH INC 1005 E. 10TH STREET SUITE A&B	Owner Information PROMESA HOME HEALTH, INC 1005 E. 10TH ST. SUITE A & B
Medicare 1: 679680 HHA-18	WESLACO, TEXAS 78596	WESLACO, TEXAS 78596
Medicare 2:	5 (050) 004 0707	PHONE: FAX:
Phone (956) 994-0370	Fax (956) 994-8737 Administrator SONIA TORRES	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency		Owner Information
County HIDALGO	Region 07 Date Licensed 03/13/2013	Owner Information PROSPERITY HEALTH CARE, LLC
License # 015428	PROSPERITY HEALTH CARE LLC	5425 N MCCOLL ROAD SUITE B
Lic Expire 3/31/2023 Medicare 1:	5425 N. MCCOLL ROAD SUITE B MCALLEN, TEXAS 78504	MCALLEN, TEXAS 78504
Medicare 2:		PHONE: FAX:
Phone (956) 664-9300	Fax (956) 627-2933	Services: Personal Assistance Services
Type: Parent Agency	Administrator VERONICA RODRIGUEZ	

County HIDALGO License # 018284 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (956) 888-0098 Type: Parent Agency	Region 07 Date Licensed 08/29/2017 PROVIDERS PLUS SERVICES LLC 4751 S JACKSON RD STE 108 EDINBURG, TX 78539 Fax 18887778119 Administrator BARBARA GONZALEZ	Owner Information PROVIDERS PLUS SERVICES LLC 4751 S JACKSON RD STE 108 EDINBURG, TX 78539-8311 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 017533 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 854-4518 Type: Parent Agency	Region 07 Date Licensed 07/19/2016 PROVISION HOME CARE SERVICES LLC 617 S. TEXAS BLVD, SUITE A WESLACO, TX 78596 Fax (956) 854-4488 Administrator MARISELA GONZALEZ	Owner Information PROVISION HOME CARE SERVICES, LLC PO BOX 163 WESLACO, TX 78599 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 021014 Lic Expire 8/30/2024 Medicare 1: Medicare 2: Phone (956) 272-7499 Type: Parent Agency	Region 07 Date Licensed 08/30/2021 PUSH THERAPY LLC 1319 JUBILEE AVE PHARR, TX 78577 Fax (866) 903-7799 Administrator ROSA ALANIZ	Owner Information PUSH THERAPY LLC PO BOX 341 PHARR, TX 78577 PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 018348 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (956) 825-9551 Type: Parent Agency	Region 07 Date Licensed 09/28/2017 QUALITY THERAPY AT HOME 208 STARR ST. SUITE 2 MERCEDES, TX 78570 Fax (956) 514-1554 Administrator MICHAEL D. HERNANDEZ	Owner Information QTP II INC PO BOX 1136 MERCEDES, TEXAS 78570 PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 019975 Lic Expire 6/2/2022 Medicare 1: Medicare 2: Phone (956) 402-1603 Type: Parent Agency	Region 07 Date Licensed 06/02/2020 RAICES PROVIDER SERVICES, LLC 120 E. AMY DR SAN JUAN, TEXAS 78589 Fax (956) 510-8466 Administrator AIDEE LOPEZ	Owner Information RAICES PROVIDER SERVICES, LLC P.O. BOX 949 SAN JUAN, TEXAS 78589 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 015532 Lic Expire 5/31/2023 Medicare 1: 747949 HHA-18 Medicare 2: Phone (956) 287-4265 Type: Parent Agency	Region 07 Date Licensed 05/09/2013 REGALCARE HOME HEALTH SERVICES INC 702 W INTERSTATE 2, STE D PHARR, TX 78577 Fax (956) 287-4449 Administrator MA CORNELIA GRACIA ZARCO	Owner Information REGALCARE HOME HEALTH SERVICES INC 702 WEST EXPRESSWAY 83 STE D PHARR, TX 78577 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HIDALGO License # 011051 Lic Expire 1/31/2025 Medicare 1: 747446 HHA-18 Medicare 2: Phone (956) 627-2845 Type: Parent Agency	Region 07 Date Licensed 02/01/2007 REGIONAL NURSING SERVICES MGMT, INC 1601 DAVENPORT ST WESLACO, TX 78596 Fax (956) 287-7084 Administrator ARTURO RAMOS	Owner Information REGIONAL NURSING SERVICES MGMT, INC 1601 DAVENPORT ST WESLACO, TX 78596 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County HIDALGO License # 021171 Lic Expire 10/28/2024 Medicare 1: Medicare 2: Phone (956) 627-5535 Type: Parent Agency	Region 07 Date Licensed 10/28/2021 RESET HOME HEALTH AGENCY LLC 10922 N 29TH LN MCALLEN, TX 78504 Fax (956) 627-5525 Administrator MACARENA ADAMES	Owner Information RESET HOME HEALTH AGENCY LLC PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 009621 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (956) 686-0282 Type: Branch Agency	Region 06 Date Licensed 06/15/2012 RESOURCE CARE CORPORATION 4847 S. JACKSON AVE. #C EDINBURG, TX 78539 Fax (956) 683-0292 Administrator ROSE NWABUISI	Owner Information RESOURCE CARE CORPORATION 7211 REGENCY SQUARE #116 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 007241 Lic Expire 8/31/2020 Medicare 1: Medicare 2: Phone (956) 686-7872 Type: Branch Agency	Region 06 Date Licensed 03/13/2012 RESOURCE HOME HEALTH SERVICES 4847 S. JACKSON K & L EDINBURG, TX 78539 Fax (956) 686-7875 Administrator ROSA 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 HIDALGO License # 019129 Lic Expire 12/3/2022 Medicare 1: Medicare 2: Phone (956) 609-9059 Type: Parent Agency	Region 07 Date Licensed 12/03/2018 RESPITE CARE SERVICES OF TEXAS, LLC 1302 S. 17TH AVENUE EDINBURG, TEXAS 78539 Fax (956) 609-9249 Administrator MERCY FLORES	Owner Information RESPITE CARE SERVICES OF TEXAS, LLC SAME EDINBURG, TEXAS 78540 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 009828 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 630-1116 Type: Branch Agency	Region 07 Date Licensed 08/29/2006 RESTORATIVE HEALTH CARE 2522 BUDDY OWENS BLVD. BLDG. A MCALLEN, TX 78504 Fax (877) 626-0431 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 HIDALGO License # 020960 Lic Expire 8/5/2024 Medicare 1: Medicare 2: Phone (956) 272-1952 Type: Parent Agency	Region 07 Date Licensed 08/05/2021 REYES TOP CARE, LLC 1409 S. 9TH AVE. STE. 125 EDINBURG, TEXAS 78539 Fax (956) 513-0369 Administrator DANIA REYES	Owner Information REYES TOP CARE, LLC SAME EDINBURG, TX 78539 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 013499 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone 9563830162 956383056 Type: Parent Agency	Region 07 Date Licensed 07/28/2010 REYNA HEALTH CARE INC 121 S 21ST AVE EDINBURG, TX 78539 Fax 956 2878144 Administrator ODILIA SALINAS	Owner Information REYNA HEALTH CARE INC 121 S 21ST AVE EDINBURG, TX 78539 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County HIDALGO License # 015821 Lic Expire 10/31/2023 Medicare 1: 747959 HHA-18 Medicare 2: Phone (956) 585-2466	Region 07 Date Licensed 10/21/2013 RGV ANGELS OF CARE HOME HEALTH 848 E EXPRESSWAY 83 SUITE 2 LA JOYA, TX 78560 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	additional and a second a second and a second a second and a second a second and a second and a second a second and a second a second a second a second and a second and a second a second a second
County HIDALGO License # 019502 Lic Expire 7/31/2021 Medicare 1:	Region 07 Date Licensed 07/31/2019 RGV GUARDIANS OF CARE LLC 848 E EXPRESSWAY 83 STE A LA JOYA, TEXAS 78560	Owner Information RGV GUARDIANS OF CARE LLC
Medicare 2:	Fav. (050) 500 0004	PHONE: FAX:
Phone (956) 599-9111 Type: Parent Agency	Fax (956) 599-9224 Administrator DIEGO QUIJANO	Services: Personal Assistance Services
County HIDALGO License # 015027 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 631-3209 Type: Parent Agency	Region 07 Date Licensed 08/22/2012 RGV PEDIATRIC HOME THERAPY 4605 N JACKSON RD MCALLEN, TX 78504 Fax (956) 630-4209 Administrator VELMA ESPARZA	Owner Information RGV REHAB NORTH LLC 4609 N. JACKSON ROAD MCALLEN, TEXAS 78504 PHONE: FAX: Services: Licensed Home Health Services
County HIDALGO License # 020200 Lic Expire 9/25/2022 Medicare 1: Medicare 2: Phone (956) 800-1081	Region 07 Date Licensed 09/25/2020 RINCONCITO EN EL CIELO PRIMARY HOME CARE LLC 709 RAMON AYALA DR HIDALGO, TX 78557 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 License # 012146 Lic Expire 8/31/2021 Medicare 1: 747256 HHA-18 Medicare 2: Phone 19562810401	Region 07 Date Licensed 08/08/2008 RIO GRANDE VALLEY HOME HEALTH LLC 2217 JEREMIAH STREET EDINBURG, TEXAS 78542 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 License # 015219 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (956) 475-3681 Type: Parent Agency	Region 07 Date Licensed 11/20/2012 RISAS Y RAYONES HOMECARE SERVICES LLC 6422 S CAGE BLVD STE B PHARR, TX 78577 Fax (956) 502-5485 Administrator NOELIA CAVAZOS	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
County HIDALGO License # 011811 Lic Expire 12/31/2023 Medicare 1: 679507 HHA-18 Medicare 2: Phone (956) 287-9991	Region 07 Date Licensed 12/17/2007 ROCK BRIDGE HOME HEALTH AGENCY INC 901 E REDBUD SUITE 8B MCALLEN, TX 78504 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;
Type: Parent Agency	Administrator CLAUDIA NAVAS	Personal Assistance Services

County HIDALGO License # 019859 Lic Expire 3/31/2022 Medicare 1:	Region 07 Date Licensed 03/31/2020 ROSAS PROVIDER SERVICES, LLC 3208 PTJ DRIVE PALMVIEW, TEXAS 78572	Owner Information ROSAS PROVIDER SERVICES, LLC
Medicare 2: Phone (956) 777-4088	Fax (956) 338-5736	PHONE: FAX:
Type: Parent Agency	Administrator MARIA TREVINO	Services: Personal Assistance Services
County HIDALGO License # 010616 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (956) 630-5896	Region 07 Date Licensed 12/04/2007 SAINT BENEDICTS HOME HEALTH INC 1301 E. JASMINE AVE MCALLEN, TX 78501 Fax (956) 630-5962	Owner Information SAINT BENEDICTS HOME HEALTH INC 424 E MAIN ROBSTOWN, TX 78380 PHONE: FAX: Services: Personal Assistance Services
Type: Branch Agency	Administrator BRENDA RAMON	Gervices. Tersorial Assistance Gervices
County HIDALGO License # 020346 Lic Expire 11/24/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 11/24/2020 SAINT LUKE'S PROVIDERS LLC 813 S MILE 1 EAST RD MERCEDES, TEXAS 78570	Owner Information SAINT LUKE'S PROVIDERS LLC PO BOX 591 MERCEDES, TX 78570 PHONE: FAX:
Phone (956) 472-3043	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator JOSE ROCHA	
County HIDALGO License # 017882 Lic Expire 12/31/2022 Medicare 1: 747176 HHA-18 Medicare 2:	Region 07 Date Licensed 12/31/2016 SAINT MATTHEW HOME HEALTH CARE LLC 2927 S. JACKSON RD. SUITE # D2 PHARR, TX 78577	Owner Information SAINT MATTHEW HOME HEALTH CARE, LLC 2615 GRANJENO AVE HIDLAGO, TX 78557 PHONE: FAX:
Phone (956) 994-8989	Fax (956) 994-8682	
Phone (956) 994-8989	Fax (956) 994-8682	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (956) 994-8989 Type: Parent Agency	Fax (956) 994-8682 Administrator ILLEANNA GARCIA	Personal Assistance Services
Type: Parent Agency County HIDALGO License # 018820 Lic Expire 7/31/2022 Medicare 1:		Personal Assistance Services Owner Information SAINT MICHAELS PRIMARY HEALTH CARE LLC 904 DONNA RD PALMVIEW, TEXAS 78572
Type: Parent Agency County HIDALGO License # 018820 Lic Expire 7/31/2022	Administrator ILLEANNA GARCIA Region 07 Date Licensed 07/06/2018 SAINT MICHAEL'S PRIMARY HEALTH CARE LLC 1500 W BUSINESS HWY 83 SUITE 4	Personal Assistance Services Owner Information SAINT MICHAELS PRIMARY HEALTH CARE LLC 904 DONNA RD PALMVIEW, TEXAS 78572 PHONE: FAX:
Type: Parent Agency County HIDALGO License # 018820 Lic Expire 7/31/2022 Medicare 1: Medicare 2:	Administrator ILLEANNA GARCIA Region 07 Date Licensed 07/06/2018 SAINT MICHAEL'S PRIMARY HEALTH CARE LLC 1500 W BUSINESS HWY 83 SUITE 4 MISSION, TEXAS 78572	Personal Assistance Services Owner Information SAINT MICHAELS PRIMARY HEALTH CARE LLC 904 DONNA RD PALMVIEW, TEXAS 78572
Type: Parent Agency County HIDALGO License # 018820 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 997-0700 Type: Parent Agency County HIDALGO License # 007114 Lic Expire 9/30/2022 Medicare 1:	Administrator ILLEANNA GARCIA Region 07 Date Licensed 07/06/2018 SAINT MICHAEL'S PRIMARY HEALTH CARE LLC 1500 W BUSINESS HWY 83 SUITE 4 MISSION, TEXAS 78572 Fax (956) 997-0699	Owner Information SAINT MICHAELS PRIMARY HEALTH CARE LLC 904 DONNA RD PALMVIEW, TEXAS 78572 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SALDIVAR COASTAL SERVICES INC P. O. BOX 3504 ALICE, TEXAS 78332
Type: Parent Agency County HIDALGO License # 018820 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 997-0700 Type: Parent Agency County HIDALGO License # 007114 Lic Expire 9/30/2022	Administrator ILLEANNA GARCIA Region 07 Date Licensed 07/06/2018 SAINT MICHAEL'S PRIMARY HEALTH CARE LLC 1500 W BUSINESS HWY 83 SUITE 4 MISSION, TEXAS 78572 Fax (956) 997-0699 Administrator SANJUANITA CHAPA Region 07 Date Licensed 04/03/2003 SALDIVAR PRIMARY HOME CARE 1313 W. POLK AVE SUITE 13	Personal Assistance Services Owner Information SAINT MICHAELS PRIMARY HEALTH CARE LLC 904 DONNA RD PALMVIEW, TEXAS 78572 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SALDIVAR COASTAL SERVICES INC P. O. BOX 3504 ALICE, TEXAS 78332 PHONE: (361) 396-1200 FAX: (361) 396-1203
Type: Parent Agency County HIDALGO License # 018820 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 997-0700 Type: Parent Agency County HIDALGO License # 007114 Lic Expire 9/30/2022 Medicare 1: Medicare 2:	Administrator ILLEANNA GARCIA Region 07 Date Licensed 07/06/2018 SAINT MICHAEL'S PRIMARY HEALTH CARE LLC 1500 W BUSINESS HWY 83 SUITE 4 MISSION, TEXAS 78572 Fax (956) 997-0699 Administrator SANJUANITA CHAPA Region 07 Date Licensed 04/03/2003 SALDIVAR PRIMARY HOME CARE 1313 W. POLK AVE SUITE 13 PHARR, TEXAS 78577	Owner Information SAINT MICHAELS PRIMARY HEALTH CARE LLC 904 DONNA RD PALMVIEW, TEXAS 78572 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information SALDIVAR COASTAL SERVICES INC P. O. BOX 3504 ALICE, TEXAS 78332
Type: Parent Agency County HIDALGO License # 018820 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 997-0700 Type: Parent Agency County HIDALGO License # 007114 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone 956 7838456 Type: Branch Agency County HIDALGO License # 016812 Lic Expire 2/28/2023 Medicare 1:	Administrator ILLEANNA GARCIA Region 07 Date Licensed 07/06/2018 SAINT MICHAEL'S PRIMARY HEALTH CARE LLC 1500 W BUSINESS HWY 83 SUITE 4 MISSION, TEXAS 78572 Fax (956) 997-0699 Administrator SANJUANITA CHAPA Region 07 Date Licensed 04/03/2003 SALDIVAR PRIMARY HOME CARE 1313 W. POLK AVE SUITE 13 PHARR, TEXAS 78577 Fax 956 7830967	Personal Assistance Services Owner Information SAINT MICHAELS PRIMARY HEALTH CARE LLC 904 DONNA RD PALMVIEW, TEXAS 78572 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information SAN JOSE HEALTH CARE LLC 207 SOUTH CAGE BLVD SUITE A PHARR, TX 78577
Type: Parent Agency County HIDALGO License # 018820 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 997-0700 Type: Parent Agency County HIDALGO License # 007114 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone 956 7838456 Type: Branch Agency County HIDALGO License # 016812 Lic Expire 2/28/2023	Administrator ILLEANNA GARCIA Region 07 Date Licensed 07/06/2018 SAINT MICHAEL'S PRIMARY HEALTH CARE LLC 1500 W BUSINESS HWY 83 SUITE 4 MISSION, TEXAS 78572 Fax (956) 997-0699 Administrator SANJUANITA CHAPA Region 07 Date Licensed 04/03/2003 SALDIVAR PRIMARY HOME CARE 1313 W. POLK AVE SUITE 13 PHARR, TEXAS 78577 Fax 956 7830967 Administrator MARGOT P. SALDIVAR Region 07 Date Licensed 02/25/2015 SAN JOSE HEALTH CARE LLC 121 E. NEWCOMBE (PARK) AVE.	Personal Assistance Services Owner Information SAINT MICHAELS PRIMARY HEALTH CARE LLC 904 DONNA RD PALMVIEW, TEXAS 78572 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services 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 Owner Information SAN JOSE HEALTH CARE LLC 207 SOUTH CAGE BLVD SUITE A

County HIDALGO License # 020416 Lic Expire 12/21/2022 Medicare 1: Medicare 2: Phone (956) 783-5673	Region 07 Date Licensed SAN JOSE HOSPICE CARE 121 E PARK, STE A PHARR, TEXAS 78577 Fax (844) 590-1030	12/21/2020	Owner Information SAN JOSE HOSPICE CARE PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ELMA LOZANO		ii i aton Hospic. No
County HIDALGO License # 019118 Lic Expire 10/24/2022 Medicare 1: Medicare 2: Phone (956) 688-8022	Region 07 Date Licensed SAN MIGUEL HOME HEALTH LLC 4220 S. WARE RD. MCALLEN, TEXAS 78503 Fax (956) 688-9380	01/11/2020	Owner Information SAN MIGUEL HOME HEALTH LLC 3600 DAYTONA AVENUE MCALLEN, TEXAS 78503 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HIDALGO License # 014935 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 351-5905 Type: Parent Agency	Region 07 Date Licensed SANTA FE PHC LLC 711 W. NOLANA AVE. SUITE 201-A MCALLEN, TEXAS 78504 Fax (956) 351-5974 Administrator RUSSELL BUHIDAR	07/17/2012	Owner Information SANTA FE PHC LLC 711 W NOLANA AVENUE, SUITE#206 G MCALLEN, TX 78504 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 010113 Lic Expire 11/30/2023 Medicare 1: 679515 HHA-18 Medicare 2: Phone (956) 581-6969	Region 07 Date Licensed SANTA MARIA HEALTH CARE 1922 E GRIFFIN PARKWAY SUITE C MISSION, TX 78572 Fax (956) 581-8231	11/04/2005	Owner Information DORY CLAUDIA MARQUEZ 4022 N. LOS EBANOS ROAD PALMHURST, TX 78573 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HIDALGO License # 018590 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (956) 580-6965 Type: Parent Agency	Region 07 Date Licensed SANTI HOME CARE LLC 1319 22ND ST PALMVIEW, TX 78572 Fax (956) 580-6972 Administrator MARISSA FLORES	02/02/2018	Owner Information SANTI HOME CARE, LLC 403 PALMA VISTA DRIVE SUITE B PALMVIEW, TX 78572 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 012384 Lic Expire 1/31/2023 Medicare 1: 671634 HOSPICE Medicare 2: Phone (956) 803-0895 Type: Parent Agency	Region 07 Date Licensed SELAH HOSPICE CARE INC 1101 E. DALLAS AVE. UNIT 6 MCALLEN, TX 78501 Fax (855) 770-2054 Administrator VIRGINIA ODRIA	01/06/2009	Owner Information SELAH HOSPICE CARE INC PO BOX 4034 MCALLEN, TX 78502 PHONE: (888) 407-4108 FAX: Services: Hospice In-Patient Hospice: NO
County HIDALGO License # 019657 Lic Expire 10/21/2021 Medicare 1: Medicare 2: Phone (956) 212-6198	Region 07 Date Licensed SERENE HOSPICE CARE, LLC 1713 W GRIFFIN PARKWAY, STE. C MISSION, TEXAS 78572 Fax 18665090326	10/21/2019	Owner Information SERENE HOSPICE CARE, LLC PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JUAN M MARTINEZ		In-Patient Hospice: NO

County HIDALGO License # 021187 Lic Expire 11/5/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed 11/05/2021 SERENIDAD HOSPICE CARE LLC 1500 BUSINESS HWY 83 STE. 4-A MISSION, TEXAS 78572	Owner Information SERENIDAD HOSPICE 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	SHALOM PRIMARY CARE, INC
Lic Expire 1/26/2025 Medicare 1:	802 E. EXPRESSWAY 83, STE. A PHARR, TEXAS 78577	
Medicare 1:	FIIANN, ILAAO 10011	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	SISTERS & BROTHERS AT HOME LLC
Lic Expire 7/31/2024	208 DIAMOND ST STE 2	405 LOMA BLANCA STREET
Medicare 1:	LA JOYA, TX 78560	LA JOYA, TEXAS 78560
Medicare 2: Phone (956) 424-3646	Fax (956) 580-2311	PHONE: FAX:
Type: Parent Agency	Administrator IRMA L. VELOZ	Services: Licensed Home Health Services
County HIDALGO License # 019614 Lic Expire 9/23/2024 Medicare 1:	Region 07 Date Licensed 09/23/2019 SJ HEALTHCARE AGENCY LLC 7013 EXPRESSWAY 83, UNIT C MERCEDES, TEXAS 78570	Owner Information SJ HEALTHCARE AGENCY LLC
Medicare 2:	merce 255, 12,000 70070	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	SJ HOSPICE SERVICES LLC
Lic Expire 8/31/2024	315 WEST BUSINESS 83	1212 GARZA ST MERCEDES, TX 78570
Medicare 1: 741710 HOSPICE Medicare 2:	WESLACO, TEXAS 78596	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	SOUTH TEXAS PERSONAL CARE SERVICE INC 1022 E GRIFFIN PKWY SUITE 106B
Lic Expire 4/30/2023	1022 E GRIFFIN PKWY STE 106B	MISSION, TX 78572
Medicare 1: Medicare 2:	MISSION, TX 78572	PHONE: FAX:
Phone (956) 584-7600	Fax (956) 584-7604	Services: Personal Assistance Services
Type: Parent Agency	Administrator MARIA (CANDY) ABUNDIS	CS. 1003. 1 Storial 1 Sociality CS. 1000
County HIDALGO	Region 07 Date Licensed 06/15/2007	Owner Information
License # 011548	SPECTRUM HEALTH CARE SERVICES	25 HHA INC
Lic Expire 6/30/2023	1802 SCOBEY AVE	1802 SCOBEY AVE
Medicare 1: 747340 HHA-18	DONNA, TX 78537	DONNA, TX 78537
Medicare 2:	F (0F0) 404 0700	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	

Region 07 Date Licensed 10/14/2 ST ANTHONYS HOME HEALTHCARE SERVICES INC 1500 W BUSINESS HWY 83 SUITE 4 MISSION, TEXAS 78572 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
Administrator MARITZA FRANCO	пт акиторос. То
ST BRIDGET'S HOSPICE, LLC 1701 HARVEY AVE.	020 Owner Information ST BRIDGET'S HOSPICE, LLC
WORLELIN, TEXAS FOOD	PHONE: FAX:
Fax (956) 338-5641	Services: Hospice
Administrator HEATHER YANEZ	In-Patient Hospice: NO
Region 07 Date Licensed 08/05/2 ST JOSEPH PHC SERVICES 2408 BROCK ST. STE 11-10 MISSION, TEXAS 78572 Fax (956) 683-6152 Administrator JOSE VARGAS	Owner Information AZUL ENTERPRISES INC 1609 SUNRISE LANE MISSION, TEXAS 78574 PHONE: FAX: Services: Personal Assistance Services
Region 07 Date Licensed 10/30/2 ST JOSEPH'S HOSPICE CARE 219 S CAGE BLVD STE 15 PHARR, TX 78577 Fax (956) 781-9901	HOSANNA HOSPICE LLC 219 S CAGE BLVD SUITE 15 PHARR, TX 78577 PHONE: FAX: Services: Hospice
Administrator FLOR LOZANO	In-Patient Hospice: NO
STAR PLUS HOME CARE 3825 N 10TH ST, STE B MCALLEN, TX 78501 Fax 956 8004408	OMME INSTEAD CARE LLC 315 CALLE DEL NORTE UNIT 203 LAREDO, TX 78041 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
Region 07 Date Licensed 07/26/2 STARS PHC SERVICES LLC 2017 N. CONWAY AVE MISSION, TEXAS 78572	STARS PHC SERVICES LLC
Fay	PHONE: FAX:
Administrator JOSE VARGAS	Services: Personal Assistance Services
Region 07 Date Licensed 08/01/2 STEP BY STEP HOME HEALTH CARE 909 BUSINESS PARK DRIVE SUITE 10 MISSION, TX 78572 Fax (956) 961-4314 Administrator STACEY ANAYA	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
	ST ANTHONYS HOME HEALTHCARE SERVICES INC 1500 W BUSINESS HWY 83 SUITE 4 MISSION, TEXAS 78572 Fax (956) 994-8762 Administrator MARITZA FRANCO Region 07 Date Licensed 07/10/2 ST BRIDGET'S HOSPICE, LLC 1701 HARVEY AVE. MCALLEN, TEXAS 78501 Fax (956) 338-5641 Administrator HEATHER YANEZ Region 07 Date Licensed 08/05/2 ST JOSEPH PHC SERVICES 2408 BROCK ST. STE 11-10 MISSION, TEXAS 78572 Fax (956) 683-6152 Administrator JOSE VARGAS Region 07 Date Licensed 10/30/2 ST JOSEPH'S HOSPICE CARE 219 S CAGE BLVD STE 15 PHARR, TX 78577 Fax (956) 781-9901 Administrator FLOR LOZANO Region 07 Date Licensed 04/29/2 STAR PLUS HOME CARE 3825 N 10TH ST, STE B MCALLEN, TX 78501 Fax 956 8004408 Administrator DANIEL GONZALEZ Region 07 Date Licensed 07/26/2 STARS PHC SERVICES LLC 2017 N. CONWAY AVE MISSION, TEXAS 78572 Fax Administrator JOSE VARGAS Region 07 Date Licensed 08/01/2 STARS PHC SERVICES LLC 2017 N. CONWAY AVE MISSION, TEXAS 78572 Fax Administrator JOSE VARGAS Region 07 Date Licensed 08/01/2 STARS PHC SERVICES LLC 2017 N. CONWAY AVE MISSION, TEXAS 78572 Fax Administrator JOSE VARGAS Region 07 Date Licensed 08/01/2 STEP BY STEP HOME HEALTH CARE 909 BUSINESS PARK DRIVE SUITE 10 MISSION, TX 78572 Fax (956) 961-4314

County HIDALGO License # 010061 Lic Expire 10/31/2022 Medicare 1: 679501 HHA-18 Medicare 2: Phone (956) 661-9400 Type: Parent Agency	Region 07 Date Licensed 10/19/2005 STEPPING STONES HOME CARE SERVICES LTD 7001 N. 10TH STREET SUITE 205 MCALLEN, TX 78504 Fax (956) 661-9403 Administrator JUAN PABLO BENITEZ	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
County HIDALGO License # 008604 Lic Expire 8/31/2024 Medicare 1: 679436 HHA-18 Medicare 2: Phone (956) 682-6717 Type: Parent Agency	Region 07 Date Licensed 08/19/2003 SUNRISE HEALTH CARE SERVICES LTD 5283 N. 23RD STREET MCALLEN, TX 78504 Fax (956) 618-4284 Administrator ROSALINA ESCABARTE	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
County HIDALGO License # 017044 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (956) 683-0777 Type: Parent Agency	Region 07 Date Licensed 09/22/2015 SUNSHINE HOME HEALTH CARE 522 S 11TH STREET MCALLEN, TX 78501 Fax (956) 683-0778 Administrator CHRISTIAN ANDERSON	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
County HIDALGO License # 018008 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (956) 803-0334	Region 07 Date Licensed 04/18/2017 SUPERIOR HOME CARE INCORPORATED 4847 S. JACKSON RD. STE. D EDINBURG, TX 78539 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 County HIDALGO License # 011422 Lic Expire 12/28/2021 Medicare 1: 453115 HHA-18 Medicare 2: Phone (956) 971-0037 Type: Parent Agency	Administrator NORMA ESCALANTE Region 07 Date Licensed 04/04/2007 SUPERIOR HOME HEALTH SERVICES LLC 2108 SOUTH M ST SUITE 9 MCALLEN, TX 78503 Fax (956) 971-0106 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 HIDALGO License # 014420 Lic Expire 10/31/2021 Medicare 1: 671743 HOSPICE Medicare 2: Phone (956) 878-1636	Region 07 Date Licensed 10/13/2011 SUPERIOR HOSPICE OF MCALLEN LLC 2108 SOUTH M ST STE 8B MCALLEN, TX 78503 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 County HIDALGO License # 007356 Lic Expire 6/30/2024 Medicare 1: 679067 HHA-18 Medicare 2: Phone (956) 618-1626 Type: Parent Agency	Administrator SONYA GARZA Region 07 Date Licensed 06/29/2000 TAYLOR HOME HEALTH INC 3107 CENTER POINTE EDINBURG, TX 78539 Fax (956) 618-0934 Administrator MARIA MOYA	Owner Information TAYLOR HOME HEALTH INC 1609 NORTH 6TH MCALLEN, TX 78501 PHONE: FAX: Services: Licensed and Certified Home Health Services

County HIDALGO License # 020155 Lic Expire Medicare 1: Medicare 2: Phone 956 3426646 Type: Parent Agency County HIDALGO License # 019946	Region 07 Date Licensed TE BRINDO CONSUELO HOME CARE 1704 OPAL STREET PENITAS, TEXAS 78576 Fax 956 5985369 Administrator ROXANNA FLORES Region 07 Date Licensed TE CUIDAMOS	09/09/2020	Owner Information TE BRINDO CONSUELO HOME CARE LLC SAME AS PHYSICAL ADDRESS , PHONE: FAX: Services: Personal Assistance Services Owner Information TE CUIDAMOS LLC
License # 019946 Lic Expire 5/16/2022 Medicare 1: 747997 HHA	2205 N INSPIRATION RD STE D MISSION, TX 78572		
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 License # 020266 Lic Expire 10/27/2022 Medicare 1:	Region 07 Date Licensed TEXAS PRIMARY HOME CARE LLC 701 HIDDEN TRACE WESLACO, TEXAS 78599	10/27/2020	Owner Information TEXAS PRIMARY HOME CARE LLC
Medicare 2:	WEGEAGO, TEXAG 70000		PHONE: FAX:
Phone (956) 532-7222	Fax (956) 375-2663		Services: Personal Assistance Services
Type: Parent Agency	Administrator JOSEPHINE LOPEZ		
County HIDALGO License # 007243 Lic Expire 6/30/2022 Medicare 1:	Region 07 Date Licensed TEXAS VISITING NURSE SERVICE LTD 300 W 5TH STREET WESLACO, TX 78596	06/30/1999	Owner Information TEXAS VISITING NURSE SERVICE LTD 814 E TYLER AVE HARLINGEN, TX 78550
Medicare 2:			PHONE: FAX:
Phone (956) 969-3670 Type: Branch Agency	Fax (956) 968-0384 Administrator VANESSA SANDOVAL		Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 007243 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 580-3600 Type: Branch Agency	Region 07 Date Licensed TEXAS VISITING NURSE SERVICE LTD 1022 DOHERTY MISSION, TX 78572 Fax (956) 580-2432 Administrator VANESSA SANDOVAL	06/30/1999	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 HIDALGO License # 007243 Lic Expire 6/30/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed TEXAS VISITING NURSE SERVICE LTD 3007 W ALBERTA RD EDINBURG, TX 78539	06/30/1999	Owner Information TEXAS VISITING NURSE SERVICE LTD 814 E TYLER AVE HARLINGEN, TX 78550 PHONE: FAX:
Phone (956) 686-7119	Fax (956) 686-8198		
Type: Branch Agency	Administrator VANESSA SANDOVAL		Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 007068 Lic Expire 7/31/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed THANK YOU NURSES LTD 3517 NORTH WARE ROAD MCALLEN, TX 785013370	07/09/1999	Owner Information THANK YOU NURSES LTD N/A SAN ANTONIO, TX 78228 PHONE: FAX:
Phone 956 6821581	Fax 956 6821583		Services: Licensed Home Health Services; Personal Assistance Services
T	Administrator DIGUADD ELODEO		

Administrator

Type: Parent Agency

RICHARD FLORES

County HIDALGO License # 015101 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 580-2023 Type: Parent Agency	Region 07 Date Licensed THERACHOICE HOMEHEALTH LLC 2504 EAST GRIFFIN PARKWAY MISSION, TX 78572 Fax (956) 580-2032 Administrator ANNIE MARIE ESGUERRA	10/01/2012	Owner Information THERACHOICE HOMEHEALTH LLC 2504 EAST GRIFFIN PARKWAY MISSION, TX 78572 PHONE: Services: Licensed Home Health Services	FAX:
County HIDALGO License # 017450 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 803-0033	Region 07 Date Licensed THERAPY SQUAD 5215 NORTH MCCOLL RD MCALLEN, TEXAS 785042202 Fax (956) 683-6448	06/08/2016	Owner Information THERAPY SQUAD LLC 616 VIDA SANTA ST. ALAMO, TX 78516 PHONE:	FAX:
Type: Parent Agency	Administrator JR RUIZ		Services: Licensed Home Health Services	
County HIDALGO License # 021026 Lic Expire 9/3/2024 Medicare 1: Medicare 2: Phone (956) 519-9899 Type: Parent Agency	Region 07 Date Licensed TOUCH OF HEAVEN HEALTH CARE 2308 EXPRESSWAY 83, SUITE D PENITAS, TX 78576 Fax (956) 519-9881 Administrator RAQUEL RODRIGUEZ	09/03/2021	Owner Information THE NEW 3RD HEAVEN ADULT DAY CARE, LLC 2308 EXPRESSWAY 83 SUITE D PENITAS, TEXAS 78576 PHONE: (956) 519-9899 Services: Personal Assistance Services	FAX: (956) 519-9881
County HIDALGO License # 007921 Lic Expire 8/31/2022 Medicare 1: 679351 HHA-18 Medicare 2: Phone (956) 971-0088	Region 07 Date Licensed TRANS ATLANTIC HOME HEALTH 2533 WEST TRENTON ROAD EDINBURG, TX 78539 Fax (956) 971-0090	05/02/2002	Owner Information TRANSATLANTIC HOME HEALTH CARE 2533 WEST TRENTON ROAD SUITE A8 EDINBURG, TX 78539 PHONE: Services: Licensed and Certified Home Health Servi	FAX:
Type: Parent Agency	Administrator CELIA T OJEAGA		Services: Licensed and Certified Horne Health Servi	ces, Licensed nome nearm Services
County HIDALGO License # 015905 Lic Expire 12/31/2024 Medicare 1: 741542 HOSPICE Medicare 2: Phone (956) 994-9602	Region 07 Date Licensed TREE OF LIFE HOSPICE LLC 3107 CENTER POINTE EDINBURG, TX 78539 Fax (956) 994-9605	12/09/2013	Owner Information TREE OF LIFE HOSPICE LLC 1609 NORTH 6TH STREET MCALLEN, TX 78501 PHONE: Services: Hospice; Licensed Home Health Services	FAX:
			In-Patient Hospice: NO	
Type: Parent Agency	Administrator MARIA MOYA		In-Patient Hospice: NO	
County HIDALGO License # 020418 Lic Expire 12/21/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed TRINITY HOSPICE CARE, LLC 1713 W. GRIFFIN PKWY, STE. D MISSION, TEXAS 78572	12/21/2020	In-Patient Hospice: NO Owner Information TRINITY HOSPICE CARE, LLC PHONE:	FAX:
County HIDALGO License # 020418 Lic Expire 12/21/2022 Medicare 1: Medicare 2: Phone (956) 212-6198	Region 07 Date Licensed TRINITY HOSPICE CARE, LLC 1713 W. GRIFFIN PKWY, STE. D MISSION, TEXAS 78572 Fax 18665090326	12/21/2020	In-Patient Hospice: NO Owner Information TRINITY HOSPICE CARE, LLC	FAX:
County HIDALGO License # 020418 Lic Expire 12/21/2022 Medicare 1: Medicare 2: Phone (956) 212-6198 Type: Parent Agency County HIDALGO License # 012473 Lic Expire 6/30/2023 Medicare 1: 673125 HHA-18	Region 07 Date Licensed TRINITY HOSPICE CARE, LLC 1713 W. GRIFFIN PKWY, STE. D MISSION, TEXAS 78572	12/21/2020 02/20/2009	In-Patient Hospice: NO Owner Information TRINITY HOSPICE CARE, LLC PHONE: Services: Hospice In-Patient Hospice: NO Owner Information MCALLEN HEALTH NETWORK II INC 929 E ESPERANZA SUITE 25 MCALLEN, TX 78501	
County HIDALGO License # 020418 Lic Expire 12/21/2022 Medicare 1: Medicare 2: Phone (956) 212-6198 Type: Parent Agency County HIDALGO License # 012473 Lic Expire 6/30/2023	Region 07 Date Licensed TRINITY HOSPICE CARE, LLC 1713 W. GRIFFIN PKWY, STE. D MISSION, TEXAS 78572 Fax 18665090326 Administrator CESAR DUQUE Region 07 Date Licensed TRUE LIFE HOME HEALTH 929 E ESPERANZA SUITE 25		In-Patient Hospice: NO Owner Information TRINITY HOSPICE CARE, LLC PHONE: Services: Hospice In-Patient Hospice: NO Owner Information MCALLEN HEALTH NETWORK II INC 929 E ESPERANZA SUITE 25	FAX:

Administrator

SONIA ANCISO

County HIDALGO License # 011203 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (956) 687-3200 Type: Parent Agency	Region 07 Date Licensed TRUEMED HOMECARE INC 1708 E GRIFFIN PKWY MISSION, TX 78572 Fax (956) 687-3203 Administrator ILIANA VELA	03/29/2007	Owner Information TRUEMED HOMECARE INC 1708 E GRIFFIN PARKWAY MISSION, TX 78572 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 015368 Lic Expire 2/28/2023 Medicare 1: 747946 HHA-18 Medicare 2: Phone (956) 961-4355 Type: Parent Agency	Region 07 Date Licensed UMBRELLA HEALTH CARE LLC 115 S CAGE BLVD PHARR, TX 78577 Fax (956) 467-0718 Administrator EMANUEL SALDANA	02/14/2013	Owner Information UMBRELLA HEALTH CARE LLC 115 S. CAGE BLVD PHARR, TEXAS 78577 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 013808 Lic Expire 1/23/2023 Medicare 1: Medicare 2: Phone (956) 969-1231 Type: Parent Agency	Region 07 Date Licensed UN BUEN AMANECER HOME HEALTH INC 2005 E GRIFFIN PARKWAY SUITE B MISSION, TX 78572 Fax (956) 973-9046 Administrator JOSE GONZALEZ	01/07/2011	Owner Information UN BUEN AMANECER HOME HEALTH INC 2101 S PLEASANTVIEW DRIVE WESLACO, TX 78596 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 017624 Lic Expire 4/30/2022 Medicare 1: 747866 Medicare 2: Phone 956 2831473 Type: Parent Agency	Region 07 Date Licensed UNIDOS HEALTHCARE LLC 2507 S CAGE BLVD STE 300 PHARR, TEXAS 78577 Fax 956 2831470 Administrator LETICIA ZECCA	04/13/2016	Owner Information UNIDOS HEALTHCARE LLC 315 E DORA RD ALAMO, TX 78516 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 018385 Lic Expire 8/31/2024 Medicare 1: 741610 HOSPICE Medicare 2: Phone (956) 520-7054 Type: Parent Agency	Region 07 Date Licensed UNITED HOSPICE CARE SERVICES LLC 1609 DAVENPORT ST STE C WESLACO, TX 78596 Fax (956) 289-1221 Administrator ROBERTA REYES	08/03/2017	Owner Information UNITED HOSPICE CARE SERVICES LLC 1609 DAVENPORT STREET SUITE C WESLACO, TX 78596 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HIDALGO License # 016774 Lic Expire 2/28/2024 Medicare 1: Medicare 2: Phone (956) 631-4421 Type: Parent Agency	Region 07 Date Licensed UNIVERSAL PROVIDER SERVICE 612 W NOLANA STE 570 B MCALLEN, TX 78504 Fax (956) 631-5540 Administrator MAYTE GARZA	02/10/2015	Owner Information RIO GRANDE VALLEY PHCCBA LLC 837 E ESPERANZA AVE SUITE C MCALLEN, TX 78501 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 006350 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (956) 787-4800	Region 07 Date Licensed V I P PROVIDERS INC 200 E SAM HOUSTON BOULEVARD SUITE A PHARR, TX 78577 Fax (956) 787-0067	03/05/1998	Owner Information VIP PROVIDERS INC 200 E SAM HOUSTONSTE A PHARR, TX 78577 PHONE: (800) 370-4847 FAX: Services: Personal Assistance Services

Administrator

ISIDORA FARIAS

County HIDALGO License # 010267 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (956) 583-8740 Type: Parent Agency	Region 07 Date Licensed 01/30/2006 VALLEY SUN GARDEN COMMUNITY HEALTH CARE SERVICES 501 W TOM LANDRY STREET SUITE 4 MISSION, TX 78572 Fax (956) 581-4053 Administrator GABRIELA RODRIGUEZ	Owner Information TONYROD LLC 1800 CYNTHIA LANE PALMHURST, TX 78573 PHONE: FAX: Services: Personal Assistance Services
County HIDALGO License # 018476 Lic Expire 9/30/2024 Medicare 1: 679382 HHA-18 Medicare 2: Phone (956) 971-0981	Region 07 Date Licensed 09/25/2017 VAMOS HOME HEALTH 950 W. NOLANA LOOP STE. D PHARR, TX 78557 Fax (956) 618-1677	Owner Information VAMOS HEALTH CARE 1 LTD P O BOX 391 HIDALGO, TEXAS 78557 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County HIDALGO License # 017673 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 283-9237 Type: Parent Agency	Administrator JOSE LUIS MORENO Region 07 Date Licensed 08/15/2016 VDP HEALTHCARE 221 S CAGE BLVD PHARR, TX 78577 Fax (956) 283-9238 Administrator BRENDA BELTRAN	Owner Information TREBAR INC 221 S. CAGE BLVD. PHARR, TX 78577 PHONE: (956) 283-9237 FAX: (956) 283-9238 Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 010293 Lic Expire 2/28/2022 Medicare 1: 679567 HHA-18 Medicare 2: Phone (956) 287-7575 Type: Parent Agency	Region 07 Date Licensed 02/15/2006 VERGE HOME CARE LLC 4622 S CLOSNER BLVD EDINBURG, TX 78539 Fax (956) 287-7979 Administrator SEDAT NECIPOGLU	Owner Information VERGE HOME CARE LLC 4622 S. CLOSNER BLVD. EDINBURG, TX 78539 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HIDALGO License # 019222 Lic Expire 1/24/2023 Medicare 1: 971517 Medicare 2: Phone (956) 601-1914 Type: Parent Agency	Region 07 Date Licensed 01/24/2019 VIDA DE PAZ, LLC 103 N TOWER RD. STE 4 ALAMO, TEXAS 78516 Fax (956) 601-2031 Administrator CYNTHIA FARIAS	Owner Information VIDA DE PAZ, LLC 103 N TOWER RD STE 4 ALAMO, PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County HIDALGO License # 020054 Lic Expire 7/15/2022 Medicare 1: Medicare 2: Phone (956) 322-8266 Type: Parent Agency	Region 07 Date Licensed 07/15/2020 VIDA TELEMONITORING 1811 N 23RD STREET SUITE # 124 MCALLEN, TEXAS 78501 Fax (956) 322-8267 Administrator JOEL GARZA	Owner Information RCJJ HEALTHY SOLUTIONS LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HIDALGO License # 017990 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (956) 627-6297 Type: Parent Agency	Region 07 Date Licensed 04/07/2017 VIKMA HOME HEALTH SERVICES 3105 TAMPICO STREET HIDALGO, TX 78557 Fax (956) 627-2404 Administrator VICTOR VILLANUEVA	Owner Information VICTOR MANUEL VILLANUEVA 3105 TAMPICO STREET HIDALGO, TX 78557 PHONE: FAX: Services: Personal Assistance Services

County HIDALGO License # 017491 Lic Expire 3/31/2022 Medicare 1: 747114 HHA-18 Medicare 2: Phone (956) 668-1000 Type: Parent Agency	Region 07 Date Licensed VITAL CONNECTIONS 6316 NORTH 10TH ST. UNIT C-2 MCALLEN, TX 78504 Fax (956) 668-1015 Administrator ROLANDO GUERRA	03/11/2016	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 License # 012714 Lic Expire 7/31/2024 Medicare 1: 747568 HHA-18 Medicare 2: Phone (956) 992-0895 Type: Parent Agency	Region 07 Date Licensed WINGS HOME HEALTH SERVICES LLC 4313 N 10TH STREET # G1 MCALLEN, TX 78504 Fax (956) 992-8910 Administrator GLORIA VELA	07/17/2009	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 License # 015723 Lic Expire 6/30/2023 Medicare 1: 677981 HHA-18 Medicare 2: Phone (956) 994-9898 Type: Parent Agency	Region 07 Date Licensed WITH OPEN ARMS HEALTHCARE LLC 1300 N 10TH ST SUITE 305 MCALLEN, TX 785014392 Fax (956) 994-9873 Administrator KRISTINA GARCIA	07/01/2013	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 License # 014989 Lic Expire 1/31/2025 Medicare 1: 45Q8178001 Medicare 2: Phone (254) 582-5735 Type: Branch Agency	Region 03 Date Licensed BRIDGEWAY HEALTH SERVICES INC 215 NW IH-35 HILLSBORO, TX 76645 Fax (254) 582-7468 Administrator DEBORAH ELLIS	01/27/2012	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 License # 007477 Lic Expire 11/30/2023 Medicare 1: 45-1713 Medicare 2: Phone (254) 694-6009 Type: Alternate Delivery Site	Region 05 Date Licensed COMMUNITY HEALTHCARE OF TEXAS 213 SOUTH BOSQUE WHITNEY, TEXAS 76692 Fax (254) 694-9926 Administrator AUDREY WILLIAMS	01/11/2012	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 License # 019399 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (254) 294-3896 Type: Parent Agency	Region 05 Date Licensed DIVINE HOME CARE SERVICES 127 E. ELM STREET HILLSBORO, TX 76645 Fax (254) 294-3882 Administrator CLAUDIA BERDEGUE	06/01/2018	Owner Information DIVINE HOME CARE SERVICES LLC PHONE: FAX: Services: Personal Assistance Services
County HILL License # 011086 Lic Expire 10/31/2022 Medicare 1: 67Q9167003 Medicare 2: Phone 254 5801616 Type: Branch Agency	Region 03 Date Licensed ENCOMPASS HEALTH HOME HEALTH 305 COKE AVENUE, SUITE 150 HILLSBORO, TEXAS 76645 Fax 254 5801625 Administrator ERIC DENGLER	11/01/2006	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 License # 016353 Lic Expire 7/31/2022 Medicare 1: 747950 HHA-18 Medicare 2: Phone (254) 694-1447 Type: Parent Agency	Region 05 Date Licensed FAMILY HOME HEALTH CARE 108 S. COLORADO ST., SUITE B WHITNEY, TX 76692 Fax (254) 694-1425 Administrator BARBARA ESQUIVEL	07/29/2014	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 License # 018474 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (214) 867-8040 Type: Alternate Delivery Site County HOCKLEY License # 012273	Region 03 Date Licensed RELIANT AT HOME HOSPICE 215 NW IH-35, HILLSBORO, TX 76645 HILLSBORO, TEXAS 76645 Fax (214) 667-8045 Administrator ANGELA HAMMONS Region 01 Date Licensed CALVERT HOME HEALTH CARE LTD	10/04/2008	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 Owner Information CORDOVA BAY LLC 2411 SPRINGER DRIVE
Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (806) 894-2375 Type: Branch Agency County HOCKLEY	126 CLUBVIEW DRIVE LEVELLAND, TX 79336 Fax (806) 894-4743 Administrator JULIE STACY Region 01 Date Licensed	11/29/1984	NORMAN, OK 73069 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information
License # 001599 Lic Expire 11/30/2023 Medicare 1: 457719 Medicare 2: Phone (806) 894-7872	COMMUNITY ACTION HOME HEALTH 410 HOUSTON ST LEVELLAND, TX 79336 Fax (806) 894-1621		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
Type: Parent Agency County HOCKLEY License # 007781 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (806) 897-1485 Type: Branch Agency	Administrator LISA KEENAN Region 01 Date Licensed INTERIM HEALTHCARE OF WEST TEXAS LL 727 SOUTH ALAMO ROAD LEVELLAND, TX 79336 Fax (806) 897-1487 Administrator ASHLEY MCPHAIL	07/09/2007 .C	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 License # 010522 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (806) 897-1490 Type: Alternate Delivery Site	Region 01 Date Licensed INTERIM HOSPICE OF WEST TEXAS 727 SOUTH ALAMO ROAD LEVELLAND, TX 79336 Fax (806) 897-1498 Administrator BRANDI LARSON	07/27/2010	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 License # 020053 Lic Expire 7/14/2022 Medicare 1: Medicare 2: Phone (817) 710-8380	Region 01 Date Licensed CORNERSTONE CAREGIVING 1315 WATERS EDGE DR STE 105 GRANBURY, TEXAS 76048 Fax (817) 710-8380	09/30/2020	Owner Information FT WORTH TX CAREGIVING LLC 6777 CAMP BOWIE BLVD STE 331 FORT WORTH, TEXAS 76116 PHONE: FAX: Services: Personal Assistance Services

Administrator GINA MELVIN

County HOOD License # 012483 Lic Expire 11/30/2022 Medicare 1: 679021 HHA-18 Medicare 2: Phone (817) 279-1665 Type: Parent Agency County HOOD	Region 01 Date Licensed ENCOMPASS HEALTH HOME HEALTH 401 TEMPLE HALL HIGHWAY, SUITE 5 GRANBURY, TEXAS 76049 Fax (817) 533-2832 Administrator JONATHAN TALBOT Region 01 Date Licensed	11/15/2008 05/01/2017	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 Owner Information
License # 018234	HOME INSTEAD		BV TEXAS HOME CARE LLC 983 WHITEHEAD DRIVE SUITE 106
Lic Expire 4/30/2024 Medicare 1:	983 WHITEHEAD DRIVE SUITE 106 GRANBURY, TX 76048		GRANBURY, TX 76048
Medicare 2:			PHONE: FAX:
Phone (682) 205-3366	Fax (682) 205-3388		Services: Personal Assistance Services
Type: Parent Agency	Administrator LORI SMITH		
County HOOD	Region 01 Date Licensed	06/01/2006	Owner Information INTERIM HEALTHCARE OF WEST TEXAS, LLC
License # 010782	INTERIM HEALTHCARE		3305 101ST STREET, STE 100
Lic Expire 5/31/2023 Medicare 1: 679172 HHA-18	1314 PALUXY ROAD SUITE 200 GRANBURY, TX 76048		LUBBOCK, TEXAS 79423
Medicare 2:	,		PHONE: () - 1 FAX:
Phone (817) 573-7474 Type: Parent Agency	Fax (817) 279-0755 Administrator SUZANNE CHILDERS		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
- raient Agency	Administrator Suzanne Childens		Our relation at the
County HOOD	Region 05 Date Licensed	04/04/2018	Owner Information FALCON SOUTH PLAINS HOSPICE LP
License # 014809	INTERIM HOSPICE OF GRANBURY		3305 101ST ST STE 100
Lic Expire 5/31/2022	1314 PALUXY ROAD, STE 200		LUBBOCK, TX 79423
Medicare 1: 671795 Medicare 2:	GRANBURY, TX 76048		PHONE: () - 0 FAX:
Phone (817) 573-3092	Fax (817) 573-3492		Services: Hospice
Type: Alternate Delivery Site	Administrator BRENDA EAKIN		In-Patient Hospice: NO
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 FAX:
Phone (817) 573-3092	Fax (817) 573-3492		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator BRENDA EAKIN		
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 (817) 573-3092	Fax (817) 573-3492		PHONE: () - 0 FAX:
(*)*******	()		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator BRENDA EAKIN		
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:	Foy (917) 572 2402		PHONE: () - 0 FAX:
Phone (817) 573-3092	Fax (817) 573-3492		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator BRENDA EAKIN		

County HOOD License # 015096 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (817) 279-9259 Type: Parent Agency	Region 01 Date Licensed QUAIL PARK OF GRANBURY 2300 PALUXY HWY GRANBURY, TX 76048 Fax (817) 579-7073 Administrator SHELLY RASBERRY	09/26/2012	Owner Information LIVING CARE GRANBURY LP 1818 WESTLAKE AVE N #310 SEATTLE, WA 98109 PHONE: Services: Personal Assistance Services	FAX:
County HOOD License # 017220 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (682) 936-4122	Region 03 Date Licensed R2R PALLIATIVE & HOSPICE CARE, LLC 1540 SOUTHTOWN DRIVE, SUITE 109 GRANBURY, TX 76048 Fax (682) 936-4102		Owner Information R2R PALLIATIVE AND HOSPICE CARE LLC 860 HEBRON PARKWAY SUITE 203, ROOM A LEWISVILLE, TX 75057-5151 PHONE: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO	FAX:
Type: Alternate Delivery Site County HOOD License # 015695 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (817) 279-7990 Type: Branch Agency	Administrator LARRY BARTHEL Region 03 Date Licensed RENEW HOME HEALTH 410 MORGAN ST GRANBURY, TX 76048 Fax (817) 279-8060 Administrator PHILIP CRISWELL	02/10/2015	Owner Information MAXUS HEALTHCARE PARTNERS LLC 1050 FOREST PARK BLVD FORT WORTH, TX 76110 PHONE: Services: Licensed Home Health Services	FAX:
County HOOD License # 016260 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (817) 279-7990 Type: Branch Agency	Region 03 Date Licensed RENEW HOME HEALTH 410 MORGAN ST GRANBURY, TEXAS 76048 Fax (817) 279-8060 Administrator PHILIP CRISWELL		Owner Information MAXUS HEALTHCARE PARTNERS LLC 1050 FOREST PARK BLVD FORT WORTH, TX 76110 PHONE: Services: Licensed Home Health Services	FAX:
County HOOD License # 004548 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (817) 579-9902	Region 01 Date Licensed STEPHENS HEALTH CARE INC 983 WHITEHEAD DRIVE SUITE 100 GRANBURY, TX 76049 Fax (817) 579-9915	06/12/1997	Owner Information STEPHEN'S HEALTH CARE, INC PO BOX 852 STEPHENVILLE, TX 76401 PHONE: Services: Licensed and Certified Home Health Ser	FAX: rvices; Licensed Home Health Services;
Type: Branch Agency	Administrator ANN STEPHEN		Personal Assistance Services	
County HOOD License # 016078 Lic Expire 3/31/2022 Medicare 1:	Region 01 Date Licensed THE HELP PRIVATE CARE SERVICES, INC 800 PALUXY ROAD GRANBURY, TX 76048	03/11/2014	Owner Information THE HELP PRIVATE CARE SERVICES INC PO BOX 1980 GRANBURY, TX 76048	
Medicare 2: Phone (817) 773-5818 Type: Parent Agency	Fax Administrator SHERRY BARNES		PHONE: Services: Personal Assistance Services	FAX:
County HOOD License # 012692 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (817) 279-7373	Region 01 Date Licensed VISITING ANGELS LIVING ASSISTANCE 805 PALUXY ROAD GRANBURY, TX 76048 Fax (682) 260-5889	07/08/2009	Owner Information 5M ENTERPRISES LLC 806 PALUXY RD GRANBURY, TX 76048 PHONE: Services: Personal Assistance Services	FAX:
			OCIVICES. FEISUIIAI ASSISIATICE SETVICES	

Administrator

MEREDITH CORRIGAN

County HOPKINS License # 002757 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 439-4757 Type: Branch Agency	Region 04 Date Licensed 01/31/1995 1ST CHOICE HOME HEALTH 1091 CHURCH STREET SULPHUR SPRINGS, TX 75482 Fax (903) 885-6278 Administrator STEPHANIE MITCHELL	Owner Information 1ST CHOICE ENTERPRISES INC 101 KINGS PLAZA STE H COMMERCE, TX 75429 PHONE: FAX: Services: Licensed and Certified Home Health Services
County HOPKINS License # 007685 Lic Expire 7/31/2022 Medicare 1: 679076 HHA-18 Medicare 2: Phone (903) 885-5606 Type: Parent Agency	Region 04 Date Licensed 07/18/2001 AT HOME HEALTHCARE 858 GILMER STREET SULPHUR SPRINGS, TX 75482 Fax (903) 885-7566 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 HOPKINS License # 016586 Lic Expire 10/31/2022 Medicare 1: 747362 HHA-18 Medicare 2: Phone 9033523561; 80030709 Type: Parent Agency	Region 04 Date Licensed 10/02/2014 CHOICE HOMECARE 582 AIRPORT ROAD SULPHUR SPRINGS, TEXAS 75482 Fax (866) 987-4193 Administrator NRRA METTLEN	Owner Information CP HOME CARE, 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 HOPKINS License # 015333 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (903) 335-8901 Type: Alternate Delivery Site	Region 04 Date Licensed 12/01/2012 CHOICE HOSPICE 582 AIRPORT ROAD SULPHUR SPRINGS, TX 75482 Fax (903) 335-8904 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 HOPKINS License # 015333 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (903) 335-8901 Type: Alternate Delivery Site	Region 04 Date Licensed 12/01/2012 CHOICE HOSPICE 582 AIRPORT BLVD SULPHUR SPRINGS, TX 75482 Fax (903) 509-5971 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 HOPKINS License # 002499 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (903) 951-1194 Type: Alternate Delivery Site	Region 04 Date Licensed 08/29/2013 CYPRESS BASIN HOSPICE INC 950 MAIN STREET SULPHUR SPRINGS, TX 75482 Fax (903) 951-1197 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 HOPKINS License # 015767 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (903) 439-1810 Type: Alternate Delivery Site	Region 04 Date Licensed 06/21/2013 HEART TO HEART HOSPICE OF EAST TEXAS LLC 208 WEST SHANNON ROAD SULPHUR SPRINGS, TX 75482 Fax (903) 439-1840 Administrator CHRISTINE BLACK	Owner Information HEART TO HEART HOSPICE OF EAST TEXAS LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County HOPKINS License # 018375 Lic Expire Medicare 1: Medicare 2: Phone (903) 307-2300	Region 04 Date Licensed HERITAGE HOSPICE OF TEXARKANA LLC 1335 SHANNON ROAD EAST, UNIT A SULPHUR SPRINGS, TX 75482 Fax (903) 792-0719	08/21/2018	Owner Information PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CRYSTAL COLLOM		
County HOPKINS License # 017040 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (903) 439-6030 Type: Parent Agency	Region 04 Date Licensed HOPEWELL HOME HEALTHCARE LLC 200C WEST SHANNON RD SULPHUR SPRINGS, TX 75482 Fax (281) 605-1850 Administrator GERALD YOUNG	08/01/2015	Owner Information HOPEWELL HOME HEALTHCARE LLC 18090 KINGS ROW HOUSTON, TEXAS 77058 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County HOPKINS License # 016092 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone 903 9198320 Type: Alternate Delivery Site	Region 04 Date Licensed LESTER DIERKSEN MEMORIAL HOSPICE 1304 CHURCH ST. SULPHUR SPRINGS, TX 75482 Fax 903 9198321 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 HOPKINS License # 016263 Lic Expire 4/30/2022 Medicare 1: 457586 HHA-18 Medicare 2: Phone (903) 577-0748	Region 04 Date Licensed MAYS HOME HEALTH OF PARIS TX LLC 312 SOUTH DAVIS STREET, SUITE D SULPHUR SPRINGS, TX 75482 Fax (903) 784-2482	04/30/2014	Owner Information PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HOPKINS License # 020359 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (903) 951-4080 Type: Parent Agency	Administrator SHARON HEVRON Region 04 Date Licensed PROVIDENCE HOME HEALTH CARE LLC 1610 POSEY LANE, SUITE 200 SULPHUR SPRINGS, TEXAS 75482 Fax Administrator TAMMIE SULLIVAN	11/30/2020	Owner Information PROVIDENCE HOME HEALTH CARE LLC 65 CR 4782 SULPHUR SPRINGS, TX 75482 PHONE: FAX: Services: Personal Assistance Services
County HOUSTON License # 002409 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (936) 544-3637 Type: Branch Agency	Region 04 Date Licensed A PINEYWOODS HOME HEALTH CARE INC 2205 EAST GOLIAD SUITE 101 CROCKETT, TX 75835 Fax (936) 544-2621 Administrator KERRI GRIFFIN	08/25/1995	Owner Information A PINEYWOODS HOME HEALTH CARE INC P.O. BOX 1743 LUFKIN, TEXAS 75902 PHONE: FAX: Services: Licensed and Certified Home Health Services
County HOUSTON License # 020414 Lic Expire 12/18/2022 Medicare 1: Medicare 2: Phone (936) 546-9723 Type: Parent Agency	Region 04 Date Licensed AT HOME IN HOUSTON COUNTY LLC 608 EAST HOUSTON AVE CROCKETT, TEXAS 75835 Fax (936) 220-2266 Administrator LINNEA ROBISON	12/18/2020	Owner Information AT HOME IN HOUSTON COUNTY, LLC 3510 FM 2076 CROCKETT, TX 75835 PHONE: FAX: Services: Personal Assistance Services

County HOUSTON	Region 04 Date Licensed	03/13/2020	Owner Information
License # 019721	NEVER FORGET WE CARE LLC		NEVER FORGET WE CARE LLC
Lic Expire 11/26/2021	3663 N. SAM HOUSTON PARKWAY EAST, SU	JITE 600	
Medicare 1: Medicare 2:	HOUSTON, TEXAS 77032		PHONE: FAX:
Phone (337) 401-6955	Fax		
Type: Parent Agency	Administrator MICHAEL HARRIS		Services: Personal Assistance Services
······································	Daties 04 Data lineared	05/04/0040	Owner Information
County HOUSTON License # 014808	Region 04 Date Licensed TRADITIONS HEALTH	05/21/2012	TRADITIONS HOSPICE OF MADISONVILLE, LLC
Lic Expire 5/31/2022	600 EAST LOOP 304		P.O. BOX 9980
Medicare 1: 671773 HOSPICE	CROCKETT, TX 75835		COLLEGE STATION, TX 77842
Medicare 2:	,		PHONE: FAX:
Phone (936) 545-0320	Fax (866) 908-8704		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JOANNA MATTHEWS		
County HOWARD	Region 01 Date Licensed	05/31/2019	Owner Information
License # 019408	COVENANT CARE		ACC HEALTH CARE, LLC
Lic Expire 5/31/2023	501 WEST 17TH STREET		6 INDIAN RIDGE
Medicare 1:	BIG SPRING, TEXAS 79720		BIG SPRING, TEXAS 79720
Medicare 2:			PHONE: FAX:
Phone (432) 213-1496	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator AMANDA CALVIO		
County HOWARD	Region 01 Date Licensed	06/01/2006	Owner Information
License # 010706	ENCOMPASS HEALTH HOME HEALTH		BEST HOME CARE, LP
Lic Expire 5/31/2024	111 EAST SEVENTH STREET, SUITE C		6688 NORTH CENTRAL EXPRESSWAY STE 1300
Medicare 1: 457107 HHA-18	BIG SPRING, TEXAS 79720		DALLAS, TX 75206
Medicare 2:			PHONE: FAX:
DI 400 0040044	E 400.00400FF		
Phone 432 2640044	Fax 432 2640855		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Phone 432 2640044 Type: Parent Agency	Fax 432 2640855 Administrator LESLEE MCCUTCHEN		· ·
		06/06/2000	Owner Information
Type: Parent Agency County HOWARD License # 003840	Administrator LESLEE MCCUTCHEN	06/06/2000	Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A	06/06/2000	Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1:	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE	06/06/2000	Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2:	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720	06/06/2000	Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX:
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1:	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A	06/06/2000	Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2:	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720	06/06/2000	Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS)
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS)
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597	06/06/2000	Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site County HOWARD	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM Region 01 Date Licensed		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site County HOWARD License # 008312	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM Region 01 Date Licensed INTERIM HEALTHCARE OF AUSTIN		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information CAPITAL HOMECARE, LP
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site County HOWARD License # 008312 Lic Expire 1/31/2023	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM Region 01 Date Licensed INTERIM HEALTHCARE OF AUSTIN 1900 SOUTH GREGG STREET, STE C		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information CAPITAL HOMECARE, LP 3305 101ST ST STE 100
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site County HOWARD License # 008312 Lic Expire 1/31/2023 Medicare 1: 457174 HHA-18	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM Region 01 Date Licensed INTERIM HEALTHCARE OF AUSTIN 1900 SOUTH GREGG STREET, STE C		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information CAPITAL HOMECARE, LP 3305 101ST ST STE 100 LUBBOCK, TX 79423
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site County HOWARD License # 008312 Lic Expire 1/31/2023 Medicare 1: 457174 HHA-18 Medicare 2:	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM Region 01 Date Licensed INTERIM HEALTHCARE OF AUSTIN 1900 SOUTH GREGG STREET, STE C BIG SPRING, TEXAS 79720		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information CAPITAL HOMECARE, LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: FAX:
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site County HOWARD License # 008312 Lic Expire 1/31/2023 Medicare 1: 457174 HHA-18 Medicare 2: Phone (432) 235-1164	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM Region 01 Date Licensed INTERIM HEALTHCARE OF AUSTIN 1900 SOUTH GREGG STREET, STE C BIG SPRING, TEXAS 79720 Fax (432) 235-1169		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information CAPITAL HOMECARE, LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: FAX:
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site County HOWARD License # 008312 Lic Expire 1/31/2023 Medicare 1: 457174 HHA-18 Medicare 2: Phone (432) 235-1164 Type: Parent Agency	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM Region 01 Date Licensed INTERIM HEALTHCARE OF AUSTIN 1900 SOUTH GREGG STREET, STE C BIG SPRING, TEXAS 79720 Fax (432) 235-1169 Administrator TIFFANY SALAZAR		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO 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 Owner Information FALCON SOUTH PLAINS HOSPICE LP
Type: Parent Agency County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site County HOWARD License # 008312 Lic Expire 1/31/2023 Medicare 1: 457174 HHA-18 Medicare 2: Phone (432) 235-1164 Type: Parent Agency County HOWARD	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM Region 01 Date Licensed INTERIM HEALTHCARE OF AUSTIN 1900 SOUTH GREGG STREET, STE C BIG SPRING, TEXAS 79720 Fax (432) 235-1169 Administrator TIFFANY SALAZAR Region 01 Date Licensed		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO 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 Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100
County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site County HOWARD License # 008312 Lic Expire 1/31/2023 Medicare 1: 457174 HHA-18 Medicare 2: Phone (432) 235-1164 Type: Parent Agency County HOWARD License # 012962 Lic Expire 11/30/2023 Medicare 1: 671669 Hospice	Administrator LESLEE MCCUTCHEN Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM Region 01 Date Licensed INTERIM HEALTHCARE OF AUSTIN 1900 SOUTH GREGG STREET, STE C BIG SPRING, TEXAS 79720 Fax (432) 235-1169 Administrator TIFFANY SALAZAR Region 01 Date Licensed INTERIM HOSPICE OF PERMIAN BASIN		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO 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 Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423
County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site County HOWARD License # 008312 Lic Expire 1/31/2023 Medicare 1: 457174 HHA-18 Medicare 2: Phone (432) 235-1164 Type: Parent Agency County HOWARD License # 012962 Lic Expire 11/30/2023 Medicare 1: 671669 Hospice Medicare 2:	Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM Region 01 Date Licensed INTERIM HEALTHCARE OF AUSTIN 1900 SOUTH GREGG STREET, STE C BIG SPRING, TEXAS 79720 Fax (432) 235-1169 Administrator TIFFANY SALAZAR Region 01 Date Licensed INTERIM HOSPICE OF PERMIAN BASIN 1900 S GREGG ST, STE C BIG SPRING, TX 79720		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO 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 Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100
County HOWARD License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 264-7599 Type: Alternate Delivery Site County HOWARD License # 008312 Lic Expire 1/31/2023 Medicare 1: 457174 HHA-18 Medicare 2: Phone (432) 235-1164 Type: Parent Agency County HOWARD License # 012962 Lic Expire 11/30/2023 Medicare 1: 671669 Hospice	Region 01 Date Licensed HOME HOSPICE 111 EAST 7TH STREET SUITE A BIG SPRING, TX 79720 Fax (432) 264-7597 Administrator AMY DRUMM Region 01 Date Licensed INTERIM HEALTHCARE OF AUSTIN 1900 SOUTH GREGG STREET, STE C BIG SPRING, TEXAS 79720 Fax (432) 235-1169 Administrator TIFFANY SALAZAR Region 01 Date Licensed INTERIM HOSPICE OF PERMIAN BASIN 1900 S GREGG ST, STE C		Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO 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 Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423

County HOWARD License # 018640 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (432) 606-6265 Type: Parent Agency	Region 01 Date Licensed KINDRED AT HOME 609 SOUTH GREGG STREET BIG SPRING, TX 79720 Fax (432) 264-7460 Administrator NICK ORNELAS	02/28/2018	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 License # 015634 Lic Expire 5/31/2024 Medicare 1: 453188 HHA-18 Medicare 2: Phone (432) 714-4510 Type: Parent Agency	Region 01 Date Licensed KINDRED AT HOME 1900 SCURRY STREET BIG SPRING, TX 79720 Fax (432) 714-4511 Administrator ERICA JILL ESTES	05/24/2013	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 License # 002757 Lic Expire 1/31/2022 Medicare 1: 677789 HHA-18 Medicare 2: Phone (903) 886-2666 Type: Parent Agency	Region 04 Date Licensed 1ST CHOICE HOME HEALTH 101 KINGS PLAZA SUITE H COMMERCE, TX 75428 Fax (903) 886-3773 Administrator STEPHANIE MITCHELL	01/31/1994	Owner Information 1ST CHOICE ENTERPRISES INC 101 KINGS PLAZA STE H COMMERCE, TX 75429 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County HUNT License # 020457 Lic Expire 10/1/2022 Medicare 1: Medicare 2: Phone (888) 466-3016	Region 04 Date Licensed ABACUS HOME HEALTHCARE 1325 SHANNON ROAD EAST, UNIT A SULPHUR, TEXAS 75482 Fax	10/01/2020	Owner Information HOMEPRAC, LLC PHONE: FAX: Services: Licensed and Certified Home Health Services
Type: Parent Agency County HUNT License # 012982 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (903) 453-8084 Type: Branch Agency	Administrator JOHN COFFEE Region 03 Date Licensed ALTRUIST HOME HEALTH CARE INC 5402 WESLEY STREET B GREENVILLE, TX 75401 Fax (903) 453-8082 Administrator LALANII JONES	10/30/2013	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 License # 017421 Lic Expire 5/31/2022 Medicare 1: 741678 HOSPICE Medicare 2: Phone (903) 886-2639 Type: Parent Agency	Region 04 Date Licensed ANEW HOSPICE CARE INC 2104 MONROE STREET SUITE E COMMERCE, TX 75428 Fax (903) 886-2642 Administrator LISA GOODWIN	05/26/2016	Owner Information ANEW HOSPICE CARE INC 2104 MONROE STREET SUITE E COMMERCE, TX 75428 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County HUNT License # 009025 Lic Expire 2/28/2024 Medicare 1: 679283 HHA-18 Medicare 2: Phone (903) 454-6001	Region 04 Date Licensed ANGELS CARE HOME HEALTH OF DALLAS 4725 WELLINGTON ST, BLDG 2 GREENVILLE, TX 75401 Fax (903) 454-6411	02/05/2004	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

Administrator

RUBY BALDENEGRO

County HUNT	Region 04 Date Licensed 03/28/2018	Owner Information
License # 017642	CARING HEARTS HOSPICE	L S AND S S INC
Lic Expire 6/30/2022	2701 EAST QUINLAND PKWY	1837 W MAIN
Medicare 1:	QUINLAN, TX 75474	GUN BARREL CITY, TX 75156
Medicare 2:		PHONE: FAX:
Phone (903) 447-2445	Fax (903) 340-8527	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator DANNY WEEMS	
County HUNT	Region 04 Date Licensed 11/24/2015	Owner Information
License # 017401	CENTRIC HOME HEALTH	VICTORY HOME HEALTH OF TEXAS LLC
Lic Expire 11/30/2023	3900 JOE RAMSEY BLVD EAST BLDG 4 SUITE C	3900 JOE RAMSEY BLVD BLDG 4 SUITE C
Medicare 1: 679721 HHA-18	GREENVILLE, TX 75401	GREENVILLE, TX 75401
Medicare 2:		PHONE: FAX:
Phone (903) 458-9012	Fax (855) 710-7022	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator DAVID OCHOA	
County HUNT	Region 03 Date Licensed 01/01/2003	Owner Information
License # 008269	ELARA CARING	JHS OPERATIONS, LLC
Lic Expire 12/31/2021	4101 WESLEY ST, SUITE F	2039 CROCKETT RD.
Medicare 1:	GREENVILLE, TX 75401	PALESTINE, TX 75801
Medicare 2:		PHONE: FAX:
Phone (903) 454-3710	Fax (903) 454-3511	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator BENJAMIN BRADLEY BRADLEY	dervices. Electriced and definited from the freath dervices, Electriced from the freath dervices
On the HINT	Davis 02 Data Lianna d 40/04/0004	Owner Information
County HUNT	Region 03 Date Licensed 12/01/2004	TEXAS SENIOR CARE, LP
License # 009527	ENCOMPASS HEALTH HOME HEALTH	6688 N CENTRAL EXPRESSWAY SUITE 1300
Lic Expire 11/30/2023 Medicare 1:	8317 WESLEY STREET	DALLAS, TX 75206-3950
Medicare 2:	GREENVILLE, TEXAS 75402	PHONE: FAX:
Phone 903 2596817	Fax 903 2596900	
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	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: FAX:
Phone (903) 454-3344	Fax (903) 454-3345	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator KELLY BULLOCK	Personal Assistance Services
Type: Parent Agency		Our relation at the
County HUNT	Region 04 Date Licensed 11/24/2020	Owner Information
License # 020344	FAMILY FIRST HOSPICE	FAMILY FIRST HOME HEALTH AND HOSPICE, LLC
Lic Expire 11/24/2022	2824 TERRELL ROAD SUITE 402	2824 TERRELL ROAD SUITE 402
Medicare 1:	GREENVILLE, TEXAS 75402	GREENVILLE, TX 75402-5571
Medicare 2:	Fav. (000) 454 2047	PHONE: FAX:
Phone (903) 454-3346	Fax (903) 454-3347	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KELLY BULLOCK	II-Falletil Hospice. NO
County HUNT	Region 04 Date Licensed 01/04/2008	Owner Information
License # 011796	HEALING TOUCH HOMECARE LLC	HEALING TOUCH HOMECARE, LLC
LIJ01130 π 0 1 17 30		2304 JOE RAMSEY BLVD. E
Lic Expire 1/31/2023	2304 JOE RAMSEY BLVD E	
	2304 JOE RAMSEY BLVD E GREENVILLE, TX 75401	GREENVILLE, TX 75401
Lic Expire 1/31/2023 Medicare 1: 747052 HHA-18 Medicare 2:	GREENVILLE, TX 75401	
Lic Expire 1/31/2023 Medicare 1: 747052 HHA-18		GREENVILLE, TX 75401

County HUNT	ic Expire 2/28/2022 ledicare 1: 747373 HHA-18 ledicare 2: hone (903) 886-0612 ype: Parent Agency	HOME HEALTH ASSOCIATES LLC 2104 MONROE STREET SUITE B COMMERCE, TX 75428 Fax (903) 886-0613 Administrator LISA GOODWIN	11/18/2009	HOME HEALTH ASSOCIATES LLC 2104 MONROE STREET SUITE B COMMERCE, TX 75428-2004 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Dicense # 017583	• • •			Owner Information
Medicare 1: GREENVILLE, TX 75402 GARLAND, TX 75043-7293	•	•		PEACEWAY HOSPICE LLC
Medicare 2: PHONE: FAX: Phone (903) 458-9800 Fax (469) 391-9960 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator CHAD HIGBEE County HUNT Region 03 Date Licensed 08/04/2004 Owner Information Lice Expire 8/31/2022 9701 WESLEY STREET SUITES 204 & 205 PHONE: FAX: Medicare 1: GREENVILLE, TX 754023754 PHONE: FAX: Phone (903) 454-3385 Fax (903) 454-3373 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator REBECCA JEFFERSON County HUNT Region 03 Date Licensed 08/04/2004 Owner Information License # 009235 HOSPICE PLUS INTERNATIONAL TUTORING SERVICES LLC Lice Expire 8/31/2022 9701 WESLEY STREET SUITES 204 & 205 PO BOX 4060 ATTN: REGULATORY Medicare 1: GREENVILLE, TX 754023754 PHONE: FAX:				4119 STONE HAVEN DRIVE
Phone (903) 458-9800 Fax (469) 391-9960 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator CHAD HIGBEE	ledicare 1:	GREENVILLE, TX 75402		GARLAND, TX 75043-7293
Type: Alternate Delivery Site				PHONE: FAX:
County HUNT Region 03 Date Licensed O8/04/2004 Owner Information	hone (903) 458-9800	Fax (469) 391-9960		
License # 009235 HOSPICE PLUS Lic Expire 8/31/2022 9701 WESLEY STREET SUITES 204 & 205 Medicare 1: GREENVILLE, TX 754023754 Medicare 2: PHONE: FAX: Phone (903) 454-3385 Fax (903) 454-3373 County HUNT Region 03 Date Licensed 08/04/2004 License # 009235 HOSPICE PLUS Medicare 1: GREENVILLE, TX 754023754 Medicare 1: GREENVILLE, TX 754023754 Medicare 2: PHONE: FAX: INTERNATIONAL TUTORING SERVICES, LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 Medicare 2: PHONE: FAX:	ype: Alternate Delivery Site	Administrator CHAD HIGBEE		III-raueit, nospice. No
License # 009235 HOSPICE PLUS INTERNATIONAL TUTORING SERVICES, LLC Lic Expire 8/31/2022 9701 WESLEY STREET SUITES 204 & 205 Medicare 1:	ounty HUNT	Region 03 Date Licensed	08/04/2004	Owner Information
Medicare 1: GREENVILLE, TX 754023754 Medicare 2: PHONE: FAX: Phone (903) 454-3385 Fax (903) 454-3373 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator REBECCA JEFFERSON County HUNT Region 03 Date Licensed 08/04/2004 Owner Information INTERNATIONAL TUTORING SERVICES LLC License # 009235 HOSPICE PLUS PO BOX 4060 ATTN: REGULATORY Lic Expire 8/31/2022 9701 WESLEY STREET SUITES 204 & 205 MOORESVILLE, NC 28117 Medicare 1: GREENVILLE, TX 754023754 PHONE: FAX:	•	•		INTERNATIONAL TUTORING SERVICES, LLC
Medicare 2: PHONE: FAX: Phone (903) 454-3385 Fax (903) 454-3373 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator REBECCA JEFFERSON County HUNT Region 03 Date Licensed 08/04/2004 Owner Information License # 009235 HOSPICE PLUS INTERNATIONAL TUTORING SERVICES LLC Lic Expire 8/31/2022 9701 WESLEY STREET SUITES 204 & 205 PO BOX 4060 ATTN: REGULATORY Medicare 1: GREENVILLE, TX 754023754 MOORESVILLE, NC 28117 Medicare 2: PHONE: FAX:	c Expire 8/31/2022	9701 WESLEY STREET SUITES 204 & 205		
Phone (903) 454-3385 Fax (903) 454-3373 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator REBECCA JEFFERSON County HUNT Region 03 Date Licensed 08/04/2004 Owner Information License # 009235 HOSPICE PLUS INTERNATIONAL TUTORING SERVICES LLC Lic Expire 8/31/2022 9701 WESLEY STREET SUITES 204 & 205 PO BOX 4060 ATTN: REGULATORY Medicare 1: GREENVILLE, TX 754023754 MOORESVILLE, NC 28117 Medicare 2: PHONE: FAX:		GREENVILLE, TX 754023754		
Type: Alternate Delivery Site		Fav. (002) 454 2272		PHONE: FAX:
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON County HUNT Region 03 Date Licensed 08/04/2004 Owner Information License # 009235 HOSPICE PLUS INTERNATIONAL TUTORING SERVICES LLC Lic Expire 8/31/2022 9701 WESLEY STREET SUITES 204 & 205 PO BOX 4060 ATTN: REGULATORY Medicare 1: GREENVILLE, TX 754023754 MOORESVILLE, NC 28117 Medicare 2: PHONE: FAX:	110He (903) 434-3363	rax (903) 404-0073		
License # 009235 HOSPICE PLUS INTERNATIONAL TUTORING SERVICES LLC Lic Expire 8/31/2022 9701 WESLEY STREET SUITES 204 & 205 PO BOX 4060 ATTN: REGULATORY Medicare 1: GREENVILLE, TX 754023754 MOORESVILLE, NC 28117 Medicare 2: PHONE: FAX:	ype: Alternate Delivery Site	Administrator REBECCA JEFFERSON		
Lic Expire 8/31/2022 9701 WESLEY STREET SUITES 204 & 205 PO BOX 4060 ATTN: REGULATORY Medicare 1: GREENVILLE, TX 754023754 MOORESVILLE, NC 28117 Medicare 2: PHONE: FAX:	ounty HUNT	Region 03 Date Licensed	08/04/2004	Owner Information
Medicare 1: GREENVILLE, TX 754023754 MOORESVILLE, NC 28117 Medicare 2: PHONE: FAX:	icense # 009235	HOSPICE PLUS		
Medicare 2: PHONE: FAX:	c Expire 8/31/2022	9701 WESLEY STREET SUITES 204 & 205		
	ledicare 1:	GREENVILLE, TX 754023754		MOORESVILLE, NC 28117
		5 (000) 454 0070		PHONE: FAX:
Services: Hospice In-Patient Hospice: NO	hone (903) 454-3385	Fax (903) 454-3373		
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON	ype: Alternate Delivery Site	Administrator REBECCA JEFFERSON		in Fallott roopio. No
County HUNT Region 03 Date Licensed 08/04/2004 Owner Information	ounty HUNT	Region 03 Date Licensed	08/04/2004	Owner Information
License # 009235 HOSPICE PLUS INTERNATIONAL TUTORING SERVICES LLC	•	•		INTERNATIONAL TUTORING SERVICES LLC
Lic Expire 8/31/2022 9701 WESLEY STREET SUITES 204 & 205 PO BOX 4060 ATTN: REGULATORY	c Expire 8/31/2022	9701 WESLEY STREET SUITES 204 & 205		
Medicare 1: GREENVILLE, TX 754023754 MOORESVILLE, NC 28117	ledicare 1:	GREENVILLE, TX 754023754		
Medicare 2: PHONE: FAX:		F (000) 454 0070		PHONE: FAX:
Phone (903) 454-3385 Fax (903) 454-3373 Services: Hospice In-Patient Hospice: NO	none (903) 454-3385	Fax (903) 454-3373		
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON	ype: Alternate Delivery Site	Administrator REBECCA JEFFERSON		iii i atom nopios. No
County HUNT Region 04 Date Licensed 06/29/1993 Owner Information	ounty HUNT	Region 04 Date Licensed	06/29/1993	Owner Information
License # 002557 HUNT REGIONAL HOME CARE HUNT MEMORIAL HOSPITAL DISTRICT	-	-		HUNT MEMORIAL HOSPITAL DISTRICT
Lic Expire 6/30/2022 4211 JOE RAMSEY BLVD SUITE 100. PO BOX 1059	c Expire 6/30/2022	4211 JOE RAMSEY BLVD SUITE 100.		PO BOX 1059
Medicare 1: 677657 HHA-18 GREENVILLE, TX 75402 GREENVILLE, TX 75403	ledicare 1: 677657 HHA-18	GREENVILLE, TX 75402		GREENVILLE, TX 75403
Medicare 2: PHONE: (903) 408-1881 FAX: (903) 408-5082				PHONE: (903) 408-1881 FAX: (903) 408-5082
Phone (903) 408-1950 Fax (903) 408-1969 Services: Licensed and Certified Home Health Services		,		Services: Licensed and Certified Home Health Services
Type: Parent Agency Administrator DENISE BRADDY	ype: Parent Agency	Administrator DENISE BRADDY		
County HUNT Region 03 Date Licensed 07/01/2007 Licensed 01/1455 KINDDED AT HOME INTEGRACARE HOME HEALTH SERVICES, INC	-	· ·	07/01/2007	
LICEISE # 011435 KINDRED AT HOME 12900 FOSTER SHITE 400				
Lic Expire 6/30/2022 2824 TERRELL STREET SUITE 206 Medicare 1: GREENVILLE, TX 75402 OVERLAND PARK, KS 66213	·			
Medicare 2: PHONE: () - 512 FAX:		SINELITYILLE, IA 10402		
Phone (903) 454-2942 Fax (903) 454-2005				· ,
Type: Branch Agency Administrator JAMIE SMITH		Fax (903) 454-2095		Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County HUNT License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (903) 454-3942 Type: Branch Agency	Region 03 Date Licensed KINDRED AT HOME 2824 TERRELL STREET SUITE 206 GREENVILLE, TX 75402 Fax (903) 454-2095 Administrator JAMIE SMITH	07/01/2007	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 License # 011455 Lic Expire 6/30/2022 Medicare 1:	Region 03 Date Licensed KINDRED AT HOME 2824 TERRELL STREET SUITE 206 GREENVILLE, TX 75402	07/01/2007	Owner Information INTEGRACARE HOME HEALTH SERVICES, INC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213
Medicare 2: Phone (903) 454-3942	Fax (903) 454-2095		PHONE: () - 512 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator JAMIE SMITH		
County HUNT License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed KINDRED AT HOME 2824 TERRELL STREET SUITE 206 GREENVILLE, TX 75402	07/01/2007	Owner Information INTEGRACARE HOME HEALTH SERVICES, INC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213 PHONE: () -512 FAX:
Phone (903) 454-3942 Type: Branch Agency	Fax (903) 454-2095 Administrator JAMIE SMITH		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County HUNT License # 011455 Lic Expire 6/30/2022 Medicare 1:	Region 03 Date Licensed KINDRED AT HOME 2824 TERRELL STREET SUITE 206 GREENVILLE, TX 75402	07/01/2007	Owner Information INTEGRACARE HOME HEALTH SERVICES, INC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213
Medicare 2: Phone (903) 454-3942	Fax (903) 454-2095		PHONE: () - 512 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator JAMIE SMITH		CONTROL ELECTRON AND CONTROL NOTICE TO A CONTROL NOTICE TO A CONTROL OF THE CONTR
County HUNT License # 008082 Lic Expire 8/31/2023 Medicare 1: 451722 HOSPICE Medicare 2: Phone (903) 454-1107	Region 04 Date Licensed KINDRED HOSPICE 2824 TERRELL ROAD SUITE 500 GREENVILLE, TX 75402 Fax (903) 454-2177	08/29/2002	Owner Information FAMILY HOSPICE LTD PO BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JULIA HILTON		In-Patient Hospice: NO
County HUNT License # 011067 Lic Expire 2/28/2025 Medicare 1: 743127 HHA-18 Medicare 2:	Region 04 Date Licensed PHYSICIANS CHOICE HOMECARE 4315 RIDGECREST GREENVILLE, TX 75402	02/13/2007	Owner Information GREENVILLE PHYSICIANS CHOICE HOMECARE LLC 4315 RIDGECREST DR GREENVILLE, TX 75402 PHONE: FAX:
Phone 903 4552619	Fax 903 4552698		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DELAUNTE CRAWFORD		
County HUNT License # 019908 Lic Expire 2/11/2022 Medicare 1: 741581 HOSPICE Medicare 2: Phone (903) 422-8100	Region 04 Date Licensed TRUE HEARTS AND HANDS HOSPICE LLC 2608 EASTLAND STREET, SUITE 104 GREENVILLE, TX 75402 Fax (903) 729-9128	02/11/2020	Owner Information TRUE HEARTS AND HANDS HOSPICE, LLC 3500 BRENTWOOD DR. COLLEYVILLE, TX 76034 PHONE: FAX:
Type: Parent Agency	Administrator DARLENE STANFORD		Services: Hospice In-Patient Hospice: NO

County HUNT License # 016205 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (903) 870-1600 Type: Branch Agency	Region 03 Date Licensed VISIONARY HOME HEALTH CARE, LLC 9115 WESLEY ST #3 GREENVILLE, TEXAS 75402 Fax 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
County HUNT License # 006983 Lic Expire 11/30/2023 Medicare 1:	Region 03 Date Licensed VITAS HEALTHCARE OF TEXAS LP 2716 LEE STREET SUITE 100 GREENVILLE, TX 75401	11/19/2010	Owner Information VITAS HEALTHCARE OF TEXAS LP
Medicare 2:	SKELIWIELE, IX TOTAL		PHONE: FAX:
Phone (903) 455-0251	Fax (903) 455-8901		Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site County HUTCHINSON License # 007787 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (806) 274-2800 Type: Branch Agency	Administrator TANA VILLANUEVA Region 01 Date Licensed INTERIM HEALTHCARE OF AMARILLO 1313 WEST WILSON BORGER, TX 79007 Fax (806) 274-2803 Administrator TWILA RUTTER	02/12/2009	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 JACKSON License # 001844 Lic Expire 1/31/2023 Medicare 1: 677103 HHA-18 Medicare 2: Phone (361) 782-7830	Region 07 Date Licensed JACKSON COUNTY HOME HEALTH 918 SOUTH WELLS ST EDNA, TX 77957 Fax (361) 781-0812	01/16/1987	Owner Information JACKSON COUNTY HOSPITAL DISTRICT 1013 S WELLS EDNA, TX 77957-4098 PHONE: (361) 782-5241 FAX: (361) 782-7495 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator AMY GEORGE		
County JASPER License # 007991 Lic Expire 6/30/2022 Medicare 1: 679159 HHA-18 Medicare 2:	Region 04 Date Licensed ADVANTAGE PLUS HOMECARE 853 NORTH ZAVALLA STREET JASPER, TX 75951	06/28/2002	Owner Information ADVANTAGE PLUS HOMECARE INC 853 NORTH ZAVALLA STREET JASPER, TX 75951 PHONE: FAX:
Phone (409) 489-1496	Fax (409) 489-1153		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County JASPER License # 013942 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (409) 489-4090	Administrator CHARLES FRAZIER Region 04 Date Licensed AFFINITY HEALTH CARE 710 S. WHEELER ST. JASPER, TEXAS 75951 Fax (888) 659-2676	01/28/2016	Owner Information AFFINITY HOSPICE LLC 2708 SOUTH MEDFORD DRIVE LUFKIN, TX 75901 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator QUINCY MARTINDALE		In-Patient Hospice: NO
County JASPER License # 019538 Lic Expire 7/9/2023 Medicare 1: 74-7436	Region 04 Date Licensed AFFINITY HEALTH CARE, LLC 710 S. WHEELER ST. JASPER, TEXAS 75951	02/17/2020	Owner Information AFFINITY HEALTH CARE, LLC
Medicare 2:			PHONE: FAX:
Phone (409) 383-1400 Type: Parent Agency	Fax (409) 383-1401 Administrator BRYAN HARKNESS		Services: Licensed and Certified Home Health Services

County JASPER License # 016465 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (409) 489-4324 Type: Branch Agency County JASPER License # 016465 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (409) 489-4324 Type: Branch Agency	Region 06 Date Licensed AMADA SENIOR CARE 4420 N WHEELER STREET JASPER, TX 75951 Fax (281) 652-5507 Administrator WILLIAM LONG Region 06 Date Licensed AMADA SENIOR CARE 4420 N WHEELER STREET JASPER, TX 75951 Fax (281) 652-5507 Administrator WILLIAM LONG	Owner Information ORTHRUS INC 2600 S SHORE BLVD SUITE 300 LEAGUE CITY, TX 77573 PHONE: FAX: Services: Personal Assistance Services Owner Information ORTHRUS INC 2600 S SHORE BLVD SUITE 300 LEAGUE CITY, TX 77573 PHONE: FAX: Services: Personal Assistance Services
County JASPER License # 016495 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (409) 383-5280 Type: Alternate Delivery Site	Region 04 Date Licensed 07/20/2015 COMPASSION HOSPICE 510 SOUTH WHEELER STREET JASPER, TEXAS 75951 Fax (409) 383-5272 Administrator ALLEN AYRES	Owner Information COMPASSION HOSPICE INC 3775 MILAM STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County JASPER License # 003520 Lic Expire 5/31/2023 Medicare 1: 678027 Medicare 2: Phone (409) 384-3040	Region 04 Date Licensed 05/17/1995 COMPLETE HOMECARE SERVICES INC 942 VISADOR ROAD JASPER, TX 75951 Fax (409) 384-3784	Owner Information COMPLETE HOMECARE SERVICES INC PO BOX 299 JASPER, TX 75951 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County JASPER License # 014389 Lic Expire 10/31/2023 Medicare 1: 671749 HOSPICE Medicare 2: Phone (409) 384-3662 Type: Parent Agency	Administrator ERNESTO DOMENECH Region 04 Date Licensed 10/04/2011 HARBOR HOSPICE OF EAST TEXAS LP 1440 FM 777 JASPER, TX 75951 Fax (816) 396-5447 Administrator KARAH TRAHAN	Owner Information HARBOR HOSPICE OF EAST TEXAS LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County JASPER License # 005265 Lic Expire 2/28/2022 Medicare 1: 459335 HHA-18 Medicare 2: Phone (409) 423-6777 Type: Parent Agency County JASPER	Region 04 Date Licensed 02/10/1997 HOME CARE INNOVATIONS INC 15486 FM 252 KIRBYVILLE, TX 75956 Fax (409) 423-2020 Administrator CHARLOTTE LUMMUS BUSH Region 04 Date Licensed 05/12/2006	Owner Information HOME CARE INNOVATIONS INC 15486 FM 252 KIRBYVILLE, TX 75956 PHONE: FAX: Services: Licensed and Certified Home Health Services Owner Information ODYSSEY HEALTHCARE OPERATING A, LP
License # 007790 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (409) 384-4336	KINDRED HOSPICE 1201 WEST GIBSON STREET JASPER, TX 75951 Fax (409) 489-0579	P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

Type: Alternate Delivery Site

Administrator

KENDRA GRAY

County JASPER License # 019407 Lic Expire 5/31/2023 Medicare 1: 97-1522 (HOSPICE Medicare 2: Phone (409) 384-5700	Region 04 Date Licensed 05/31/2019 OLIVE BRANCH HOSPICE 2051 S WHEELER, SUITE E JASPER, TEXAS 75951 Fax (409) 384-5177 Administrator TERESA BROWN	Owner Information OLIVE LEAF, LLC P. O. BOX 755 WARREN, TEXAS 77664 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency		Owner Information
County JEFFERSON License # 016880 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (409) 292-3434	Region 04 Date Licensed 06/26/2015 212 THERAPY LLC 1846 INTERSTATE 10 SOUTH, SUITE 102 BEAUMONT, TX 77707 Fax (409) 866-7255	212 THERAPY LLC 1715 WEST SAGE BEAUMONT, TX 77713 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency	Administrator NEVA RAMSEY	
County JEFFERSON License # 016511 Lic Expire 11/30/2022 Medicare 1: 747976 HHA-18 Medicare 2:	Region 04 Date Licensed 11/04/2014 365CARE HOME HEALTH LLC 4090 CLEVELAND AVENUE GROVES, TX 77619	Owner Information 365CARE HOME HEALTH LLC 4090 CLEVELAND AVEUNE GROVES, TX 77619 PHONE: FAX:
Phone (409) 548-0036 Type: Parent Agency	Fax (409) 548-0071 Administrator TAGHLEB SHAABAN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County JEFFERSON License # 016496 Lic Expire 7/31/2022 Medicare 1: 457852 HHA-18 Medicare 2: Phone (409) 719-0111 Type: Parent Agency	Region 04 Date Licensed 07/22/2014 A MED HOME HEALTH 4180 DELAWARE ST SUITE 402 BEAUMONT, TEXAS 77706 Fax (409) 719-0110 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	Owner Information
License # 008922 Lic Expire 2/28/2023 Medicare 1: 673115 HHA-18 Medicare 2:	ACCENTCARE HOME HEALTH OF TEXAS 5687 EASTEX FREEWAY BEAUMONT, TX 77706	TEXAS HOME HEALTH SKILLED SERVICES, LP PHONE: FAX:
Phone (409) 899-9979 Type: Parent Agency	Fax (409) 899-9552 Administrator SARAH VILLANUEVA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County JEFFERSON License # 007608 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (409) 838-0045	Region 04 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 5695 EASTEX FREEWAY BEAUMONT, TX 77706 Fax (409) 839-8124	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
Type: Parent Agency	Administrator JUDY POWELL	
County JEFFERSON License # 009075 Lic Expire 5/31/2022 Medicare 1: 673159 HHA-18 Medicare 2:	Region 04 Date Licensed 05/04/2004 ACCU CARE HOME HEALTH SERVICES 440 N. 18TH STREET #8 BEAUMONT, TX 77707	Owner Information CAROLINE WEATHERSBY 87 INTERSTATE 10 NORTH STE #124 BEAUMONT, TX 77707 PHONE: FAX:
Phone (409) 242-5860	Fax (409) 347-8663	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DIANNA BASS	

County JEFFERSON License # 007953 Lic Expire 5/31/2022 Medicare 1: 677648 Medicare 2: Phone (409) 832-3304	Region 04 Date Licensed ADVANCED PEDIATRIC CARE INC 3330 FANNIN BEAUMONT, TX 77701 Fax (409) 835-2799	05/24/2002	Owner Information ADVANCED PEDIATRIC CARE, INC 3330 FANNIN ST BEAUMONT, TX 77701 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DIANE BASS		0 17 "
County JEFFERSON	Region 04 Date Licensed	11/22/2004	Owner Information
License # 007991	ADVANTAGE PLUS HOMECARE		ADVANTAGE PLUS HOMECARE INC 853 NORTH ZAVALLA STREET
Lic Expire 6/30/2022	3240 DELAWARE STREET		JASPER, TX 75951
Medicare 1:	BEAUMONT, TX 77703		
Medicare 2: Phone (409) 899-1665	Fax (409) 899-1680		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator CHARLES FRAZIER		i disulta Assistance del vices
County JEFFERSON	Region 04 Date Licensed		Owner Information
License # 013942	AFFINITY HEALTH CARE		AFFINITY HOSPICE LLC
Lic Expire 3/31/2023	755 S. 11TH ST. STE, 205		2708 SOUTH MEDFORD DRIVE
Medicare 1:	BEAUMONT, TEXAS 77701		LUFKIN, TX 75901
Medicare 2:			PHONE: FAX:
Phone (409) 299-4626	Fax (409) 895-2625		Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator QUINCY MARTINDALE		
County JEFFERSON	Region 04 Date Licensed	12/02/2019	Owner Information
License # 019541	ALLEN FAMILY HOME CARE LLC		ALLEN FAMILY HOME CARE LLC
Lic Expire 8/21/2021	4055 DOWLEN RD. SUITE 112		4055 DOWLEN ROAD
Medicare 1:	BEAUMONT, TEXAS 77706		BEAUMONT, TEXAS 77706
Medicare 2:	-		PHONE: FAX:
Phone (409) 790-0480	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator ASHLEY ALLEN		
County JEFFERSON	Region 04 Date Licensed	10/25/2019	Owner Information
License # 019782	ALTUS HOME HEALTH LLC		ALTUS HOME HEALTH, LLC 500 FAULCONER DR. STE. 200
Lic Expire 10/25/2023	3180 COLLEGE STREET, 3RD FLOOR		CHARLOTTESVILLE, VA 22903
Medicare 1: 45-9471 (HHA)	BEAUMONT, TX 77701		
Medicare 2: Phone 409 8352828	Fax 409 8352129		PHONE: FAX:
			Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator KAREN SAGE		Ourse Information
County JEFFERSON	Region 04 Date Licensed	10/29/2019	Owner Information
License # 019777	ALTUS HOSPICE		ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200
Lic Expire 10/29/2023	3180 COLLEGE STREET, FLOOR 2		CHARLOTTESVILLE, VA 22903
Medicare 1: 451596	BEAUMONT, TX 77701		
Medicare 2: Phone (409) 832-4582	Fax (409) 832-6345		PHONE: FAX:
1 HOUR (503) 002-4002	1 dx (400) 002-0040		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SUMMER MILLER		•
County JEFFERSON	Region 04 Date Licensed	02/28/2008	Owner Information
License # 011901	AMAZING ANGELS HOME HEALTH		THREE M HOME HEALTH LLC
Lic Expire 2/28/2022	1140 WEST CARDINAL DRIVE		1140 WEST CARDINAL DRIVE
Medicare 1: 747104 HHA-18	BEAUMONT, TX 77705		BEAUMONT, TX 77705
Medicare 2:	_		PHONE: FAX:
Phone (409) 767-8833	Fax (409) 767-9203		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SUMAIA SULAIMAN		

County JEFFERSON License # 017041 Lic Expire 12/31/2021 Medicare 1: 971591 Hospice Medicare 2: Phone (409) 767-8833 Type: Parent Agency County JEFFERSON License # 012681 Lic Expire 7/31/2023 Medicare 1: 671647 Medicare 2: Phone (409) 239-0022 Type: Alternate Delivery Site	Region 04 Date Licensed AMAZING ANGELS HOSPICE 1140 W CARDINAL DR. SUITE B BEAUMONT, TEXAS 77705 Fax (409) 767-9203 Administrator SUMAIA SULAIMAN Region 06 Date Licensed AMEDISYS HOSPICE 350 PINE ST, SUITE 755 BEAUMONT, TX 777012437 Fax (877) 897-3789 Administrator STEPHANIE BONDI	09/21/2015	Owner Information THREE M HOSPICE CARE LLC 1140 WEST CARDINAL DRIVE BEAUMONT, TX 77705-5803 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information COMPASSIONATE CARE HOSPICE OF SOUTHEASTERN TEXAS,LLC 903C HILLCREST DRIVE CONROE, TX 77301 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
· · · · · · · · · · · · · · · · · · ·		11/00/2019	Owner Information
County JEFFERSON License # 019294 Lic Expire 3/8/2024 Medicare 1:	Region 06 Date Licensed AMIABLE HEALTHCARE LLC 990 I H 10 NORTH 255 BEAUMONT, TEXAS 77702	11/09/2018	AMIABLE HEALTHCARE LLC
Medicare 2:			PHONE: FAX:
Phone (832) 659-1591 Type: Parent Agency	Fax Administrator BUKAYO AJANI		Services: Licensed Home Health Services; Personal Assistance Services
County JEFFERSON License # 020014 Lic Expire 6/25/2022 Medicare 1: Medicare 2:	Region 04 Date Licensed AQUEDUCT HOME CARE, LLC 87 INTERSTATE 10 NORTH, SUITE 125 BEAUMONT, TEXAS 77707	06/25/2020	Owner Information AQUEDUCT HOME CARE, LLC PO BOX 12569 BEAUMONT, TEXAS 77726 PHONE: FAX:
Phone (409) 434-4047 Type: Parent Agency	Fax Administrator TRACEY YOUNG		Services: Personal Assistance Services
County JEFFERSON License # 007603 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (409) 356-9055	Region 06 Date Licensed ASSIST MED INC 2390 EASTEX FREEWAY, SUITE 2B BEAUMONT, TX 77703 Fax (409) 347-7890	07/18/2014	Owner Information ASSISTMED INC SAME AS ABOVE HOUSTON, TX 77077 PHONE: FAX: Services: Personal Assistance Services
Type: Branch Agency	Administrator ROSA PIZZI	02/00/0040	Owner Information
County JEFFERSON License # 014890 Lic Expire 3/31/2022 Medicare 1:	Region 04 Date Licensed AVEANNA HEALTHCARE 87 IH 10 NORTH SUITE 225 BEAUMONT, TX 77707	03/28/2012	EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247
Medicare 2: Phone (409) 835-0228	Fax (409) 835-0151		PHONE: FAX:
Type: Parent Agency	Administrator MELISSA AYALA		Services: Licensed Home Health Services
County JEFFERSON License # 018205 Lic Expire 4/30/2024 Medicare 1: 679403 HHA-18 Medicare 2: Phone (844) 270-0096	Region 04 Date Licensed BAPTIST HOMECARE 1085 INTERSTATE 10 NORTH BEAUMONT, TX 77706 Fax (877) 715-5675	05/01/2017	Owner Information HEALTH CARE DYNAMICS, LLC 6760 OLD JACKSONVILLE HWY. SUITE 101 TYLER, TX 75703 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
			Germoes. Licensed and Germied Floring Fleath Services, Licensed Floring Fleath Services

Administrator

JAMES WALLACE

County JEFFERSON License # 003147 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (409) 833-7189 Type: Parent Agency	Region 04 Date Licensed BEAUMONT HOME HEALTH SERVICE INC 1725 WEST CARDINAL DRIVE BEAUMONT, TX 77705 Fax (409) 833-0459 Administrator SERETA SUMMERS RN	09/01/1984	Owner Information BEAUMONT HOME HEALTH SERVICE, INC 3202 SAM HOUSTON DR VICTORIA, TX 77904 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County JEFFERSON License # 017787 Lic Expire 7/31/2022 Medicare 1: 671717 HOSPICE Medicare 2: Phone (409) 356-9271 Type: Parent Agency	Region 04 Date Licensed BEST HOSPICE CARE OF TEXAS 3120 FANNIN STREET BEAUMONT, TX 77701 Fax (409) 299-3409 Administrator JENNIFER BURCH	07/29/2016	Owner Information BURCHGARRETT ENTERPRISES INC 3800 HIGHWAY 365 SUITE 137 PORT ARTHUR, TX 77642 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County JEFFERSON License # 019068 Lic Expire 11/7/2022 Medicare 1: Medicare 2: Phone (713) 835-4703 Type: Parent Agency	Region 06 Date Licensed BJ & M HEALTHCARE SERVICES LLC 990 I H 10 NORTH 255 BEAUMONT, TEXAS 77702 Fax (281) 670-5042 Administrator CHIDUBEM CHIWUZIE	11/07/2018	Owner Information BJ & M HEALTHCARE SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County JEFFERSON License # 021301 Lic Expire 12/30/2024 Medicare 1: Medicare 2: Phone (409) 659-3145	Region 04 Date Licensed BLESSED HOMECARE OF TEXAS LLC 985 IH 10 N STE 110F BEAUMONT, TX 77706 Fax (409) 554-0804	12/30/2021	Owner Information BLESSED HOMECARE OF TEXAS, LLC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County JEFFERSON License # 012026 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (409) 982-8708 Type: Parent Agency	Administrator EUNICE FOWLER Region 04 Date Licensed COASTAL CAREGIVERS INC 3008 FOREST AVENUE PORT ARTHUR, TX 77642 Fax (409) 982-2501 Administrator BARBARA EDINGTON	05/23/2008	Owner Information COASTAL CAREGIVERS, INC PO BOX 1718 GROVES, TEXAS 77619 PHONE: FAX: Services: Personal Assistance Services
County JEFFERSON License # 017392 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (409) 835-8357 Type: Parent Agency	Region 04 Date Licensed COMPASSION AT HOME 3442 EASTEX FWY BEAUMONT, TX 77703 Fax (409) 835-8327 Administrator MELANIE AYRES	05/11/2016	Owner Information COMPASSION AT HOME, INC 3775 MILAM BEAUMONT BEAUMONT, TX 77701 PHONE: FAX: Services: Personal Assistance Services
County JEFFERSON License # 016495 Lic Expire 8/31/2022 Medicare 1: 671637 HOSPICE Medicare 2: Phone (409) 835-8357 Type: Parent Agency	Region 04 Date Licensed COMPASSION HOSPICE 3442 EASTEX FWY BEAUMONT, TX 77703 Fax (409) 835-8327 Administrator ALLEN AYRES	08/26/2014	Owner Information COMPASSION HOSPICE INC 3775 MILAM STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County JEFFERSON License # 004210 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (409) 962-9899 Type: Parent Agency	Region 04 Date Licensed 01/26/1996 DEARCARE HEALTH MANAGEMENT INTERNATIONAL 3700 EAST PARKWAY GROVES, TX 77619 Fax (409) 962-9808 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 License # 004210 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone 409 3477202 Type: Branch Agency	Region 04 Date Licensed DEARCARE HEALTH MANAGEMENT INTERNATIONAL 985 IH 10 NORTH, SUITE 110A BEAUMONT, TEXAS 77706 Fax 409 9629808 Administrator ERMELINDA HERNAEZ	Owner Information DHMI CORPORATION P O BOX 2222 NEDERLAND, TX 77627 PHONE: FAX: Services: Personal Assistance Services
County JEFFERSON License # 017316 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (409) 813-2527 Type: Parent Agency	Region 04 Date Licensed 03/17/2016 DISABILITY SERVICES OF THE SOUTHWEST INC 2615 CALDER AVENUE SUITE 320 BEAUMONT, TX 77701 Fax (877) 463-1310 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 License # 003664 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (833) 365-2464 Type: Branch Agency	Region 04 Date Licensed DOCTOR'S CHOICE HOME CARE 2615 CALDER AVE BEAUMONT, TX 77702 Fax (713) 782-4487 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 License # 016801 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (409) 842-0779 Type: Parent Agency	Region 04 Date Licensed 05/13/2015 EDUCARE COMMUNITY LIVING CORPORATION TEXAS 3255 EXECUTIVE BLVD SUITE 103 BEAUMONT, TX 77705 Fax (409) 840-9111 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 License # 018220 Lic Expire 4/30/2023 Medicare 1: 679280 HHA-18 Medicare 2: Phone (903) 537-5686 Type: Parent Agency	Region 04 Date Licensed 04/26/2017 ELARA CARING 316 NORTH POLK, SUITE B JEFFERSON, TX 75657 Fax (903) 938-6390 Administrator DORIS ERICA GIBSON	Owner Information TEXAS HOME HEALTHCARE PARTNERS, LP 700 HIGLANDER SUITE 160 ARLINGTON, TX 76015 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County JEFFERSON License # 018220 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (903) 938-6590 Type: Branch Agency	Region 04 Date Licensed 04/26/2017 ELARA CARING 316 NORTH POLK, SUITE C JEFFERSON, TX 75657 Fax (903) 938-6309 Administrator DORIS ERICA GIBSON	Owner Information TEXAS HOME HEALTHCARE PARTNERS, LP 700 HIGLANDER SUITE 160 ARLINGTON, TX 76015 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County JEFFERSON License # 008274 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (409) 899-9053 Type: Branch Agency	Region 04 Date Licensed 01/01/2003 ELARA CARING 6860 PHELAN BLVD BEAUMONT, TX 77706 Fax (409) 347-0993 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 JEFFERSON License # 018341 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone 4099327254770656896 Type: Parent Agency	Region 04 Date Licensed 09/27/2017 EMON HEALTHCARE SERVICES INC 2390 EASTEX FREEWAY STE 2A BEAUMONT, TX 77703 Fax 40973070527706592738 Administrator CHIEMEKA EGBUZIEM	Owner Information EMON HEALTHCARE SERVICES, INC 2390 EASTEX FREEWAY, 2A BEAUMONT, TEXAS 77703 PHONE: FAX: Services: Personal Assistance Services
County JEFFERSON License # 009653 Lic Expire 12/31/2023 Medicare 1: 677137 HHA-18 Medicare 2: Phone 409 8138109 Type: Parent Agency	Region 04 Date Licensed 01/01/2005 ENCOMPASS HEALTH HOME HEALTH 350 PINE STREET, SUITE 305 BEAUMONT, TEXAS 77701 Fax 409 2129079 Administrator SCOTT BRAKIN	Owner Information PREFERRED HOME HEALTH, LP 6688 N CENTRAL EXPRESSWAY SUITE 1300 DALLAS, TX 75206 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County JEFFERSON License # 019971 Lic Expire 5/29/2022 Medicare 1: Medicare 2: Phone (832) 475-9387	Region 04 Date Licensed 05/29/2020 ENTOUCH HOME CARE 4470 ROBERTS AVE BEAUMONT, TEXAS 77707 Fax	Owner Information ENTOUCH HOME CARE AGENCY LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County JEFFERSON License # 013330 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (832) 693-9203 Type: Branch Agency	Administrator KELLI HILL Region 06 Date Licensed 11/15/2011 EVEROSE HEALTHCARE INC 3631 PROFESSIONAL DR PORT ARTHUR, TX 77642 Fax (281) 679-6928 Administrator TED DIEP NGUYEN	Owner Information EVEROSE HEALTHCARE INC 11200 WESTHEIMER RD SUITE 100 HOUSTON, TX 77042 PHONE: FAX: Services: Personal Assistance Services
County JEFFERSON License # 011753 Lic Expire 11/30/2024 Medicare 1: Medicare 2: Phone (409) 832-5797 Type: Branch Agency	Region 06 Date Licensed 11/30/2007 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 595 18TH STREET BEAUMONT, TX 77706 Fax (409) 832-1343 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 JEFFERSON License # 018802 Lic Expire 6/30/2020 Medicare 1: Medicare 2: Phone (832) 880-3884	Region 04 Date Licensed 06/25/2018 GLAD HEALTHCARE SERVICES INC 990 IH 10 N BEAUMONT, TX 77702 Fax (281) 239-3944	Owner Information GLAD HEALTHCARE SERVICES INC 715 VALLEY RIDGE DR ROSENBERG, TX 77469 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

Administrator

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County JEFFERSON	Region 04 Date Licensed 11/05/2010	Owner Information
License # 013859	HARBOR HOME HEALTH	JCH INC
Lic Expire 11/30/2022	3130 STAGG DRIVE	3406 COLLEGE STREET
Medicare 1: 679163 HHA-18		BEAUMONT, TX 77701
Medicare 2:	BEAUMONT, TEXAS 77701	PHONE: FAX:
	Eav. (999) 700 9742	FRONE. FAA.
_	Fax (888) 700-8743	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator JON GARNER	
County JEFFERSON	Region 04 Date Licensed 08/30/2011	Owner Information
License # 014680	HARBOR HOSPICE HOUSE	HARBOR HOSPICE OF BEAUMONT LP
Lic Expire 8/31/2023	2450 NORTH MAJOR DRIVE	3406 COLLEGE STREET
Medicare 1: 671511 HOSPICE	BEAUMONT, TX 77713	BEAUMONT, TEXAS 77701
Medicare 2:	BENOMONI, IX III IO	PHONE: FAX:
Phone (409) 840-5640	Fax (409) 840-5643	
1 Hone (400) 040 0040	1 4/ (400) 040 0040	Services: Hospice In-Patient Hospice: YES
Type: Parent Agency	Administrator CYNTHIA ALLEN	III-r attent Hospice. TES
	7.4	0 1/ "
County JEFFERSON	Region 04 Date Licensed 11/05/2012	Owner Information
License # 015177	HARBOR HOSPICE OF SOUTHEAST TEXAS	SUNSHINE HOSPICE LP
Lic Expire 11/30/2022	2450 NORTH MAJOR DRIVE, SUITE 201	3406 COLLEGE STREET
Medicare 1: 741561 HOSPICE	BEAUMONT, TX 77713	BEAUMONT, TX 77701
Medicare 2:		PHONE: FAX:
Phone (409) 840-5640	Fax (409) 203-2473	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator CYNTHIA ALLEN	
County IEEEEDON	Region 04 Date Licensed 04/27/2018	Owner Information
County JEFFERSON	3.	HOSPICE CARE TEAM INC
License # 018771	HEART OF TEXAS HOSPICE	18568 FORTY SIX PKWY SUITE 3001
Lic Expire 4/30/2022	2390 EASTEX FREEWAY	SPRING BRANCH, TX 78070
Medicare 1: 671656 HOSPICE	BEAUMONT, TX 77703	
Medicare 2:		PHONE: FAX:
Phone (409) 832-3311	Fax (409) 832-3312	Services: Hospice
		In-Patient Hospice: NO
Torrest Description	Administrator IOF CHARMAN	
Type: Parent Agency	Administrator JOE CHAPMAN	
Type: Parent Agency County JEFFERSON	Administrator JOE CHAPMAN Region 04 Date Licensed 10/28/2013	Owner Information
· · · · · · · · · · · · · · · · · · ·		Owner Information HEART TO HEART HOSPICE OF THE GULF COAST, LLC
County JEFFERSON	Region 04 Date Licensed 10/28/2013	
County JEFFERSON License # 015927	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC	HEART TO HEART HOSPICE OF THE GULF COAST, LLC
County JEFFERSON License # 015927 Lic Expire 10/31/2023	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD.
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX:
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2:	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2:	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC 4180 DELAWARE ST. STE 402	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022 Medicare 1: 671791 HOSPICE	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A BEAUMONT, TX 77706
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022 Medicare 1: 671791 HOSPICE Medicare 2:	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC 4180 DELAWARE ST. STE 402 BEAUMONT, TEXAS 77706	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022 Medicare 1: 671791 HOSPICE	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC 4180 DELAWARE ST. STE 402	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A BEAUMONT, TX 77706 PHONE: FAX: Services: Hospice
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022 Medicare 1: 671791 HOSPICE Medicare 2: Phone (281) 969-7042	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC 4180 DELAWARE ST. STE 402 BEAUMONT, TEXAS 77706 Fax (281) 969-7056	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A BEAUMONT, TX 77706 PHONE: FAX:
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022 Medicare 1: 671791 HOSPICE Medicare 2:	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC 4180 DELAWARE ST. STE 402 BEAUMONT, TEXAS 77706	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A BEAUMONT, TX 77706 PHONE: FAX: Services: Hospice
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022 Medicare 1: 671791 HOSPICE Medicare 2: Phone (281) 969-7042	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC 4180 DELAWARE ST. STE 402 BEAUMONT, TEXAS 77706 Fax (281) 969-7056	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A BEAUMONT, TX 77706 PHONE: FAX: Services: Hospice
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022 Medicare 1: 671791 HOSPICE Medicare 2: Phone (281) 969-7042 Type: Parent Agency	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC 4180 DELAWARE ST. STE 402 BEAUMONT, TEXAS 77706 Fax (281) 969-7056 Administrator KELSEE DAVIS	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A BEAUMONT, TX 77706 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022 Medicare 1: 671791 HOSPICE Medicare 2: Phone (281) 969-7042 Type: Parent Agency County JEFFERSON	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC 4180 DELAWARE ST. STE 402 BEAUMONT, TEXAS 77706 Fax (281) 969-7056 Administrator KELSEE DAVIS Region 04 Date Licensed 02/17/2006	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A BEAUMONT, TX 77706 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022 Medicare 1: 671791 HOSPICE Medicare 2: Phone (281) 969-7042 Type: Parent Agency County JEFFERSON License # 010296	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC 4180 DELAWARE ST. STE 402 BEAUMONT, TEXAS 77706 Fax (281) 969-7056 Administrator KELSEE DAVIS Region 04 Date Licensed 02/17/2006 HOME CARE ELITE LLC	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A BEAUMONT, TX 77706 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HOME CARE ELITE LLC
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022 Medicare 1: 671791 HOSPICE Medicare 2: Phone (281) 969-7042 Type: Parent Agency County JEFFERSON License # 010296 Lic Expire 2/28/2024	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC 4180 DELAWARE ST. STE 402 BEAUMONT, TEXAS 77706 Fax (281) 969-7056 Administrator KELSEE DAVIS Region 04 Date Licensed 02/17/2006 HOME CARE ELITE LLC 2955 HARRISON STREET, SUITE 201	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A BEAUMONT, TX 77706 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HOME CARE ELITE LLC 2300 HIGHWAY 365 SUITE 130
County JEFFERSON License # 015927 Lic Expire 10/31/2023 Medicare 1: 671577 HOSPICE Medicare 2: Phone (409) 813-1028 Type: Parent Agency County JEFFERSON License # 017305 Lic Expire 10/31/2022 Medicare 1: 671791 HOSPICE Medicare 2: Phone (281) 969-7042 Type: Parent Agency County JEFFERSON License # 010296 License # 010296 Lic Expire 2/28/2024 Medicare 1: 677964 HHA-18	Region 04 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF THE GULF COAST LLC 550 FANNIN STREET SUITE 1200 BEAUMONT, TX 77701 Fax (409) 838-9939 Administrator DAVID SLAUGHTER Region 04 Date Licensed 10/02/2014 HEAVENLY HOSPICE @ HOME LLC 4180 DELAWARE ST. STE 402 BEAUMONT, TEXAS 77706 Fax (281) 969-7056 Administrator KELSEE DAVIS Region 04 Date Licensed 02/17/2006 HOME CARE ELITE LLC 2955 HARRISON STREET, SUITE 201	HEART TO HEART HOSPICE OF THE GULF COAST, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HEAVENLY HOSPICE @ HOME, LLC 8901 EF LOWRY EXPWY STE A BEAUMONT, TX 77706 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HOME CARE ELITE LLC 2300 HIGHWAY 365 SUITE 130 NEDERLAND, TX 77627

Administrator

EDDIE CHOATE

County JEFFERSON Region 04 Date Licensed 04/25/2007 Owner Information	
Type: Parent Agency Administrator JANET GUNTER County JEFFERSON Region 04 Date Licensed 04/11/2017 License # 015346 HOSPICE PLUS HOUSTON Lic Expire 8/31/2022 2615 CALDER STREET STE 660 Medicare 1: BEAUMONT, TX 77702 Medicare 2: PHONE: FAX: Phone (409) 832-6700 Fax (409) 832-6703 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator SUSAN RICKETTS County JEFFERSON Region 04 Date Licensed 04/11/2017 License # 015346 HOSPICE PLUS HOUSTON License # 015346 HOSPICE PLUS HOUSTON License # 8/31/2022 2615 CALDER STREET STE 660 MORRESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE & G55 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE & G55 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE & G55 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE & NC 28117	
County JEFFERSON Region 04 Date Licensed 04/11/2017 Owner Information License # 015346 HOSPICE PLUS HOUSTON HERITAGE HEALTH & HOSPICE CARE, LLC Lic Expire 8/31/2022 2615 CALDER STREET STE 660 655 BRAWLEY SCHOOL ROAD, STE: 200 Medicare 1: BEAUMONT, TX 77702 MORRESVILLE, NC 28117 PHONE: FAX: Phone (409) 832-6700 Fax (409) 832-6703 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator SUSAN RICKETTS County JEFFERSON Region 04 Date Licensed 04/11/2017 Owner Information License # 015346 HOSPICE PLUS HOUSTON HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 Lic Expire 8/31/2022 2615 CALDER STREET STE 660 MORRESVILLE, NO. 28117	
Phone (409) 832-6700 Fax (409) 832-6703 Services: Hospice In-Patient Hospice: NO Type: Alternate Delivery Site Administrator SUSAN RICKETTS County JEFFERSON Region 04 Date Licensed 04/11/2017 Owner Information License # 015346 HOSPICE PLUS HOUSTON HERITAGE HEALTH & HOSPICE CARE, LLC Lic Expire 8/31/2022 2615 CALDER STREET STE 660 MORRESVILLE NO. 28417	
Type: Alternate Delivery Site Administrator SUSAN RICKETTS County JEFFERSON Region 04 Date Licensed 04/11/2017 Owner Information License # 015346 HOSPICE PLUS HOUSTON HERITAGE HEALTH & HOSPICE CARE, LLC Lic Expire 8/31/2022 2615 CALDER STREET STE 660 MORRESVILLE NO. 28417	
License # 015346 HOSPICE PLUS HOUSTON HERITAGE HEALTH & HOSPICE CARE, LLC Lic Expire 8/31/2022 2615 CALDER STREET STE 660 MORPESVILLE NO 38417	
Medicare 1: BEAUMONT, TX 77702 WORKESVILLE, NC 26117	
Medicare 2: PHONE: FAX: Phone (409) 832-6700 Fax (409) 832-6703 Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site Administrator SUSAN RICKETTS	
County JEFFERSON Region 04 Date Licensed 04/11/2017 Owner Information License # 015346 HOSPICE PLUS HOUSTON HERITAGE HEALTH & HOSPICE CARE, LLC Lic Expire 8/31/2022 2615 CALDER STREET STE 660 655 BRAWLEY SCHOOL ROAD, STE: 200 Medicare 1: BEAUMONT, TX 77702 MORRESVILLE, NC 28117 Phone (409) 832-6700 Fax (409) 832-6703 PHONE: FAX: Services: Hospice	
Type: Alternate Delivery Site Administrator SUSAN RICKETTS	
County JEFFERSON Region 04 Date Licensed 04/11/2017 Owner Information License # 015346 HOSPICE PLUS HOUSTON HERITAGE HEALTH & HOSPICE CARE, LLC Lic Expire 8/31/2022 2615 CALDER STREET STE 660 655 BRAWLEY SCHOOL ROAD, STE: 200 Medicare 1: BEAUMONT, TX 77702 MORRESVILLE, NC 28117 Medicare 2: PHONE: FAX:	
Phone (409) 832-6700 Fax (409) 832-6703 Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site Administrator SUSAN RICKETTS	
Type: Alternate Delivery Site Administrator SUSAN RICKETTS County JEFFERSON Region 04 Date Licensed 04/12/1993 License # 002511 INTREPID USA HEALTHCARE SERVICES INTREPID HOME HEALTH CARE INC Lic Expire 4/30/2022 1480 CORNERSTONE COURT Medicare 1: 677616 HHA-18 BEAUMONT, TX 77706 Medicare 2: PHONE: FAX:	

Administrator STEPHANIE BAKER

County JEFFERSON License # 020301 Lic Expire 11/9/2022 Medicare 1: 971652 Medicare 2: Phone (409) 373-5001	Region 04 Date Licensed 11/09/2020 INTREPID USA HOSPICE SERVICES 87 IH-10, SUITE 101 BEAUMONT, TEXAS 777072542 Fax (409) 291-5492	Owner Information INTREPID OF HOUSTON TEXAS, INC 3220 KELLER SPRINGS ROAD, SUITE 108 CARROLLTON, TEXAS 75006 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ALLISON STONER	
County JEFFERSON License # 002583 Lic Expire 7/31/2022 Medicare 1: 677686 HHA-18 Medicare 2: Phone (409) 835-9909 Type: Parent Agency	Region 04 Date Licensed 07/28/1993 JEFFERSON COUNTY HOME HEALTH CARE INC 2670 LAUREL STREET BEAUMONT, TX 77702 Fax (409) 835-9949 Administrator ANGELA DARDEN	Owner Information JEFFERSON COUNTY HOME HEALTH CARE INC 8350 COLLIER ROAD BEAUMONT, TX 77706 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County JEFFERSON License # 020261 Lic Expire 10/23/2022 Medicare 1: Medicare 2: Phone (409) 223-1055 Type: Parent Agency	Region 04 Date Licensed 10/23/2020 KARE HOME INFUSION PHARMACY, PLLC 4225 GLADYS AVE., SUITE A BEAUMONT, TEXAS 77706 Fax (409) 223-1325 Administrator ARTHUR MCMAKIN	Owner Information KARE INFUSION CENTER, PLLC PHONE: FAX: Services: Licensed Home Health Services
County JEFFERSON License # 014447 Lic Expire 8/31/2023 Medicare 1: 678039 HHA-18 Medicare 2: Phone (409) 895-0009	Region 04 Date Licensed 08/05/2011 KINDRED AT HOME 2615 CALDER STREET SUITE 202 BEAUMONT, TX 77702 Fax (409) 895-0006	Owner Information HORIZON HEALTH CARE SERVICES, INC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator POLLY MATLOCK	
County JEFFERSON License # 007790 Lic Expire 6/30/2023 Medicare 1: 451638 HOSPICE Medicare 2: Phone (409) 924-0085 Type: Parent Agency	Region 04 Date Licensed 07/01/2001 KINDRED HOSPICE 8050 EASTEX FREEWAY BEAUMONT, TX 77708 Fax (409) 924-0448 Administrator KENDRA GRAY	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 JEFFERSON License # 015395 Lic Expire Medicare 1: Medicare 2: Phone (877) 434-3153 Type: Parent Agency	Region 04 Date Licensed 02/27/2013 LIFESPAN HOME HEALTH 2615 CALDER AVENUE SUITE 320 BEAUMONT, TX 77701 Fax (877) 463-1310 Administrator LORENA TORRES	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 JEFFERSON License # 021013 Lic Expire 8/27/2024 Medicare 1: Medicare 2: Phone 409 2402581	Region 04 Date Licensed 08/27/2021 MAELEE HOME HEALTHCARE LLC 2305 NORTH STREET STE. 107 BEAUMONT, TX 77702 Fax 409 2994183	Owner Information MAELEE HOME HEALTHCARE LLC PHONE: FAX:
Type: Parent Agency	Administrator PHILLEATRO RILES	Services: Personal Assistance Services

County JEFFERSON License # 012917 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (409) 833-4004 Type: Parent Agency	Region 04 Date Licensed MAXIM HEALTHCARE SERVICES INC 350 PINE ST., SUITE 1430 BEAUMONT, TX 77701 Fax (844) 691-2084 Administrator JODY BUXTON	01/21/2009	Owner Information MAXIM HEALTHCARE SERVICES INC 7227 LEE DEFOREST DRIVE COLUMBIA, MD 21046 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County JEFFERSON License # 015543 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (409) 276-7576 Type: Parent Agency	Region 04 Date Licensed MONTEBELLO HOME CARE INC 350 PINE STREET SUITE 765 BEAUMONT, TX 77701 Fax (409) 276-4900 Administrator DEBRA LEGER	05/15/2013	Owner Information MONTEBELLO HOME CARE INC 350 PINE STREET SUITE 620 BEAUMONT, TX 77701 PHONE: FAX: Services: Personal Assistance Services
County JEFFERSON License # 007389 Lic Expire 1/31/2022 Medicare 1: 459459 HHA-18 Medicare 2: Phone (409) 724-7000 Type: Parent Agency	Region 04 Date Licensed OMNIBUS HOME HEALTH CARE INC 1455 S HIGHWAY 69 NEDERLAND, TX 77627 Fax (409) 724-7066 Administrator KRISTINA DUBOIS	01/07/2000	Owner Information OMNIBUS HOME HEALTH CARE, INC 4173 39TH ST STE B PORT ARTHUR, TX 77642 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County JEFFERSON License # 003864 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (409) 924-9906 Type: Branch Agency	Region 06 Date Licensed PATHFINDER HOME HEALTH 5550 EASTEX FREEWAY STE EE BEAUMONT, TX 77708 Fax (409) 924-7348 Administrator MICHELLE HOKANSON	12/10/2003	Owner Information PROS HOME HEALTHCARE, INC 318 BRIAR ROCK ROAD THE WOODLANDS, TX 77380 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County JEFFERSON License # 007934 Lic Expire 9/30/2024 Medicare 1: 679157 HHA-18;45 Medicare 2: Phone (409) 212-0205	Region 04 Date Licensed PROFESSIONAL HEALTH CARE 4347 CROW ROAD BEAUMONT, TX 77706 Fax (409) 212-0208	05/15/2002	Owner Information SOUTHEAST TEXAS PROFESSIONAL HEALTH CARE INC 1302 WOODWAY SOUR LAKE, TX 77659 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County JEFFERSON License # 012588 Lic Expire 5/31/2023 Medicare 1: 747479 HHA-18 Medicare 2: Phone (409) 722-9797	Administrator LEANN RIVERS Region 04 Date Licensed PRUCARE HOME HEALTH AGENCY PLLC 7980 ANCHOR DRIVE BLDG. 400 PORT ARTHUR, TEXAS 77642 Fax (409) 729-7019	05/07/2009	Owner Information PRUCARE HOME HEALTH AGENCY PLLC PO BOX 22733 BEAUMONT, TX 77720 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency County JEFFERSON License # 009384 Lic Expire 8/31/2024 Medicare 1: 457884 HHA-18 Medicare 2: Phone (409) 212-8880 Type: Parent Agency	Administrator PRUDENCE DANSO-DAPAAI Region 04 Date Licensed PULSE HOMECARE 10485 EASTEX FWY UNIT C BEAUMONT, TEXAS 77708 Fax (409) 212-1508 Administrator LISA RAGLIN	08/20/2004	Personal Assistance Services Owner Information PULSE HOMECARE LTD 5353 WEST ALABAMA SUITE 420 HOUSTON, TX 77056 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County JEFFERSON License # 013514 Lic Expire 8/31/2020 Medicare 1: Medicare 2: Phone (409) 832-0011 Type: Parent Agency	Region 04 Date Licensed QUALITY CARE SERVICE INC 3442 EASTEX FREEWAY BEAUMONT, TX 77703 Fax (409) 832-0425 Administrator NANCY CARLISLE	08/05/2010	Owner Information QUALITY CARE SERVICES INC 3442 EASTEX FREEWAY BEAUMONT, TX 77703 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County JEFFERSON License # 017407 Lic Expire 10/31/2023 Medicare 1: 673149 HHA-18 Medicare 2: Phone (409) 385-7744	Region 04 Date Licensed RICELAND HOME HEALTH LLC 85 I - 10 FRONTAGE ROAD STE 100 BEAUMONT, TX 77707 Fax (409) 385-7723	10/28/2015	Owner Information RICELAND HOME HEALTH LLC 85 I-10 FRONTAGE RD, SUITE #100 BEAUMONT, TX 77707 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County JEFFERSON License # 013438 Lic Expire 7/31/2022 Medicare 1: 671715 HOSPICE Medicare 2: Phone (409) 842-1112	Administrator KIMBERLY ELLIOTT Region 04 Date Licensed RICELAND HOSPICE 85 IH 10 SUITE 208 BEAUMONT, TX 77707 Fax (409) 840-4104 Administrator NICHOLAS LAMPSON	07/07/2010	Owner Information TRIANGLE CARE HOSPICE LP 85 IH 10 SUITE 208 BEAUMONT, TX 77705 PHONE: (409) 842-1112 FAX: (409) 840-4104 Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County JEFFERSON License # 015501 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (409) 291-8880 Type: Parent Agency	Administrator NICHOLAS LAMPSON Region 04 Date Licensed SETX HOME CARE 4347 PHELAN BLVD SUITE 101 BEAUMONT, TX 77707 Fax (409) 291-8829 Administrator SAUL AVILA	04/25/2013	Owner Information S T C MEDICUS ENTERPRISES LLC 4347 PHELAN BOULEVARD SUITE 102 BEAUMONT, TX 77707 PHONE: FAX: Services: Personal Assistance Services
County JEFFERSON License # 009001 Lic Expire 2/28/2022 Medicare 1: 679237 HHA-18 Medicare 2: Phone (409) 721-9075 Type: Parent Agency	Region 04 Date Licensed SOUTHERN HOME HEALTH 2348 HWY 69 N NEDERLAND, TX 77627 Fax (409) 721-6206 Administrator KIMBERLY LONA	02/20/2004	Owner Information TEXAS HEALTH CARE GROUP OF THE GOLDEN TRIANGLE LLC PO BOX 51266 LAFAYETTE, LA 70505 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County JEFFERSON License # 013275 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (409) 861-2000 Type: Parent Agency	Region 04 Date Licensed SYNERGY HOMECARE SOUTHEAST TEXAS 4180 DELAWARE STREET SUITE 101 BEAUMONT, TX 77706 Fax (409) 861-2002 Administrator STEPHANIE ALLEN	04/28/2010	Owner Information BRISTOL ENTERPRISE INC 2390 EASTEX FREEWAY SUITE 100 BEAUMONT, TX 77703 PHONE: FAX: Services: Personal Assistance Services
County JEFFERSON License # 020740 Lic Expire 5/7/2024 Medicare 1: Medicare 2: Phone (409) 434-4038	Region 04 Date Licensed TAILORED HOME CARE LLC 2620 LAUREL ST BEAUMONT, TX 77702 Fax (409) 434-4003	05/07/2021	Owner Information TAILORED HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services

Administrator

RACHELLE THOMAS

County JEFFERSON License # 010904 Lic Expire 11/30/2022 Medicare 1: 671560 HOSPICE Medicare 2: Phone 409 8991152 Type: Parent Agency	Region 04 Date Licensed TEXAS HOME HEALTH HOSPICE 5685 EASTEX FREEWAY BEAUMONT, TX 77706 Fax 409 8980155 Administrator LORI SAMUEL	11/30/2006	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 JEFFERSON License # 008922 Lic Expire 2/28/2023	Region 04 Date Licensed TEXAS HOME HEALTH SKILLED SERVICES 5687 EASTEX FREEWAY	06/23/2005	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 1: 67Q3115001 Medicare 2: Phone (409) 899-9979	BEAUMONT, TX 77706 Fax (409) 839-8124		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Branch Agency	Administrator SARAH VILLANUEVA		Personal Assistance Services
County JEFFERSON License # 015930 Lic Expire 9/30/2023 Medicare 1: 67Q7248001 Medicare 2: Phone (409) 299-9741	Region 07 Date Licensed THERACARE HOME HEALTH 4890 DOWLEN ROAD, SUITE EOX BEAUMONT, TX 777084828 Fax (409) 299-9739	09/27/2013	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;
Type: Branch Agency	Administrator ROSALINDA FERREL		Personal Assistance Services
County JEFFERSON License # 020598 Lic Expire 3/12/2024 Medicare 1:	Region 04 Date Licensed THRIVE SKILLED PEDIATRIC CARE 2615 CALDER STREET, SUITE 610 BEAUMONT, TEXAS 777021947	03/12/2021	Owner Information FIRST CHOICE CHILDREN'S HOMECARE, LP 701 EDGEWATER DRIVE, SUITE 300 WAKEFIELD, MA 1880
Medicare 2: Phone (409) 351-3680 Type: Parent Agency	Fax (409) 241-9494 Administrator MARCO HERNANDEZ		PHONE: FAX: Services: Licensed Home Health Services
County JEFFERSON License # 017281 Lic Expire 2/28/2025 Medicare 1:	Region 04 Date Licensed TREASURE SERVICES INCORPORATED 3800 HWY 365 SUITE 124 PORT ARTHUR, TX 77642	02/22/2016	Owner Information TREASURE SERVICES INCORPORATED 3800 HWY 365 SUITE 139 PORT ARTHUR, TX 77642 PHONE: FAX:
Medicare 2: Phone (409) 853-1371 Type: Parent Agency	Fax (409) 853-1791 Administrator RACHEL COLEMAN		PHONE: FAX: Services: Personal Assistance Services
County JEFFERSON License # 019060 Lic Expire 11/6/2022 Medicare 1: 971609 Hospice Medicare 2:	Region 04 Date Licensed TRINITY HOSPICE 350 PINE STREET, STE 711 BEAUMONT, TX 77701	11/06/2018	Owner Information A & B HOSPICE SERVICES LLC 540 E APPLEBY RD SUITE #104 FAYETTEVILLE, AR 72703 PHONE: FAX:
Phone 409 2994477	Fax 409 2994436		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator HENRY SMITH		
County JEFFERSON License # 020006 Lic Expire 9/1/2022	Region 04 Date Licensed VICTORY HOME CARE 350 PINE ST. STE. 1425	09/01/2020	Owner Information TRACI SONN, LLC
Medicare 1: Medicare 2:	BEAUMONT, TEXAS 77701		PHONE: FAX:
Phone (409) 223-1465 Type: Parent Agency	Fax (844) 713-2417 Administrator PAULA SONN		Services: Personal Assistance Services

County JEFFERSON License # 017409 Lic Expire 5/31/2022 Medicare 1: 459375 Medicare 2: Phone (409) 838-5151	Region 04 Date Licensed 05/19/2016 VILLAGE CHOICE HEALTH CARE INC 5825 PHELAN BLVD, SUITE 106 BEAUMONT, TX 77706 Fax (409) 838-6161	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
Type: Parent Agency	Administrator DOLLY DARIA	Totalian Noblania Sarvias
County JEFFERSON License # 016980 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (409) 291-4029 Type: Parent Agency	Region 04 Date Licensed 08/19/2015 VISITING ANGELS 350 PINE STREET - SUITE 315 BEAUMONT, TEXAS 77701 Fax (409) 291-8645 Administrator DAVID INGRAM	Owner Information CJ HOMECARE, INC 510 2ND ST HUMBLE, TX 77338 PHONE: FAX: Services: Personal Assistance Services
County JIM HOGG License # 003177 Lic Expire 11/30/2023 Medicare 1: 67Q7522002 Medicare 2: Phone (361) 527-2080 Type: Branch Agency	Region 07 Date Licensed 07/28/2006 AMERICAN MEDICAL HOME HEALTH SERVICES 512 N SMITH AVE HEBBRONVILLE, TX 78361 Fax (361) 356-3778 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 License # 018009 Lic Expire 2/28/2024 Medicare 1: Medicare 2: Phone (956) 726-8503	Region 07 Date Licensed 02/06/2017 MED TEAM INC 4 EAST STATE HIGHWAY 359 HEBBRONVILLE, TEXAS 783613673 Fax (956) 727-5068	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
Type: Parent Agency County JIM HOGG License # 016001 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (361) 527-4007 Type: Parent Agency	Administrator ADEMAR DAVID GARZA Region 07 Date Licensed 01/01/2014 MED TEAM INC 4 EAST STATE HWY 359 HEBBRONVILLE, TX 78361 Fax (361) 527-4000 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 License # 018788 Lic Expire 6/30/2022 Medicare 1: 971518 Medicare 2: Phone 361 5274007 Type: Parent Agency	Region 07 Date Licensed 06/15/2018 THE MEDICAL TEAM INC 4 EAST STATE HIGHWAY 359 HEBBRONVILLE, TX 78361 Fax 361 5274000 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 License # 012890 Lic Expire 2/1/2025 Medicare 1: 747939 HHA-18 Medicare 2: Phone (361) 396-4208 Type: Parent Agency	Region 07 Date Licensed 10/05/2009 A DOSE OF CARE HOME HEALTH INC 1481 SOUTH FLOURNOY SUITE 125 ALICE, TX 78332 Fax (361) 396-4228 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 License # 019771 Lic Expire 10/25/2021 Medicare 1: 4672277 Medicare 2: Phone (361) 752-3016	Region 07 Date Licensed ALTUS HOSPICE 1629 E. MAIN STREET, SUITE C ALICE, TX 78332 Fax	Owner Information ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200 CHARLOTTESVILLE, VA 22903 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator KATHRYN SKYES-WITZSCHE	In-Patient Hospice: NO
County JIM WELLS License # 020327 Lic Expire 11/19/2022 Medicare 1: Medicare 2: Phone (361) 245-8803 Type: Parent Agency	Region 07 Date Licensed 11/19/2020 AVITACARE HOSPICE LLC 301 N. KING ST. STE 101 ALICE, TEXAS 78332 Fax (361) 245-8832 Administrator FRANCISCO RODRIGUEZ	Owner Information AVITACARE HOSPICE LLC PO BOX 3386 ALICE, TX 78333 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County JIM WELLS License # 002352 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (361) 664-9797 Type: Branch Agency	Region 07 Date Licensed 06/23/1995 BAYSIDE HOME HEALTH CARE INC 1315 EAST MAIN STREET ALICE, TX 78332 Fax (361) 664-4113 Administrator MIGUEL MARTINEZ	Owner Information BAYSIDE HOME HEALTH CARE INC PO BOX 6250 CORPUS CHRISTI, TX 78466 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County JIM WELLS License # 021316 Lic Expire 1/7/2025 Medicare 1:	Region 07 Date Licensed 01/07/2022 BLESSED HOME HEALTH 611 COMMERCE RD. ALICE, TX 78332	Owner Information FLORES NURSING SERVICES LLC
Medicare 2: Phone (361) 595-1411	Fax (361) 595-3002	PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency County JIM WELLS License # 018549 Lic Expire 5/31/2023 Medicare 1: 747840 HHA-18 Medicare 2: Phone (361) 949-5246 Type: Parent Agency	Administrator MONICA WITT Region 07 Date Licensed 05/26/2017 CITICA HOME HEALTH LLC 611 COMMERCE RD. ALICE, TEXAS 78332 Fax (361) 949-5769 Administrator MONICA WITT	Owner Information CITICA HOME HEALTH LLC 207 E KING AVENUE KINGSVILLE, TX 78363 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County JIM WELLS License # 005343 Lic Expire 3/31/2022 Medicare 1: 459319 HHA-18 Medicare 2: Phone (361) 664-3484 Type: Parent Agency	Region 07 Date Licensed 03/10/1997 DEL CIELO HOME CARE SERVICES 411 N. KING STREET ALICE, TX 78332 Fax (361) 664-5550 Administrator ANDRES ELIZONDO II	Owner Information GOLD HORSES, LLC PO DRAWER 3267 ALICE, TX 78333 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County JIM WELLS License # 010700 Lic Expire 8/31/2023 Medicare 1: 673199 (HHA); 671 Medicare 2: Phone (361) 664-3484 Type: Parent Agency	Region 07 Date Licensed 08/28/2006 DEL CIELO HOME HEALTH & HOSPICE 411 N KING STREET ALICE, TX 78332 Fax (361) 723-0212 Administrator MARIA GARCIA	Owner Information LAREDO VISITING NURSES, INC 1101 3RD ST CORPUS CHRIST, TEXAS 78404 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO

County JIM WELLS License # 016722 Lic Expire 2/28/2023 Medicare 1: 747222 HHA-18 Medicare 2: Phone (361) 396-0902 Type: Parent Agency	Region 07 Date Licensed FIRST HOME HEALTHCARE LLC 308 E SECOND STREET SUITE D ALICE, TX 78332 Fax (361) 396-0982 Administrator ARELY MATHEWS	02/12/2015	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 License # 013830 Lic Expire 11/30/2022 Medicare 1: 747110 HHA-18;74 Medicare 2: Phone (361) 396-1282	Region 07 Date Licensed HEALTHY HORIZONS HOMECARE LLC 1006 E 6TH ST ALICE, TX 783324656 Fax (361) 396-1283	11/15/2010	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
Type: Parent Agency	Administrator CARLA ZAMBRANO		Owner Information
County JIM WELLS License # 017971 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (361) 396-4371	Region 07 Date Licensed HOMECARE DIMENSIONS 2000 ATKINSON DRIVE NW, SUITE 210 ALICE, TEXAS 78332 Fax (361) 396-4394		Owner Information HOMECARE DIMENSIONS, INC 12500 NETWORK BLVD SUITE 210 SAN ANTONIO, TX 78249 PHONE: FAX: Services: Licensed Home Health Services
Type: Branch Agency	Administrator ASHLEIGH STRICKLAND		Owner Information
County JIM WELLS License # 018056 Lic Expire 5/31/2024 Medicare 1:	Region 07 Date Licensed IN HOME PROVIDER SERVICES LLC 515 S BROADWAY ST PREMONT, TX 78375	05/11/2017	Owner Information IN HOME PROVIDER SERVICES LLC PO BOX 306 PREMONT, TEXAS 78375
Medicare 2: Phone (361) 346-2261 Type: Parent Agency	Fax (361) 346-2263 Administrator OLIVIA SCHACHERL		PHONE: FAX: Services: Personal Assistance Services
County JIM WELLS License # 013683 Lic Expire 10/31/2022 Medicare 1: 747607 HHA-18 Medicare 2: Phone (361) 664-3900	Region 07 Date Licensed MI CASA HOME HEALTH AGENCY 2020 N JOHNSON ALICE, TX 78332 Fax (361) 664-3901	10/29/2010	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
Type: Parent Agency	Administrator BLANCA ESTELA GARCIA		Convices. Electrica and contined from Freduit Convices, Forsonial Assistance Convices
County JIM WELLS License # 017651 Lic Expire 9/30/2022 Medicare 1: 74-1766 Medicare 2: Phone (361) 453-4105	Region 07 Date Licensed MI CASA HOSPICE LLC 2030 N JOHNSON ST ALICE, TX 78332 Fax (361) 664-3901	09/23/2016	Owner Information MI CASA HOSPICE, LLC 2030 N JOHNSON STREET ALICE, TEXAS 78332 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator		In-Patient Hospice: NO
County JIM WELLS License # 013111 Lic Expire 2/28/2022 Medicare 1: 747628 HHA-18 Medicare 2:	Region 07 Date Licensed MI FAMILIA HOME HEALTH 1881 SOUTH REYNOLDS ST SUITE B ALICE, TX 78332	02/16/2010	Owner Information REHMET HOLDINGS LLC 1881 SOUTH REYNOLDS SUITE B ALICE, TX 78332 PHONE: FAX:
Phone (361) 396-4803 Type: Parent Agency	Fax (361) 396-4805 Administrator ANDREA BARCAK		Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County JIM WELLS License # 015568 Lic Expire 5/31/2023 Medicare 1: 747917 HHA-18 Medicare 2: Phone (361) 661-9701 Type: Parent Agency	Region 07 Date Licensed 05/28/2013 PREMIERE ANGEL CARE HOME HEALTH LLC 3248 WEST HIGHWAY 44 ALICE, TX 78332 Fax (361) 664-0676 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	Owner Information
License # 001433 Lic Expire 1/31/2022 Medicare 1: 457577 HHA-18 Medicare 2:	REAL HOME HEALTH CARE INC 301 LUCERO STREET ALICE, TX 78332	PHONE: FAX:
Phone (361) 668-3158	Fax (361) 664-9695	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Devent Agency	Administrator CLODIA DAMOS	Personal Assistance Services
Type: Parent Agency County JIM WELLS License # 016489 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (361) 664-8118 Type: Parent Agency	Administrator GLORIA RAMOS Region 07 Date Licensed 08/06/2014 REGIONAL HOME HEALTH AGENCY 16 SOUTH JOHNSON STREET ALICE, TX 78332 Fax (361) 668-1848 Administrator REUBEN GARCIA	Owner Information LANDO INC 16 S JOHNSON ALICE, TX 78332 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
		Owner Information
County JIM WELLS License # 021217	Region 07 Date Licensed 11/19/2021 SAINT FRANCES HOME HEALTH, LLC	SAINT FRANCES HOME HEALTH, LLC
Lic Expire 11/19/2024	701 N TEXAS BLVD	P O BOX 4079
Medicare 1:	ALICE, TEXAS 78332	ALICE, TX 78332
Medicare 2:		PHONE: FAX:
Phone (361) 592-0001	Fax (361) 592-3055	Services: Personal Assistance Services
Type: Parent Agency	Administrator BLANCA CASTILLO-GARCIA	
County JIM WELLS License # 009340 Lic Expire 9/30/2022 Medicare 1: 457865 HHA-18 Medicare 2:	Region 07 Date Licensed 10/01/2004 SALDIVAR HOME HEALTH INC 905 N. JOHNSON ST. ALICE, TEXAS 78332	Owner Information SALDIVAR HOME HEALTH INC P. O. BOX 3531 ALICE, TEXAS 78333 PHONE: FAX:
Phone (361) 396-1204	Fax (361) 664-5862	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator OFELIA SALDIVAR	Connect and Continue House To Note Continue House
County JIM WELLS License # 016922 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (361) 396-1200 Type: Parent Agency	Region 07 Date Licensed 07/17/2015 SALDIVAR HOME HEALTHCARE 905 N. JOHNSON ST. ALICE, TEXAS 78332 Fax (361) 664-5862 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	Owner Information
License # 007114	SALDIVAR PRIMARY HOME CARE	SALDIVAR COASTAL SERVICES INC
Lic Expire 9/30/2022	905 N JOHNSON ST	P. O. BOX 3504
Medicare 1:	ALICE, TEXAS 78332	ALICE, TEXAS 78332
Medicare 2:	Eax (361) 664 7524	PHONE: (361) 396-1200 FAX: (361) 396-1203
Phone (361) 664-2110	Fax (361) 664-7531	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARGOT P. SALDIVAR	

County JIM WELLS	Region 07 Date Licensed 03/21/2005	Owner Information
License # 009646	UNITED HOME CARE	GARCIA VENTURES, INC
Lic Expire 3/31/2024	2041 E. MAIN ST. SUITE 400B	405 HIGHLAND STREET
Medicare 1: 457873 HHA-18	ALICE, TX 78332	ALICE, TX 78332
Medicare 2:		PHONE: FAX:
Phone 361 6648908	Fax 844 2073056	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator LAURA GONZALEZ	
County JIM WELLS	Region 07 Date Licensed 03/03/1997	Owner Information
License # 005313	VA HEALTH SERVICES INC	VA HEALTH SERVICES INC
Lic Expire 3/31/2022	405 HIGHLAND STREET SUITE 2	405 HIGHLAND STREET SUITE 2
Medicare 1:	ALICE, TX 78332	ALICE, TX 78332
Medicare 2:		PHONE: FAX:
Phone (361) 668-8466	Fax (361) 668-4159	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LARISSA GARCIA-HAWKINS	
County JOHNSON	Region 05 Date Licensed 06/18/2020	Owner Information
License # 020005	AFFINITY COMPANION CARE LLC	AFFINITY COMPANION CARE, LLC
Lic Expire 6/18/2022	4400 SAINT LEGER DR	
Medicare 1:	CLEBURNE, TX 76033	
Medicare 2:	OLLBONAL, IX 10000	PHONE: FAX:
Phone (817) 797-3654	Fax	
Type: Parent Agency	Administrator DONNA KAUFMAN	Services: Personal Assistance Services
" ,		Ourse Information
County JOHNSON	Region 05 Date Licensed 10/20/2016	Owner Information
License # 017690	CARING SENIOR SERVICE OF JOHNSON COUNTY	KJ QUALITY CARE LLC
Lic Expire 10/31/2022	1200 W HENDERSON ST, SUITE E	3200 COUNTY ROAD 1120
Medicare 1:	CLEBURNE, TEXAS 76033	CLEBURNE, TX 76033
Medicare 2:		PHONE: FAX:
Phone (682) 317-9021	Fax (682) 317-9025	Services: Personal Assistance Services
Type: Parent Agency	Administrator KRESHNA SHEPLEAR	
County JOHNSON	Region 03 Date Licensed 01/28/1997	Owner Information
License # 005213	COMMUNITY HEALTHCARE OF TEXAS	COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 4/30/2022	501 NORTH RIDGEWAY	6100 WESTERN PLACE SUITE 105
Medicare 1: 451501	CLEBURNE, TX 76033	FORT WORTH, TX 76107
Medicare 2:		PHONE: FAX:
Phone (817) 558-8302	Fax (817) 648-0275	Services: Hospice
		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator LAUREN PARRISH HORTON	
County JOHNSON	Region 03 Date Licensed 07/17/1997	Owner Information
License # 005213	COMMUNITY HEALTHCARE OF TEXAS	COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 4/30/2022	301 MEDPARK CIRCLE	6100 WESTERN PLACE SUITE 105
Medicare 1:	BURLESON, TX 76028	FORT WORTH, TX 76107
Medicare 2:		PHONE: FAX:
Phone (817) 615-2150	Fax (817) 615-2159	Services: Hospice
		In-Patient Hospice: YES
Type: Alternate Delivery Site	Administrator LAUREN PARRISH HORTON	
County JOHNSON	Region 05 Date Licensed 01/03/2008	Owner Information
License # 011789	DFW SENIOR CARE SERVICES INC	DFW SENIOR CARE SERVICES, INC
Lic Expire 1/31/2022	228 NE WILSHIRE BLVD, SUITE C	2715 PINNACLE DRIVE
Medicare 1:	BURLESON, TX 76028	BURLESON, TX 76028
Medicare 2:	BURLESON, TX 76028	BURLESON, TX 76028 PHONE: FAX:

County JOHNSON License # 014255 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone 817 4263165 Type: Branch Agency	Region 03 Date Licensed 06/03/2011 ENCOMPASS HEALTH HOME HEALTH 111 NW NEWTON, SUITE B BURLESON, TEXAS 76028 Fax 817 4263145 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
	·	Owner Information
County JOHNSON License # 011086	Region 03 Date Licensed 11/01/2006	EH OF FORT WORTH, LP
	ENCOMPASS HEALTH HOME HEALTH	6688 N CENTRAL EXPRESSWAY, SUITE 1300
Lic Expire 10/31/2022 Medicare 1:	605 NORTH NOLAN RIVER DRIVE, SUITE 605D CLEBURNE, TEXAS 76033	DALLAS, TEXAS
Medicare 1:	CLEBONNE, 12AAS 70000	PHONE: FAX:
Phone 817 5584312	Fax 817 5584305	
Type: Branch Agency	Administrator ERIC DENGLER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
- Diancit Agency	Administrator ENG DENGLEN	
County JOHNSON	Region 03 Date Licensed	Owner Information
License # 015841	ENCOMPASS HEALTH HOSPICE	APEX HOSPICE, LLC
Lic Expire 9/30/2023	111 NW NEWTON, SUITE A	6688 N. CENTRAL EXPRESSWAY, STE 1300
Medicare 1:	BURLESON, TEXAS 76028	DALLAS, TEXAS 75206
Medicare 2:		PHONE: FAX:
Phone 817 4477312	Fax 682 2371480	Services: Hospice
Type: Alternate Delivery Site	Administrator RANDY PICKERING	In-Patient Hospice: NO
- The final Bollvery Old	/ Administration Total Print Total Print	Owner Information
County JOHNSON	Region 05 Date Licensed 09/24/2020	Owner Information
License # 020196	GATEWAY HOSPICE PROVIDERS, LLC	GATEWAY HOSPICE PROVIDERS, LLC
Lic Expire 9/24/2022	140 W ELDRED ST	
Medicare 1: 971641	BURLESON, TEXAS 760284281	
Medicare 2:	F (047) F40 020F	PHONE: FAX:
Phone (682) 499-6669	Fax (817) 549-2305	Services: Hospice
Type: Parent Agency	Administrator MISTY HIGHTOWER	In-Patient Hospice: NO
<u> </u>		Owner Information
County JOHNSON	Region 05 Date Licensed 09/11/2020	GODSWILL HEALTH CARE SERVICES LLC
License # 020166	GODSWILL HEALTH CARE SERVICES LLC	GODSWILL REALTH CARE SERVICES LLC
Lic Expire 9/11/2022	1053 WEEPING OAK DRIVE	
Medicare 1:	BURLESON, TEXAS 76028	BUOVE 51V
Medicare 2:	Eay /947\ 077 0072	PHONE: FAX:
Phone (646) 421-0642	Fax (817) 977-0073	Services: Personal Assistance Services
Type: Parent Agency	Administrator EVELYN FOTABONG	
County JOHNSON	Region 05 Date Licensed 06/09/1997	Owner Information
License # 005680	GOLDEN RULE HOME CARE	KCP HEALTH SERVICES INC
Lic Expire 6/30/2023	1306 NW JOHN JONES	1216 WEST CLEBURNE ROAD
Medicare 1: 459436 HHA-18	BURLESON, TX 76028	CROWLEY, TX 76036
Medicare 2:		PHONE: FAX:
Phone (817) 297-3444	Fax (817) 297-6822	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator CINDY VICKERS	
County JOHNSON	Region 05 Date Licensed 05/17/2017	Owner Information
License # 018313	HEART TO HEART HOSPICE OF THE BRAZOS, LLC	HEART TO HEART HOSPICE OF THE BRAZOS, LLC
Lic Expire 5/31/2023	1200 W HENDERSON STREET SUITE I	7240 CHASE OAKS BLVD.
Medicare 1: 741527 HOSPICE	CLEBURNE, TX 76033	PLANO, TX 75025
Medicare 2:		PHONE: FAX:
Phone (682) 317-1810	Fax (682) 317-1813	Services: Hospice
		In-Patient Hospice: NO

Administrator BRENT COLVIN

County JOHNSON License # 012673 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (817) 447-9403 Type: Parent Agency	Region 05 Date Licensed 04/30/2009 HOME CARE EXTENDED LLC 132 NW ELLISON SUITE 1 BURLESON, TX 76028 Fax (817) 426-5620 Administrator NORMA LIVINGSTON	Owner Information HOME CARE EXTENDED LLC 141 NW SUZANNE TERRACE BURLESON, TX 76028-5617 PHONE: FAX: Services: Personal Assistance Services
County JOHNSON License # 011749 Lic Expire 9/30/2023 Medicare 1: 679412 HHA-18 Medicare 2: Phone (817) 202-0617 Type: Parent Agency	Region 05 Date Licensed 09/28/2007 KINDRED AT HOME 1101 WEST HENDERSON STREET CLEBURNE, TX 76033 Fax (817) 202-9378 Administrator JAMIE SMITH	Owner Information ABLE HOME HEALTHCARE, INC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Licensed and Certified Home Health Services
County JOHNSON License # 019609 Lic Expire 9/20/2021 Medicare 1: Medicare 2: Phone (847) 774 2152	Region 05 Date Licensed 10/08/2019 PROCARE HOME CARE SERVICES UNLIMITED, CORP 118 W. HEARD ST. STE B CLEBURNE, TX 76033	Owner Information PROCARE HOME CARE SERVICES UNLIMITED, CORP PHONE: FAX:
Phone (817) 774-2152 Type: Parent Agency	Fax Administrator TESS DAVIS	Services: Personal Assistance Services
County JOHNSON License # 014075 Lic Expire 5/31/2021 Medicare 1: Medicare 2: Phone (832) 230-1518	Region 06 Date Licensed RELIANT PEDIATRIC THERAPY SERVICES, PC 312 E RENFRO, STE 206 BURLESON, TEXAS 76028 Fax (817) 533-9996	Owner Information RELIANT PEDIATRIC THERAPY SERVICES, PC 21630 MERCHANTS WAY KATY, TX 77449 PHONE: FAX: Services: Licensed Home Health Services
Type: Branch Agency	Administrator OLENDU OKORAFOR	Services. Licensed Frome Headin Services
County JOHNSON License # 015695 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (817) 279-7990 Type: Branch Agency	Region 03 Date Licensed 02/10/2015 RENEW HOME HEALTH 906 W HENDERSON CLEBURNE, TX 76033 Fax (817) 273-8060 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 JOHNSON License # 016260 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (817) 202-8801 Type: Branch Agency	Region 03 Date Licensed RENEW HOME HEALTH 906 W HENDERSON CLEBURNE, TEXAS 76033 Fax (817) 202-8852 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 JOHNSON License # 020959 Lic Expire 11/22/2022 Medicare 1: Medicare 2: Phone (817) 506-4016 Type: Parent Agency	Region 05 Date Licensed 11/22/2020 RIGHT AT HOME 474 N BROADWAY SUITE B JOSHUA, TEXAS 76058 Fax (817) 469-7148 Administrator WHITNEY KRUPALA	Owner Information CWK BEST CARE LLC PO BOX 1880 MIDLOTHIAN, TX 76065 PHONE: FAX: Services: Personal Assistance Services

County JOHNSON License # 011912 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (817) 487-5966 Type: Parent Agency	Region 05 Date Licensed SENIOR SUPPORT 190 N RIDGEWAY SUITE 107 CLEBURNE, TX 76033 Fax (817) 202-8261 Administrator MISTI MATTHEWS	03/06/2008	Owner Information MISTI MATTHEWS P.O. BOX 474 CLEBURNE, TX 76033 PHONE: FAX: Services: Personal Assistance Services
County JOHNSON License # 007463 Lic Expire 10/31/2023 Medicare 1: 679032 HHA-18 Medicare 2: Phone (817) 448-9522 Type: Parent Agency	Region 05 Date Licensed TEXAS CARDIAC CARE 904 NORTH MAIN ST., STE B CLEBURNE, TX 760333803 Fax (817) 448-9523 Administrator DOUGLAS KLEMENT	10/24/2000	Owner Information CARDIAC CARE OF TEXAS P L LC 1116 OAK VALLEY RD BURLESON, TEXAS 76028 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County JOHNSON License # 017369 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (817) 475-3358 Type: Parent Agency	Region 05 Date Licensed WHEN KIDS PLAY 2706 PINNACLE DR BURLESON, TX 76028 Fax (817) 887-4678 Administrator LEILANI BROWN	04/26/2016	Owner Information WHEN KIDS PLAY LLC 1169 N BURLESON RD STE 107-225 BURLESON, TX 76028 PHONE: FAX: Services: Licensed Home Health Services
County KARNES License # 001745 Lic Expire 11/30/2023 Medicare 1: 459424 HHA-18 Medicare 2: Phone (830) 583-4558 Type: Parent Agency	Region 07 Date Licensed KAISER HOME HEALTH SERVICES 3349 SOUTH HWY 181 SUITE 1 KENEDY, TX 78119 Fax (830) 583-3727 Administrator STACEY SCHULTZ	11/22/1985	Owner Information KARNES COUNTY HOSPITAL DISTRICT 3349 S HIGHWAY 181 KENEDY, TX 78119-5240 PHONE: FAX: Services: Licensed and Certified Home Health Services
County KAUFMAN License # 018854 Lic Expire 7/31/2022 Medicare 1: 971608 Hospice Medicare 2: Phone (972) 357-7342 Type: Parent Agency	Region 04 Date Licensed ACCE HOSPICE CARE AGENCY 101 HAZELNUT TRAIL FORNEY, TX 75126 Fax (972) 552-7797 Administrator CHUKWUEMEKA IFENWANT	07/31/2018	Owner Information ACCE HEALTHCARE GROUP INC 101 HAZELNUT TRAIL FORNEY, TX 75126 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County KAUFMAN License # 015142 Lic Expire 10/31/2022 Medicare 1: 671766 HOSPICE Medicare 2: Phone (972) 563-1560 Type: Parent Agency	Region 04 Date Licensed ALINEA FAMILY HOSPICE CARE LLC 303 E COLLEGE ST SUITE C TERRELL, TX 75160 Fax (972) 563-1545 Administrator DONNA JUNKERSFELD	10/18/2012	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 KAUFMAN License # 020073 Lic Expire 7/24/2022 Medicare 1: Medicare 2: Phone (972) 357-7397 Type: Parent Agency	Region 04 Date Licensed ALL ABOUT "U" HOME CARE LLC 416 PINSON ROAD FORNEY, TEXAS 75126 Fax (972) 357-7397 Administrator DEWANDA OWENS	07/24/2020	Owner Information ALL ABOUT U HOME CARE LLC 416 PINSON ROAD FORNEY, TEXAS 75126 PHONE: FAX: Services: Personal Assistance Services

County KAUFMAN License # 018088 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (469) 602-5056 Type: Parent Agency	Region 04 Date Licensed 06/05/2017 ALLPURPOSE CARE HOMEHEALTH SERVICES INC 1987 OBSIDIAN TRL FORNEY, TEXAS 75126 Fax (469) 904-6555 Administrator AKINOLA FAMAKINWA	Owner Information ALLPURPOSE CARE HOMEHEALTH SERVICES INC 3826 DUCK CREEK DRIVE GARLAND, TX 75043 PHONE: FAX: Services: Personal Assistance Services
County KAUFMAN License # 016195 Lic Expire 5/31/2022 Medicare 1: 741540 HOSPICE Medicare 2:	Region 04 Date Licensed 05/08/2014 ALWAYS ACCURATE HOME HEALTHCARE AND HOSPICE LLC 1404 SOUTH WASHINGTON STREET KAUFMAN, TX 75142	Owner Information ALWAYS ACCURATE HOME HEALTHCARE AND HOSPICE LLC PO BOX 1317 KAUFMAN, TX 75142 PHONE: FAX:
Phone (469) 376-6763 Type: Parent Agency	Fax (972) 932-3766 Administrator CHRISTY HANING	Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County KAUFMAN License # 020257 Lic Expire 10/22/2022 Medicare 1:	Region 04 Date Licensed 10/22/2020 AMAZING AMITY HOME CARE AGENCY 2310 SAN MARCOS DR FORNEY, TEXAS 75126	Owner Information AMAZING AMITY HOMECARE AGENCY CORPORATION
Medicare 2:		PHONE: FAX:
Phone (713) 992-7810	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator SUSAN WANJIRU	
County KAUFMAN License # 007525 Lic Expire 1/31/2022 Medicare 1: 679050 HHA-18 Medicare 2: Phone (972) 524-5800	Region 04 Date Licensed 01/26/2001 AMERICAN HOME CARE 214 WEST MOORE AVENUE TERRELL, TX 75160 Fax (972) 524-9200	Owner Information TBHL INC 211 WEST MOORE AVE TERRELL, TX 75160 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator CHORLECIA PRITCHETT	Personal Assistance Services
County KAUFMAN License # 015063 Lic Expire 9/30/2022 Medicare 1: 741525 HOSPICE Medicare 2: Phone (972) 524-3800	Region 04 Date Licensed 09/13/2012 AMERICAN HOME HOSPICE INC 216 W MOORE AVE TERRELL, TX 75160 Fax (972) 524-2800	Owner Information AMERICAN HOME HOSPICE INC 216 W MOORE AVE TERRELL, TX 75160-3116 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CHORLECIA PRITCHETT	
County KAUFMAN License # 020386 Lic Expire 12/8/2022 Medicare 1: Medicare 2: Phone 972 799 2299	Region 04 Date Licensed 12/08/2020 AMORACARE HOME HEALTH INC 3312 CASSINIA PKY HEARTLAND, TEXAS 75126 Fax 972 537 7997	Owner Information AMORACARE HOME HEALTH INC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Towns December	Administrator DATRICIA CHINATUCCULI ALLIADDELL	Personal Assistance Services
County KAUFMAN License # 020369 Lic Expire 12/3/2022 Medicare 1: Medicare 2: Phone (214) 612-6152	Administrator PATRICIA CHINATUOGU LVN HARRELL Region 04 Date Licensed 12/03/2020 ANGELS UNITED HOME CARE LLC 2417 ANTON DR FORNEY, TX 75126 Fax (888) 745-6152	Owner Information ANGELS UNITED HOME CARE LLC PO BOX 1952 FORNEY, TX 75126 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator KENDRIA EDMONDS	

O I KAUFMAN	D	Owner Information
County KAUFMAN License # 021024	Region 04 Date Licensed 09/03/2021 ARCHANGEL PALM HOMECARE SERVICES LLC	ARCHANGEL PALM HOMECARE SERVICES LLC
License # 021024 Lic Expire 9/3/2024		
Medicare 1:	413 ACADIA LANE FORNEY, TEXAS 75126	
Medicare 2:	1014421, 12740 10120	PHONE: FAX:
Phone (469) 438-4493	Fax (972) 232-9886	Services: Personal Assistance Services
Type: Parent Agency	Administrator EDITH MCCOY	Services. Personal Assistance Services
<u> </u>	P. i. at P. I. i. to to to to to to	Owner Information
County KAUFMAN License # 019647	Region 04 Date Licensed 10/16/2019 CALLISTA HOME HEALTH INC	CALLISTA HOME HEALTH INC
Lic Expire 10/16/2021		
Medicare 1:	2820 DUSTY ROAD FORNEY, TEXAS 75126	
Medicare 2:	1014421, 12740 10120	PHONE: FAX:
Phone (214) 944-0150	Fax (214) 602-4608	
Type: Parent Agency	Administrator JASMINE NNABUIKE	Services: Licensed Home Health Services; Personal Assistance Services
		Owner Information
County KAUFMAN	Region 04 Date Licensed 04/29/2020	EMPATHY IN HOME CARE LLC
License # 019903	EMPATHY IN HOME CARE LLC	
Lic Expire 4/29/2022 Medicare 1:	2002 PRESTON TRAIL FORNEY, TEXAS 75126	
Medicare 2:	FURNET, IEAAS 73120	PHONE: FAX:
Phone (469) 434-0698	Fax	
Type: Parent Agency	Administrator EWAEN EGHAREVBA	Services: Personal Assistance Services
······································		Owner Information
County KAUFMAN	Region 04 Date Licensed 09/29/2020	EVOLVE CARE STAFFING
License # 020201	EVOLVE CARE STAFFING	EVOLVE OF THE OTHER INCO
Lic Expire 9/29/2022	2112 ASTER TRAIL	
Medicare 1: Medicare 2:	FORNEY, TX 75126	PHONE: FAX:
Phone (682) 472-2429	Fax	
Type: Parent Agency	Administrator CHIOMA ONWUANAEGBULE	Services: Licensed Home Health Services; Personal Assistance Services
	D : 00 D 1 00 04/0004	Owner Information
County KAUFMAN License # 009235	Region 03 Date Licensed 08/04/2004 HOSPICE PLUS	INTERNATIONAL TUTORING SERVICES LLC
Lic Expire 8/31/2022		PO BOX 4060 ATTN: REGULATORY
Medicare 1: 451780	318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740	MOORESVILLE, NC 28117
Medicare 2:	1 LINILLE, 17, 101002140	
Phone (972) 563-8350	Fax (972) 563-8355	PHONE: FAX:
Phone (972) 563-8350	Fax (972) 563-8355	
Phone (972) 563-8350 Type: Alternate Delivery Site	Fax (972) 563-8355 Administrator REBECCA JEFFERSON	PHONE: FAX: Services: Hospice
	Administrator REBECCA JEFFERSON	PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site County KAUFMAN	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Type: Alternate Delivery Site County KAUFMAN License # 009235	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES, LLC
Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2: Phone (972) 563-8350	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740 Fax (972) 563-8355	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE: FAX:
Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2:	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2: Phone (972) 563-8350	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740 Fax (972) 563-8355	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2: Phone (972) 563-8350 Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740 Fax (972) 563-8355 Administrator REBECCA JEFFERSON	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES LLC
Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2: Phone (972) 563-8350 Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740 Fax (972) 563-8355 Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY
Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2: Phone (972) 563-8350 Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740 Fax (972) 563-8355 Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117
Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2: Phone (972) 563-8350 Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2:	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740 Fax (972) 563-8355 Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY
Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2: Phone (972) 563-8350 Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740 Fax (972) 563-8355 Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2: Phone (972) 563-8350 Type: Alternate Delivery Site County KAUFMAN License # 009235 Lic Expire 8/31/2022 Medicare 1: 451780 Medicare 2:	Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740 Fax (972) 563-8355 Administrator REBECCA JEFFERSON Region 03 Date Licensed 08/04/2004 HOSPICE PLUS 318 EAST NASH STREET, UNIT 1 TERRELL, TX 751602740	PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX:

County KAUFMAN License # 017209 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (469) 474-8743 Type: Parent Agency County KAUFMAN	Region 04 Date Licensed 01/06/2016 LOVE ABUNDANTLY HOME CARE AGENCY LLC 300 TRAILHOUSE LN APT. #214 FORNEY, TX 75126 Fax (972) 357-7418 Administrator VALERIE BOLES Region 03 Date Licensed 04/10/2019	Owner Information LOVE ABUNDANTLY HOME CARE AGENCY, LLC 3637 MONTICELLO WAY HEARTLAND, TX 75126 PHONE: FAX: Services: Personal Assistance Services Owner Information MAVIDA CARE AGENCY LLC
License # 019321 Lic Expire 4/10/2021 Medicare 1:	MAVIDA CARE AGENCY LLC 5665 MCCLELLAND ST FORNEY, TEXAS 75126	WAVIDA CANE AGENCT ELO
Medicare 2: Phone (214) 400-8683 Type: Parent Agency	Fax Administrator BUKOLA OLAJIDE	PHONE: FAX: Services: Personal Assistance Services
County KAUFMAN License # 017056 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (469) 602-5056	Region 04 Date Licensed 09/28/2015 MBKC HEALTHCARE INC 1987 OBSIDIAN TRAIL FORNEY, TX 75126 Fax (469) 904-6555	Owner Information MBKC HEALTHCARE INC 1140 EMPIRE CENTRAL DRIVES STE #350 DALLAS, TX 75247 PHONE: FAX:
Type: Parent Agency	Administrator AKINOLA FAMAKINWA	Services: Personal Assistance Services
County KAUFMAN License # 017235 Lic Expire 12/31/2019 Medicare 1: 747241 HHA-18 Medicare 2:	Region 04 Date Licensed 12/07/2015 NEW LIFE HOME HEALTHCARE SERVICES 771 E HWY 80 SUITE 210 FORNEY, TX 75126	Owner Information BBWK ENTERPRISES, LLC PO BOX 2009 FORNEY, TX 75126 PHONE: FAX:
Phone (972) 552-9596 Type: Parent Agency	Fax (972) 552-9590 Administrator DALILA GARZA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County KAUFMAN License # 020671 Lic Expire 4/5/2024 Medicare 1:	Region 04 Date Licensed 04/05/2021 ORACLE HOME HEALTH INC 2013 BRAZORIA DR FORNEY, TEXAS 75126	Owner Information ORACLE HOME HEALTH INC
Medicare 2: Phone (214) 334-2209	Fax	PHONE: FAX:
Type: Parent Agency	Administrator ISAAC SIMOTWO	Services: Licensed Home Health Services; Personal Assistance Services
County KAUFMAN License # 019416 Lic Expire 12/31/2021 Medicare 1:	Region 04 Date Licensed 06/10/2019 OVERCOMERS GLORY HOMEHEALTH AGENCY, LLC 2013 WELLINGTON POINT HEARTLAND, TEXAS 75126	Owner Information OVERCOMERS GLORY HOMEHEALTH AGENCY, LLC
Medicare 2:		PHONE: FAX:
Phone (469) 733-2334 Type: Parent Agency	Fax (855) 880-9311 Administrator GLORIA OMOSIGHO	Services: Personal Assistance Services
County KAUFMAN License # 018340 Lic Expire 9/30/2023 Medicare 1: Medicare 2:	Region 05 Date Licensed PROPEDIA HEALTH SERVICES INC 1122 BRIGHAM DRIVE FORNEY, TX 75126	Owner Information PROPEDIA HEALTH SERVICES INC 804 RUNNERS RIDGE PFLUGERVILLE, TX 78660 PHONE: FAX:
Phone 512 487 9635 Type: Branch Agency	Fax (737) 600-8137 Administrator FELIX NTAH NTAH	Services: Licensed Home Health Services; Personal Assistance Services

County KAUFMAN License # 011476 Lic Expire 7/31/2024 Medicare 1: 747330 HHA-18 Medicare 2: Phone (972) 551-1957	Region 04 Date Licensed RISESUN CARE HOME HEALTH 617 W MOORE AVE STE A TERRELL, TX 75160 Fax (972) 551-1959	07/17/2007	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
Type: Parent Agency	Administrator ROSEMARY EBOCHUE		
County KAUFMAN	Region 03 Date Licensed	02/04/2016	Owner Information SOLARIS HOSPICE, INC
License # 007938	SOLARIS HOSPICE INC		2250 S FM 51 SUITE 400
Lic Expire 3/31/2023	1701 S WASHINGTON STREET SUITE D		DECATUR, TX 76234
Medicare 1: 451688	KAUFMAN, TX 75142		PHONE: FAX:
Medicare 2: Phone (940) 627-1011	Fax (940) 627-3160		
1 Holle (340) 021-1011	1 ax (340) 027-3100		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator LEANNE PETERSON		
County KAUFMAN	Region 04 Date Licensed	02/07/2020	Owner Information
License # 019814	THE SUMMIT HOME CARE INC		THE SUMMIT HOME CARE INC
Lic Expire 2/7/2022	3309 AGATE TRAIL		3309 AGATE TRAIL
Medicare 1:	HEARTLAND, TX 75126		HEARTLAND, TX 75126
Medicare 2:			PHONE: FAX:
Phone (214) 607-7780	Fax (214) 607-7780		Services: Personal Assistance Services
Type: Parent Agency	Administrator MERABEL BUDZI		
County KAUFMAN	Region 03 Date Licensed	10/02/1995	Owner Information
License # 001531	VNA		THE VISITING NURSE ASSOCIATION OF TEXAS
Lic Expire 9/30/2023	874 ED HALL DRIVE SUITE 105		1420 W. MOCKINGBIRD LANE, SUITE 700
Medicare 1:	KAUFMAN, TX 75142		DALLAS, TX 75247
Medicare 2:			PHONE: (214) 689-0000 FAX: (214) 689-2300
Phone (972) 962-7500	Fax (972) 932-3526		Services: Hospice
T All 1 D I' O'I	A L C C L C C C C C C C C C C C C C C C		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator OLIVIA ROGERS		
County KAUFMAN	Region 03 Date Licensed	10/02/1995	Owner Information
License # 001531	VNA		THE VISITING NURSE ASSOCIATION OF TEXAS
Lic Expire 9/30/2023	874 ED HALL DRIVE SUITE 105		1420 W. MOCKINGBIRD LANE, SUITE 700 DALLAS, TX 75247
Medicare 1:	KAUFMAN, TX 75142		
Medicare 2: Phone (972) 962-7500	Fax (972) 932-3526		PHONE: (214) 689-0000 FAX: (214) 689-2300
Friorie (972) 902-7500	1 ax (972) 932-3320		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator OLIVIA ROGERS		iii r dion ricepie. Ne
County KAUFMAN	Region 03 Date Licensed	10/02/1995	Owner Information
License # 001531	VNA	.0,02,.000	THE VISITING NURSE ASSOCIATION OF TEXAS
Lic Expire 9/30/2023	874 ED HALL DRIVE SUITE 105		1420 W. MOCKINGBIRD LANE, SUITE 700
Medicare 1:	KAUFMAN, TX 75142		DALLAS, TX 75247
Medicare 2:			PHONE: (214) 689-0000 FAX: (214) 689-2300
Phone (972) 962-7500	Fax (972) 932-3526		Services: Hospice
T 40 . T	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator OLIVIA ROGERS		
County KAUFMAN	Region 03 Date Licensed	10/02/1995	Owner Information
License # 001531	VNA		THE VISITING NURSE ASSOCIATION OF TEXAS
Lic Expire 9/30/2023	874 ED HALL DRIVE SUITE 105		1420 W. MOCKINGBIRD LANE, SUITE 700
Medicare 1:	KAUFMAN, TX 75142		DALLAS, TX 75247
Medicare 2:	F (070) 000 0500		PHONE: (214) 689-0000 FAX: (214) 689-2300
Phone (972) 962-7500	Fax (972) 932-3526		Services: Hospice
Times Alternat D. " O"	A L · · · · · · OLINIA DOOFDO		In-Patient Hospice: NO

Administrator OLIVIA ROGERS

Type: Alternate Delivery Site

County KAUFMAN License # 010281 Lic Expire 1/31/2025 Medicare 1: 747273 HHA-18 Medicare 2: Phone (972) 524-6913 Type: Parent Agency	Region 04 Date Licensed 01/31/2006 WINNERS COMMUNITY HEALTH SERVICES INC 500 EAST HIGH STREET TERRELL, TX 75160 Fax (972) 551-1268 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 License # 011887 Lic Expire 2/28/2022 Medicare 1: 747354 HHA-18 Medicare 2:	Region 04 Date Licensed 02/14/2008 YETKIN ADVANCED HEALTHCARE INCORPORATED 2031 KINGS FOREST DRIVE HEARTLAND, TX 75126	Owner Information YETKIN ADVANCED HEALTHCARE INCORPORATED 2031 KINGS FOREST DR HEARTLAND, TX 75126 PHONE: FAX:
Phone (972) 564-3471 Type: Parent Agency	Fax (972) 552-3610 Administrator EMMANUEL AKINYEMI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County KAUFMAN License # 008905 Lic Expire 2/28/2024 Medicare 1: 679496 HHA-18 Medicare 2: Phone (972) 962-8349	Region 04 Date Licensed 02/11/2004 YOUR HEALTH TEAM LLC 1512 FM 2727 KAUFMAN, TX 75142 Fax (972) 962-2398	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
Type: Parent Agency County KENDALL License # 014143 Lic Expire 6/30/2023 Medicare 1: 671750 HOSPICE Medicare 2: Phone (830) 816-5024	Administrator WANDA JEAN CAMPBELL Region 07 Date Licensed 06/07/2011 ALAMO HOSPICE 1595 S. MAIN STREET, SUITE 101, BOERNE, TEXAS 78006 Fax (830) 331-9058	Owner Information ALAMO AREA HOME HOSPICE, LP 6303 COWBOYS WAY, SUITE 600 FRISCO, TEXAS 75034 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County KENDALL License # 019469 Lic Expire 3/1/2023 Medicare 1: 67-1756 (HOSPICE Medicare 2:	Administrator CAROLINA RODRIGUEZ Region 07 Date Licensed 03/01/2019 ALL COUNTY HOME HEALTH AND HOSPICE 37131 INTERSTATE 10 WEST, #400 BOERNE, TEXAS 78006	Owner Information MONUMENT HEALTHCARE, INC PHONE: FAX:
Phone (830) 331-1291 Type: Parent Agency	Fax (830) 331-1295 Administrator JONATHAN "TRAVIS" JONES	Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County KENDALL License # 019862 Lic Expire 4/3/2022 Medicare 1:	Region 07 Date Licensed 08/31/2020 BRANDING HEARTS HOME HEALTH 29620 INTERSTATE 10 WEST; STE 101 BOERNE, TEXAS 78006	Owner Information JESSICA SCHUTTE TOURON
Medicare 2: Phone (937) 214-6514 Type: Parent Agency	Fax Administrator PHLLIP THOMAS	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County KENDALL License # 008948 Lic Expire 3/31/2023 Medicare 1: 673124 HHA-18 Medicare 2: Phone (830) 331-2005	Region 07 Date Licensed 03/05/2004 CREST HOME HEALTH 1100 N MAIN ST, SUITE 201 BOERNE, TX 78006 Fax (830) 331-2045	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;
Type: Parent Agency	Administrator SCOTT GALLIARDT	Personal Assistance Services

County KENDALL License # 015920 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (830) 249-4988 Type: Parent Agency	Region 07 Date Licensed 11/01/2013 HOME INSTEAD SENIOR CARE 206 SOUTH SAUNDERS STREET, SUITE 101 BOERNE, TX 78006 Fax (830) 248-1389 Administrator BROOKE COLLINS	Owner Information PRESLAR SENIOR CARE LLC P.O. BOX 895 BOERNE, TX 78006 PHONE: FAX: Services: Personal Assistance Services
County KENDALL License # 019753 Lic Expire 9/24/2023 Medicare 1: 679169 Medicare 2: Phone (800) 366-7696	Region 07 Date Licensed 09/24/2019 INDEPENDENCE PLUSTX, LLC 136 OLD SAN ANTONIO RD, STE 102 BOERNE, TX 780063338 Fax	Owner Information INDEPENDENCE PLUS TX, LLC 800 JORIE BOULEVARD, SUITE 100 OAK BROOK, IL 60523 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County KENDALL License # 015225 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (830) 981-2446 Type: Parent Agency	Administrator DANILO COITE Region 07 Date Licensed 11/26/2012 INSPIRED CARE SOLUTIONS 28604 IH 10 WEST STE. 3 BOERNE, TX 78006 Fax (830) 981-4993 Administrator KAREN ZIMMERHANZEL	Owner Information ELIMS VENTURES LLC 29602 DOUBLE EAGLE CIRCLE BOERNE, TEXAS 78015 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County KENDALL License # 020717 Lic Expire 4/23/2024 Medicare 1: Medicare 2: Phone (210) 237-8100	Region 07 Date Licensed 04/23/2021 KET HOME CARE INCORPORATED DBA ALWAYS BEST CARE 136 OLD SAN ANTONIO RD, STE. 306 BOERNE, TX 78006 Fax	Owner Information KET HOME CARE INCORPORATED PHONE: FAX: Services: Licensed Home Health Services: Personal Assistance Services
Type: Parent Agency County KENDALL License # 016229 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (210) 251-4316 Type: Parent Agency	Administrator KENNETH THOMAS Region 07 Date Licensed 05/23/2014 PEDIATRIC PRIVATE DUTY NURSING INC 25315 BOERNE STAGE ROAD SAN ANTONIO, TX 78255 Fax (210) 251-4062 Administrator MONICA MORALES	Owner Information PEDIATRIC PRIVATE DUTY NURSING INC SAME AS ABOVE SAN ANTONIO, TX 78229 PHONE: FAX: Services: Licensed Home Health Services
County KENDALL License # 014370 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (210) 360-1662 Type: Parent Agency	Region 07 Date Licensed 09/21/2011 TEXAS KIDS HOME THERAPY AND NURSING PLLC 7 UPPER BALCONES ROAD BOERNE, TX 78006 Fax (210) 640-9823 Administrator DERSHIE KURTZ	Owner Information TEXAS KIDS HOME THERAPY PLLC 555 PRADO CROSSING BOERNE, TX 78006 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County KENDALL License # 017225 Lic Expire 10/31/2024 Medicare 1: Medicare 2: Phone (830) 331-8491 Type: Parent Agency	Region 07 Date Licensed 10/13/2015 VISITING ANGELS 124 E. BANDERA RD 406 BOERNE, TX 78006 Fax (830) 331-8497 Administrator JON MILLER	Owner Information JMILL ENTERPRISES INC 1491 S. MAIN STREET BOERNE, TX 78006 PHONE: FAX: Services: Personal Assistance Services

County KERR	Region 07 Date Licensed 08/12/2015	Owner Information
License # 014143	ALAMO HOSPICE	ALAMO AREA HOME HOSPICE, LP
Lic Expire 6/30/2023	1232 BANDERA HIGHWAY	6303 COWBOYS WAY, SUITE 600
Medicare 1:	KERRVILLE, TEXAS 780289640	FRISCO, TEXAS 75034
Medicare 2:		PHONE: FAX:
Phone (830) 816-5024	Fax (830) 331-9058	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CAROLINA RODRIGUEZ	
County KERR	Region 07 Date Licensed 10/27/2004	Owner Information
License # 009379	CARING SENIOR SERVICE OF THE HILL COUNTRY	P9 ENTERPRISES, INC
Lic Expire 10/31/2023	2916 MEMORIAL BLVD	2916 MEMORIAL BLVD.,
Medicare 1:	KERRVILLE, TX 78028	KERRVILLE, TX 78028
Medicare 2:		PHONE: FAX:
Phone (830) 895-3111	Fax (830) 895-3112	Services: Personal Assistance Services
Type: Parent Agency	Administrator RICHARD PERRY	
County KERR	Region 05 Date Licensed 04/05/2016	Owner Information
License # 017210	CARTER HEALTHCARE	OMNIPRESENT HOMECARE, INC
Lic Expire 10/31/2023	1220 BANDERA HIGHWAY	3105 S MERIDIAN AVE
Medicare 1:	KERRVILLE, TX 78028	OKLAHOMA CITY, OK 73119
Medicare 2:		PHONE: FAX:
Phone (830) 625-4837	Fax (830) 625-2194	Services: Licensed Home Health Services
Type: Branch Agency	Administrator JAMES CARTER	
County KERR	Region 05 Date Licensed 11/22/2011	Owner Information
License # 013850	CARTER HEALTHCARE	CARTER HEALTHCARE OF CENTRAL TEXAS LLC
Lic Expire 10/31/2022	1220 BANDERA HIGHWAY	7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300
Medicare 1:	KERRVILLE, TX 78028	AUSTIN, TX 78752
Medicare 2:		PHONE: FAX:
Phone (866) 338-4854	Fax (830) 625-2194	Services: Licensed Home Health Services
Type: Branch Agency	Administrator JAMES BRIAN CARTER	
···		Owner Information
Type: Branch Agency County KERR License # 019116		Owner Information ADORATION HOSPICE CARE TEXAS, LLC
County KERR	Region 07 Date Licensed	
County KERR License # 019116	Region 07 Date Licensed EMBRACE HOSPICE	
County KERR License # 019116 Lic Expire 9/1/2022	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST	
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX:
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548 Lic Expire 2/25/2024	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979 2812 COBBLER LN.	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548 Lic Expire 2/25/2024 Medicare 1:	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TEXAS CAREGIVER HOME HEALTH, LLC
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548 Lic Expire 2/25/2024 Medicare 1: Medicare 2:	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979 2812 COBBLER LN. KERRVILLE, TEXAS 78028	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TEXAS CAREGIVER HOME HEALTH, LLC PHONE: FAX:
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548 Lic Expire 2/25/2024 Medicare 1: Medicare 2: Phone (830) 353-3034	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979 2812 COBBLER LN. KERRVILLE, TEXAS 78028 Fax	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TEXAS CAREGIVER HOME HEALTH, LLC
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548 Lic Expire 2/25/2024 Medicare 1: Medicare 2: Phone (830) 353-3034 Type: Parent Agency	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979 2812 COBBLER LN. KERRVILLE, TEXAS 78028 Fax Administrator CHARLES JOHNSON	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TEXAS CAREGIVER HOME HEALTH, LLC PHONE: FAX: Services: Personal Assistance Services
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548 Lic Expire 2/25/2024 Medicare 1: Medicare 2: Phone (830) 353-3034 Type: Parent Agency County KERR	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979 2812 COBBLER LN. KERRVILLE, TEXAS 78028 Fax Administrator CHARLES JOHNSON Region 07 Date Licensed 12/06/2019	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TEXAS CAREGIVER HOME HEALTH, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548 Lic Expire 2/25/2024 Medicare 1: Medicare 2: Phone (830) 353-3034 Type: Parent Agency County KERR License # 019737	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979 2812 COBBLER LN. KERRVILLE, TEXAS 78028 Fax Administrator CHARLES JOHNSON Region 07 Date Licensed 12/06/2019 KERRVILLE SENIOR SERVICES, LLC	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TEXAS CAREGIVER HOME HEALTH, LLC PHONE: FAX: Services: Personal Assistance Services
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548 Lic Expire 2/25/2024 Medicare 1: Medicare 2: Phone (830) 353-3034 Type: Parent Agency County KERR License # 019737 Lic Expire 12/6/2021	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979 2812 COBBLER LN. KERRVILLE, TEXAS 78028 Fax Administrator CHARLES JOHNSON Region 07 Date Licensed 12/06/2019 KERRVILLE SENIOR SERVICES, LLC 1225 VIRGINIA DR.	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TEXAS CAREGIVER HOME HEALTH, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548 Lic Expire 2/25/2024 Medicare 1: Medicare 2: Phone (830) 353-3034 Type: Parent Agency County KERR License # 019737 Lic Expire 12/6/2021 Medicare 1:	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979 2812 COBBLER LN. KERRVILLE, TEXAS 78028 Fax Administrator CHARLES JOHNSON Region 07 Date Licensed 12/06/2019 KERRVILLE SENIOR SERVICES, LLC	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TEXAS CAREGIVER HOME HEALTH, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information KERRVILLE SENIOR SERVICES LLC
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548 Lic Expire 2/25/2024 Medicare 1: Medicare 2: Phone (830) 353-3034 Type: Parent Agency County KERR License # 019737 Lic Expire 12/6/2021 Medicare 1: Medicare 2:	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979 2812 COBBLER LN. KERRVILLE, TEXAS 78028 Fax Administrator CHARLES JOHNSON Region 07 Date Licensed 12/06/2019 KERRVILLE SENIOR SERVICES, LLC 1225 VIRGINIA DR. KERRVILLE, TX 78028	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TEXAS CAREGIVER HOME HEALTH, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information KERRVILLE SENIOR SERVICES LLC PHONE: FAX:
County KERR License # 019116 Lic Expire 9/1/2022 Medicare 1: 671676 Hospice Medicare 2: Phone (210) 691-3600 Type: Alternate Delivery Site County KERR License # 020548 Lic Expire 2/25/2024 Medicare 1: Medicare 2: Phone (830) 353-3034 Type: Parent Agency County KERR License # 019737 Lic Expire 12/6/2021 Medicare 1:	Region 07 Date Licensed EMBRACE HOSPICE 1444 SIDNEY BAKER ST KERRVILLE, TX 78028 Fax Administrator KEITH BECKER JR Region 07 Date Licensed 02/25/2021 HOME HELPERS HOME CARE, 58979 2812 COBBLER LN. KERRVILLE, TEXAS 78028 Fax Administrator CHARLES JOHNSON Region 07 Date Licensed 12/06/2019 KERRVILLE SENIOR SERVICES, LLC 1225 VIRGINIA DR.	ADORATION HOSPICE CARE TEXAS, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information TEXAS CAREGIVER HOME HEALTH, LLC PHONE: FAX: Services: Personal Assistance Services Owner Information KERRVILLE SENIOR SERVICES LLC

County KERR	Region 07 Date Licensed 02/09/2017	Owner Information
License # 017455	NEW CENTURY HOSPICE OF SAN ANTONIO	COSMOS HOSPICE OF SAN ANTONIO LLC
Lic Expire 1/31/2024	2210 BANDERA HWY STE B-2	P.O. BOX 4060, ATTN: REGULATORY
Medicare 1:	KERRVILLE, TX 78028	MOORESVILLE, NC 28117
Medicare 2:		PHONE: FAX:
Phone (830) 955-5961	Fax (830) 955-5965	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CASSANDRA ALEX	
County KERR	Region 07 Date Licensed 01/01/1990	Owner Information
License # 002114	PETERSON HOME CARE	SID PETERSON MEMORIAL HOSPITAL
Lic Expire 12/31/2022	250 CULLY DRIVE	551 HILL COUNTRY DRIVE
Medicare 1: 677052 HHA-18	KERRVILLE, TEXAS 78028	KERRVILLE, TEXAS 78028
Medicare 2:		PHONE: FAX:
Phone (830) 258-7400	Fax (830) 258-7412	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator AMY IVES	
County KERR	Region 07 Date Licensed 01/01/1990	Owner Information
License # 001190	PETERSON HOME CARE	SID PETERSON MEMORIAL HOSPITAL
Lic Expire 12/31/2022	250 CULLY DRIVE	551 HILL COUNTRY DRIVE
Medicare 1:	KERRVILLE, TX 78028	KERRVILLE, TEXAS 78028
Medicare 2:		PHONE: FAX:
Phone (830) 258-7400	Fax (83) 025-7412	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator AMY IVES	
County KERR	Region 07 Date Licensed 01/24/2007	Owner Information
License # 011006	PETERSON HOSPICE	SID PETERSON MEMORIAL HOSPITAL
Lic Expire 1/31/2023	250 CULLY DRIVE	551 HILL COUNTRY DRIVE
Medicare 1: 671585 HOSPICE	KERRVILLE, TEXAS 78028	KERRVILLE, TEXAS 78028
Medicare 2:		PHONE: FAX:
Phone (830) 258-7799	Fax (830) 258-7009	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator AMY IVES	
County KERR	Region 07 Date Licensed 09/19/2019	Owner Information
License # 019606	RIGHT AT HOME HILL COUNTRY	JS CLARK HOLDINGS LLC
Lic Expire 9/19/2021	451 GUADALUPE ST. STE. 204	125 WOODLAND BLVD
Medicare 1:	KERRVILLE, TEXAS 78028	BOERNE, TEXAS 78006
Medicare 2:		PHONE: FAX:
Phone 210 3796445	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator JEFFERY CLARK	
County KERR	Region 07 Date Licensed 03/15/2018	Owner Information
License # 018823	TRI COUNTY HOME HEALTH	HOME PREFERRED SENIOR CARE 5 LLC
Lic Expire 3/31/2022	874 HARPER ROAD, SUITE 105	117 HUGO SUITE B
Medicare 1: 458280 HHA-18	KERRVILLE, TX 78028	KERRVILLE, TX 78028
Medicare 2:		PHONE: FAX:
Phone (830) 895-3100	Fax (830) 895-3102	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JENNY VANCKHOVEN	
County KERR	Region 07 Date Licensed 06/25/2021	Owner Information
License # 020866	WILLOWS@HOME	HFPAS TEXAS LLC
Lic Expire 6/25/2024	135 PLAZA DR.	
Medicare 1:	KERRVILLE, TX 78028	
Medicare 2:		PHONE: FAX:
Phone (830) 895-2626	Fax (830) 895-3927	Services: Personal Assistance Services
Type: Parent Agency	Administrator DANIEL NIXON	

County KIMBLE License # 017417 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (325) 446-3706 Type: Branch Agency	Region 01 Date Licensed 12/16/2015 HILL COUNTRY PREFERRED SENIOR CARE 102 N 8TH STREET JUNCTION, TX 76849 Fax (325) 446-4557 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 License # 002114 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (915) 446-4080	Region 07 Date Licensed 07/12/1990 PETERSON HOME CARE 105 REID ROAD JUNCTION, TX 76849 Fax	Owner Information SID PETERSON MEMORIAL HOSPITAL 551 HILL COUNTRY DRIVE KERRVILLE, TEXAS 78028 PHONE: FAX: Services: Licensed and Certified Home Health Services
Type: Branch Agency County KLEBERG License # 013108 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (361) 595-3166 Type: Branch Agency	Administrator LAUNA KINDRICK Region 07 Date Licensed 06/01/2017 ALYDA HOME HEALTH 224 W KING AVE. SUITE B KINGSVILLE, TX 78363 Fax (361) 271-1322 Administrator WESLEY STRAWN	Owner Information ALYDA HOME HEALTH INC 13731 TAJAMAR STREET CORPUS CHRISTI, TX 78418 PHONE: FAX: Services: Personal Assistance Services
County KLEBERG License # 008378 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (361) 358-6616 Type: Branch Agency	Region 07 Date Licensed 07/24/2015 ANGEL BRIGHT HOME HEALTH INC 1303 N. WASHINGTON ST BEEVILLE, TX 78102 Fax (361) 358-7767 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 License # 015546 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (361) 221-9026 Type: Parent Agency	Region 07 Date Licensed 05/16/2013 ANGELS OF GOD HOME HEALTH LLC 1632 EAST SANTA GERTURDIS KINGSVILLE, TEXAS 78363 Fax (361) 221-9067 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 Owner Information
County KLEBERG License # 012169 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (361) 355-4953 Type: Alternate Delivery Site	Region 07 Date Licensed GREATER VALLEY HOSPICE ALLIANCE LP 921 E JOHNSTON AVE KINGSVILLE, TX 78363 Fax (361) 355-4953 Administrator DANIELLE MARTINEZ	GREATER VALLEY HOSPICE ALLIANCE LP 605 MACO DRIVE HARLINGEN, TX 78550 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County KLEBERG License # 007243 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (361) 592-6421 Type: Branch Agency	Region 07 Date Licensed 06/30/1999 TEXAS VISITING NURSE SERVICE LTD 800 E. KING AVE KINGSVILLE, TX 78363 Fax (361) 592-5454 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 KLEBERG License # 002358 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (361) 592-5262 Type: Branch Agency	Region 07 Date Licensed 01/29/2014 URESTI SENIOR ASSISTANCE 900 WEST KING SUITE 1 KINGSVILLE, TX 78363 Fax (361) 592-0566 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	Owner Information
License # 002358	URESTI SENIOR ASSISTANCE	E & O HOME HEALTH CARE INC
Lic Expire 7/31/2023	830 WEST KING	P.O. BOX 691
Medicare 1: 677517 HHA-18	KINGSVILLE, TX 78363	KINGSVILLE, TEXAS 78363
Medicare 2:		PHONE: FAX:
Phone (361) 592-5262	Fax (361) 592-0390	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator PATRICIA PEREZ	
County KLEBERG	Region 07 Date Licensed 09/28/2004	Owner Information
License # 006350	V I P PROVIDERS INC	V I P PROVIDERS INC
Lic Expire 3/31/2023	1212 N 14TH ST SUITE 1	200 E SAM HOUSTONSTE A PHARR, TX 78577
Medicare 1:	KINGSVILLE, TX 78363	
Medicare 2: Phone (361) 516-0893	Fax (361) 516-0893	PHONE: (800) 370-4847 FAX:
Type: Branch Agency	Administrator ISIDORA D FARIAS	Services: Personal Assistance Services
County KNOX License # 003586 Lic Expire 2/28/2024 Medicare 1: 458324 HHA-18	Region 01 Date Licensed 02/07/1995 KNOX COUNTY HOSPITAL HOME CARE 701 SOUTH 5TH STREET KNOX CITY, TX 79529	Owner Information KNOX COUNTY HOSPITAL DISTRICT P O BOX 608 KNOX CITY, TX 79529
Medicare 2:		PHONE: (940) 657-3535 FAX: (940) 657-5521
Phone (940) 657-3013	Fax (940) 657-5377	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator STEPHEN KUEHLER	
County LAMAR License # 003467	Region 01 Date Licensed 03/17/2011 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS	Owner Information NURSES UNLIMITED INC P. O BOX 4534
Lic Expire 1/31/2025	2625 NE LOOP 286	ODESSA, TX 79760
Medicare 1:	PARIS, TX 75460	
Medicare 2: Phone (903) 783-0489	Fax (903) 783-0545	PHONE: FAX:
Type: Branch Agency	Administrator KAREN WAGNER	Services: Licensed Home Health Services; Personal Assistance Services
County LAMAR License # 003467	Region 01 Date Licensed 03/17/2011 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS	Owner Information NURSES UNLIMITED INC P. O BOX 4534
Lic Expire 1/31/2025	2625 NE LOOP 286	ODESSA, TX 79760
Medicare 1: Medicare 2:	PARIS, TX 75460	PHONE: FAX:
Phone (903) 783-0489	Fax (903) 783-0545	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator KAREN WAGNER	Gervices. Licenseu Fiorne Fredritt Services, Fersonal Assistance Services
County LAMAR License # 002499 Lic Expire 3/31/2022 Medicare 1:	Region 04 Date Licensed 10/07/2013 CYPRESS BASIN HOSPICE INC 707 LAMAR AVE SUITE G PARIS, TX 75460	Owner Information CYPRESS BASIN HOSPICE INC PO BOX 544 MOUNT PLEASANT, TX 75456
Medicare 2: Phone (903) 905-4574	Fax (903) 905-4575	PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator ASHLEY JORDAN	In-Patient Hospice: NO

County LAMAR License # 020526 Lic Expire 2/10/2024 Medicare 1: Medicare 2: Phone (903) 204-4324 Type: Parent Agency	Region 04 Date Licensed EMBARK CARE 495 35TH STREET NE PARIS, TEXAS 75460 Fax (903) 204-4325 Administrator DANA PHILLIPS	02/10/2021	Owner Information EMBARK CARE PHONE: FAX: Services: Personal Assistance Services
County LAMAR License # 017249 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (888) 429-4487 Type: Parent Agency	Region 04 Date Licensed GENCARE HOME HEALTH LLC 810 41ST STREET SW PARIS, TX 75460 Fax (877) 470-0792 Administrator KATHERINE STEVENS	02/01/2016	Owner Information GENCARE HOME HEALTH, LLC 810 41ST STREET, SW PARIS, TX 75460-6065 PHONE: FAX: Services: Licensed Home Health Services
County LAMAR License # 020924 Lic Expire 7/22/2024 Medicare 1: Medicare 2: Phone (903) 737-6990	Region 04 Date Licensed GOLDEN CARE HOME HEALTH, LLC 2735 NE LOOP 286 PARIS, TX 75460 Fax (903) 737-0926	07/22/2021	Owner Information GOLDEN CARE HOME HEALTH LLC PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County LAMAR License # 012399 Lic Expire 11/30/2022 Medicare 1: 458041 HHA-18 Medicare 2: Phone (903) 737-9865 Type: Parent Agency	Administrator DEANNA NICHOLSON Region 04 Date Licensed GUARDIAN HEALTHCARE 117 1ST STREET SE PARIS, TX 75460 Fax (903) 737-9954 Administrator BLAKELY HILL	11/04/2008	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 LAMAR License # 010472 Lic Expire 5/31/2021 Medicare 1: Medicare 2: Phone (903) 784-5500 Type: Parent Agency	Region 04 Date Licensed HEARTS & HANDS HOMECARE 100 NORTHEAST LOOP 286 PARIS, TX 75460 Fax (903) 784-5533 Administrator MANDY HELBERG	05/22/2006	Owner Information H & H PARTNERS INC P.O. BOX 775 PARIS, TEXAS 75461 PHONE: FAX: Services: Personal Assistance Services
County LAMAR License # 018860 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (903) 495-8276 Type: Parent Agency	Region 04 Date Licensed HELPING HANDS HOMECARE 1017 S. COLLEGIATE DR PARIS, TX 75460 Fax Administrator TIA RIDLEY RIDLEY	08/01/2018	Owner Information HILLS HELPING HANDS HOMECARE LLC SAME PARIS, TX 75460 PHONE: FAX: Services: Personal Assistance Services
County LAMAR License # 020262 Lic Expire 10/23/2022 Medicare 1: Medicare 2: Phone (504) 600-5364	Region 04 Date Licensed KING VISION OF TYLER LLC 2555 RUBY WAY #8102 PARIS, TEXAS 75460 Fax	10/23/2020	Owner Information KING VISION OF TYLER LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TRACY KING		

County LAMAR License # 017572 Lic Expire 8/31/2018 Medicare 1: Medicare 2: Phone (903) 706-1839 Type: Parent Agency	Region 04 Date Licensed 08/12/2016 LOVING KINDNESS HOME CARE 2612 LAMAR AVENUE PARIS, TX 75460 Fax Administrator TRACY TOWNES	Owner Information TRACY TOWNES LLC 815 S HOLLEY ST BLOSSOM, TX 75416 PHONE: FAX: Services: Personal Assistance Services
County LAMAR License # 012513 Lic Expire 1/31/2023 Medicare 1: Medicare 2:	Region 04 Date Licensed 01/16/2009 MAYS PLUS INC 3059 CLARKSVILLE ST PARIS, TX 75460	Owner Information MAYS PLUS INC 3310 A LAMAR AVENUE PARIS, TX 75460 PHONE: FAX:
Phone (903) 783-0525 Type: Parent Agency	Fax (903) 783-0539 Administrator HEATHER GILBERT	Services: Personal Assistance Services
County LAMAR License # 014545 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (903) 905-4975 Type: Parent Agency	Region 04 Date Licensed 12/21/2011 ON CALL ELDER CARE 147 NORTH COLLEGIATE DRIVE PARIS, TX 75460 Fax (903) 784-6310 Administrator PEPPER ANDREWS	Owner Information ON CALL ELDER CARE, LLC 147 NORTH COLLEGIATE DRIVE PARIS, TX 75460 PHONE: FAX: Services: Personal Assistance Services
County LAMAR License # 014630 Lic Expire 12/31/2023 Medicare 1: 679762 HHA-18 Medicare 2: Phone (903) 784-6300	Region 04 Date Licensed 12/30/2011 ON CALL HOME HEALTH AND REHAB SERVICES 147 NORTH COLLEGIATE DRIVE PARIS, TX 75460 Fax (903) 784-6310	Owner Information OCHHR LLC 147 N COLLEGIATE DR PARIS, TX 75460 PHONE: FAX: Services: Licensed and Certified Home Health Services
Type: Parent Agency County LAMAR License # 017247 Lic Expire 1/31/2025 Medicare 1: 741635 HOSPICE Medicare 2: Phone (903) 706-5003	Administrator PEPPER ANDREWS Region 04 Date Licensed 02/01/2016 ON CALL HOSPICE 147 N COLLEGIATE DR PARIS, TX 75460 Fax (903) 784-6310	Owner Information ON CALL HOSPICE LLC 147 N. COLLEGIATE DRIVE PARIS, TX 75460 PHONE: FAX:
Type: Parent Agency	Administrator PEPPER ANDREWS	Services: Hospice In-Patient Hospice: NO
County LAMAR License # 012003 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (903) 737-4337	Region 04 Date Licensed 05/07/2008 PARIS PEDIATRIC HOME HEALTH CARE INC 2735 NE LOOP 286 PARIS, TEXAS 75460 Fax (903) 737-0926	Owner Information PARIS PEDIATRIC HOME HEALTH CARE INC PO BOX 6293 PARIS, TEXAS 75461 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County LAMAR License # 012836 Lic Expire 9/30/2024 Medicare 1: 747363 HHA-18 Medicare 2: Phone (903) 785-4900 Type: Parent Agency	Administrator DEANNA NICHOLSON Region 04 Date Licensed 09/03/2009 PARIS SIGNATURE HOME HEALTH INC 420 N COLLEGIATE PARIS, TX 75460 Fax (903) 784-6658 Administrator DIANA SHEFTS	Owner Information PARIS SIGNATURE HOME HEALTH INC 420 N COLLEGIATE PARIS, TX 75460-3464 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County LAMAR	Region 04 Date Licensed 04/11/2005	Owner Information CODY & JANA SANDERS INC
License # 009691	PLATINUM HOME HEALTH INC	140 S COLLEGIATE DRIVE
Lic Expire 4/30/2022	140 S COLLEGIATE DR	PARIS, TX 75460
Medicare 1: 457864 HHA-18 Medicare 2:	PARIS, TX 75460	PHONE: FAX:
Phone (903) 739-8070	Fax (903) 739-8370	
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 & HOSPICE CARE INC	PLATINUM PALLIATIVE AND HOSPICE CARE INC
Lic Expire 6/30/2023	140 SOUTH COLLEGIATE DRIVE SUITE 100	140 SOUTH COLLEGIATE DRIVE SUITE 100
Medicare 1: 671728 HOSPICE	PARIS, TX 75460	PARIS, TX 75460-6319
Medicare 2:		PHONE: FAX:
Phone (903) 783-1818	Fax (903) 739-8370	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator JANA SANDERS	
County LAMAR	Region 04 Date Licensed 12/30/2004	Owner Information
License # 009496	PREMIER HOME CARE & REHABPREMIER HOSPICE	PARIS SENIOR CARE GROUP INC
Lic Expire 12/31/2018	1445 CLARKSVILLE ST	PO BOX 6723
Medicare 1: 457835 HHA-18;67	PARIS, TX 75460	PARIS, TX 75461
Medicare 2:		PHONE: FAX:
Phone (903) 737-9010	Fax (903) 785-0365	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
		Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JEANNA SMITH	·
County LAMAR	Region 03 Date Licensed 07/01/1984	Owner Information
License # 001497	RED RIVER HEALTH CARE SYSTEMS INC	RED RIVER HEALTH CARE SYSTEMS INC
Lic Expire 6/30/2022	2152 CLARKSVILLE STREET	308 EAST CHESTNUT STREET
Medicare 1:	PARIS, TX 75460	DENISON, TX 75021-4714
Medicare 2:		PHONE: FAX:
Phone (903) 785-4070	Fax (903) 785-9725	Services: Personal Assistance Services
Type: Parent Agency	Administrator STEPHANIE WIDEMAN	
County LAMAR	Region 04 Date Licensed 12/18/2003	Owner Information
License # 008818	RED RIVER HOMECARE LLC	RED RIVER HOMECARE, LLC
Lic Expire 12/31/2022	3185 LAMAR AVENUE	PO BOX 51266
Medicare 1: 453151 HHA-18	PARIS, TX 75460	LAFAYETTE, LA
Medicare 2:		PHONE: FAX:
Phone (903) 739-9483	Fax (903) 739-8850	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator CYNTHIA MEDINA	
County LAMAR	Region 04 Date Licensed 09/02/2021	Owner Information
License # 021020	SILVER CREST HOSPICE, LLC	SILVER CREST HOSPICE LLC
Lic Expire 9/2/2024	2735 NE LOOP 286	
Medicare 1:	PARIS, TX 75460	
Medicare 2:		PHONE: FAX:
Phone (903) 737-2971	Fax (903) 737-0926	Services: Hospice
Type: Parent Agency	Administrator DEANNA NICHOLSON	In-Patient Hospice: NO
		Owner Information
County LAMAR License # 014739	Region 04 Date Licensed SJ HOMECARE INC	SJ HOMECARE INC
Lic Expire 2/28/2025	100 NORTHEAST LOOP 286	419 W HOUSTON ST
Medicare 1:	PARIS, TEXAS 75460	TYLER, TX 75702
Medicare 2:	-,	PHONE: FAX:
Phone (903) 784-5500	Fax (903) 784-5533	Services: Personal Assistance Services
Type: Branch Agency	Administrator JACKIE BRISSET	Controca. I chadhai Maalataile dei Videa
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County LAMAR License # 017326 Lic Expire 3/31/2022 Medicare 1: 451510 HOSPICE Medicare 2: Phone (903) 785-4357	Region 04 Date Licensed SUMMIT HOSPICE LLC 707 LAMAR AVE, SUITE D PARIS, TX 75460 Fax (903) 784-2487	03/14/2016	Owner Information ENERGYDOCS LLC 16400 DALLAS PARKWAY, STE#100 DALLAS, TX 75248 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator MACY WELCH		•	
County LAMAR License # 020688 Lic Expire 4/9/2023 Medicare 1: Medicare 2: Phone 903 7830489	Region 04 Date Licensed TEXAS HOME HEALTH 2600 LAMAR AVENUE, SUITE B PARIS, TX 75460 Fax 903 7830545	04/09/2021	Owner Information NURSES UNLIMITED INC P. O BOX 4534 ODESSA, TX 79760 PHONE: Services: Licensed Home Health Services; Person	FAX: lal Assistance Services
Type: Parent Agency	Administrator BECKY BROOKS		Ourse Information	
County LAMAR License # 014472 Lic Expire 11/30/2023 Medicare 1: 671740 HOSPICE Medicare 2: Phone (903) 785-1800	Region 04 Date Licensed WATERFORD HOSPICE LLC 420 N COLLEGIATE DRIVE PARIS, TX 754603464 Fax (903) 784-6658	11/14/2011	Owner Information WATERFORD HOSPICE LLC 420 NORTH COLLEGIATE DRIVE PARIS, TX 75460 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator DIANA SHEFTS		Owner Information	
County LAMB License # 009509 Lic Expire 12/31/2021 Medicare 1:	Region 01 Date Licensed CALVERT HOME HEALTH CARE LLC 913 PHELPS AVE LITTLEFIELD, TX 79339	01/01/2005	CALVERT HOME HEALTH CARE, LLC 2411 SPRINGER DRIVE NORMAN, OK 73069	
Medicare 2:	F (000) 005 5005		PHONE:	FAX:
Phone (806) 385-1904 Type: Branch Agency	Fax (806) 385-5905 Administrator JULIE STACY		Services: Licensed and Certified Home Health Ser	vices; Licensed Home Health Services
County LAMPASAS License # 002197 Lic Expire 4/30/2022 Medicare 1: 67Q7412002 (HHA) Medicare 2: Phone (512) 564-5002 Type: Branch Agency	Region 05 Date Licensed LEE HEALTHCARE INC 2204 US HWY 281 S LAMPASAS, TX 76550 Fax (512) 564-5102 Administrator PAMELA PARSONS	07/11/2016	Owner Information LEE HEALTHCARE INC PO BOX 766 HAMILTON, TX 76531 PHONE: Services: Licensed and Certified Home Health Ser Personal Assistance Services	FAX: vices; Licensed Home Health Services;
County LAVACA License # 018542 Lic Expire 11/30/2023 Medicare 1: 67Q7247001 Medicare 2: Phone (361) 596-8161 Type: Branch Agency	Region 07 Date Licensed ADVANCED HH LLC 113 N. MAIN HALLETTSVILLE, TEXAS 77964 Fax (361) 596-8163 Administrator KRISTEN SCHIEVELBEIN	11/06/2017	Owner Information ADVANCED HH, LLC 113 N. MAIN HALLETTSVILLE, TX 75038 PHONE: Services: Licensed and Certified Home Health Ser	FAX: vices; Licensed Home Health Services
County LAVACA License # 018542 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (830) 379-6171 Type: Branch Agency	Region 07 Date Licensed ADVANCED HOME HEALTH SERVICES 113 N. MAIN, STE B HALLETTSVILLE, TEXAS 77964 Fax Administrator KRISTEN SCHIEVELBEIN		Owner Information ADVANCED HH, LLC 113 N. MAIN HALLETTSVILLE, TX 75038 PHONE: Services: Licensed Home Health Services	FAX:

County LAVACA License # 013980 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (361) 798-9400 Type: Parent Agency	Region 07 Date Licensed HELPING HEARTS SITTER SERVICE 405 B N. TEXANA HALLETTSVILLE, TX 77964 Fax (361) 798-9390 Administrator SANDY SCHAEFER	03/24/2011	Owner Information HELPING HEARTS SITTER SERVICE, LLC P.O. BOX 365 HALLETTRSVILLE, TEXAS 77964 PHONE: FAX: Services: Personal Assistance Services
County LAVACA License # 001930 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (361) 798-2077	Region 07 Date Licensed HOSPICE OF SOUTH TEXAS INC 306 N TEXANA HALLETTSVILLE, TX 77964 Fax (361) 798-4640	06/23/1995	Owner Information HOSPICE OF SOUTH TEXAS INC 605 EAST LOCUST VICTORIA, TX 77901 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site County LEE License # 010222 Lic Expire 12/31/2020 Medicare 1: 679350 HHA-18 Medicare 2: Phone (972) 968-0297 Type: Parent Agency	Administrator MARY BOGDAN Region 03 Date Licensed DISCOVERY AT HOME IN TEXAS, INC 6401 OHIO DRIVE SUITE #1107 PLANO, TX 75024 Fax (972) 968-0405 Administrator ELLEN GRANT	01/01/2006	Owner Information DISCOVERY AT HOME IN TEXAS INC 27299 RIVERVIEW CENTER, SUITE #201 BONITA SPRINGS, FL 34134 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County LIBERTY License # 008904 Lic Expire 2/28/2023 Medicare 1: 673151 HHA-18 Medicare 2: Phone (281) 592-7102	Region 04 Date Licensed ACCENTCARE HOME HEALTH OF TEXAS 400 BELCHER SUITE 6 CLEVELAND, TX 77327 Fax (281) 592-9537	02/11/2004	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP PHONE: FAX:
Type: Parent Agency	Administrator SARAH VILLANUEVA		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County LIBERTY License # 008437 Lic Expire 1/31/2025 Medicare 1: 679125 HHA-18 Medicare 2: Phone (936) 336-2224 Type: Parent Agency	Region 04 Date Licensed ANGELS CARE HOME HEALTH 2345 NORTH MAIN STREET LIBERTY, TX 77575 Fax (936) 336-2231 Administrator DUSTY HOLBROOK	01/30/2003	Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County LIBERTY License # 014311 Lic Expire 8/31/2023 Medicare 1: 671735 HOSPICE Medicare 2: Phone (936) 641-9431	Region 06 Date Licensed HARBOR HOSPICE OF LIBERTY LP 623 NORTH MAIN STREET, SUITE 2 LIBERTY, TEXAS 77575 Fax (936) 641-9187	08/26/2011	Owner Information HARBOR HOSPICE OF LIBERTY LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County LIBERTY License # 020215 Lic Expire 10/7/2022	Administrator THERESA COUSINS Region 04 Date Licensed HELPING HANDS HOME HEALTHCARE 563 COUNTY ROAD 676	10/07/2020	Owner Information HELPING HANDS HOME HEALTHCARE
Medicare 1: Medicare 2: Phone (281) 786-7541 Type: Parent Agency	DAYTON, TX 77535 Fax Administrator SHERAMIE SALAZAR		PHONE: FAX: Services: Personal Assistance Services

County LIBERTY License # 017191 Lic Expire 12/31/2021 Medicare 1:	Region 04 Date Licensed 12/22/2015 SOLACE HOME HEALTH CARE SERVICES 127 N SAN JACINTO AVE STE. 211 CLEVELAND, TX 77327	Owner Information SOLACE HOME HEALTH CARE SERVICES, LLC PO BOX 1624 CLEVELAND, TX 77328
Medicare 2:		PHONE: FAX:
Phone (281) 592-0977	Fax (281) 592-0970	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHASITY WOOD	
County LIBERTY License # 007959 Lic Expire 2/28/2025 Medicare 1: Medicare 2:	Region 06 Date Licensed 04/22/2004 TAWL HEALTH CARE INC 107 SOUTH ROOSEVELT CLEVELAND, TX 77327	Owner Information TAWL HEALTH CARE INC 9898 BISSONETT SUITE 600 HOUSTON, TX 77036 PHONE: FAX:
Phone (281) 432-2340	Fax (281) 593-3511	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator TONG MU	
County LIBERTY License # 010904 Lic Expire 11/30/2022 Medicare 1: 671560 Hospice Medicare 2: Phone (281) 915-6142 Type: Alternate Delivery Site	Region 04 Date Licensed TEXAS HOME HEALTH HOSPICE 400 BELCHER, SUITE 5 RM HOS CLEVELAND, TX 773273654 Fax (281) 747-1862 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
"		Owner Information
County LIMESTONE License # 010507 Lic Expire 6/30/2022 Medicare 1: 671552 Medicare 2:	Region 05 Date Licensed ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS 314 SOUTH DR. JB RIGGS DR STE 314 GROESBECK, TX 76642	Owner Information TEXAS HOME HEALTH HOSPICE, LP 17855 N DALLAS PKWY STE 200 DALLAS, TX 75287-6857 PHONE: FAX:
Phone (254) 751-7644	Fax (254) 294-2235	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CANDICE GOSWICK	
County LIMESTONE License # 010507 Lic Expire 6/30/2022 Medicare 1: 671552 Medicare 2: Phone (254) 751-7644	Region 05 Date Licensed ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS 314 SOUTH DR. JB RIGGS DR STE 314 GROESBECK, TX 76642 Fax (254) 294-2235	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 LIMESTONE License # 010507 Lic Expire 6/30/2022 Medicare 1: 671552 Medicare 2:	Region 05 Date Licensed ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS 314 SOUTH DR. JB RIGGS DR STE 314 GROESBECK, TX 76642	Owner Information TEXAS HOME HEALTH HOSPICE, LP 17855 N DALLAS PKWY STE 200 DALLAS, TX 75287-6857 PHONE: FAX:
Phone (254) 751-7644	Fax (254) 294-2235	Services: Hospice
Type: Alternate Delivery Site	Administrator CANDICE GOSWICK	In-Patient Hospice: NO
County LIMESTONE License # 007477 Lic Expire 11/30/2023 Medicare 1: 45-1713 Medicare 2: Phone (254) 472-0779	Region 05 Date Licensed 04/18/2002 COMMUNITY HEALTHCARE OF TEXAS 312 SOUTH HWY 14 SUITE B MEXIA, TX 76667 Fax (254) 472-0822	Owner Information COMMUNITY HEALTHCARE OF TEXAS 6100 WESTERN PLACE SUITE 105 FORT WORTH, TX 76107 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator AUDREY WILLIAMS	In-Patient Hospice: NO

County LIMESTONE License # 009082 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (254) 729-0336 Type: Branch Agency	Region 05 Date Licensed 05/03/2010 HEIGHTS HOME HEALTH 621 MCCLINTIC DRIVE GROESBECK, TX 76642 Fax (254) 729-0339 Administrator DENISE MILLER	Owner Information HEIGHTS SUPPORT SERVICES INC PO BOX 2416 HARKER HEIGHTS, TX 76548 PHONE: (254) 953-4702 FAX: Services: Personal Assistance Services
County LIMESTONE License # 018603 Lic Expire 5/29/2022 Medicare 1:	Region 05 Date Licensed 02/08/2018 KUHNEKT HEALTHCARE SOLUTIONS LLC 208 N PARIS ST MEXIA, TX 76667	Owner Information KUHNEKT HEALTHCARE SOLUTIONS, LLC 1129 E. SUMPTER ST MEXIA, TEXAS 76667
Medicare 2: Phone (888) 584-6358	Fax (833) 228-6565	PHONE: FAX:
Type: Parent Agency	Administrator LA SHAWN HARBERT	Services: Licensed Home Health Services; Personal Assistance Services
County LLANO License # 007938 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (940) 627-1011 Type: Alternate Delivery Site	Region 03 Date Licensed SOLARIS HOSPICE INC 1903 SOUTH FORD STREET STE 3 LLANO, TEXAS 786432912 Fax (940) 627-3160 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 LUBBOCK License # 003467 Lic Expire 1/31/2025	Region 01 Date Licensed 10/28/1997 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS 3002 50TH STREET	Owner Information NURSES UNLIMITED INC P. O BOX 4534 ODESCA TX 70760
Medicare 1:	LUBBOCK, TX 79413	ODESSA, TX 79760
Medicare 2: Phone (806) 792-9197	Fax (806) 793-7527	PHONE: FAX:
Type: Branch Agency	Administrator TRACY FOLLER	Services: Licensed Home Health Services; Personal Assistance Services
County LUBBOCK License # 003467	Region 01 Date Licensed 10/28/1997 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS	Owner Information NURSES UNLIMITED INC P. O BOX 4534
Lic Expire 1/31/2025		
Medicare 1:	3002 50TH STREET LUBBOCK, TX 79413	ODESSA, TX 79760 PHONE: FAX:
Medicare 1: Medicare 2: Phone (806) 792-9197 Type: Branch Agency		ODESSA, TX 79760 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Medicare 2: Phone (806) 792-9197 Type: Branch Agency County LUBBOCK License # 013055 Lic Expire 12/31/2021 Medicare 1: 74-7506 (HHA-18); Medicare 2:	LUBBOCK, TX 79413 Fax (806) 793-7527 Administrator TRACY FOLLER Region 01 Date Licensed 12/29/2009 AMERICAN STAR HOME HEALTH & HOSPICE CARE INC 2345 50ST SUITE 301 LUBBOCK, TEXAS 79412	PHONE: FAX:
Medicare 2: Phone (806) 792-9197 Type: Branch Agency County LUBBOCK License # 013055 Lic Expire 12/31/2021 Medicare 1: 74-7506 (HHA-18);	LUBBOCK, TX 79413 Fax (806) 793-7527 Administrator TRACY FOLLER Region 01 Date Licensed 12/29/2009 AMERICAN STAR HOME HEALTH & HOSPICE CARE INC 2345 50ST SUITE 301	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information AMERICAN STAR HOME HEALTH CARE INC 3805 22ND STREET SUITE 1-C LUBBOCK, TX 79410
Medicare 2: Phone (806) 792-9197 Type: Branch Agency County LUBBOCK License # 013055 Lic Expire 12/31/2021 Medicare 1: 74-7506 (HHA-18); Medicare 2:	LUBBOCK, TX 79413 Fax (806) 793-7527 Administrator TRACY FOLLER Region 01 Date Licensed 12/29/2009 AMERICAN STAR HOME HEALTH & HOSPICE CARE INC 2345 50ST SUITE 301 LUBBOCK, TEXAS 79412	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information AMERICAN STAR HOME HEALTH CARE INC 3805 22ND STREET SUITE 1-C LUBBOCK, TX 79410 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Medicare 2: Phone (806) 792-9197 Type: Branch Agency County LUBBOCK License # 013055 Lic Expire 12/31/2021 Medicare 1: 74-7506 (HHA-18); Medicare 2: Phone (806) 687-6547 Type: Parent Agency County LUBBOCK License # 010691 Lic Expire 8/31/2022 Medicare 1:	LUBBOCK, TX 79413 Fax (806) 793-7527 Administrator TRACY FOLLER Region 01 Date Licensed 12/29/2009 AMERICAN STAR HOME HEALTH & HOSPICE CARE INC 2345 50ST SUITE 301 LUBBOCK, TEXAS 79412 Fax (806) 687-7276	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information AMERICAN STAR HOME HEALTH CARE INC 3805 22ND STREET SUITE 1-C LUBBOCK, TX 79410 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459
Medicare 2: Phone (806) 792-9197 Type: Branch Agency County LUBBOCK License # 013055 Lic Expire 12/31/2021 Medicare 1: 74-7506 (HHA-18); Medicare 2: Phone (806) 687-6547 Type: Parent Agency County LUBBOCK License # 010691 Lic Expire 8/31/2022	EUBBOCK, TX 79413 Fax (806) 793-7527 Administrator TRACY FOLLER Region 01 Date Licensed 12/29/2009 AMERICAN STAR HOME HEALTH & HOSPICE CARE INC 2345 50ST SUITE 301 LUBBOCK, TEXAS 79412 Fax (806) 687-7276 Administrator ASIF QAMAR Region 03 Date Licensed 02/08/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 3708 A 20TH ST	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information AMERICAN STAR HOME HEALTH CARE INC 3805 22ND STREET SUITE 1-C LUBBOCK, TX 79410 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO Owner Information AOC TX, LLC P O BOX 338

Type: Branch Agency

Administrator

HEATHER RODGERS

County LUBBOCK License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (806) 744-8999 Type: Branch Agency	Region 03 Date Licensed 02/08/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 3708 A 20TH ST LUBBOCK, TX 79410 Fax (903) 532-1401 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 LUBBOCK License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (806) 744-8999 Type: Branch Agency	Region 03 Date Licensed 02/08/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 3708 A 20TH ST LUBBOCK, TX 79410 Fax (903) 532-1401 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 LUBBOCK License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (806) 744-8999 Type: Branch Agency	Region 03 Date Licensed 02/08/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 3708 A 20TH ST LUBBOCK, TX 79410 Fax (903) 532-1401 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 LUBBOCK License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (806) 744-8999 Type: Branch Agency	Region 03 Date Licensed 02/08/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 3708 A 20TH ST LUBBOCK, TX 79410 Fax (903) 532-1401 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 LUBBOCK License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (806) 744-8999 Type: Branch Agency	Region 03 Date Licensed 02/08/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 3708 A 20TH ST LUBBOCK, TX 79410 Fax (903) 532-1401 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 LUBBOCK License # 015024 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (806) 780-4180 Type: Parent Agency	Region 01 Date Licensed 03/28/2012 AVEANNA HEALTHCARE SENTRY PLAZA 2 BLDG 5225 S LOOP 289 S210 LUBBOCK, TX 79424 Fax (806) 744-7458 Administrator ELI GUERRERO	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County LUBBOCK License # 015236 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (806) 368-7985 Type: Parent Agency	Region 01 Date Licensed 11/28/2012 BEST IN HOME CARE LLC 2825 74TH STREET LUBBOCK, TX 79423 Fax (806) 398-4344 Administrator TRACY NELSON	Owner Information BEST IN HOME CARE LLC 5145 69TH ST LUBBOCK, TX 79424 PHONE: FAX: Services: Personal Assistance Services

County LUBBOCK License # 016950 Lic Expire 8/31/2023 Medicare 1: 741629 HOSPICE Medicare 2: Phone (806) 797-0000	Region 01 Date Licensed BEYONDFAITH HOSPICE OF LUBBOCK LLC 4511 B UNIVERSITY LUBBOCK, TX 79413 Fax (806) 797-0101	08/04/2015	Owner Information BEYONDFAITH HOSPICE OF LUBBOCK LLC 4511 B UNIVERSITY LUBBOCK, TX 79413-3615 PHONE: F Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator PENNEY METZE			
County LUBBOCK License # 018372 Lic Expire 8/31/2023 Medicare 1: 679374 HHA-18	Region 03 Date Licensed BEYONDFAITH LUBBOCK 4511 UNIVERSITY AVE LUBBOCK, TX 79413	08/31/2017	Owner Information BEYONDFAITH HOMECARE & REHAB LLC 2150 S. CENTRAL EXPRESSWAY STE 200 MCKINNEY, TX 75070	
Medicare 2:	F (000) 700 0440		PHONE: F	FAX:
Phone (806) 798-5683 Type: Parent Agency	Fax (806) 798-2443 Administrator VERONICA ESQUEDA		Services: Licensed and Certified Home Health Service	es; Licensed Home Health Services
County LUBBOCK License # 013786 Lic Expire 11/1/2022 Medicare 1: Medicare 2: Phone (806) 745-9996 Type: Parent Agency	Region 01 Date Licensed BRIGHTSTAR HEALTHCARE 6701 ABERDEEN SUITE 6 LUBBOCK, TX 79424 Fax (806) 745-9998 Administrator LISA VELASQUEZ	10/11/2010	Owner Information HIGHER EXPECTATIONS LLC 6701 ABERDEEN SUITE 6 LUBBOCK, TX 79424 PHONE: Services: Licensed Home Health Services; Personal A	FAX: Assistance Services
County LUBBOCK License # 012273 Lic Expire 10/31/2022 Medicare 1:	Region 01 Date Licensed CALVERT HOME HEALTH CARE 5301 66TH ST ROOM 1000 LUBBOCK, TX 79424	10/04/2008	Owner Information CORDOVA BAY LLC 2411 SPRINGER DRIVE NORMAN, OK 73069	
Medicare 2:	F (000) 700 0000		PHONE: F	FAX:
Phone (806) 783-8878 Type: Branch Agency	Fax (806) 783-8986 Administrator JULIE STACY		Services: Licensed and Certified Home Health Service	es; Licensed Home Health Services
County LUBBOCK License # 009509 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (806) 747-8972 Type: Branch Agency	Region 01 Date Licensed CALVERT HOME HEALTH CARE LLC 1717 NORFOLK AVENUE SUITE 2159 LUBBOCK, TX 79416 Fax (806) 747-8965 Administrator JULIE STACY	01/01/2005	Owner Information CALVERT HOME HEALTH CARE, LLC 2411 SPRINGER DRIVE NORMAN, OK 73069 PHONE: Services: Licensed and Certified Home Health Service	FAX: es; Licensed Home Health Services
County LUBBOCK License # 009509 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (806) 793-2662 Type: Branch Agency	Region 01 Date Licensed CALVERT HOME HEALTH CARE LLC 3026 54TH STREET STE 314 LUBBOCK, TX 79413 Fax (806) 793-2636 Administrator JULIE STACY	01/01/2005	Owner Information CALVERT HOME HEALTH CARE, LLC 2411 SPRINGER DRIVE NORMAN, OK 73069 PHONE: Services: Licensed and Certified Home Health Services	FAX: es; Licensed Home Health Services
County LUBBOCK License # 009509 Lic Expire 12/31/2021 Medicare 1: 677109 HHA-18 Medicare 2: Phone (806) 747-8972 Type: Parent Agency	Region 01 Date Licensed CALVERT HOME HEALTH CARE LLC 10207 INDIANA AVE LUBBOCK, TX 79423 Fax (806) 747-8965 Administrator JULIE STACY	01/01/2005	Owner Information CALVERT HOME HEALTH CARE, LLC 2411 SPRINGER DRIVE NORMAN, OK 73069 PHONE: Services: Licensed and Certified Home Health Service	FAX: es; Licensed Home Health Services

County LUBBOCK License # 020165 Lic Expire 9/11/2022 Medicare 1: 971650 Medicare 2: Phone (806) 747-8972 Type: Parent Agency	Region 01 Date Licensed CALVERT HOSPICE LLC 10207 INDIANA AVENUE LUBBOCK, TEXAS 79423 Fax (806) 747-8965 Administrator JULIE STACY	09/11/2020	Owner Information CALVERT HOSPICE, LLC 2411 SPRINGER DRIVE NORMAN, OK 73069 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County LUBBOCK License # 001401 Lic Expire 1/31/2025 Medicare 1: 457548 HHA-18 Medicare 2: Phone (806) 792-2660 Type: Parent Agency	Region 01 Date Licensed CAPROCK HOME HEALTH SERVICES INC 8806 UNIVERSITY AVENUE LUBBOCK, TX 79423 Fax (806) 792-1347 Administrator VICTORIA CAUGHRON	01/09/1989	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 LUBBOCK License # 012311 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (806) 686-0429 Type: Branch Agency	Region 03 Date Licensed CARE OPTIONS FOR KIDS 6502 SLIDE RD STE 204 LUBBOCK, TX 79424 Fax (806) 300-0230 Administrator BARBARA MENEFEE	08/20/2013	Owner Information OCI ACQUISTION, LLC 4300 SIGMA ROAD SUITE 130 DALLAS, TX 75244 PHONE: FAX: Services: Licensed Home Health Services
County LUBBOCK License # 019200 Lic Expire 1/15/2023 Medicare 1: Medicare 2: Phone (806) 230-1234	Region 01 Date Licensed CARING HEARTS HOME CARE 4601 50TH STREET SUITE 202 LUBBOCK, TEXAS 79414 Fax (806) 230-1234	01/15/2019	Owner Information DPCC INC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County LUBBOCK License # 009669 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (806) 367-6612	Administrator DIANA LESLIE Region 01 Date Licensed CHILDREN'S HOME HEALTHCARE 5225 S LOOP 289 STE 126 LUBBOCK, TX 79424 Fax (806) 367-7148	09/12/2016	Owner Information DJK HOME HEALTHCARE LLC 901 WATERFALL WAY SUITE 105 RICHARDSON, TX 75080 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County LUBBOCK License # 016988 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (806) 687-7800 Type: Parent Agency	Administrator BUDDY WILSON Region 01 Date Licensed COMFORT KEEPERS #411 2517 74TH STREET LUBBOCK, TX 79423 Fax (806) 745-4559 Administrator FELISA CARSON	08/20/2015	Owner Information 2C PROFIT LLC 2517-74TH STREET LUBBOCK, TX 79423 PHONE: FAX: Services: Licensed Home Health Services
County LUBBOCK License # 008819 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (806) 687-7800 Type: Parent Agency	Region 01 Date Licensed COMFORT KEEPERS #411 2517 74TH STREET LUBBOCK, TX 79423 Fax (806) 745-4559 Administrator FELISA CARSON	12/18/2003	Owner Information 2C PROFIT LLC 2517-74TH STREET LUBBOCK, TX 79423 PHONE: FAX: Services: Personal Assistance Services

County LUBBOCK License # 020007 Lic Expire 6/22/2022 Medicare 1: Medicare 2: Phone (806) 853-8575	Region 01 Date Licensed 06/22/2020 CORNERSTONE CAREGIVING 4418 74TH ST. STE 51 LUBBOCK, TEXAS 79424 Fax (806) 853-8575	Owner Information LUBBOCK TX CAREGIVING LLC PHONE: FAX:
Type: Parent Agency	Administrator MICHALEA PEREZ	Services: Personal Assistance Services
County LUBBOCK License # 015600 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (806) 722-4900 Type: Parent Agency	Region 01 Date Licensed 06/13/2013 CPCS 3402 73RD ST, SUITE F LUBBOCK, TX 79423 Fax (806) 722-4898 Administrator BRADLEY MADISON	Owner Information THREE SAINTS BAY LTD 10207 INDIANA AVENUE LUBBOCK, TX 79423 PHONE: FAX: Services: Personal Assistance Services
County LUBBOCK License # 007152 Lic Expire 11/30/2022 Medicare 1: 459427 HHA-18;67 Medicare 2: Phone (806) 785-7903 Type: Parent Agency	Region 01 Date Licensed 12/01/1998 CUIDADO CASERO HOME HEALTH LUBBOCK 2118 BROADWAY LUBBOCK, TX 79401 Fax (806) 785-7918 Administrator MELISSA AVILA	Owner Information CUIDADO CASERO HOME HEALTH LUBBOCK LLC SAME SOUTHLAKE, TX 76092 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County LUBBOCK License # 007152 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (806) 785-7903	Region 01 Date Licensed 05/08/2003 CUIDADO CASERO HOME HEALTH LUBBOCK 2118 BROADWAY AVENUE LUBBOCK, TX 79401 Fax (806) 291-0402	Owner Information CUIDADO CASERO HOME HEALTH LUBBOCK LLC SAME SOUTHLAKE, TX 76092 PHONE: FAX:
, ,		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County LUBBOCK License # 017399 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (806) 784-0722 Type: Branch Agency	Administrator MELISSA AVILA Region 03 Date Licensed 01/13/2017 DAYBREAK COMMUNITY SERVICES TEXAS LLC 4620 71ST STREET LUBBOCK, TX 79424 Fax (806) 784-0753 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 LUBBOCK License # 002112 Lic Expire 4/30/2023 Medicare 1: 677264 HHA-18;67 Medicare 2: Phone (806) 793-3999	Region 01 Date Licensed 04/19/1990 DIRECT HEALTH CARE INC 7402 UNIVERSITY AVE LUBBOCK, TX 79423 Fax (806) 793-2592	Owner Information DIRECT HEALTH CARE INC 5902 66TH STREET LUBBOCK, TX 79424 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services In Patient Hespitan NO
Type: Parent Agency	Administrator JENNY STROUD	In-Patient Hospice: NO
County LUBBOCK License # 015691 Lic Expire 7/31/2023 Medicare 1: Medicare 2:	Region 01 Date Licensed 08/01/2013 EDUCARE COMMUNITY LIVING CORPORATION TEXAS 4601 SOUTH LOOP 289 SUITE 29 LUBBOCK, TEXAS 79424	Owner Information EDUCARE COMMUNITY LIVING CORPORATION TEXAS 9901 LINN STATION ROAD LOUISVILLE, KY 40223 PHONE: (502) 394-2100 FAX: (502) 394-2369
Phone (806) 792-2100 Type: Parent Agency	Fax (806) 792-2117 Administrator KAY BALLARD-SMITH	Services: Licensed Home Health Services; Personal Assistance Services

County LUBBOCK License # 014033 Lic Expire 3/31/2023 Medicare 1: 679022 HHA-18 Medicare 2: Phone 806 7943555 Type: Parent Agency	Region 01 Date Licensed 04/01/2011 ENCOMPASS HEALTH HOME HEALTH 4225 85TH STREET LUBBOCK, TEXAS 79423 Fax 806 7949303 Administrator AMBER BRYSON-CAGE	Owner Information ABBA HOME HEALTH, LP 6688 N CENTRAL EXPRESSWAY SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County LUBBOCK License # 004822 Lic Expire 5/31/2023 Medicare 1: 457822 HHA-18 Medicare 2: Phone (806) 747-4229 Type: Parent Agency	Region 01 Date Licensed 05/02/1996 ESSENTIAL HOME HEALTH 2501 BAYLOR SUITE 100 LUBBOCK, TX 79415 Fax (806) 747-5202 Administrator JOSIE ALVARADO	Owner Information LUBBOCK ESSENTIAL HOME HEALTH CARE INC PO BOX 10725 LUBBOCK, TEXAS 79408 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County LUBBOCK License # 016596 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (806) 445-2353 Type: Parent Agency	Region 01 Date Licensed 01/09/2015 FOREVER FAITHFUL HOME CARE 2802 34TH STREET LUBBOCK, TX 79410 Fax Administrator HEATH HALFORD	Owner Information UNTEDWARD LLC 5808 13TH STREET LUBBOCK, TX 79416 PHONE: FAX: Services: Personal Assistance Services
County LUBBOCK License # 011726 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (806) 747-0173 Type: Branch Agency	Region 01 Date Licensed 11/30/2007 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 5010 KENOSHA AVENUE SUITE C LUBBOCK, TX 79413 Fax (806) 747-0491 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 LUBBOCK License # 011726 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (806) 747-0173 Type: Branch Agency	Region 01 Date Licensed 11/30/2007 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 5010 KENOSHA AVENUE SUITE C LUBBOCK, TX 79413 Fax (806) 747-0491 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 LUBBOCK License # 011726 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (806) 747-0173 Type: Branch Agency	Region 01 Date Licensed 11/30/2007 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 5010 KENOSHA AVENUE SUITE C LUBBOCK, TX 79413 Fax (806) 747-0491 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 LUBBOCK License # 015882 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (806) 355-1899 Type: Branch Agency	Region 01 Date Licensed HIGH PLAINS SENIOR CARE 4611 50TH STREET, SUITE C LUBBOCK, TEXAS 79424 Fax Administrator CRAIG JOHNSON	Owner Information HIGH PLAINS SENIOR CARE INC SAME AMARILLO, TX 79102 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County LUBBOCK License # 015882 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (806) 355-1899 Type: Branch Agency	Region 01 Date Licensed HIGH PLAINS SENIOR CARE 4611 50TH STREET, SUITE C LUBBOCK, TEXAS 79424 Fax Administrator CRAIG JOHNSON	Owner Information HIGH PLAINS SENIOR CARE INC SAME AMARILLO, TX 79102 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County LUBBOCK License # 008789 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone 806 281 4663	Region 01 Date Licensed 12/03/2003 HOME INSTEAD SENIOR CARE 1010 SLIDE ROAD LUBBOCK, TX 79416 Fax (806) 281-4606	Owner Information TEAM BAUGH LLC 1010 SLIDE ROAD LUBBOCK, TX 79416 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County LUBBOCK License # 001878 Lic Expire 9/30/2022 Medicare 1: 451519 HOSPICE	Administrator STEPHANIE DODSON Region 01 Date Licensed 09/04/1987 HOSPICE OF LUBBOCK INC 3702 21ST STREET LUBBOCK, TX 794101299	Owner Information HOSPICE OF LUBBOCK, INC PO BOX 16800 LUBBOCK, TX 79490-6800
Medicare 2: Phone (806) 795-2751 Type: Parent Agency	Fax (806) 795-8464 Administrator JEREMY BROWN	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County LUBBOCK License # 016805 Lic Expire 12/31/2022 Medicare 1: 671667 HOSPICE Medicare 2: Phone (806) 783-0382	Region 01 Date Licensed 12/31/2014 HOSPICE OF THE SOUTH PLAINS 4413 82ND ST SUITE 135 LUBBOCK, TX 79424 Fax (855) 867-5375	Owner Information SOUTH PLAINS HEALTHCARE, INC 4413 82ND ST SUITE 135 LUBBOCK, TX 79424 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County LUBBOCK License # 007788 Lic Expire 10/31/2022 Medicare 1: Medicare 2:	Administrator ROBERT "SCOTT" MYERS Region 01 Date Licensed 05/23/2018 INTERIM HEALTHCARE OF WEST TEXAS LLC 6548 43RD ST LUBBOCK, TX 79407	Owner Information PHONE: FAX:
Phone (806) 791-0042 Type: Branch Agency	Fax (806) 797-6694 Administrator TWILA RUTTER	Services: Personal Assistance Services
County LUBBOCK License # 007781 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (806) 791-0042	Region 01 Date Licensed 01/11/2007 INTERIM HEALTHCARE OF WEST TEXAS LLC 3305 101ST ST, STE 200 LUBBOCK, TX 79423 Fax (806) 797-6694	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
Type: Branch Agency County LUBBOCK License # 007788 Lic Expire 10/31/2022 Medicare 1:	Administrator ASHLEY MCPHAIL Region 01 Date Licensed 10/31/2001 INTERIM HEALTHCARE OF WEST TEXAS LLC 3305 101ST STREET, SUITE 200 LUBBOCK, TEXAS 794234076	Owner Information
Medicare 2: Phone (806) 791-0042 Type: Parent Agency	Fax (806) 797-6694 Administrator TWILA RUTTER	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County LUBBOCK License # 007781 Lic Expire 10/31/2023 Medicare 1: 677566 HHA-18 Medicare 2: Phone (806) 791-0042 Type: Parent Agency	Region 01 Date Licensed 10/31/2001 INTERIM HEALTHCARE OF WEST TEXAS LLC 3305 101ST STREET, STE 200 LUBBOCK, TEXAS 79423 Fax (806) 797-6694 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 License # 010522 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (806) 791-0043	Region 01 Date Licensed 06/15/2015 INTERIM HOSPICE OF WEST TEXAS 3305 101ST STREET, STE 200 LUBBOCK, TX 79423 Fax (806) 687-5958	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site County LUBBOCK License # 010522 Lic Expire 6/30/2023 Medicare 1: 671561 HOSPICE Medicare 2: Phone 80667910043 Type: Parent Agency	Administrator BRANDI LARSON Region 01 Date Licensed 06/08/2006 INTERIM HOSPICE OF WEST TEXAS 3305 101ST STREET, SUITE 200 LUBBOCK, TEXAS 79423 Fax (806) 687-5958 Administrator BRANDI LARSON	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST E 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO
County LUBBOCK License # 011741 Lic Expire 11/30/2023 Medicare 1: 459496 HHA-18 Medicare 2: Phone (806) 784-3838	Region 01 Date Licensed 11/30/2007 KINDRED AT HOME 6831 82ND STREET, SUITE 101 LUBBOCK, TEXAS 794245068 Fax (806) 788-1515 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
Type: Parent Agency County LUBBOCK License # 005035 Lic Expire 7/31/2022 Medicare 1: 451520 HOSPICE Medicare 2: Phone (806) 748-1041 Type: Parent Agency	Region 01 Date Licensed 08/01/1996 KINDRED HOSPICE 7202 SLIDE RD., SUITE 301 LUBBOCK, TX 79424 Fax (806) 785-1753 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 License # 009857 Lic Expire 7/31/2022 Medicare 1: 671515 HOSPICE Medicare 2: Phone (806) 370-2100	Region 01 Date Licensed 07/08/2005 LEGACY OF LOVE HOSPICE, INC 4409 71ST ST. LUBBOCK, TX 79424 Fax (806) 370-2100	Owner Information LEGACY OF LOVE HOSPICE, INC 4409 71ST ST LUBBOCK, TX 79424 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County LUBBOCK License # #Error Lic Expire 5/31/2021 Medicare 1: Medicare 2: Phone (806) 794-3796	Administrator AMANDA CAMPBELL Region 01 Date Licensed OUTREACH HOME CARE 4413 82ND ST, STE 204 LUBBOCK, TX 79424	Owner Information PHONE: FAX:

County LUBBOCK License # 007334 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 806 7943796 Type: Branch Agency County LUBBOCK License # 016811 Lic Expire 5/31/2023 Medicare 1:	Region 01 Date Licensed OUTREACH HOME CARE 4413 82ND ST LUBBOCK, TX 79424 Fax 806 7946953 Administrator BRANDI LOVE Region 05 Date Licensed PALS HOME HEALTH 11903 FRANKFORD AVE STE 300 LUBBOCK, TX 79424	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 Owner Information PEDIATRIC ADVANCED LIFE SERVICES HOME HEALTH LLC 1122 W 6TH STREET MCGREGOR, TX 76657
Medicare 2:		PHONE: FAX:
Phone (806) 705-8607 Type: Branch Agency	Fax (254) 765-2501 Administrator NATASHA JAMES	Services: Licensed Home Health Services
County LUBBOCK License # 018263 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (806) 281-5600	Region 01 Date Licensed 08/18/2017 REHABCARE 6806 43RD STREET LUBBOCK, TX 79407 Fax (806) 799-3714 Administrator ELIZABETH RAINBOLT	Owner Information REHABCARE GROUP EAST LLC SAME KINGWOOD, TX 77339 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County LUBBOCK License # 021053 Lic Expire 9/16/2024 Medicare 1: Medicare 2: Phone (806) 740-1500 Type: Parent Agency	Region 01 Date Licensed 09/16/2021 SILVER STAR HEALTH NETWORK 4010 22ND STREET LUBBOCK, TX 79410 Fax (806) 791-0578 Administrator JOANNE HARWOOD	Owner Information LUBBOCK REGIONAL MHMR PO BOX 2828 LUBBOCK, TX 79408 PHONE: FAX: Services: Licensed Home Health Services
County LUBBOCK License # 014547 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (806) 589-0400 Type: Parent Agency	Region 01 Date Licensed 12/22/2011 SYNERGY HOMECARE OF LUBBOCK 2505 79TH ST SUITE B LUBBOCK, TX 79423 Fax (888) 606-1222 Administrator AMY PECK	Owner Information MHK HOLDINGS INC 2505 79TH STREET, SUITE B LUBBOCK, TX 79423 PHONE: FAX: Services: Personal Assistance Services
County LUBBOCK License # 009402 Lic Expire 11/30/2022 Medicare 1: 67Q9485004 Medicare 2: Phone (806) 791-2100 Type: Branch Agency	Region 01 Date Licensed 11/29/2005 TEXAS HOME HEALTH 2950 50TH (MUL) LUBBOCK, TX 79413 Fax (806) 791-2105 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 License # 009402 Lic Expire 11/30/2022 Medicare 1: 67Q9485002 Medicare 2: Phone (806) 791-2100 Type: Branch Agency	Region 01 Date Licensed 04/14/2005 TEXAS HOME HEALTH 2950 50TH (LVL) LUBBOCK, TX 79413 Fax (806) 791-2105 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 License # 009402 Lic Expire 11/30/2022 Medicare 1: 67Q9485001 Medicare 2: Phone (806) 791-2100 Type: Branch Agency	Region 01 Date Licensed TEXAS HOME HEALTH 2950 50TH (ALA) LUBBOCK, TX 79413 Fax (806) 791-2105 Administrator CRISTI PAULK	04/14/2005	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 License # 009402 Lic Expire 11/30/2022 Medicare 1: 67Q9485003 Medicare 2: Phone (806) 791-2100 Type: Branch Agency	Region 01 Date Licensed TEXAS HOME HEALTH 2950 50TH (JAY) LUBBOCK, TX 79413 Fax (806) 791-2105 Administrator CRISTI PAULK	04/14/2005	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 License # 020365 Lic Expire 12/3/2022 Medicare 1: Medicare 2: Phone 806 7929197 Type: Parent Agency	Region 01 Date Licensed TEXAS HOME HEALTH 3002 50TH STREET LUBBOCK, TX 79413 Fax 806 7937527 Administrator TARA PARMENTER	12/03/2020	Owner Information NURSES UNLIMITED INC P. O BOX 4534 ODESSA, TX 79760 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County LUBBOCK License # 017836 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (806) 687-3124 Type: Parent Agency	Region 01 Date Licensed THRIVE SKILLED PEDIATRIC CARE 1303 82ND STREET SUITE 800 LUBBOCK, TX 794232388 Fax (806) 687-3358 Administrator JAMIE WINEGEART	11/01/2016	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 License # 020681 Lic Expire 4/1/2024 Medicare 1: Medicare 2: Phone (806) 368-8039 Type: Alternate Delivery Site	Region 01 Date Licensed TRADITIONS HEALTH 4601 50TH STREET, SUITE 109 LUBBOCK, TX 79414 Fax (806) 368-8051 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 License # 014666 Lic Expire 12/31/2021 Medicare 1: 677088 HHA-18 Medicare 2: Phone (806) 747-5377 Type: Parent Agency	Region 01 Date Licensed UMC HOME HEALTH 309 N SLIDE RD LUBBOCK, TX 79416 Fax (806) 747-5465 Administrator LINDA VELARDEZ	12/22/2011	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 License # 020171 Lic Expire 9/11/2022 Medicare 1: 971631 Hospice	Region 01 Date Licensed UMC HOME HEALTH AND HOSPICE, AN AN 309 N. SLIDE ROAD, SUITE 102 LUBBOCK, TX 794161549	09/11/2020 MEDISYS PARTNER	Owner Information HOSPICE PARTNERSHIP OPERATING COMPANY, LLC
Medicare 2: Phone (806) 516-8103 Type: Parent Agency	Fax (888) 910-5132 Administrator JOSHUA LASATER		PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County LUBBOCK License # 020164 Lic Expire 9/10/2022 Medicare 1: 748008 HHA Medicare 2: Phone (806) 516-8004 Type: Parent Agency	Region 01 Date Licensed 09/10/2020 UMC HOME HEALTH AND HOSPICE, AN AMEDISYS PARTNER 309 N. SLIDE ROAD, SUITE 101 LUBBOCK, TX 794161549 Fax (888) 910-5153 Administrator KELLY GADISON	Owner Information HOME HEALTH PARTNERSHIP OPERATING COMPANY, LLC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County LUBBOCK License # 008861 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (806) 687-2780 Type: Parent Agency	Region 01 Date Licensed 01/15/2004 VISITING ANGELS 3223 S. LOOP 289 SUITE 315 LUBBOCK, TX 79423 Fax (806) 687-2784 Administrator VICKI COLBERT	Owner Information ANGELS FOR HIRE LP 5109 82ND ST #7 PMB 1214 LUBBOCK, TX 79424 PHONE: FAX: Services: Personal Assistance Services
County LYNN License # 011445 Lic Expire 6/30/2022 Medicare 1: 458364 HHA-18;45 Medicare 2: Phone (806) 998-5340 Type: Parent Agency	Region 01 Date Licensed 07/01/2007 KINDRED AT HOME 1928 LOCKWOOD TAHOKA, TX 79373 Fax (806) 998-4958 Administrator GRANT INNES	Owner Information GBA HOLDING, INC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County MADISON License # 014718 Lic Expire 3/31/2022 Medicare 1: 747834 HHA-18 Medicare 2: Phone (936) 348-2707 Type: Parent Agency	Region 05 Date Licensed 03/29/2012 TRADITIONS HEALTH CARE 1608 EAST MAIN STREET SUITE 115 MADISONVILLE, TX 77864 Fax (866) 908-8704 Administrator ALLISON FULMER	Owner Information TRADITIONS HEALTH CARE OF MADISONVILLE, LLC P.O. BOX 9980 COLLEGE STATION, TX 77842 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County MARION License # 014729 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (254) 207-0301 Type: Parent Agency	Region 04 Date Licensed 04/04/2012 ACADEMY FOR SPEECH AND LANGUAGE AT HOME LLC 601 W LOOP 340 WOODWAY, TX 76712 Fax (254) 207-0298 Administrator LAURI COLE	Owner Information ACADEMY FOR SPEECH AND LANGUAGE AT HOME LLC PO BOX 23269 WOODWAY, TEXAS 76702 PHONE: FAX: Services: Licensed Home Health Services
County MARION License # 008181 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (903) 665-2142 Type: Branch Agency	Region 04 Date Licensed 11/01/2002 ELARA CARING 316 NORTH POLK JEFFERSON, TX 75657 Fax (903) 793-1976 Administrator DORIS ERICA 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 MARION License # 008366 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (903) 665-6131 Type: Parent Agency	Region 04 Date Licensed 03/19/2003 FIRST IN HOME HEALTH CARE 120 NORTH WALNUT STREET JEFFERSON, TX 75657 Fax (903) 665-7244 Administrator SHARON BONNER-GOOLSBY	Owner Information FIRST IN PEDIATRICS HOME HEALTH CARE, INC P.O. BOX 901 JEFFERSON, TX 75657 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County MARION License # 018375	Region 04 Date Licensed 10/13/2017 HERITAGE HOSPICE OF TEXARKANA LLC	Owner Information
Lic Expire	314 N POLK ST STE B	
Medicare 1:	JEFFERSON, TX 75657	
Medicare 2: Phone (903) 665-8898	Fax	PHONE: FAX:
1 Hone (303) 003-0030	1 00	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CHRISTOPHER CLEMENS	·
County MARTIN	Region 01 Date Licensed 12/16/2021	Owner Information
License # 021278	FIVE POINT HOME CARE LLC	FIVE POINT HOME CARE LLC
Lic Expire 12/16/2024	407 N LAMESA HWY	
Medicare 1: Medicare 2:	STANTON, TX 79782	PHONE: FAX:
Phone (432) 664-4605	Fax	
Type: Parent Agency	Administrator BAILIE WOODS	Services: Personal Assistance Services
		Owner Information
County MARTIN	Region 01 Date Licensed 09/07/2018	MARTIN COUNTY HOSPITAL DISTRICT
License # 019181	TRULITE HOME CARE	PO BOX 640
Lic Expire 9/7/2022	1200 BEAUGARD	STANTON, TX 79782
Medicare 1: 678485 Medicare 2:	STANTON, TEXAS 79782	PHONE: FAX:
Phone (432) 607-2516	Fax (432) 607-2519	
Type: Parent Agency	Administrator JOAN HARRISON	Services: Licensed and Certified Home Health Services; Personal Assistance Services
· · · · · · · · · · · · · · · · · · ·		Owner Information
County MASON	Region 01 Date Licensed 12/16/2015	HILL COUNTRY PREFERRED SENIOR CARE LLC
License # 017417	HILL COUNTRY PREFERRED SENIOR CARE	P O BOX 238
Lic Expire 12/31/2023 Medicare 1: 677458 HHA-18	204 B E COLLEGE MASON, TX 76856	MASON, TX 76856
Medicare 2:	WASON, 1X 70030	PHONE: FAX:
Phone (325) 347-5145	Fax (325) 347-6916	
Type: Parent Agency	Administrator JENNIFER VANCKHOVEN	Services: Licensed and Certified Home Health Services
		Owner Information
County MATAGORDA	Region 06 Date Licensed 04/17/2003	E MEDICAL GROUP INC
License # 008427	ANGELS CARE HOME HEALTH	2803 7TH STREET
Lic Expire 4/30/2022 Medicare 1: 679345 HHA-18	2803 7TH STREET BAY CITY, TX 77414	BAY CITY, TX 77414
Medicare 1: 679345 HHA-18 Medicare 2:	DAT CITT, 1A 11414	PHONE: FAX:
Phone (979) 244-0600	Fax (979) 244-4505	
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	ANGELS CARE HOME HEALTH	E MEDICAL GROUP INC
Lic Expire 4/30/2022	2803 7TH STREET	2803 7TH STREET
Medicare 1: 679345 HHA-18	BAY CITY, TX 77414	BAY CITY, TX 77414
Medicare 2:	· ·	PHONE: FAX:
Phone (979) 244-0600	Fax (979) 244-4505	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator ANGELA CRAWFORD	53. 1155. 255.1555 S. I. S. S. HOO THOMAT SOLFHOOD, ELOCHOUGH FORMET SOLFHOOD
County MATAGORDA	Region 06 Date Licensed 04/06/2018	Owner Information
License # 018689	ANGELS CARE HOSPICE	RELIABLE HOSPICE, LLC
Lic Expire 4/30/2022	2807 7TH STREET	129 VISION PARK SUITE 105
Medicare 1: 74-1739	BAY CITY, TX 77414	SHENANDOAH, TX 77384
Medicare 2:		PHONE: FAX:
Phone 979 9432742	Fax 979 4816513	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MARIA LARA	

County MATAGORDA License # 020933 Lic Expire 7/26/2024 Medicare 1: Medicare 2: Phone 979 4793488 Type: Parent Agency	Region 06 Date Licensed 07/26/2021 ARIAS IN HOME CARE LLC 1701 ANDREA DRIVE BAY CITY, TX 77414 Fax Administrator BLANCA SNYDER	Owner Information ARIAS IN HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services
<u> </u>	Administrator BEANCA SNT DEN	Owner Information
County MATAGORDA License # 016054 Lic Expire 2/28/2022 Medicare 1:	Region 06 Date Licensed 02/27/2014 AT YOUR SIDE HOME CARE SUGAR LAND 1005 AVE F BAY CITY, TX 77414	Owner Information PEGGS HOME HEALTH STAFFING OF TEXAS LLC 1713 MERLIN SUITE 3 BAY CITY, TX 77414
Medicare 2:		PHONE: FAX:
Phone (979) 245-1300 Type: Parent Agency	Fax (979) 244-4233 Administrator MICHAEL PEGGS SR MD	Services: Personal Assistance Services
County MATAGORDA License # 019689 Lic Expire 11/7/2021 Medicare 1: Medicare 2:	Region 06 Date Licensed 11/07/2019 GOLD STANDARD HOME HEALTH LLC 1913 7TH ST SUITE A BAY CITY, TX 77414	Owner Information GOLD STANDARD HOME HEALTH LLC 3222 EL CAMINO ST. BAY CITY, TX 77414 PHONE: FAX:
Phone (979) 240-8756 Type: Parent Agency	Fax Administrator JEREMY ROOTH	Services: Licensed Home Health Services; Personal Assistance Services
County MATAGORDA License # 020248 Lic Expire 10/19/2022 Medicare 1:	Region 06 Date Licensed 10/19/2020 HARMONY HOME CARE 1830 SEVENTH STREET, SUITE C BAY CITY, TEXAS 77414	Owner Information HARMONY HEALTH AND WELLNESS, LLC
Medicare 2:	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PHONE: FAX:
Phone (979) 943-1833	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator VERONICA HARVEY	
County MATAGORDA License # 016603 Lic Expire 10/31/2023 Medicare 1: 679461 HHA-18	Region 06 Date Licensed 10/15/2014 SHINING NIGHTINGALE HEALTH CARE 3211 AVENUE F BAY CITY, TEXAS 77414	Owner Information AMIGOS CRISTIANOS, LLC 1700 6TH STREET BAY CITY, TX 77414
Medicare 2:		PHONE: FAX:
Phone (979) 323-7099 Type: Parent Agency	Fax (979) 323-0555 Administrator IRMA OCHOA	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County MATAGORDA License # 015988 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (281) 997-7118 Type: Branch Agency	Region 06 Date Licensed 12/04/2013 STAT HOME HEALTH HOUSTON BELLAIRE LLC 9307 W BROADWAY SUITE 401 A PEARLAND, TX 77584 Fax (281) 997-7203 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 MAVERICK	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	1795 S VETERANS BLVD UNIT 1	1325 N. FLORES SUITE 114
Medicare 1:	EAGLE PASS, TEXAS 78852	SAN ANTONIO, TX 78212
Medicare 2:	E (000) 7F0 00F0	PHONE: FAX:
Phone (830) 758-0050	Fax (830) 758-0052	Services: Personal Assistance Services
Type: Branch Agency	Administrator IRMA VINTON	

County MAVERICK License # 009636 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (830) 758-1800 Type: Branch Agency	Region 07 Date Licensed 10/30/2007 A PLUS FAMILY CARE LLC 2298 N VETERANS BLVD SUITE # 2 EAGLE PASS, TX 78852 Fax (830) 758-1874 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 License # 013388 Lic Expire 6/30/2022 Medicare 1: 747874 HHA-18 Medicare 2: Phone (830) 776-7068 Type: Parent Agency	Region 07 Date Licensed 06/11/2010 ANTHEM HEALTHCARE 3147 MEGAN STREET SUITE 4 EAGLE PASS, TX 78852 Fax (866) 571-0395 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 License # 014398 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone 830 7735733 Type: Branch Agency	Region 02 Date Licensed 09/13/2011 APC HOMEMAKER SERVICES 1109 FERRY STREET, SUITE C. EAGLE PASS, TX 788524487 Fax 830 7572969 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 License # 010629 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (830) 757-8900	Region 07 Date Licensed 09/01/2010 AXIOM HOME HEALTH INC 2322 N VETERANS BLVD # 1 EAGLE PASS, TX 78852 Fax (830) 757-8902	Owner Information AXIOM HOME HEALTH INC 5002 WEST AVE SAN ANTONIO, TX 78213 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County MAVERICK License # 010629 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (830) 313-7185 Type: Branch Agency	Administrator TORRIE COMMERFORD Region 07 Date Licensed 11/21/2011 AXIOM HOME HEALTH INC 714 NORTH BEDELL AVE DEL RIO, TX 78852 Fax (830) 313-7187 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 License # 012757 Lic Expire 8/31/2023 Medicare 1: 747509 HHA-18 Medicare 2: Phone 830 757 4000	Region 07 Date Licensed 08/03/2009 EAGLE PASS HOME HEALTH SERVICES LLC 152 ZAMORA MEDICAL CIRCLE STE 5 EAGLE PASS, TX 788526615 Fax 830 757 4206	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;
Type: Parent Agency County MAVERICK License # 019892 Lic Expire 4/22/2022	Administrator ABRAHAM TIPA Region 07 Date Licensed 04/22/2020 EAGLE PASS HOSPICE AND PALLIATIVE CARE, LLC 152 ZAMORA MEDICAL CIRCLE, STE 4	Personal Assistance Services Owner Information EAGLE PASS HOSPICE AND PALLIATIVE CARE, LLC
Medicare 1: 971708 Medicare 2: Phone 830 213 8122	EAGLE PASS, TEXAS 78852 Fax 830 213 8630	PHONE: FAX: Services: Hospice In-Patient Hospice: NO

Administrator ABRAHAM TIPA

County MAVERICK License # 019302 Lic Expire 3/20/2021 Medicare 1: Medicare 2: Phone 830 7765459 Type: Parent Agency	Region 07 Date Licensed EDEN HOME HEALTH LLC 1640 MAIN STREET STE 1 EAGLE PASS, TEXAS 78852 Fax 830 7767611 Administrator DORA MORALES	11/22/2019	Owner Information EDEN HOME HEALTH, LLC 2988 TEHUACAN DR EAGLE PASS, TX 78852 PHONE: Services: Personal Assistance Services	FAX:
County MAVERICK License # 009908 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (830) 758-5959	Region 07 Date Licensed EN SU CASA CAREGIVERS 2557 N. VETERAN'S BLVD. STE C-2 EAGLE PASS, TX 78852 Fax (210) 403-0360	01/05/2011	Owner Information EN SU CASA PRIMARY HOME CARE INC 401 S. PRESA ST. SAN ANTONIO, TX 78205 PHONE:	FAX:
Type: Branch Agency County MAVERICK License # 009852 Lic Expire 4/30/2023 Medicare 1: 743115 HHA-18;45 Medicare 2: Phone (830) 757-0966 Type: Parent Agency	Administrator LAUREN RAMON	04/24/2005	Owner Information MAVERICK ADULT DAY CARE LLC 3147 MEGAN STREET STE#1 EAGLE PASS, TX 78852 PHONE: Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO	FAX:
County MAVERICK License # 013049 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (830) 758-1307 Type: Parent Agency	Region 07 Date Licensed LA GUADALUPANA PRIMARY HOME CARE 338 N MONROE ST EAGLE PASS, TX 78852 Fax (830) 757-8503 Administrator RICHARD GARZA	11/19/2009	Owner Information LA GUADALUPANA PRIMARY HOME CARE LLC 338 N MONROE STREET EAGLE PASS, TX 78852 PHONE: Services: Personal Assistance Services	FAX:
County MAVERICK License # 003516 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (830) 757-3525 Type: Branch Agency		11/17/1994	Owner Information LOPEZ HEALTH SYSTEMS INC 2209 N HWY 83 CRYSTAL CITY, TX 78839 PHONE: (830) 374-9800 Services: Licensed Home Health Services; Persona	FAX: (830) 374-9722 I Assistance Services
County MAVERICK License # 008267 Lic Expire 11/30/2023 Medicare 1: 677144 HHA-18 Medicare 2: Phone (830) 773-5330	Region 07 Date Licensed MAVERICK HOME HEALTH AGENCY 2822 N VETERANS BLVD SUITE A EAGLE PASS, TX 78852 Fax (830) 773-4078	12/01/2002	Owner Information RIO BRAVO HEALTH SYSTEM LLC P O BOX 5805 EAGLE PASS, TX 78852 PHONE: Services: Licensed and Certified Home Health Servi Personal Assistance Services	FAX: ces; Licensed Home Health Services;
Type: Parent Agency County MAVERICK License # 008267 Lic Expire 11/30/2023 Medicare 1: 677144 HHA-18 Medicare 2: Phone (830) 773-5330	Administrator VICTOR GONZALEZ Region 07 Date Licensed MAVERICK HOME HEALTH AGENCY 2822 N VETERANS BLVD SUITE A EAGLE PASS, TX 78852 Fax (830) 773-4078	12/01/2002	Owner Information RIO BRAVO HEALTH SYSTEM LLC P O BOX 5805 EAGLE PASS, TX 78852 PHONE: Services: Licensed and Certified Home Health Servi	FAX: ces; Licensed Home Health Services;

Administrator VICTOR GONZALEZ

County MAVERICK License # 010575 Lic Expire 6/30/2022 Medicare 1: 671598 HOSPICE Medicare 2: Phone (830) 757-1362	Region 07 Date Licensed 06/27/2006 MAVERICK HOSPICE CARE 2822 N VETERANS BLVD SUITE B EAGLE PASS, TX 78852 Fax (830) 757-4336 Administrator JOSE HERNANDEZ	Owner Information DOS FRONTERAS LLC P.O. BOX 5450 EAGLE PASS, TX 78852 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County MAVERICK License # 010971 Lic Expire 12/31/2023 Medicare 1: 457906 HHA-18 Medicare 2:	Region 07 Date Licensed 12/15/2006 NATIONAL MEDICAL HOMECARE INC 1000 CROWN RIDGE BLVD SUITE F EAGLE PASS, TX 78852	Owner Information NATIONAL MEDICAL HOMECARE INC 85 NE LOOP 410 STE 500 SAN ANTONIO, TX 78216 PHONE: FAX:
Phone (830) 757-0900 Type: Parent Agency	Fax (830) 757-0908 Administrator ALBERTO BANDA	Services: Licensed Home Health Services; Personal Assistance Services
County MAVERICK License # 020899 Lic Expire 7/12/2024 Medicare 1: Medicare 2: Phone (830) 872-0053	Region 07 Date Licensed 07/12/2021 RISING SUN HEALTH SERVICES, LLC 263 JEFFERSON ST #6 EAGLE PASS, TEXAS 78852 Fax (830) 217-2596	Owner Information RISING SUN HEALTH SERVICES, LLC PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator MONA JACINTO	III-Faueili, nospice. No
County MAVERICK License # 012041 Lic Expire 6/30/2022 Medicare 1: 747305 HHA-18 Medicare 2: Phone (830) 776-5602	Region 07 Date Licensed 06/02/2008 ST ISABEL HOME HEALTH INC 2149 DEL RIO HWY SUITE#102 EAGLE PASS, TX 78852 Fax (830) 773-6719	Owner Information ST ISABEL HOME HEALTH INC 2149 DEL RIO HWY, SUITE#102 EAGLE PASS, TX 78852-3643 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator PATRICIA PENILLA	0.0000000000000000000000000000000000000
County MAVERICK License # 013889 Lic Expire 8/31/2022 Medicare 1: 459377 HHA-18 Medicare 2: Phone (830) 773-1014 Type: Parent Agency	Region 07 Date Licensed 09/01/2010 SUPERIOR HOME HEALTH OF EAGLE PASS LLC 3147 MEGAN TRAIL, SUITE 5 EAGLE PASS, TEXAS 78852 Fax (830) 773-1440 Administrator PATSY BISCAINO	Owner Information SUPERIOR HOME HEALTH OF EAGLE PASS LLC 8000 VANTAGE DR SAN ANTONIO, TEXAS 78230 PHONE: FAX: Services: Licensed and Certified Home Health Services
County MCCULLOCH License # 016067 Lic Expire 2/28/2025 Medicare 1: 453119 HHA-18 Medicare 2: Phone (325) 597-3107 Type: Parent Agency	Region 01 Date Licensed 11/01/2013 CARTER HEALTHCARE 2203 S BRIDGE STREET SUITE 100 BRADY, TX 76825 Fax (325) 597-3109 Administrator DAVID BERNARD	Owner Information CARTER HEALTHCARE OF BRADY LLC 3105 S. MERIDIAN AVE OKLAHOMA CITY, OK 73119 PHONE: FAX: Services: Licensed and Certified Home Health Services
County MCCULLOCH License # 017417 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (325) 597-2898	Region 01 Date Licensed 12/16/2015 HILL COUNTRY PREFERRED SENIOR CARE 1101 SOUTHGATE DRIVE BRADY, TX 76825 Fax (325) 597-2415	Owner Information HILL COUNTRY PREFERRED SENIOR CARE LLC P O BOX 238 MASON, TX 76856 PHONE: FAX:
Typo: Pranch Agency	Administrator IENNY \/ANCKHO\/EN	Services: Licensed and Certified Home Health Services

Type: Branch Agency

Administrator

JENNY VANCKHOVEN

County MCCULLOCH License # 001190 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (915) 347-6609 Type: Branch Agency County MCCULLOCH License # 007938 Lic Expire 3/31/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed 03/30/1987 PETERSON HOME CARE 1095 FORT MCKAVITT PO BOX 238 MASON, TX 76856 Fax Administrator LAUNA KINDRICK Region 03 Date Licensed SOLARIS HOSPICE INC 107 E. MAIN STREET BRADY, TEXAS 768254523	Owner Information SID PETERSON MEMORIAL HOSPITAL 551 HILL COUNTRY DRIVE KERRVILLE, TEXAS 78028 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX:
Phone (940) 627-1011	Fax (940) 627-3160	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator LEANNE PETERSON	
County MCLENNAN License # 007382 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (254) 867-1180	Region 05 Date Licensed 06/30/2000 ABC HEALTH CARE INC 1300 VICTORIA ST. WACO, TEXAS 76705 Fax (254) 412-0428	Owner Information ABC HEALTH CARE, INC 600 AUSTIN AVE SUITE 27 WACO, TX 76701 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LARISSA BUENO	Our relations of the
County MCLENNAN License # 018352 Lic Expire 7/31/2023 Medicare 1: 679200 HHA-18 Medicare 2:	Region 05 Date Licensed 08/01/2017 ACCENTCARE HOME HEALTH OF WACO 8300 CENTRAL PARK DRIVE SUITE A WACO, TX 76712	Owner Information TEXAS HOME HEALTH GROUP OF WACO, LLC 8300 CENTRAL PARK DRIVE SUITE A WACO, TX 76712 PHONE: FAX:
Phone (254) 755-6179 Type: Parent Agency	Fax (254) 714-1465 Administrator REGINA DONNELL	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County MCLENNAN License # 018352 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (254) 755-6179	Region 05 Date Licensed 08/01/2017 ACCENTCARE HOME HEALTH OF WACO 8300 CENTRAL PARK DRIVE SUITE A WACO, TX 76712 Fax (254) 714-1465	Owner Information TEXAS HOME HEALTH GROUP OF WACO, LLC 8300 CENTRAL PARK DRIVE SUITE A WACO, TX 76712 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator REGINA DONNELL	
County MCLENNAN License # 010507 Lic Expire 6/30/2022 Medicare 1: 671552 HOSPICE Medicare 2: Phone 254 7560404 Type: Parent Agency	Region 05 Date Licensed 06/02/2006 ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS 8300 CENTRAL PARK DR. #D WACO, TX 76712 Fax 254 7571468 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 06/02/2006	Owner Information
License # 010507	ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS	TEXAS HOME HEALTH HOSPICE, LP
Lic Expire 6/30/2022	8300 CENTRAL PARK DR. #D	17855 N DALLAS PKWY STE 200
Medicare 1: 671552 HOSPICE Medicare 2:	WACO, TX 76712	DALLAS, TX 75287-6857 PHONE: FAX:
Phone 254 7560404	Fax 254 7571468	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CANDICE GOSWICK	

County MCLENNAN License # 010507 Lic Expire 6/30/2022 Medicare 1: 671552 HOSPICE Medicare 2: Phone 254 7560404	Region 05 Date Licensed 06/02/2006 ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS 8300 CENTRAL PARK DR. #D WACO, TX 76712 Fax 254 7571468	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: Parent Agency	Administrator CANDICE GOSWICK	
County MCLENNAN License # 007587 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (254) 755-6111 Type: Parent Agency	Region 05 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 8300 CENTRAL PARK DRIVE SUITE A WACO, TX 76712 Fax (254) 714-1465 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 License # 007587 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (254) 755-6111 Type: Parent Agency	Region 05 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 8300 CENTRAL PARK DRIVE SUITE A WACO, TX 76712 Fax (254) 714-1465 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 License # 007587 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (254) 755-6111	Region 05 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 8300 CENTRAL PARK DRIVE SUITE A WACO, TX 76712 Fax (254) 714-1465	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
Type: Parent Agency County MCLENNAN License # 021365 Lic Expire 2/5/2025	Administrator KATHLEEN ELIZONDO Region 07 Date Licensed ACTIKARE RESPONSIVE INHOME CARE OF FT WORTH 301 TWIN LAKE DR.	Owner Information RENEUX LLC
Medicare 1: Medicare 2: Phone (817) 291-8511 Type: Parent Agency	WACO, TX 76705 Fax Administrator SAM HANCE	PHONE: FAX: Services: Personal Assistance Services
County MCLENNAN License # 017560 Lic Expire 5/31/2022 Medicare 1: 671541 HOSPICE Medicare 2: Phone (254) 313-0072	Region 05 Date Licensed 05/11/2016 ALAMO HOSPICE OF WACO 6801 SANGER AVE., SUITE 145 WACO, TX 76710 Fax (936) 327-9995	Owner Information HOSPICE PARTNERS OF AMERICA HOLDING, LLC 3021 LORNA RD., SUITE 200 BIRMINGHAM, ALABAMA 35216 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TERRIE GRIFFITH	пт аки поры. Те
County MCLENNAN License # 018046 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (254) 342-0030	Region 07 Date Licensed AMEDISYS HOME HEALTH 510 N VALLEY MILLS DRIVE, SUITE 601 WACO, TEXAS 767106078 Fax (833) 406-1814	Owner Information AMEDISYS TEXAS, LLC 3854 AMERICAN WAY, SUITE A BATON ROUGE, LA 70816-4013 PHONE: FAX:
Type: Branch Agency	Administrator LISA WELTER	Services: Licensed and Certified Home Health Services

County MCLENNAN License # 013242 Lic Expire 12/31/2023 Medicare 1: 451738 Medicare 2: Phone (254) 246-4397 Type: Alternate Delivery Site	Region 07 Date Licensed AMEDISYS HOSPICE OF SAN ANTONIO 510 N VALLEY MILLS DRIVE, SUITE 703 WACO, TX 767106077 Fax (866) 767-8802 Administrator BERNADINE DAILEY		Owner Information AMEDISYS HOSPICE, LLC 3854 AMERICAN WAY, SUITE: A BATON ROUGE, LOUISIANA PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County MCLENNAN License # 014127	Region 05 Date Licensed AT HOME HEALTHCARE	05/02/2011	Owner Information NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
Lic Expire Medicare 1: 45Q7159001	3010 WILLIAMS DRIVE STE 171 GEORGETOWN, TEXAS 78628		506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E TYLER, TX 75705
Medicare 2: Phone (512) 212-1943	Fax (512) 212-7886		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 License # 014127 Lic Expire Medicare 1: 457159 HHA-18	Region 05 Date Licensed AT HOME HEALTHCARE 131 S. FRONTAGE ROAD LORENA, TEXAS 76655	05/02/2011	Owner Information NORTHEAST TEXAS HOME HEALTH AGENCY, LTD 506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E TYLER, TX 75705
Medicare 2:			PHONE: FAX:
Phone (254) 751-1600 Type: Parent Agency	Fax (254) 751-1604 Administrator ERICA SHELLIE THOMAS		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County MCLENNAN License # 014127 Lic Expire Medicare 1: 457159 HHA-18 Medicare 2:	Region 05 Date Licensed AT HOME HEALTHCARE 131 S. FRONTAGE ROAD LORENA, TEXAS 76655	05/02/2011	Owner Information NORTHEAST TEXAS HOME HEALTH AGENCY, LTD 506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E TYLER, TX 75705 PHONE: FAX:
Phone (254) 751-1600 Type: Parent Agency	Fax (254) 751-1604 Administrator ERICA SHELLIE THOMAS		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County MCLENNAN License # 014127 Lic Expire Medicare 1: 45Q7159001 Medicare 2: Phone (512) 212-1943	Region 05 Date Licensed AT HOME HEALTHCARE 3010 WILLIAMS DRIVE STE 171 GEORGETOWN, TEXAS 78628 Fax (512) 212-7886	05/02/2011	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;
Type: Branch Agency	Administrator ERICA SHELLIE THOMAS		Personal Assistance Services
County MCLENNAN License # 013728 Lic Expire 8/31/2022 Medicare 1: 451569 HOSPICE Medicare 2: Phone (254) 202-5100	Region 05 Date Licensed BAYLOR SCOTT & WHITE HOSPICE WACO 2911 HERRING AVENUE SUITE 310 WACO, TX 76708 Fax (254) 202-5180	09/01/2010	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 License # 015971 Lic Expire 10/31/2023 Medicare 1: 671532 HOSPICE Medicare 2:	Region 05 Date Licensed BLUEBONNET HEALTH SERVICES 307 LONDONDERRY WACO, TX 76712	10/25/2013	Owner Information WACO BLUEBONNET HOLDINGS, INC 2020 N. VALLEY MILLS DR WACO, TX 78710 PHONE: FAX:
Phone (254) 751-1790	Fax (254) 751-7295		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MARK WALSH		

County MCLENNAN License # 015980 Lic Expire 10/31/2023 Medicare 1: 453141 HHA-18 Medicare 2: Phone (254) 772-5577	Region 05 Date Licensed 10/25/2013 BLUEBONNET HEALTH SERVICES OF WACO 720 N. 64TH STREET WACO, TX 76710 Fax (254) 772-5588	Owner Information WACO BLUEBONNET HOLDINGS, INC 2020 N. VALLEY MILLS DR WACO, TX 78710 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARK WALSH	Owner Information
County MCLENNAN	Region 03 Date Licensed 10/28/2009	OCI ACQUISTION, LLC
License # 012311 Lic Expire 9/30/2022	CARE OPTIONS FOR KIDS	4300 SIGMA ROAD SUITE 130
Lic Expire 9/30/2022 Medicare 1:	900 WASHINGTON AVENUE SUITE 602 WACO, TX 76701	DALLAS, TX 75244
Medicare 2:		PHONE: FAX:
Phone (254) 296-9792	Fax (254) 296-9086	Services: Licensed Home Health Services
Type: Branch Agency	Administrator BARBARA MENEFEE	
County MCLENNAN	Region 05 Date Licensed 09/30/2013	Owner Information
License # 007477	COMMUNITY HEALTHCARE OF TEXAS	COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 11/30/2023	300 WEST HWY 6	6100 WESTERN PLACE SUITE 105
Medicare 1: 45-1713	WACO, TX 76712	FORT WORTH, TX 76107
Medicare 2:	F (054) 507 0400	PHONE: FAX:
Phone (254) 537-4699	Fax (254) 537-9126	Services: Hospice In-Patient Hospice: YES
Type: Alternate Delivery Site	Administrator AUDREY WILLIAMS	iii dadiitiospice. 120
County MCLENNAN	Region 05 Date Licensed 11/07/2000	Owner Information
License # 007477	COMMUNITY HEALTHCARE OF TEXAS	COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 11/30/2023	6700 SANGER AVE	6100 WESTERN PLACE SUITE 105
Medicare 1: 451713 HOSPICE	WACO, TX 76710	FORT WORTH, TX 76107
Medicare 2:		PHONE: FAX:
Phone (254) 399-9099	Fax (254) 399-8397	Services: Hospice
Type: Parent Agency	Administrator AUDREY WILLIAMS	In-Patient Hospice: NO
County MCLENNAN	Region 05 Date Licensed 08/16/2018	Owner Information
License # 019044	DEMIU HOME HEALTHCARE LLC	DEMIU HOME HEALTHCARE LLC
Lic Expire 11/30/2020	1904 ALEXANDER AVE	1904 ALEXANDER AVE
Medicare 1:	WACO, TX 76708	WACO, TX 76708
Medicare 2:	_	PHONE: FAX:
Phone (254) 206-1204	Fax (254) 752-0945	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator KERRIAN SMITH	
County MCLENNAN	Region 05 Date Licensed 03/04/2016	Owner Information
License # 017302	GENTLE TRANSITIONS HOSPICE	GENTLE TRANSITIONS LLC 510 AVENUE E, PO 1509
Lic Expire 3/31/2022	510 AVENUE E	MOODY, TX 76557
Medicare 1: 741709 HOSPICE Medicare 2:	MOODY, TEXAS 76557	PHONE: FAX:
Phone (254) 598-1389	Fax (888) 630-4428	
() ,	(,	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator GWENN DALTON	
County MCLENNAN	Region 05 Date Licensed 03/16/2009	Owner Information
License # 011758	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE	GIRLING HEALTH CARE, INC 12900 FOSTER
Lic Expire 11/30/2022	1404 SOUTH NEW ROAD, SUITE 100	OVERLAND PARK, NC 28117
Medicare 1: Medicare 2:	WACO, TX 767111335	PHONE: FAX:
Phone (254) 751-0200	Fax (254) 751-1649	
Type: Branch Agency	Administrator LAURA THOMAS	Services: Licensed Home Health Services; Personal Assistance Services
rype. branch Agency	AUHHISHIAUH LAUKA IMUMAS	

County MCLENNAN License # 011758 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (254) 751-0200 Type: Branch Agency	Region 05 Date Licensed 03/16/2009 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 1404 SOUTH NEW ROAD, SUITE 100 WACO, TX 767111335 Fax (254) 751-1649 Administrator LAURA THOMAS	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County MCLENNAN License # 021182 Lic Expire 11/3/2024 Medicare 1: Medicare 2: Phone (512) 815-9009 Type: Parent Agency	Region 05 Date Licensed 11/03/2021 HALCYON HOME 6431 SANGER AVE. WACO, TEXAS 767105651 Fax (512) 233-5161 Administrator HAYLEY HUGHES	Owner Information KINGFISHER HEALTHDALLAS, LLC 8133 MESA DR SUITE 200 AUSTIN, TEXAS 78759 PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County MCLENNAN License # 015951 Lic Expire 1/31/2022 Medicare 1: 741673 HOSPICE Medicare 2: Phone (254) 218-4290 Type: Parent Agency	Region 04 Date Licensed 01/03/2014 HARBOR HOSPICE OF BRYANCOLLEGE STATION LP 510 NORTH VALLEY MILLS DRIVE #306 WACO, TEXAS 76710 Fax (254) 730-7256 Administrator BRYAN GASPARD	Owner Information HARBOR HOSPICE OF BRYANCOLLEGE STATION LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County MCLENNAN License # 009082 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (254) 753-0431 Type: Branch Agency	Region 05 Date Licensed 05/08/2004 HEIGHTS HOME HEALTH 3425 HILLCREST DRIVE WACO, TX 76708 Fax (524) 753-0696 Administrator DENISE MILLER	Owner Information HEIGHTS SUPPORT SERVICES INC PO BOX 2416 HARKER HEIGHTS, TX 76548 PHONE: (254) 953-4702 FAX: Services: Personal Assistance Services
County MCLENNAN License # 021104 Lic Expire 8/1/2024 Medicare 1: Medicare 2: Phone (254) 666-7300	Region 05 Date Licensed 08/01/2021 HOME INSTEAD #664 511 N HEWITT DR. STE 3 HEWITT, TEXAS 76643 Fax	Owner Information JEREMIE HOLDINGS, LLC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County MCLENNAN License # 013855 Lic Expire 1/30/2023 Medicare 1: Medicare 2: Phone (254) 870-5174 Type: Alternate Delivery Site	Administrator LANCE SUMMEY Region 05 Date Licensed HOSPICE COMPASSUS 6801 SANGER AVENUE, SUITE 190 WACO, TX 76710 Fax (254) 741-1509 Administrator KEVIN HOLLINGER	Owner Information CLP REGENCY OF TEXAS, LLC 10 CADILLAC DRIVE, SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County MCLENNAN License # 013855 Lic Expire 1/30/2023 Medicare 1: Medicare 2: Phone (254) 870-5174 Type: Alternate Delivery Site	Region 05 Date Licensed HOSPICE COMPASSUS 6801 SANGER AVENUE, SUITE 190 WACO, TX 76710 Fax (254) 741-1509 Administrator KEVIN HOLLINGER	Owner Information CLP REGENCY OF TEXAS, LLC 10 CADILLAC DRIVE STE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO

County MCLENNAN License # 012773 Lic Expire 5/31/2023 Medicare 1: 451758 HOSPICE Medicare 2: Phone (254) 870-5174	Region 03 Date Licensed HOSPICE COMPASSUS MCKINNEY 6801 SANGER AVENUE, SUITE 190 WACO, TX 76710 Fax (254) 741-1509	05/20/2009	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
Type: Parent Agency	Administrator JACQUELYNN HARRIS		Ounce Information
County MCLENNAN	Region 05 Date Licensed	12/23/2006	Owner Information CENTRAL TEXAS HOMECARE, LLC
License # 011181	INTERIM HEALTHCARE OF WACO		3305 101ST STREET STE 100
Lic Expire 12/31/2023 Medicare 1: 677694 HHA-18	7401 WOODWAY DRIVE WOODWAY, TX 76712		LUBBOCK, TX 79423
Medicare 2:	WOODWAT, IX 70712		PHONE: FAX:
Phone (254) 751-9393	Fax (254) 751-7441		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LAURA WATERS		
County MCLENNAN	Region 05 Date Licensed		Owner Information
License # 011181	INTERIM HEALTHCARE OF WACO		CENTRAL TEXAS HOMECARE, LLC
Lic Expire 12/31/2023	2121 W. HWY 6		3305 101ST STREET STE 100
Medicare 1: 67Q7694002	WACO, TX 76710		LUBBOCK, TX 79423
Medicare 2:			PHONE: FAX:
Phone (254) 751-9393 Type: Branch Agency	Fax (254) 751-7441 Administrator LAURA WATERS		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type. Branch Agency	Administrator LAUNA WATENS		Ourse Information
County MCLENNAN	Region 05 Date Licensed	05/21/2012	Owner Information FALCON SOUTH PLAINS HOSPICE LP
License # 014809	INTERIM HOSPICE OF GRANBURY		3305 101ST ST STE 100
Lic Expire 5/31/2022 Medicare 1: 671795 HOSPICE	2420 WYCON DR STE 401		LUBBOCK, TX 79423
Medicare 2:	WACO, TX 76712		PHONE: () - 0 FAX:
Phone (254) 741-6570	Fax (254) 751-9390		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BRENDA EAKIN		
County MCLENNAN License # 014809	Region 05 Date Licensed INTERIM HOSPICE OF GRANBURY	05/21/2012	Owner Information FALCON SOUTH PLAINS HOSPICE LP
Lic Expire 5/31/2022	2420 WYCON DR STE 401		3305 101ST ST STE 100
Medicare 1: 671795 HOSPICE	WACO, TX 76712		LUBBOCK, TX 79423
Medicare 2:			PHONE: () - 0 FAX:
Phone (254) 741-6570	Fax (254) 751-9390		Services: Hospice
Type: Parent Agency	Administrator BRENDA EAKIN		In-Patient Hospice: NO
		05/04/0040	Owner Information
County MCLENNAN License # 014809	Region 05 Date Licensed INTERIM HOSPICE OF GRANBURY	05/21/2012	FALCON SOUTH PLAINS HOSPICE LP
Lic Expire 5/31/2022	2420 WYCON DR STE 401		3305 101ST ST STE 100
Medicare 1: 671795 HOSPICE	WACO, TX 76712		LUBBOCK, TX 79423
Medicare 2:			PHONE: () - 0 FAX:
Phone (254) 741-6570	Fax (254) 751-9390		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BRENDA EAKIN		
County MCLENNAN	Region 05 Date Licensed	05/21/2012	Owner Information
License # 014809	INTERIM HOSPICE OF GRANBURY		FALCON SOUTH PLAINS HOSPICE LP
Lic Expire 5/31/2022	2420 WYCON DR STE 401		3305 101ST ST STE 100
Medicare 1: 671795 HOSPICE	WACO, TX 76712		LUBBOCK, TX 79423
Medicare 2:			PHONE: () - 0 FAX:
Phone (254) 741-6570	Fax (254) 751-9390		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BRENDA EAKIN		

County MCLENNAN License # 014517 Lic Expire 7/31/2023 Medicare 1: 457095 HHA-18 Medicare 2: Phone (254) 405-6800 Type: Parent Agency	Region 05 Date Licensed 07/27/2011 KINDRED AT HOME 5400 BOSQUE BOULEVARD, SUITE 245 WACO, TX 76710 Fax (254) 741-1559 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	Owner Information
License # 012591	KINDRED HOSPICE	ABC HOSPICE LLC
Lic Expire 9/30/2022	8005 BAGBY AVENUE	PO BOX 4060
Medicare 1: 671594 HOSPICE	HEWITT, TX 766433576	MOORESVILLE, NC 28117
Medicare 2:		PHONE: FAX:
Phone (254) 399-0963	Fax (254) 399-8200	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MISTI WORTHAM	
County MCLENNAN	Region 05 Date Licensed 05/14/2021	Owner Information
License # 020752	MAGNOLIA HOME HEALTH LLC	MAGNOLIA HOME HEALTH LLC
Lic Expire 5/14/2024	1602 WEST SPRING VALLEY RD	
Medicare 1:	HEWITT, TX 76643	PHONE
Medicare 2: Phone (254) 709-9189	Fax	PHONE: FAX:
Type: Parent Agency	Administrator KATHY KIRK	Services: Licensed Home Health Services
ypo. I diontrigonoy	Administration 17 (11) (All Carlottes)	Ourse Information
County MCLENNAN	Region 07 Date Licensed	Owner Information PALOMA HOSPICE AND PALLIATIVE CARE
License # 018649	PALOMA HOSPICE AND PALLIATIVE CARE	1227 WOODSEY CT
Lic Expire 2/28/2022 Medicare 1:	658 ALLIANCE PARKWAY SUITE 13 HEWITT, TEXAS 76643	SOUTHLAKE, TX 76092
Medicare 2:	TILWITT, TEXAS 70043	PHONE: () - 1 FAX:
Phone (512) 514-1000	Fax	Services: Hospice Alternative Delivery Site (ADS)
		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator KELLIE GIBSON	
County MCLENNAN	Region 05 Date Licensed 05/19/2015	Owner Information
License # 016811	PALS HOME HEALTH	PEDIATRIC ADVANCED LIFE SERVICES HOME HEALTH LLC
Lic Expire 5/31/2023	3640 W WACO DR	1122 W 6TH STREET
Medicare 1:	WACO, TX 76710	MCGREGOR, TX 76657
Medicare 2: Phone (254) 307-8607	Fax (254) 765-2501	PHONE: FAX:
	Administrator NATASHA JAMES	Services: Licensed Home Health Services
Type: Parent Agency	AUTHINISTRATOR JAMES	
County MCLENNAN	Region 05 Date Licensed 08/20/2019	Owner Information PHOENIX CARE LLC
License # 019539	PHOENIX CARE LLC	FINDLINIA GAILE LLG
Lic Expire 8/20/2021 Medicare 1:	542 LOST GOLD RD.	
Medicare 2:	WACO, TX 76708	PHONE: FAX:
Phone (254) 366-8331	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator ODETTE JAIMES	Selvices. Personial Assistance Selvices
County MCLENNAN	Region 03 Date Licensed 01/09/2018	Owner Information
License # 016865	PRILEO HOME CARE	PRILEO HOME CARE TX LLC
Lic Expire 6/30/2021	6807 WOODWAY DRIVE STE # 1	8883 W. FLAMINGO ROAD, SUITE 103
Medicare 1:	WACO, TX 76712	LAS VEGAS, NV 89147
Medicare 2:		PHONE: FAX:
Phone (254) 732-2396	Fax (254) 732-0350	Services: Personal Assistance Services
Type: Branch Agency	Administrator CAROLIN LEONG	

County MCLENNAN License # 012322 Lic Expire 11/30/2022 Medicare 1: 747409 HHA-18 Medicare 2: Phone 254 339 1200	Region 05 Date Licensed PROFESSIONAL HOME HEALTH 108 TOPEKO DR. SUITE 104 WOODWAY, TEXAS 76712 Fax 254 339 1210	11/26/2008	Owner Information ARMS OF COMFORT HOME HEALTH INC 345 WESTPARK WAY EULESS, TEXAS 76040 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CONSOLATA BRYANT		
County MCLENNAN License # 016737 Lic Expire 3/31/2023 Medicare 1: 457377 HHA-18 Medicare 2: Phone (254) 523-6970 Type: Parent Agency	Region 05 Date Licensed PROVIDENCE HOME CARE 301 OWEN LANE STE C WACO, TX 76710 Fax (254) 761-8787 Administrator AMANDA ROBERTS	03/04/2015	Owner Information HOME HEALTH PROVIDENCE LLC 301 OWEN LANE SUITE C WACO, TX 76710 PHONE: FAX: Services: Licensed and Certified Home Health Services
County MCLENNAN License # 011100 Lic Expire 12/6/2023 Medicare 1: 743146 HHA-18 Medicare 2: Phone (254) 772-1025 Type: Parent Agency	Region 05 Date Licensed RELIABLE HOME HEALTH SERVICES 6431 SANGER AVE. WACO, TX 76710 Fax (254) 772-1029 Administrator THOMAS TATE	02/27/2007	Owner Information HOFFMEYER TATE INCORPORATED 6312 COBBS WACO, TX 76710 PHONE: FAX: Services: Licensed and Certified Home Health Services
County MCLENNAN License # 019758 Lic Expire 11/25/2021 Medicare 1: Medicare 2: Phone 254 3990788 Type: Parent Agency	Region 05 Date Licensed RIGHT AT HOME 605 TOWNE OAKS DR SUITE B WACO, TX 76710 Fax (254) 399-0773 Administrator TRUNG GIANG	11/25/2019	Owner Information LEGIANG HOLDINGS LLC 605 TOWNE OAKS DR WACO, TX 76710 PHONE: FAX: Services: Personal Assistance Services
County MCLENNAN License # 012292 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (254) 313-3221 Type: Branch Agency	Region 05 Date Licensed STANDARDS HOME HEALTH 345 OWEN LANE SUITE 106 WACO, TX 76710 Fax (254) 778-7002 Administrator ROBYN HURST	10/20/2017	Owner Information SHHSTANDARDS HOME HEALTH INC 111 WEST 2ND STREET CAMERON, TEXAS 76520 PHONE: FAX: Services: Licensed Home Health Services
County MCLENNAN License # 021155 Lic Expire 10/26/2024 Medicare 1: Medicare 2: Phone (254) 242-0772	Region 05 Date Licensed THE GRANDSON LLC 6500 HORIZON CIRCLE WACO, TX 76712 Fax	10/26/2021	Owner Information THE GRANDSON LLC PHONE: FAX: Services: Personal Assistance Services
County MCLENNAN License # 008089 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (254) 772-8660	Administrator BRETT COX Region 05 Date Licensed VISITING ANGELS 1514 AUSTIN AVE WACO, TX 76701 Fax (800) 240-7032	08/27/2002	Owner Information NICKSTER LLC 1514 AUSTIN AVENUE WACO, TX 76710 PHONE: FAX: Services: Personal Assistance Services

Administrator

Type: Parent Agency

JACOB NEUBERT

County MCMULLEN License # 018844 Lic Expire 7/31/2022 Medicare 1: 971554 (HOSPICE) Medicare 2: Phone (214) 543-6581	Region 07 Date Licensed 07/23/2018 AT TWILIGHT HOSPICE & PALLIATIVE CARE 2625 N JOSEY LANE SUITE 301 CARROLLTON, TX 78007 Fax (469) 643-1960	Owner Information RGV HOSPICE CARE LLC 20534 NORTH SAM HOUSTON BLVD RIO HONDO, TX 78593 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BRUCE DAVIS	
County MEDINA License # 012175 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (830) 355-2619	Region 07 Date Licensed 10/13/2016 ALAMO HOSPICE 405 LAFAYETTE CASTROVILLE, TX 78009 Fax (830) 893-0213	Owner Information ALAMO AREA HOME HOSPICE, LP 6303 COWBOYS WAY, SUITE 600 FRISCO, TEXAS 75034 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator GEORGETTE ROBBINS	
County MEDINA License # 016337 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (830) 426-2786	Region 07 Date Licensed 07/24/2014 GOD'S COUNTRY PHC SERVICES 1705 19TH STREET STE A HONDO, TX 78861 Fax (830) 426-4786	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
Type: Parent Agency	Administrator SANDRA ESPARZA	
County MENARD License # 017417 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (325) 396-4527	Region 01 Date Licensed 12/16/2015 HILL COUNTRY PREFERRED SENIOR CARE 111 ELLIS STREET MENARD, TX 76859 Fax (325) 396-2769	Owner Information HILL COUNTRY PREFERRED SENIOR CARE LLC P O BOX 238 MASON, TX 76856 PHONE: FAX: Services: Licensed and Certified Home Health Services
Type: Branch Agency	Administrator JENNY VANCKHOVEN	
County MIDLAND License # 016556	Region 01 Date Licensed 12/09/2014 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS	Owner Information NURSES UNLIMITED INC P. O BOX 4534
Lic Expire 12/31/2022 Medicare 1:	1020 ANDREWS HWY STE B. MIDLAND, TX 79701	ODESSA, TX 79760
Medicare 1:	MIDEAND, IX 15101	PHONE: FAX:
Phone 432 5225080 Type: Parent Agency	Fax (432) 522-5094 Administrator ELIZABETH LAWSON	Services: Licensed Home Health Services; Personal Assistance Services
County MIDLAND License # 011404 Lic Expire 2/28/2023 Medicare 1: 677864 HHA-18 Medicare 2: Phone (432) 687-3327 Type: Parent Agency	Region 01 Date Licensed 02/23/2007 ANGELS CARE HOME HEALTH OF WEST TEXAS 1030 ANDREWS HWY SUITE 109 MIDLAND, TX 79701 Fax (432) 687-3861 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
		Owner Information
County MIDLAND License # 016979 Lic Expire 8/31/2023 Medicare 1: 741728 HOSPICE Medicare 2:	Region 02 Date Licensed 08/19/2015 ANGELS CARE HOSPICE 1030 ANDREWS HWY, STE 104 MIDLAND, TX 79701	WEST TEXAS HOME CARE LLC 3157 ROYAL JEWEL STREET EL PASO, TX 79936 PHONE: FAX:
Phone (432) 208-5530	Fax (432) 208-5215	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TAMMY BARTON	

County MIDLAND License # 011373 Lic Expire 6/30/2022 Medicare 1: 743175 HHA-18 Medicare 2: Phone (432) 218-7996	Region 01 Date Licensed 06/05/2007 CALVERT HOME HEALTH CARE 1030 ANDREWS HWY STE. 203 MIDLAND, TX 79701 Fax (432) 699-4102	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
Type: Parent Agency	Administrator JULIE STACY	
County MIDLAND License # 011597 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (432) 520-0414 Type: Parent Agency	Region 01 Date Licensed 07/20/2007 COMFORT KEEPERS 208 4305 N GARFIELD ST. SUITE 229 MIDLAND, TEXAS 79705 Fax (432) 697-1329 Administrator SUZETTE DORIA	Owner Information THE DORIA GROUP INC 3313 HAYNES AVENUE MIDLAND, TX 79707 PHONE: FAX: Services: Personal Assistance Services
County MIDLAND License # 011879 Lic Expire 10/31/2023 Medicare 1: 678352 HHA-18 Medicare 2: Phone 432 5708899 Type: Parent Agency	Region 01 Date Licensed 10/22/2007 ENCOMPASS HEALTH HOME HEALTH 1004 N. BIG SPRING ST., SUITE 515 MIDLAND, TEXAS 79701 Fax 432 5705669 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 License # 020718 Lic Expire 4/26/2024 Medicare 1:	Region 01 Date Licensed 04/26/2021 GRACIFIED HEALTHCARE LLC 8 BALMORAL CIR ODESSA, TEXAS 79765	Owner Information GRACIFIED HEALTHCARE LLC
Medicare 2:	obloon, ILANO 19100	PHONE: FAX:
Phone (512) 809-7273	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator NANCY AKAH	
County MIDLAND License # 015730 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (432) 349-6718	Region 01 Date Licensed 08/26/2013 HCA WEST TEXAS 6415 NORTH STATE HIGHWAY 349 BLDG 13 MIDLAND, TX 79705 Fax (888) 243-9359	Owner Information WARREN PROCUREMENT & LOGISTICS LLC 1607 SHELL AVENUE MIDLAND, TX 79705 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator KENDALL WARREN	CONTROL 1 GRANILI / GRANIL
County MIDLAND License # 014864 Lic Expire 6/30/2022 Medicare 1: 671778 HOSPICE Medicare 2:	Region 01 Date Licensed 06/08/2012 HEART TO HEART HOSPICE OF PERMIAN BASIN 4214 ANDREWS HIGHWAY, SUITE 307 MIDLAND, TX 79703	Owner Information CIRCLE OF CARE HOSPICE, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX:
Phone (432) 999-3009	Fax (432) 444-1046	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CHRISTOPHER CURREY	
County MIDLAND License # 018490 Lic Expire 10/31/2023 Medicare 1: Medicare 2:	Region 01 Date Licensed 11/01/2017 HOME CARE PLUS 2301 GARDEN CITY HWY MIDLAND, TX 79701	Owner Information CAREGIVERS PB INC 3303 W. ILLINOIS STREET, SPACE 7 MIDLAND, TX 79703-6232 PHONE: FAX:
Phone (432) 570-7587 Type: Parent Agency	Fax (432) 620-6675 Administrator STEPHANIE BIODROWSKI	Services: Licensed Home Health Services; Personal Assistance Services

County MIDLAND License # 018526 Lic Expire 5/31/2024 Medicare 1: 677296 HHA-18 Medicare 2: Phone (432) 570-7587 Type: Parent Agency	Region 01 Date Licensed 05/02/2017 HOME CARE PLUS 2301 GARDEN CITY HWY MIDLAND, TX 79701 Fax (432) 620-6675 Administrator HECTOR ORTIZ	Owner Information CAREGIVERS PB INC 3303 W. ILLINOIS STREET, SPACE 7 MIDLAND, TX 79703-6232 PHONE: FAX: Services: Licensed and Certified Home Health Services
County MIDLAND License # 003840 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (432) 570-0700	Region 01 Date Licensed 05/15/1997 HOME HOSPICE 808 W MISSOURI AVENUE MIDLAND, TX 79701 Fax (432) 570-0866	Owner Information HOME HOSPICE OF ODESSAMIDLAND, LLC 619 N GRANT AVE STE 120 ODESSA, TX 79761 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County MIDLAND License # 019836 Lic Expire 3/1/2022 Medicare 1:	Administrator AMY DRUMM Region 01 Date Licensed 03/01/2020 HOME INSTEAD SENIOR CARE 3001 W ILLINOIS AVE MIDLAND, TEXAS 79701	Owner Information PERMIAN BASIN SENIOR CARE, LLC
Medicare 2: Phone 432 6894663 Type: Parent Agency	Fax 432 6894606 Administrator LORENA GARZA INIGUEZ	PHONE: FAX: Services: Personal Assistance Services
County MIDLAND License # 002022 Lic Expire 11/30/2022 Medicare 1: 451531 HOSPICE	Region 01 Date Licensed 12/01/1988 HOSPICE OF MIDLAND INC 911 WEST TEXAS AVENUE MIDLAND, TX 79701	Owner Information HOSPICE OF MIDLAND INC
Medicare 2: Phone (432) 682-2855	Fax (432) 682-2989	PHONE: FAX:
_		Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County MIDLAND License # 007781 Lic Expire 10/31/2023 Medicare 1:	Administrator DEBORAH GOODMAN Region 01 Date Licensed 07/12/2002 INTERIM HEALTHCARE OF WEST TEXAS LLC 1031 ANDREWS HIGHWAY, STE 100 MIDLAND, TEXAS 79701	Owner Information INTERIM HEALTHCARE OF WEST TEXAS, LLC 3305 101ST STREET, STE 100 LUBBOCK, TEXAS 79423
Medicare 2: Phone (432) 550-7593	Fax (432) 618-0307	PHONE: () - 1 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency County MIDLAND License # 012962 Lic Expire 11/30/2023 Medicare 1: 671669 HOSPICE Medicare 2: Phone (432) 550-7593	Administrator ASHLEY MCPHAIL Region 01 Date Licensed 11/05/2009 INTERIM HOSPICE OF PERMIAN BASIN 1031 ANDREWS HIGHWAY, STE 100 MIDLAND, TEXAS 797013908 Fax (432) 618-0307	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JESSICA SOTELO	път анен гиорисе. NO
County MIDLAND License # 020204 Lic Expire 9/30/2022 Medicare 1: 971637 Hospice	Region 01 Date Licensed 09/30/2020 KINDRED HOSPICE 1031 ANDREWS HIGHTWAY, STE. 203 MIDLAND, TX 797013914	Owner Information HOSPICE OF TEXAS, LLC
Medicare 2: Phone (432) 897-1401	Fax (432) 400-3032	PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator MELISSA CLABURN	In-Patient Hospice: NO

County MIDLAND License # 019674 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (317) 289-1698	Region 01 Date Licensed NEW HOPE HEALTHCARE SERVICES 2613 N MIDLAND DR. APT. 902 MIDLAND, TEXAS 79707 Fax (317) 289-1698	10/31/2019	Owner Information NEW HOPE HEALTHCARE SERVICES LLC PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator OLUWATOYIN OWASOYO		
County MIDLAND License # 009842 Lic Expire 6/30/2023 Medicare 1: 453104 HHA-18 Medicare 2: Phone (432) 684-5858	Region 01 Date Licensed ST JOSEPHS HOME HEALTH INC 30 VILLAGE CIRCLE MIDLAND, TX 79701 Fax (432) 684-4423	06/29/2005	Owner Information ST JOSEPHS'S HOME HEALTH, INC 30 VILLAGE CIRCLE MIDLAND, TX 79701 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DELMA CHAVEZ		
County MIDLAND License # 018672 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (432) 853-5659 Type: Parent Agency	Region 01 Date Licensed TRINITY PROVIDER SERVICES LLC 4400 N MIDLAND DR SUITE 2600 MIDLAND, TEXAS 79707 Fax Administrator LEE SANCHEZ	03/28/2018	Owner Information TRINITY PROVIDER SERVICES, LLC 5105 KING RICHARDS ROW MIDLAND, TX 79707 PHONE: FAX: Services: Personal Assistance Services
County MIDLAND License # 017931 Lic Expire 11/30/2022 Medicare 1: 747447 HHA-18 Medicare 2:	Region 01 Date Licensed TRIPPLE C HEALTH SYSTEMS INC 2008 W WALL MIDLAND, TX 79701	11/29/2016	Owner Information TRIPPLE C HEALTH SYSTEMS INC 2008 W. WALL MIDLAND, TX 79701 PHONE: FAX:
Phone (432) 686-7449 Type: Parent Agency	Fax (432) 684-6265 Administrator ADAN RIVAS		Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County MIDLAND License # 015342 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (432) 897-4094 Type: Parent Agency	Region 01 Date Licensed VISITING ANGELS 10 DESTA DR., STE. 105E MIDLAND, TX 79705 Fax (432) 897-4095 Administrator BERNADETTE OSTROFF	01/25/2013	Owner Information TUCKSTER HOMECARE INC 1031 ANDRES HWY., SUITE 201 MIDLAND, TX 79701 PHONE: FAX: Services: Personal Assistance Services
County MILAM License # 019662 Lic Expire 10/23/2021 Medicare 1:	Region 05 Date Licensed HEARTS HOMES AND HANDS LLC 419 W. GILLIS CAMERON, TEXAS 76520	08/01/2018	Owner Information HEARTS HOMES AND HANDS LLC
Medicare 2:			PHONE: FAX:
Phone (254) 627-1200	Fax		Services: Personal Assistance Services
County MILAM License # 010576 Lic Expire 3/31/2024 Medicare 1: 453122 HHA-18 Medicare 2: Phone (254) 697-2224	Administrator KATHLEEN CASO Region 05 Date Licensed STANDARDS HOME HEALTH 115 N CENTRAL CAMERON, TX 76520 Fax (254) 697-2274	03/31/2006	Owner Information STANDARDS OF CARE INC 111 WEST 2ND STREET CAMERON, TEXAS 76520 PHONE: FAX: Services: Licensed and Certified Home Health Services

Administrator RICKY GARCIA

County MILAM License # 018020	Region 05 Date Licensed 01/09/2017 STANDARDS HOSPICE INC	Owner Information 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:	E 0510074014	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
		PHONE: FAX:
Medicare 2:		
Medicare 2: Phone (940) 872-9888	Fax (940) 872-9889	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
	Fax (940) 872-9889 Administrator CONNIE GRAVES	
Phone (940) 872-9888	,	
Phone (940) 872-9888 Type: Branch Agency	Administrator CONNIE GRAVES	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2:	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2:	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE License # 007938	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006 SOLARIS HOSPICE INC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE License # 007938 Lic Expire 3/31/2023	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006 SOLARIS HOSPICE INC 800 LINDSEY STREET SUITE B	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006 SOLARIS HOSPICE INC 800 LINDSEY STREET SUITE B	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006 SOLARIS HOSPICE INC 800 LINDSEY STREET SUITE B BOWIE, TX 76230 Fax (940) 627-3160	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX:
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2:	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006 SOLARIS HOSPICE INC 800 LINDSEY STREET SUITE B BOWIE, TX 76230	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011 Type: Alternate Delivery Site County MONTAGUE	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006 SOLARIS HOSPICE INC 800 LINDSEY STREET SUITE B BOWIE, TX 76230 Fax (940) 627-3160 Administrator LEANNE PETERSON Region 03 Date Licensed 05/30/2008	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011 Type: Alternate Delivery Site	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006 SOLARIS HOSPICE INC 800 LINDSEY STREET SUITE B BOWIE, TX 76230 Fax (940) 627-3160 Administrator LEANNE PETERSON	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information SOLARIS HOSPICE, INC
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 2: Phone (940) 627-1011 Type: Alternate Delivery Site County MONTAGUE License # 007938 Lic Expire 3/31/2023	Administrator CONNIE GRAVES Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006 SOLARIS HOSPICE INC 800 LINDSEY STREET SUITE B BOWIE, TX 76230 Fax (940) 627-3160 Administrator LEANNE PETERSON Region 03 Date Licensed 05/30/2008	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011 Type: Alternate Delivery Site County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688	Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006 SOLARIS HOSPICE INC 800 LINDSEY STREET SUITE B BOWIE, TX 76230 Fax (940) 627-3160 Administrator LEANNE PETERSON Region 03 Date Licensed 05/30/2008 SOLARIS HOSPICE INC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011 Type: Alternate Delivery Site County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: 45-1688 Medicare 1: 45-1688 Medicare 1: 45-1688 Medicare 2:	Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006 SOLARIS HOSPICE INC 800 LINDSEY STREET SUITE B BOWIE, TX 76230 Fax (940) 627-3160 Administrator LEANNE PETERSON Region 03 Date Licensed 05/30/2008 SOLARIS HOSPICE INC 101 W HWY 82 SUITE B NOCONA, TX 76255	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400
Phone (940) 872-9888 Type: Branch Agency County MONTAGUE License # 002171 Lic Expire 12/31/2023 Medicare 1: 677291 HHA-18 Medicare 2: Phone (940) 825-3235 Type: Parent Agency County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011 Type: Alternate Delivery Site County MONTAGUE License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688	Region 01 Date Licensed 12/11/1990 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY 507 CROXTON NOCONA, TX 76255 Fax (940) 825-4314 Administrator GREG MEEKINS Region 03 Date Licensed 06/01/2006 SOLARIS HOSPICE INC 800 LINDSEY STREET SUITE B BOWIE, TX 76230 Fax (940) 627-3160 Administrator LEANNE PETERSON Region 03 Date Licensed 05/30/2008 SOLARIS HOSPICE INC 101 W HWY 82 SUITE B	Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information NOCONA HOSPITAL DISTRICT 100 PARK ROAD NOCONA, TX 76255 PHONE: (940) 825-3235 FAX: (940) 825-7196 Services: Licensed and Certified Home Health Services Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234

County MONTGOMERY License # 019813 Lic Expire 2/7/2022 Medicare 1: Medicare 2: Phone (202) 403-7311 Type: Parent Agency	Region 06 Date Licensed 07/31/2018 A & E HEALTHCARE SERVICES LLC 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 773801375 Fax Administrator AGNES BERRY	Owner Information A & E HEALTHCARE SERVICES LLC 1707 POST OAK BLVD. SUITE 232 HOUSTON, TX 77056 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services	
County MONTGOMERY License # 020442 Lic Expire 1/8/2023	Region 06 Date Licensed 01/08/2021 A PERFECT HOME HEALTHCARE LLC 14019 WOLFTRAP LN	Owner Information A PERFECT HOME HEALTHCARE LLC	
Medicare 1: Medicare 2:	CONROE, TEXAS 77384	PHONE: FAX:	
Phone (201) 467-6491	Fax	Services: Personal Assistance Services	
Type: Parent Agency	Administrator ABDEL-FAWZI ISSAH		
County MONTGOMERY License # 020839 Lic Expire 6/17/2024	Region 06 Date Licensed 06/17/2021 A PLACE AT HOME 482 WOODPECKER FOREST LANE	Owner Information XENNIAL SENIOR CARE SERVICES, LLC DBA A PLACE AT HOME	
Medicare 1:	CONROE, TEXAS 77384		
Medicare 2:		PHONE: FAX:	
Phone (612) 229-9648	Fax Administrator ADAM IOUNISON	Services: Personal Assistance Services	
Type: Parent Agency	Administrator ADAM JOHNSON	Owner Information	
County MONTGOMERY License # 016694 Lic Expire 3/31/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed 03/23/2015 A PLUS COMFORTS OF HOME LLC 409 N LOOP 336W STE 6 CONROE, TX 77301	A PLUS COMFORTS OF HOME LLC 3266 EXPLORER WAY CONROE, TX 77301 PHONE: FAX:	
Phone (337) 945-6307	Fax (337) 945-6307	Services: Personal Assistance Services	
Type: Parent Agency	Administrator JAMIE MECHE		
County MONTGOMERY License # 017552 Lic Expire 3/31/2022 Medicare 1: 671619 HOSPICE Medicare 2:	Region 06 Date Licensed 05/11/2016 ALAMO HOSPICE OF CONROE 2040 NORTH LOOP 336 WEST SUITE 324 CONROE, TX 77304	Owner Information HOSPICE PARTNERS OF AMERICA HOLDING, LLC 3021 LORNA RD., SUITE 200 BIRMINGHAM, ALABAMA 35216 PHONE: FAX:	
Phone (936) 788-5900	Fax (936) 788-5902	Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator KATHY RELAN		
County MONTGOMERY License # 016905 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (888) 253-5698	Region 06 Date Licensed 07/10/2015 ALLAROUND HOME HEALTH 9595 SIX PINES DRIVE BLDG. 8 LEVEL 2 SUITE 8210 ROOM 210 THE WOODLANDS, TEXAS 77380 Fax (713) 481-0968	Owner Information ALLAROUND CARE, LLC PO BOX 10923 HOUSTON, TEXAS 77206 PHONE: FAX: Services: Personal Assistance Services	
Type: Parent Agency	Administrator ELIZABETH OSORIO		
County MONTGOMERY License # 019358 Lic Expire 4/29/2023 Medicare 1:	Region 05 Date Licensed ALLUMINE HOSPICE 2249 N. LOOP 336 W, SUITE B CONROE, TX 77304	Owner Information SOLACE HOSPICE CARE, LLC	
Medicare 2:		PHONE: FAX:	
Phone (979) 704-6684	Fax (979) 704-6690	Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO	
Type: Alternate Delivery Site	Administrator DANA ROWSE		

County MONTOWERY Region 06	County MONTGOMERY License # 016406 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (832) 585-1941 Type: Parent Agency	Region 06 Date Licensed 0 ALWAYS BEST CARE 26029 ALDINE WESTFIELD RD STE #206 SPRING, TX 77373 Fax (832) 998-8137 Administrator KELLY BRITTON	09/04/2014	Owner Information BRITTON LEGACY ENTERPRISES, INC 26029 ALDINE WESTFIELD RD STE #206 SPRING, TX 77373 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Courses of Chicago	License # 016234 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (832) 209-8846	AMADA SENIOR CARE 286 ED ENGLISH DRIVE, BLDG 8A SHENANDOAH, TX 77385 Fax (832) 377-3250	05/28/2014	TICE GROUP INC 150 PINE FOREST DR SUITE 504 THE WOODLANDS, TX 77384 PHONE: FAX:
County MONTGOMERY Region 06 Date Licensed 02/04/2020 Medicare 2: 97/15/16/05 Fax (832) 916-3082 MINISTRONE SAIRA INAYATALI	License # 012681 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (281) 592-2830	AMEDISYS HOSPICE 903C HILLCREST DRIVE CONROE, TX 77301 Fax (281) 592-2837	01/12/2011	COMPASSIONATE CARE HOSPICE OF SOUTHEASTERN TEXAS,LLC 903C HILLCREST DRIVE CONROE, TX 77301 PHONE: FAX: Services: Hospice
Description Control Control	License # 012681 Lic Expire 7/31/2023 Medicare 1: 671647 HOSPICE Medicare 2: Phone (281) 592-2830	AMEDISYS HOSPICE 903C HILLCREST DRIVE CONROE, TX 773011106 Fax (281) 592-2837	07/02/2009	COMPASSIONATE CARE HOSPICE OF SOUTHEASTERN TEXAS,LLC 903C HILLCREST DRIVE CONROE, TX 77301 PHONE: FAX: Services: Hospice
County MONTGOMERY Region 06 Date Licensed 12/10/2021 ASJ ENTERPRISES INC	License # 019804 Lic Expire 2/4/2024 Medicare 1: 971574 (HOSPICE) Medicare 2:	AMEN HOSPICE 415 WOODLINE DRIVE, SUITE 1A SPRING, TX 77386	02/04/2020	ZILL HOLDINGS INC PHONE: FAX: Services: Hospice
Phone (832) 415-1605 Fax (832) 916-3082 Services: Hospice In-Patient Hospice: NO	County MONTGOMERY License # 021268 Lic Expire 12/10/2024 Medicare 1:	Region 06 Date Licensed 1 AMEN HOSPICE CYPRESS 415 WOODLINE DRIVE	12/10/2021	Owner Information ASJ ENTERPRISES 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 In-Patient Hospice: NO	Phone (832) 415-1605 Type: Parent Agency County MONTGOMERY	Administrator SAIRA INAYATALI Region 06 Date Licensed		Services: Hospice In-Patient Hospice: NO Owner Information
Type: Parent Agency Administrator SAIRA INAYATALI	Lic Expire 1/21/2025 Medicare 1: Medicare 2: Phone (832) 415-1605	415 WOODLINE DR SPRING, TX 77386 Fax (832) 916-3082		PHONE: (832) 289-9514 FAX: (832) 916-3082 Services: Hospice

County MONTGOMERY License # 021251 Lic Expire 12/3/2024 Medicare 1: Medicare 2: Phone (917) 226-0509 Type: Parent Agency	Region 06 Date Licensed AMOR HOMECARE INC OF TEXAS 19366 RIVERWALK DR PORTER, TX 77365 Fax Administrator LILIANA PINTO-ALEXIS	12/03/2021	Owner Information AMOR HOMECARE INC OF TEXAS 11027 106 ST OZONE PARK, NEW YORK 11417 PHONE: FAX: Services: Personal Assistance Services
County MONTGOMERY License # 016605 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (859) 619-2678 Type: Parent Agency	Region 06 Date Licensed ANGELS AROUND HOME CARE 29710 SOUTH LEGENDS CHASE CT SPRING, TX 773862033 Fax (832) 952-0244 Administrator WINNIE WAWERU	01/15/2015	Owner Information ANGELS AROUND HOME CARE LLC 29710 SOUTH LEGENDS CHASE CT SPRING, TX 77386 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County MONTGOMERY License # 008437 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (936) 494-1100 Type: Branch Agency	Region 04 Date Licensed ANGELS CARE HOME HEALTH 333 NORTH RIVERSHIRE DRIVE # 100 CONROE, TX 77304 Fax (936) 494-1107 Administrator DUSTY HOLBROOK	09/14/2005	Owner Information ANGELS ABOVE US INC 2301 FM 1187, SUITE 203 MANSFIELD, TX 76063 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County MONTGOMERY License # 007603 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (281) 419-1464 Type: Branch Agency	Region 06 Date Licensed ASSIST MED INC 1110 N. LOOP 336 W SUITE 210 CONROE, TX 77301 Fax (281) 419-1312 Administrator ROSA PIZZI	08/14/2002	Owner Information ASSISTMED INC SAME AS ABOVE HOUSTON, TX 77077 PHONE: FAX: Services: Personal Assistance Services
County MONTGOMERY License # 003487 Lic Expire Medicare 1: Medicare 2: Phone (832) 663-9021 Type: Branch Agency	Region 04 Date Licensed AT HOME HEALTHCARE 26006 OAK RIDGE DRIVE THE WOODLANDS, TX 77380 Fax (281) 719-0974 Administrator JENNIFER HUFFMAN	01/25/2008	Owner Information HELPING HANDS HOMECARE, LTD 9846 HIGHWAY 31 EAST TYLER, TX 75705 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County MONTGOMERY License # 003487 Lic Expire Medicare 1: Medicare 2: Phone (832) 663-9021 Type: Branch Agency	Region 04 Date Licensed AT HOME HEALTHCARE 26006 OAK RIDGE DRIVE THE WOODLANDS, TX 77380 Fax (281) 719-0974 Administrator JENNIFER HUFFMAN	01/25/2008	Owner Information HELPING HANDS HOMECARE, LTD 9846 HIGHWAY 31 EAST TYLER, TX 75705 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County MONTGOMERY License # 002875 Lic Expire Medicare 1: Medicare 2: Phone (832) 327-8676 Type: Branch Agency	Region 04 Date Licensed AT HOME HEALTHCARE 26006 OAK RIDGE DRIVE THE WOODLANDS, TEXAS 77380 Fax (832) 327-8813 Administrator RHONDA KELLY	10/02/2001	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 MONTGOMERY License # 019976 Lic Expire 6/2/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 06/02/2020 AT YOUR SIDE HOME CARE MONTGOMERY 18001 HIGHWAY 105 STE. 200 MONTGOMERY, TEXAS 77356	Owner Information TF HOME CARE WITH HEART, INC PHONE: FAX:
Phone (936) 274-9200 Type: Parent Agency	Fax (936) 274-9240 Administrator TAMMIE SMITH	Services: Personal Assistance Services
County MONTGOMERY License # 018165 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (281) 719-5221	Region 06 Date Licensed 07/13/2017 AT YOUR SIDE HOME CARE THE WOODLANDS 10200 GROGANS MILL RD SUITE 360 THE WOODLANDS, TX 77380 Fax (281) 719-5237	Owner Information SNTF HOME CARE LLC 82 S FAIR MANOR CIR THE WOODLANDS, TX 77382 PHONE: FAX:
Type: Parent Agency	Administrator TAMARA FRANKS	Services: Licensed Home Health Services; Personal Assistance Services
County MONTGOMERY License # 011223 Lic Expire 4/30/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed 04/14/2010 ATC HOME HEALTH LLC 804 WEST DALLAS STREET # 2 CONROE, TX 77301	Owner Information ATC HOME HEALTH, LLC PO BOX 106 PORTER, TX 77365 PHONE: FAX:
Phone (936) 788-2282 Type: Branch Agency	Fax (936) 788-2283 Administrator DINA SUCIU	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County MONTGOMERY License # 011223 Lic Expire 4/30/2022 Medicare 1: 679720 HHA-18 Medicare 2: Phone (281) 354-7112	Region 06 Date Licensed 04/03/2007 ATC HOME HEALTH LLC 20345 RIVER RIDGE DR PORTER, TX 77365 Fax (281) 354-7116	Owner Information ATC HOME HEALTH, LLC PO BOX 106 PORTER, TX 77365 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County MONTGOMERY License # 010674 Lic Expire 8/31/2024 Medicare 1: 679618 HHA-18;67 Medicare 2: Phone (281) 465-8220	Administrator DINA SUCIU Region 06 Date Licensed 08/10/2006 AVATAR HOME HEALTH CARE AGENCY LLC 25325 BOROUGH PARK DRIVE #100 THE WOODLANDS, TX 77380 Fax (281) 298-7502	Owner Information AVATAR HOME HEALTH CARE AGENCY LLC 25325 BOROUGH PARK DRIVE, SUITE #100 THE WOODLANDS, TX 77380 PHONE: FAX: 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 License # 021116 Lic Expire 10/8/2024 Medicare 1:	Region 06 Date Licensed 10/08/2021 BLUEBONNET LIFECARE, LLC 4015 ASHLAND WOODS DR. SPRING, TEXAS 773864381	Owner Information BLUEBONNET LIFECARE, LLC
Medicare 2:	5	PHONE: FAX:
Phone 832 433 0465	Fax Administrator EMEM EDUDAIM LIDOU	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County MONTGOMERY License # 019553 Lic Expire 8/5/2023 Medicare 1:	Administrator EMEM EPHRAIM UDOH Region 06 Date Licensed 08/05/2019 BRIGHTSTAR CARE NORTH HOUSTONTHE WOODLANDS 8505 TECHNOLOGY FOREST PL, STE 502 THE WOODLANDS, TEXAS 77381	Owner Information ARH FOCUSED CARE GROUP LLC
Medicare 2:		PHONE: FAX:
Phone (281) 367-7827 Type: Parent Agency	Fax (281) 367-7837 Administrator ANDREA HORGER	Services: Licensed Home Health Services; Personal Assistance Services

County MONTGOMERY License # 016069 Lic Expire 12/31/2023 Medicare 1: 671708 HOSPICE Medicare 2: Phone (281) 419-4476 Type: Parent Agency County MONTGOMERY License # 021347 Lic Expire 10/1/2024 Medicare 1: Medicare 2:	Region 06 Date Licensed BRISTOL HOSPICE TEXAS LLC 2002 TIMBERLOCH PLACE SUITE 150 THE WOODLANDS, TX 77380 Fax (281) 419-0525 Administrator NORMAN DAVIS Region 06 Date Licensed CHAMPION HOSPICE, LLC 20851 FM 1485 RD NEW CANEY, TX 77357	12/02/2013	Owner Information BRISTOL HOSPICE TEXAS, LLC 2002 TIMBERLOCH PLACE SUITE 150 THE WOODLANDS, TX 77380 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information PHONE:	FAX:
Phone (832) 793-5388 Type: Parent Agency	Fax (832) 793-5398 Administrator PATSY HANDY		Services: Hospice In-Patient Hospice: NO	170.
County MONTGOMERY License # 012958 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (936) 588-2211 Type: Branch Agency	Region 06 Date Licensed COMFORT KEEPERS CLEAR LAKE 14888 HWY 105 W. STE 209 MONTGOMERY, TX 77356 Fax (936) 588-2212 Administrator JOETTA WATSON	07/20/2012	Owner Information PAINTER'S HOME CARE LLC 10 MILLWRIGHT PLACE THE WOODLANDS, TX 77382 PHONE: Services: Personal Assistance Services	FAX:
County MONTGOMERY License # 019848 Lic Expire 3/6/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed COMFORTHOME CAREGIVERS, LLC 1712 N. FRAZIER STREET, SUITE 213 CONROE, TEXAS 77301	07/15/2018	Owner Information COMFORTHOME CAREGIVERS LLC PHONE:	FAX:
Phone (832) 650-2237 Type: Parent Agency	Fax (832) 565-1591 Administrator ELIZABETH DOWNS		Services: Licensed Home Health Services	
County MONTGOMERY License # 012807 Lic Expire 8/31/2023 Medicare 1: 747426 HHA-18 Medicare 2: Phone (936) 588-5206 Type: Parent Agency	Region 06 Date Licensed COMPLETE NURSE SOLUTIONS LLC 232 FOREST PEAK WAY MONTGOMERY, TX 77316 Fax (936) 588-7329 Administrator LYNETTE GILLESPIE	08/25/2009	Owner Information COMPLETE NURSE SOLUTIONS LLC 232 FOREST PEAK WAY MONTGOMERY, TX 77316 PHONE: Services: Licensed and Certified Home Health Services	FAX: ces; Licensed Home Health Services
County MONTGOMERY License # 020713 Lic Expire 4/21/2024 Medicare 1: Medicare 2: Phone (936) 442-8223 Type: Parent Agency	Region 06 Date Licensed DEDICATED HEARTS CAREGIVERS 12130 LA SALLE OAKS CONROE, TX 77304 Fax (936) 588-4504 Administrator WAMESHIA HATCHETT	04/21/2021	Owner Information DEDICATED HEARTS CAREGIVERS 412 W PHILLIPS ST STE 124 CONROE, TX 77301 PHONE: Services: Personal Assistance Services	FAX:
County MONTGOMERY License # 017319 Lic Expire 3/31/2022 Medicare 1: 741708 HOSPICE Medicare 2: Phone (281) 742-1142 Type: Parent Agency	Region 06 Date Licensed DEVOTION HOSPICE 508 W LEWIS ST CONROE, TX 77301 Fax (346) 998-1442 Administrator SHAWN STEVENS	03/18/2016	Owner Information BRITE HOSPICE, INC 26723 OAK HILL DR. SPRING, TEXAS 77386 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:

County MONTGOMERY License # 017134 Lic Expire 8/31/2024 Medicare 1: 671704 HOSPICE Medicare 2: Phone (855) 800-7673	Region 06 Date Licensed ELARA CARING 200 RIVER POINTE DRIVE SUITE 110 CONROE, TX 77304 Fax (888) 605-9190	08/27/2015	Owner Information ROSE OF TEXAS HOSPICE OF HOUSTON, LLC 14295 MIDWAY ROAD, SUITE 400 ADDISON, TX 75001 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MOLLY FULMER		·
County MONTGOMERY License # 014888 Lic Expire 5/31/2022 Medicare 1: 457882 HHA-18 Medicare 2: Phone (936) 539-9846 Type: Parent Agency	Region 06 Date Licensed ELARA CARING 200 RIVER POINTE DR, STE 110A CONROE, TX 77304 Fax (936) 539-9842 Administrator ALLISON YOUNG	05/04/2012	Owner Information PROVIDENCE HOMECARE SERVICES, LLC 14295 MIDWAY ROAD SUITE 400 ADDISON, TX 75001 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County MONTGOMERY License # 016944 Lic Expire 6/30/2024 Medicare 1: 677913 HHA-18 Medicare 2: Phone 281 5702927 Type: Parent Agency	Region 06 Date Licensed ENCOMPASS HEALTH HOME HEALTH 800 ROCKMEAD DRIVE, SUITE 250 KINGWOOD, TEXAS 77339 Fax 281 9135809 Administrator SCOTT BRACKIN	07/01/2015	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 MONTGOMERY License # 012241 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone 281 4658812 Type: Branch Agency	Region 06 Date Licensed ENCOMPASS HEALTH HOME HEALTH 2201 TIMBERLOCH PLACE, SUITE 225 THE WOODLANDS, TEXAS 77380 Fax 281 4658917 Administrator BOBBIE SOLET-KANGOT	09/01/2008	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 MONTGOMERY License # 012241 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone 281 4658812 Type: Branch Agency	Region 06 Date Licensed ENCOMPASS HEALTH HOME HEALTH 2201 TIMBERLOCH PLACE, SUITE 225 THE WOODLANDS, TEXAS 77380 Fax 281 4658917 Administrator BOBBIE SOLET-KANGOT	09/01/2008	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 MONTGOMERY License # 012241 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone 281 4658812 Type: Branch Agency	Region 06 Date Licensed ENCOMPASS HEALTH HOME HEALTH 2201 TIMBERLOCH PLACE, SUITE 225 THE WOODLANDS, TEXAS 77380 Fax 281 4658917 Administrator BOBBIE SOLET-KANGOT	09/01/2008	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 MONTGOMERY License # 015693 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone 281 4658397 Type: Alternate Delivery Site	Region 06 Date Licensed ENCOMPASS HEALTH HOSPICE 2201 TIMBERLOCH PLACE, SUITE 225 THE WOODLANDS, TEXAS 77380 Fax 281 4658710 Administrator RANAY DANEK	06/12/2015	Owner Information DRC HEALTH SYSTEMS, LP 6688 N CENTRAL EXPRESS SUITE 1300 DALLAS, TX 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County MONTGOMERY License # 020851 Lic Expire 6/24/2024 Medicare 1:	Region 06 Date Licensed 06/24/2021 FOCUS POINT HOME CARE INC 131 ELK TRACE PARKWAY MONTGOMERY, TX 77316	Owner Information FOCUS POINT HOME CARE INC
Medicare 2: Phone 443 8662311	Fax	PHONE: FAX:
Type: Parent Agency	Administrator NICOLE ODOM-HARDNETT	Services: Personal Assistance Services
<u> </u>		Owner Information
County MONTGOMERY License # 020273 Lic Expire 10/28/2022 Medicare 1:	Region 06 Date Licensed 10/28/2020 GRISWOLD HOME CARE OF NORTH HOUSTON 431 NURSERY RD. STE. A-400 SPRING, TX 77380	THE DETIVEAUX CORPORATION
Medicare 2:	Fav. (922) 200 4666	PHONE: FAX:
Phone (281) 528-0761	Fax (832) 299-1666 Administrator GREGORY DETIVEAUX	Services: Personal Assistance Services
Type: Parent Agency County MONTGOMERY License # 018227	Region 06 Date Licensed 08/03/2017 HANNACARE	Owner Information HANNA CARE LLC
Lic Expire 8/31/2021	10200 GROGAN'S MILL ROAD STE 192	2202 RIVA ROW APT 4227 THE WOODLANDS, TX 77380
Medicare 1: Medicare 2:	THE WOODLANDS, TX 77380	PHONE: FAX:
Phone (713) 321-0156	Fax (000) 000-0000	Services: Personal Assistance Services
Type: Parent Agency	Administrator INGRID CONNER	os. 1866. F. Grovial i Gorganio Grinos
County MONTGOMERY License # 015294 Lic Expire 1/31/2023 Medicare 1: 741515 HOSPICE Medicare 2:	Region 06 Date Licensed 01/09/2013 HARBOR HOSPICE 28 LP 33300 EGYPT LANE, SUITE F100 MAGNOLIA, TEXAS 773542740	Owner Information HARBOR HOSPICE 28 LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX:
Phone (936) 441-5500	Fax (936) 205-1031	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KRISTY HARRIS	
County MONTGOMERY License # 015926 Lic Expire 10/31/2024 Medicare 1: 671660 HOSPICE	Region 06 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF HOUSTON LLC 100 INTERSTATE 45 N, SUITE 320 CONROE, TX 773012890	Owner Information HEART TO HEART HOSPICE OF HOUSTON, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025
Medicare 2:		PHONE: FAX:
Phone (832) 300-0134 Type: Parent Agency	Fax (832) 300-0139 Administrator CLAUDIA THOMAS	Services: Hospice In-Patient Hospice: YES
County MONTGOMERY License # 016685 Lic Expire 12/31/2022 Medicare 1: 747095 HHA-18	Region 06 Date Licensed 12/11/2014 HOME CARE SELECT 3500 W DAVIS, STE 150B CONROE, TX 77304	Owner Information BEIER AND ASSOICATES LLC 3091 COLLEGE PK DR STE 240 BOX 111 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	Our seal information
County MONTGOMERY License # 001674 Lic Expire 4/30/2024 Medicare 1:	Region 04 Date Licensed 12/21/2007 HOME HEALTH CARE OF HUNTSVILLE 12603 HWY 105 WEST SUITE # 202A CONROE, TX 77304	Owner Information HOME HEALTH CARE OF HUNTSVILLE CO PO BOX 6548 HUNTSVILLE, TEXAS 77342
Medicare 2:		PHONE: FAX:
Phone (936) 291-8439 Type: Branch Agency	Fax (936) 291-8582 Administrator JAMES DESHAW	Services: Licensed Home Health Services

County MONTGOMERY License # 013613 Lic Expire 2/26/2023 Medicare 1: 747738 HHA-18 Medicare 2: Phone (281) 748-9383 Type: Parent Agency	Region 06 Date Licensed 10/06/2010 HOME HEALTH SPECIALISTS 600 ROCKMEAD DR., STE 125 KINGWOOD, TX 77339 Fax (855) 307-8003 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 License # 019898 Lic Expire 3/31/2022 Medicare 1:	Region 06 Date Licensed 05/01/2020 HOME INSTEAD SENIOR CARE 32731 EGYPT LANE, UNIT 502 MAGNOLIA, TX 77354	Owner Information KOINONIA HOME CARE LLC
Medicare 2: Phone 936 4413223 Type: Parent Agency	Fax Administrator JUDY SALCIDO	PHONE: FAX: Services: Personal Assistance Services
County MONTGOMERY License # 020213 Lic Expire 10/6/2022 Medicare 1:	Region 06 Date Licensed 10/06/2020 HOMECARE CONTINUUM LLC 2495 SAWDUST ROAD # 201 THE WOOD! ANDS TY, 77380	Owner Information HOMECARE CONTINUUM LLC
Medicare 2:	THE WOODLANDS, TX 77380	PHONE: FAX:
Phone (614) 779-6330 Type: Parent Agency	Fax (713) 391-8432 Administrator CHANTAL ADEMBUH	Services: Licensed Home Health Services; Personal Assistance Services
County MONTGOMERY License # 020963 Lic Expire 8/5/2024 Medicare 1:	Region 06 Date Licensed 08/05/2021 HOMEWATCH CAREGIVERS OF THE WOODLANDS 19221 I45, SUITE 455 SHENANDOAH, TEXAS 77385	Owner Information
Medicare 2: Phone (281) 770-6141	Fax	PHONE: FAX:
Type: Parent Agency	Administrator JOHN ENGELS	Services: Personal Assistance Services
County MONTGOMERY License # 021173 Lic Expire 10/29/2024 Medicare 1:	Region 06 Date Licensed 10/29/2021 HOPE BEYOND HOSPICE 25700 I-45 N STE 4106 THE WOODLANDS, TEXAS 77386	Owner Information HOPE BEYOND HOSPICE
Medicare 2:		PHONE: FAX:
Phone (832) 515-5830	Fax	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County MONTGOMERY License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (832) 813-8155 Type: Alternate Delivery Site	Administrator STEVEN DEL ANGEL Region 04 Date Licensed 07/29/2015 HOSPICE PLUS HOUSTON 322 SPRING HILL DR., STE B100 SPRING, TX 77386 Fax (855) 240-6518 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
······································		Owner Information
County MONTGOMERY License # 015346 Lic Expire 8/31/2022 Medicare 1:	Region 04 Date Licensed 07/29/2015 HOSPICE PLUS HOUSTON 322 SPRING HILL DR., STE B100 SPRING, TX 77386	HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117
Medicare 2: Phone (832) 813-8155	Fax (855) 240-6518	PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator SUSAN RICKETTS	In-Patient Hospice: NO

County MONTGOMERY License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (832) 813-8155 Type: Alternate Delivery Site	Region 04 Date Licensed HOSPICE PLUS HOUSTON 322 SPRING HILL DR., STE B100 SPRING, TX 77386 Fax (855) 240-6518 Administrator SUSAN RICKETTS	07/29/2015	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County MONTGOMERY License # 015346 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (832) 813-8155 Type: Alternate Delivery Site	Region 04 Date Licensed HOSPICE PLUS HOUSTON 322 SPRING HILL DR., STE B100 SPRING, TX 77386 Fax (855) 240-6518 Administrator SUSAN RICKETTS	07/29/2015	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County MONTGOMERY License # 015346 Lic Expire 8/31/2022 Medicare 1: 671626 HOSPICE Medicare 2: Phone (832) 813-8155 Type: Parent Agency	Region 06 Date Licensed HOSPICE PLUS HOUSTON 6800 WEST LOOP SOUTH STE #200 BELLAIRE, TX 774014536 Fax (855) 240-6518 Administrator AMY GROVES	08/31/2012	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County MONTGOMERY License # 015346 Lic Expire 8/31/2022 Medicare 1: 671626 HOSPICE Medicare 2: Phone (832) 813-8155	Region 06 Date Licensed HOSPICE PLUS HOUSTON 6800 WEST LOOP SOUTH STE #200 BELLAIRE, TX 774014536 Fax (855) 240-6518 Administrator AMY GROVES	08/31/2012	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency County MONTGOMERY License # 015346 Lic Expire 8/31/2022 Medicare 1: 671626 HOSPICE Medicare 2: Phone (832) 813-8155 Type: Parent Agency	Region 06 Date Licensed HOSPICE PLUS HOUSTON 6800 WEST LOOP SOUTH STE #200 BELLAIRE, TX 774014536 Fax (855) 240-6518 Administrator AMY GROVES	08/31/2012	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County MONTGOMERY License # 015346 Lic Expire 8/31/2022 Medicare 1: 671626 HOSPICE Medicare 2: Phone (832) 813-8155 Type: Parent Agency	Region 06 Date Licensed HOSPICE PLUS HOUSTON 6800 WEST LOOP SOUTH STE #200 BELLAIRE, TX 774014536 Fax (855) 240-6518 Administrator AMY GROVES	08/31/2012	Owner Information HERITAGE HEALTH & HOSPICE CARE, LLC 655 BRAWLEY SCHOOL ROAD, STE: 200 MORRESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County MONTGOMERY License # 011784 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (936) 441-6470 Type: Parent Agency	Region 06 Date Licensed IN HIS CARE SENIOR SERVICES, INC 900 W DAVIS SUITE 104 CONROE, TX 77301 Fax (936) 756-9104 Administrator CYNTHIA RATCLIFF	12/28/2007	Owner Information IN HIS CARE SENIOR SERVICES, INC 818 STONE MOUNTAIN CONROE, TX 77302 PHONE: Services: Personal Assistance Services	FAX:

County MONTGOMERY License # 017374 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (281) 916-1440 Type: Parent Agency	Region 06 Date Licensed 04/28/2016 INTERIM HEALTHCARE OF THE WOODLANDSSPRING 719 SAWDUST ROAD SUITE 107 THE WOODLANDS, TX 77380 Fax (281) 916-1400 Administrator LESLIE EZE	Owner Information HOMECARE & BEYOND LLC 719 SAWDUST ROAD SUITE 107 THE WOODLANDS, TX 77380 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County MONTGOMERY License # 015627 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (832) 799-1342 Type: Parent Agency	Region 06 Date Licensed 07/09/2013 ITRUST HOME CARE LLC 79 WYNDEMERE MONTGOMERY, TX 77356 Fax (832) 553-3212 Administrator KEVIN PATTERSON PATTERSON	Owner Information ITRUST HOME CARE LLC 417 C WEST 27TH STREET HOUSTON, TX 77008 PHONE: FAX: Services: Personal Assistance Services
County MONTGOMERY License # 020759 Lic Expire 5/17/2024 Medicare 1: Medicare 2: Phone 832 7912367 Type: Parent Agency	Region 06 Date Licensed 05/17/2021 KARING & PASSIONATE LLC 2001 TIMBERLOCH PLACE, SUITE 500 THE WOODLANDS, TEXAS 77380 Fax 346 3262818 Administrator KARIMA PALMER	Owner Information KARING & PASSIONATE LLC 2001 TIMBERLOCH PLACE SUITE 500 THE WOODLANDS, TX 77380 PHONE: FAX: Services: Personal Assistance Services
County MONTGOMERY License # 020275 Lic Expire 10/28/2022 Medicare 1: Medicare 2: Phone (713) 875-8966 Type: Parent Agency	Region 06 Date Licensed 10/28/2020 LABAK HOME HEALTHCARE LLC 2334 URBAN FOREST CT. SPRING, TX 77386 Fax (469) 425-1239 Administrator MOPELOLA ONIKOYI	Owner Information LABAK HOME HEALTHCARE LLC PHONE: FAX: Services: Personal Assistance Services
County MONTGOMERY License # 015520 Lic Expire 5/31/2023 Medicare 1: 741543 HOSPICE Medicare 2: Phone (832) 793-5600	Region 06 Date Licensed 05/06/2013 LIVING WATERS HOSPICE INC 23315 JOHNSON ROAD NEW CANEY, TX 77357 Fax (832) 201-7590	Owner Information LIVING WATERS HOSPICE, INC 23315 JOHNSON ROAD NEW CANEY, TX 77357 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County MONTGOMERY License # 021203 Lic Expire 11/13/2024 Medicare 1: Medicare 2: Phone (346) 310-3028 Type: Parent Agency	Administrator LESHEQUA BOWLES Region 06 Date Licensed 11/13/2021 LOVING ARMS CARE LLC 1511 CEDAR KNOLL CT CONROE, TEXAS 77301 Fax Administrator OLUWASEUN KITTRELL	Owner Information LOVING ARMS CARE LLC PHONE: FAX: Services: Personal Assistance Services
County MONTGOMERY License # 017118 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (832) 447-7130	Region 06 Date Licensed 11/04/2015 LT HOME HEALTHCARE 9595 SIX PINES DR STE # 6280 THE WOODLANDS, TX 77380 Fax (832) 575-4900	Owner Information JTJ STAFFING, INC 9595 SIX PINES DR STE # 8210 THE WOODLANDS, TX 77380 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

Administrator

Type: Parent Agency

LINDA JENKINS

County MONTGOMERY License # 011945 Lic Expire 3/31/2022 Medicare 1: 747264 HHA-18 Medicare 2:	Region 06 Date Licensed MAGNIFICAT HOME HEALTHCARE SERVICE 13414 MEDICAL COMPLEX DR UNIT 12 TOMBALL, TX 77375	03/28/2008 ES LLC	Owner Information MAGNIFICAT HOME HEALTHCARE SERVICES LLC 2205 N MAIN STREET SUITE B PEARLAND, TX 77581 PHONE: (281) 741-5709 FAX: (281) 741-5798
Phone (281) 741-5709	Fax (281) 741-5798		
Type: Parent Agency	Administrator ESTEFANIA HUNDLEY		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County MONTGOMERY License # 020978 Lic Expire 8/13/2024 Medicare 1:	Region 06 Date Licensed MASON'S HOME HEALTH CARE LLC 24049 WILDE DR. MAGNOLIA, TEXAS 77355	08/13/2021	Owner Information MASON'S HOME HEALTH LLC
Medicare 2:			PHONE: FAX:
Phone 18557043491	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator TIFFANY MASON		
County MONTGOMERY License # 014182 Lic Expire 1/31/2023 Medicare 1: 679483 HHA-18 Medicare 2: Phone (832) 458-3793 Type: Parent Agency	Region 06 Date Licensed MAXIM HEALTHCARE SERVICES INC 460 WILDWOOD FOREST DR STE 150-S SPRING, TX 77380 Fax (877) 615-6497 Administrator AUNDRIA MAYES	01/21/2009	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
······································			Owner Information
County MONTGOMERY	Region 06 Date Licensed	02/12/2016	Owner Information MILLENNIUM HOSPICE AGENCY LLC
License # 017271	MILLENNIUM HOSPICE AGENCY LLC		25826 LAKE LAWN DRIVE
Lic Expire 2/28/2025 Medicare 1: 741658 HOSPICE	25325 BOROUGH PARK DRIVE SUITE #108 SPRING, TX 77380		SPRING, TX 77380
Medicare 2:	SPRING, IA 11300		PHONE: FAX:
Phone (281) 681-4035	Fax (281) 681-4036		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator PRISCILLA ARGUEZ		
County MONTGOMERY License # 017341 Lic Expire 2/28/2022 Medicare 1: 671565 HOSPICE Medicare 2: Phone (281) 607-2310	Region 06 Date Licensed OASIS HOSPICE 12051 SLEEPY HOLLOW CONROE, TX 77385 Fax (281) 607-2314	02/04/2016	Owner Information FOUNDATION CAREPLUS GROUP INC 1120 MEDICAL PLAZA DRIVE SUITE 240 THE WOODLANDS, TX 77380 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator LAURA SCOTT		In-Patient Hospice: NO
County MONTGOMERY License # 020903 Lic Expire 7/13/2024 Medicare 1:	Region 06 Date Licensed PASSIONTOUCH HOME CARE 15000 MANSIONS VIEW DR APT 2306 CONROE, TEXAS 77384	07/13/2021	Owner Information INTEGRATED HOME CARE LLC 15000 MANSIONS VIEW DR APT 2306 CONROE, TEXAS 77384
Medicare 2:			PHONE: FAX:
Phone (346) 241-0898 Type: Parent Agency	Fax (346) 202-2042 Administrator ELLEN CAULCRICK		Services: Licensed Home Health Services; Personal Assistance Services
County MONTGOMERY License # 016147 Lic Expire 3/31/2022 Medicare 1: 679334 HHA-18 Medicare 2: Phone (281) 574-3701	Region 06 Date Licensed PATHFINDER HOME HEALTH 318 BRIAR ROCK RD SUITE B THE WOODLANDS, TX 77380 Fax (281) 574-3710	03/26/2014	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
Tyne: Parent Agency	Administrator DANNY GOLDEN		25. 25. 25. 25. 25. 25. 25. 25. 25. 25.

Administrator DANNY GOLDEN

County MONTGOMERY License # 015375 Lic Expire 11/30/2022 Medicare 1: 458396 HHA-18 Medicare 2: Phone (936) 291-7284 Type: Parent Agency County MONTGOMERY License # 003864 Lic Expire 9/30/2022 Medicare 1: 678058 HHA-18	Region 06 Date Licensed PATHFINDER HOME HEALTH 318 BRIAR ROCK RD SUITE A THE WOODLANDS, TX 77380 Fax (936) 436-9308 Administrator DANNY GOLDEN Region 06 Date Licensed PATHFINDER HOME HEALTH 1544 SAWDUST RD THE WOODLANDS, TX 77380	09/11/1995	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 Owner Information PROS HOME HEALTHCARE, INC 318 BRIAR ROCK ROAD THE WOODLANDS, TX 77380
Medicare 2: Phone (281) 364-9161	Fax (281) 298-1458		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator MICHELLE HOKANSON		Personal Assistance Services
County MONTGOMERY License # 012397 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (281) 364-9695 Type: Parent Agency	Region 06 Date Licensed PATHFINDER PEDIATRIC HOME CARE INC 25018 OAKHURST DR SPRING, TX 77386 Fax (281) 456-2479 Administrator CHARLES WILCOX	01/08/2009	Owner Information PATHFINDER PEDIATRIC HOME CARE INC 318 BRIAR ROCK RD THE WOODLANDS, TX 77380 PHONE: FAX: Services: Licensed Home Health Services
County MONTGOMERY License # 020466 Lic Expire 1/15/2023 Medicare 1:	Region 06 Date Licensed PRESTIGE HOMECARE 25126 ANDRIS LANE SPRING, TEXAS 77386	01/15/2021	Owner Information AK & PRESTIGE LLC
Medicare 2:	Fax		PHONE: FAX:
Phone (936) 249-7146 Type: Parent Agency	Administrator KIERRA REYNOLDS		Services: Personal Assistance Services
County MONTGOMERY License # 019049 Lic Expire 8/31/2022 Medicare 1:	Region 06 Date Licensed RIGHT AT HOME 2219 SAWDUST RD SUITE 601 SPRING, TEXAS 77380	08/31/2018	Owner Information WILDER CARE CORPORATION PHONE: FAX:
Medicare 2: Phone (281) 402-8858	Fax (281) 407-2696		PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator MINDY WILDER		
County MONTGOMERY License # 012264 Lic Expire 10/31/2022 Medicare 1:	Region 06 Date Licensed ST AGNES CAREGIVERS INC 2419 CROCKETT MARTIN ST CONROE, TX 77306	10/14/2008	Owner Information ST AGNES CAREGIVERS INC P.O.BOX 2269 STAFFORD, TX 77497
Medicare 2: Phone (936) 264-1743	Fax (936) 264-1927		PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator ANIEFIOK USORO		Services. Fersonial Assistance Services
County MONTGOMERY License # 016837 Lic Expire 12/31/2022 Medicare 1: 671765 HOSPICE Medicare 2:	Region 06 Date Licensed ST JOSEPH HOSPICE OF CONROE TEXAS 2255 N LOOP 336 W SUITE A CONROE, TX 77304	12/19/2014	Owner Information ST JOSEPH HOSPICE OF HOUSTON LLC 10615 JEFFERSON HWY BATON ROUGE, LA 70809 PHONE: FAX:
Phone (936) 703-5250	Fax (936) 703-5255		Services: Hospice In-Patient Hospice: NO

Administrator

MARYANN NYS

County MONTGOMERY License # 014887 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (281) 501-4760 Type: Parent Agency	Region 06 Date Licensed SURECARE AT HOME 1717 WOODSTEAD CT STE 104 THE WOODLANDS, TX 77380 Fax (281) 315-3636 Administrator NANCY LARKIN	06/25/2012	Owner Information THE G&L FAMILY OF CAREGIVERS, LLC 1717 WOODSTEAD CT STE 104 THE WOODLANDS, TX 77380 PHONE: FAX: Services: Personal Assistance Services
County MONTGOMERY License # 011013 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (936) 441-7760 Type: Parent Agency	Region 06 Date Licensed SYNERGY HOMECARE 1104 WILSON ROAD STE C CONROE, TX 77301 Fax (936) 788-7750 Administrator ANDREA MOSHER	01/24/2007	Owner Information MOSHER INITIATIVES, INC 1104 WILSON ROAD, SUITE C CONROE, TX 77301 PHONE: (936) 441-7760 FAX: (936) 788-7750 Services: Personal Assistance Services
County MONTGOMERY License # 019192 Lic Expire 9/24/2022 Medicare 1: 67-8372 (HHA) Medicare 2: Phone 936 3270231 Type: Parent Agency	Region 06 Date Licensed THERACARE HOME HEALTH 704 LONGMIRE ROAD, SUITE 200 CONROE, TX 77304 Fax 936 3270223 Administrator MICHELLE M HENDERSON	09/24/2018	Owner Information CANTEX HOME HEALTH NORTH HOUSTON LLC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County MONTGOMERY License # 019192 Lic Expire 9/24/2022 Medicare 1: 67Q8372001 Medicare 2: Phone (936) 327-0231	Region 04 Date Licensed THERACARE HOME HEALTH 301 HWY 59 LOOP S, SUITE H LIVINGSTON, TEXAS 77351 Fax (936) 327-0223		Owner Information CANTEX HOME HEALTH NORTH HOUSTON LLC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County MONTGOMERY License # 017932 Lic Expire 12/31/2022 Medicare 1: 741611 HOSPICE Medicare 2: Phone (832) 431-5009 Type: Parent Agency	Administrator LATONYA CURVEY Region 06 Date Licensed THREE OAKS HOSPICE HOUSTON 25211 GROGAN'S MILL ROAD, SUITE 330 THE WOODLANDS, TX 77380 Fax (281) 978-2445 Administrator STEVEN PARKER	12/06/2016	Owner Information ALLIANCE HOSPICE, LLC 717 N. HARWOOD STREET, SUITE 550 DALLAS, TEXAS 75201 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County MONTGOMERY License # 017937 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (936) 756-5598 Type: Parent Agency	Region 06 Date Licensed THRIVE SKILLED PEDIATRIC CARE 200 RIVER POINTE DRIVE, SUITE 300 CONROE, TEXAS 773042817 Fax (936) 756-5974 Administrator BRITNEY BRAZELL	01/01/2017	Owner Information ADVOCATE PEDIATRIC HOME CARE, LLC 701 EDGEWATER DRIVE, SUITE 300 WAKEFIELD, MA 1880 PHONE: FAX: Services: Licensed Home Health Services
County MONTGOMERY License # 014816 Lic Expire 5/31/2022 Medicare 1: 671772 HOSPICE Medicare 2: Phone (936) 539-2273 Type: Parent Agency	Region 06 Date Licensed TRADITIONS HEALTH 1192-D WEST DALLAS CONROE, TX 77301 Fax (866) 908-8704 Administrator LISA LEBLANC	05/22/2012	Owner Information TRADITIONS HOSPICE OF CONROE, LLC P.O. BOX 9980 COLLEGE STATION, TX 77842 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County MONTGOMERY License # 015118 Lic Expire 9/30/2022 Medicare 1: 458141 HHA-18 Medicare 2: Phone (936) 539-2273 Type: Parent Agency	Region 06 Date Licensed TRADITIONS HEALTH CARE 1192-D WEST DALLAS CONROE, TX 77301 Fax (936) 539-2275 Administrator LISA LEBLANC	10/01/2012	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
<u> </u>		40/44/0000	Owner Information
County MONTGOMERY License # 020395 Lic Expire 12/11/2022 Medicare 1:	Region 06 Date Licensed TRUE HEALTHCARE 10010 S. WHIMBREL CIRCLE CONROE, TEXAS 77385	12/11/2020	TRUE HEALTHCARE, LLC
Medicare 2:			PHONE: FAX:
Phone (346) 370-2853	Fax		Services: Licensed Home Health Services
Type: Parent Agency	Administrator NOVIA MEARIDY		
County MONTGOMERY License # 008856 Lic Expire 1/31/2023	Region 06 Date Licensed VISITING ANGELS 32815 TAMINA RD SUITE A	01/13/2004	Owner Information FOX E ENTERPRISES LLC DBA VISITING ANGELS 32815 TAMINA RD. SUITE A
Medicare 1:	MAGNOLIA, TX 77354		MAGNOLIA, TX 77354
Medicare 2:			PHONE: FAX:
Phone (281) 356-2827	Fax (281) 259-9098		Services: Personal Assistance Services
Type: Parent Agency	Administrator ALEXANDER ELGUEZABAL		
County MONTGOMERY License # 006974 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (281) 292-1397	Region 06 Date Licensed VITAS HEALTHCARE OF TEXAS L P 18550 IH 45 SOUTH (G WING) CONROE, TEXAS 77384 Fax (281) 292-7502	04/18/2011	Owner Information VITAS HEALTHCARE OF TEXAS LP 201 S. BISCAYNE BLVD SUITE 400 MIAMI, FL 33131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator WILLIAM WELLER		
County MONTGOMERY License # 013350 Lic Expire 1/31/2022 Medicare 1: 677283 HHA-18 Medicare 2: Phone (281) 292-4321 Type: Parent Agency	Region 06 Date Licensed WINDSONG HOME HEALTH AGENCY 5055 W PANTHER CREEK DRIVE #100 THE WOODLANDS, TX 77381 Fax (281) 364-9569 Administrator LAKISHIA JAWDJEE	02/01/2010	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 License # 017975 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (866) 900-5007 Type: Parent Agency	Region 06 Date Licensed YOS HEALTH CARE SERVICES INC 15 SPRINGTIME CREEK DR THE WOODLANDS, TX 77354 Fax (866) 677-1896 Administrator EMMANUEL SOFELA	03/29/2017	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 License # 002372 Lic Expire 7/31/2023 Medicare 1: 677531 HHA-18 Medicare 2: Phone (806) 935-4946 Type: Parent Agency	Region 01 Date Licensed MEMORIAL HOME HEALTH 209 S BLISS DUMAS, TX 79029 Fax (806) 935-2251 Administrator JENNEFIER ALLISON	07/31/1992	Owner Information MOORE COUNTY HOSPITAL DISTRICT 224 E 2ND ST DUMAS, TX 79029 PHONE: FAX: Services: Licensed and Certified Home Health Services

County MOORE License # 002076 Lic Expire 11/30/2022 Medicare 1: 451538 HOSPICE Medicare 2: Phone (806) 935-4884	Region 01 Date Licensed 11/30/1989 MEMORIAL HOSPICE 209 S BLISS DUMAS, TX 79029 Fax (806) 935-2251	Owner Information MOORE COUNTY HOSPITAL DISTRICT 224 E 2ND ST DUMAS, TX 79029 PHONE: FAX: Services: Hospice In-Patient Hospice: YES
Type: Parent Agency	Administrator JENNEFIER ALLISON	<u>'</u>
County NACOGDOCHES License # 002409 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (936) 560-5141 Type: Branch Agency	Region 04 Date Licensed 05/04/2005 A PINEYWOODS HOME HEALTH CARE INC 906 NORTH STREET NACOGDOCHES, TEXAS 759614430 Fax (936) 560-5128 Administrator KERRI GRIFFIN	Owner Information A PINEYWOODS HOME HEALTH CARE INC P.O. BOX 1743 LUFKIN, TEXAS 75902 PHONE: FAX: Services: Licensed and Certified Home Health Services
County NACOGDOCHES License # 013780 Lic Expire 12/31/2022 Medicare 1: 747683 HHA-18 Medicare 2: Phone (936) 559-9480	Region 04 Date Licensed 12/21/2010 ADVANTAGE PLUS HOMECARE 2719 WESTWARD DRIVE NACOGDOCHES, TX 75964 Fax (936) 559-9498	Owner Information CBL MEDICAL ENTERPRISES INC 853 N ZAVALLA STREET JASPER, TX 75951-3119 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County NACOGDOCHES License # 003546 Lic Expire 1/31/2023 Medicare 1: Medicare 2:	Administrator LORI REYNOLDS Region 04 Date Licensed 11/12/2004 ANGELS CARE HOME HEALTH 409 RUSSELL BOULEVARD SUITE C NACOGDOCHES, TX 75965	Owner Information PERSONAL HOME HEALTHCARE AGENCY LLC 2000 S ROYALL PALESTINE, TX 75801 PHONE: FAX:
Phone (936) 462-7511	Fax (936) 462-7540	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator BRANDY SIMMS	
County NACOGDOCHES License # 010729 Lic Expire 5/31/2022 Medicare 1: 679432 HHA-18 Medicare 2:	Administrator BRANDY SIMMS Region 04 Date Licensed 06/01/2006 ENCOMPASS HEALTH HOME HEALTH 300 E MAIN STREET, SUITE 200 NACOGDOCHES, TEXAS 75961	Owner Information AHM ACTION HOME HEALTH, LP 6688 N CENTRAL EXPRESSWAY STE 1300 DALLAS, TX PHONE: FAX:
County NACOGDOCHES License # 010729 Lic Expire 5/31/2022 Medicare 1: 679432 HHA-18 Medicare 2: Phone 936 5643700	Region 04 Date Licensed 06/01/2006 ENCOMPASS HEALTH HOME HEALTH 300 E MAIN STREET, SUITE 200 NACOGDOCHES, TEXAS 75961 Fax 936 5640675	AHM ACTION HOME HEALTH, LP 6688 N CENTRAL EXPRESSWAY STE 1300 DALLAS, TX
County NACOGDOCHES License # 010729 Lic Expire 5/31/2022 Medicare 1: 679432 HHA-18 Medicare 2:	Region 04 Date Licensed 06/01/2006 ENCOMPASS HEALTH HOME HEALTH 300 E MAIN STREET, SUITE 200 NACOGDOCHES, TEXAS 75961	AHM ACTION HOME HEALTH, LP 6688 N CENTRAL EXPRESSWAY STE 1300 DALLAS, TX PHONE: FAX:
County NACOGDOCHES License # 010729 Lic Expire 5/31/2022 Medicare 1: 679432 HHA-18 Medicare 2: Phone 936 5643700 Type: Parent Agency County NACOGDOCHES License # 015764 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (936) 569-9143	Region 04 Date Licensed 06/01/2006 ENCOMPASS HEALTH HOME HEALTH 300 E MAIN STREET, SUITE 200 NACOGDOCHES, TEXAS 75961 Fax 936 5640675 Administrator JOSEPH BRACKIN Region 04 Date Licensed 06/24/2016 HEART TO HEART HOSPICE OF LUFKIN LLC 3316 N UNIVERSITY DRIVE SUITE B NACOGDOCHES, TX 75965 Fax (936) 569-9168	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 Owner Information HEART TO HEART HOSPICE OF LUFKIN, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice
County NACOGDOCHES License # 010729 Lic Expire 5/31/2022 Medicare 1: 679432 HHA-18 Medicare 2: Phone 936 5643700 Type: Parent Agency County NACOGDOCHES License # 015764 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (936) 569-9143 Type: Alternate Delivery Site County NACOGDOCHES License # 020134 Lic Expire 8/31/2022	Region 04 Date Licensed 06/01/2006 ENCOMPASS HEALTH HOME HEALTH 300 E MAIN STREET, SUITE 200 NACOGDOCHES, TEXAS 75961 Fax 936 5640675 Administrator JOSEPH BRACKIN Region 04 Date Licensed 06/24/2016 HEART TO HEART HOSPICE OF LUFKIN LLC 3316 N UNIVERSITY DRIVE SUITE B NACOGDOCHES, TX 75965 Fax (936) 569-9168 Administrator CONNIE RUSSELL Region 04 Date Licensed 08/31/2020 KING VISION, LLC 2304 CAROLE STREET	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 Owner Information HEART TO HEART HOSPICE OF LUFKIN, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information

County NACOGDOCHES License # 003475 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (936) 462-1000	Region 04 Date Licensed LIFECARE HEALTH SERVICES 1901 N STALLINGS DR SUITE #5 NACOGDOCHES, TX 75964 Fax (936) 462-1005	11/27/2006	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;
Type: Branch Agency	Administrator AMY WILCOX		Personal Assistance Services
County NACOGDOCHES License # 003475 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (936) 462-1000	Region 04 Date Licensed LIFECARE HEALTH SERVICES 1901 N STALLINGS DR SUITE #5 NACOGDOCHES, TX 75964 Fax (936) 462-1005	11/01/2002	Owner Information LIFECARE HOME NURSING LLC 911 W LOOP 281 SUITE 204 LONGVIEW, TX 75604 PHONE: FAX: Services: Hospice; Alternative Delivery Site (ADS)
Type: Alternate Delivery Site	Administrator AMY WILCOX		In-Patient Hospice: NO
County NACOGDOCHES License # 009689 Lic Expire 4/30/2022 Medicare 1: 457899 HHA-18 Medicare 2: Phone (936) 552-1609	Region 04 Date Licensed (MOTHERWELL HOME HEALTH 418 WEST MAIN STREET NACOGDOCHES, TX 75961 Fax (936) 560-9982	04/08/2005	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
Type: Parent Agency	Administrator LINDA MARIE (BROWN) MOTH		Owner Information
County NACOGDOCHES License # 012397 Lic Expire 1/31/2023 Medicare 1:	Region 06 Date Licensed (PATHFINDER PEDIATRIC HOME CARE INC 7014 NORTH STREET NACOGDOCHES, TX 75965	02/12/2013	PATHFINDER PEDIATRIC HOME CARE INC 318 BRIAR ROCK RD THE WOODLANDS, TX 77380
Medicare 2: Phone (281) 364-9695 Type: Branch Agency	Fax (888) 294-6679 Administrator CHARLES M WILCOX		PHONE: FAX: Services: Licensed Home Health Services
County NACOGDOCHES License # 012656 Lic Expire 6/30/2024 Medicare 1: 74Q7328001 Medicare 2: Phone (866) 344-2821	Region 04 Date Licensed RELIANT AT HOME 416A NORTH STREET NACOGDOCHES, TX 75961 Fax (866) 288-4125		Owner Information AGAPE HOME CARE SERVICES LLC 609 E LUFKIN AVENUE LUFKIN, TX 75901 PHONE: FAX: Services: Licensed Home Health Services
Type: Branch Agency County NACOGDOCHES License # 011196 Lic Expire 12/31/2022 Medicare 1: 67-1528 Medicare 2: Phone (936) 568-0709	Administrator ALETHEA THACKER Region 03 Date Licensed (TEXAS HOME HEALTH HOSPICE 2714 N UNIVERSITY DR # 100 NACOGDOCHES, TX 75965 Fax (936) 559-9257	08/10/2012	Owner Information KINDSTAR, INC 17855 N. DALLAS PARKWAY DR. #200 DALLAS, TX 75284 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator DENISE WARDEN		In-Patient Hospice: NO
County NACOGDOCHES License # 007744 Lic Expire 9/30/2022 Medicare 1: 679108 HHA-18	Region 04 Date Licensed (TEXAS HOME HEALTH SKILLED SERVICES 4619 NORTH STREET NACOGDOCHES, TX 759651816	09/26/2001	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 2: Phone 936 6325402	Fax 936 6324370		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JOEY BAKER		Personal Assistance Services

County NACOGDOCHES	Region 04 Date Licensed	Owner Information
License # 007744	TEXAS HOME HEALTH SKILLED SERVICES	TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire 9/30/2022	4619 NORTH STREET	
Medicare 1:	NACOGDOCHES, TX 759651816	
Medicare 2:	F 000 7450470	PHONE: FAX:
Phone 936 7159625	Fax 936 7159473	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator JOEY BAKER	
County NAVARRO	Region 05 Date Licensed 06/04/1996	Owner Information
License # 006005	ANGELS AT HOME INC	ANGELS AT HOME INC
Lic Expire 6/30/2022	618 W 2ND AVE	618 W 2ND AVE
Medicare 1: 678315 HHA-18	CORSICANA, TX 75110	CORSICANA, TX 75110
Medicare 2:		PHONE: FAX:
Phone (903) 874-5758	Fax (903) 874-5153	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator BARBARA SHORTEN	
County NAVARRO	Region 04 Date Licensed 12/28/1994	Owner Information
License # 001440	CEDAR LAKE HOME HEALTH & HOSPICE	CEDAR LAKE NURSING SERVICE, INC
Lic Expire 12/31/2022	753 WEST 2ND	P. O. BOX 560
Medicare 1:	CORSICANA, TX 75110	MALAKOFF, TEXAS 75148
Medicare 2:		PHONE: FAX:
Phone (903) 874-4745	Fax (903) 874-4368	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator CYNTHIA CALLOWAY	Services. Licensed and Certified notine readin Services, Licensed notine readin Services
County NAVARRO	Region 04 Date Licensed 12/28/1994	Owner Information
License # 001440	CEDAR LAKE HOME HEALTH & HOSPICE	CEDAR LAKE NURSING SERVICE, INC
Lic Expire 12/31/2022	753 WEST 2ND	P. O. BOX 560
Medicare 1:	CORSICANA, TX 75110	MALAKOFF, TEXAS 75148
Medicare 2:		PHONE: FAX:
Phone (903) 874-4745	Fax (903) 874-4368	Services: Hospice
		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CYNTHIA CALLOWAY	
County NAVARRO	Region 04 Date Licensed 12/28/1994	Owner Information
License # 001440	CEDAR LAKE HOME HEALTH & HOSPICE	CEDAR LAKE NURSING SERVICE, INC
Lic Expire 12/31/2022	753 WEST 2ND	P. O. BOX 560
Medicare 1:	CORSICANA, TX 75110	MALAKOFF, TEXAS 75148
Medicare 2:		PHONE: FAX:
Phone (903) 874-4745	Fax (903) 874-4368	Services: Hospice
T 411 1 D 11 011	A L L L L L L L CONTENTA CALLOUAN	In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CYNTHIA CALLOWAY	
County NAVARRO	Region 04 Date Licensed 12/28/1994	Owner Information
License # 001440	CEDAR LAKE HOME HEALTH & HOSPICE	CEDAR LAKE NURSING SERVICE, INC
Lic Expire 12/31/2022	753 WEST 2ND	P. O. BOX 560
Medicare 1:	CORSICANA, TX 75110	MALAKOFF, TEXAS 75148
Medicare 2:		PHONE: FAX:
Phone (903) 874-4745	Fax (903) 874-4368	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency	Administrator CYNTHIA CALLOWAY	
County NAVARRO	Region 06 Date Licensed 07/06/2007	Owner Information
License # 011573	GUARDIAN HEALTHCARE	OHERBST, INC
Lic Expire 7/31/2022	104 W. 3RD AVENUE	13737 NOEL RD, SUITE 1300
Medicare 1: 67Q7153005	CORSICANA, TEXAS 75110	DALLAS, TX 75240
Medicare 2:		PHONE: FAX:
Phone (903) 874-4777	Fax (903) 874-4001	Services: Licensed and Certified Home Health Services
Type: Branch Agency	Administrator CRYSTAL CALLAHAM	53. 1000. Electricos dire continuo i formo i formo de from

County NAVARRO License # 011573 Lic Expire 7/31/2022 Medicare 1: 67Q7153005 Medicare 2: Phone (903) 874-4777 Type: Branch Agency	Region 06 Date Licensed GUARDIAN HEALTHCARE 104 W. 3RD AVENUE CORSICANA, TEXAS 75110 Fax (903) 874-4001 Administrator CRYSTAL CALLAHAM	07/06/2007	Owner Information OHERBST, INC 13737 NOEL RD, SUITE 1300 DALLAS, TX 75240 PHONE: FAX: Services: Licensed and Certified Home Health Services
County NAVARRO License # 009915 Lic Expire 8/31/2022 Medicare 1: 671518 HOSPICE Medicare 2: Phone (903) 874-7700	Region 05 Date Licensed HAND IN HAND HOSPICE 208 SOUTH 31ST STREET CORSICANA, TX 75110 Fax (903) 874-7705	08/18/2005	Owner Information S AND M S LLC 208 SOUTH 31ST STREET CORSICANA, TX 75110 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County NAVARRO License # 009815 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (903) 872-9155 Type: Parent Agency	Administrator MICHELLE TAYLOR Region 05 Date Licensed HOME HELPERS DIRECT LINK 3205 MILLS DRIVE CORSICANA, TX 75110 Fax (903) 872-9201 Administrator MARK THOMMARSON	06/16/2005	Owner Information SHEPHERDS TOUCH MINISTRIES INC 308 EAST GARRITY STREET CORSICANA, TX 75110 PHONE: FAX: Services: Personal Assistance Services
County NAVARRO License # 012075 Lic Expire 6/30/2022 Medicare 1: 45Q7096007 Medicare 2: Phone (903) 874-9147	Region 05 Date Licensed KINDRED AT HOME 639 NORTH 13TH STREET CORSICANA, TX 75110 Fax (903) 874-6732	06/26/2008	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed and Certified Home Health Services
Type: Branch Agency County NAVARRO License # 012075 Lic Expire 6/30/2022 Medicare 1: 45Q7096007 Medicare 2: Phone (903) 874-9147 Type: Branch Agency	Administrator MARCIA LOWE Region 05 Date Licensed KINDRED AT HOME 639 NORTH 13TH STREET CORSICANA, TX 75110 Fax (903) 874-6732 Administrator MARCIA LOWE	06/26/2008	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed and Certified Home Health Services
County NAVARRO License # 012075 Lic Expire 6/30/2022 Medicare 1: 45Q7096007 Medicare 2: Phone (903) 874-9147 Type: Branch Agency	Region 05 Date Licensed KINDRED AT HOME 639 NORTH 13TH STREET CORSICANA, TX 75110 Fax (903) 874-6732 Administrator MARCIA LOWE	06/26/2008	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed and Certified Home Health Services
County NAVARRO License # 012075 Lic Expire 6/30/2022 Medicare 1: 45Q7096007 Medicare 2: Phone (903) 874-9147 Type: Branch Agency	Region 05 Date Licensed KINDRED AT HOME 639 NORTH 13TH STREET CORSICANA, TX 75110 Fax (903) 874-6732 Administrator MARCIA LOWE	06/26/2008	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed and Certified Home Health Services

County NAVARRO License # 017435 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 467-3232 Type: Alternate Delivery Site	Region 03 Date Licensed 03/08/2017 NEW CENTURY HOSPICE OF DALLAS 301 HOSPITAL DRIVE STE 101 CORSICANA, TX 75110 Fax (903) 229-4019 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 License # 007339 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (903) 874-4357 Type: Branch Agency	Region 03 Date Licensed 06/01/2000 OUTREACH HOME CARE 731 N MAIN ST CORSICANA, TX 75110 Fax (903) 872-2306 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 License # 012630 Lic Expire 3/31/2023 Medicare 1: 679177 HHA-18 Medicare 2: Phone (409) 489-9573	Region 04 Date Licensed 03/24/2009 CONSOLIDATED FIRST CHOICE HOME HEALTH INC 412 S. KAUFMAN ST. NEWTON, TEXAS 75966 Fax (409) 489-9128	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
Type: Parent Agency County NOLAN License # 010716 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 325 2350888 Type: Branch Agency	Administrator JUDY HUFF Region 01 Date Licensed 06/01/2006 ENCOMPASS HEALTH HOME HEALTH 1210 HAILEY STREET SWEETWATER, TEXAS 79556 Fax 325 2354803 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 License # 002146 Lic Expire 6/30/2024 Medicare 1: 677027 HHA-18 Medicare 2: Phone (325) 235-2030 Type: Parent Agency	Region 01 Date Licensed 06/13/1989 ROLLING PLAINS HOME HEALTH 200 EAST ARIZONA SWEETWATER, TX 79556 Fax (325) 235-0613 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 License # 020957 Lic Expire 8/4/2024 Medicare 1: Medicare 2: Phone (361) 353-4643	Region 07 Date Licensed 08/04/2021 247 PERSONAL CARE 226 S ENTERPRIZE PKWY STE 114 CORPUS CHRISTI, TX 78405 Fax (361) 353-4647	Owner Information 247 ON SITE, LLC PHONE: FAX: Services: Personal Assistance Services
County NUECES License # 018858 Lic Expire 5/31/2022 Medicare 1: 451727 HOSPICE Medicare 2: Phone (979) 848-8925	Administrator TRICIA CRAIG Region 07 Date Licensed 05/02/2018 A*MED COMMUNITY HOSPICE 6262 WEBER ROAD, SUITE 325 CORPUS CHRISTI, TX 78413 Fax (979) 848-8565	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

Administrator RICHARD (TOMMY) HERMANN

Type: Parent Agency

County NUECES License # 012214 Lic Expire 7/31/2024 Medicare 1: 679617 HHA-18;74 Medicare 2: Phone (361) 452-3384 Type: Parent Agency County NUECES License # 019209 Lic Expire 3/31/2021 Medicare 1:	Region 07 Date Licensed 07/16/2008 AADI HOME HEALTH AND HOSPICE 1001 2ND ST CORPUS CHRISTI, TX 78404 Fax (361) 400-5763 Administrator OSCAR LIMAS Region 07 Date Licensed 01/17/2019 AEON HOMECARE & HOSPICE, LLC 719 N UPPER BROADWAY, STE 100-A CORPUS CHRISTI, TEXAS 78401	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 Owner Information AEON HOMECARE & HOSPICE, LLC
Medicare 2: Phone 361 8559393	Fax 361 8559392	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHEILA TELLO	in Fallott rospice. No
County NUECES License # 010852 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (956) 584-7444	Region 07 Date Licensed ALL SEASONS HOME CARE 5541 BEAR LANE, SUITE 218C CORPUS CHRISTI, TEXAS 78405 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 License # 019771 Lic Expire 10/25/2021 Medicare 1: 671621 Hospice Medicare 2: Phone (361) 752-3016	Region 07 Date Licensed 10/25/2019 ALTUS HOSPICE 4300 SOUTH PADRE LSLAND DR, SUITE 1?1 CORPUS CHRISTI, TX 78411 Fax (361) 723-1056	Owner Information ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200 CHARLOTTESVILLE, VA 22903 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator KATHRYN SYKES-WITZSCHE	In-Patient Hospice: NO
County NUECES License # 003177 Lic Expire 11/30/2023 Medicare 1: 677522 HHA-18 Medicare 2: Phone (361) 887-9760 Type: Parent Agency	Region 07 Date Licensed 11/29/1993 AMERICAN MEDICAL HOME HEALTH SERVICES 2820 SOUTH PADRE ISLAND DR SUITE 296 CORPUS CHRISTI, TX 78415 Fax (361) 887-9767 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 NUECES License # 016852 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (361) 887-9761 Type: Alternate Delivery Site	Region 07 Date Licensed 09/12/2017 AMERICAN MEDICAL HOSPICE & PALLIATIVE CARE 2820 SOUTH PADRE ISLAND DRIVE, SUITE 296 CORPUS CHRISTI, TX 78415 Fax (361) 887-9762 Administrator REBECCA CANEDO	Owner Information AMERICAN MEDICAL HOSPICE CARE LLC 506 VALLEY BROOK RD, STER 201 MCMURRAY, PA 15317 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County NUECES License # 016852 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (361) 887-9761 Type: Alternate Delivery Site	Region 07 Date Licensed 09/12/2017 AMERICAN MEDICAL HOSPICE & PALLIATIVE CARE 2820 SOUTH PADRE ISLAND DRIVE, SUITE 296 CORPUS CHRISTI, TX 78415 Fax (361) 887-9762 Administrator REBECCA CANEDO	Owner Information AMERICAN MEDICAL HOSPICE CARE LLC 506 VALLEY BROOK RD, STER 201 MCMURRAY, PA 15317 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County NUECES License # 008378 Lic Expire 3/31/2023 Medicare 1: 679294 HHA-18 Medicare 2:	Region 07 Date Licensed 03/25/2003 ANGEL BRIGHT HOME HEALTH INC 3221 HOLLY RD CORPUS CHRISTI, TX 78415	Owner Information ANGEL BRIGHT HOME HEALTH INC 3221 HOLLY ROAD CORPUS CHRISTI, TX 78415 PHONE: FAX:
Phone (361) 986-1102	Fax (361) 986-1152	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JOHN FERNANDEZ	
County NUECES License # 011827 Lic Expire 5/31/2022 Medicare 1: 671608 HOSPICE Medicare 2: Phone (361) 853-4300 Type: Parent Agency	Region 07 Date Licensed 01/17/2008 ANGEL BRIGHT HOSPICE INC 3213 HOLLY RD CORPUS CHRISTI, TX 78415 Fax (361) 853-4310 Administrator BLANCH FERNANDEZ	Owner Information ANGEL BRIGHT HOSPICE INC 3213 HOLLY ROAD CORPUS CHRISTI, TX 78415 PHONE: FAX: Services: Hospice In-Patient Hospice: YES
***************************************	·	Owner Information
County NUECES License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 444 CORONA DRIVE #107 CORPUS CHRISTI, TX 78411	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX:
Phone (361) 400-1886	Fax (903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	Services. Licensed nome nearm Services, Personal Assistance Services
County NUECES License # 010691 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 444 CORONA DRIVE #107 CORPUS CHRISTI, TX 78411	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459
Medicare 2:		PHONE: FAX:
Phone (361) 400-1886 Type: Branch Agency	Fax (903) 532-1401 Administrator HEATHER RODGERS	Services: Licensed Home Health Services; Personal Assistance Services
County NUECES License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (361) 400-1886 Type: Branch Agency	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 444 CORONA DRIVE #107 CORPUS CHRISTI, TX 78411 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 444 CORONA DRIVE #107 CORPUS CHRISTI, TX 78411	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459
Medicare 2:		PHONE: FAX:
Phone (361) 400-1886	Fax (903) 532-1401 Administrator HEATHER RODGERS	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County NUECES License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (361) 400-1886	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 444 CORONA DRIVE #107 CORPUS CHRISTI, TX 78411 Fax (903) 532-1401	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX:
Type: Branch Agency	Administrator HEATHER RODGERS	Services: Licensed Home Health Services; Personal Assistance Services

County NUECES License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (361) 400-1886 Type: Branch Agency	Region 03 Date Licensed ANGELS OF CARE PEDIATRIC HOME HEALTH 444 CORONA DRIVE #107 CORPUS CHRISTI, TX 78411 Fax (903) 532-1401 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 License # 014373 Lic Expire 7/31/2023 Medicare 1: 457146 HHA-18 Medicare 2: Phone (361) 814-3033 Type: Parent Agency	Region 07 Date Licensed 07/05/2011 APC HOME HEALTH SERVICES 4444 CORONA DR., STE. 120 CORPUS CHRISTI, TX 784114322 Fax (361) 814-5398 Administrator ANDREW S. PAINTER	Owner Information APC HOME HEALTH SERVICE, INC 1805 BELL STREET HARLINGEN, TX PHONE: () - 1 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County NUECES License # 014398 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone 361 8531696 Type: Branch Agency County NUECES License # 017286 Lic Expire 4/29/2022 Medicare 1: 747674 HHA-18 Medicare 2: Phone (361) 334-3361	Region 02 Date Licensed 09/13/2011 APC HOMEMAKER SERVICES 4444 CORONA DR., STE. 120 CORPUS CHRISTI, TX 784114322 Fax 361 8531699 Administrator JOVIE CANTU Region 07 Date Licensed 11/12/2015 APRIL SKYY HOME HEALTH CARE INC 5333 EVERHART ROAD STE 202 A CORPUS CHRISTI, TX 78411 Fax (361) 334-7322	Owner Information APC HOME HEALTH SERVICE, INC 1805 BELL STREET HARLINGEN, TX PHONE: () - 1 FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information APRIL SKYY HOME HEALTH CARE INC 5333 EVERHART ROAD SUITE 202A CORPUS CHRISTI, TX 78411 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County NUECES License # 017636 Lic Expire 5/31/2022 Medicare 1: 457958 HHA-18 Medicare 2: Phone (361) 334-1609 Type: Parent Agency	Administrator RODERICK RESIO Region 07 Date Licensed 05/05/2016 AQTS 4646 CORONA DR SUITE 260 CORPUS CHRISTI, TX 78411 Fax (361) 906-0478 Administrator MARY GARZA	Owner Information AKESSO HEALTH SERVICES, LLC 5726 W. HAUSMAN ROAD SUITE 100 SAN ANTONIO, TX 78249 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County NUECES License # 012579 Lic Expire 5/31/2023 Medicare 1: 747600 HHA-18 Medicare 2: Phone (361) 462-4569 Type: Parent Agency County NUECES License # 014828 Lic Expire 3/31/2022 Medicare 1:	Region 07 Date Licensed 05/06/2009 ASSIST HOME HEALTH 5262 S. STAPLES STE: 205 CORPUS CHRISTI, TEXAS 78411 Fax (361) 356-4200 Administrator VENESSA DE LA RIVAHERRERA Region 07 Date Licensed 03/28/2012 AVEANNA HEALTHCARE 4444 CORONA DR SUITE 144 CORPUS CHRISTI, TX 78411	Owner Information NEIGHBORHOOD NURSING HEALTH SERVICES INC 7426 S. STAPLES STE 209 CORPUS CHRSITI, TEXAS 78413 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247

County NUECES License # 002352 Lic Expire 6/30/2023 Medicare 1: 677513 HHA-18 Medicare 2: Phone (361) 980-9797 Type: Parent Agency	Region 07 Date Licensed 06/22 BAYSIDE HOME HEALTH CARE INC 5842 S STAPLES STREET CORPUS CHRISTI, TX 78413 Fax (361) 980-8253 Administrator CURTIS MARTINEZ	Description BAYSIDE HOME HEALTH CARE INC PO BOX 6250 CORPUS CHRISTI, TX 78466 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County NUECES License # 012109 Lic Expire 7/31/2022 Medicare 1:	Region 05 Date Licensed BE HEALTHY AT HOME 345 S WATER ST. CORPUS CHRISTI, TX 78401	Owner Information BHH HEALTH LLC
Medicare 2: Phone (512) 295-7000 Type: Branch Agency	Fax Administrator BRANDIS WILMORE	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County NUECES License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (888) 411-0136	Region 07 Date Licensed 06/15 BEE FIRST PRIMARY HOME CARE 818 EAST MAIN AVENUE ROBSTOWN, TX 78380 Fax (361) 767-9312	15/1998 Owner Information FIRST PRIMARY HOME CARE, INC 2809 SOUTH EXPRESSWAY 83 HARLINGEN, TX 78550 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County NUECES License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (888) 411-0136	BEE FIRST PRIMARY HOME CARE 818 EAST MAIN AVENUE ROBSTOWN, TX 78380 Fax (361) 767-9312	15/1998 Owner Information FIRST PRIMARY HOME CARE, INC 2809 SOUTH EXPRESSWAY 83 HARLINGEN, TX 78550 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County NUECES License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (888) 411-0136 Type: Branch Agency	Administrator MICHAEL THIEL Region 07 Date Licensed 06/15 BEE FIRST PRIMARY HOME CARE 818 EAST MAIN AVENUE ROBSTOWN, TX 78380 Fax (361) 767-9312 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 NUECES License # 012607 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (361) 887-2000 Type: Parent Agency		19/2009 Owner Information BKD PERSONAL ASSISTANCE SERVICES LLC 111 WESTWOOD PLACE, SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Personal Assistance Services
County NUECES License # 008294 Lic Expire 1/31/2024 Medicare 1: 679637 HHA-18 Medicare 2: Phone (361) 880-7912 Type: Parent Agency	Region 07 Date Licensed 01/17 BROOKDALE HOME HEALTH CORPUS CHRISTI 101 NORTH UPPER BROADWAY CORPUS CHRISTI, TX 78401 Fax (361) 884-9414 Administrator JESSICA ROWAN	17/2003 Owner Information ARC THERAPY SERVICES, LLC 111 WESTWOOD PLACE SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Licensed and Certified Home Health Services

County NUECES License # 019458 Lic Expire 7/1/2021 Medicare 1: Medicare 2:	Region 07 Date Licensed 07/01/2019 CARESTAT HOSPICE SERVICES 13330 LEOPARD SUITE #20 CORPUS CHRISTI, TX 78410	Owner Information CARESTAT HOSPICE, LLC PHONE: FAX:
Phone 361 2423004	Fax 361 2423006	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 PROVIDER SERVICES	CARESTAT LLC
Lic Expire 7/31/2022	13330 LEOPARD ST SUITE # 21	13330 LEOPARD ST SUITE 21
Medicare 1: 678094 HHA-18	CORPUS CHRISTI, TX 78410	CORPUS CHRISTI, TX 78410
Medicare 2:	F (00) 044 4000	PHONE: FAX:
Phone (361) 241-4600	Fax (361) 241-4620	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 PROVIDER SERVICES	CARESTAT LLC
Lic Expire 7/31/2022	13330 LEOPARD ST SUITE 21B	13330 LEOPARD ST SUITE 21
Medicare 1: 67Q8094001	CORPUS CHRISTI, TX 78410	CORPUS CHRISTI, TX 78410
Medicare 2:		PHONE: FAX:
Phone (361) 241-4600	Fax (361) 241-4620	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 OF CORPUS CHRISTI	CARING SENIOR SERVICE USA LTD 201 E. PARK AVENUE
Lic Expire 9/30/2022	4639 CORONA SUITE 36	SAN ANTONIO, TX 78212
Medicare 1: Medicare 2:	CORPUS CHRISTI, TX 78411	PHONE: FAX:
Phone (361) 883-9494	Fax (361) 883-4633	
Type: Parent Agency	Administrator JESSICA BALBOA	Services: Personal Assistance Services
···	Design 07 Detailings of 05/40/2007	Owner Information
County NUECES License # 004883	Region 07 Date Licensed 05/10/2007 CHAMPION CARE INC	CHAMPION CARE INC
Lic Expire 9/30/2023	2222 MORGAN AVENUE STE 115	SAME AS PHYSICAL ADDRESS
Medicare 1:	CORPUS CHRISTI, TX 78405	LAREDO, TX 78040
Medicare 2:		PHONE: FAX:
Phone (361) 881-9152	Fax (361) 881-9174	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator YOLINDA TREVINO	Gentices. Electised Frome Fleatin Gentices, Fersonial Assistance Gentices
County NUECES	Region 07 Date Licensed 09/24/2012	Owner Information
License # 015347	CHOICE HEALTH AT HOME	AMOR HOME HEALTH LLC
Lic Expire	6262 WEBER RD SUITE 325	8901 EF LOWRY EXPWY STE A
Medicare 1: 747109 HHA-18	CORPUS CHRISTI, TX 78413	TEXAS CITY, TX 77591
Medicare 2:		PHONE: FAX:
Phone (361) 933-0101	Fax (888) 874-5706	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	<u> </u>
County NUECES	Region 07 Date Licensed 09/01/2017	Owner Information
License # 018434	CHRISTUS HOMECARE SPOHN	LHCG CXIII, LLC
Lic Expire 8/31/2024	6200 SARATOGA BLVD SUITE 104	PO BOX 51266
Medicare 1: 677814 HHA-18	CORPUS CHRISTI, TX 784143478	LAFAYETTE, LA
Medicare 2:		PHONE: FAX:
Phone (361) 994-3400	Fax (361) 994-3498	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator	

County NUECES License # 018397 Lic Expire 8/31/2023 Medicare 1: 451502 HOSPICE Medicare 2: Phone (361) 994-3450 Type: Parent Agency	Region 07 Date Licensed 09/01/2017 CHRISTUS HOSPICE AND PALLIATIVE CARE SPOHN 6200 SARATOGA BLVD SUITE 104 CORPUS CHRISTI, TX 784143478 Fax (361) 994-3495 Administrator MICKI HAUSER	Owner Information LHCG CXIV LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
County NUECES License # 016554	Region 07 Date Licensed 09/01/2014 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 (361) 232-4459	Fax (361) 402-6071	PHONE: FAX:
(***) ===		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	DIONE: FAV.
Medicare 2: Phone (361) 333-5639	Fax	PHONE: FAX:
Type: Parent Agency	Administrator VERONICA MARSELLO	Services: Personal Assistance Services
- 	Region 07 Date Licensed 12/29/2003	Owner Information
County NUECES License # 005343	Region 07 Date Licensed 12/29/2003 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 9888 BISSONNET STREET SUITE 450-E
Lic Expire 4/30/2024 Medicare 1: 741598	422 ENTERPRISE PARKWAY CORPUS CHRISTI, TEXAS 78405	HOUSTON, TX 77036
Medicare 2:	CONFOS CHRISTI, ILAAS 70400	PHONE: FAX:
Phone (361) 814-4500	Fax (361) 723-0212	Services: Hospice
Type: Alternate Delivery Site	Administrator ANDRES ELIZONDO III	In-Patient Hospice: NO
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:	F (001) 000 000	PHONE: FAX:
Phone (833) 338-6831	Fax (361) 298-2229	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TRACY HILDRETH	

County NUECES License # 002497 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (361) 387-0860 Type: Branch Agency	Region 07 Date Licensed 05/21/2004 DOR ANS HOME HEALTH SERVICE INC 412 E MAIN AVE ROBSTOWN, TX 783803354 Fax (361) 387-4520 Administrator KATHERINE SAENZ	Owner Information DORAN'S HOME HEALTH SERVICES, INC PO BOX 832 ROBSTOWN, TX 78380 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County NUECES License # 002497 Lic Expire 3/31/2022 Medicare 1: 677620 HHA-18 Medicare 2: Phone (361) 387-4575	Region 07 Date Licensed 03/25/1993 DOR ANS HOME HEALTH SERVICE INC 518 E MAIN AVE STE B ROBSTOWN, TX 783803356 Fax (361) 387-9694	Owner Information DORAN'S HOME HEALTH SERVICES, INC PO BOX 832 ROBSTOWN, TX 78380 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County NUECES License # 015681 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (361) 814-8757 Type: Parent Agency	Administrator KATHERINE SAENZ Region 07 Date Licensed 08/01/2013 EDUCARE COMMUNITY LIVING CORP TEXAS 4320 S.P.I.D STE B CORPUS CHRISTI, TX 78411 Fax (361) 814-8879 Administrator JERRICA JACKSON	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 NUECES License # 019575 Lic Expire 9/4/2024 Medicare 1: 747994 Medicare 2: Phone (361) 929-5557	Region 07 Date Licensed 09/04/2019 EMPIRE HOME HEALTH LLC 5934 S. STAPLES, SUITE 208 CORPUS CHRISTI, TEXAS 784133842 Fax (361) 929-5567	Owner Information EMPIRE HOME HEALTH, LLC P.O. BOX 60806 CORPUS CHRISTI, TEXAS PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County NUECES License # 015097 Lic Expire 9/30/2022 Medicare 1: 679302 HHA-18 Medicare 2: Phone 361 9860272 Type: Parent Agency	Administrator DOLORES GARCIA Region 07 Date Licensed 09/27/2012 ENCOMPASS HEALTH HOME HEALTH 5656 S. STAPLES STREET, SUITE 302 CORPUS CHRISTI, TEXAS 78411 Fax 361 9851219 Administrator MARY JUAREZ	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 NUECES License # 016722 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (361) 356-6032 Type: Branch Agency	Region 07 Date Licensed 08/09/2017 FIRST HOME HEALTHCARE LLC 2222 MORGAN AVE, SUITE 111 CORPUS CHRISTI, TX 78405 Fax (361) 356-6035 Administrator ARELY MATHEWS	Owner Information FIRST HOME HEALTHCARE LLC PO BOX 1877 ALICE, TX PHONE: FAX: Services: Personal Assistance Services
County NUECES License # 011736 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (361) 853-7470	Region 07 Date Licensed 11/30/2007 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 4646 CORONA SUITE 220 CORPUS CHRISTI, TX 78411 Fax (361) 853-7961	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

EVANGELINA CANALS

County NUECES License # 020494 Lic Expire 1/27/2024 Medicare 1:	Region 07 Date Licensed 0 GLORYCARE HOME HEALTH INC 15342 CHIANTI LANE CORPUS CHRISTI, TEXAS 78410	11/27/2021	Owner Information GLORYCARE HOME HEALTH INC	FAV
Medicare 2: Phone (774) 253-4035	Fax		PHONE:	FAX:
Type: Parent Agency	Administrator OLUBUNMI OGUNDIMINEGHA		Services: Personal Assistance Services	
County NUECES License # 012169 Lic Expire 8/31/2022	Region 07 Date Licensed 1 GREATER VALLEY HOSPICE ALLIANCE LP 4444 CORONA DR STE 131	0/20/2015	Owner Information GREATER VALLEY HOSPICE ALLIANCE LP 605 MACO DRIVE	
Medicare 1: 671629 Hospice	CORPUS CHRISTI, TX 78411		HARLINGEN, TX 78550	
Medicare 2: Phone (361) 645-7999	Fax (361) 645-7999		PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Alternate Delivery Site	Administrator DANIELLE MARTINEZ			
County NUECES License # 012297 Lic Expire 7/31/2022 Medicare 1: 679129 HHA-18 Medicare 2:	Region 07 Date Licensed 0 GUARDIAN HEALTHCARE 4444 CORONA DR STE 211 CORPUS CHRISTI, TX 78411	77/03/2008	Owner Information KMAC INC 1500 N GREENVILLE AVE SUITE 300 RICHARDSON, TX 75081 PHONE:	FAX:
Phone (361) 758-9336	Fax (361) 758-9356		Services: Licensed and Certified Home Health Serv	
Type: Parent Agency	Administrator CRYSTAL CALLAHAM		Services. Licensed and Centilled Home Health Serv	ices
County NUECES License # 014381 Lic Expire 9/30/2023 Medicare 1: 741546 HOSPICE Medicare 2:	Region 07 Date Licensed 0 HARBOR HOSPICE OF CORPUS CHRISTI LP 5151 FLYNN PARKWAY, SUITE 406 CORPUS CHRISTI, TX 78411	9/28/2011	Owner Information HARBOR HOSPICE OF CORPUS CHRISTI LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE:	FAX:
Phone (361) 452-3592	Fax (361) 232-5399		Services: Hospice In-Patient Hospice: NO	1700.
Type: Parent Agency	Administrator KATHLEEN FLANIGAN		·	
County NUECES License # 015381 Lic Expire 2/28/2023 Medicare 1: 671784 HOSPICE	Region 07 Date Licensed 0 HARBOR HOSPICE OF PORTLAND LP 1850 BILLY G WEBB DRIVE PORTLAND, TX 78374)2/21/2013	Owner Information HARBOR HOSPICE OF PORTLAND, LP 3406 COLLEGE STREET BEAUMONT, TX 77701	
Medicare 2:	F (004) 004 0707		PHONE:	FAX:
Phone (361) 579-7120 Type: Parent Agency	Fax (361) 894-8707 Administrator LORI DEEN		Services: Hospice In-Patient Hospice: YES	
County NUECES License # 014884 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (361) 334-3449 Type: Branch Agency	Region 03 Date Licensed 0 HELPING HANDS HOME SERVICES 3765 SOUTH ALAMDA STREET STE 404 CORPUS CHRISTI, TX 78411 Fax (361) 334-3471 Administrator ALTON BLAKELY	19/24/2014	Owner Information AND HOME HEALTHCARE, LLC 2000 N CENTRAL EXPRESSWAY STE 102 PLANO, TX 75074 PHONE: () - 1 Services: Licensed Home Health Services; Persona	FAX: I Assistance Services
			Owner Information	
County NUECES License # 021114 Lic Expire 10/8/2024 Medicare 1:	Region 07 Date Licensed 1 HOLY SAVIOR HOME CARE 1752 SANTA FE STREET CORPUS CHRISTI, TEXAS 78404	0/08/2021	Owner Information HOLY SAVIOR CORPUS CHRISTI HOME CARE, I	TC
Medicare 2:			PHONE:	FAX:
Phone (361) 444-6888 Type: Parent Agency	Fax (361) 252-0096 Administrator JESSICA TAYLOR		Services: Personal Assistance Services	

County NUECES License # 016498 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (361) 444-6888 Type: Alternate Delivery Site	Region 03 Date Licensed HOLY SAVIOR HOSPICE 1752 SANTA FE ST CORPUS CHRISTI, TEXAS 78404 Fax (361) 252-0096 Administrator LAURA CANTU		Owner Information ROLLINGS MEADOWS HOSPICE LLC 11496 LUNA ROAD SUITE #200 DALLAS, TX 75234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County NUECES	Region 03 Date Licensed		Owner Information
License # 016498	HOLY SAVIOR HOSPICE		ROLLINGS MEADOWS HOSPICE LLC 11496 LUNA ROAD SUITE #200
Lic Expire 6/30/2022 Medicare 1:	1752 SANTA FE ST CORPUS CHRISTI, TEXAS 78404		DALLAS, TX 75234
Medicare 2:	CONFOS CHRISTI, TEXAS 70404		PHONE: FAX:
Phone (361) 444-6888	Fax (361) 252-0096		Services: Hospice
Type: Alternate Delivery Site	Administrator LAURA CANTU		In-Patient Hospice: NO
County NUECES	Region 07 Date Licensed	01/01/2016	Owner Information
License # 017299	HOME INSTEAD		J & K INC
Lic Expire 12/31/2023	5151 FLYNN PARKWAY SUITE 206		5151 FLYNN PARKWAY STE#307
Medicare 1:	CORPUS CHRISTI, TEXAS 78411		CORPUS CHRISTI, TX 78411
Medicare 2: Phone (361) 814-3331	Fax (361) 814-4728		PHONE: 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		HOMECARE DIMENSIONS, INC
Lic Expire 2/28/2023	5449 BEAR LANE, SUITE 308		12500 NETWORK BLVD SUITE 210
Medicare 1: 678191	CORPUS CHRISTI, TEXAS 78405		SAN ANTONIO, TX 78249
Medicare 2: Phone (361) 855-4050	Fax (361) 854-3915		PHONE: 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	HOSANNA HEALTH CARE	0110312010	HEALTH COM MANAGEMENT, LLC
Lic Expire 7/31/2021	1521 SOUTH STAPLES, SUITE 206		116 W TOM LANDRY
Medicare 1: 679354 HHA-18	CORPUS CHRISTI, TX 78404		MISSION, TX 78572
Medicare 2:	F (004) 007 0040		PHONE: FAX:
Phone (361) 887-9000	Fax (361) 887-9010		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARLA MUNOZ		
County NUECES	Region 07 Date Licensed	01/28/2015	Owner Information
License # 016861	HOSANNA HEALTH CARE		HEALTH COM MANAGEMENT, LLC
Lic Expire 1/31/2023	1521 S. STAPLES, SUITE 206		116 W TOM LANDRY MISSION, TX 78572
Medicare 1: Medicare 2:	CORPUS CHRISTI, TEXAS 78404		PHONE: FAX:
Phone (361) 887-9000	Fax (361) 887-9010		Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator MARLA MUNOZ		Services. Licensed Figure Health Services, Fersonal Assistance Services
County NUECES	Region 07 Date Licensed	12/08/2015	Owner Information
License # 014065	KIDS FIRST PEDIATRIC HOMECARE		NATIONAL NURSING & REHAB SA PEDIATRICS, INC
Lic Expire 4/30/2024	5926 S STAPLES STREET SUITE C2		85 NE LOOP 410 SUITE 500
Medicare 1:	CORPUS CHRISTI, TX 78413		SAN ANTONIO, TX 78216
Medicare 2: Phone (361) 225-3492	Fax (361) 225-4409		PHONE: (210) 822-0475 FAX:
Type: Branch Agency	Administrator MARC PICTROWSKI		Services: Licensed Home Health Services; Personal Assistance Services
туре. Бтапот Ауепсу	Administrator IVIANO FIGIROVVONI		

County NUECES License # 011168 Lic Expire 3/31/2023 Medicare 1: 671580 HOSPICE	Region 07 Date Licensed 03/20/2007 KINDRED HOSPICE 210 SOUTH CARANCAHUA STREET STE 200 CORPUS CHRISTI, TX 78401	Owner Information LIGHTHOUSE HOSPICE COASTAL BLEND, LLC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213
Medicare 2:		PHONE: FAX:
Phone (361) 992-2700	Fax (361) 883-1906	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator TRACY ATCHISON	
County NUECES	Region 07 Date Licensed 02/06/2003	Owner Information
License # 008442	LEGACY HOME HEALTH AGENCY INC	LEGACY HOME HEALTH AGENCY INC
Lic Expire 2/28/2023	5541 BEAR LANE, SUITE 218B	6655 FIRST PARK TEN BLVD, SUITE 200 SAN ANTONIO, TEXAS 78213
Medicare 1: 459433 HHA-18;45	CORPUS CHRISTI, TEXAS 78405	
Medicare 2: Phone (361) 855-0848	Fax (361) 853-4855	PHONE: FAX:
Filone (301) 033-0040	1 ax (301) 035-4033	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator AMBROSE HERNANDEZ	
County NUECES	Region 07 Date Licensed 03/23/2021	Owner Information
License # 020633	MANNA HOME PROVIDER SERVICES, LLC	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: FAX:
Phone (361) 688-1586	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator DAMARIS GONZALEZ	
County NUECES	Region 07 Date Licensed 09/14/2018	Owner Information
License # 019263	NATIONAL NURSING AND REHAB CORPUS CHRISTI	REGENCY IHS HOME CARE SERVICES LLC
Lic Expire 9/14/2022	4444 CORONA DRIVE; STE 100	101 W GOODWIN AVE STE 600
Medicare 1: 678464 HHA-18	CORPUS CHRISTI, TX 78411	VICTORIA, TEXAS 77901
Medicare 2:	F (204) 205 4400	PHONE: FAX:
Medicare 2: Phone (361) 225-3492	Fax (361) 225-4409	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
	Fax (361) 225-4409 Administrator ERNESTO MORENO	
Phone (361) 225-3492 Type: Parent Agency	Administrator ERNESTO MORENO	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone (361) 225-3492 Type: Parent Agency County NUECES	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (361) 225-3492 Type: Parent Agency County NUECES	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COSMOS HOSPICE OF CORPUS CHRISTI, LLC
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COSMOS HOSPICE OF CORPUS CHRISTI, LLC P.O. BOX 4060, ATTN: REGULATORY
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COSMOS HOSPICE OF CORPUS CHRISTI, LLC P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information COSMOS HOSPICE OF CORPUS CHRISTI, LLC P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX:
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2:	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622 Type: Parent Agency County NUECES License # 015564	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674 Administrator SCOTT DINKENS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information NURSE PLACEMENT OF HARLINGEN, INC
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622 Type: Parent Agency County NUECES License # 015564 Lic Expire 5/31/2024	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674 Administrator SCOTT DINKENS Region 07 Date Licensed 05/18/2011 NURSE PLACEMENT SERVICES 4444 CORONA DR., STE. 120	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information NURSE PLACEMENT OF HARLINGEN, INC 1805 BELL STREET
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622 Type: Parent Agency County NUECES License # 015564 Lic Expire 5/31/2024 Medicare 1:	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674 Administrator SCOTT DINKENS Region 07 Date Licensed 05/18/2011 NURSE PLACEMENT SERVICES	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information NURSE PLACEMENT OF HARLINGEN, INC 1805 BELL STREET HARLINGEN, TX
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622 Type: Parent Agency County NUECES License # 015564 Lic Expire 5/31/2024 Medicare 1: Medicare 2:	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674 Administrator SCOTT DINKENS Region 07 Date Licensed 05/18/2011 NURSE PLACEMENT SERVICES 4444 CORONA DR., STE. 120 CORPUS CHRISTI, TX 784114322	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information NURSE PLACEMENT OF HARLINGEN, INC 1805 BELL STREET HARLINGEN, TX PHONE: FAX:
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622 Type: Parent Agency County NUECES License # 015564 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 361 8143033	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674 Administrator SCOTT DINKENS Region 07 Date Licensed 05/18/2011 NURSE PLACEMENT SERVICES 4444 CORONA DR., STE. 120	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information NURSE PLACEMENT OF HARLINGEN, INC 1805 BELL STREET HARLINGEN, TX
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622 Type: Parent Agency County NUECES License # 015564 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 361 8143033 Type: Parent Agency	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674 Administrator SCOTT DINKENS Region 07 Date Licensed 05/18/2011 NURSE PLACEMENT SERVICES 4444 CORONA DR., STE. 120 CORPUS CHRISTI, TX 784114322 Fax 361 8145398 Administrator JOVIE CANTU	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information NURSE PLACEMENT OF HARLINGEN, INC 1805 BELL STREET HARLINGEN, TX PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622 Type: Parent Agency County NUECES License # 015564 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 361 8143033 Type: Parent Agency County NUECES	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674 Administrator SCOTT DINKENS Region 07 Date Licensed 05/18/2011 NURSE PLACEMENT SERVICES 4444 CORONA DR., STE. 120 CORPUS CHRISTI, TX 784114322 Fax 361 8145398 Administrator JOVIE CANTU Region 07 Date Licensed 08/19/1996	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information NURSE PLACEMENT OF HARLINGEN, INC 1805 BELL STREET HARLINGEN, TX PHONE: FAX:
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622 Type: Parent Agency County NUECES License # 015564 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 361 8143033 Type: Parent Agency County NUECES License # 006229	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 CORPUS CHRISTI, TX 78411 Fax (361) 572-0674 Administrator SCOTT DINKENS Region 07 Date Licensed 05/18/2011 NURSE PLACEMENT SERVICES 4444 CORONA DR., STE. 120 CORPUS CHRISTI, TX 784114322 Fax 361 8145398 Administrator JOVIE CANTU Region 07 Date Licensed 08/19/1996 NURSES ON WHEELS INC NURSES ON WHEELS INC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information NURSE PLACEMENT OF HARLINGEN, INC 1805 BELL STREET HARLINGEN, TX PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622 Type: Parent Agency County NUECES License # 015564 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 361 8143033 Type: Parent Agency County NUECES	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674 Administrator SCOTT DINKENS Region 07 Date Licensed 05/18/2011 NURSE PLACEMENT SERVICES 4444 CORONA DR., STE. 120 CORPUS CHRISTI, TX 784114322 Fax 361 8145398 Administrator JOVIE CANTU Region 07 Date Licensed 08/19/1996	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information NURSE PLACEMENT OF HARLINGEN, INC 1805 BELL STREET HARLINGEN, TX PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information NURSES ON WHEELS INC
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622 Type: Parent Agency County NUECES License # 015564 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 361 8143033 Type: Parent Agency County NUECES License # 006229 Lic Expire 8/31/2022	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674 Administrator SCOTT DINKENS Region 07 Date Licensed 05/18/2011 NURSE PLACEMENT SERVICES 4444 CORONA DR., STE. 120 CORPUS CHRISTI, TX 784114322 Fax 361 8145398 Administrator JOVIE CANTU Region 07 Date Licensed 08/19/1996 NURSES ON WHEELS INC 1101 3RD STREET	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information NURSE PLACEMENT OF HARLINGEN, INC 1805 BELL STREET HARLINGEN, TX PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information NURSES ON WHEELS INC 1101 3RD STREET
Phone (361) 225-3492 Type: Parent Agency County NUECES License # 017441 Lic Expire 1/31/2025 Medicare 1: 671607 HOSPICE Medicare 2: Phone (361) 572-0622 Type: Parent Agency County NUECES License # 015564 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 361 8143033 Type: Parent Agency County NUECES License # 006229 Lic Expire 8/31/2022 Medicare 1: 459200,451717	Administrator ERNESTO MORENO Region 07 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF SOUTH TEXAS 4550 CORONA DRIVE CORPUS CHRISTI, TX 78411 Fax (361) 572-0674 Administrator SCOTT DINKENS Region 07 Date Licensed 05/18/2011 NURSE PLACEMENT SERVICES 4444 CORONA DR., STE. 120 CORPUS CHRISTI, TX 784114322 Fax 361 8145398 Administrator JOVIE CANTU Region 07 Date Licensed 08/19/1996 NURSES ON WHEELS INC 1101 3RD STREET	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services 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 Owner Information NURSE PLACEMENT OF HARLINGEN, INC 1805 BELL STREET HARLINGEN, TX PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information NURSES ON WHEELS INC 1101 3RD STREET CORPUS CHRISTI, TX 78404

County NUECES License # 006229 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (361) 668-0486 Type: Alternate Delivery Site	Region 07 Date Licensed NURSES ON WHEELS INC 3206 REID DR STE 101 CORPUS CHRISTI, TX 78404 Fax (361) 668-0556 Administrator MARY GARCIA	02/15/2005	Owner Information NURSES ON WHEELS INC 1101 3RD STREET CORPUS CHRISTI, TX 78404 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County NUECES License # 006229 Lic Expire 8/31/2022 Medicare 1: 45Q9200004 Medicare 2: Phone (361) 510-4678 Type: Branch Agency		02/09/2005	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 License # 006229 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (361) 882-0181 Type: Alternate Delivery Site	Region 07 Date Licensed NURSES ON WHEELS INC 1101 3RD ST CORPUS CHRISTI, TEXAS 78404 Fax (361) 814-4918 Administrator MARY GARCIA	05/11/2004	Owner Information NURSES ON WHEELS INC 1101 3RD STREET CORPUS CHRISTI, TX 78404 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County NUECES License # 018453 Lic Expire 8/31/2023 Medicare 1: 678236 HHA-18 Medicare 2: Phone (361) 242-1109 Type: Parent Agency	Region 07 Date Licensed ONE AT HOME TEXAS 8233-A LEOPARD ST BLDG 2 CORPUS CHRISTI, TX 78409 Fax (361) 242-1157 Administrator JENNIFER HARPER	08/14/2017	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 License # 018026 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (210) 988-1461 Type: Alternate Delivery Site	Region 07 Date Licensed OPUSCARE OF TEXAS 1315 SANTA FE SUITE 101 CORPUS CHRISTI, TX 78404 Fax (210) 404-9887 Administrator VELEZ SONIA	07/11/2018	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 License # 007476 Lic Expire 11/30/2022 Medicare 1: 679065 HHA-18 Medicare 2: Phone (361) 855-8189 Type: Parent Agency	Region 07 Date Licensed ORION HEALTH SERVICES INC 5118 MOULTRIE DRIVE CORPUS CHRISTI, TEXAS 784133810 Fax (361) 855-4214 Administrator TERESA CASTILLO	11/03/2000	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 License # 007332 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone 361 8575075 Type: Branch Agency	Region 07 Date Licensed OUTREACH HOME CARE 4639 CORONA DRIVE #65 CORPUS CHRISTI, TX 784115416 Fax 361 8522027 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 License # 012397 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (281) 364-9695 Type: Branch Agency	Region 06 Date Licensed 05/14/2015 PATHFINDER PEDIATRIC HOME CARE INC 710 BUFFALO STREET SUITE 211 CORPUS CHRISTI, TX 78401 Fax (281) 456-2479 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 NUECES License # 012597 Lic Expire 12/31/2022 Medicare 1: 459268 HHA-18 Medicare 2: Phone (361) 854-2273 Type: Parent Agency	Region 07 Date Licensed 01/01/2009 PORT HOMECARE SERVICES INC 5525 S. STAPLES ST A7 CORPUS CHRISTI, TX 78411 Fax (361) 854-6419 Administrator LARRY MARTINEZ	Owner Information PORT HOMECARE SERVICES, INC 315 FIFTH AVENUE PORTLAND, TX 78374 PHONE: FAX: Services: Licensed and Certified Home Health Services
County NUECES License # 011952 Lic Expire 1/31/2023 Medicare 1: 677954 HHA-18 Medicare 2: Phone (361) 334-9112 Type: Parent Agency	Region 07 Date Licensed 01/03/2008 PRIME CARE HOME HEALTH INC 5926 S. STAPLES SUITE D1 CORPUS CHRISTI, TX 784133843 Fax (361) 334-9114 Administrator HORACIO CANALES	Owner Information PRIME CARE HOME HEALTH INC 3833 SOUTH STAPLES SUITE N 215 CORPUS CHRISTI, TX 78411 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County NUECES License # 007577 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (361) 882-7834	Region 07 Date Licensed 03/21/2001 RISING STAR HOME CARE SERVICES INC 2802 CARVER DRIVE CORPUS CHRISTI, TX 78405 Fax (361) 882-5415	Owner Information RISING STAR HOME CARE SERVICES INC 2802 CARVER DRIVE CORPUS CHRISTI, TX 78405 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County NUECES License # 020037 Lic Expire 7/7/2022 Medicare 1: Medicare 2: Phone (361) 452-2323 Type: Parent Agency	Administrator VIOLET RUSSELL-EDWARDS Region 07 Date Licensed 07/07/2020 RIVER CITY HOME CARE OF COASTAL BEND, LLC 5262 S. STAPLES RD. SUITE 215 CORPUS CHRISTI, TEXAS 78412 Fax Administrator BETSY MILLER	Owner Information RIVER CITY HOME CARE OF COASTAL BEND, LLC 10221 DESSERT SANDS #108 SAN ANTONIO, TX 78216 PHONE: FAX: Services: Personal Assistance Services
County NUECES License # 013315 Lic Expire 5/31/2022 Medicare 1: 671654 HOSPICE Medicare 2: Phone (361) 882-5900 Type: Parent Agency	Region 07 Date Licensed 05/12/2010 RIVER CITY HOSPICE 4646 CORONA DRIVE SUITE 160 CORPUS CHRISTI, TX 78411 Fax (361) 882-5901 Administrator MARY VARELA	Owner Information REAL LIFE HEALTHCARE SYSTEMS LLC PO BOX 20595 BEAUMONT, TX 77720 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County NUECES License # 005773 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (361) 289-5525 Type: Parent Agency	Region 07 Date Licensed 07/08/1996 SACRED HEART HOME HEALTH INC 3633 SOUTH STAPLES CORPUS CHRISTI, TX 78411 Fax (361) 289-5583 Administrator RITA DE ROCHE	Owner Information SACRED HEART HOME HEALTH INC SAME CORPUS CHRISTI, TX 78411 PHONE: (361) 289-5525 FAX: (361) 289-5583 Services: Personal Assistance Services

County NUECES License # 009483 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (361) 985-0476 Type: Branch Agency	Region 07 Date Licensed SAENZ HOME HEALTH SERVICES INC 5934 SOUTH STAPLES STREET SUITE 209 CORPUS CHRISTI, TX 78413 Fax (361) 985-0496 Administrator DAVID OCHOA	05/30/2014	Owner Information SAENZ HOME HEALTH SERVICES INC PO BOX 2 ROBSTOWN, TX 78380 PHONE: FAX: Services: Licensed Home Health Services
County NUECES License # 009483 Lic Expire 12/31/2023 Medicare 1: 677910 HHA-18 Medicare 2: Phone (361) 387-1650 Type: Parent Agency	Region 07 Date Licensed SAENZ HOME HEALTH SERVICES INC 518 EAST MAIN AVENUE SUITE C ROBSTOWN, TX 783803356 Fax (361) 387-3791 Administrator DAVID OCHOA	12/23/2004	Owner Information SAENZ HOME HEALTH SERVICES INC PO BOX 2 ROBSTOWN, TX 78380 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County NUECES License # 010616 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (361) 387-1973 Type: Parent Agency	Region 07 Date Licensed SAINT BENEDICTS HOME HEALTH INC 805 EAST AVE. A ROBSTOWN, TEXAS 78380 Fax (361) 387-5389 Administrator BRENDA RAMON	07/02/2006	Owner Information SAINT BENEDICTS HOME HEALTH INC 424 E MAIN ROBSTOWN, TX 78380 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County NUECES License # 008750 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (361) 853-3971	Region 07 Date Licensed SANTA FE HEALTH CARE INC 6262 WEBER RD. STE #302 CORPUS CHRISTI, TX 78413 Fax (361) 853-4309 Administrator PRISCILLA GARZA	11/14/2003	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
Type: Branch Agency County NUECES License # 007471 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (361) 855-9393 Type: Parent Agency	Region 07 Date Licensed SAVE HOME CARE INC 719 NORTH UPPER BROADWAY SUITE 100 CORPUS CHRISTI, TX 78401 Fax (361) 855-9392 Administrator SHEILA TELLO	08/31/2000	Owner Information SAVE HOME CARE, INCORPORATED 719 NORTH UPPER BROADWAY SUITE 100 CORPUS CHRISTI, TX 78401 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County NUECES License # 005407 Lic Expire 8/31/2022 Medicare 1: 459015 HHA-18 Medicare 2: Phone (361) 855-9393 Type: Parent Agency	Region 07 Date Licensed SAVE HOME HEALTH CARE INC 719 NORTH UPPER BROADWAY SUITE 100 CORPUS CHRISTI, TX 78401 Fax (361) 855-9392 Administrator SHEILA TELLO	08/21/1996	Owner Information SAVE HOME HEALTH CARE INC 719 N UPPER BROADWAY STE 100 CORPUS CHRISTI, TX 78401 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County NUECES License # 012384 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (361) 730-7444	Region 07 Date Licensed SELAH HOSPICE CARE INC 400 MANN ST SUITE 105 CORPUS CHRISTI, TX 78401 Fax (800) 517-4764	04/27/2018	Owner Information SELAH HOSPICE CARE INC PO BOX 4034 MCALLEN, TX 78502 PHONE: (888) 407-4108 FAX: Services: Hospice In-Patient Hospice: NO

Type: Alternate Delivery Site

Administrator

VIRGINIA MAZARIEGO

County NUECES License # 017616 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (361) 334-3542	Region 07 Date Licensed 11 SERENITY AND GRACE HOSPICE CARE LLC 9241 S. PADRE ISLAND DR. SUITE B CORPUS CHRISTI, TX 78418 Fax (844) 685-2273	/01/2016	Owner Information SERENITY AND GRACE HOSPICE CARE, LLC 919 GRANT PL CORPUS CHRISTI, TX 78411 PHONE: Services: Hospice	FAX:
Type: Alternate Delivery Site	Administrator JOHN FLORES		In-Patient Hospice: NO	
County NUECES License # 017616 Lic Expire 7/31/2022 Medicare 1: 741621 HOSPICE Medicare 2: Phone (361) 334-3542 Type: Parent Agency	Region 07 Date Licensed 07 SERENITY AND GRACE HOSPICE CARE LLC 9241 S. PADRE ISLAND DR BLDG B CORPUS CHRISTI, TX 78418 Fax (844) 685-2273 Administrator JOHN FLORES	7/27/2016	Owner Information SERENITY AND GRACE HOSPICE CARE, LLC 919 GRANT PL CORPUS CHRISTI, TX 78411 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County NUECES License # 012489 Lic Expire 1/31/2023 Medicare 1: 747918 HHA-18 Medicare 2: Phone (361) 241-2244 Type: Parent Agency		/15/2009	Owner Information SIXTEEN LAC INC 13310 LEOPARD SUITE 21 CORPUS CHRISTI, TX 78410 PHONE: Services: Licensed and Certified Home Health Servers Personal Assistance Services	FAX: vices; Licensed Home Health Services;
County NUECES License # 007591 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (361) 855-2947 Type: Parent Agency	Region 07 Date Licensed 03 TEXAS HOME HEALTH OF AMERICA 5151 FLYNN PARKWAY SUITE 510 CORPUS CHRISTI, TX 78411 Fax (361) 855-2892 Administrator CLARISSA SILMON	3/09/2001	Owner Information TEXAS HOME HEALTH OF AMERICA, LP 17855 N. DALLAS PKWY, SUITE 200 DALLAS, TEXAS 75287 PHONE: Services: Licensed Home Health Services; Person	FAX: al Assistance Services
County NUECES License # 007243 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (361) 452-1232 Type: Branch Agency	Region 07 Date Licensed 09 TEXAS VISITING NURSE SERVICE LTD 4918 EVERHART RD CORPUS CHRISTI, TX 78411 Fax (361) 452-1204 Administrator VANESSA SANDOVAL	9/30/2016	Owner Information TEXAS VISITING NURSE SERVICE LTD 814 E TYLER AVE HARLINGEN, TX 78550 PHONE: Services: Licensed Home Health Services; Person	FAX: al Assistance Services
County NUECES License # 019920 Lic Expire 5/8/2022 Medicare 1: Medicare 2: Phone (210) 868-6120 Type: Parent Agency	Region 07 Date Licensed 05 THRIVE SKILLED PEDIATRIC CARE 6100 BANDERA ROAD SUITE 305 SAN ANTONIO, TX 78238 Fax (210) 469-9590 Administrator JOSEPH VALDEZ	5/08/2020	Owner Information FIRST CHOICE CHILDREN'S HOMECARE, LP 701 EDGEWATER DRIVE, SUITE 300 WAKEFIELD, MA 1880 PHONE: Services: Licensed Home Health Services	FAX:
County NUECES License # 009281 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (361) 806-0322 Type: Branch Agency	Region 06 Date Licensed 04 TOUCH OF CLASS 5151 FLYNN PARKWAY SUITE #402 CORPUS CHRISTI, TX 78411 Fax (361) 806-0337 Administrator JANET BOWLES	1/18/2008	Owner Information TOUCH OF CLASS PHONE: Services: Licensed Home Health Services; Person	FAX: al Assistance Services

County NUECES License # 014579 Lic Expire 11/30/2023 Medicare 1: 678428 HHA-18 Medicare 2: Phone (361) 881-8787 Type: Parent Agency	Region 07 Date Licensed 11/02/2011 TRIO HOME HEALTH CARE INC 4444 CORONA DRIVE # 205 CORPUS CHRISTI, TX 78411 Fax (361) 881-8815 Administrator KATHY ADAMS	Owner Information TRIO HOME HEALTH CARE INC SAME AS ABOVE CORPUS CHRISTI, TX 78411 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County NUECES License # 019483 Lic Expire 7/16/2023 Medicare 1:	Region 07 Date Licensed 07/16/2019 TRIO HOME HEALTHRURAL INC 4444 CORONA DRIVE STE 205 CORPUS CHRISTI, TEXAS 78411	Owner Information TRIO HOME HEALTHRURAL INC 4444 CORONA DRIVE STE 205 CORPUS CHRISTI, TEXAS 78411
Medicare 2: Phone (361) 500-3057 Type: Parent Agency	Fax (361) 881-8815 Administrator VAN VILLA	PHONE: FAX: Services: Licensed Home Health Services
County NUECES License # 018082 Lic Expire 5/31/2023 Medicare 1: 971570 (HOSPICE) Medicare 2: Phone (361) 881-8787 Type: Parent Agency	Region 07 Date Licensed 05/31/2017 TRIO HOSPICE INC 4444 CORONA STE 205 B CORPUS CHRISTI, TX 78411 Fax (361) 881-8815 Administrator KATHY ADAMS	Owner Information TRIO HOSPICE INC SAME AS ABOVE CORPUS CHRISTI, TX 78414 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County NUECES License # 002358 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (361) 985-1700	Region 07 Date Licensed 03/17/2003 URESTI SENIOR ASSISTANCE 5959 SOUTH STAPLES # 104 CORPUS CHRISTI, TX 78413 Fax (361) 985-1714	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 NUECES License # 007816 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (361) 881-9922 Type: Parent Agency	Administrator PATRICIA PEREZ Region 07 Date Licensed 12/13/2001 VASQUEZ FLORES HOME HEALTH CARE 3034 S ALAMEDA CORPUS CHRISTI, TX 78404 Fax (361) 881-9928 Administrator PRISCILLA VASQUEZ	Owner Information VASQUEZFLORES HOME HEALTH CARE PO BOX 8734 CORPUS CHRISTI, TX 78468 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County NUECES License # 009310 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (361) 854-2800	Region 07 Date Licensed 09/14/2004 VISITING ANGELS OF THE COASTAL BEND 5262 SO STAPLES STE 220 CORPUS CHRISTI, TX 78411 Fax (361) 906-3345	Owner Information KERR TECHNICAL SERVICES LLC 5262 SOUTH STAPLES STREET SUITE 220 CORPUS CHRISTI, TX 78411 PHONE: FAX: Services: Personal Assistance Services
County OCHILTREE License # 002657 Lic Expire 10/31/2023 Medicare 1: 451589 HOSPICE Medicare 2: Phone (806) 435-2122	Administrator CHARLIE KERR Region 01 Date Licensed 10/22/1993 HOSPICE OF OCHILTREE GENERAL HOSPITAL 2309 S CEDAR PERRYTON, TEXAS 79070 Fax (806) 435-3704	Owner Information OCHILTREE HOSPITAL DISTRICT 3101 GARRETT DR PERRYTON, TX 79070 PHONE: (806) 435-3606 FAX: (806) 648-2813 Services: Hospice
Type: Parent Agency	Administrator CANDDA BUDTON	In-Patient Hospice: NO

Type: Parent Agency

Administrator SANDRA BURTON

County OCHILTREE License # 003137 Lic Expire 5/31/2022 Medicare 1: 457640 HHA-18	Region 01 Date Licensed 0 OCHILTREE GENERAL HOSPITAL HOME HEAL DEPARTMENT 2309 S CEDAR PERRYTON, TEXAS 79070	5/22/1984 .TH CARE	Owner Information OCHILTREE HOSPITAL DISTRICT 3101 GARRETT DR PERRYTON, TX 79070
Medicare 2:	TERRITOR, TEXAS 70070		PHONE: (806) 435-3606 FAX: (806) 648-2813
Phone (806) 435-2122	Fax (806) 345-3704		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator SANDRA BURTON		
County ORANGE License # 003520 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (409) 882-0523 Type: Branch Agency	Region 04 Date Licensed 0 COMPLETE HOMECARE SERVICES INC 3425 MARTIN ORANGE, TX 77630 Fax (409) 886-4727 Administrator ERNESTO DOMENECH)6/01/2007	Owner Information COMPLETE HOMECARE SERVICES INC PO BOX 299 JASPER, TX 75951 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County ORANGE License # 019709 Lic Expire 11/21/2021 Medicare 1: Medicare 2: Phone 409 221 5280 Type: Parent Agency	Region 04 Date Licensed 1 HELPING HANDS SENIOR CARE 1818 24TH ST ORANGE, TEXAS 77630 Fax 409 2385032 Administrator RIDASHA HAFFORD	1/21/2019	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 License # 009969 Lic Expire 9/30/2023 Medicare 1: 677832 HHA-18 Medicare 2: Phone (409) 670-0026 Type: Parent Agency	Region 04 Date Licensed 0 PRESCRIBED HOME HEALTH INC 2303 NORTH 16TH ST ORANGE, TX 77630 Fax (409) 670-0047 Administrator PAMELA WILLEY)9/16/2005	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 License # 009050 Lic Expire 4/30/2023 Medicare 1: 457824 HHA-18 Medicare 2: Phone (409) 735-3757 Type: Parent Agency	Region 04 Date Licensed 0 SABINE NECHES HOME HEALTH 150 LAMESA DR BRIDGE CITY, TX 77611 Fax 4097353783 or 4097356773 Administrator ROBERT LOVELACE)4/27/2004	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 License # 007359 Lic Expire 7/31/2022 Medicare 1: 679081 HHA-18 Medicare 2: Phone (409) 735-6100 Type: Parent Agency	Region 04 Date Licensed 0 SOUTH WEST TEXAS HOME HEALTH INC 150 LAMESA DR BRIDGE CITY, TX 77611 Fax (409) 735-6773 Administrator ROBERT CRAIG LOVELACE	07/11/2000	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 License # 005037 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (409) 832-3011	Region 04 Date Licensed 0 TEXAS TOTAL CARE INC 1880 NORTH MAIN STREET VIDOR, TX 77662 Fax (409) 832-3071	18/22/2000	Owner Information TEXAS TOTAL CARE INC 21820 IH 10 VIDOR, TX 77662 PHONE: FAX: Services: Licensed and Certified Home Health Services

Administrator

Type: Branch Agency

DEBBIE DEWBERRY

County ORANGE License # 005037 Lic Expire 7/31/2022 Medicare 1: 458025 HHA-18;67 Medicare 2: Phone (409) 769-3414	Region 04 Date Licensed TEXAS TOTAL CARE INC 21820 IH 10 VIDOR, TX 77662 Fax (409) 769-6740	07/15/1996	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
Type: Parent Agency	Administrator JULE ALTNAU		
County ORANGE License # 002033 Lic Expire 4/30/2022 Medicare 1: 451533 HOSPICE Medicare 2: Phone (409) 886-0622 Type: Parent Agency	Region 04 Date Licensed THE SOUTHEAST TEXAS HOSPICE 912 WEST CHERRY ORANGE, TX 77630 Fax (409) 886-0623 Administrator MARY MCKENNA	05/01/1989	Owner Information THE SOUTHEAST TEXAS HOSPICE PO BOX 2385 ORANGE, TX 77630 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County ORANGE License # 019981 Lic Expire 6/3/2022 Medicare 1:	Region 04 Date Licensed TRUE LIVING HOME HEALTH, LLC 415 KAY ST. BRIDGE CITY, TX 77611	06/03/2020	Owner Information TRUE LIVING HOME HEALTH, LLC
Medicare 2:	,		PHONE: FAX:
Phone (806) 685-0258	Fax		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ANGELICA GARNICA		
County PALO PINTO License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 325-5255	Region 03 Date Licensed KINDRED AT HOME 937 FM 1821 NORTH SUITE A MINERAL WELLS, TX 76067 Fax (940) 325-5258	07/01/2007	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		Contract. Electroca and Contract Tollio Ficulti Contract, Electroca Fichio Ficulti Contract
County PALO PINTO License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 325-5255 Type: Branch Agency	Region 03 Date Licensed KINDRED AT HOME 937 FM 1821 NORTH SUITE A MINERAL WELLS, TX 76067 Fax (940) 325-5258 Administrator JAMIE SMITH	07/01/2007	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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 325-5255 Type: Branch Agency	Region 03 Date Licensed KINDRED AT HOME 937 FM 1821 NORTH SUITE A MINERAL WELLS, TX 76067 Fax (940) 325-5258 Administrator JAMIE SMITH	07/01/2007	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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 325-5255 Type: Branch Agency	Region 03 Date Licensed KINDRED AT HOME 937 FM 1821 NORTH SUITE A MINERAL WELLS, TX 76067 Fax (940) 325-5258 Administrator JAMIE SMITH	07/01/2007	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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 325-5255 Type: Branch Agency	Region 03 Date Licensed 07/01/2007 KINDRED AT HOME 937 FM 1821 NORTH SUITE A MINERAL WELLS, TX 76067 Fax (940) 325-5258 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	Owner Information
License # 011458	KINDRED HOSPICE	TRINITY HOSPICE OF TEXAS, LLC
Lic Expire 6/30/2023	937 FM 1821 NORTH SUITE A-100	12900 FOSTER, SUITE 400
Medicare 1: 451703 HOSPICE	MINERAL WELLS, TX 76067	OVERLAND PARK, KS 66213
Medicare 2:		PHONE: FAX:
Phone (940) 468-4194	Fax (940) 325-3353	Services: Hospice
Times Devent Assess	Administrator LATACHA CDAV	In-Patient Hospice: NO
Type: Parent Agency	Administrator LATASHA GRAY	
County PALO PINTO	Region 01 Date Licensed 03/13/2013	Owner Information
License # 015695	RENEW HOME HEALTH	MAXUS HEALTHCARE PARTNERS LLC
Lic Expire 3/31/2024	2611 HWY 180 W	1050 FOREST PARK BLVD FORT WORTH, TX 76110
Medicare 1: 457893 HHA-18	MINERAL WELLS, TEXAS 76067	,
Medicare 2:	Fax (817) 921-6407	PHONE: FAX:
Phone (817) 921-6400		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator PHIL CRISWELL RN	
County PALO PINTO	Region 03 Date Licensed 04/01/2002	Owner Information
License # 007938	SOLARIS HOSPICE INC	SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400
Lic Expire 3/31/2023	401 W HUBBARD	DECATUR, TX 76234
Medicare 1: 45-1688	MINERAL WELLS, TX 76067	
Medicare 2: Phone (940) 627-1011	Fax (940) 627-3160	PHONE: FAX:
1 Holle (340) 027-1011	1 dx (340) 027-3100	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator LEANNE PETERSON	
County PANOLA	Region 04 Date Licensed 01/24/2007	Owner Information
License # 002514	HEART'SWAY HOSPICE OF NORTHEAST TEXAS	HOSPICE LONGVIEW INC
Lic Expire 4/30/2024	437 W PANOLA ST	PO BOX 5608
Medicare 1:	CARTHAGE, TX 75633	LONGVIEW, TEXAS 75608
Medicare 2:		PHONE: FAX:
Phone (903) 690-9924	Fax (903) 690-9217	Services: Hospice
T 411 1 D 11 011	A	In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator POLLY MAINES	
County PANOLA	Region 04 Date Licensed 12/11/2003	Owner Information
License # 007741	TEXAS HOME HEALTH SKILLED SERVICES	TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire 9/30/2023	1505 W PANOLA	
Medicare 1:	CARTHAGE, TX 75633	51015
Medicare 2:	Fay (903) 690-0010	PHONE: FAX:
Phone (903) 690-9203	Fax (903) 690-0019	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator JANET DALME	
County PARKER	Region 01 Date Licensed 07/29/2004	Owner Information
License # 009222	ALPHA OMEGA HOSPICE LP	ALPHA OMEGA HOSPICE LP
Lic Expire 10/31/2021	941 HILLTOP DRIVE	500 FAULCONER DRIVE
Medicare 1: 451778 HOSPICE	WEATHERFORD, TX 76086	CHARLOTTESVILLE, VA 22903
Medicare 2:		PHONE: FAX:
Phone (817) 238-0770	Fax (817) 238-0786	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JACKIE HARTT	

County PARKER License # 017048 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (817) 688-3466 Type: Parent Agency	Region 01 Date Licensed AMERICAN HOME CARE SOLUTION 11875 CAMP BOWIE WEST BLVD ALEDO, TX 76008 Fax (877) 389-5792 Administrator CHRISTINE CONNELLY	09/22/2015	Owner Information CONCARE LLC 108 VALHALLA CT ALEDO, TX 76008-3159 PHONE: Services: Personal Assistance Services	FAX:
County PARKER License # 021055 Lic Expire 9/17/2024 Medicare 1:	Region 01 Date Licensed AMERICARE WEATHERFORD 5177 E INTERSTATE 20 SERVICE RD N, STE	09/17/2021 108A	Owner Information TRIPLE BARRY CORPORATION	
Medicare 2: Phone (817) 609-8166 Type: Parent Agency	Fax Administrator MARTIN BAYLOR		PHONE: Services: Personal Assistance Services	FAX:
County PARKER License # 020351 Lic Expire 6/11/2022 Medicare 1: 677099	Region 01 Date Licensed ANGELS CARE HOME HEALTH 1510 SANTA FE DR STE 500 WEATHERFORD, TX 76086	06/11/2020	Owner Information E MEDICAL GROUP OF TEXAS NO 1 LLC	
Medicare 2:			PHONE:	FAX:
Phone (817) 807-0224 Type: Parent Agency	Fax (682) 804-7034 Administrator MANDY BRYANT		Services: Licensed and Certified Home Health Ser	vices; Licensed Home Health Services
County PARKER License # 018609 Lic Expire 2/28/2022 Medicare 1: 741616 HOSPICE Medicare 2:	Region 01 Date Licensed BEYONDFAITH HOSPICE LLC 804 SANTA FE DRIVE, SUITE 100 B WEATHERFORD, TX 76086	02/04/2018	Owner Information BEYONDFAITH HOSPICE OF GARLAND, LLC 1475 RICHARDSON DRIVE, SUITE 265 RICHARDSON, TX 75080-4659 PHONE:	FAX:
Phone (817) 770-0207 Type: Parent Agency	Fax (817) 550-6019 Administrator KIMBERLY MAHAN		Services: Hospice In-Patient Hospice: NO	
County PARKER License # 015793 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (254) 559-2030	Region 01 Date Licensed CLEAR PATH HOME CARE LLC 121 NORTH MAIN ST WEATHERFORD, TEXAS 76086 Fax (254) 559-2056	10/03/2013	Owner Information CLEAR PATH HOME CARE LLC 1515 WEST WALKER BRECKENRIDGE, TX 76424 PHONE:	FAX:
Type: Parent Agency	Administrator BILLINGSELY		Services: Personal Assistance Services	
County PARKER License # 015793 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (817) 631-7710	Region 01 Date Licensed CLEAR PATH HOME CARE LLC 119 N MAIN ST SUITE 212 WEATHERFORD, TX 76086 Fax (817) 631-7711		Owner Information CLEAR PATH HOME CARE LLC 1515 WEST WALKER BRECKENRIDGE, TX 76424 PHONE: Services: Personal Assistance Services	FAX:
Type: Branch Agency County PARKER License # 011086 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone 817 3414350	Administrator JAMES SIMMONDS Region 03 Date Licensed ENCOMPASS HEALTH HOME HEALTH 1925 MARTIN DRIVE, SUITE 100 WEATHERFORD, TEXAS 76086 Fax 817 3414355	11/01/2006	Owner Information EH OF FORT WORTH, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS PHONE:	FAX:
Type: Branch Agency	Administrator ERIC DENGLER		Services: Licensed and Certified Home Health Ser	vices; Licensed Home Health Services

Medicare 2: Phone (817) 731-9100 Fax (8 Type: Parent Agency Administ County PARKER Region License # 009235 HOSP Lic Expire 8/31/2022 109 E Medicare 1: WEAT Medicare 2: Phone (817) 598-0566 Fax (8 Type: Alternate Delivery Site Administ County PARKER Region	DO, TEXAS 760083204 (817) 882-9700 iistrator MARIE LAWSON		FORT WORTH, TX 76107	
Type: Parent Agency Administration County PARKER Region License # 009235 HOSP Lic Expire 8/31/2022 109 E Medicare 1: WEAT Medicare 2: Phone (817) 598-0566 Fax (8 Type: Alternate Delivery Site Administration County PARKER Region			PHONE: FAX:	
County PARKER Region License # 009235 HOSP Lic Expire 8/31/2022 109 E Medicare 1: WEAT Medicare 2: Phone (817) 598-0566 Fax (8 Type: Alternate Delivery Site Administration County PARKER Region	istrator MARIE LAWSON		Services: Licensed and Certified Home Health Services; License Personal Assistance Services	ed Home Health Services;
License # 009235 HOSP Lic Expire 8/31/2022 109 E Medicare 1: WEAT Medicare 2: Phone (817) 598-0566 Fax (8 Type: Alternate Delivery Site Administ County PARKER Region	IVII II II LAVIOON			
Medicare 2: Phone (817) 598-0566 Fax (8 Type: Alternate Delivery Site Administration County PARKER Region	on 03 Date Licensed PICE PLUS E RENTZ STREET .THERFORD, TX 760865621	08/04/2004	Owner Information INTERNATIONAL TUTORING SERVICES, LLC	
Type: Alternate Delivery Site Administration County PARKER Region			PHONE: FAX:	
County PARKER Region	(817) 598-0571		Services: Hospice	
,	istrator REBECCA JEFFERSON		In-Patient Hospice: NO	
Medicare 1: WEAT Medicare 2:	on 03 Date Licensed PICE PLUS E RENTZ STREET THERFORD, TX 760865621	00/04/2004	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX:	
1 Hone (017) 000 0000 1 ux (0	(017) 000 0071		Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site Adminis	istrator REBECCA JEFFERSON			
Lic Expire 8/31/2022 109 E Medicare 1: WEAT Medicare 2:	on 03 Date Licensed PICE PLUS E RENTZ STREET THERFORD, TX 760865621 (817) 598-0571	00/04/2004	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX:	
11010 (011) 000 0000	(017) 000 0071		Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site Adminis	istrator REBECCA JEFFERSON			
Lic Expire 6/30/2022 813 S/ Medicare 1: 679523 HHA-18 WEAT Medicare 2:	ORED AT HOME SANTA FE DRIVE SUITE 100 THERFORD, TX 76086 (817) 599-3694	00/12/2007	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	ed Home Health Services
County PARKER Region License # 009670 MAIN Lic Expire 2/28/2023 450 W Medicare 1: 679052 HHA-18 AZLE, Medicare 2: Phone (817) 444-7992 Fax (8 Type: Parent Agency Adminis	on 01 Date Licensed	02/15/2005	Owner Information NURSES ETC INC	

County PARKER License # 006257 Lic Expire 12/31/2023 Medicare 1: 451687 HOSPICE Medicare 2: Phone (817) 444-7992 Type: Parent Agency	Region 01 Date Licensed 12/15/1997 MAIN STREET HOSPICE 450 WEST MAIN STREET AZLE, TX 76020 Fax (817) 444-7768 Administrator BETTY BUSCH	Owner Information HOMEBOUND HOSPICE INC 6420 SW BLVD FORT WORTH, TX 76109-6905 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
· · · · · · · · · · · · · · · · · · ·		Owner Information
County PARKER	Region 03 Date Licensed 10/16/2006	SOLARIS HOSPICE, INC
License # 007938 Lic Expire 3/31/2023	SOLARIS HOSPICE INC	2250 S FM 51 SUITE 400
Lic Expire 3/31/2023 Medicare 1: 45-1688	928 E HWY 199 SPRINGTOWN, TX 760822768	DECATUR, TX 76234
Medicare 2:	SPRINGTOWN, IX 700022700	PHONE: FAX:
Phone (940) 627-1011	Fax (940) 627-3160	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator LEANNE PETERSON	iii aloitiospice. No
County PARKER	Region 01 Date Licensed 03/22/2012	Owner Information
License # 014700	SYNERGY HOMECARE DFW	LAURENZO SERVICES INC
Lic Expire 3/31/2022	401 PITCHFORK TRAIL, STE 705	133 SAM BASS ROAD
Medicare 1:	WILLOW PARK, TX 76087	WILLOW PARK, TX 76087
Medicare 2:		PHONE: FAX:
Phone (817) 927-1925	Fax (888) 667-1750	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	THUNDER HOME HEALTH SERVICES LLC
Lic Expire 2/28/2021	13805 GREEN HOOK RD	5508 SHADY SPRINGS TRL
Medicare 1:	ALEDO, TEXAS 76008	FORT WORTH, TEXAS 76179
Medicare 2:		PHONE: FAX:
Phone (469) 735-0194	Fax (682) 200-2635	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 CARE SERVICES INC	WILLOW PARK HOMEHEALTH SERVICES INC
Lic Expire 6/30/2022	4971 E I-20 SERVICE RD N SUITE 201	4971 E 1-20 SERVICE ROAD N STE 201
Medicare 1:	WILLOW PARK, TX 76087	WILLOW PARK, TX 76087
Medicare 2:		PHONE: FAX:
Phone (817) 441-2080	Fax (817) 441-2081	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	BLUEBONNET HOME HEALTH & HOSPICE COMPANY	WEST TEXAS HOME HEALTH INC
Lic Expire 7/31/2022	304 EAST 11TH	807 WEST AVE.
Medicare 1: 677617 HHA-18;67	FRIONA, TX 79035	WELLINGTON, TX 79095
Medicare 2:		PHONE: FAX:
Phone (806) 247-0057	Fax (806) 247-0187	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 HOME HEALTH AND HOSPICE	PECOS COUNTY MEMORIAL HOSPITAL PO BOX 1648
Lic Expire 9/30/2022	387 W IH-10	
Medicare 1: 673107 HHA-18;67	FORT STOCKTON, TX 79735	FORT STOCKTON, TX 79735
Medicare 2:		PHONE: FAX:
Phone (432) 336-7044	Fax (844) 315-6526	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services In-Patient Hospice: NO
Type: Parent Agency	Administrator KATHY SARABIA	

County POLK License # 002409 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (936) 327-7812 Type: Branch Agency	Region 04 Date Licensed 08/25/1995 A PINEYWOODS HOME HEALTH CARE INC 1601 US HIGHWAY 59 LOOP NORTH SUITE 300 LIVINGSTON, TX 77351 Fax (936) 327-7816 Administrator KERRI GRIFFIN	Owner Information A PINEYWOODS HOME HEALTH CARE INC P.O. BOX 1743 LUFKIN, TEXAS 75902 PHONE: FAX: Services: Licensed and Certified Home Health Services
County POLK License # 016984 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (936) 967-2552 Type: Parent Agency County POLK License # 017398	Region 04 Date Licensed 08/19/2015 ALL PERSONAL ASSISTANCE LLC 2410 HWY190 W STE B LIVINGSTON, TX 77351 Fax (936) 967-2551 Administrator LACEY OVERSTREET-PHILLIPS Region 06 Date Licensed ELYSIAN HOSPICE	Owner Information ALL PERSONAL ASSISTANCE LLC 2410 US HWY 190 W STE B LIVINGSTON, TX 77351 PHONE: FAX: Services: Personal Assistance Services Owner Information ELYSIAN HOSPICE HOUSTON LLC
Lic Expire 3/31/2022 Medicare 1: 671786 Medicare 2: Phone (936) 327-0239 Type: Alternate Delivery Site	301 HIGHWAY 59 LOOP SOUTH, SUITE F LIVINGSTON, TX 77351 Fax (936) 327-0224 Administrator STEPHANIE MORRIS	2537 GOLDEN BEAR DRIVE CARROLLTON, TX 75006 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
County POLK License # 010286 Lic Expire Medicare 1: 678324 HHA-18 Medicare 2: Phone 936 2474700 Type: Parent Agency	Region 04 Date Licensed 07/15/2005 ENCOMPASS HEALTH HOME HEALTH 2784 US HIGHWAY 190 W, SUITE 300 LIVINGSTON, TEXAS 773518734 Fax 936 2052149 Administrator SCOTT BRACKIN	DOSIK, INC 6688 NORTH CENTRAL EXPRESSWAY SUITE 1300 DALLAS, TX 75206 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County POLK License # 014825 Lic Expire 5/31/2022 Medicare 1: 671760 HOSPICE Medicare 2: Phone (936) 327-8010 Type: Parent Agency	Region 04 Date Licensed 05/29/2012 HARBOR HOSPICE OF LIVINGSTON LP 317 WEST CHURCH STREET SUITE 112 LIVINGSTON, TX 77351 Fax (936) 205-1392 Administrator KELLY BADGER	Owner Information HARBOR HOSPICE OF LIVINGSTON LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County POLK License # 011503 Lic Expire 6/30/2022 Medicare 1: 67Q9719001 Medicare 2: Phone (866) 344-2821 Type: Branch Agency	Region 04 Date Licensed 07/29/2010 KAMCARE HOME HEALTH SERVICES LLC 416A NORTH STREET NACOGDOCHES, TEXAS 75961 Fax (866) 288-4125 Administrator CHASE JONES	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 POLK License # 013607 Lic Expire 8/31/2022 Medicare 1: 671609 HOSPICE Medicare 2: Phone (936) 327-5888	Region 04 Date Licensed 08/03/2010 KINDRED HOSPICE 210 WEST PARK DRIVE SUITE 107 LIVINGSTON, TX 77351 Fax (936) 327-5899	Owner Information AMERICAN HOSPICE, INC PO BOX 4060 MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

Type: Parent Agency

Administrator DANA PLACKER

County POLK	Region 06 Date Licensed	Owner Information
•	•	RELIANT HOSPICE OF HOUSTON LLC
	RELIANT HOSPICE OF HOUSTON, LLC	12947 LAKE CONROE HILLS DRIVE SUITE C
Lic Expire 7/1/2022	19221 IH-45 N, STE 320	WILLIS, TX 75860
Medicare 1:	SHENANDOAH, TEXAS 77385	
Medicare 2:	Fav. (077) 200 2000	PHONE: FAX:
Phone (936) 856-6888	Fax (877) 322-3298	Services: Hospice Alternative Delivery Site (ADS)
Type: Alternate Delivery Site	Administrator CASEY WILSON	In-Patient Hospice: NO
Type. Alternate Delivery Site	Administrator CASE I WILSON	
County POTTER	Region 01 Date Licensed 08/30/2011	Owner Information
License # 012120	ACCENTCARE HEALTH	KINDSTAR, INC
Lic Expire 7/31/2023	1934 MEDI PARK DR RM HOS	17855 N. DALLAS PARKWAY DR. #200
Medicare 1: 45-1774	AMARILLO, TX 79106	DALLAS, TX 75284
Medicare 2:		PHONE: FAX:
Phone (806) 352-4303	Fax (806) 352-3911	Services: Hospice
		In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator AMANDA HUNSAKER	
County POTTER	Region 01 Date Licensed 10/10/1996	Owner Information
License # 003467	ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES	NURSES UNLIMITED INC
2.00.100 //	OF TEXAS	P. O BOX 4534
Lic Expire 1/31/2025	600 S TYLER ST SUITE 804	
Medicare 1:	AMARILLO, TX 79101	ODESSA, TX 79760
Medicare 2:		PHONE: FAX:
Phone (806) 467-0672	Fax (806) 467-0674	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator TRACY FOLLER	
0 1 POTTED	D : 04 D 1	Owner Information
County POTTER	Region 01 Date Licensed 10/10/1996	NURSES UNLIMITED INC
License # 003467	ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS	P. O BOX 4534
Lic Expire 1/31/2025	600 S TYLER ST SUITE 804	
Medicare 1:	AMARILLO, TX 79101	ODESSA, TX 79760
Medicare 2:	,	PHONE: FAX:
Phone (806) 467-0672	Fax (806) 467-0674	Comisson Licensed Home Health Consison Powered Assistance Consison
Type: Branch Agency	Administrator TRACY FOLLER	Services: Licensed Home Health Services; Personal Assistance Services
	74	Our au Information
County POTTER	Region 01 Date Licensed 11/30/2020	Owner Information
License # 020357	ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS	NURSES UNLIMITED INC
Lie Eveire 44/20/0000		P. O BOX 4534
Lic Expire 11/30/2022	600 S. TYLER STREET, SUITE 804	ODESSA, TX 79760
Medicare 1:	AMARILLO, TX 79109	
Medicare 2:	Fax 806 4670674	PHONE: FAX:
Phone 806 4670672		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator TARA PARMENTER	
County POTTER	Region 01 Date Licensed 01/30/2014	Owner Information
License # 016005	AMA RUBY SLIPPERS CARE INC	AMA RUBY SLIPPERS CARE INC
Lic Expire 1/31/2024	2300 N WESTERN	2300N. WESTERN
Medicare 1:	AMARILLO, TX 79124	AMARILLO, TX 79124
Medicare 2:		PHONE: FAX:
Phone (806) 410-2010	Fax (806) 410-2010	Services: Personal Assistance Services
Type: Parent Agency	Administrator CHERYL TWEET	OU TIOUS. 1 GISOTIAI ASSISTATIOE DEI VIOES
<u></u>		Owner Information
County POTTER	Region 01 Date Licensed 11/05/2009	AMARILLOS BEST HOME HEALTHCARE INC
License # 012959	AMARILLOS BEST HOMEHEALTH CARE INC	
Lic Expire 11/30/2023	1900 COULTER UNIT N	1900 S COULTER UNIT N
Medicare 1: 747550 HHA-18	AMARILLO, TX 79106	AMARILLO, TX 79106
Medicare 2:		PHONE: FAX:
Phone (806) 322-5858	Fax (806) 322-5859	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator KIMBERLY ESTER	

County POTTER License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (806) 353-2700 Type: Branch Agency	Region 03 Date Licensed 01/22/2010 ANGELS OF CARE PEDIATRIC HOME HEALTH 6300 WEST IH 40 SUITE 110 AMARILLO, TX 79106 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (806) 353-2700 Type: Branch Agency	Region 03 Date Licensed 01/22/2010 ANGELS OF CARE PEDIATRIC HOME HEALTH 6300 WEST IH 40 SUITE 110 AMARILLO, TX 79106 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (806) 353-2700 Type: Branch Agency	Region 03 Date Licensed 01/22/2010 ANGELS OF CARE PEDIATRIC HOME HEALTH 6300 WEST IH 40 SUITE 110 AMARILLO, TX 79106 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (806) 353-2700 Type: Branch Agency	Region 03 Date Licensed 01/22/2010 ANGELS OF CARE PEDIATRIC HOME HEALTH 6300 WEST IH 40 SUITE 110 AMARILLO, TX 79106 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (806) 353-2700 Type: Branch Agency	Region 03 Date Licensed 01/22/2010 ANGELS OF CARE PEDIATRIC HOME HEALTH 6300 WEST IH 40 SUITE 110 AMARILLO, TX 79106 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (806) 353-2700 Type: Branch Agency	Region 03 Date Licensed 01/22/2010 ANGELS OF CARE PEDIATRIC HOME HEALTH 6300 WEST IH 40 SUITE 110 AMARILLO, TX 79106 Fax (903) 532-1401 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 License # 011689 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (806) 322-0991 Type: Branch Agency	Region 01 Date Licensed 09/14/2010 BSA COMPASSION HOME CARE 1300 SOUTH HARRISON, SUITE 307 AMARILLO, TX 79101 Fax (806) 322-0992 Administrator DANA MADISON	Owner Information CAMDEN BAY LTD 10207 INDIANA AVENUE LUBBOCK, TX 79423 PHONE: FAX: Services: Licensed Home Health Services

County POTTER License # 011689 Lic Expire 10/31/2023 Medicare 1: 677943 HHA-18 Medicare 2: Phone (806) 351-8522 Type: Parent Agency	Region 01 Date Licensed BSA COMPASSION HOME CARE 5211 SW 9TH AVENUE AMARILLO, TX 79106 Fax (806) 355-7408 Administrator DANA MADISON	11/01/2007	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 License # 009721 Lic Expire 4/30/2022 Medicare 1: 671501 HOSPICE Medicare 2: Phone (806) 356-0026	Region 01 Date Licensed BSA HOSPICE OF THE SOUTHWEST 5211 SW 9TH AVENUE AMARILLO, TX 79106 Fax (806) 358-3114	04/28/2005	Owner Information FMC LUBBOCK LLC 5211 SW 9TH AMARILLO, TX 79106 PHONE: FAX:
Type: Parent Agency	Administrator RONNIE ATKINS		Services: Hospice In-Patient Hospice: YES
County POTTER License # 002118 Lic Expire 2/28/2023 Medicare 1: 457381 HHA-18 Medicare 2: Phone 806 4637051 Type: Parent Agency	Region 01 Date Licensed CAPROCK HOME HEALTH SERVICES INC 1619 S KENTUCKY STE F-630 AMARILLO, TX 79102 Fax 806 4637058 Administrator CAROL TANKERSLEY	02/21/1990	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 License # 020668 Lic Expire 9/11/2022 Medicare 1:	Region 01 Date Licensed CARING SENIOR SERVICE OF AMARILLO 1100 S FILLMORE STREET AMARILLO, TEXAS 79101	09/11/2020	Owner Information DTS TEXAS OPS, LLC
Medicare 2: Phone (806) 373-8940 Type: Parent Agency	Fax Administrator ASHLEE WOTHAM		PHONE: FAX: Services: Personal Assistance Services
County POTTER License # 009669 Lic Expire 3/31/2022 Medicare 1: 457841 HHA-18	Region 01 Date Licensed CHILDREN'S HOME HEALTHCARE 1612 S VAN BUREN STREET AMARILLO, TX 79102	03/31/2005	Owner Information DJK HOME HEALTHCARE LLC 901 WATERFALL WAY SUITE 105 RICHARDSON, TX 75080
Medicare 2: Phone (806) 367-6612 Type: Parent Agency	Fax (806) 367-7148 Administrator BUDDY WILSON		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County POTTER License # 021162 Lic Expire 10/27/2024 Medicare 1:	Region 01 Date Licensed COMMUNITY HOME CARERS LLC 6041 WEST INTERSTATE 40 E159 AMARILLO, TX 79106	10/27/2021	Owner Information COMMUNITY HOME CARERS LLC
Medicare 2: Phone (806) 410-5441	Fax NA		PHONE: FAX: Services: Personal Assistance Services
County POTTER License # 017335 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (806) 337-5953	Administrator KIVEN PETER NSAMELUH Region 01 Date Licensed COMPASSION AT HOME 400 W 14TH ST SUITE 1000 AMARILLO, TX 79101	03/31/2016	Owner Information CAMDEN BAY LTD 10207 INDIANA AVENUE LUBBOCK, TX 79423 PHONE: FAX:
Type: Parent Agency	Fax (806) 337-5956 Administrator BRADLEY MADISON		Services: Personal Assistance Services

County POTTER License # 010011 Lic Expire 9/30/2023 Medicare 1: 679534 HHA-18 Medicare 2: Phone (806) 373-8100	Region 01 Date Licensed DELCORP HOME HEALTH SERVICES INC 1408 S JEFFERSON STREET SUITE 114 AMARILLO, TX 79101 Fax (866) 325-5410	09/30/2005	Owner Information DELCORP HOME HEALTH SERVICES INC 1408 S JEFFERSON STREET SUITE 114 AMARILLO, TX 79101-4048 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DOROTHY OMEIRE		
County POTTER License # 009484 Lic Expire 11/30/2022 Medicare 1: 677447 HHA-18 Medicare 2: Phone 806 3511700 Type: Parent Agency	Region 01 Date Licensed ENCOMPASS HEALTH HOME HEALTH 2505 LAKEVIEW DRIVE, SUITE 104 AMARILLO, TEXAS 79109 Fax 806 3511777 Administrator AMBER BRYSON-CAGE	12/01/2004	Owner Information ABBA HOME HEALTH, LP 6688 N CENTRAL EXPRESSWAY SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County POTTER License # 016954 Lic Expire 8/31/2024 Medicare 1: 741634 HOSPICE Medicare 2: Phone 806 2234741 Type: Parent Agency	Region 01 Date Licensed ENCOMPASS HEALTH HOSPICE 2505 LAKEVIEW DRIVE, SUITE 104 AMARILLO, TEXAS 79109 Fax 806 5774816 Administrator LESIA SMITH	08/05/2015	Owner Information ABBA HOME HEALTH, LP 6688 N CENTRAL EXPRESSWAY SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County POTTER License # 014910 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (806) 353-2101	Region 01 Date Licensed EPIC PEDIATRIC THERAPY 1901 MEDI-PARK DR SUITE 2048 AMARILLO, TX 79106 Fax (806) 353-2674	03/22/2012	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency	Administrator MIKAL HUFF		
County POTTER License # 018856 Lic Expire Medicare 1: Medicare 2: Phone (806) 350-3332 Type: Parent Agency	Region 01 Date Licensed GIVING HOME HEALTH CARE LLC 1600 S COULTER #D404 AMARILLO, TX 79106 Fax (806) 553-3088 Administrator CHANDRA CRAWFORD	07/31/2018	Owner Information GIVING HOME HEALTH CARE LLC 1600 S COULTER #D404 AMARILLO, TX 79106 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County POTTER License # 015882 Lic Expire 12/31/2023 Medicare 1: 459482 HHA-18 Medicare 2: Phone (806) 355-1899 Type: Parent Agency	Region 01 Date Licensed HIGH PLAINS SENIOR CARE 1600 COULTER, BUILDING F AMARILLO, TEXAS 79106 Fax (806) 355-4312 Administrator CHRIS ADCOCK	09/19/2013	Owner Information HIGH PLAINS SENIOR CARE INC SAME AMARILLO, TX 79102 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County POTTER License # 015882 Lic Expire 12/31/2023 Medicare 1: 459482 HHA-18 Medicare 2: Phone (806) 355-1899 Type: Parent Agency	Region 01 Date Licensed HIGH PLAINS SENIOR CARE 1600 COULTER, BUILDING F AMARILLO, TEXAS 79106 Fax (806) 355-4312 Administrator CHRIS ADCOCK	09/19/2013	Owner Information HIGH PLAINS SENIOR CARE INC SAME AMARILLO, TX 79102 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County POTTER License # 017941 Lic Expire 2/28/2023 Medicare 1: 741672 HOSPICE Medicare 2: Phone 806 3507100	Region 01 Date Licensed HIGH PLAINS SENIOR CARE HOSPICE 1600 COULTER, BUILDING F AMARILLO, TEXAS 79102 Fax 806 3507104	12/22/2016	Owner Information A P HEALTH AND PALLIATIVE CARE, INC SAME HOUSTON, TX 77057 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CRAIG JOHNSON		
County POTTER License # 012029 Lic Expire 3/31/2022 Medicare 1: 679259 HHA-18 Medicare 2: Phone (806) 356-8911	Region 01 Date Licensed HOME CARE CONNECTIONS 3131 BELL STREET SUITE 211 AMARILLO, TX 791065030 Fax (806) 356-8922	04/01/2008	Owner Information RIVERCREST HOME HEALTH CARE INC PO BOX 51266 LAFAYETTE, LA PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency County POTTER License # 021188 Lic Expire 9/1/2024 Medicare 1: Medicare 2: Phone (806) 576-0075	Administrator ASHLEY FLAHERTY Region 01 Date Licensed KINDER HEARTS HOSPICE OF AMARILLO 1901 MEDI PARK DR., SUITE 1030 AMARILLO, TX 79106 Fax	11/05/2021	Owner Information WOODLAKE HEALTHCARE LLC PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator JONATHAN "TRAVIS" JONES		In-Patient Hospice: NO
County POTTER License # 012937 Lic Expire 9/30/2023 Medicare 1: 457590 HHA-18	Region 01 Date Licensed KINDRED AT HOME 2007 S COULTER STREET AMARILLO, TX 79106	09/15/2009	Owner Information INTEGRACARE OF WEST TEXASHOME HEALTH, LLC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213
Medicare 2:	7.11.11.11.12.5, 77. 70.700		PHONE: FAX:
Phone (806) 353-3601 Type: Parent Agency	Fax (806) 355-5867 Administrator TONI STONER		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County POTTER License # 019690 Lic Expire 11/7/2023 Medicare 1:	Region 01 Date Licensed NUCLEAR CARE PARTNERS LLC 2505 LAKEVIEW DR. SUITE 300A AMARILLO, TX 79109	11/07/2019	Owner Information NUCLEAR CARE PARTNERS, LLC
Medicare 2:	For (000) FOE E11E		PHONE: FAX:
Phone (888) 525-5111 Type: Parent Agency	Fax (888) 525-5115 Administrator STACY TODD		Services: Licensed Home Health Services
County POTTER License # 014315 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (806) 358-7300 Type: Parent Agency	Region 01 Date Licensed NURSECORE OF AMARILLO 4 MEDICAL DRIVE SUITE C AMARILLO, TX 79106 Fax (806) 358-7301 Administrator BRIANNA CONRAD	08/31/2011	Owner Information NURSECORE MANAGEMENT SERVICES LLC PO BOX 201925 ARLINGTON, TX 76006 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County POTTER License # 007334 Lic Expire 5/31/2024 Medicare 1:	Region 01 Date Licensed OUTREACH HOME CARE 7200 SW 45TH AVE. UNIT 11 AMARILLO, TX 79109		Owner Information OUTREACH HEALTH COMMUNITY CARE SERVICES, LP 1919 S SHILOH RDSTE 102 LB 28 GARLAND, TX 75042
Medicare 2: Phone 806 3730986 Type: Branch Agency	Fax 806 3735128 Administrator BRANDI LOVE		PHONE: FAX: (972) 792-6739 Services: Licensed Home Health Services; Personal Assistance Services

County POTTER License # 007334 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone 806 3730986 Type: Branch Agency	Region 01 Date Licensed OUTREACH HOME CARE 7200 SW 45TH AVE UNIT 11 AMARILLO, TX 79109 Fax 806 3735128 Administrator CINDY GORDON	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 POTTER License # 017959 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (806) 686-2525 Type: Parent Agency	Region 01 Date Licensed 03/17/201 PRO CASE OF TEXAS LLC 7120 WEST INTERSTATE 40 STE 120 AMARILLO, TX 79106 Fax (844) 852-4286 Administrator KIMBERLY MUNGER	7 Owner Information PROFESSIONAL CASE MANAGEMENT OF TEXAS LLC 500 E 8TH AVENUE DENVER, CO 80203 PHONE: FAX: Services: Licensed Home Health Services
County POTTER License # 008662 Lic Expire 9/30/2022 Medicare 1: 45Q7754005 Medicare 2: Phone (806) 352-3900 Type: Branch Agency	Region 01 Date Licensed 02/08/200 TEXAS HOME HEALTH 1934 MEDI PARK DR (DMS) AMARILLO, TX 79106 Fax (806) 352-3906 Administrator LINDSEY HENSON	7 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 License # 008662 Lic Expire 9/30/2022 Medicare 1: 45Q7754005 Medicare 2: Phone (806) 352-3900 Type: Branch Agency	Region 01 Date Licensed 02/08/200 TEXAS HOME HEALTH 1934 MEDI PARK DR (DMS) AMARILLO, TX 79106 Fax (806) 352-3906 Administrator LINDSEY HENSON	7 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 POTTER License # 008662 Lic Expire 9/30/2022 Medicare 1: 45Q7754005 Medicare 2: Phone (806) 352-3900	Region 01 Date Licensed 02/08/200 TEXAS HOME HEALTH 1934 MEDI PARK DR (DMS) AMARILLO, TX 79106 Fax (806) 352-3906	7 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
Type: Branch Agency County POTTER License # 008662 Lic Expire 9/30/2022 Medicare 1: 457754 HHA-18 Medicare 2: Phone (806) 352-3900 Type: Parent Agency	Administrator LINDSEY HENSON Region 01 Date Licensed 09/19/200 TEXAS HOME HEALTH 1934 MEDI PARK DR AMARILLO, TX 79106 Fax (806) 352-3906 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 POTTER License # 008662 Lic Expire 9/30/2022 Medicare 1: 457754 HHA-18 Medicare 2: Phone (806) 352-3900 Type: Parent Agency	Region 01 Date Licensed 09/19/200 TEXAS HOME HEALTH 1934 MEDI PARK DR AMARILLO, TX 79106 Fax (806) 352-3906 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 License # 008662 Lic Expire 9/30/2022 Medicare 1: 457754 HHA-18 Medicare 2: Phone (806) 352-3900	Region 01 Date Licensed 09/19/2003 TEXAS HOME HEALTH 1934 MEDI PARK DR AMARILLO, TX 79106 Fax (806) 352-3906	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
Type: Parent Agency	Administrator LINDSEY HENSON	
County POTTER License # 018182 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (817) 718-0867	Region 01 Date Licensed 07/20/2017 TEXAS UNITED ENERGY WORKERS HEALTHCARE LLC 3501 S. SONCY ROAD SUITE 133 AMARILLO, TX 79119 Fax (806) 576-3838	Owner Information TEXAS UNITED ENERGY WORKERS HEALTHCARE LLC 614 E. MAIN STREET, SUITE C RIVERTON, WY 82501 PHONE: FAX:
Type: Parent Agency	Administrator TANYA HEFNER	Services: Licensed Home Health Services; Personal Assistance Services
County POTTER License # 016709 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (806) 344-8264 Type: Parent Agency	Region 01 Date Licensed 03/27/2015 VISITING ANGELS 6009 BELPREE RD AMARILLO, TX 79106 Fax (806) 344-8672 Administrator LINDA COMER	Owner Information HARRY M HOMECARE INC 2314 LAKEVIEW AMARILLO, TX 79109 PHONE: FAX: Services: Personal Assistance Services
·· · · · · · · · · · · · · · · · · · ·		Owner Information
County RAINS License # 007525 Lic Expire 1/31/2022 Medicare 1:	Region 04 Date Licensed 06/18/2003 AMERICAN HOME CARE 600 E LENNON SUITE 130 EMORY, TX 75440	TBHL INC 211 WEST MOORE AVE TERRELL, TX 75160
Medicare 2:	5 (200) ITO 1100	PHONE: FAX:
Phone (903) 473-4401 Type: Branch Agency	Fax (903) 473-4403 Administrator CHORLECIA PRITCHETT	Services: Licensed and Certified Home Health Services
County RANDALL License # 007538 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (806) 373-7373 Type: Parent Agency	Region 01 Date Licensed 12/01/2000 GOODCARE SERVICES 4107 W 49TH AMARILLO, TX 79109 Fax (806) 342-3300 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 License # 019211 Lic Expire 1/22/2023 Medicare 1: Medicare 2: Phone (806) 803-9991	Region 01 Date Licensed 01/22/2019 HIGH PLAINS HOME CARE ASSISTANCE LLC 2730 DUNIVEN CIRCLE, SUITE B AMARILLO, TX 79109 Fax (806) 803-9996	Owner Information HIGH PLAINS HOME CARE ASSISTANCE LLC 106 DOLPHIN TERRACE AMARILLO, TEXAS 79118 PHONE: FAX: Services: Personal Assistance Services
County RANDALL License # 007787 Lic Expire 10/31/2023 Medicare 1: 459426 HHA-18 Medicare 2: Phone (806) 467-1156	Administrator KIM DYSON MAY Region 01 Date Licensed 10/31/2001 INTERIM HEALTHCARE OF AMARILLO 3501 SOUTH SONCY STE 134 AMARILLO, TX 79119 Fax (806) 467-1168	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
Torrest Arrests	Administrator TIVIII A DUTTED	James Control of The

Administrator

Type: Parent Agency

TWILA RUTTER

County RANDALL License # 010522 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (806) 352-0241 Type: Alternate Delivery Site County RANDALL License # 012961 Lic Expire 9/30/2023 Medicare 1: 451663 HOSPICE Medicare 2: Phone (806) 372-7696	Region 01 Date Licensed INTERIM HOSPICE OF WEST TEXAS 3501 SOUTH SONCY ROAD, STE 134 AMARILLO, TX 79119 Fax (806) 352-4753 Administrator BRANDI LARSON Region 01 Date Licensed KINDRED HOSPICE 3232 HOBBS AVENUE SUITE A AMARILLO, TX 79109 Fax (806) 372-2825	01/14/2008	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 Services: Hospice In-Patient Hospice: NO Owner Information INTEGRACARE OF WEST TEXAS HOSPICE, LL P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency	Administrator STACIE FAWELL		Calcian respice in the	
County RANDALL License # 021143 Lic Expire 10/20/2024 Medicare 1: Medicare 2: Phone (806) 236-5746	Region 01 Date Licensed SUPERIOR HOME AND RESPITE CARE 5301 MESQUITE SPRINGS TRAIL AMARILLO, TEXAS 79119 Fax	10/20/2021	Owner Information SUPERIOR HOME AND RESPITE CARE PO BOX 52312 AMARILLO, TEXAS 79159 PHONE:	FAX:
Type: Parent Agency	Administrator JAN CANNON		Services: Personal Assistance Services	
County RANDALL License # 011386 Lic Expire 6/30/2024 Medicare 1: Medicare 2:	Region 01 Date Licensed THE BASICS AT JAN WERNER 3108 S FILLMORE AMARILLO, TX 79110	06/12/2007	Owner Information AMARILLO MULTISERVICE CENTER FOR THE SAME AMARILLO, TX 79110-1026 PHONE: (806) 374-5516	AGING INC FAX: (806) 373-9446
Phone 806 3739447	Fax 806 3739446		PHONE: (806) 374-5516 Services: Licensed Home Health Services	FAA. (000) 373-3440
Type: Parent Agency	Administrator KRISTEN "KRISSY" HURT			
County RANDALL License # 009281 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 06 Date Licensed TOUCH OF CLASS 3505 OLSEN BLVD SUITE #215 AMARILLO, TX 79109	09/01/2004	Owner Information TOUCH OF CLASS PHONE:	FAX:
Phone (806) 467-1700	Fax (806) 467-1321		Services: Licensed Home Health Services; Persor	
Type: Branch Agency	Administrator JANET BOWLES			
County RANDALL License # 018593 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (806) 731-6266 Type: Parent Agency	Region 01 Date Licensed TRUE BLESSINGS LLC 1404 4TH AVENUE CANYON, TEXAS 79015 Fax (806) 476-0579 Administrator MARLA GALES	02/06/2018	Owner Information TRUE BLESSINGS LLC PO BOX 665 CANYON, TX 79015 PHONE: Services: Personal Assistance Services	FAX:
County RED RIVER License # 010155 Lic Expire 11/30/2024 Medicare 1: 677887 HHA-18 Medicare 2:	Region 04 Date Licensed COUNTRY HOME CARE 1505 W MAIN ST CLARKSVILLE, TX 75426	11/28/2005	Owner Information COUNTRY HOME CARE INC 1505 W MAIN STREET CLARKSVILLE, TX 75426 PHONE:	FAX:
Phone (903) 427-8366 Type: Parent Agency	Fax (903) 427-8369 Administrator TONYA PENDLETON		Services: Licensed and Certified Home Health Ser	

County RED RIVER License # 010450 Lic Expire 5/31/2023 Medicare 1: 679546 HHA-18 Medicare 2: Phone (903) 632-2173 Type: Parent Agency	Region 04 Date Licensed 05/12/2006 LEWIS HOME HEALTH CARE INC 157 NORTH MAIN STREET BOGATA, TX 75417 Fax (903) 632-2174 Administrator DONITA LEWIS	Owner Information LEWIS HOME HEALTH CARE INC PO BOX 28 BOGATA, TX 75417 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County REEVES License # 018091 Lic Expire 3/31/2023 Medicare 1: 677210 HHA-18;45 Medicare 2: Phone (432) 445-3330	Region 01 Date Licensed 03/16/2017 AMERICAN HOME HEALTH & HOSPICE 1800 S EDDY STREET PECOS, TX 79772 Fax (432) 445-3331	Owner Information REEVES COUNTY HOSPITAL DISTRICT 2323 TEXAS STREET PECOS, TX 79772 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 BRENDA MCKINNEY	
County ROBERTSON License # 010271 Lic Expire 5/30/2021 Medicare 1: 679536 HHA-18 Medicare 2: Phone (770) 828 1173	Region 05 Date Licensed 02/02/2006 MERRYMAN HOME HEALTH INC 100 DECHERD STE A&B FRANKLIN, TX 77856 Fax (979) 828-3426	Owner Information MERRYMAN HOME HEALTH INC PO BOX 247 FRANKLIN, TX 77856 PHONE: FAX:
Phone (979) 828-1173 Type: Parent Agency	Administrator KIMBERLY MCCORMICK	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County ROBERTSON License # 020094 Lic Expire 8/5/2022 Medicare 1:	Region 05 Date Licensed 08/05/2020 V'S SERVANT HEARTS HOME CARE SERVICE LLC 114 S. MAGNOLIA ST.	Owner Information V'S SERVANT HEARTS HOME CARE SERVICE LLC
Medicare 2:	HEARNE, TEXAS 77859	PHONE: FAX:
Phone (979) 393-0254 Type: Parent Agency	Fax Administrator LAVOSHA BENFORD	Services: Personal Assistance Services
County ROCKWALL License # 019910 Lic Expire 5/4/2022 Medicare 1:	Region 03 Date Licensed 05/04/2020 247 COMMUNITY HOME CARE INC 293 BLACKHAW DRIVE FATE, TEXAS 75087	Owner Information 247 COMMUNITY HOME CARE INC
Medicare 2:	F (400) 700 0400	PHONE: FAX:
Phone (469) 964-3310 Type: Parent Agency	Fax (469) 732-3420 Administrator LANEAN LANG	Services: Personal Assistance Services
County ROCKWALL License # 019337 Lic Expire 7/28/2021 Medicare 1:	Region 03 Date Licensed 11/19/2018 ACTIKARE RESPONSIVE INHOME CARE 232 DEVONPORT DRIVE ROCKWALL, TEXAS 75032	Owner Information TILLIE J LLC
Medicare 2:		PHONE: FAX:
Phone (214) 771-1116	Fax	Services: Personal Assistance Services
County ROCKWALL License # 018226 Lic Expire 8/31/2019 Medicare 1: Medicare 2:	Administrator ANGELA KIRBY Region 03 Date Licensed 08/03/2017 ALKRIST HOME HEALTH INC 596 PENDLETON DR ROCKWALL, TX 75032	Owner Information ALKRIST HOME HEALTH INC 596 PENDLETON DRIVE ROCKWALL, TX 75032 PHONE: FAX:
Phone (972) 369-4435 Type: Parent Agency	Fax (972) 369-4435 Administrator GRACE INYANG	Services: Personal Assistance Services

County ROCKWALL License # 007525 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (972) 771-4558	Region 04 Date Licensed AMERICAN HOME CARE 500 TURTLE COVE BOULEVARD SUITE 150 ROCKWALL, TX 75087 Fax (972) 771-4288	10/01/2001	Owner Information TBHL INC 211 WEST MOORE AVE TERRELL, TX 75160 PHONE: FA Services: Licensed and Certified Home Health Services Personal Assistance Services	
Type: Branch Agency	Administrator CHORLECIA PRITCHETT			
County ROCKWALL License # 021072 Lic Expire 9/24/2024 Medicare 1: Medicare 2: Phone (469) 655-0038 Type: Parent Agency	Region 03 Date Licensed CAMISSA HOME HEALTH AGENCY LLC 2801 LAKE VISTA DRIVE WYLIE, TX 750986401 Fax (972) 463-0414 Administrator FRANCOISE WAMBO FOMUL	09/24/2021	Owner Information CAMISSA HOME HEALTH AGENCY LLC SAME , PHONE: FA Services: Personal Assistance Services	x:
County ROCKWALL	Region 03 Date Licensed	02/01/2007	Owner Information	
License # 011332 Lic Expire 1/31/2023 Medicare 1: 677846 HHA-18 Medicare 2: Phone (972) 772-2940	CHILEX HOME CARE SERVICES 127 HAMPSHIRE LANE ROCKWALL, TX 75032 Fax (972) 772-2956	020,1200	CHILEX HOME CARE SERVICES INC 127 HAMPSHIRE LANE ROCKWALL, TX 75032 PHONE: FA Services: Licensed and Certified Home Health Services	
			Personal Assistance Services	, Licensed nome nearm Services,
Type: Parent Agency	Administrator HAPPINESS NWABUKO		Owner Information	
County ROCKWALL License # 008625 Lic Expire 9/30/2024 Medicare 1: 679377 HHA-18 Medicare 2:	Region 03 Date Licensed EXPEDIENT HOME HEALTH CARE 2455 RIDGE RD SUITE 205 ROCKWALL, TX 75087	09/03/2003	ALVERA REHAB ASSOCIATES INC 55 NOBLE COURT #110 ROCKWALL, TX 75032 PHONE: FA	X:
Phone (972) 772-5086 Type: Parent Agency	Fax (972) 771-5686 Administrator ARMIDA JUANE		Services: Licensed and Certified Home Health Services	; Licensed Home Health Services
County ROCKWALL License # 015759 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (469) 402-3450 Type: Parent Agency	Region 03 Date Licensed FREEDOM AT HOME DIALYSIS LLC 1309 RIDGE RD. SUITE#105 ROCKWALL, TX 75087 Fax (469) 402-0940 Administrator TANYA GRIFFIN	09/09/2013	Owner Information FREEDOM AT HOME DIALYSIS, LLC 55 NOBLE COURT, SUITE#110 ROCKWALL, TX 75032 PHONE: FA Services: Licensed Home Health Services with Dialysis	X:
County ROCKWALL	Region 03 Date Licensed	05/19/2016	Owner Information	
License # 017408 Lic Expire 5/31/2022 Medicare 1:	HOME CARE ASSISTANCE 892 STEGER TOWNE ROAD ROCKWALL, TX 75032	03/13/2010	LAKEPOINT COMPASSION HOME CARE LLC 190 DRYWELL CT ROYSE CITY, TEXAS 75189	
Medicare 2: Phone (972) 722-7833	Fax (844) 270-7015		PHONE: FA	X:
Type: Parent Agency	Administrator STEVE HANSON		Services: Personal Assistance Services	
County ROCKWALL License # 015975 Lic Expire 10/31/2024 Medicare 1:	Region 04 Date Licensed HOME CARE NETWORK 2602 RIDGE ROAD SUITE A ROCKWALL, TX 75087	10/14/2013	Owner Information HOME CARE NETWORK EAST INC 1701 N. HAMPTON ROAD, SUITE G DESOTO, TEXAS 75115	
Medicare 2: Phone (469) 757-3052	Fax (972) 961-3984		PHONE: FA	
Type: Branch Agency	Administrator SAUNDRA HILL		Services: Licensed and Certified Home Health Services	, Licensed Home Health Services

County ROCKWALL License # 011067 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (972) 412-9916 Type: Branch Agency	Region 04 Date Licensed PHYSICIANS CHOICE HOMECARE 6800 HERITAGE PARKWAY #103 ROCKWALL, TX 75087 Fax (972) 412-9971 Administrator DELAUNTE CRAWFORD	04/07/2009	Owner Information GREENVILLE PHYSICIANS CHOICE HOMECARE LLC 4315 RIDGECREST DR GREENVILLE, TX 75402 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County ROCKWALL License # 009451 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (972) 412-9916	Region 03 Date Licensed PHYSICIANS CHOICE HOMECARE 6800 HERITAGE PARKWAY #103 ROCKWALL, TX 75087 Fax (972) 412-9971	11/18/2005	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
County ROCKWALL License # 019909 Lic Expire 5/4/2022 Medicare 1: Medicare 2: Phone (469) 500-5582 Type: Parent Agency	Administrator DELAUNTE CRAWFORD Region 03 Date Licensed RADIANT HEART HOME CARE LLC 1281 STANFORD DR ROCKWALL, TX 75087 Fax Administrator GENEVIEVE MARTIN	05/04/2020	Owner Information RADIANT HEART HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services
County ROCKWALL License # 019586 Lic Expire 9/10/2021 Medicare 1:	Region 03 Date Licensed RIGHT AT HOME 1101 RIDGE RD, STE 127 ROCKWALL, TEXAS 75087	11/11/2019	Owner Information MIP SERVICES
Medicare 2: Phone (469) 314-1774 Type: Parent Agency	Fax (469) 440-8812 Administrator RACHEL REYNOLDS		PHONE: FAX: Services: Personal Assistance Services
County ROCKWALL License # 020877 Lic Expire 7/1/2024 Medicare 1:	Region 03 Date Licensed SHEENA HEATH CARE SERVICES INC 113 BRENTWOOD DRIVE HEATH, TEXAS 75032	07/01/2021	Owner Information SHEENA HEALTH CARE SERVICES INC
Medicare 2:	_		PHONE: FAX:
Phone (214) 924-2110 Type: Parent Agency	Fax Administrator CAREN MUNAI		Services: Licensed Home Health Services
County ROCKWALL License # 018607 Lic Expire 2/28/2022 Medicare 1: 457937 HHA-18 Medicare 2: Phone (214) 771-0771 Type: Parent Agency	Region 03 Date Licensed SUNRISE HOME HEALTH 1221 ARISTA LANE ROCKWALL, TX 75032 Fax (972) 772-9425 Administrator NEVILLE GOVENDER	02/09/2018	Owner Information AEGIS HOME HEALTH INC 1221 ARISTA LANE ROCKWALL, TX 75032 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County ROCKWALL License # 001939 Lic Expire 5/31/2022 Medicare 1: 677158 HHA-18 Medicare 2: Phone (972) 278-1414 Type: Parent Agency	Region 03 Date Licensed SUNRISE HOME HEALTH SERVICES 1221 ARISTA ROCKWALL, TX 75032 Fax (972) 772-9425 Administrator NEVILLE GOVENDER	05/27/1988	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 ROCKWALL License # 019259 Lic Expire 2/15/2023 Medicare 1: Medicare 2: Phone (316) 377-4770 Type: Parent Agency	Region 03 Date Licensed SUPERIOR HELPERS 1648 TROWBRIDGE CIRCLE ROCKWALL, TEXAS 750320021 Fax (833) 790-2263 Administrator CHRISTOPHER TOUOBOUN	02/15/2019	Owner Information SUPERIOR HELPERS LIABILITY COMPANY 1648 TROWBRIDGE CIRCLE ROCKWALL, TEXAS 75032 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County ROCKWALL License # 014017 Lic Expire 4/30/2023 Medicare 1: 747860 HHA-18 Medicare 2: Phone (972) 635-6666 Type: Parent Agency	Region 03 Date Licensed TEXAS PRIME HEALTHCARE INC 618 EAST LAMAR STREET ROYSE CITY, TX 75189 Fax (972) 635-6667 Administrator REX UZZI	04/07/2011	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 License # 020989 Lic Expire 8/18/2024 Medicare 1: Medicare 2: Phone (214) 924-2110 Type: Parent Agency	Region 03 Date Licensed WILL HEALTH CARE SERVICES INC 113 BRENTWOOD DRIVE HEATH, TEXAS 75032 Fax Administrator CAREN MUNAI	08/18/2021	Owner Information WILL HEALTH CARE SERVICES INC PHONE: FAX: Services: Licensed Home Health Services
County RUNNELS License # 014917 Lic Expire 7/31/2022 Medicare 1: 457773 HHA-18 Medicare 2: Phone (325) 365-3889 Type: Parent Agency	Region 01 Date Licensed BALLINGER HOME HEALTH INC 818 HUTCHINS AVENUE BALLINGER, TX 76821 Fax (325) 365-5685 Administrator MICHELLE AGUILERA	07/09/2012	Owner Information BALLINGER HOME HEALTH INC PO BOX 214 BALLINGER, TX 76821 PHONE: FAX: Services: Licensed and Certified Home Health Services
County RUNNELS License # 015166 Lic Expire 8/31/2022 Medicare 1: 671570 HOSPICE Medicare 2: Phone (325) 365-2375	Region 01 Date Licensed HOSPICE OF BALLINGER 818 HUTCHINGS AVE BALLINGER, TX 76821 Fax (325) 365-5484	08/23/2012	Owner Information BALLINGER HOME HEALTH INC PO BOX 214 BALLINGER, TX 76821 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County RUNNELS License # 003174 Lic Expire 9/30/2022 Medicare 1: 458191 HHA-18 Medicare 2: Phone (325) 754-4141 Type: Parent Agency	Administrator MICHELLE AGUILERA Region 01 Date Licensed NORTH RUNNELS HOME HEALTH AGENCY 500 S MAIN STREET WINTERS, TX 79567 Fax (325) 754-4337 Administrator JEANNIE FREE	09/02/1994	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 License # 018426 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (903) 854-2318	Region 04 Date Licensed ACEA HOME HEALTH LLC 5304 US HWY 79 SOUTH HENDERSON, TX 75654 Fax (90) 385-4319	08/28/2017	Owner Information ACEA HOME HEALTH LLC 306 SHAWNEE TRAIL HENDERSON, TX 75654 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency

Administrator MANDY POPE

County RUSK License # 014194 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (903) 889-2025 Type: Parent Agency	Region 04 Date Licensed 06/29/2011 ACROSS THE BOARD HOME HEALTHCARE 611 ZION HENDERSON, TX 75652 Fax (903) 392-8996 Administrator LARRY COLEMAN	Owner Information LINNCARE MANAGEMENT CORPORATION 5136 FM 2867 E HENDERSON, TX 75654 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County RUSK License # 011889 Lic Expire 2/28/2022 Medicare 1: 747038 HHA-18 Medicare 2: Phone (903) 657-6050 Type: Parent Agency	Region 04 Date Licensed 02/15/2008 ADVANCING AT HOME HEALTH CARE LLC 702 FAIRPARK DR. SUITE 101 HENDERSON, TX 75654 Fax (903) 657-4361 Administrator TIFFANY TYESKIE	Owner Information ADVANCING AT HOME HEALTH CARE LLC 702 FAIRPARK DRIVE SUITE 101 HENDERSON, TX 75654-5215 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County RUSK License # 012010 Lic Expire 5/31/2023 Medicare 1: 671638 HOSPICE Medicare 2: Phone (903) 657-2461 Type: Parent Agency	Region 04 Date Licensed 05/15/2008 ANGEL CARE HOSPICE LLC 702 FAIR PARK DRIVE SUITE 102 HENDERSON, TX 75654 Fax (903) 657-8796 Administrator MICHELLE ADAMS	Owner Information ANGEL CARE HOSPICE, LLC 702 FAIR PARK DRIVE SUITE 102 HENDERSON, TX 75654 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County RUSK License # 015639 Lic Expire 6/30/2023 Medicare 1: 459266 HHA-18 Medicare 2: Phone (903) 657-4413	Region 04 Date Licensed 06/17/2013 ASSISTCARE 315 WILSON ST. HENDERSON, TX 75652 Fax (903) 655-0225	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
Type: Parent Agency County RUSK License # 002875 Lic Expire Medicare 1: 458072 HHA-18 Medicare 2: Phone (903) 657-1004 Type: Parent Agency	Administrator MICHELLE SPRINGFIELD Region 04 Date Licensed 05/06/1994 AT HOME HEALTHCARE 506 HWY 79 NORTH HENDERSON, TX 75652 Fax (903) 657-2260 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 RUSK License # 017904 Lic Expire 2/28/2024 Medicare 1: Medicare 2: Phone (903) 722-4193 Type: Parent Agency	Region 04 Date Licensed 02/06/2017 ATB HOME HEALTHCARE 611 ZION ST SUITE 2 HENDERSON, TX 75652 Fax (903) 392-8996 Administrator LARRY COLEMAN	Owner Information BIRTHED TO CARE 611 ZION ST SUITE 2 HENDERSON, TX 75652 PHONE: FAX: Services: Personal Assistance Services
County RUSK License # 007572 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (903) 657-5100 Type: Branch Agency	Region 04 Date Licensed 11/30/2000 DISABILITY SERVICES OF THE SOUTHWEST INC 102 E. MAIN HENDERSON, TEXAS 75652 Fax (877) 463-1310 Administrator KRISTALA EVANS	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 RUSK License # 016464 Lic Expire 9/30/2022 Medicare 1: 677275 HHA-18 Medicare 2: Phone (903) 722-9002 Type: Parent Agency	Region 04 Date Licensed 09/15/2014 HAPPY AT HOME HEALTHCARE 125 SOUTH MAIN STREET HENDERSON, TX 75654 Fax (903) 722-9004 Administrator WESLEY HOLLOWAY	Owner Information JEFF D MILLER INVESTMENTS LLC 125 SOUTH MAIN STREET HENDERSON, TX 75654 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County RUSK License # 015396 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (877) 434-3153 Type: Parent Agency	Region 04 Date Licensed 02/27/2013 LIFESPAN HOME HEALTH 102 E. MAIN HENDERSON, TEXAS 75652 Fax (877) 463-1310 Administrator MARCOS CAMPOS	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 RUSK License # 019594 Lic Expire 9/12/2024 Medicare 1: 971606 Hospice Medicare 2: Phone (903) 657-9441	Region 06 Date Licensed 09/12/2019 NEW AGE HOSPICE PALLIATIVE LLC 315 WILSON STREET, SUITE A HENDERSON, TEXAS 75652 Fax (903) 655-0225	Owner Information NEW AGE HOSPICE PALLIATIVE LLC PHONE: FAX: Sonvices: Hospige: Personal Assistance Sonvices
Type: Parent Agency	Administrator SELENA CABRERA	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County SABINE License # 007810 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone 409 7871636	Region 05 Date Licensed OUTREACH HOME CARE 390 SABINE STREET SUITE B HEMPHILL, TX 75948 Fax 409 7873690	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
Type: Branch Agency County SAN JACINTO License # 014854 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (936) 585-4519 Type: Parent Agency	Administrator ANDREA AGUILERA Region 04 Date Licensed 06/07/2012 BLESSED ASSURANCE HOMEHEALTH CARE INC 11231 HWY 150 SUITE A SHEPHERD, TX 77371 Fax (936) 585-4772 Administrator SHERI TAJUDEEN	Owner Information BLESSED ASSURANCE HOMEHEALTH CARE INC 11231 HWY 150, SUITE A SHEPHERD, TX 77371 PHONE: FAX: Services: Personal Assistance Services
County SAN PATRICIO License # 019251 Lic Expire 12/17/2022 Medicare 1:	Region 07 Date Licensed 12/17/2018 BRIGGS HOMECARE LLC 604 MOORE AVE PORTLAND, TX 78374	Owner Information BRIGGS HOMECARE LLC
Medicare 2: Phone (361) 643-2323 Type: Parent Agency	Fax (361) 643-1212 Administrator TASHA BURNETT	PHONE: FAX: Services: Personal Assistance Services
County SCURRY License # 001523 Lic Expire 4/30/2022 Medicare 1: 457656 HHA-18;74 Medicare 2: Phone (325) 574-7340	Region 01 Date Licensed 04/24/1984 COGDELL HOME HEALTH AND HOSPICE 1700 COGDELL BLVD SNYDER, TX 79549 Fax (325) 573-1882	Owner Information SCURRY COUNTY HOSPITAL DISTRICT 1700 COGDELL BLVD SNYDER, TX 79549 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services In-Patient Hospice: NO

Type: Parent Agency

Administrator

SHERRI LIEB

County SCURRY License # 020020 Lic Expire 2/3/2022 Medicare 1: Medicare 2: Phone (325) 268-1531 Type: Parent Agency	Region 01 Date Licensed 02/03/20 COMFORT KEEPERS 1824 26TH STREET SNYDER, TEXAS 79550 Fax (325) 573-3223 Administrator BECKY CROSS	Owner Information SDX HOME CARE OPERATIONS LLC 6640 POE AVE STE 200 DAYTON, OH 45414 PHONE: FAX: Services: Personal Assistance Services
County SHACKELFORD License # 012325 Lic Expire 11/30/2022 Medicare 1: 747259 HHA-18 Medicare 2: Phone (325) 762-2854 Type: Parent Agency	Region 01 Date Licensed 12/01/20 KINDRED AT HOME 100 NORTH MAIN STREET ALBANY, TX 76430 Fax (325) 762-3746 Administrator SHANNON NICKLAS	Owner Information INTEGRACARE OF ALBANY, LLC ATTN: LICENSING DEPT., 12900 FOSTER, SUITE 400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County SHELBY License # 002409 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone 936 5910116 Type: Branch Agency County SHELBY License # 013942 Lic Expire 3/31/2023 Medicare 1: Medicare 2:	Region 04 Date Licensed 08/25/19 A PINEYWOODS HOME HEALTH CARE INC 919 NACOGDOCHES ST CENTER, TX 75935 Fax (936) 591-0302 Administrator KERRI GRIFFIN Region 04 Date Licensed 05/31/20 AFFINITY HEALTH CARE 203 HURST ST. CENTER, TEXAS 75935	A PINEYWOODS HOME HEALTH CARE INC P.O. BOX 1743 LUFKIN, TEXAS 75902 PHONE: FAX: Services: Licensed and Certified Home Health Services
Phone (936) 657-4050 Type: Alternate Delivery Site County SHELBY	Fax (888) 659-2676 Administrator QUINCY MARTINDALE Region 04 Date Licensed 01/01/20	
License # 008274 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (936) 590-9303	ELARA CARING 202 TENAHA CENTER, TX 75935 Fax (936) 590-9306	JHS OPERATIONS, LLC 2039 CROCKETT RD. PALESTINE, TX 75801 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Branch Agency County SMITH License # 002409 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (430) 205-3800 Type: Branch Agency	Administrator ROBIN WEBB Region 04 Date Licensed 01/10/20 A PINEYWOODS HOME HEALTH CARE INC 215 WINCHESTER DR STE 100 TYLER, TX 75701 Fax (430) 205-3999 Administrator KERRI GRIFFIN	Owner Information A PINEYWOODS HOME HEALTH CARE INC P.O. BOX 1743 LUFKIN, TEXAS 75902 PHONE: FAX: Services: Licensed and Certified Home Health Services
County SMITH License # 017692 Lic Expire 10/31/2022 Medicare 1: 741685 HOSPICE Medicare 2: Phone (903) 980-6142 Type: Parent Agency	Region 04 Date Licensed 10/21/20 A PROMISE PALLIATVE CARE AND HOSPICE 700 N MAIN STREET LINDALE, TX 75771 Fax (903) 200-1510 Administrator SILAS SHELTON, LVN	OMNER Information ZENITH HOSPICE CARE INC 8204 ELMBROOK DRIVE SUITE 210 DALLAS, TX 75247 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County SMITH License # 008374 Lic Expire 3/31/2024 Medicare 1: 679290 HHA-18 Medicare 2: Phone (903) 593-1737	Region 04 Date Licensed 03/24/2003 AMCARE PRO HOME HEALTH OF EAST TEXAS 401 E FRONT ST STE 229 TYLER, TEXAS 75702 Fax (903) 593-1752	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 License # 020738 Lic Expire 5/7/2024 Medicare 1: Medicare 2: Phone (903) 201-6720 Type: Parent Agency	Administrator MUFADDAL BOOTWALA Region 04 Date Licensed 05/07/2021 AMY'S HOMETOWN HOME CARE 121 S. BROADWAY SUITE 426 TYLER, TEXAS 75702 Fax Administrator AMY METCALF	Owner Information MY DNARX, LLC 10601 CLARENCE ROAD SUITE 250 FRISCO, TX 75033 PHONE: FAX: Services: Personal Assistance Services
County SMITH License # 003546 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (903) 561-2252 Type: Branch Agency	Region 04 Date Licensed 03/24/2006 ANGELS CARE HOME HEALTH 1820 SHILOH ROAD SUITE 1400 TYLER, TX 75703 Fax (903) 561-2253 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 534-4684	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 755 SOUTH BECKHAM AVE TYLER, TX 75701 Fax (903) 532-1401	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County SMITH License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 534-4684 Type: Branch Agency	Administrator HEATHER RODGERS Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 755 SOUTH BECKHAM AVE TYLER, TX 75701 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 534-4684 Type: Branch Agency	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 755 SOUTH BECKHAM AVE TYLER, TX 75701 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 534-4684 Type: Branch Agency	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 755 SOUTH BECKHAM AVE TYLER, TX 75701 Fax (903) 532-1401 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 License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 534-4684 Type: Branch Agency	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 755 SOUTH BECKHAM AVE TYLER, TX 75701 Fax (903) 532-1401 Administrator HEATHER RODGERS	Owner Information AOC TX, LLC P 0 BOX 338 HOWE, TX 75459 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County SMITH License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 534-4684	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 755 SOUTH BECKHAM AVE TYLER, TX 75701 Fax (903) 532-1401	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX:
Type: Branch Agency County SMITH License # 020788 Lic Expire 5/26/2024 Medicare 1:	Administrator HEATHER RODGERS Region 04 Date Licensed 05/26/2021 ARROW SENIOR CONCIERGE LLC 1125 HWY 110 SUITE 107 WHITEHOUSE, TEXAS 75791	Services: Licensed Home Health Services; Personal Assistance Services Owner Information ARROW SENIOR CONCIERGE
Medicare 2: Phone (903) 871-3460 Type: Parent Agency	Fax (903) 871-3452 Administrator SIMONE SPARKS	PHONE: FAX: Services: Personal Assistance Services
County SMITH License # 002875 Lic Expire Medicare 1: Medicare 2: Phone (903) 597-7700 Type: Branch Agency	Region 04 Date Licensed 09/11/2001 AT HOME HEALTHCARE 419 S BECKHAM TYLER, TX 75702 Fax (903) 592-1903 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 License # 007113 Lic Expire Medicare 1: Medicare 2: Phone (903) 593-9945 Type: Parent Agency	Region 04 Date Licensed 07/01/1999 AT HOME HEALTHCARE 423 S BECKHAM TYLER, TX 75702 Fax (903) 525-3861 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 License # 001881 Lic Expire 12/31/2023 Medicare 1: 677132 Medicare 2: Phone (903) 592-8001 Type: Parent Agency	Region 04 Date Licensed 12/09/1987 AT HOME HEALTHCARE 419 S BECKHAM TYLER, TX 75702 Fax (903) 787-7636 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 License # 003487 Lic Expire Medicare 1: 458347 Medicare 2: Phone (903) 592-8001 Type: Parent Agency	Region 04 Date Licensed 01/11/1995 AT HOME HEALTHCARE 9846 HWY 31 EAST TYLER, TX 75705 Fax (903) 596-7479 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 License # 003487 Lic Expire Medicare 1: 458347 Medicare 2: Phone (903) 592-8001	Region 04 Date Licensed 01/11/1995 AT HOME HEALTHCARE 9846 HWY 31 EAST TYLER, TX 75705 Fax (903) 596-7479	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
Type: Parent Agency	Administrator JENNIFER HUFFMAN	
County SMITH License # 007898 Lic Expire Medicare 1: Medicare 2: Phone (903) 593-9330 Type: Parent Agency	Region 04 Date Licensed 04/02/2002 AT HOME SUPPORT 421 S. BECKHAM TYLER, TX 75702 Fax (903) 525-3862 Administrator CRYSTOL HENRY	Owner Information BIENVILLE HOLDINGS, LTD 423 S BECKHAM AVENUE TYLER, TX 75702 PHONE: FAX: Services: Personal Assistance Services
County CMITH	Pagin 04 Pata Licensed 04/40/2016	Owner Information
County SMITH License # 014848 Lic Expire 3/31/2022 Medicare 1: Medicare 2:	Region 04 Date Licensed 04/19/2016 AVEANNA HEALTHCARE 921 SHILOH ROAD SUITE C 120 TYLER, TX 75703	EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX:
Phone (903) 939-2800	Fax (903) 581-7057	Services: Licensed Home Health Services
Type: Branch Agency	Administrator TYLER FRANKLIN	
County SMITH License # 014848 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (903) 509-3742 Type: Parent Agency	Region 04 Date Licensed 03/28/2012 AVEANNA HEALTHCARE 212 OLD GRANDE BLD STE A110 TYLER, TX 75703 Fax (903) 509-3744 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	Owner Information
License # 010346	BALM IN GILEAD HOME HEALTH SERVICES INC	BALM IN GILEAD HOME HEALTH SERVICES INC
Lic Expire 3/31/2024	626 WHITEOAK LANE	4546 SOUTH BROADWAY SUITE C
Medicare 1: 679545 HHA-18	TYLER, TX 75703	TYLER, TX 75703
Medicare 2:	-	PHONE: FAX:
Phone (903) 561-9419 Type: Parent Agency	Fax (903) 561-2633 Administrator NGOZI ONWUZURUMBA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County SMITH License # 020575 Lic Expire 3/8/2023 Medicare 1:	Region 04 Date Licensed 03/08/2021 BETTER HOME CARE LLC 1600 RICE RD APT 1228 TYLER, TEXAS 75703	Owner Information BETTER HOME CARE LLC
Medicare 2:	_	PHONE: FAX:
Phone (903) 504-2735 Type: Parent Agency	Fax Administrator BRENDA CAMPBELL	Services: Personal Assistance Services
County SMITH License # 014367 Lic Expire 9/30/2023 Medicare 1: 747788 HHA-18 Medicare 2:	Region 04 Date Licensed 09/20/2011 BEULAH HOME HEALTH AGENCY INC 3613 ROCK CREEK DRIVE TYLER, TX 75707	Owner Information BEULAH HOME HEALTH AGENCY INC 3613 ROCK CREEK DRIVE TYLER, TX 75707-1635 PHONE: FAX:
Phone (903) 525-9037	Fax (903) 525-9076	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator VINCENT UDOSEN	

County SMITH License # 015531 Lic Expire 3/31/2023 Medicare 1: 458261 HHA-18 Medicare 2: Phone (903) 363-9932 Type: Parent Agency	Region 04 Date Licensed 0-CHOICE HOMECARE 6760 OLD JACKSONVILLE HIGHWAY SUITE 101 TYLER, TX 75703 Fax (888) 333-8977 Administrator SHERI SHELTON	4/01/2013	Owner Information INTEGRITY FAMILY HOME CARE LLC 6760 OLD JACKSONVILLE HIGHWAY SUITE 10' TYLER, TX 75703 PHONE: Services: Licensed and Certified Home Health Services	FAX:
County SMITH License # 015333 Lic Expire 11/30/2022 Medicare 1: 451740 HOSPICE Medicare 2: Phone (903) 509-3015	Region 04 Date Licensed 1: CHOICE HOSPICE 6770 OLD JACKSONVILLE HWY; SUITE 102 TYLER, TEXAS 75703 Fax (903) 509-5971	2/01/2012	Owner Information LEGACY HOSPICE, LLC 6760 OLD JACKSONVILLE HWY, SUITE 102 TYLER, TX 75703 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency County SMITH License # 018468 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (903) 566-0734 Type: Parent Agency	Administrator KATIE SANDLIN Region 04 Date Licensed 0 CHOICE PLUSCARE 4200 OLD OMEN ROAD SUITE 2202 TYLER, TX 75707 Fax (903) 566-2915 Administrator CYNTHIA BECKNAL	8/23/2017	Owner Information CIVPLUS CARE, LLC 6760 OLD JACKSONVILLE HIGHWAY SUITE 10 TYLER, TX 75703-0566 PHONE: Services: Licensed Home Health Services; Person	FAX:
County SMITH License # 018435 Lic Expire 8/31/2024 Medicare 1: 743197 HHA-18 Medicare 2: Phone (903) 534-6267 Type: Parent Agency	Region 04 Date Licensed 0 CHRISTUS HOMECARE 821 E SOUTHEAST LOOP 323 SUITE 560 TYLER, TX 757019667 Fax (903) 534-6296 Administrator TRISHA WOOLARD	9/01/2017	Owner Information LHCG CXII, LLC PO BOX 51266 LAFAYETTE, LA PHONE: Services: Licensed and Certified Home Health Services	FAX: vices; Licensed Home Health Services
County SMITH License # 008273 Lic Expire 12/21/2023 Medicare 1: Medicare 2: Phone (903) 509-0959 Type: Branch Agency		1/01/2003	Owner Information JHS OPERATIONS, LLC 2039 CROCKETT RD. PALESTINE, TX 75801 PHONE: Services: Licensed and Certified Home Health Services	FAX: vices; Licensed Home Health Services
County SMITH License # 008273 Lic Expire 12/21/2023 Medicare 1: Medicare 2: Phone (903) 509-0959 Type: Branch Agency	Region 04 Date Licensed 0 ELARA CARING 3320 TROUP HIGHWAY, SUITE 240 TYLER, TX 75701 Fax (903) 509-1068 Administrator MELLISA DUNAVANT	1/01/2003	Owner Information JHS OPERATIONS, LLC 2039 CROCKETT RD. PALESTINE, TX 75801 PHONE: Services: Licensed and Certified Home Health Services	FAX: vices; Licensed Home Health Services
County SMITH License # 009754 Lic Expire 3/31/2024 Medicare 1: 459457 HHA-18 Medicare 2: Phone 903 5264663 Type: Parent Agency		3/04/2005	Owner Information AHM ACTION HOME HEALTH, LP 6688 N CENTRAL EXPRESSWAY STE 1300 DALLAS, TX PHONE: Services: Licensed and Certified Home Health Services	FAX: vices; Licensed Home Health Services

County SMITH License # 020035 Lic Expire 7/3/2022 Medicare 1: 971668 Medicare 2: Phone (903) 405-3853	Region 04 Date Licensed 07/03/2020 ENCOMPASS HEALTH HOSPICE 724 WSW 323 LOOP, SUITE C TYLER, TEXAS 75701 Fax (903) 705-0743	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
Type: Parent Agency	Administrator MARSHA JONES	
County SMITH License # 021149 Lic Expire 10/25/2024 Medicare 1:	Region 04 Date Licensed 10/25/2021 EPIC HOMECARE LLC 12738 MILPOND LN TYLER, TX 75706	Owner Information EPIC HOMECARE LLC
Medicare 2:		PHONE: FAX:
Phone (903) 206-4400	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator JAMES BISHOP	
County SMITH License # 011762 Lic Expire 11/30/2022 Medicare 1:	Region 04 Date Licensed 11/30/2007 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 100 E FERGUSON STREET SUITE 600 TYLER, TX 75702	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117
Medicare 2: Phone (903) 526-2914	Fax (903) 526-1461	PHONE: FAX:
Type: Parent Agency	Administrator SHERRY GOOLSBY	Services: Licensed Home Health Services; Personal Assistance Services
County SMITH License # 015265 Lic Expire 12/31/2022 Medicare 1: 741565 HOSPICE Medicare 2: Phone (903) 534-3701	Region 04 Date Licensed 12/13/2012 HARBOR HOSPICE 27 LP 1540 RICE ROAD, SUITE 200 TYLER, TEXAS 75703 Fax (903) 704-4770	Owner Information HARBOR HOSPICE 27 LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX:
_		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MARQUETTE LONG	
County SMITH License # 016127 Lic Expire 4/30/2022 Medicare 1: 741659 HOSPICE	Region 04 Date Licensed 04/03/2014 HARBOR HOSPICE OF TEXARKANA LP 1540 RICE ROAD, SUITE 200B TYLER, TEXAS 75703	Owner Information HARBOR HOSPICE OF TEXARKANA LP 3406 COLLEGE STREET BEAUMONT, TX 77701
Medicare 2: Phone (903) 525-9390	Fax (903) 525-9285	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator MARQUETTE LONG	·
County SMITH License # 015986 Lic Expire 10/31/2024 Medicare 1: 451756 HOSPICE Medicare 2: Phone (903) 593-6619	Region 04 Date Licensed 10/25/2013 HEART TO HEART HOSPICE OF TYLER LTD 7925 S BROADWAY AVENUE SUITE 1140 TYLER, TX 75703 Fax 903593 6695	Owner Information HEART TO HEART HOSPICE OF TYLER LTD 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator GINA DAUGHTRY	In-Patient Hospice: NO
County SMITH License # 018169 Lic Expire 7/31/2021 Medicare 1: Medicare 2:	Region 04 Date Licensed 07/14/2017 HEATON HEALTH SERVICES AGENCY LLC 1820 SHILOH ROAD, SUITE 1503 TYLER, TEXAS 75703	Owner Information HEATON HEALTH SERVICES AGENCY LLC 11807 VERMILLION ST TYLER, TX 75703-7758 PHONE: FAX:
Phone (903) 630-5493 Type: Parent Agency	Fax (903) 965-6384 Administrator CLAYTON HEATON	Services: Licensed Home Health Services; Personal Assistance Services

County SMITH License # 011470 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone 903 7934900 Type: Branch Agency	Region 04 Date Licensed HERITAGE HOME HEALTH 5070 KINSEY DR TYLER, TEXAS 75703 Fax Administrator JOHN COFFEE		Owner Information FAMILY CARE HOME HEALTH INC 4605 TEXAS BOULEVARD TEXARKANA, TX 75503 PHONE: Services: Licensed Home Health Services	FAX:
County SMITH License # 011470 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone 903 7934900	Region 04 Date Licensed HERITAGE HOME HEALTH 5070 KINSEY DR TYLER, TEXAS 75703		Owner Information FAMILY CARE HOME HEALTH INC 4605 TEXAS BOULEVARD TEXARKANA, TX 75503 PHONE: Services: Licensed Home Health Services	FAX:
Type: Branch Agency	Administrator JOHN COFFEE		dervices. Eldensed Frome Freditin dervices	
County SMITH License # 018670 Lic Expire 3/31/2022 Medicare 1: 671761 Medicare 2:	Region 04 Date Licensed HERITAGE HOSPICE OF EAST TEXAS 5070 KINSEY DRIVE TYLER, TX 75703	03/14/2018	Owner Information KELTON HOSPICE INC 4605 TEXAS BLVD TEXARKANA, TX 75503 PHONE:	FAX:
Phone (903) 218-6870	Fax		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator CRYSTA COLLOM			
County SMITH License # 018670 Lic Expire 3/31/2022 Medicare 1: 671761	Region 04 Date Licensed HERITAGE HOSPICE OF EAST TEXAS 5070 KINSEY DRIVE TYLER, TX 75703	03/14/2018	Owner Information KELTON HOSPICE INC 4605 TEXAS BLVD TEXARKANA, TX 75503	
Medicare 2:	-		PHONE:	FAX:
Phone (903) 218-6870	Fax		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator CRYSTA COLLOM		'	
County SMITH License # 008095 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (903) 533-1300 Type: Parent Agency	Region 04 Date Licensed HOME AID CAREGIVERS LTD 1530 SSW LOOP 323 SUITE 113 TYLER, TX 75701 Fax (903) 533-9515 Administrator JOSEPH COKER	09/03/2002	Owner Information HOME AID CAREGIVERS LTD 1530 SSW LOOP 323 SUITE 127 TYLER, TX 75701 PHONE: Services: Personal Assistance Services	FAX:
County SMITH	Region 04 Date Licensed	08/10/2017	Owner Information	
License # 018433 Lic Expire 8/31/2023 Medicare 1: Medicare 2:	HOME INSTEAD SENIOR CARE 620 SHELLEY DRIVE TYLER, TEXAS 75701	00/10/2017	BUCKSKIN 903 VENTURES, LLC 5380 OLD BULLARD RD, STE 600-264 TYLER, TX 75703 PHONE:	FAX:
Phone (903) 258-9061	Fax (903) 705-0090		Services: Personal Assistance Services	
Type: Parent Agency	Administrator ELLEN TRANT			
County SMITH License # 002043 Lic Expire 7/31/2022 Medicare 1: 451534 HOSPICE Medicare 2:	Region 04 Date Licensed HOSPICE OF EAST TEXAS 4111 UNIVERSITY BLVD TYLER, TX 75701	07/07/1989	Owner Information HOSPICE OF EAST TEXAS 4111 UNIVERSITY BLVD TYLER, TX 75701 PHONE:	FAX:
Phone (903) 266-3400	Fax (903) 566-0291		Services: Hospice In-Patient Hospice: YES	
Type: Parent Agency	Administrator MARJORIE REAM		/ 44.5/1.1.05/1001 1.20	

County SMITH License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 787-7502	Region 03 Date Licensed HOSPICE PLUS 112 E LINE ST SUITE 202 TYLER, TX 757025760 Fax (903) 787-7506	08/04/2004	Owner Information INTERNATIONAL TUTORING SERVICES, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		
County SMITH License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 787-7502	Region 03 Date Licensed HOSPICE PLUS 112 E LINE ST SUITE 202 TYLER, TX 757025760 Fax (903) 787-7506	08/04/2004	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		
County SMITH License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (903) 787-7502	Region 03 Date Licensed HOSPICE PLUS 112 E LINE ST SUITE 202 TYLER, TX 757025760 Fax (903) 787-7506	08/04/2004	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		In-Patient Hospice: NO
County SMITH License # 012516 Lic Expire 3/31/2024 Medicare 1: 747329 HHA-18	Region 04 Date Licensed HUMILITY HOME HEALTH SERVICES INC 4546 SOUTH BROADWAY AVE SUITE A TYLER, TX 75703	03/18/2009	Owner Information HUMILITY HOME HEALTH SERVICES INC 612 PRESTONWOOD CIRCLE TYLER, TX 75703
Medicare 2: Phone (903) 939-0290	Fax (903) 504-5145		PHONE: FAX:
Type: Parent Agency	Administrator OKWUCHI NWASURUBA		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County SMITH License # 019032 Lic Expire 1/3/2021 Medicare 1: Medicare 2: Phone (904) 412-1585 Type: Parent Agency	Region 04 Date Licensed INTERIM HEALTHCARE 1731 S. BECKHAM AVE. TYLER, TX 75701 Fax (254) 946-0178 Administrator GERALD LANGSTON	10/22/2018	Owner Information GL HEALTHCARE OF EAST TEXAS, LLC 1731 S BECKHAM AVE TYLER, TX 75701 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County SMITH License # 012075 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (903) 595-5266 Type: Branch Agency	Region 05 Date Licensed KINDRED AT HOME 1700 S SE 323 LOOP SUITE 110 TYLER, TX 75701 Fax (903) 595-5289 Administrator MARCIA LOWE	06/26/2008	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed and Certified Home Health Services
County SMITH License # 012075 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (903) 595-5266 Type: Branch Agency	Region 05 Date Licensed KINDRED AT HOME 1700 S SE 323 LOOP SUITE 110 TYLER, TX 75701 Fax (903) 595-5289 Administrator MARCIA LOWE	06/26/2008	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed and Certified Home Health Services

County SMITH License # 012075 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (903) 595-5266 Type: Branch Agency	Region 05 Date Licensed 06/2 KINDRED AT HOME 1700 S SE 323 LOOP SUITE 110 TYLER, TX 75701 Fax (903) 595-5289 Administrator MARCIA LOWE	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed and Certified Home Health Services
County SMITH License # 012075 Lic Expire 6/30/2022 Medicare 1: Medicare 2:	Region 05 Date Licensed 06/2 KINDRED AT HOME 1700 S SE 323 LOOP SUITE 110 TYLER, TX 75701	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX:
Phone (903) 595-5266 Type: Branch Agency	Fax (903) 595-5289 Administrator MARCIA LOWE	Services: Licensed and Certified Home Health Services
County SMITH License # 019243 Lic Expire 11/30/2022 Medicare 1: 74Q7397001 Medicare 2: Phone (214) 440-1004	Region 03 Date Licensed KLARUS HOME CARE 1540 RICE RD STE 300 TYLER, TEXAS 75703 Fax	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
Type: Branch Agency County SMITH License # 012918 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (903) 581-8881 Type: Parent Agency	Administrator MARIA CRISTINA BACUD Region 04 Date Licensed 01/2 MAXIM HEALTHCARE SERVICES INC 1828 ESE LOOP 323 SUITE 101 TYLER, TX 75701 Fax (877) 799-3230 Administrator EMILY SMITH	Owner Information MAXIM HEALTHCARE SERVICES INC 7227 LEE DEFOREST DRIVE COLUMBIA, MD 21046 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County SMITH License # 019147 Lic Expire 12/12/2023 Medicare 1: Medicare 2: Phone (903) 508-4848 Type: Parent Agency	Region 04 Date Licensed 12/1 MVP PEDIATRIC HOME HEALTH CORP 9952 FM 346 E WHITEHOUSE, TEXAS 75791 Fax (903) 508-4849 Administrator MELANIE LEACH	Owner Information MVP PEDIATRIC HOME HEALTH CORP 1650 HOLCOMB CIRCLE TYLER, TEXAS 75703 PHONE: FAX: Services: Licensed Home Health Services
County SMITH License # 007537 Lic Expire 2/28/2022 Medicare 1: 679039 HHA-18 Medicare 2: Phone (903) 561-1662 Type: Parent Agency		Owner Information NEW CONCEPT HEALTH SERVICES INC 3800 PALUXY DR., SUITE 582 TYLER, TEXAS PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County SMITH License # 011800 Lic Expire 1/31/2023 Medicare 1: 747287 HHA-18 Medicare 2: Phone (903) 509-4440 Type: Parent Agency	Region 04 Date Licensed 01/0 NIGHTINGALE HOME HEALTH AGENCY 1405 SOUTH FLEISHER AVENUE SUITE 315 TYLER, TX 75701 Fax (903) 534-8999 Administrator JULIUA WILLIAMS	Owner Information NIGHTINGALE PROVIDER SERVICES INC 5823 PERSIMMON DRIVE TYLER, TX 75707-2016 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County SMITH License # 014790 Lic Expire 5/31/2022 Medicare 1: 741558 Medicare 2: Phone (903) 730-6181	Region 03 Date Licensed ONE POINT HOSPICE 700 N MAIN ST, SUITE B LINDALE, TX 75771 Fax (972) 777-9895	Owner Information BEST CARE HOSPICE LLC 17826 DAVENPORT ROAD SUITE D DALLAS, TX 75252 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator JAMES HOLLOMAN	Owner Information
County SMITH License # 007339 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (866) 270-9747 Type: Branch Agency	Region 03 Date Licensed 07/12/2017 OUTREACH HOME CARE 3110 GOLDEN ROAD TYLER, TX 75701 Fax (972) 840-7201 Administrator COLBY BRYANT	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 SMITH License # 009541 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (903) 581-1123 Type: Branch Agency	Region 04 Date Licensed PARADIGM HOME CARE 7632 TIMBER TRAIL TYLER, TEXAS 75703 Fax Administrator CHRISTI NEELY	Owner Information PARADIGM REHAB & NURSING LP PO BOX 130010 TYLER, TX 75713 PHONE: (903) 581-1223 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County SMITH License # 009541 Lic Expire 1/31/2022 Medicare 1: 457833 HHA-18 Medicare 2: Phone (903) 581-1223 Type: Parent Agency	Region 04 Date Licensed 01/24/2005 PARADIGM REHAB & NURSING LP 777 S BROADWAY AVENUE SUITE 200 TYLER, TX 75701 Fax (903) 581-1253 Administrator CHRISTI NEELY	Owner Information PARADIGM REHAB & NURSING LP PO BOX 130010 TYLER, TX 75713 PHONE: (903) 581-1223 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County SMITH License # 015400 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (903) 592-7442 Type: Parent Agency	Region 04 Date Licensed 02/28/2013 PEDIATRIC HOME HEALTHCARE LLC 3200 TROUP HIGHWAY SUITE 135 TYLER, TX 75701 Fax (903) 593-9917 Administrator PAMELA HANSON-LONG	Owner Information PEDATRIC HOME HEALTHCARE LLC 1341 W MOCKINGBIRD LN STE#900 DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County SMITH License # 011585 Lic Expire 9/30/2024 Medicare 1: 747071 Medicare 2: Phone (903) 526-3477 Type: Parent Agency	Region 04 Date Licensed 09/17/2007 PREMIER HEALTH CARE SERVICES I 1021 E SOUTHEAST LOOP 323 SUITE 110 TYLER, TX 75701 Fax (469) 374-5426 Administrator FRANKLIN HUNTER	Owner Information PHCS I INC 1666 N. HAMPTON RD. SUITE 202 DESOTO, TEXAS 75115 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County SMITH License # 012274 Lic Expire 3/31/2024 Medicare 1: 673137 Medicare 2: Phone (903) 526-0443 Type: Parent Agency	Region 04 Date Licensed 08/22/2008 PREMIER HEALTHCARE SERVICES LAKESIDE 1021 E. SOUTHEAST LOOP 323 SUITE 110B TYLER, TX 75701 Fax (903) 526-3482 Administrator FRANKLIN HUNTER	Owner Information PHCS IV INC 1324 S BECKHAM AVENUE SUITE 231B TYLER, TX 75701 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County SMITH License # 018474 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (214) 667-8040 Type: Alternate Delivery Site	Region 03 Date Licensed RELIANT AT HOME HOSPICE 116 E. HERITAGE DR TYLER, TEXAS 75703 Fax (214) 667-8045 Administrator ANGELA HAMMONS		Owner Information BLUE HAVEN HOSPICE LLC 1101 RAINTREE CIRCLE, SUITE #130 ALLEN, TX 75013 PHONE: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO	FAX:
County SMITH License # 021276 Lic Expire 12/15/2024 Medicare 1: Medicare 2: Phone (903) 355-9991	Region 04 Date Licensed 12 RESTORATIVE HEALTHCARE 3651 N. BROADWAY AVE TYLER, TX 75702 Fax	2/15/2021	Owner Information GOD'S HANDIWORK LLC 3651 N. BROADWAY AVE TYLER, TX 75702 PHONE:	FAX:
Type: Parent Agency	Administrator SEQUOIA HOLMES		Services: Personal Assistance Services	
County SMITH License # 012611 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (903) 253-0778 Type: Parent Agency	Region 04 Date Licensed 05 RIGHT AT HOME OF NORTHEAST TEXAS 420 E 5TH STREET TYLER, TX 75701 Fax (903) 705-7199 Administrator SELENA CABRERA	5/21/2009	Owner Information NETHC LLC 420 E 5TH STREET TYLER, TX 75701 PHONE: Services: Licensed Home Health Services; Person	FAX: al Assistance Services
County SMITH License # 018063 Lic Expire 2/28/2021 Medicare 1: 743119 HHA-18 Medicare 2: Phone (903) 617-6872	Region 04 Date Licensed 03 SELECT HOME HEALTH 1124 S FLEISHEL AVENUE TYLER, TX 75701 Fax (903) 617-6873	3/01/2017	Owner Information FELLOWSHIP HEALTH TEAM LLC PO BOX 4608 TYLER, TX PHONE:	FAX:
Type: Parent Agency	Administrator ALESA STERRETT		Services: Licensed and Certified Home Health Ser	vices; Licensed Home Health Services
County SMITH License # 019348 Lic Expire 4/25/2023 Medicare 1:	Region 04 Date Licensed 05 THE COMMUNITY INTEGRATION PROJECT 19462 KING RANCH DR. FLINT, TX 75762	2/20/2019	Owner Information THE COMMUNITY INTEGRATION PROJECT	
Medicare 2:	F (000) 000 0054		PHONE:	FAX:
Phone (903) 452-3363 Type: Parent Agency	Fax (903) 220-0651 Administrator LISA CHAPMAN		Services: Licensed Home Health Services; Person	al Assistance Services
County SMITH License # 007367 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (214) 467-9787 Type: Branch Agency	Region 03 Date Licensed 09 THERAPY 2000 INC 100 E FERGUSON SUITE 1204 TYLER, TX 75702 Fax (214) 741-3655 Administrator DARLA GRANT	5/05/2010	Owner Information THERAPY 2000 1431 GREENWAY DRIVE, SUITE 500 IRVING, TX 75038 PHONE: Services: Licensed Home Health Services	FAX:
County SMITH License # 019342 Lic Expire 4/23/2023 Medicare 1: Medicare 2: Phone (903) 705-0070 Type: Parent Agency		4/23/2019	Owner Information FIRST CHOICE CHILDREN'S HOMECARE, LP 701 EDGEWATER DRIVE, SUITE 300 WAKEFIELD, MA 1880 PHONE: Services: Licensed Home Health Services	FAX:

County SMITH License # 019280 Lic Expire 1/31/2023 Medicare 1: 67-1592 Medicare 2: Phone (903) 787-5897 Type: Parent Agency	Region 04 Date Licensed 01/31/2019 TRADITIONS HEALTH 1820 SHILOH ROAD, SUITE 1105 TYLER, TEXAS 75703 Fax (866) 908-8704 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
		Owner Information
County SMITH License # 016542	Region 04 Date Licensed 10/01/2014 TRADITIONS HEALTH	TRADITIONS HEALTH CARE OF TYLER, LLC
Lic Expire 9/30/2022	1820 SHILOH RD #1101	P.O. BOX 9980
Medicare 1: 457951 HHA-18	TYLER, TX 75703	COLLEGE STATION, TX 77842
Medicare 2:	,	PHONE: FAX:
Phone (903) 509-4555	Fax (866) 908-8704	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ANGELA COLLINS	
County SMITH	Region 04 Date Licensed 09/25/1998	Owner Information
License # 006918	UNICARE HOME HEALTH SERVICES	UNICARE HOME HEALTH SERVICES OF TYLER, INC
Lic Expire 9/30/2022	3300 S BROADWAY AVE STE 208	3300 S BROADWAY AVE STE 208
Medicare 1: 459429 HHA-18	TYLER, TX 75701	TYLER, TX 75701
Medicare 2:		PHONE: FAX:
Phone (903) 531-9949 Type: Parent Agency	Fax (903) 531-9959 Administrator PRINCE SAMUEL	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
- r drong rigoroy	Administrator France Grandle	Owner Information
County SMITH	Region 04 Date Licensed 05/02/2018	EAST TEXAS HOME HEALTH SERVICES LLC
License # 018735	UT HEALTH EAST TEXAS HOME HEALTH SERVICES	ONE BURTON HILLS BOULEVARD, STE#250
Lic Expire 2/28/2022	1409 S BECKHAM SUITE 100	NASHVILLE, TN 37215-6195
Medicare 1: 67Q7037006 Medicare 2:	TYLER, TX 75701	PHONE: FAX:
Phone (903) 535-6051	Fax (903) 535-6058	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator KIMBRA BOGUE	
County SMITH	Region 04 Date Licensed 05/01/2019	Owner Information
License # 019357	VIRTUOUS HOMECARE LLC	VIRTUOUS HOMECARE LLC
Lic Expire 9/30/2023	832 LOFTIN STREET	832 LOFTIN STREET
Medicare 1:	TYLER, TX 75701	TYLER, TX 75701
Medicare 2:		PHONE: FAX:
Phone (903) 593-7770	Fax (903) 593-7723	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator KRISTIE KNOWLTON	
County SMITH License # 014739	Region 04 Date Licensed 02/21/2012 VISITING ANGELS	Owner Information SJ HOMECARE INC
Lic Expire 2/28/2025	419 W HOUSTON ST	419 W HOUSTON ST
Medicare 1:	TYLER, TX 75702	TYLER, TX 75702
Medicare 2:		PHONE: FAX:
Phone (903) 581-5122	Fax (903) 561-6376	Services: Personal Assistance Services
Type: Parent Agency	Administrator JACQUELYN BRISSET	
County SOMERVELL	Region 05 Date Licensed 04/30/1995	Owner Information
License # 002197	LEE HEALTHCARE INC	LEE HEALTHCARE INC
Lic Expire 4/30/2022	907 NE BIG BEND TRAIL SUITE B	PO BOX 766
Medicare 1: 67Q7412001	GLEN ROSE, TX 76043	HAMILTON, TX 76531
Medicare 2:		PHONE: FAX:
Phone (254) 897-7087	Fax (254) 898-8261	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator PAMELA PARSONS	

County STARR License # 019579 Lic Expire 9/5/2023 Medicare 1: 971595 Hospice Medicare 2: Phone (956) 317-1860	Region 07 Date Licensed A RAY OF LIGHT HOSPICE, LLC 5991 E. HWY 83 RIO GRANDE CITY, TEXAS 78582 Fax (956) 352-1110 Administrator ERNESTO GARCIA	05/01/2018	Owner Information A RAY OF LIGHT HOSPICE, LLC 2411 PALMHURST DR. PALMHURST, TX 78573 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency			Owner Information
County STARR License # 015683 Lic Expire 12/30/2023 Medicare 1: 747969 HHA-18	Region 07 Date Licensed A SPECIAL HOME HEALTH LLC 602 N FLORES STREET RIO GRANDE CITY, TX 78582	08/01/2013	A SPECIAL HOME HEALTH LLC P O BOX 1150 RIO GRANDE CITY, TEXAS 78582
Medicare 2:	Fav. (056) 400 6000		PHONE: FAX:
Phone (956) 488-6828 Type: Parent Agency	Fax (956) 488-6829 Administrator MARTHA PEREZ		Services: Licensed and Certified Home Health Services
County STARR License # 010852 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (956) 487-2700 Type: Branch Agency	Region 07 Date Licensed ALL SEASONS HOME CARE 227 N FM 3167, SPACE A RIO GRANDE CITY, TEXAS 78582 Fax (956) 487-3718 Administrator AMBROSE HERNANDEZ		Owner Information LEGACY HOME CARE SERVICES INC PO BOX 61180 CORPUS CHRISTI, TX 78466 PHONE: FAX: Services: Personal Assistance Services
County STARR License # 013108 Lic Expire 2/28/2022 Medicare 1:	Region 07 Date Licensed ALYDA HOME HEALTH 605 W MAIN STREET SUITE #1 RIO GRANDE CITY, TEXAS 78582	02/16/2010	Owner Information ALYDA HOME HEALTH INC 13731 TAJAMAR STREET CORPUS CHRISTI, TX 78418
Medicare 2: Phone (361) 723-0390 Type: Parent Agency	Fax (361) 271-1322 Administrator WESLEY STRAWN		PHONE: FAX: Services: Personal Assistance Services
County STARR License # 012537 Lic Expire 2/28/2023 Medicare 1: 678290 Medicare 2: Phone (956) 488-8434 Type: Parent Agency	Region 07 Date Licensed ANGELITOS PREVENTIVE HEALTH CARE 2544 CENTRAL PALM DRIVE SUITE 107 RIO GRANDE CITY, TX 78582 Fax (956) 488-8823 Administrator MARIA PENA	02/10/2009	Owner Information ANGELITOS HEALTH CARE INC 2544 CENTRAL PALM DRIVE SUITE 107 RIO GRANDE CITY, TX 78582 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County STARR License # 014187 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (956) 256-3777 Type: Branch Agency	Region 07 Date Licensed ANGELS OF COMFORT 605 W. MAIN STREET SUITE #2 RIO GRANDE CITY, TX 78582 Fax (956) 391-2117 Administrator PEDRO ANDRES TREVINO	09/20/2017	Owner Information ANGELS OF COMFORT INC SAME AS PHYSICAL ADDRESS RIO GRANDE CITY, TX 78582 PHONE: FAX: Services: Personal Assistance Services
County STARR License # 019605 Lic Expire 9/19/2021 Medicare 1: Medicare 2: Phone (956) 345-1308 Type: Parent Agency	Region 07 Date Licensed BORDER CARE 116 N. LOPEZ ST. RIO GRANDE CITY, TEXAS 78582 Fax (956) 352-1202 Administrator LAURO GARZA	09/14/2018	Owner Information LAURO E GARZA 705 WEST BLUEBONNET RIO GRANDE, TEXAS 78582 PHONE: FAX: Services: Personal Assistance Services

County STARR License # 012407 Lic Expire 1/31/2023 Medicare 1: 747774 HHA 97161 Medicare 2: Phone (956) 519-3227	Region 07 Date Licensed 01/21/2009 CARIDAD HEALTHCARE INC 4902 WEST US HIGHWAY 83 STE 2 ROMA, TX 78584 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	п-г авен покрое. МО
County STARR License # 018029 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (956) 844-3129 Type: Parent Agency	Region 07 Date Licensed 05/01/2017 DNA HEALTH PROVIDER LLC 5491 EAST HWY 83 SUITE A RIO GRANDE CITY, TX 78582 Fax (956) 352-1058 Administrator DIANA LOPEZ	Owner Information DNA HEALTH PROVIDER LLC 52 OLD MILITARY RD. P.O. BOX 2 GARCIASVILLE, TX 78547 PHONE: FAX: Services: Personal Assistance Services
County STARR License # 008442 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 487-2700 Type: Branch Agency	Region 07 Date Licensed 12/03/2008 LEGACY HOME HEALTH AGENCY INC 227 N FM 3167 RIO GRANDE CITY, TEXAS 78582 Fax (956) 487-3718 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 Home Health Services; Personal Assistance Services
County STARR License # 017227 Lic Expire 8/31/2023 Medicare 1: 747045 HHA-18 Medicare 2: Phone (956) 716-1500	Region 07 Date Licensed 08/20/2015 LVN HEALTH CARE 2544 CENTRAL PALM DR STE 102 RIO GRANDE CITY, TX 78582 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
County STARR License # 019767 Lic Expire 1/8/2022 Medicare 1: Medicare 2: Phone (956) 317-1679 Type: Parent Agency	Administrator ALVARO PENA Region 07 Date Licensed 01/08/2020 MERAKI HOME CARE, INC 3462 W. US HWY 83, STE. 2 RIO GRANDE CITY, TEXAS 78582 Fax (956) 317-1430 Administrator LEO D. GARZA	Owner Information MERAKI HOME CARE, INC PHONE: FAX: Services: Personal Assistance Services
County STARR License # 010559 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 317-1294 Type: Branch Agency	Region 07 Date Licensed 01/21/2016 NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC 3446 W HWY 83 STE E RIO GRANDE CITY, TX 78582 Fax (956) 317-1279 Administrator ANA MARIA HERNANDEZ 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 STARR License # 007972 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (956) 487-7551 Type: Parent Agency	Region 07 Date Licensed 07/01/2001 PRESTIGE HOME CARE SERVICES LLC 5107 S. EMBASSY ST., SUITE A RIO GRANDE CITY, TEXAS 78582 Fax (956) 488-1479 Administrator SERGIO TREVINO	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

County STARR License # 014098 Lic Expire 5/31/2023 Medicare 1: 747837 HHA-18 Medicare 2: Phone (956) 716-8505 Type: Parent Agency	Region 07 Date Licensed PRESTIGE HOME HEALTH SERVICES LLC 400 E 2ND STREET SUITE A RIO GRANDE CITY, TX 78582 Fax (956) 716-8915 Administrator SERGIO TREVINO	05/13/2011	Owner Information PRESTIGE HOME HEALTH SERVICES LLC 400 E 2ND ST SUITE A RIO GRANDE CITY, TX 78582 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County STARR License # 017093 Lic Expire 7/31/2023 Medicare 1: 747643 HHA-18 Medicare 2: Phone (956) 487-5025	Region 07 Date Licensed SALUD HEALTH CARE SERVICES INC 2544 CENTRAL PALM DRIVE STE 106 RIO GRANDE CITY, TX 78582 Fax (956) 487-5024	07/22/2015	Owner Information SALUD HEALTH CARE SERVICES INC 2544 CENTRAL PALM DRIVE STE 106 RIO GRANDE CITY, TX 78582 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator ALVARO PENA		Personal Assistance Services
County STARR License # 018616 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (956) 353-3634 Type: Parent Agency	Region 07 Date Licensed SIEMPRE AQUI HOME HEALTH CARE LLC 5033 E SAN DIEGO RD RIO GRANDE CITY, TX 78582 Fax (956) 353-3963 Administrator YOLANDA SANCHEZ	02/14/2018	Owner Information SIEMPRE AQUI HOME HEALTH CARE LLC 5033 E SAN DIEGO RD RIO GRANDE CITY, TEXAS 78582 PHONE: FAX: Services: Personal Assistance Services
County STARR License # 004024 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (956) 487-0597 Type: Parent Agency	Region 07 Date Licensed STARR HOME HEALTH AGENCY 5344 E HWY 83 BLDG B SUITE 2 RIO GRANDE CITY, TX 78582 Fax (956) 487-7680 Administrator MARIO LUIS GUERRA JR	07/01/1995	Owner Information MRM ENTERPRISES LLC 5344 E HWY 83 BLDG B STE 2 RIO GRANDE CITY, TX 78582 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County STARR License # 002643 Lic Expire 10/31/2021 Medicare 1: 677734 HHA-18 Medicare 2: Phone (956) 488-0999 Type: Parent Agency	Region 07 Date Licensed SUNGLO HOME HEALTH SERVICES INC 5324 E. U.S. HIGHWAY 83 RIO GRANDE CITY, TEXAS 78582 Fax (956) 487-4687 Administrator MARY YVETTE NIETO	10/05/1993	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 STARR License # 007356 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (956) 488-1436 Type: Branch Agency	Region 07 Date Licensed TAYLOR HOME HEALTH INC 101 S AVASOLO STE 5 RIO GRANDE CITY, TX 78582 Fax (956) 488-2316 Administrator MARIA MOYA	04/12/2002	Owner Information TAYLOR HOME HEALTH INC 1609 NORTH 6TH MCALLEN, TX 78501 PHONE: FAX: Services: Licensed and Certified Home Health Services
County STARR License # 007243 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 487-4896 Type: Branch Agency	Region 07 Date Licensed TEXAS VISITING NURSE SERVICE LTD 5346 E HWY 83 STE 3 RIO GRANDE CITY, TX 78582 Fax (956) 487-7175 Administrator VANESSA SANDOVAL	06/30/1999	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 STARR License # 020441 Lic Expire 1/8/2023 Medicare 1: Medicare 2: Phone (956) 566-0344 Type: Parent Agency	Region 07 Date Licensed 01/0 THERABEE HOME HEALTH THERAPY SERVICES 5419 JM MARTINEZ ST RIO GRANDE CITY, TEXAS 78582 Fax (956) 420-0111 Administrator MARIA D. PENA	08/2021 s, LLC	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 License # 016548 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (956) 263-1371 Type: Parent Agency	Region 07 Date Licensed 12/0 THERAPY ACADEMY AT HOME PLLC 756 N FM 2360 RIO GRANDE CITY, TX 785829726 Fax (956) 263-1270 Administrator MELISSA ZARATE	04/2014	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 License # 015637 Lic Expire 7/31/2023 Medicare 1: 747942 HHA-18 Medicare 2: Phone (956) 263-1924 Type: Parent Agency	Region 07 Date Licensed 07/1 UNA BENDICION HOME HEALTH LLC 1736 RIVERSIDE STREET RIO GRANDE CITY, TX 78582 Fax (956) 317-1361 Administrator MAYRA REYES	11/2013	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 License # 011884 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (956) 352-6687 Type: Parent Agency	Region 07 Date Licensed 11/0 UNIDOS HOME CARE SERVICE 49 S LOS BARRERAS RD RIO GRANDE CITY, TX 78582 Fax (956) 352-6678 Administrator SYLVIA MUNIZ	05/2007	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 License # 015695 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (254) 559-9582 Type: Branch Agency	Region 03 Date Licensed 03/1 RENEW HOME HEALTH 514 W WALKER BRECKENRIDGE, TX 76424 Fax (254) 559-9427 Administrator PHILIP CRISWELL	13/2013	Owner Information MAXUS HEALTHCARE PARTNERS LLC 1050 FOREST PARK BLVD FORT WORTH, TX 76110 PHONE: FAX: Services: Licensed Home Health Services
County STEPHENS License # 018251 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (254) 559-9582 Type: Branch Agency	Region 01 Date Licensed RENEW HOME HEALTH 514 W WALKER BRECKENRIDGE, TEXAS 76424 Fax (254) 559-9427 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 License # 007938 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (940) 627-1011	Region 03 Date Licensed 01/0 SOLARIS HOSPICE INC 1110 E WALKER SUITE 300 BRECKENRIDGE, TX 76424 Fax (940) 627-3160	02/2008	Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

LEANNE PETERSON

Administrator

Type: Alternate Delivery Site

County SUTTON License # 017378 Lic Expire 5/31/2022 Medicare 1: 741700 HOSPICE Medicare 2: Phone (325) 387-1144	Region 01 Date Licensed 05/02/2016 ALVIS F JOHNSON HOME HEALTH AND HOSPICE 308 HUDSPETH STREET SONORA, TX 76950 Fax (325) 387-2396	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
Type: Parent Agency	Administrator JAYTON HOHENSEE	
County TARRANT License # 016794 Lic Expire 2/28/2021 Medicare 1: Medicare 2: Phone (817) 731-4444 Type: Parent Agency	Region 03 Date Licensed 03/01/2015 1ST CHOICE HOME HEALTH AGENCY 8000 JACKSBORO HWY FORT WORTH, TEXAS 76135 Fax (817) 763-0771 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 License # 011502 Lic Expire 2/28/2023 Medicare 1: 679358 HHA-18 Medicare 2: Phone (817) 225-6822	Region 03 Date Licensed 02/23/2007 1ST PRUDENTIAL HEALTH CARE SERVICES INC 2900 ST. MARIA DRIVE MANSFIELD, TX 760632870 Fax (817) 225-2348 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
Type: Parent Agency County TARRANT License # 017049 Lic Expire 12/30/2021 Medicare 1: Medicare 2: Phone (310) 905-3760 Type: Parent Agency	Administrator NNE ELANGWE FORMUSOH Region 03 Date Licensed 09/23/2015 24HR HOMECARE LLC 613 WILLOW RIDGE ROAD FORT WORTH, TEXAS 76103 Fax (214) 594-7678 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 License # 020952 Lic Expire 8/3/2024 Medicare 1: Medicare 2: Phone (210) 216-6367 Type: Parent Agency	Region 03 Date Licensed 08/03/2021 3RD GEAR PEDIATRIC THERAPY 10408 BRADSHAW DR. FORT WORTH, TEXAS 76108 Fax (469) 532-0204 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 License # 019780 Lic Expire 1/14/2022 Medicare 1: Medicare 2: Phone (817) 933-9185	Region 03 Date Licensed 01/14/2020 A BRIGHTSTART SERVICES, INC 2903 ALYSON WAY GRAND PRAIRIE, TEXAS 75052 Fax (817) 417-0503	Owner Information A BRIGHTSTART SERVICES, INC PHONE: FAX: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency County TARRANT License # 021202 Lic Expire 11/13/2024 Medicare 1: Medicare 2: Phone (817) 681-7253	Administrator LOLIN STEVENSON Region 03 Date Licensed 11/13/2021 A CAREFREE HOSPICE LLC 4703 OSAGE CT. ARLINGTON, TEXAS 76018	Owner Information A CAREFREE HOSPICE LLC PHONE: FAX:
Phone (817) 681-7253 Type: Parent Agency	Fax (817) 549-1907 Administrator MATHPHYSMED YOUNG	Services: Hospice In-Patient Hospice: NO

County TARRANT License # 015515 Lic Expire 4/30/2021 Medicare 1: Medicare 2: Phone (817) 522-1066 Type: Parent Agency	Region 03 Date Licensed A NURSE ANGELS HOME HEALTH, INC 6719 FAIRGLEN DRIVE ARLINGTON, TX 76002 Fax (817) 628-1677 Administrator CATHERINE LENOIR	05/01/2013	Owner Information A NURSE ANGELS HOME HEALTH, INC PO BOX 183491 ARLINGTON, TX 76096 PHONE: Services: Licensed Home Health Services; Persona	FAX: al Assistance Services
County TARRANT License # 018425 Lic Expire 2/28/2020 Medicare 1: Medicare 2: Phone (888) 482 6116	A PEACEFUL HEART HOME CARE LLC 5750 RUFE SNOW DRIVE SUITE 135 NORTH RICHLAND HILLS, TX 76180	11/06/2017	Owner Information A PEACEFUL HEART HOME CARE LLC 5750 RUFE SNOW DRIVE SUITE 135 NORTH RICHLAND HILLS, TX 76180 PHONE:	FAX:
Phone (888) 482-6116 Type: Parent Agency	Fax (877) 211-9810 Administrator RACHEL CHOMBA		Services: Personal Assistance Services	
County TARRANT License # 020114 Lic Expire 8/20/2022 Medicare 1:	Region 03 Date Licensed A REACHING HAND HEALTHCARE LLC 3121 EVANGELINE RD FORT WORTH, TX 76140	08/20/2020	Owner Information A REACHING HAND HEALTHCARE LLC	
Medicare 2:			PHONE:	FAX:
Phone (817) 818-8900 Type: Parent Agency	Fax Administrator ALEXANDRIA LEWIS		Services: Licensed Home Health Services	
County TARRANT License # 011939 Lic Expire 3/31/2022 Medicare 1: Medicare 2:	A TO Z PEDIATRIC THERAPY 5604 DAVIS BLVD NORTH RICHLAND HILLS, TX 76180	03/25/2008	Owner Information A TO Z THERAPY MANAGEMENT LLC PO BOX 1972 KELLER, TX 76244 PHONE:	FAX:
Phone (817) 581-0111 Type: Parent Agency	Fax (866) 497-2746 Administrator PHILLIP MARSH		Services: Licensed Home Health Services	
County TARRANT License # 006576 Lic Expire 7/31/2021 Medicare 1: Medicare 2: Phone (817) 277-8606	Region 03 Date Licensed A&T MOORE HEALTH CARE CORPORATION 801 E. ABRAM STREET, STE. 206 ARLINGTON, TX 76010 Fax (817) 277-8607	07/14/1998	Owner Information A&T MOORE HEALTH CARE CORPORATION PO BOX 121202 ARLINGTON, TEXAS 76012 PHONE: Services: Personal Assistance Services	FAX:
Type: Parent Agency	Administrator AUDRA MOORE		Services: Personal Assistance Services	
County TARRANT License # 020354 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone 817 5023522 Type: Parent Agency	Region 03 Date Licensed AAMOPE CARE CORP 6934 SOUTH FWY, FORT WORTH, TX 76134 Fax 817 6152126 Administrator OLUWASANJO OJO	11/30/2020	Owner Information AAMOPE CARE CORP 3213 HERITAGE LN, FORT WORTH, TX 76140 PHONE: Services: Personal Assistance Services	FAX:
County TARRANT License # 020836 Lic Expire 6/16/2024 Medicare 1:	Region 03 Date Licensed ABOVE ALL CARE LLC 8005 HAT CREEK COURT ARLINGTON, TEXAS 76002	06/16/2021	Owner Information ABOVE ALL CARE LLC	
Medicare 2: Phone (817) 231-2519 Type: Parent Agency	Fax (817) 719-9023 Administrator THERESA RUSSELL		PHONE: Services: Personal Assistance Services	FAX:

County TARRANT License # 017722 Lic Expire 9/30/2022 Medicare 1: 457803 HHA-18 Medicare 2: Phone (817) 633-3152	Region 03 Date Licensed 09/30/2016 ABUNDANT HOME HEALTH LLC 2221 AVENUE J ARLINGTON, TEXAS 76006 Fax (817) 394-2587	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
Type: Parent Agency	Administrator LAILANI MENDOZA	
County TARRANT License # 017575 Lic Expire 6/30/2022 Medicare 1: 671668 HOSPICE Medicare 2: Phone (817) 633-8300	Region 03 Date Licensed 07/01/2016 ABUNDANT HOSPICE SERVICES LLC 1201 N WATSON RD SUITE 226 ARLINGTON, TX 76006 Fax (817) 633-8302	Owner Information ABUNDANT HOSPICE SERVICES, LLC 224 REDWOOD CT KELLER, TX 76248 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator MARI-TONI SANTIAGO	In-Patient Hospice: NO
County TARRANT License # 019905 Lic Expire 3/13/2022 Medicare 1: Medicare 2: Phone 214 8660085	Region 03 Date Licensed ACAPPELLA IN HOME CARE 300 E PENNSYLVANIA AVE. FORT WORTH, TX 76104 Fax	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
Type: Branch Agency	Administrator THOMAS IVES	Controls. Electrod from fredit controls, forestal freditation controls
County TARRANT License # 018324 Lic Expire 8/31/2024 Medicare 1: 747526 HHA-18	Region 03 Date Licensed 08/14/2017 ACCENTCARE HOME HEALTH OF FORT WORTH 3880 HULEN ST. STE. 200A FORT WORTH, TX 76107	Owner Information TEXAS HOME HEALTH GROUP OF FORT WORTH, LLC 17855 N DALLAS PARKW SUITE 200 DALLAS, TEXAS 75287
Medicare 2:		PHONE: FAX:
Phone 817 7967160 Type: Parent Agency	Fax 817 5496537 Administrator FRANKIE WASHBURN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 014325 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (817) 854-7767 Type: Parent Agency	Region 03 Date Licensed 09/06/2011 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 3880 HULEN STREET, SUITE 200B FORT WORTH, TX 76107 Fax (817) 549-5942 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 License # 011459 Lic Expire 7/31/2022 Medicare 1: 747094 Medicare 2:	Region 03 Date Licensed 07/05/2007 ACCESS HOME HEALTHCARE SERVICES 5700 LENORE STREET UNIT A FORT WORTH, TX 76134	Owner Information SUMMY HEALTHLINK CORPORATION 112 DIAMOND ROSE DRIVE BURLESON, TX 76028 PHONE: FAX:
Phone (817) 230-3847	Fax (817) 294-0338	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ABBEY SUNMONU	
County TARRANT License # 015250 Lic Expire 12/31/2022 Medicare 1:	Region 03 Date Licensed 12/04/2012 ACCLAIM HOMECARE SVC LLC 2401 AVENUE J SUITE 221 A ARLINGTON, TX 76006	Owner Information ACCLAIM HOMECARE SVC, LLC 2401 AVE J SUITE 221A ARLINGTON, TX 76006 PHONE: FAX:
Medicare 2: Phone (817) 608-0088	Fax (817) 608-0099	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator FUNMILAYO AKINTADE	Controco. I disorial nosistance del vices

County TARRANT License # 019363	Region 03 Date Licensed 05/06/2019 ACCLAIMED HOME HEALTH CARE	Owner Information
Lic Expire 8/31/2021 Medicare 1:	3610 WEST PIONEER PARKWAY SUITE 124 PANTEGO, TX 76013	
Medicare 2:	17441230, 17, 70010	PHONE: FAX:
Phone (817) 779-3026	Fax (817) 270-9771	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator IRENE SUMMERS	
County TARRANT	Region 03 Date Licensed 10/29/2013	Owner Information
License # 015839	ACCOMMODATING HEALTHCARE SERVICES LLC	ACCOMMODATING HEALTHCARE SERVICES, LLC
Lic Expire 10/31/2023	3020 S.E. LOOP 820	2706A SE LOOP 820
Medicare 1:	FORT WORTH, TEXAS 76140	FORT WORTH, TX 76140
Medicare 2:		PHONE: FAX:
Phone (817) 339-6733	Fax (866) 277-7703	Services: Personal Assistance Services
Type: Parent Agency	Administrator CALANDRA ROLLINS	
County TARRANT	Region 03 Date Licensed 01/17/2019	Owner Information
License # 019210	ACCURATE CHOICE HEALTHCARE SERVICES INC	ACCURATE CHOICE HEALTHCARE SERVICES INC
Lic Expire 1/17/2023	420 MCMURTRY DRIVE	206 LEMON DRIVE
Medicare 1: 748027-HHA	ARLINGTON, TX 76002	ARLINGTON, TX 76018
Medicare 2:		PHONE: FAX:
Phone (682) 333-8424	Fax (682) 259-7202	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CORDELIA EZUGWU	
County TARRANT	Region 03 Date Licensed 12/08/2017	Owner Information
License # 018497	ACCURATE HEALTHCARE	ACCURATE HEALTHCARE INC 9012 FRIENDSWOOD DR
Lic Expire 12/31/2023	9012 FRIENDSWOOD DR	FORT WORTH, TX. 76123
Medicare 1:	FORT WORTH, TX 76123	
Medicare 2: Phone (972) 697-9800	Fax (682) 316-3656	
Type: Parent Agency	Administrator JAMES GITAU	Services: Personal Assistance Services
··· • · ·		Owner Information
County TARRANT License # 016895	Region 03 Date Licensed 07/07/2015 ACREDABLE HEALTHCARE SERVICES LLC	ACREDABLE HEALTHCARE SERVICES LLC
Lic Expire 7/31/2024	2215 CROMWELL DR	6102 SKILLMAN STREET, SUITE 110
Medicare 1:	ARLINGTON, TEXAS 76018	DALLAS, TEXAS 75231
Medicare 2:		PHONE: FAX:
Phone (972) 534-3108	Fax (972) 534-3108	Services: Personal Assistance Services
Type: Parent Agency	Administrator SAMUEL ASADU	
County TARRANT	Region 03 Date Licensed 05/21/2007	Owner Information
License # 011342	ACT SENIOR CARE	ALLSTAR SENIOR CARE INC
Lic Expire 5/31/2023	1032 PIONEER PKWY STE 400	1032 PIONEER PKWY STE 400
Medicare 1:	ARLINGTON, TX 76013	ARLINGTON, TX 76031
Medicare 2:		PHONE: FAX:
Phone (817) 877-6947	Fax (817) 794-0103	Services: Personal Assistance Services
Type: Parent Agency	Administrator THEAN KOAY	
County TARRANT	Region 03 Date Licensed 11/10/2011	Owner Information
License # 014466	ACTION THERAPY SERVICES	ADVANCED ACTION THERAPY SERVICES INC
Lic Expire 11/30/2024	1600 AIRPORT FREEWAY SUITE 372	7904 NE LOOP 820 STE C
Medicare 1:	BEDFORD, TX 76022	NORTH RICHLAND HILLS, TX 76180
Medicare 2:	Fav. (047) FOE F704	PHONE: FAX:
Phone (817) 595-2955	Fax (817) 595-5764	Services: Licensed Home Health Services
Type: Parent Agency	Administrator MATTHEW HOLBROOK	

County TARRANT License # 020255 Lic Expire 10/21/2022 Medicare 1: Medicare 2: Phone (401) 626-8800 Type: Parent Agency	Region 03 Date Licensed 10/21/2020 AEDEL GLOBAL HEALTH SERVICES LLC 2824 PINO GRAND PRAIRIE, TX 75054 Fax Administrator ADENIYI ADEOYE	Owner Information AEDEL GLOBAL HEALTH SERVICES LLC 2824 PINO GRAND PRAIRIE, TEXAS 75054 PHONE: (401) 626-8800 FAX: Services: Licensed Home Health Services; Personal Assistance Services
		Owner Information
County TARRANT License # 004346 Lic Expire 3/31/2024 Medicare 1: Medicare 2:	Region 03 Date Licensed 03/19/1996 AGAPE HOME CARE INC 8509 WESTERN HILLS BLVD SUITE 200 FORT WORTH, TX 76108	AGAPE HOME CARE, INC 8509 WESTERN HILLS BLVD. SUITE 200 FORT WORTH, TX 76108 PHONE: FAX:
Phone (817) 336-4663	Fax (817) 336-5267	Services: Personal Assistance Services
Type: Parent Agency	Administrator MELISSA OVERCASH	0.1100.1 100.1 117.000.1 100.0
County TARRANT License # 018034 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (817) 505-2575 Type: Parent Agency	Region 03 Date Licensed 12/15/2016 AGELESS LIVING HOME HEALTH LLC 1112 E COPELAND RD SUITE 300 ARLINGTON, TX 76011 Fax (833) 214-0911 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 TARRANT License # 020383 Lic Expire 12/7/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 12/07/2020 ALABARE HOME HEALTH LLC 6709 CLASSEN TRAIL ARLINGTON, TX 76002	Owner Information ALABARE HOME HEALTH LLC PHONE: FAX:
Phone (956) 437-1355	Fax (682) 323-5080	Services: Personal Assistance Services
Type: Parent Agency	Administrator IFEANYI EZEH	
County TARRANT License # 018403 Lic Expire 10/26/2023 Medicare 1: 74-1754 Medicare 2:	Region 03 Date Licensed 10/26/2017 ALEVCARE HOSPICE 315 S MAIN ST MANSFIELD, TX 76063	Owner Information CPORT LLC 3901 ARLINGTON HIGHLANDS BLVD SUITE 200 ARLINGTON, TX 76018-6050 PHONE: FAX:
Phone (469) 630-2538	Fax (469) 533-3998	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CRAIG PORTER	
County TARRANT License # 021206 Lic Expire 11/13/2024 Medicare 1:	Region 03 Date Licensed 11/13/2021 ALICE PLACE HEALTH CARE SERVICES LLC 2719 LA JOLLA BLVD GRAND PRAIRIE, TEXAS 75054	Owner Information ALICE PLACE HEALTH CARE SERVICES LLC
Medicare 2:	_	PHONE: FAX:
Phone (469) 756-7021	Fax MONNE ADEDET	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator MONNIE ADERETI	Owner Information
County TARRANT	Region 03 Date Licensed 03/15/2017	ALL CARE PROFESSIONAL HOME HEALTH INC
License # 018055 Lic Expire 3/31/2024	ALL CARE PROFESSIONAL HOME HEALTH INC	3909 GREEN OAKS BOULEVARD WEST SUITE C
Medicare 1: 457994 HHA-18	4275 LITTLE ROAD SUITE 106 ARLINGTON, TX 76016	ARLINGTON, TX 76016
Medicare 2:		PHONE: FAX:
Phone (817) 457-2688	Fax (817) 457-2689	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator CHRISTY SPERRY	

County TARRANT License # 019716 Lic Expire 11/25/2021	Region 03 Date Licensed 11/25/2019 ALL HEART HOME CARE SERVICES 2956 MERE LANE	Owner Information ALL HEART HOME CARE SERVICES, LLC
Medicare 1: Medicare 2:	GRAND PRAIRIE, TX 75054	PHONE: FAX:
Phone (469) 636-4576	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator LATOYA BROWN	
County TARRANT License # 021299 Lic Expire 12/30/2024 Medicare 1:	Region 03 Date Licensed 12/30/2021 ALL HEART HOMECARE 7208 MAJESTIC MNR COLLEYVILLE, TEXAS 76034	Owner Information AO PARTNERS LLC
Medicare 2:		PHONE: FAX:
Phone (817) 726-7638	Fax	Services: Licensed Home Health Services
Type: Parent Agency	Administrator OUMER SALIM	
County TARRANT License # 013377 Lic Expire 6/30/2022 Medicare 1: 747703 HHA-18 Medicare 2:	Region 03 Date Licensed 06/04/2010 ALLIED TENDER CARE HEALTH SERVICES INC 901 CLINIC DRIVE SUITE A107 EULESS, TX 76039	Owner Information ALLIED TENDER CARE HEALTH SERVICES INC 901 CLINIC DRIVE, SUITE A107 EULESS, TX 76039 PHONE: (817) 684-7778 FAX:
Phone (817) 684-7778	Fax (817) 684-1111	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator SUNNY MBAH	Personal Assistance Services
County TARRANT License # 007345 Lic Expire 6/30/2022 Medicare 1: 679001 HHA-18 Medicare 2: Phone (817) 461-3341 Type: Parent Agency	Region 03 Date Licensed 06/14/2000 ALLSTAR HEALTHCARE INC 1100 W PIONEER PARKWAY ARLINGTON, TX 76013 Fax (817) 795-7074 Administrator THEAN KOAY	Owner Information ALLSTAR HEALTHCARE INC 1030 W PIONEER PARKWAY ARLINGTON, TX 76013 PHONE: FAX: Services: Licensed and Certified Home Health Services
- 		Owner Information
County TARRANT License # 020340 Lic Expire 7/24/2022 Medicare 1:	Region 03 Date Licensed 07/24/2020 ALLSTAR HEALTHCARE SERVICES INC 3600 WEST PIONEER PARKWAY STE 10 PANTEGO, TEXAS 76013	ALLSTAR HEALTHCARE SERVICES INC 3600 WEST PIONEER PARKWAY STE 10 PANTEGO, TEXAS 76013
Medicare 2:	Fac. (047) 000 0550	PHONE: FAX:
Phone (817) 458-4220	Fax (817) 900-0552	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County TARRANT License # 009830 Lic Expire 6/30/2023 Medicare 1: 671516 HOSPICE Medicare 2: Phone (817) 794-0048 Type: Parent Agency	Administrator CALLISTUS OLISAEKE Region 03 Date Licensed 06/22/2005 ALLSTAR HOSPICE 1032 WEST PIONEER PARKWAY SUITE 200 ARLINGTON, TX 76013 Fax (817) 277-0232 Administrator THEAN KOAY	Owner Information GOLDSTAR HOME HEALTH SYSTEM INC 1032 WEST PIONEER PARKWAY #200 ARLINGTON, TX 76013 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TARRANT License # 013632	Region 03 Date Licensed 07/10/2010 ALMOND HEALTHCARE SERVICES LLC	Owner Information ALMOND HEALTH CARE SERVICES LLC
Lic Expire 7/31/2022 Medicare 1: 747105 HHA-18 Medicare 2: Phone (817) 476-6006 Type: Parent Agency	5840 WEST I-20 SUITE 130 ARLINGTON, TX 76017 Fax (817) 476-6020 Administrator RUTH ODAY	5840 WEST I 20 SUITE 130 ARLINGTON, TX 76017 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County TARRANT License # 016174 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (817) 896-2372	Region 03 Date Licensed ALON HEALTHCARE SERVICES INC 2921 BROWN TRAIL SUITE 261 BEDFORD, TX 76021 Fax (817) 770-4249	04/29/2014	Owner Information ALON HEALTHCARE SERVICES INC 2921 BROWN TRAIL SUITE 261 BEDFORD, TX 76012 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County TARRANT License # 011684 Lic Expire 7/31/2024 Medicare 1:	Administrator OGBONNA ANYAIKE Region 03 Date Licensed ALPHA HEALTHCARE SERVICES 1111 W ARKANSAS LN SUITE # B ARLINGTON, TX 76013	07/06/2007	Services: Personal Assistance Services Owner Information OUR ALPHA HEALTHCARE SERVICES INC SAME ARLINGTON, TX 76013
Medicare 2: Phone (817) 467-7955 Type: Parent Agency	Fax (817) 467-7055 Administrator BOLANLE MUSTAPHA		PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 019235 Lic Expire 1/30/2021 Medicare 1: Medicare 2: Phone (682) 554-7885 Type: Parent Agency	Region 03 Date Licensed ALPHA OMEGA GROUP HOME INC 2811 HARDY PLACE ARLINGTON, TX 76010 Fax (682) 252-4705 Administrator ELIZABETH UWAGBAI	01/30/2019	Owner Information ALPHA OMEGA HOMECARE INC 2811 HARDY PLACE ARLINGTON, TX 76010 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 018081 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (817) 858-9889	Region 03 Date Licensed ALPHA TRINITY COMMUNITY CARE 610 S INDUSTRIAL BLVD SUITE 130 EULESS, TX 76040 Fax (817) 358-9956	05/31/2017	Owner Information ALPHA TRINITY COMMUNITY HEALTH SERVICES INC 610 S INDUSTRIAL BLVD SUITE 130 EULESS, TX 76040 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County TARRANT License # 019511 Lic Expire 8/6/2021 Medicare 1: Medicare 2: Phone (817) 379-2920 Type: Parent Agency	Administrator IVERT TAMBE Region 03 Date Licensed ALWAYS LOVE AND CARE, LLC 2813 MUSKRAT DR KELLER, TX 76244 Fax (817) 379-2920 Administrator LATICIA LOVE	08/06/2019	Owner Information ALWAYS LOVE AND CARE, LLC P O BOX 1304 KELLER, TX 76244 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 016153 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (817) 755-8787 Type: Parent Agency	Region 03 Date Licensed AMADA SENIOR CARE INC 405 AIRPORT FREEWAY, SUITE 3 BEDFORD, TX 76021 Fax (817) 756-1109 Administrator ANGELLA FREDERICK	04/16/2014	Owner Information SOLA SENIOR CARE, INC 405 AIRPORT FREEWAY SUITE 1 BEDFORD, TX 76021 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 020089 Lic Expire 8/4/2022 Medicare 1: Medicare 2: Phone (214) 994-9356 Type: Parent Agency	Region 03 Date Licensed AMAT HOME HEALTHCARE SERVICES 7048 MIRAMAR. GRAND PRAIRIE, TEXAS 75054 Fax (682) 518-3107 Administrator ANIAGU O NWAFOR	08/04/2020	Owner Information AMAT HOME HEALTHCARE SERVICES LLC PHONE: FAX: Services: Personal Assistance Services

County TARRANT License # 018825 Lic Expire 7/31/2020 Medicare 1: Medicare 2: Phone (817) 385-7111 Type: Parent Agency	Region 03 Date Licensed 07/10/2018 AMAZING HEARTS HOMECARE AND STAFFING LLC 1201 N WATSON RD STE 265 ARLINGTON, TX 76006 Fax (817) 385-1637 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 License # 016699 Lic Expire 1/31/2023 Medicare 1: 451700 HOSPICE Medicare 2: Phone (817) 570-7190	Region 03 Date Licensed 01/02/2015 AMEDISYS HOSPICE 6300 RIDGLEA PL STE 1107 FORT WORTH, TX 76116 Fax (732) 384-2311	Owner Information HOSPICE HOLDINGS DFW, LLC SAME WHITE PLAINS, NY 10601 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County TARRANT	Administrator JACQUELINE WILLIAMS Region 03 Date Licensed 11/03/2021	Owner Information AMERICAN OUTCOMES MANAGEMENT, LP
License # 021266 Lic Expire 11/3/2024 Medicare 1: Medicare 2:	AMERICAN OUTCOMES MANAGEMENT, LP 6310 SOUTHWEST BLVD STE 204 FORT WORTH, TX 76109	6310 SOUTHWEST BLVD, STE 204 FORT WORTH, TX 76109 PHONE: FAX:
Phone (817) 263-4700 Type: Parent Agency	Fax (817) 263-1116 Administrator ERIN DUVALL	Services: Licensed Home Health Services
County TARRANT License # 004828 Lic Expire 8/31/2021 Medicare 1: Medicare 2:	Region 03 Date Licensed 07/06/2000 AMERICANSENIOR 8205 MIDCITIES BLVD SUITE 300 NORTH RICHLAND HILLS, TX 76182	Owner Information WINGHING CHUN INC 1177 ROCKINGHAM DRIVE SUITE 200 RICHARDSON, TX 75093 PHONE: FAX:
Phone (817) 595-9888 Type: Branch Agency	Fax (817) 589-8887 Administrator WING CHUN	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 019879 Lic Expire 4/16/2022	Region 03 Date Licensed 04/16/2020 AMERICARE FORT WORTH 2100 N. MAIN ST. SUITE 226	Owner Information HBCS ENTERPRISES LLC
Medicare 1: Medicare 2: Phone 817 3499075	FORT WORTH, TEXAS 76164 Fax	PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator MARTIN BAYLOR	
County TARRANT License # 018099 Lic Expire 2/28/2023 Medicare 1: 741641 HOSPICE	Region 03 Date Licensed 02/15/2017 ANGEL WINGS HOSPICE 1201 N WATSON ROAD STE 187 ARLINGTON, TX 76006	Owner Information ANGEL WINGS HEALHCARE LLC
Medicare 2:		PHONE: FAX:
Phone (817) 583-6636 Type: Parent Agency	Fax (817) 538-9508 Administrator DOROTHEA LEE	Services: Hospice In-Patient Hospice: NO
County TARRANT License # 014153 Lic Expire 6/30/2023 Medicare 1: 747819 HHA-18 Medicare 2:	Region 03 Date Licensed 06/13/2011 ANGELS AT HAND HEALTH CARE 1001 W . EULESS BLVD , SUITE 403 EULESS, TX 76040	Owner Information VAGILANT HOME HEALTH SERVICES INC 805 CHRISSY CREEK LANE EULESS, TEXAS 76040 PHONE: FAX:
Phone (214) 462-7233	Fax (214) 300-9086	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ESTHER PAUL	

County TARRANT License # 016376 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (214) 697-6063 Type: Parent Agency County TARRANT	Region 03 Date Licensed 08/14/2014 ANGELS AT WORK TINA SAMPLE LLC 1428 PARK CREST DRIVE CROWLEY, TX 76036 Fax (817) 378-4963 Administrator TINA SAMPLE Region 03 Date Licensed 02/03/2011	Owner Information ANGELS AT WORK TINA SAMPLE LLC 1428 PARK CREST DRIVE CROWLEY, TX 75052 PHONE: FAX: Services: Personal Assistance Services
License # 010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC P O BOX 338
Lic Expire 8/31/2022	1314 LAKE STREET STE. 101	HOWE, TX 75459
Medicare 1: Medicare 2:	FORT WORTH, TX 76102	PHONE: FAX:
Phone (817) 810-0660	Fax (903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	Services. Licensed notine nealth Services, Personal Assistance Services
County TARRANT License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (817) 810-0660 Type: Branch Agency	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 1314 LAKE STREET STE. 101 FORT WORTH, TX 76102 Fax (903) 532-1401 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	Owner Information
License # 010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC
Lic Expire 8/31/2022	1314 LAKE STREET STE. 101	P O BOX 338
Medicare 1:	FORT WORTH, TX 76102	HOWE, TX 75459
Medicare 2:		PHONE: FAX:
Phone (817) 810-0660	Fax (903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	
County TARRANT License # 010691 Lic Expire 8/31/2022	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 1314 LAKE STREET STE. 101	Owner Information AOC TX, LLC P O BOX 338
Medicare 1:	FORT WORTH, TX 76102	HOWE, TX 75459
Medicare 2:		PHONE: FAX:
Phone (817) 810-0660	Fax (903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	
County TARRANT License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (817) 810-0660 Type: Branch Agency	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 1314 LAKE STREET STE. 101 FORT WORTH, TX 76102 Fax (903) 532-1401 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
······································		Owner Information
County TARRANT License # 010691	Region 03 Date Licensed 02/03/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC
Lic Expire 8/31/2022	1314 LAKE STREET STE. 101	P O BOX 338
Medicare 1:	FORT WORTH, TX 76102	HOWE, TX 75459
Medicare 2:		PHONE: FAX:
Phone (817) 810-0660	Fax (903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	

County TARRANT License # 020148 Lic Expire 9/4/2022 Medicare 1: Medicare 2: Phone (817) 823-7888 Type: Parent Agency	Region 03 Date Licensed 09/04/2020 ANGELS ON BOARD HEALTHCARE 604 BOGEY LANE MANSFIELD, TEXAS 760635451 Fax 18008873039 Administrator ANGELA HALL	Owner Information ANGELS ON BOARD MEDICAL TRANSPORTATION, LLC P O BOX 782 MANSFIELD, TX 76063 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 020176 Lic Expire 9/15/2022 Medicare 1:	Region 03 Date Licensed 09/15/2020 ANGELS OVER TEXAS, LLC 7749 PARKWOOD PLAZA DR FORT WORTH, TEXAS 76137	Owner Information ANGELS OVER TEXAS, LLC
Medicare 2: Phone (817) 993-6333 Type: Parent Agency	Fax (817) 993-6794 Administrator WENDY TOOMBS	PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 019521 Lic Expire 12/31/2021 Medicare 1:	Region 03 Date Licensed 08/12/2019 ANGELZ OF CARE SERVICES 3600 WEST PIONEER PARKWAY # 17 PANTEGO, TEXAS 76013	Owner Information ANGELZ OF CARE SERVICES
Medicare 2: Phone (817) 779-4039 Type: Parent Agency	Fax (817) 779-4008 Administrator HARRIETTE JACKSON	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 021077 Lic Expire 9/24/2024 Medicare 1:	Region 03 Date Licensed 09/24/2021 ANNOINTED AFFORDABLE SENIOR HOME HEALTHCARE AGENCY 10937 COLONIAL HEIGHTS LN FT. WORTH, TEXAS 76179	Owner Information ANOINTED AFFORDABLE SENIOR HOME HEALTHCARE AGENCY
Medicare 2: Phone (803) 439-3622 Type: Parent Agency	Fax Administrator LAWANDA TYLER	PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 008612 Lic Expire 8/31/2023 Medicare 1: 679444 HHA-18 Medicare 2: Phone (817) 695-5893 Type: Parent Agency	Region 03 Date Licensed 08/25/2003 APPLESOFT HOMECARE SVC LLC 1201 N WATSON SUITE #200 ARLINGTON, TX 76006 Fax (817) 652-8881 Administrator KALVIN HINTON	Owner Information APPLESOFT HOMECARE SVC LLC 1201 N WATSON RD SUITE 200 ARLINGTON, TX 76006 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County TARRANT License # 020474 Lic Expire 1/20/2023 Medicare 1: Medicare 2: Phone (469) 984-3897 Type: Parent Agency	Region 03 Date Licensed 01/20/2021 ARIEL HOME HEALTHCARE 1521 N COOPER ST SUITE 211 ARLINGTON, TEXAS 76011 Fax (877) 504-7060 Administrator IVANA HORNER	Owner Information ARIEL HOME HEALTHCARE, INC P.O BOX 180695 ARLINGTON, TX 76096 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 014100 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (817) 952-3093 Type: Parent Agency	Region 03 Date Licensed 05/16/2011 ARK HOME HEALTH CARE PEDIATRIC SERVICES 1240 SOUTHRIDGE COURT, SUITE 102 HURST, TEXAS 76053 Fax (817) 952-3095 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 TARRANT License # 014100 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (817) 952-3093 Type: Parent Agency	Region 03 Date Licensed 05/16/2011 ARK HOME HEALTH CARE PEDIATRIC SERVICES 1240 SOUTHRIDGE COURT, SUITE 102 HURST, TEXAS 76053 Fax (817) 952-3095 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 TARRANT License # 020490 Lic Expire 1/26/2024 Medicare 1:	Region 03 Date Licensed 01/26/2021 ARRYS HAVEN, LLC 1002 TABASCO TRAIL ARLINGTON, TX 76002	Owner Information ARRYS HAVEN LLC
Medicare 2: Phone (682) 777-4324 Type: Parent Agency	Fax (682) 226-6086 Administrator OLUWASEYI YOUNG-HARRY	PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 012709 Lic Expire 5/31/2021 Medicare 1: 747285 HHA-18 Medicare 2: Phone (469) 688-0414 Type: Parent Agency	Region 03 Date Licensed 05/18/2009 ASIA HOME HEALTHCARE INCORPORATED 222 OVERLEAF DRIVE KELLER, TX 76248 Fax (817) 840-6406 Administrator LAARNIE VINDUA	Owner Information AMERICARE SPECIALTY HOMEHEALTH INCOPRORATED 222 OVERLEAF DRIVE KELLER, TX 76248 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 012700 Lic Expire 7/31/2023 Medicare 1: 747473 HHA-18 Medicare 2: Phone (817) 431-8528 Type: Parent Agency	Region 03 Date Licensed 07/10/2009 ASPIRA HOME HEALTH 101 BOURLAND ROAD, SUITE F. KELLER, TX 76248 Fax (817) 431-2216 Administrator GRACE NJIE	Owner Information ASPIRA HEALTHCARE INC 1834 KELLER PARKWAY SUITE 200 KELLER, TX 76248 PHONE: FAX: Services: Licensed and Certified Home Health Services
County TARRANT License # 015871 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (817) 803-3777 Type: Parent Agency	Region 03 Date Licensed 11/19/2013 ASSISTING HANDS OF FORT WORTH WEST 4521 S. HULEN ST SUITE 110 FORT WORTH, TX 76109 Fax (817) 803-3779 Administrator KIM BEVERIDGE	Owner Information ALERT HOME CARE LLC 8851 CAMP BOWIE WEST SUITE 110 FORT WORTH, TX 76116 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 018390 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (628) 238-5150 Type: Parent Agency	Region 03 Date Licensed 10/19/2017 ASSURED BEST CARE HOME HEALTH LLC 1201 N WATSON RD. SUITE 220 ARLINGTON, TX 76006 Fax (682) 238-1449 Administrator KAREN TAYONG	Owner Information ASSURED BEST CARE HOME HEALTH LLC 2912 PITKIN DR ARLINGTON, TX 76006 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 012525 Lic Expire Medicare 1: Medicare 2: Phone (817) 810-0411 Type: Branch Agency	Region 03 Date Licensed 02/01/2012 AT HOME HEALTHCARE 6530 HAWKS CREEK COURT SUITE 107 FORT WORTH, TX 76114 Fax (817) 810-0240 Administrator JENNIFER HUFFMAN	Owner Information HELPING HANDS HOMECARE, LTD 9846 HIGHWAY 31 EAST TYLER, TX 75705 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County TARRANT License # 007685 Lic Expire 7/31/2022 Medicare 1: 67Q9076001 Medicare 2: Phone (817) 864-1730 Type: Branch Agency	Region 04 Date Licensed AT HOME HEALTHCARE 6530 HAWKS CREEK COURT, #107 FT. WORTH, TEXAS 76114 Fax (817) 864-1707 Administrator JENNIFER JACKSON	06/14/2002	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 TARRANT License # 009758 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (469) 742-0700 Type: Branch Agency County TARRANT License # 020906 Lic Expire 7/15/2024 Medicare 1: Medicare 2: Phone (214) 881-8640	Region 03 Date Licensed AUNT MAE'S HOME CARE INC 2501 PARKVIEW DR, STE 316C FORT WORTH, TX 76102 Fax Administrator SOMNATH BANERJEE Region 03 Date Licensed AUSTORIA HEALTH SERVICES INC 2219 REEDWAY COURT ARLINGTON, TEXAS 76018	07/15/2021	Owner Information AUNT MAE'S HOME CARE INC 2908 CHEVERNY MCKINNEY, TX 75070 PHONE: FAX: Services: Personal Assistance Services Owner Information AUSTORIA HEALTH SERVICES, INC 2219 REEDWAY COURT ARLINGTON, TEXAS 76018 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 011849 Lic Expire 8/31/2022 Medicare 1: 679589 HHA-18 Medicare 2: Phone (817) 457-3200 Type: Parent Agency	Administrator VICTORIA OFOHA Region 03 Date Licensed AVAILABLE HOME CARE INC 3630 W PIONEER PARKWAY SUITE 115 ARLINGTON, TX 76013 Fax (817) 423-7716 Administrator RENEE MCGHEE	08/29/2007	Owner Information AVAILABLE HOME CARE INC 3630 W PIONEER PKWY SUITE 115 ARLINGTON ARLINGTON, TX 76015 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County TARRANT License # 016362 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (817) 840-1344 Type: Parent Agency	Region 03 Date Licensed AVEANNA HEALTHCARE 6100 SOUTHWEST BLVD., SUITE 230 FORT WORTH, TX 76109 Fax (817) 840-9240 Administrator MICHAEL RICH	08/05/2014	Owner Information PEDIATRIC SERVICES OF AMERICA LLC SIX CONCOURSE PARKWAY, SUITE 1100 ATLANTA, GA 30328-6117 PHONE: FAX: Services: Licensed Home Health Services
County TARRANT License # 015023 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (817) 921-5020 Type: Branch Agency	Region 03 Date Licensed AVEANNA HEALTHCARE 1000 ST LOUIS AVE SUITE 102 FORT WORTH, TX 76104 Fax (817) 698-9506 Administrator AUDREY MCMANEMIN	03/17/2014	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County TARRANT License # 015023 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (817) 698-9500 Type: Parent Agency	Region 03 Date Licensed AVEANNA HEALTHCARE 1200 SUMMIT AVENUE SUITE 880 FORT WORTH, TX 76102 Fax (817) 698-9506 Administrator AUDREY MCMANEMIN	03/28/2012	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services

County TARRANT License # 016426 Lic Expire 6/30/2022 Medicare 1: 747301 HHA-18 Medicare 2: Phone (972) 548-2163 Type: Parent Agency	Region 03 Date Licensed AVIATOR HOME HEALTH 9500 RAY WHITE ROAD SUITE 200 FORT WORTH, TX 762449105 Fax (972) 347-6306 Administrator JOSHUA BATES	06/23/2014	Owner Information ROBNITA HEALTHCARE SERVICES INC 1836 WEST VIRGINIA STREET SUITE 207 MCKINNEY, TX 75069 PHONE: Services: Licensed and Certified Home Health Se Personal Assistance Services	FAX: vices; Licensed Home Health Services;
County TARRANT	Region 03 Date Licensed	06/11/2020	Owner Information	
License # 019995 Lic Expire 6/11/2022 Medicare 1:	AZM HOME CARE LLC 408 N FIELDER ROAD APT 98 ARLINGTON, TX 76012	00/11/2020	AZM HOME CARE LLC	
Medicare 2:	7.11.2.11.0.1.01.1, 17.7.100.12		PHONE:	FAX:
Phone (512) 760-4547	Fax		Services: Personal Assistance Services	
Type: Parent Agency	Administrator VIOLET LEWIS			
County TARRANT License # 010848 Lic Expire 10/31/2022 Medicare 1: 743126 HHA-18 Medicare 2:	Region 03 Date Licensed AZZA HOME HEALTH CARE AGENCY 6501 NICOLE WAY ARLINGTON, TX 76002	10/31/2006	Owner Information AZZA PROVIDER SERVICES INC 6501 NICOLE WAY ARLINGTON, TX 76002 PHONE:	FAX:
Phone (817) 467-2910	Fax (866) 236-9040		Services: Licensed and Certified Home Health Se	
			Personal Assistance Services	vices, Licensed Florite Fleath Services,
Type: Parent Agency	Administrator AGATHA OKOJIE			
County TARRANT	Region 03 Date Licensed	11/09/2021	Owner Information UM44 LLC	
License # 021196 Lic Expire 11/9/2024	B CARE		3304 SMOKE TREE LN	
Medicare 1:	1109 PURDUE DR ARLINGTON, TX 76012		MCKINNEY, TX 75070	
Medicare 2:			PHONE:	FAX:
Phone (469) 418-1666	Fax (512) 400-7666		Services: Personal Assistance Services	
Type: Parent Agency	Administrator AHMED ALMUTAIRY			
County TARRANT	Region 03 Date Licensed	01/31/2011	Owner Information	
License # 014062	BCP HEALTH CARE INCORPORATED		BCP HEALTH CARE INCORPORATED	
Lic Expire 1/31/2023	3008 NADAR		3008 NADAR	
Medicare 1: 747648 HHA-18	GRAND PRAIRIE, TEXAS 75054		GRAND PRAIRIE, TX 75054	5.W
Medicare 2: Phone (682) 222-7900	Fax (866) 526-1436		PHONE:	FAX:
11010 (002) 222 1300	1 42 (000) 920 1-100		Services: Hospice; Licensed and Certified Home I Services; Personal Assistance Services In-Patient Hospice: NO	Health Services; Licensed Home Health
Type: Parent Agency	Administrator DONATUS BENSON			
County TARRANT	Region 03 Date Licensed	02/25/2011	Owner Information	
License # 013919	BEAR CREEK HOSPICE		PALLIATIVE PERFORMANCE GROUP LLC	
Lic Expire 4/1/2021	2529 E LANCASTER SUITE C		2529 E LANCASTER STE C FORT WORTH, TX 76013	
Medicare 1: 671718 HOSPICE	FORT WORTH, TX 76013		,	FAV
Medicare 2: Phone (817) 907-6714	Fax (817) 529-5031		PHONE:	FAX:
(,	. (,		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator PATRICIA ROBERTS HARRI	S		
County TARRANT	Region 03 Date Licensed	08/06/2021	Owner Information	
License # 020967	BEBELYN TOUCH LLC		BEBELYN TOUCH LLC	
Lic Expire 8/6/2024	2610 ELLIOTT AVENUE			
Medicare 1: Medicare 2:	MANSFIELD, TX 760633700		PHONE:	FAX:
Phone 682 2489245	Fax			177.
Type: Parent Agency	Administrator BOLADALE IGBEKOYI		Services: Personal Assistance Services	
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County TARRANT License # 015279 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (817) 349-6558 Type: Parent Agency	Region 03 Date Licensed 12/19/2012 BENEVOLENT HEARTS HOME CARE 4001 AIRPORT FREEWAY, SUITE 190 BEDFORD, TEXAS 76021 Fax (817) 380-5771 Administrator DAWN BRANSKY	Owner Information DAWN MECOM, INC 6604 BAKER CT. COLLEYVILLE, TX 76034 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 017083 Lic Expire 10/31/2023	Region 03 Date Licensed 10/16/2015 BEST SUNSHINE HOME CARE LLC 2501 FOREST PARK BLVD SUITE 1F	Owner Information BEST SUNSHINE HOME CARE LLC 740 WATSON WAY CROWLEY, TX 76036
Medicare 1: Medicare 2:	FORT WORTH, TEXAS 76110	PHONE: FAX:
Phone (682) 582-5969	Fax (425) 606-5398	Services: Personal Assistance Services
Type: Parent Agency	Administrator CELESTIN KAGORORA	Owner Information
County TARRANT License # 007624 Lic Expire 4/30/2024	Region 03 Date Licensed 04/02/2001 BESTCARE HOME HEALTH INC 7215A BAKER BLVD DIGULANDULLS TX 76449	BESTCARE HOME HEALTH INC 7215 A BAKER BLVD RICHLAND HILLS, TX 76118
Medicare 1: 459495 HHA-18 Medicare 2:	RICHLAND HILLS, TX 76118	PHONE: FAX:
Phone (817) 595-9566 Type: Parent Agency	Fax (817) 595-9567 Administrator ROBERT RICHEY	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County TARRANT License # 021034 Lic Expire 9/9/2024 Medicare 1: Medicare 2: Phone (682) 291-2494	Region 03 Date Licensed 09/09/2021 BLESSED HANDS HOME SERVICES 5001 BRENTWOOD STAIR RD, SUITE 202 FORT WORTH, TEXAS 76112 Fax (817) 582-9849	Owner Information BY GRACE ENTERPRISES P O BOX 16741 FORT WORTH, TEXAS 76162 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator SU-SAN CANNON-SPAIN	
County TARRANT License # 019450 Lic Expire 6/27/2023 Medicare 1: 971557	Region 03 Date Licensed 11/18/2019 BLESSINGS HOSPICE, LLC 2221 AVENUE J SUITE 109 ARLINGTON, TEXAS 76006	Owner Information BLESSINGS HOSPICE, LLC
Medicare 2:	7.1.2.1.0.01, 12.3.0 10000	PHONE: FAX:
Phone (817) 464-8555 Type: Parent Agency	Fax (817) 394-7700 Administrator JAMES SANTIAGO	Services: Hospice In-Patient Hospice: NO
County TARRANT License # 012666 Lic Expire 10/23/2024 Medicare 1: 747632	Region 03 Date Licensed 06/25/2009 BLISS HOME HEALTH CARE INC 2108 WEST PIONEER PARKWAY SUITE #113 PANTEGO, TX 76013	Owner Information BLISS HOME HEALTH CARE INC 2108 W PIONEER PARKWAY STE 113 ARLINGTON, TX 76016
Medicare 2:	Eav. (947) 275 0225	PHONE: FAX:
Phone (817) 375-0333 Type: Parent Agency	Fax (817) 375-0335 Administrator LILIAN SHEPARD	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 020272 Lic Expire 10/28/2022 Medicare 1:	Region 03 Date Licensed 10/28/2020 BLOSSOM AGENCY,LLC 209 CHASEMORE LN. ARLINGTON, TEXAS 76018	Owner Information BLOSSOM AGENCY, LLC
Medicare 2:		PHONE: FAX:
Phone (682) 367-9149 Type: Parent Agency	Fax Administrator DUY LE	Services: Personal Assistance Services

County TARRANT License # 018836 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (817) 717-7718 Type: Parent Agency	Region 03 Date Licensed 10/04/2017 BLUEBIRD HOMECARE 101 SUMMIT AVENUE SUITE 403 FORT WORTH, TX 76102 Fax (817) 632-2371 Administrator MONICA MCCOMMAS	Owner Information BLUEBIRD HOMECARE OF TEXAS, LLC 40 BURTON HILLS BLVD NASHVILLE, TN 37215 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 017033 Lic Expire 6/30/2023 Medicare 1: 677823 HHA-18	Region 03 Date Licensed 06/12/2015 BRIDGEWAY HEALTH SERVICES 3880 HULEN, SUITE 670 FORT WORTH, TX 76107	Owner Information CHH HOME HEALTH LLC 3880 HULEN STREET, SUITE 670 FORT WORTH, TX 76107
Medicare 2: Phone (817) 332-0400	Fax (817) 332-0411	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County TARRANT License # 014989 Lic Expire 1/31/2025 Medicare 1: 458178 HHA-18 Medicare 2:	Administrator DEBORAH ELLIS Region 03 Date Licensed 01/27/2012 BRIDGEWAY HEALTH SERVICES INC 3880 HULEN ST., SUITE 670 FORT WORTH, TEXAS 76107	Owner Information BRIDGEWAY HEALTH SERVICES LLC 3033 W. PRESIDENT GEORGE BUSH HWY, #150 PLANO, TX 75075 PHONE: FAX:
Phone (214) 758-0900 Type: Parent Agency	Fax (214) 758-0090 Administrator DEBORAH ELLIS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County TARRANT License # 016019 Lic Expire 10/31/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 11/01/2013 BRIGHTSTAR FORT WORTH 7720 RUFE SNOW DRIVE BUILDING 6 SUITE 600 NORTH RICHLAND HILLS, TX 76148	Owner Information DAVIS MANAGED SERVICES, INC 1340 S MAIN ST #130 GRAPEVINE, TX 76051 PHONE: FAX:
Phone (817) 377-3420 Type: Parent Agency	Fax (817) 377-3424 Administrator MELISSA OSWALT	Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 015360 Lic Expire 2/28/2023 Medicare 1: 671785 HOSPICE Medicare 2:	Region 03 Date Licensed 02/11/2013 BROOKDALE HOSPICE DFW 4025 WOODLAND PARK BLVD SUITE 190 ARLINGTON, TX 76013	Owner Information ARC THERAPY SERVICES, LLC 111 WESTWOOD PLACE SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX:
Phone (817) 633-9125 Type: Parent Agency	Fax (817) 633-9130 Administrator ANGELA KASICH	Services: Hospice In-Patient Hospice: NO
County TARRANT License # 021074 Lic Expire 9/24/2024 Medicare 1:	Region 03 Date Licensed 09/24/2021 BRUCE HEALTH CARE SERVICES LLC 6300 RIDGLEA PLACE STE 425-B FORT WORTH, TX 76116	Owner Information BRUCE HEALTH CARE SERVICES LLC
Medicare 2: Phone (682) 224-7500	Fax (682) 224-7501	PHONE: FAX:
Type: Parent Agency	Administrator TINA BRUCE	Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 011835 Lic Expire 1/31/2022 Medicare 1: 747106 HHA-18 Medicare 2:	Region 03 Date Licensed 01/23/2008 CALVARY HILL HEALTH SERVICES LLC 709 COLD CREEK DRIVE ARLINGTON, TX 76002	Owner Information CALVARY HILL HEALTH SERVICES LLC 709 COLD CREEK DR ARLINGTON, TX 76002 PHONE: FAX:
Phone (214) 448-6567 Type: Parent Agency	Fax (682) 518-8124 Administrator OLUYEMISI BABAJIDE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County TARRANT License # 020506 Lic Expire 2/3/2024 Medicare 1: Medicare 2:	Region 03 Date Licensed 02/03/2021 CARE CREW LLC 1665 KELLER PARKWAY SUITE 100 KELLER, TX 76248	Owner Information CARE CREW LLC PHONE: FAX:
Phone (817) 242-4717	Fax (817) 785-9783	Services: Personal Assistance Services
Type: Parent Agency	Administrator ANN SOLIMAN	
County TARRANT License # 018712 Lic Expire 4/30/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 04/18/2018 CARE FOCUS HOME HEALTH CARE INC 410 ROCKY CREEK DRIVE MANSFIELD, TX 76063	Owner Information CARE FOCUS HOME HEALTH CARE INC 410 ROCKY CREEK DRIVE MANSFIELD, TX 76063 PHONE: FAX:
Phone (469) 345-5163	Fax (817) 449-2141	Services: Personal Assistance Services
County TARRANT License # 017849 Lic Expire 3/31/2022 Medicare 1: 679654 HHA-18 Medicare 2:	Administrator VIVIAN NGANG Region 03 Date Licensed 03/20/2016 CARE OF EXCELLENCE HOME HEALTH 751 US HIGHWAY 287 NORTH SUITE 104 MANSFIELD, TX 76063	Owner Information CARE OF EXCELLENCE HOME HEALTH, LLC 751 US HIGHWAY 287 NORTH SUITE 104 MANSFIELD, TX 76063 PHONE: FAX:
Phone (817) 842-4263 Type: Parent Agency	Fax (817) 842-8464 Administrator MELINDA CONN	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County TARRANT License # 019320 Lic Expire 4/10/2023 Medicare 1: Medicare 2: Phone (817) 419-6500 Type: Parent Agency	Region 03 Date Licensed 04/10/2019 CARE SOLUTIONS HOME HEALTH SERVICES INC 905 W EMBERCREST DR ARLINGTON, TX 76017 Fax (817) 419-6501 Administrator KEHINDE ADELANA	Owner Information CARE SOLUTIONS HOME HEALTH SERVICES INC AS ABOVE. AS ABOVE, PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 021047 Lic Expire 9/14/2024 Medicare 1:	Region 03 Date Licensed 09/14/2021 CAREBUILDERS AT HOME 5601 BRIDGE STREET, SUITE 300 FORT WORTH, TX 76112	Owner Information TNT HOME HEALTH INC
Medicare 2:		PHONE: FAX:
Phone (817) 928-3190 Type: Parent Agency	Fax (817) 928-5344 Administrator TODD BART	Services: Personal Assistance Services
County TARRANT License # 020246 Lic Expire 10/19/2022 Medicare 1:	Region 03 Date Licensed 10/19/2020 CAREMATE WELLNESS SOLUTIONS, LLC 3901 ARLINGTON HIGHLANDS BLVD. SUITE 200 ARLINGTON, TEXAS 76018	Owner Information CAREMATE WELLNESS SOLUTIONS, LLC
Medicare 2:	_	PHONE: FAX:
Phone (682) 305-0665 Type: Parent Agency	Fax Administrator CLINTON PINKNEY	Services: Personal Assistance Services
County TARRANT License # 012995 Lic Expire 11/30/2021 Medicare 1:	Region 03 Date Licensed 12/23/2015 CAREPATH HOME HEALTH NETWORK 13740 MIDWAY ROAD SUITE 800 DALLAS, TX 76017	Owner Information CAREPARTH HEALTHCARE SYSTEM LLP 720 WEST NATHAN LOWE RD SUITE 100 ARLINGTON, TX 76017
Medicare 2: Phone (972) 925-0618	Fax (972) 925-0307	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator DANIEL EZEUKWU	

County TARRANT License # 012995	Region 03 Date Licensed 11/10/2009 CAREPATH HOME HEALTH NETWORK	Owner Information CAREPARTH HEALTHCARE SYSTEM LLP 720 WEST NATHAN LOWE RD SUITE 100
Lic Expire 11/30/2021 Medicare 1: 747441 HHA-18;74	720 WEST NATHAN LOWE ROAD SUITE 100 ARLINGTON, TX 76017	ARLINGTON, TX 76017
Medicare 2:		PHONE: FAX:
Phone (817) 375-5790	Fax (817) 375-5066	Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator DANIEL EZEUKWU	
County TARRANT License # 019834	Region 03 Date Licensed 02/14/2020 CARETOWN	Owner Information CARETOWN LLC
Lic Expire 2/14/2022 Medicare 1: Medicare 2:	1508 MONTE CARLO DR MANSFIELD, TEXAS 76063	PHONE: FAX:
Phone (682) 706-5698	Fax	
Type: Parent Agency	Administrator CHRISTIANA OMODUGBA-UDEH	Services: Personal Assistance Services
County TARRANT License # 013583 Lic Expire 9/30/2022 Medicare 1: 747689	Region 03 Date Licensed 09/27/2010 CARETRENDS HEALTH SERVICE 1611 POWDER HORN LN ARLINGTON, TX 76018	Owner Information CARETRENDS INC 1611 POWDER HORN LANE ARLINGTON, TX 76018
Medicare 2:		PHONE: FAX:
Phone (817) 466-6641	Fax (817) 472-4288	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LAJA AKINTAYO	
County TARRANT License # 021112	Region 03 Date Licensed 10/08/2021 CARING SENIOR SERVICE OF DALLAS MIDCITIES	Owner Information DESERT SKY HOLDINGS, LLC
Lic Expire 10/8/2024	5601 COLLEYVILLE BLVD, SUITE 17	
Medicare 1: Medicare 2:	COLLEYVILLE, TEXAS 76034	PHONE: FAX:
Phone 214 225 6628	Fax (214) 225-6654	
Type: Parent Agency	Administrator NICHOLAS PAZARENTZOS	Services: Personal Assistance Services
County TARRANT License # 020606 Lic Expire 3/16/2024 Medicare 1:	Region 03 Date Licensed 03/16/2021 CARING SENIOR SERVICE OF FORT WORTH 4200 SOUTH FWY SUITE 265 FORT WORTH, TEXAS 76115	Owner Information JEWA ENTERPRISES LLC
Medicare 2:	Fav	PHONE: FAX:
Phone (817) 210-4778 Type: Parent Agency	Fax Administrator SELENE CHAUDHRY	Services: Personal Assistance Services
County TARRANT License # 019823 Lic Expire 2/11/2022 Medicare 1:	Region 03 Date Licensed 04/10/2020 CARTER PEDIATRIC HOME HEALTH 505 PARK MEADOWS DR. CROWLEY, TX 76036	Owner Information CARTER HOME HEALTH LLC
Medicare 2:	ONOWELT, TX 70000	PHONE: FAX:
Phone (408) 449-0492	Fax	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LOUIS MANGONG	Conviced. Electroca from the attitudes, it crossial resolutions delivered
County TARRANT License # 018543 Lic Expire 1/31/2025 Medicare 1:	Region 03 Date Licensed 01/03/2018 CHAMPION HEALTH CARE 4804 ALANDALE DRIVE FOREST HILL, TX 76119	Owner Information GLORIA JEAN FLENNOY 4804 ALANDALE DRIVE FOREST HILL, TX 76119
Medicare 2:		PHONE: FAX:
Phone (682) 302-4267	Fax (682) 703-1080	

County TARRANT License # 016697 Lic Expire 9/30/2020 Medicare 1: Medicare 2: Phone (817) 876-6138 Type: Branch Agency	Region 03 Date Licensed CHOICE HOMECARE 1452 HUGHES ROAD, SUITE 300 GRAPEVINE, TX 76051 Fax (817) 704-4335 Administrator NORA METLEN	09/26/2014	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 License # 016697 Lic Expire 9/30/2020 Medicare 1: 747181 HHA-18 Medicare 2: Phone 844 310 0056	Region 03 Date Licensed CHOICE HOMECARE 1452 HUGHES ROAD, SUITE 300 GRAPEVINE, TEXAS 76051 Fax 817 704 4335	09/26/2014	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
Type: Parent Agency County TARRANT License # 016697 Lic Expire 9/30/2020 Medicare 1: 747181 HHA-18 Medicare 2: Phone 844 310 0056 Type: Parent Agency	Administrator NORA METTLEN Region 03 Date Licensed CHOICE HOMECARE 1452 HUGHES ROAD, SUITE 300 GRAPEVINE, TEXAS 76051 Fax 817 704 4335 Administrator NORA METTLEN	09/26/2014	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 License # 016697 Lic Expire 9/30/2020 Medicare 1: Medicare 2: Phone (817) 876-6138 Type: Branch Agency	Region 03 Date Licensed CHOICE HOMECARE 1452 HUGHES ROAD, SUITE 300 GRAPEVINE, TX 76051 Fax (817) 704-4335 Administrator NORA METLEN	09/26/2014	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 License # 001565 Lic Expire 12/31/2021 Medicare 1: Medicare 2: Phone (817) 496-4730 Type: Branch Agency	Region 03 Date Licensed CHRISTIAN CARE HOME HEALTH 5100 RANDOL MILL ROAD FORT WORTH, TX 76112 Fax (972) 682-7947 Administrator KRISTEN MAZZA	12/27/1994	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 License # 021099 Lic Expire 10/1/2024 Medicare 1: Medicare 2: Phone (405) 543-9344 Type: Parent Agency	Region 03 Date Licensed CHRYSOLITE PRECIOUS HOMECARE LLC 3556 VELA LANE APT 5209 FORT WORTH, TEXAS 76137 Fax Administrator CHRISTELLE KAMANDA	10/01/2021	Owner Information CHRYSOLITE PRECIOUS HOMECARE LLC PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 016517 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (844) 767-3931 Type: Parent Agency	Region 03 Date Licensed CKD HOMECARE SERVICES 1015 E DALLAS STREET STE 2 MANSFIELD, TX 76063 Fax (817) 704-3188 Administrator CHIKETA KELLY	11/08/2014	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 License # 012896 Lic Expire 10/31/2024 Medicare 1: 747434 HHA-18 Medicare 2: Phone (817) 792-2030 Type: Parent Agency	Region 03 Date Licensed 10/14/2009 CLASSIC HOME CARE 4025 WOODLAND PARK BLVD SUITE 120 ARLINGTON, TX 76013 Fax (817) 792-2031 Administrator ANGIE KING	Owner Information SLH HEALTH CORP 4025 WOODLAND PARK BLVD SUITE 130 ARLINGTON, TX 76013-4301 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County TARRANT License # 017742 Lic Expire 11/30/2022 Medicare 1: 74-1757 Medicare 2: Phone (817) 792-2030	Region 03 Date Licensed 11/16/2016 CLASSIC HOSPICE & SENIOR CARE 4025 WOODLAND PARK BLVD STE 120 ARLINGTON, TX 76013 Fax (817) 792-2031	Owner Information CLASSIC HOSPICE LLC 4025 WOODLAND PARK BLVD SUITE 130 ARLINGTON, TX 76013-4301 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator AMANDA WILLIAMS	
County TARRANT License # 021361 Lic Expire 1/31/2025 Medicare 1:	Region 03 Date Licensed COMFORCARE HOME CARE ARLINGTON 1012 N. DAVIS DRIVE 1030 ARLINGTON, TX 76012	Owner Information GLORIOUS HEARTS
Medicare 2:		PHONE: FAX:
Phone (972) 922-2907 Type: Parent Agency	Fax (972) 807-7117 Administrator LATISA MAHOMES	Services: Personal Assistance Services
County TARRANT License # 020947 Lic Expire 8/2/2024 Medicare 1:	Region 03 Date Licensed 08/02/2021 COMFORCARE HOME CARE IRVING 1304 WEST EULESS BLVD SUITE 200 EULESS, TEXAS 76040	Owner Information BLUEBONNET CARE SERVICE
Medicare 2:	LULLOS, ILAAS 70040	PHONE: FAX:
Phone (469) 841-1150 Type: Parent Agency	Fax Administrator VERONICA LIZBETH ALVAREZ BECERRA	Services: Personal Assistance Services
County TARRANT License # 009989 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (817) 560-8085 Type: Parent Agency	Region 03 Date Licensed 09/27/2005 COMFORT KEEPERS 8205 CAMP BOWIE WEST BLVD SUITE 216 FORT WORTH, TX 76116 Fax (817) 560-7760 Administrator SCOTT VAN DUINEN	Owner Information CK TEXAS HOLDINGS INC 8205 CAMP BOWIE WEST SUITE 216 FT. WORTH, TX 76116 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 016291 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (817) 282-0828 Type: Parent Agency	Region 03 Date Licensed 01/20/2014 COMFORT KEEPERS #108 1105 ARWINE CT EULESS, TX 76040 Fax (817) 282-3060 Administrator ASHVIN AMIN	Owner Information SHREENIDHI GROUP LLC 4525 RED BARN RICHARDSON, TX 76040 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 009489 Lic Expire 10/31/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 10/18/2004 COMFORT KEEPERS 302 2364 HIGHWAY 287 N. STE 117 MANSFIELD, TEXAS 76063	Owner Information JEANUINE INC P.O. BOX 2189 MANSFIELD, TX 76063 PHONE: FAX:
Phone (817) 453-3727 Type: Parent Agency	Fax (817) 453-1140 Administrator ANDREA JEANS	Services: Personal Assistance Services

County TARRANT License # 005213 Lic Expire 4/30/2022 Medicare 1: 451501 Medicare 2: Phone (817) 870-9995	Region 03 Date Licensed 03/18/2003 COMMUNITY HEALTHCARE OF TEXAS 1111 SUMMIT AVENUE FORT WORTH, TX 76102 Fax (817) 870-9996	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
Type: Alternate Delivery Site County TARRANT License # 005213 Lic Expire 4/30/2022 Medicare 1: 451501 HOSPICE Medicare 2: Phone (817) 870-2795	Administrator LAUREN PARRISH HORTON Region 03 Date Licensed 05/01/1996 COMMUNITY HEALTHCARE OF TEXAS 6100 WESTERN PLACE SUITE 105 FORT WORTH, TX 76107 Fax 817 9893220	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
Type: Parent Agency County TARRANT License # 009882 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (817) 570-9901 Type: Parent Agency	Administrator LAUREN PARRISH HORTON Region 03 Date Licensed 07/26/2005 COMPASSIONATE HEALTHCARE 3309 WINTHROP AVE #89 FORT WORTH, TX 76116 Fax (817) 570-9801 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 License # 020304 Lic Expire 11/9/2022 Medicare 1: Medicare 2: Phone (682) 272-8732 Type: Parent Agency	Region 03 Date Licensed 11/09/2020 COMPASSIONATE HEARTS HOME HEALTH CARE LLC 6000 ALTERSGATE LN APT 2106 ARLINGTON, TEXAS 76001 Fax (817) 549-9078 Administrator JACKLINE NAMARA	Owner Information COMPASSIONATE HEARTS HOME HEALTH CARE LLC PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 016710 Lic Expire 10/31/2022 Medicare 1: 451791 HOSPICE Medicare 2: Phone (817) 735-8741 Type: Parent Agency	Region 03 Date Licensed 10/23/2014 COMPASSUS FORT WORTH 2630 WEST FREEWAY SUITE 130 FORT WORTH, TX 76102 Fax (817) 735-8836 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 License # 015605 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (817) 247-8437 Type: Parent Agency	Region 03 Date Licensed 06/14/2013 CONNECT HOME HEALTH PEDIATRICS 7001 BOULEVARD 26 SUITE # 501 NORTH RICHLAND HILLS, TX 76180 Fax (866) 702-7217 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 License # 007555 Lic Expire 12/31/2024 Medicare 1: 677672 HHA-18 Medicare 2: Phone (682) 885-6294 Type: Parent Agency	Region 03 Date Licensed 01/01/2001 COOK CHILDRENS HOME HEALTH 1101 W VICKERY BLVD FORT WORTH, TX 76104 Fax (682) 885-2499 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 0.5 Date Liberteed 0.501/2007 CAL ESPERANZA HOME HEALTH IN COUNTRY CALL FORWARD CALL F	County TARRANT License # 008457 Lic Expire 1/31/2022 Medicare 1: 679099 Medicare 2: Phone (817) 446-8100 Type: Parent Agency	Region 03 Date Licensed 02/01/2003 CROWN HOME HEALTH SERVICES 6850 MANHATTAN BLVD STE #110 FORT WORTH, TX 76120 Fax (817) 446-8102 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
Court Cour			Owner Information
Lic Exprise 12310214 233 W EULESS BLVD EULESS TV 7000 SOUTHLAND TYPE FAX	•	•	
Modification Fax SUPPLANE, TX 78926 SUPPLANE, TX 78926 Fax (817) 640-7174 Services: Licensed and Cardided Home Health Services; Licensed Home			1110 N. CARROLL AVENUE
Micror From	•		SOUTHLAKE, TX 76092
Phone (817) 640-6466	Medicare 2:	202200, 17, 70010	PHONE: () - 1 FAX:
County TARRANT Region 03 Date Licensed 12/11/1955 CASE SEPERANZA HOME HEALTH IN C 11/10 N. CARROLL AVENUE SOUTHLAKE, TX 76092 PHONE (1 - 1 FAX: Services Hospite Licensed Home Health Services Licensed L	Phone (817) 640-0646	Fax (817) 640-7174	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
California Colifornia Col	Type: Branch Agency	Administrator KATHRYN BOLTON	
Licenses # 004165	County TARRANT	Region 03 Date Licensed 12/11/1995	Owner Information
Lic Expine 2.01 / 2.04 / 2.04 2	License # 004165	CUIDADO CASERO HOME HEALTH & HOSPICE	
Phone County TARRANT Region 03 Date Licensed 02/15/2013 Outside Services County TARRANT Region 03 Date Licensed 02/15/2013 Outside Services County Outside Outside Services Outside Serv	Lic Expire 12/31/2024	833 W EULESS BLVD.	
Priority Parent Agency	Medicare 1: 678229 HHA-18;45	EULESS, TX 76040	SOUTHLAKE, TX 76092
Services: Parent Agency	Medicare 2:		PHONE: () - 1 FAX:
Type Parent Agency	Phone (817) 640-0646	Fax (817) 640-7174	Services; Personal Assistance Services
Date License # 03 Date License # 04 17 17 17 17 17 17 17 1	Type: Parent Agency	Administrator KATHRYN BOLTON	
Licerse # 004165	County TARRANT	Region 03	Owner Information
1110 N. CARROLL AVENUE	•	·	C&L ESPERANZA HOME HEALTH INC
Medicare 1: EULES, TX 76040 SOUTHLAKE, TX 76092 PHONE: () - 1 FAX:			1110 N. CARROLL AVENUE
Proper (817) 840-0646 Fax (817) 640-7174 Services: Licensed and Certified Home Health Services; Licensed Home Heal	Medicare 1:		SOUTHLAKE, TX 76092
Type Branch Agency Administrator KATHRYN BOLTON	Medicare 2:		PHONE: () - 1 FAX:
County TARRANT	Phone (817) 640-0646	. ,	
Custom Care HealthCare, Inc	Type: Branch Agency	Administrator KATHRYN BOLTON	
Medicare 1: 2/28/2023 4811 MERLOT AVE, STE 110	County TARRANT	Region 03 Date Licensed 02/15/2013	
DALLAS, TX 75240 DALLAS, TX 75240 Medicare 2:	License # 015646	CUSTOM CARE HOME HEALTH	
Phone Phon	Lic Expire 2/28/2023	4811 MERLOT AVE, STE 110	,
Phone (972) 242-5959 Fax (972) 242-5954 Services: Licensed and Certified Home Health Services	Medicare 1: 679672	GRAPEVINE, TEXAS 76051	
Type: Parent Agency Administrator THOMAS GLEASON County TARRANT Region 03 Date Licensed 05/01/2021 CUSTOM CARE HOME HEALTH FT WORTH CUSTOM CARE HALTHCARE, INC 6006 LBJ FREEWAY, STE 110 DALLAS, TX 75240 Medicare 2: PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Type: Parent Agency Administrator NELSON CLUFF County TARRANT Region 03 Date Licensed 06/25/2009 TARRANT Region 03 Date Licensed 06/25/2009 Medicare 1: 451635 HOSPICE GRAPEVINE, TX 76051 Medicare 2: Phone (972) 242-5959 Fax (972) 242-5959 Fax (972) 242-5959 Fax (972) 242-5959 Fax (972) 242-5959		Fav. (072) 242 F0F4	PHONE: FAX:
County TARRANT Region 03 Date Licensed 05/01/2021 Custom Care Home Health Ft Worth Custom Care Home Health Ft Worth Custom Care Home Health Ft Worth Custom Care HealthCare, INC 6006 LBJ FREEWAY, STE 110 Medicare 1: 458125 FORT WORTH, TEXAS 76132 Medicare 2: PHONE: FAX: Phone (817) 847-8888 Fax Services: Licensed and Certified Home Health Services; Licensed Home Health Services Type: Parent Agency Administrator NELSON CLUFF County TARRANT Region 03 Date Licensed 06/25/2009 Custom Care Hospice Custom Care Hospice KeyStone Hospice Care, INC License # 013152 Custom Care Hospice Lic Expire 6/30/2023 4811 MERLOT AVENUE, SUITE 110 Medicare 1: 451635 Hospice Medicare 2: Phone (972) 242-5959 Fax (972) 242-5954 Services: Hospice In-Patient Hospice: NO			Services: Licensed and Certified Home Health Services
License # 021109 CUSTOM CARE HOME HEALTH FT WORTH Lic Expire 5/1/2024 7261 HAWKINS VIEW DRIVE 6006 LBJ FREEWAY, STE 110 Medicare 1: 458125 FORT WORTH, TEXAS 76132 DALLAS, TX 75240 Medicare 2: PHONE: FAX: Phone (817) 847-8888 Fax Services: Licensed and Certified Home Health Services; Licensed Home Health Services Type: Parent Agency Administrator NELSON CLUFF County TARRANT Region 03 Date Licensed 06/25/2009 KEYSTONE HOSPICE ACRE, INC License # 013152 CUSTOM CARE HOSPICE KEYSTONE HOSPICE CARE, INC Lice Expire 6/30/2023 4811 MERLOT AVENUE, SUITE 110 CARROLLTON, TX 75007 Medicare 1: 451635 HOSPICE GRAPEVINE, TX 76051 CARROLLTON, TX 75007 Medicare 2: PHONE: FAX: Services: Hospice In-Patient Hospice: NO	Type. Parent Agency	Administrator I HOWAS GLEASON	
Cost of the Care Howe Health Fry Worth Fax	•	·	
Medicare 1: 458125 FORT WORTH, TEXAS 76132 FORT WORTH, TEXAS 76132 DALLAS, TX 75240			·
Medicare 2: PHONE: FAX: Phone (817) 847-8888 Fax Services: Licensed and Certified Home Health Services; Licensed Home Health Services Type: Parent Agency Administrator NELSON CLUFF County TARRANT Region 03 Date Licensed 06/25/2009 License # 013152 CUSTOM CARE HOSPICE KEYSTONE HOSPICE CARE, INC Lice 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 Services: Licensed and Certified Home Health Services; Licensed Home Health Services Medicare 1: 451635 HOSPICE CARE, INC 1445 MACARTHUR DRIVE SUITE 200 CARROLLTON, TX 75007 PHONE: FAX: Services: Hospice In-Patient Hospice: NO	•		·
Phone (817) 847-8888 Fax Services: Licensed and Certified Home Health Services; Licensed Home Health Services Type: Parent Agency Administrator NELSON CLUFF County TARRANT Region 03 Date Licensed 06/25/2009 License # 013152 CUSTOM CARE HOSPICE KEYSTONE HOSPICE CARE, INC 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 Services: Licensed and Certified Home Health Services; Licensed Home Health Services KEYSTONE HOSPICE CARE, INC 1445 MACARTHUR DRIVE SUITE 200 CARROLLTON, TX 75007 PHONE: FAX: Services: Hospice In-Patient Hospice: NO		FURT WURTH, TEXAS 16132	
Type: Parent Agency Administrator NELSON CLUFF County TARRANT Region 03 Date Licensed 06/25/2009 License # 013152 CUSTOM CARE HOSPICE KEYSTONE HOSPICE CARE, INC 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 Services: Licensed and Certified Home Health Services; Licensed Home Health Services Licensed Home Hea		Fax	
County TARRANT Region 03 Date Licensed 06/25/2009 License # 013152 CUSTOM CARE HOSPICE KEYSTONE HOSPICE CARE, INC Lice 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 Services: Hospice In-Patient Hospice: NO	_		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
License # 013152 CUSTOM CARE HOSPICE KEYSTONE HOSPICE CARE, INC 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 Services: Hospice In-Patient Hospice: NO	<u> </u>		Owner Information
Lic Expire 6/30/2023 4811 MERLOT AVENUE, SUITE 110 1445 MACARTHUR DRIVE SUITE 200 Medicare 1: 451635 HOSPICE GRAPEVINE, TX 76051 CARROLLTON, TX 75007 Medicare 2: PHONE: FAX: Phone (972) 242-5959 Fax (972) 242-5954 Services: Hospice In-Patient Hospice: NO	-	-	
Medicare 1: 451635 HOSPICE GRAPEVINE, TX 76051 CARROLLTON, TX 75007			
Medicare 2: PHONE: FAX: Phone (972) 242-5959 Fax (972) 242-5954 Services: Hospice In-Patient Hospice: NO			
Phone (972) 242-5959 Fax (972) 242-5954 Services: Hospice In-Patient Hospice: NO		SIVE EVINE, IN 10001	
·	Phone (972) 242-5959	Fax (972) 242-5954	Services: Hospice
	Type: Parent Agency	Administrator THOMAS GLEASON	·

County TARRANT License # 019648 Lic Expire 10/16/2021	Region 03 Date Licensed 10/16/2019 DACY HEALTHCARE LLC 3605 RIVERHEAD DRIVE	Owner Information DACY HEALTHCARE LLC
Medicare 1: Medicare 2:	ARLINGTON, TEXAS 76015	PHONE: FAX:
Phone (817) 899-0540	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator COMFORT BLASSINGAME	CONTICOS. 1 COSTIGNATION CONTICOS
County TARRANT	Region 03 Date Licensed 10/01/2021	Owner Information
License # 021095	DAISY SHAW COMPANION CARE LLC	DAISY SHAW COMPANION CARE LLC
Lic Expire 10/1/2024	8347 CAMP BOWIE WEST BLVD	PO BOX 121775
Medicare 1:	FT WORTH, TEXAS 76116	ARLINGTON, TEXAS 76012
Medicare 2:	_	PHONE: FAX:
Phone (817) 879-9283	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator SHAMEEKA HENRY	
County TARRANT	Region 03 Date Licensed 05/12/2016	Owner Information
License # 017399	DAYBREAK COMMUNITY SERVICES TEXAS LLC	DAYBREAK COMMUNITY SERVICES TEXAS LLC
Lic Expire 5/31/2022	2929 ALTAMESA BLVD	4100 INTERNATIONAL PLAZA SUITE 800 FORT WORTH, TX 76109
Medicare 1:	FORT WORTH, TX 76133	
Medicare 2: Phone (800) 299-5161	Fax (817) 447-3033	PHONE: FAX:
Type: Parent Agency	Administrator AARON DENOVELLIS	Services: Licensed Home Health Services; Personal Assistance Services
······································		Owner Information
County TARRANT	Region 03 Date Licensed 10/10/2020	DELFIN CARE PROVIDER, LLC
License # 020099	DELFIN CARE	DEL III ONICE I NOTIDEN, EEO
Lic Expire 8/11/2022 Medicare 1:	12112 WILLET RD HASLET, TEXAS 76052	
Medicare 1:	TIAGLET, TEAAG 70002	PHONE: FAX:
Phone 682 2664433	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator ARWIN DELFIN	CONTICOS. 1 COSTILIA ASSISTANCE CONTICOS
County TARRANT	Region 03 Date Licensed 05/17/2021	Owner Information
License # 020760	DESTINY INHOME CARE	RESSIEN LLC
Lic Expire 5/17/2024	1201 N WATSON RD., #100B	2605 BERRY DOWN LN., #8202
Medicare 1:	ARLINGTON, TX 76006	ARLINGTON, TX 76006
Medicare 2:		PHONE: FAX:
Phone 972 8156581	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator RONALD ESSIEN	
County TARRANT	Region 03 Date Licensed 10/16/2020	Owner Information
License # 020243	DEVOTED HEARTS 4 U	DEVOTED HEARTS 4 U
Lic Expire 10/16/2022	9500 RAY WHITE RD STE 200	
Medicare 1:	FORT WORTH, TEXAS 76244	
Medicare 2:	_	PHONE: FAX:
Phone (817) 851-1039	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator DEMKIA CHAPPELL	
County TARRANT	Region 03 Date Licensed 10/13/2021	Owner Information
License # 021126	DFW CAREGIVERS LLC	DFW CAREGIVERS LLC
Lic Expire 10/13/2024	2012 E RANDOL MILL ROAD, SUITE 203A	
Medicare 1: Medicare 2:	ARLINGTON, TEXAS 76011	PHONE: FAX:
Medicare 2: Phone (254) 436-2198	Fax	
Type: Parent Agency	Administrator LANRE ADEDIRAN	Services: Personal Assistance Services
1,500. I dionit/igency		

County TARRANT License # 020956 Lic Expire 6/1/2024 Medicare 1: 747245 Medicare 2: Phone 972 2668511 Type: Parent Agency	Region 03 Date Licensed 06/01/2021 DFW HOME CARE 1901 N STATE HWY 360, SUITE 680 GRAND PRAIRIE, TEXAS 75050 Fax 972 2668522 Administrator MANJU DHANKHAR	Owner Information LHCG CXCIV, LLC PO BOX 51266 LAFAYETTE, LOUISIANA 70505 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 015032 Lic Expire 6/30/2022 Medicare 1: 457575 HHA-18 Medicare 2: Phone 817 5297555 Type: Parent Agency	Region 03 Date Licensed 07/01/2012 DFW HOME HEALTH 3909 HULEN STREET, 3RD FLOOR FORT WORTH, TEXAS 76107 Fax 817 5297560 Administrator BRANDON QUINTON	Owner Information LHCG XXXIII, LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX: Services: Licensed and Certified Home Health Services
County TARRANT License # 019849 Lic Expire 1/1/2025 Medicare 1: 457818 Medicare 2: Phone 817 6332273 Type: Parent Agency	Region 03 Date Licensed 01/01/2020 DFW HOME HEALTH ARLINGTON 1720 OAK VILLAGE BLVD SUITE 100 ARLINGTON, TEXAS 760177952 Fax 817 6332274 Administrator KATHLEEN MCCLUSKEY	Owner Information LHCG CXXXVII, LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County TARRANT License # 021106 Lic Expire 6/1/2024 Medicare 1: 747290 Medicare 2: Phone 817 4175344	Region 03 Date Licensed 06/01/2021 DFW HOME HEALTH MCKINNEY 6951 VIRGINIA PARKWAY, SUITE 100 MCKINNEY, TEXAS 75071 Fax 817 4174745	Owner Information LHCG CXXXVII, LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency County TARRANT License # 016784 Lic Expire 4/30/2021 Medicare 1: Medicare 2: Phone (817) 881-3135 Type: Parent Agency	Administrator BRANDON QUINTON Region 03 Date Licensed 04/30/2015 DIAMOND HEART HEALTHCARE INC 7700 CRESSWELL ARLINGTON, TX 76001 Fax (682) 320-8798 Administrator GEORGE EZIGBO	Owner Information DIAMOND HEART HEALTHCARE INC 7700 CRESSWELL DRIVE ARLINGTON, TX 76001 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 004154 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (817) 838-4777 Type: Parent Agency	Region 03 Date Licensed 11/09/1995 DISABILITY SERVICES OF THE SOUTHWEST INC 6000 WESTERN PLACE DRIVE SUITE E0720 FORT WORTH, TX 76107 Fax (877) 463-1310 Administrator SEANNETTE ALEXANDER	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 TARRANT License # 020913 Lic Expire 6/14/2024 Medicare 1: Medicare 2: Phone (682) 554-2234 Type: Parent Agency	Region 03 Date Licensed 06/14/2021 DISTINCT HOME HEALTH SERVICE LLC 2832 N CAMINO LAGOS GRAND PRAIRIE, TEXAS 75054 Fax (214) 988-2021 Administrator SHELLEY ALENI	Owner Information DISTINCT HOME HEALTH SERVICE LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County TARRANT	Region 03 Date Licensed	03/13/2000	Owner Information	
License # 007277	DIVINE CARE HEALTH SERVICES		NDUBUISI DAVID ACHO	
Lic Expire 3/31/2022	6850 MANHATTAN BOULEVARD SUITE 104		8426 ODELL STREET	
Medicare 1: 679011 HHA-18	FORT WORTH, TX 76120		NORTH RICHLAND, TX 76180	
Medicare 2:			PHONE: FAX:	
Phone (817) 930-0930	Fax (817) 446-0109		Services: Licensed and Certified Home Health Services; Li Personal Assistance Services	censed Home Health Services;
Type: Parent Agency	Administrator NDUBUISI DAVID ACHO			
County TARRANT	Region 03 Date Licensed	02/25/2021	Owner Information	
License # 020547	DIVINE MIRACLE HOME CARE LLC		DIVINE MIRACLE HOME CARE LLC	
Lic Expire 2/25/2024	3201 E PIONEER PARKWAY SUITE 39			
Medicare 1:	ARLINGTON, TX 76010			
Medicare 2:			PHONE: FAX:	
Phone (682) 347-4044	Fax		Services: Personal Assistance Services	
Type: Parent Agency	Administrator EBENEZER FOWOBAJE			
County TARRANT	Region 03 Date Licensed	02/28/2012	Owner Information	
License # 014746	DIVINE TOUCH HEALTH SERVICES		DIVINE TORCH HEALTH SERVICES INC	
Lic Expire 2/28/2022	4505 CATHERINE DR		410 ROCKY CREEK DRIVE	
Medicare 1: 747142 HHA-18	MANSFIELD, TX 76063		MANSFIELD, TX 76063	
Medicare 2:			PHONE: FAX:	
Phone (817) 225-2160	Fax (817) 225-2161		Services: Licensed and Certified Home Health Services; Li	censed Home Health Services;
			Personal Assistance Services	
Type: Parent Agency	Administrator VIVIAN NGANG			
County TARRANT	Region 03 Date Licensed	01/08/2020	Owner Information	
License # 019768	DIVINITY HOSPICE, LLC		DIVINITY HOSPICE, LLC	
Lic Expire 1/8/2025	5601 BRIDGE STREET, SUITE 300			
Medicare 1: 971560 (HOSPICE)	FORT WORTH, TEXAS 76112			
Medicare 2:			PHONE: FAX:	
Phone (817) 492-7020	Fax (817) 492-7019		Services: Hospice	
Type: Parent Agency	Administrator BRENDA FISHER		In-Patient Hospice: NO	
<u> </u>			Owner Information	
County TARRANT	Region 03 Date Licensed		DOUBLE HONOR HOME CARE LLC	
License # 021338	DOUBLE HONOR HOME CARE LLC		BOOBLE HONOR HOME OF THE ELO	
Lic Expire 1/19/2025	329 BLAIRWOOD DR			
Medicare 1:	FORT WORTH, TEXAS 76134		PHONE	
Medicare 2: Phone 682 4727432	Fax		PHONE: FAX:	
			Services: Personal Assistance Services	
Type: Parent Agency	Administrator APRYL WILLIAMS			
County TARRANT	Region 03 Date Licensed	04/05/2017	Owner Information	
License # 017984	EAGLE HOME HEALTHCARE SERVICES		NEW DIRECTION HOME HEALTHCARE OF DFW, INC	
Lic Expire 4/30/2021	1015 E DALLAS STREET STE 2		1015 E DALLAS STREET STE 2	
Medicare 1: 747541 HHA-18	MANSFIELD, TX 76063		MANSFIELD, TX 76063	
Medicare 2:			PHONE: FAX:	
Phone (817) 539-9092	Fax (866) 591-9619		Services: Licensed and Certified Home Health Services; Li	censed Home Health Services;
Type: Parent Agency	Administrator CHIKETA KELLY		Personal Assistance Services	
County TADDANT	Design 03 Date Licensed	12/05/2006	Owner Information	
County TARRANT License # 010923	Region 03 Date Licensed EL PASSION HOME HEALTH AGENCY INC	12/05/2006	EL PASSION HOME HEALTH AGENCY INC	
			7209 WIND ELM CT	
Lic Expire 4/29/2022 Medicare 1: 743128 HHA-18	7209 WIND ELM COURT ARLINGTON, TX 76002		ARLINGTON, TX 76002	
Medicare 2:	, a clito 1011, 17 10002		PHONE: FAX:	
Phone (817) 992-3348	Fax 18175827635		Services: Licensed and Certified Home Health Services; Li Personal Assistance Services	censed Home Health Services;
Type: Parent Agency	Administrator ELIZABETH AJEIGBE			
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County TARRANT License # 018139 Lic Expire 4/30/2023 Medicare 1: 677492 HHA-18 Medicare 2: Phone (469) 828-0019 Type: Parent Agency	Region 03 Date Licensed 04/26/2017 ELARA CARING 2261 BROOKHOLLOW PLAZA DR. STE. 308 E ARLINGTON, TX 76006 Fax (469) 828-4532 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 License # 011270 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (817) 469-7455 Type: Parent Agency	Region 03 Date Licensed 04/01/2007 ELARA CARING 2261 BROOKHOLLOW PLAZA DR SUITE 308A ARLINGTON, TX 76006 Fax (817) 469-7477 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 License # 019994 Lic Expire 6/11/2022 Medicare 1:	Region 03 Date Licensed 06/11/2020 ELITE CAREGIVERS OF TEXAS LLC 3933 ESKER DR FORT WORTH, TEXAS 76137	Owner Information ELITE CAREGIVERS OF TEXAS LLC
Medicare 2:		PHONE: FAX:
Phone (817) 929-8882	Fax	Services: Personal Assistance Services
County TARRANT License # 015002 Lic Expire 12/30/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 08/14/2012 ELITE NURSING HOME HEALTHCARE LLC 315 E. WALL STREET GRAPEVINE, TX 76051	Owner Information ELITE NURSING HOME HEALTH CARE, LLC 700 HIGHLANDER BLVD STE 170 ARLINGTON, TX 76015 PHONE: FAX:
Phone (682) 323-7213	Fax (682) 323-5966	Services: Licensed Home Health Services
Type: Parent Agency	Administrator MELODY WALLS	
County TARRANT License # 012079 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (682) 610-7686 Type: Alternate Delivery Site	Region 03 Date Licensed ELYSIAN HOSPICE LLC 524 E. LAMAR BLVD, SUITE 120A ARLINGTON, TX 76011 Fax (682) 610-7687 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 License # 016949 Lic Expire 6/30/2023 Medicare 1: 457975 HHA-18 Medicare 2: Phone 817 7374300 Type: Parent Agency	Region 03 Date Licensed 07/01/2015 ENCOMPASS HEALTH HOME HEALTH 6500 WEST FREEWAY, SUITE 452 FORT WORTH, TEXAS 761162167 Fax 817 7374305 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 License # 018428 Lic Expire 4/30/2023 Medicare 1: 677830 HHA-18 Medicare 2: Phone 817 5420217 Type: Parent Agency	Region 03 Date Licensed 05/01/2017 ENCOMPASS HEALTH HOME HEALTH 2000 E. LAMAR BLVD., SUITE 155 ARLINGTON, TEXAS 76006 Fax 817 5420264 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 License # 014255 Lic Expire 6/30/2024 Medicare 1: 679428 HHA-18 Medicare 2: Phone 817 3295449 Type: Parent Agency	Region 03 Date Licensed ENCOMPASS HEALTH HOME HEALTH 1501 HUGHES RD., SUITE 100 GRAPEVINE, TEXAS 76051 Fax 817 3292145 Administrator LINDA FARRIS	06/03/2011	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 License # 011086 Lic Expire 10/31/2022 Medicare 1: 679167 HHA-18 Medicare 2: Phone 817 7374300 Type: Parent Agency	Region 03 Date Licensed ENCOMPASS HEALTH HOME HEALTH 6500 WEST FREEWAY, SUITE 450 FORT WORTH, TEXAS 761162167 Fax 817 7374305 Administrator ERIC DENGLER	11/01/2006	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 License # 015841 Lic Expire 9/30/2023 Medicare 1: 671733 HOSPICE Medicare 2: Phone 817 2638808 Type: Parent Agency	Region 03 Date Licensed ENCOMPASS HEALTH HOSPICE 6500 WEST FREEWAY, SUITE 451 FORT WORTH, TEXAS 761162167 Fax 817 7374305 Administrator RANDY PICKERING	09/06/2013	Owner Information APEX HOSPICE, LLC 6688 N. CENTRAL EXPRESSWAY, STE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TARRANT License # 014228 Lic Expire 7/31/2023 Medicare 1: 671712 HOSPICE Medicare 2: Phone (817) 289-3990	Region 03 Date Licensed ENVOY HOSPICE 1412 W MAGNOLIA AVENUE SUITE 100 FORT WORTH, TX 76104 Fax (817) 289-3995	07/20/2011	Owner Information ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200 CHARLOTTESVILLE, VA 22903 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County TARRANT License # 013330 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (817) 557-8252 Type: Branch Agency	Administrator DONNA FRANCO Region 06 Date Licensed EVEROSE HEALTHCARE INC 3020 MATLOCK RD. STE. 210 ARLINGTON, TX 76015 Fax (817) 557-8255 Administrator TED DIEP NGUYEN	08/24/2012	Owner Information EVEROSE HEALTHCARE INC 11200 WESTHEIMER RD SUITE 100 HOUSTON, TX 77042 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 012699 Lic Expire 7/31/2023 Medicare 1: 747494 HHA-18 Medicare 2: Phone (817) 962-0290	Region 03 Date Licensed EXCELLENT HOME HEALTH SERVICES 1144 W PIONEER PKWY STE H PIONEER PI ARLINGTON, TX 76013 Fax (817) 962-0292	07/10/2009 .AZA	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
Type: Parent Agency County TARRANT License # 007358 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (817) 457-8324 Type: Parent Agency	Administrator BEATRICE JOHNSON Region 03 Date Licensed EXCEPTIONAL HOME CARE INC 2817 STARK SUITE A FORT WORTH, TX 76112 Fax (817) 457-9617 Administrator SHELLEY REED-POUNCY	07/05/2000	Owner Information EXCEPTIONAL HOME CARE INC 2817 STARK SUITE A FORT WORTH, TX 76112 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services

County TARRANT License # 019474 Lic Expire 7/9/2021 Medicare 1: Medicare 2: Phone (817) 928-5600 Type: Parent Agency	Region 03 Date Licensed 03/02/2020 EXTENDED FAMILY HOME CARE 4303 S BOWEN RD STE 137 ARLINGTON, TEXAS 76016 Fax (817) 928-5660 Administrator KELLEY MONROE	Owner Information INTERTWINED SENIOR CARE, LLC 5512 LAVACA RD GRAND PRAIRIE, TEXAS 75052 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 020271 Lic Expire 10/27/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 10/27/2020 FACO HEALTHCARE SERVICES 3600 W PIONEER PKWY STE 16 PANTEGO, TEXAS 76013	Owner Information BIZ N MARKETING INC 2412 HENDERSON DRIVE UNIT 1135 ARLINGTON, TEXAS 76013 PHONE: FAX:
Phone (682) 408-5010	Fax (682) 318-1792	Services: Personal Assistance Services
Type: Parent Agency	Administrator NZEPAH NGASSA	
County TARRANT License # 016570 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (682) 706-3963 Type: Parent Agency	Region 03 Date Licensed 12/17/2014 FAMILIAS PRIMARY CARE SERVICES 1201 N. WATSON ROAD SUITE 294 ARLINGTON, TX 76006 Fax (682) 706-3955 Administrator MERCY NKERBU	Owner Information DIAZZZLY ADULT CARE LLC 1201 N. WATSON ROAD SUITE 294 ARLINGTON, TX 76006 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 020705 Lic Expire 4/15/2024 Medicare 1:	Region 03 Date Licensed 04/15/2021 FIDELITY ENTRUST HEALTHCARE SERVICES LLC 325 WEDGEWOOD LANE CEDAR HILL, TX 75104	Owner Information FIDELITY ENTRUST HEALTHCARE SERVICES LLC PHONE: FAX:
Medicare 2: Phone (817) 487-7378	Fax (817) 977-8889	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator SHAVONDA FICKLIN	
County TARRANT License # 011801 Lic Expire 1/31/2022 Medicare 1: 747160 HHA-18	Region 03 Date Licensed 01/08/2008 FIRST RESPONSE HOME HEALTH SERVICES LLC 4444 MALLOW OAK DRIVE FORT WORTH, TX 76123	Owner Information FIRST RESPONSE HOME HEALTH SERVICES LLC 4444 MALLOW DRIVE FORT WORTH, TX 76123-1820
Medicare 2:		PHONE: FAX:
Phone (817) 361-7040 Type: Parent Agency	Fax (817) 361-9244 Administrator JUDITH TAN-PASCUAL	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County TARRANT License # 019109 Lic Expire 11/19/2022 Medicare 1:	Region 03 Date Licensed 11/19/2018 FIRST WATCH HOME CARE 1601 EAST LAMAR BLVD STE 107 ARLINGTON, TEXAS 76011	Owner Information LEXISCOM GROUP,LLC
Medicare 2:	5 (0.47) 5 (0.0570	PHONE: FAX:
Phone (817) 617-2335 Type: Parent Agency	Fax (817) 549-6578 Administrator OLUTOPE OKE	Services: Personal Assistance Services
County TARRANT License # 009467 Lic Expire 12/31/2023 Medicare 1: 677863 HHA-18 Medicare 2:	Region 03 Date Licensed 12/16/2004 FLORENCE HEALTH CARE SERVICES & TRAINING CENTER INC 2308 CREST PARK DRIVE ARLINGTON, TEXAS 76006	Owner Information FLORENCE HEALTH CARE SERVICES & TRAINING CENTER INC 2308 CREST PARK DR ARLINGTON, TEXAS 76006 PHONE: FAX:
Phone (817) 652-4409	Fax (817) 652-4431	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator FLORENCE OKOLIE	Personal Assistance Services

County TARRANT License # 019755 Lic Expire 4/29/2022 Medicare 1:	Region 03 Date Licensed FMA HOME HEALTH SERVICES INC 7210 JESSIE COURT ARLINGTON, TEXAS 76002	12/30/2019	Owner Information FMA HOME HEALTH SERVICES INC
Medicare 2:			PHONE: FAX:
Phone (817) 899-4955	Fax (817) 522-4481		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator OLUFEMI FAGBOHUN		
County TARRANT License # 021224 Lic Expire 11/22/2024 Medicare 1: Medicare 2:	Region 03 Date Licensed FOUR PINES HEALTH CARE SERVICES INC 1601 E LAMAR BLVD SUITE # 204 ARLINGTON, TEXAS 76011	11/22/2021	Owner Information FOUR PINES HEALTH CARE SERVICES INC 6715 BARRED OWL RD ARLINGTON, TX 76002 PHONE: FAX:
Phone 682 2279722	Fax 817 5836661		Services: Licensed Home Health Services
Type: Parent Agency	Administrator FRED OKWENA		55.1166. <u>1</u> 56.166. 161.16 166.11 50.1166
County TARRANT License # 015423 Lic Expire 11/30/2022 Medicare 1: 671527 HOSPICE Medicare 2: Phone (817) 265-0151 Type: Parent Agency	Region 03 Date Licensed FREEDOM HOSPICE 9001 AIRPORT FREEWAY SUITE 570 NORTH RICHLAND HILLS, TX 76180 Fax (817) 265-0145 Administrator KELLIE GIBSON	11/20/2012	Owner Information FREEDOM HOSPICE LLC 9001 AIRPORT FREEWAY, SUITE 570 NORTH RICHLAND HILLS, TX 76180 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
			Owner Information
County TARRANT License # 015423 Lic Expire 11/30/2022 Medicare 1: 671527 HOSPICE Medicare 2:	FREEDOM HOSPICE 9001 AIRPORT FREEWAY SUITE 570 NORTH RICHLAND HILLS, TX 76180	11/20/2012	FREEDOM HOSPICE LLC 9001 AIRPORT FREEWAY, SUITE 570 NORTH RICHLAND HILLS, TX 76180 PHONE: FAX:
Phone (817) 265-0151 Type: Parent Agency	Fax (817) 265-0145 Administrator KELLIE GIBSON		Services: Hospice In-Patient Hospice: NO
County TARRANT License # 015073 Lic Expire 1/31/2022 Medicare 1: 679701 HHA-18 Medicare 2: Phone (817) 542-0077 Type: Parent Agency	Region 03 Date Licensed FULFORD HOME HEALTH LLC 1506 W. PIONEER PARKWAY, SUITE 206 ARLINGTON, TX 76013 Fax (817) 542-0099 Administrator SYLVIA MUSASIA	01/10/2012	Owner Information FULFORD HOME HEALTH LLC 4221 HIGHWAY 377 SOUTH FORT WORTH, TX 76116-8606 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TARRANT	Region 03 Date Licensed	06/22/2018	Owner Information
License # 019414 Lic Expire 6/7/2021 Medicare 1:	GENESIS REHABILITATION SERVICES 1101 E ARBROOK BLVD ARLINGTON, TEXAS 76014	00/22/2010	GENESIS ELDERCARE REHABILITATION SERVICES LLC
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 License # 010817 Lic Expire 10/31/2023 Medicare 1: 679722 HHA-18; 97 Medicare 2: Phone (817) 801-7100	GILEAD COMMUNITY HOME HEALTH INC 2104 ROOSEVELT DR SUITE M DALWORTHINGTON GARDENS, TX 76013 Fax (817) 801-7101	10/20/2006	Owner Information GILEAD COMMUNITY HOME HEALTH INC 17826 DAVENPORT ROAD DALLAS, TX 75252 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 ROBERT BARKER		

pion 03 Date Licensed 02/13/2020 DRIOUS HOME CARE SERVICE LLC 7 INDIAN HILL DR. LINGTON, TX 76018 NA Inistrator AFISHETU USMAN pion 03 Date Licensed 02/13/2019 LDEN GATE HEALTHCARE SERVICES 1 DUNLAP DR. RT WORTH, TX 76119 Inistrator SHAWNTAE SHARPE	Owner Information GLORIOUS HOME CARE SERVICE LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information A SHARP & CLEAN SPECIALTY SERVICES LLC PHONE: FAX: Services: Personal Assistance Services
NA inistrator AFISHETU USMAN ipion 03 Date Licensed 02/13/2019 LDEN GATE HEALTHCARE SERVICES 1 DUNLAP DR. RT WORTH, TX 76119 inistrator SHAWNTAE SHARPE	Services: Licensed Home Health Services; Personal Assistance Services Owner Information A SHARP & CLEAN SPECIALTY SERVICES LLC PHONE: FAX:
pion 03 Date Licensed 02/13/2019 LDEN GATE HEALTHCARE SERVICES 1 DUNLAP DR. RT WORTH, TX 76119 inistrator SHAWNTAE SHARPE	A SHARP & CLEAN SPECIALTY SERVICES LLC PHONE: FAX:
inistrator SHAWNTAE SHARPE	
Date Licensed 12/01/2017 OD SAMARITAN SOCIETY HOME HEALTH W. MAGNOLIA AVE SUITE 205 RT WORTH, TEXAS 76104 817 510 3602 inistrator TRACI WOOLFOLK gion 03 Date Licensed 10/01/2017 OD SAMARITAN SOCIETY HOSPICE W MAGNOLIA SUITE 206 RT WORTH, TEXAS 76104 (817) 282-1062 inistrator STEPHANIE VILLA	Owner Information GOOD SAMARITAN SOCIETY HCBSTX, LLC 700 NORTH TOWN EAST BLVD., SUITE 159 MESQUITE, TX 75150 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services Owner Information GOOD SAMARITAN SOCIETY HCBSTX, LLC 700 NORTH TOWN EAST BLVD., SUITE 159 MESQUITE, TX 75150 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
jion 03 Date Licensed OD SHEPHERD HOSPICE OF DALLAS LLC 2 E LANCASTER AVE RT WORTH, TX 761026632 (888) 732-7208 inistrator KIMBERLY CODR	Owner Information GOOD SHEPHERD HOSPICE OF DALLAS LLC 4350 WILL ROGERS PKWY, STE 400 OKLAHOMA CITY, OK PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO Owner Information GRACE HOMESTEAD LLC 700 LAVACA STSTE 1401 AUSTIN, TX 78701
1	ion 03 Date Licensed DD SHEPHERD HOSPICE OF DALLAS LLC 2 E LANCASTER AVE RT WORTH, TX 761026632 (888) 732-7208

County TARRANT License # 016601 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (817) 635-6088 Type: Parent Agency	Region 03 Date Licensed 01/13/2015 GREAT PROVIDER CAREGIVERS LLC 2221 AVENUE J STE 106 ARLINGTON, TEXAS 76006 Fax (817) 633-3976 Administrator JAMES L SANTIAGO	Owner Information GREAT PROVIDER CAREGIVERS LLC 2233 AVENUE J SUITE 107 ARLINGTON, TX 76006-5886 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 017536 Lic Expire 2/28/2022 Medicare 1: 741547 HOSPICE Medicare 2:	Region 03 Date Licensed 02/25/2016 GREENLEAF HOSPICE LLC 1290 HWY 157 N MANSFIELD, TX 76063	Owner Information GREENLEAF HOSPICE LLC 1290 HWY 157 N MANSFIELD, TX 76063 PHONE: FAX:
Phone (682) 518-3877 Type: Parent Agency	Fax (682) 518-3879 Administrator JAMIE PRUITT	Services: Hospice In-Patient Hospice: NO
County TARRANT License # 015268 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (817) 428-2888 Type: Parent Agency	Region 03 Date Licensed 12/14/2012 GRISWOLD HOME CARE NORTH FORT WORTH SOUTHLAKE OFFICE 3412 BALBOA CT. GRAPEVINE, TX 76092 Fax (817) 288-0588 Administrator YU DING	Owner Information J & F HEALTHY LIFESTYLE LLC 3412 BALBOA CT GRAPEVINE, TX 76092 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 011216 Lic Expire 9/30/2022 Medicare 1: 677125 HHA-18 Medicare 2: Phone (817) 882-8200 Type: Parent Agency	Region 03 Date Licensed 09/21/2006 GUARDIAN HEALTHCARE 1320 S UNIVERSITY DR, SUITE 220 FORT WORTH, TX 76107 Fax (817) 882-8789 Administrator MELISSA DUTTON	Owner Information GUARDIAN HEALTH CARE INC 13737 NOEL ROAD SUITE 1400 DALLAS, TX 75240 PHONE: FAX: Services: Licensed and Certified Home Health Services
County TARRANT License # 012642 Lic Expire 6/30/2023 Medicare 1: 747292 HHA-18 Medicare 2: Phone (817) 468-3697 Type: Parent Agency	Region 03 Date Licensed 06/03/2009 GUIDANCE HEALTHCARE SERVICES 5005 SUMMER CREEK DRIVE ARLINGTON, TX 76018 Fax (817) 466-4161 Administrator MAUREEN CHIDUME	Owner Information GUIDANCE HEALTHCARE SERVICES INC 5005 SUMMER CREEK DR ARLINGTON, TX 76018 PHONE: (817) 468-3697 FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 012189 Lic Expire 8/31/2022 Medicare 1: 747211 Medicare 2: Phone (817) 553-1900 Type: Parent Agency	Region 03 Date Licensed 08/20/2008 HALLMARK HEALTHCARE LLC 2307 CENTRAL DRIVE SUITE B2 BEDFORD, TX 76021 Fax (817) 553-1902 Administrator OSAGIE IYAMU	Owner Information HALLMARK HEALTHCARE LLC 2307 CENTRAL DRIVE SUITE #B2 BEDFORD, TX 76021 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 018113 Lic Expire 6/30/2019 Medicare 1: Medicare 2: Phone (817) 420-2146 Type: Parent Agency	Region 03 Date Licensed 06/20/2017 HAMRO HOMEHEALTHCARE LLC 1119 E SEMINARY DR FORT WORTH, TX 76119 Fax Administrator UMESH GHALLEY	Owner Information HAMRO HOMEHEALTHCARE LLC 1119 E SEMINARY DR FORT WORTH, TX 76115 PHONE: FAX: Services: Personal Assistance Services

County TARRANT License # 019787 Lic Expire 1/16/2022 Medicare 1: Medicare 2: Phone (017) 406 9500	Region 03 Date Licensed 01/16/2020 HAND IN HOME CARE 4303 LONGMEADOW WAY FORT WORTH, TEXAS 76133	Owner Information NATIONAL HAND IN HAND IN HOME SERVICES, L L C PHONE: FAX:
Phone (817) 406-8520 Type: Parent Agency	Fax (817) 406-8520 Administrator SHERRY BURROWS	Services: Personal Assistance Services
County TARRANT License # 021327 Lic Expire 1/12/2025 Medicare 1:	Region 03 Date Licensed 01/12/2022 HAND TO HAND LLC 1405 HORNCASTLE STREET	Owner Information HAND TO HAND LLC
Medicare 1:	FORT WORTH, TEXAS 76134	PHONE: FAX:
Phone (972) 884-4554	Fax (972) 884-4553	Services: Personal Assistance Services
Type: Parent Agency	Administrator SHARNETTE NOLA JOYNER	
County TARRANT License # 009654 Lic Expire 3/31/2024 Medicare 1: 677828 HHA-18 Medicare 2: Phone (817) 419-6500	Region 03 Date Licensed 03/24/2005 HAPPY DAYS HOME HEALTH CARE LLC 905 WEST EMBERCREST DR ARLINGTON, TX 76017 Fax (817) 419-6501	Owner Information HAPPY DAYS HOME HEALTH CARE LLC AS ABOVE ARLINGTON, TX 76017 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency	Administrator KEHINDE ADELANA	Personal Assistance Services
County TARRANT License # 016082 Lic Expire 3/31/2022 Medicare 1: 971675 Medicare 2: Phone (817) 237-2256 Type: Parent Agency	Region 03 Date Licensed 03/14/2014 HARBOR HOSPICE OF ARLINGTON LP 6471 SOUTHWEST BOULEVARD SUITE A BENBROOK, TX 76132 Fax (817) 237-2355 Administrator GARY GONZALES	Owner Information HARBOR HOSPICE OF ARLINGTON LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
County TARRANT License # 015108 Lic Expire 10/31/2022 Medicare 1: 741516 HOSPICE Medicare 2:	Region 03 Date Licensed 10/03/2012 HARBOR HOSPICE OF FORT WORTH LP 6471 SOUTHWEST BOULEVARD BENBROOK, TX 76132	HARBOR HOSPICE OF FORT WORTH LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX:
Phone (817) 237-2255 Type: Parent Agency	Fax (817) 237-2355 Administrator GARY GONZALES	Services: Hospice In-Patient Hospice: NO
County TARRANT License # 015209 Lic Expire 11/30/2022 Medicare 1: 741574 HOSPICE Medicare 2: Phone (817) 237-2255 Type: Parent Agency	Region 03 Date Licensed 11/16/2012 HARBOR HOSPICE OF WEST DALLASFORT WORTH, LP 6471 SOUTHWEST BLVD STE B BENBROOK, TX 76132 Fax (817) 237-2355 Administrator GARY GONZALES	Owner Information HARBOR HOSPICE OF WEST DALLASFORT WORTH, LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TARRANT License # 012897 Lic Expire 9/30/2023 Medicare 1: 679041 HHA-18 Medicare 2:	Region 03 Date Licensed 09/18/2009 HEALTH MASTERS HOMECARE INC 1100 CIRCLE DRIVE SUITE 200 FORT WORTH, TX 76119	Owner Information RW BOSS HEALTH MASTERS HOMECARE INC 978 VILLAGE PARKWAY COPPELL, TX 75019 PHONE: FAX:
Phone (817) 927-9550 Type: Parent Agency	Fax (817) 927-9558 Administrator KIMBERLY GRIMMETT	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County TARRANT License # 019214 Lic Expire 1/22/2021 Medicare 1: Medicare 2: Phone (682) 250-8990 Type: Parent Agency	Region 03 Date Licensed 01/22/2019 HEART AND HANDS PRIVATE CARE 824 WOODMARKDR. CROWLEY, TEXAS 76036 Fax (817) 717-2117 Administrator DAISHA JACKSON-FRANCIS	Owner Information DAISHA JACKSONFRANCIS P.O. BOX 1021 CROWLEY, TX 76036 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 018710 Lic Expire 7/2/2023 Medicare 1: 74-1794 (HOSPICE Medicare 2: Phone (817) 524-8471	Region 03 Date Licensed 04/17/2018 HEART TO HEART HOSPICE INPATIENT CENTER 6940 RIVER PARK CIRCLE FORT WORTH, TX 76116 Fax (817) 751-0770	Owner Information CARE PLUS PALLIATIVE AND HOSPICE CARE, LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator DANIELLE HARP	In-Patient Hospice: YES
County TARRANT License # 016183 Lic Expire 10/31/2023 Medicare 1: 671505 HOSPICE Medicare 2: Phone (817) 731-9700	Region 03 Date Licensed 10/28/2013 HEART TO HEART HOSPICE OF FORT WORTH LLC 6100 SOUTHWEST BLVD., SUITE 200 FORT WORTH, TEXAS 76109 Fax (817) 731-9708	Owner Information HEART TO HEART HOSPICE OF FORT WORTH LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DANIELLE HARP	пт висисточно. По
County TARRANT License # 017940 Lic Expire 12/9/2022 Medicare 1: 741507 HOSPICE	Region 03 Date Licensed 12/01/2016 HEART TO HEART HOSPICE OF MANSFIELD 717 HWY 287 N, SUITE 601 MANSFIELD, TEXAS 76063	Owner Information LMS HOSPICE LLC 7240 CHASE OAKS BLVD. PLANO, TX 75025
Medicare 2: Phone (817) 676-1903 Type: Parent Agency	Fax (817) 731-9700 Administrator BRENT COLVIN	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TARRANT License # 020268 Lic Expire 10/27/2022 Medicare 1:	Region 03 Date Licensed 10/27/2020 HEARTBEAT HEALTHCARE SERVICES, INC 1815 LONDON LANE APT 504 ARLINGTON, TEXAS 76017	Owner Information HEARTBEAT HEALTHCARE SERVICES, INC
Medicare 2:		PHONE: FAX:
Phone (469) 490-7682 Type: Parent Agency	Fax Administrator AUGUSTINE NWANGUMA	Services: Personal Assistance Services
County TARRANT License # 018673 Lic Expire 6/30/2020 Medicare 1: Medicare 2:	Region 03 Date Licensed 03/28/2018 HEAVEN SENT HEALTHCARE 6333 DAVIS ROAD FORT WORTH, TX 76140	Owner Information C&M MITCHELL HEALTHCARE GROUP LLC 6333 DAVIS ROAD FORT WORTH, TX 76140 PHONE: FAX:
Phone (817) 235-0358	Fax (817) 887-0960	Services: Personal Assistance Services
Type: Parent Agency	Administrator MICHAEL CRAIG DAVIS	Owner Information
County TARRANT License # 008525 Lic Expire 6/30/2022 Medicare 1:	Region 03 Date Licensed 06/24/2003 HELPING RESTORE ABILITY 4300 BELTWAY SUITE 130 ARLINGTON, TX 76018	HELPING RESTORE ABILITY 4300 BELTWAY PLACE SUITE 130 ARLINGTON, TX 76018
Medicare 2: Phone 817 4691977	Fax 817 4612334	PHONE: FAX: Services: Licensed Home Health Services

Administrator VICKI NIEDERMAYER

County TARRANT License # 002847 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (817) 469-1977 Type: Parent Agency	Region 03 Date Licensed HELPING RESTORE ABILITY 4300 BELTWAY PLACE, SUITE 130 ARLINGTON, TX 76018 Fax (817) 461-2334 Administrator VICKI NIEDERMAYER	02/28/1994	Owner Information HELPING RESTORE ABILITY 4300 BELTWAY PLACE SUITE 130 ARLINGTON, TX 76018 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 014470 Lic Expire 11/30/2021 Medicare 1: 747850 HHA-18 Medicare 2: Phone (817) 443-7023 Type: Parent Agency	Region 03 Date Licensed HIS GRACE HOME HEALTH CARE LLC 1201 N. WATSON RD. SUITE 261 ARLINGTON, TX 76006 Fax (817) 423-2061 Administrator ROGELIO GALINSUGA	11/10/2011	Owner Information HIS GRACE HOME HEALTH CARE LLC 9013 FRIENDSWOOD DR FORT WORTH, TX 76123 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 020707 Lic Expire 4/15/2024 Medicare 1: Medicare 2: Phone (682) 288-8336 Type: Parent Agency	Region 03 Date Licensed HOLISTAT LLC 3610 WEST PIONEER PARKWAY SUITE 101 PANTEGO, TX 76013 Fax Administrator GINA CALEAP	04/15/2021	Owner Information HOLISTAT LLC PHONE: FAX: Services: Licensed Home Health Services
County TARRANT License # 016498 Lic Expire 6/30/2022 Medicare 1: 671780 HOSPICE Medicare 2: Phone (972) 402-9300 Type: Parent Agency	Region 03 Date Licensed HOLY SAVIOR HOSPICE 1600 AIRPORT FREEWAY SUITE 503 BEDFORD, TX 76022 Fax (972) 402-9303 Administrator LAURA CANTU	06/27/2014	Owner Information ROLLINGS MEADOWS HOSPICE LLC 11496 LUNA ROAD SUITE #200 DALLAS, TX 75234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TARRANT License # 016498 Lic Expire 6/30/2022 Medicare 1: 671780 HOSPICE Medicare 2: Phone (972) 402-9300 Type: Parent Agency	Region 03 Date Licensed HOLY SAVIOR HOSPICE 1600 AIRPORT FREEWAY SUITE 503 BEDFORD, TX 76022 Fax (972) 402-9303 Administrator LAURA CANTU	06/27/2014	Owner Information ROLLINGS MEADOWS HOSPICE LLC 11496 LUNA ROAD SUITE #200 DALLAS, TX 75234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TARRANT License # 021063 Lic Expire 9/20/2024 Medicare 1:	Region 03 Date Licensed HOLY SAVIOR PERSONAL CARE SERVICES 1600 AIRPORT FWY #503 BEDFORD, TEXAS 76022	09/20/2021	Owner Information HOLY SAVIOR PERSONAL CARE SERVICES, LLC
Medicare 2: Phone (972) 402-9300 Type: Parent Agency	Fax (972) 402-9303 Administrator JESSICA TAYLOR		PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 019352 Lic Expire 4/29/2021 Medicare 1: Medicare 2: Phone (972) 768-0367	Region 03 Date Licensed HOME CARE ASSISTANCE 6507 S. COOPER STREET, SUITE #D 129 ARLINGTON, TEXAS 76001	04/29/2019	Owner Information HIGHTOWERPOWER INC 5760 LEGACY DRIVE, B3-508 PLANO, TEXAS 75024 PHONE: FAX:
(012) 100 0001			Services: Personal Assistance Services

Administrator

GARY HIGHTOWER

County TARRANT License # 020864 Lic Expire 2/15/2024 Medicare 1: Medicare 2: Phone (817) 349-7599 Type: Parent Agency	Region 03 Date Licensed 02/15/2021 HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC 3601 N.E. LOOP 820 STE 104/106 FORT WORTH, TEXAS 76137 Fax (817) 428-6000 Administrator WILL FREDERICK	Owner Information HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC 1255 OAKMEAD PARKWAY SUNNYVALE, CALIFORNIA 94085 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 019911 Lic Expire 5/4/2022 Medicare 1: Medicare 2: Phone 210 3138567 Type: Parent Agency	Region 03 Date Licensed 05/04/2020 HOME HELPERS HOME CARE 233 SIDEWINDER LOOP RED OAK, TX 75154 Fax (817) 778-9162 Administrator KIMBERLY BYRD	Owner Information CROSS GENERATIONAL HOME HEALTH CARE LLC 15807 TAMPKE PL SAN ANTONIO, TEXAS 78247 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 016572 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (817) 427-5555 Type: Parent Agency	Region 03 Date Licensed 12/19/2014 HOME INSTEAD SENIOR CARE 8209 MID CITIES BLVD. SUITE 200 NORTH RICHLAND HILLS, TX 76182 Fax (817) 562-8051 Administrator TIFFANY PLOTT	Owner Information DIVINE OPPORTUNITIES LLC 424 KELLER PARKWAY KELLER, TX 76248-2301 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 016797 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (817) 377-0992 Type: Parent Agency	Region 03 Date Licensed 01/01/2015 HOME INSTEAD SENIOR CARE #451 4833 BRYANT IRVIN COURT SUITE 100 FORT WORTH, TX 76107 Fax (817) 427-5580 Administrator CHELSEA MCCURRY	Owner Information KANGAREW INC 4833 BRYANT IRVIN COURT SUITE 100 FORT WORTH, TX 76107-7681 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 019840 Lic Expire 12/5/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 12/05/2019 HOME INSTEAD SENIOR CARE #826 8101 BOAT CLUB RD #318 FORT WORTH, TEXAS 76179	Owner Information PB&K, LLC PHONE: FAX:
Phone (682) 708-3455 Type: Parent Agency County TARRANT License # 016559 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (817) 427-3262	Fax Administrator SHELBI JONES Region 03 Date Licensed 12/15/2014 HOME INSTEAD SENIOR CARE 297 1900 COUNTRY CLUB DR., SUITE 150 MANSFIELD, TEXAS 76063 Fax (888) 427-1418	Owner Information DAC SENIOR CARE MANAGEMENT LLC SAME FORT WORTH, TX 76120-4434 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County TARRANT License # 017971 Lic Expire 2/28/2023 Medicare 1: 678191 Medicare 2: Phone (817) 849-2098 Type: Branch Agency	Administrator TONYA LANGE Region 07 Date Licensed 02/17/2017 HOMECARE DIMENSIONS 7461 AIRPORT FREEWAY RICHLAND HILLS, TEXAS 76188 Fax (682) 708-3807 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 TARRANT License # 019437 Lic Expire 6/24/2021 Medicare 1: Medicare 2: Phone 817 6747000 Type: Parent Agency	Region 03 Date Licensed 10/01/2019 HOMEWATCH CAREGIVERS OF KELLER GRAPEVINE 2200 POOL RD, SUITE 102 GRAPEVINE, TX 76051 Fax 817 6747000 Administrator ROBERT SMITH	Owner Information RKS & ASSOCIATES LLC PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 020613 Lic Expire 3/17/2024 Medicare 1:	Region 03 Date Licensed 03/17/2021 HOMEWATCH CAREGIVERS OF SW FORT WORTH 5350 W. VICKERY BLVD. FORT WORTH, TEXAS 76107	Owner Information CALISTA GROUP INC 3913 BUCKNER CT. BEDFORD, TEXAS 76021
Medicare 2: Phone (214) 762-2902 Type: Parent Agency	Fax Administrator MARK JORREY	PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 017540 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (817) 382-0622 Type: Parent Agency	Region 03 Date Licensed 07/25/2016 HOMEWELL SENIOR CARE OF NORTH TARRANT COUNTY 5751 KROGER DRIVE SUITE 293B KELLER, TX 76244 Fax (817) 887-5383 Administrator ROOHA KURIKESU	Owner Information ARBEK INC 5751 KROGER DR SUITE 293 KELLER, TX 76244 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 020504 Lic Expire 2/3/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 02/03/2021 HONEY BEAR PERSONAL CARE INC 1201 N WATSON RD SUITE 187 ARLINGTON, TEXAS 76006	Owner Information HONEY BEAR PERSONAL CARE INC PHONE: FAX:
Phone (214) 797-1000 Type: Parent Agency	Fax (817) 538-9508 Administrator LONNIE LEWIS	Services: Personal Assistance Services
County TARRANT License # 010413 Lic Expire 4/30/2022 Medicare 1: 679761 HHA-18 Medicare 2:	Region 03 Date Licensed 05/01/2006 HOPE HOME CARE INC 703 BRIAR MEADOW COURT KELLER, TX 76248	Owner Information HOPE HOME CARE, INC 703 BRIAR MEADOW COURT KELLER, TEXAS 76248 PHONE: FAX:
Phone (817) 498-3403 Type: Parent Agency	Fax (817) 498-3407 Administrator SUSAN ONYEABOR	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 016194 Lic Expire 5/31/2022 Medicare 1: 671504 HOSPICE Medicare 2: Phone (817) 203-2900 Type: Parent Agency	Region 03 Date Licensed 05/08/2014 HOSPICE CARE PARTNERS 2015 E LAMAR BLVD SUITE 100 ARLINGTON, TX 76006 Fax (817) 203-2902 Administrator ROBERT WELEBA	Owner Information HOSPICE CARE PARTNERS LLC 2015 E LAMAR BLVD ARLINGTON, TX 76006 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TARRANT License # 007850 Lic Expire 2/28/2023 Medicare 1: 451720 HOSPICE Medicare 2: Phone (817) 461-2614 Type: Parent Agency	Region 03 Date Licensed 02/20/2002 HOSPICE HEALTHCARE NETWORK 306 EAST RANDOL MILL ROAD SUITE 700 ARLINGTON, TX 76011 Fax (817) 860-1016 Administrator BALINDA ANTOINE	Owner Information BJK ENTERPRISES INC 306 E RANDOL MILL RD #700 ARLINGTON, TX 76011 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County TARRANT License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (817) 557-2016	Region 03 Date Licensed HOSPICE PLUS 524 E LAMAR BLVD. STE. 152 ARLINGTON, TX 760113929 Fax (817) 872-0615	08/04/2004	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		Ourse left meeting
County TARRANT	Region 03 Date Licensed	08/04/2004	Owner Information INTERNATIONAL TUTORING SERVICES LLC
License # 009235	HOSPICE PLUS		PO BOX 4060 ATTN: REGULATORY
Lic Expire 8/31/2022 Medicare 1:	524 E LAMAR BLVD. STE. 152 ARLINGTON, TX 760113929		MOORESVILLE, NC 28117
Medicare 2:	744EHG 1014, 177 700110323		PHONE: FAX:
Phone (817) 557-2016	Fax (817) 872-0615		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		•
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 (817) 557-2016	Fax (817) 872-0615		PHONE: FAX:
Filotie (617) 557-2010	rax (017) 072-0015		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		III addit riogios. 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: FAX:
Phone 214 2219216	Fax 214 2219262		Services: Hospice Alternative Delivery Site (ADS)
Type: Alternate Delivery Site	Administrator PATRICIA WESTFALL		In-Patient Hospice: NO
County TARRANT	Region 03 Date Licensed	02/20/2014	Owner Information
License # 016453	HYGIA HEALTHCARE LLC	02/20/2014	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: FAX:
Phone (817) 478-7600	Fax (888) 557-9438		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator AARON STEWART		
County TARRANT	Region 03 Date Licensed	03/26/2021	Owner Information I TO I QUALITY HOME CARE SERVICE LLC
License # 020653	I TO I QUALITY HOME CARE SERVICE LLC		I TO T QUALITY HOUSE CARE SERVICE LLC
Lic Expire 3/26/2023	331 KINGFISHER LN		
Medicare 1: Medicare 2:	ARLINGTON, TEXAS 76002		PHONE: FAX:
Phone (817) 454-0807	Fax		
Type: Parent Agency	Administrator ITESHA HORTON		Services: Personal Assistance Services
<u> </u>		02/21/2020	Owner Information
County TARRANT License # 019839	Region 03 Date Licensed IDEAL CARE HOME HEALTH	02/21/2020	IDEAL CARE HOME HEALTH LLC
Lic Expire 2/21/2022	2883 COMAL DR.		
Medicare 1:	GRAND PRAIRIE, TX 75052		
Medicare 2:			PHONE: FAX:
Phone (512) 949-7545	Fax (512) 949-7545		Services: Personal Assistance Services
Type: Parent Agency	Administrator ELMINE BUJANG		

County TARRANT License # 010573 Lic Expire 6/30/2022 Medicare 1: 679688 Medicare 2: Phone (972) 602-2008	Region 03 Date Licensed 06/26/2006 IMMACULATE HEALTHCARE SERVICES INC 4923 STEEPLE CHASE CT GRAND PRAIRIE, TX 75052 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;
Type: Parent Agency	Administrator OLARINRE AJAYI	Personal Assistance Services
County TARRANT License # 019740 Lic Expire 12/9/2021	Region 03 Date Licensed 12/09/2019 INDEPENDENCE AT HOME, HOME CARE LLC 609 OAKLAND HILLS DR.	Owner Information INDEPENDENCE AT HOME, HOME CARE LLC
Medicare 1: Medicare 2:	ARLINGTON, TX 76018	PHONE: FAX:
Phone (817) 919-8934	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator DENICE DAVIES	CONTROLS 1 COORDINATION OF THE CONTROLS
County TARRANT License # 020927 Lic Expire 7/23/2024 Medicare 1:	Region 03 Date Licensed 07/23/2021 INSPIRE HOMEHEALTH CARE INC 5912 VALLEY HAVEN WAY FORT WORTH, TEXAS 762445145	Owner Information INSPIRE HOMEHEALTH CARE INC
Medicare 2: Phone (682) 279-0662	Fax (682) 279-0662	PHONE: FAX:
Type: Parent Agency	Administrator AHMYL-MAI JABER	Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 017730 Lic Expire 11/30/2020 Medicare 1:	Region 03 Date Licensed 11/09/2016 INTEGRATED CARE GIVING 120 WANDA WAY STE 203 HURST, TX 76053	Owner Information SAMIRA YUSSIF 1508 SANIBEL LANE ARLINGTON, TX 76018
Medicare 2:		PHONE: FAX:
Phone (817) 952-3355	Fax (817) 952-3368	Services: Personal Assistance Services
Type: Parent Agency	Administrator SAMIRA YUSSIF	
County TARRANT License # 010352	Region 03 Date Licensed J & M COMMUNICATIONS LLC DBA ULTIMATE HOME HEALTH CARE	Owner Information J & M COMMUNICATIONS, LLC 4402 BROADWAY BLVD STE 14
Lic Expire 3/31/2023 Medicare 1:	1701 RIVER RUN STE 1014 FORT WORTH, TEXAS 76107	GARLAND, TX 75043
Medicare 2:	_	PHONE: FAX:
Phone (972) 240-4700 Type: Branch Agency	Fax Administrator DELENE GEORGE	Services: Licensed and Certified Home Health Services; Personal Assistance Services
County TARRANT License # 018840 Lic Expire 7/31/2022 Medicare 1:	Region 03 Date Licensed 07/20/2018 JEANNETTE'S JOYFUL HANDS LLC 5309 ALMANOR RD. FORT WORTH, TEXAS 76179	Owner Information JEANNETTE'S JOYFUL HANDS, LLC 416 RED RIVER TRAIL APT 2050 IRVING, TX 75063
Medicare 2:		PHONE: FAX:
Phone (414) 218-2283	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator BIANCA JACKSON	
County TARRANT License # 019678 Lic Expire 11/5/2021 Medicare 1:	Region 03 Date Licensed 11/05/2019 JOJAMONI HOMEHEALTH CARE LLC 113 SILVERWOOD DRIVE MANSFIELD, TX 76063	Owner Information JOJAMONI HOMEHEALTH CARE LLC 113 SILVERWOOD DR MANSFIELD, TX 76063
Medicare 2:	_	PHONE: FAX:
Phone (469) 450-7802 Type: Parent Agency	Fax Administrator GRACE MUTUTO	Services: Licensed Home Health Services; Personal Assistance Services

County TARRANT License # 018315 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (682) 407-6668 Type: Parent Agency	Region 03 Date Licensed JULIDAN HEALTHCARE SERVICES 301 MATLOCK MEADOW DRIVE ARLINGTON, TX 76002 Fax (817) 549-1161 Administrator DANIEL ARHEWOH	09/12/2017	Owner Information JULIDAN ASSOCIATES LLC 301 MATLOCK MEADOW DR ARLINGTON, TX 76002 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 021156 Lic Expire 10/26/2024 Medicare 1: Medicare 2: Phone (800) 714-0435 Type: Parent Agency County TARRANT License # 011455 Lic Expire 6/30/2022 Medicare 1: 678210 HHA-18 Medicare 2: Phone (817) 514-8284 Type: Parent Agency	KEEPING YOU AT HOME LLC 2000 E. LAMAR STE. 600 ARLINGTON, TEXAS 76006 Fax Administrator YOLANDA ROGERS-FELTS	07/01/2007	Owner Information KEEPING YOU AT HOME LLC P.O.BOX 540031 GRAND PRAIRIE, TX 75054 PHONE: FAX: Services: Personal Assistance Services 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 License # 011455 Lic Expire 6/30/2022 Medicare 1: 678210 HHA-18 Medicare 2: Phone (817) 514-8284 Type: Parent Agency	Region 03 Date Licensed KINDRED AT HOME 2560 SW GRAPEVINE PARKWAY GRAPEVINE, TX 76051 Fax (817) 514-8505 Administrator JAMIE SMITH	07/01/2007	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 License # 011455 Lic Expire 6/30/2022 Medicare 1: 678210 HHA-18 Medicare 2: Phone (817) 514-8284 Type: Parent Agency		07/01/2007	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 License # 011455 Lic Expire 6/30/2022 Medicare 1: 678210 HHA-18 Medicare 2: Phone (817) 514-8284 Type: Parent Agency	Region 03 Date Licensed KINDRED AT HOME 2560 SW GRAPEVINE PARKWAY GRAPEVINE, TX 76051 Fax (817) 514-8505 Administrator JAMIE SMITH	07/01/2007	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 License # 011455 Lic Expire 6/30/2022 Medicare 1: 678210 HHA-18 Medicare 2: Phone (817) 514-8284 Type: Parent Agency	Region 03 Date Licensed KINDRED AT HOME 2560 SW GRAPEVINE PARKWAY GRAPEVINE, TX 76051 Fax (817) 514-8505 Administrator JAMIE SMITH	07/01/2007	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 License # 017548 Lic Expire 4/30/2022 Medicare 1: 679784 HHA-18 Medicare 2: Phone (817) 349-9050 Type: Parent Agency	Region 03 Date Licensed 04/12/2016 KLARUS HOME CARE 4100 INTERNATIONAL PLAZA SUITE 750 FORT WORTH, TX 76109 Fax (817) 349-9055 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 License # 018615 Lic Expire 8/1/2022 Medicare 1: Medicare 2: Phone (817) 349-9050 Type: Parent Agency	Region 03 Date Licensed 04/12/2016 KLARUS HOME CARE 4100 INTERNATIONAL PLAZA SUITE 750 FORT WORTH, TX 76109 Fax (817) 349-9055 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 License # 018868 Lic Expire 8/31/2022 Medicare 1: 97-1506 (HOSPICE Medicare 2: Phone (817) 264-3341 Type: Parent Agency	Region 03 Date Licensed 08/03/2018 KLARUS HOSPICE CARE 4100 INTERNATIONAL PLAZA, SUITE 750 FORT WORTH, TX 76109 Fax (817) 264-3341 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 License # 011105 Lic Expire 6/30/2022 Medicare 1: 743193 HHA-18 Medicare 2: Phone (817) 419-6084	Region 03 Date Licensed 03/01/2007 KM HOME HEALTH SERVICES 2959 VOLTURNO DRIVE GRAND PRAIRIE, TX 75052 Fax (817) 652-3310	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
Type: Parent Agency County TARRANT License # 016569 Lic Expire 12/31/2020 Medicare 1: Medicare 2: Phone (903) 480-0082 Type: Parent Agency	Administrator KATHEREN NWAKANMA Region 03 Date Licensed 12/17/2014 KMJ HOME HEALTH SERVICES INC 3008 ENGLAND PARKWAY GRAND PRAIRIE, 3008 ENGLAND PARKWAY 75054 Fax (866) 920-5070 Administrator JEMIMA LAMPTEY	Owner Information KMJ HOME HEALTH SERVICES INC 908 E PALENSTINE AVENUE PALESTINE, TX 75801 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 019193 Lic Expire 1/10/2023 Medicare 1: 97-1530 (HOSPICE Medicare 2: Phone (817) 458-3245	Region 03 Date Licensed 01/10/2019 KNIGHTS OF COMFORT 10412 BEAR CREEK TRAIL FORT WORTH, TX 76244 Fax (817) 585-5843	Owner Information KNIGHTS OF COMFORT HOSPICE LLC 10412 BEAR CREEK TRAIL FORT WORTH, TX 76244 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County TARRANT License # 021136 Lic Expire 10/17/2024 Medicare 1: Medicare 2: Phone 817 7737572	Administrator WALDFELD RIOS Region 03 Date Licensed 10/17/2021 KOMFOT PROVIDER SERVICES LLC 107 FOREST MILL TRAIL MANSFIELD, TX 760634812 Fax 000 0000000	Owner Information PHONE: FAX: Services: Personal Assistance Services

County TARRANT License # 015565 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (214) 900-5323 Type: Parent Agency	Region 03 Date Licensed 05/28/2013 LAKEVIEW PRIMARY HOMECARE LLC 5409 SOUTH COLLINS STREET SUITE 101 ARLINGTON, TEXAS 76018 Fax (972) 807-9186 Administrator HAPPINESS ASADU	Owner Information LAKEVIEW PRIMARY HOMECARE LLC SAME DALLAS, TX 75243 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 019307 Lic Expire 12/31/2020 Medicare 1:	Region 03 Date Licensed 12/31/2018 LAURENT HOME HEALTH 1201 N. WATSON RD, SUITE 292 ARLINGTON, TEXAS 76006	Owner Information CAREWELL HEALTH SERVICES INC
Medicare 2:		PHONE: FAX:
Phone (817) 633-0310	Fax (817) 472-9134	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator MITZI WRIGHT	Owner Information
County TARRANT License # 019434 Lic Expire 6/21/2021 Medicare 1:	Region 03 Date Licensed 11/02/2018 LEARNING SERVICES HOME AND COMMUNITY LLC 325 MIRON DR #150 SOUTHLAKE, TX 76092	LEARNING SERVICES HOME AND COMMUNITY LLC 131 LANGLEY DRIVE LAWRENCEVILLE, GA 30046
Medicare 2:	,	PHONE: FAX:
Phone 855 744 5377	Fax 888 863 6906	Services: Licensed Home Health Services
County TARRANT License # 021051 Lic Expire 9/16/2024 Medicare 1:	Administrator ALISA VAKRINOS Region 03 Date Licensed 09/16/2021 LEGACY SLEEP CARE LLC 3707 TRAILWOOD CT. #1021 ARLINGTON, TX 76014	Owner Information LEGACY SLEEP CARE LLC
Medicare 2: Phone (504) 419-0120	Fax	PHONE: FAX:
Type: Parent Agency	Administrator TANZANIA BROYARD	Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 014028 Lic Expire 4/30/2023 Medicare 1: 671731 HOSPICE Medicare 2: Phone 214 3244565	Region 03 Date Licensed 04/11/2011 LEGEND HOSPICE INC 1001 W EULESS BLVD SUITE 107 EULESS, TEXAS 76040 Fax 214 9194510	Owner Information LEGEND HOSPICE INC 8344 E RL THORTON FWY SUITE 315 DALLAS, TX 75228-7134 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator DAVID MCCLURE	In-Patient Hospice: NO
County TARRANT License # 019677 Lic Expire 11/4/2023 Medicare 1: 971571 (HOSPICE)	Region 03 Date Licensed 05/31/2018 LENITY LIGHT HOSPICE FORT WORTH 1236 SOUTHRIDGE CT., SUITE 200 HURST, TEXAS 76053	Owner Information AMBER HOSPICE LLC
Medicare 2:		PHONE: FAX:
Phone (817) 406-1500 Type: Parent Agency	Fax (817) 928-5692 Administrator MOHAMMED IQBAL	Services: Hospice In-Patient Hospice: NO
		Owner Information
County TARRANT License # 017646 Lic Expire 6/1/2023	Region 03 Date Licensed 07/05/2016 LG CHARITY HOME HEALTH CARE SERVICES INC	LG CHARITY HOME HEALTH CARE SERVICES INC 9535 FOREST LANE STE #246
Medicare 1: 747063 HHA-18	1201 N WATSON RD, SUITE 205 ARLINGTON, TEXAS 76006	DALLAS, TX 75243 PHONE: FAX:
•		DALLAS, TX 75243 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County TARRANT License # 007387 Lic Expire 8/31/2022 Medicare 1: 679031 Medicare 2: Phone (817) 498-7733	Region 03 Date Licensed 08/08/200 LIBBYS HOME HEALTH CARE 6632 MEADOWRIDGE COURT NORTH RICHLAND HILLS, TX 76180 Fax (817) 590-8586	On Owner Information LIBBY€™S HEALTHCARE MANAGEMENT INC 6633 BLVD 26 NORTH RICHLAND HILLS, TX 76180 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARIAMMA ZACHARIA	
County TARRANT License # 015489 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (877) 434-3153	Region 03 Date Licensed 04/18/201 LIFESPAN HOME HEALTH 6000 WESTERN PLACE DRIVE SUITE E0720 FORT WORTH, TX 76107 Fax (877) 463-1310	ADVANCE HITECH NURSING INC 6243 IH 10 WEST, STE 375 SAN ANTONIO, TX 78201 PHONE: FAX:
Type: Parent Agency	Administrator SEANNETTE ALEXANDER	Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 015436 Lic Expire 1/31/2024 Medicare 1: 679009 HHA-18 Medicare 2: Phone (817) 249-6800	Region 03 Date Licensed 01/07/201 LIFESPRING HOME CARE 9608 BARTLETT CIRCLE, SUITE 150 FORT WORTH, TX 76108 Fax (817) 249-6802	Owner Information VAN DYCK HOME CARE ENTERPRISES, LLC 4647 YUCCA FLATS TRAIL FORT WORTH, TX 76108 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LIZ VAN DYCK	1 Grootial Academic Collinos
County TARRANT License # 010363 Lic Expire 1/31/2022 Medicare 1: 679319 HHA-18 Medicare 2: Phone (817) 794-5959 Type: Parent Agency	Region 03 Date Licensed 01/02/200 LIPET HOME CARE INC 2008 E RANDOL MILL ROAD SUITE 115 ARLINGTON, TX 76011 Fax (817) 794-0999 Administrator PET ANAMEGE	Owner Information LIPET HOME CARE INC 2008 E RANDOL MILL ROAD #115 ARLINGTON, TX 76011 PHONE: FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services
County TARRANT License # 019178 Lic Expire 1/3/2023 Medicare 1: 971565 (HOSPICE) Medicare 2: Phone (817) 323-6516	Region 03 Date Licensed 01/03/201 LONE STAR HOSPICE CARE LLC 2317 STARLIGHT CT, GATE CODE 5777# ARLINGTON, TX 76016 Fax (817) 704-3269	Owner Information LONE STAR HOSPICE CARE LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ANKUR CHAWLA	
County TARRANT License # 018049 Lic Expire 5/31/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 05/10/201 LONE STAR VISITING CAREGIVERS LLC 2012 E RANDOLPH MILL RD, SUITE 203A ARLINGTON, TX 76011	Owner Information LONE STAR VISITING CAREGIVERS LLC 802 GREENVIEW DR, SUITE 100 GRAND PRAIRIE, TEXAS 75050 PHONE: FAX:
Phone (682) 203-4126 Type: Parent Agency	Fax Administrator ISATOU JAWARA	Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 020945 Lic Expire 7/30/2024 Medicare 1: Medicare 2: Phone (817) 658-7928	Region 03 Date Licensed 07/30/202 LOVELACE PATIENT CARING, LLC 7507 GENESEO LANE ARLINGTON, TX 76002 Fax (817) 557-3706	Owner Information LOVELACE PATIENT CARING LLC P O BOX 182911 ARLINGTON, TX 76096 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator ADIOA BOATENO	

Administrator ADJOA BOATENG

County TARRANT License # 014659 Lic Expire 2/28/2022 Medicare 1: 671787 HOSPICE Medicare 2: Phone (877) 832-1144	Region 03 Date Licensed LOVING HOPE HOSPICE 350 WESTPARK WAY, SUITE 220 EULESS, TEXAS 76040 Fax (469) 208-8494	02/24/2012	Owner Information SUPREME HOSPICE INC 915 S MAIN STREET SUITE A FORT WORTH, TX 76104-3408 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator STAN THOMAS		
County TARRANT License # 010526 Lic Expire 6/30/2021 Medicare 1: 671563 HOSPICE Medicare 2: Phone (214) 275-6200	Region 03 Date Licensed MAGNOLIA HOSPICE 1250 E COPELAND RD STE 260 ARLINGTON, TX 76011 Fax (214) 624-6939	06/13/2006	Owner Information BRENTWOOD HOSPICE, LLC 1250 EAST COPELAND ROAD, SUITE #260 ARLINGTON, TX 76011 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHANNON POUNCEY		
County TARRANT License # 020028 Lic Expire 7/1/2022 Medicare 1: 971614 Medicare 2: Phone (214) 275-6200 Type: Parent Agency	Region 03 Date Licensed MAGNOLIA HOSPICE 1250 E COPELAND RD SUITE 260 ARLINGTON, TEXAS 76011 Fax (214) 624-6939 Administrator SHANNON POUNCEY	07/01/2020	Owner Information RHI MAGNOLIA OF NORTH TEXAS, LLC 101 W RENNER STE 420 RICHARDSON, TX 75082 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TARRANT License # 019724 Lic Expire 12/2/2021 Medicare 1:	Region 03 Date Licensed MARTEL HEALING COMMUNITY CARE LLC 1425 STEVE DRIVE CROWLEY, TEXAS 760361396	12/02/2019	Owner Information
Medicare 2: Phone (817) 887-9421 Type: Parent Agency	Fax (817) 887-9431 Administrator JUAN F MARTEL PEREZ		PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 020730 Lic Expire 5/4/2023 Medicare 1:	Region 03 Date Licensed MATELDA HEALTHCARE SERVICES LLC 11840 TOPPELL TRAIL HASLET, TEXAS 76052	05/04/2021	Owner Information MATELDA HEALTHCARE SERVICES LLC
Medicare 2:			PHONE: FAX:
Phone (214) 886-7170 Type: Parent Agency	Fax Administrator EVA DIAMA		Services: Licensed Home Health Services
County TARRANT License # 012933 Lic Expire 1/23/2023 Medicare 1: Medicare 2: Phone (817) 877-0904 Type: Parent Agency	Region 03 Date Licensed MAXIM HEALTHCARE SERVICES INC 901 WEST ROSEDALE ST STE 150 FORT WORTH, TX 76104 Fax (877) 306-4576 Administrator HOLLIN MACKLIN	01/22/2009	Owner Information MAXIM HEALTHCARE SERVICES INC 7227 LEE DEFOREST DRIVE COLUMBIA, MD 21046 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 012863 Lic Expire 9/30/2023 Medicare 1: 747443 HHA-18 Medicare 2: Phone (817) 380-1735	Region 03 Date Licensed MEDICALL HOME HEALTH SERVICES LLC 320 CHEYENNE TRAIL KELLER, TX 76248 Fax (817) 439-6794	09/21/2009	Owner Information MEDICALL HOME HEALTH SERVICES LLC 5120 LEE RAY ROAD KELLER, TX 76244 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHARLES MUGISHA		

County TARRANT License # 018258 Lic Expire 4/29/2022 Medicare 1: Medicare 2: Phone (972) 948-3441 Type: Parent Agency	Region 03 Date Licensed MERCY HOME CARE AGENCY LLC 1705 FOREST RIDGE #B BEDFORD, TX 76022 Fax Administrator KOPILA GOPALI	08/18/2017	Owner Information MERCY HOME CARE AGENCY LLC 4779 ASPEN DR MESQUITE, TX 75150 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 019527 Lic Expire 8/14/2021 Medicare 1:	Region 03 Date Licensed MERITED HOME CARE LLC 2328 OVERBROOK LANE BEDFORD, TEXAS 76021	03/05/2020	Owner Information MERITED HOME CARE LLC
Medicare 2: Phone (817) 508-8906	Fax		PHONE: FAX:
Type: Parent Agency	Administrator FRANCINE FOSTER		Services: Personal Assistance Services
County TARRANT License # 021275 Lic Expire 12/15/2024 Medicare 1:	Region 03 Date Licensed MERRIGOOD HOME CARE LLC 1010 E ARKANSAS LANE APT 134 ARLINGTON, TX 76014	12/15/2021	Owner Information MERRIGOOD HOME CARE LLC
Medicare 2:	7.1.2.1.0.1011, 177.10011		PHONE: FAX:
Phone (682) 597-1362 Type: Parent Agency	Fax Administrator FOLAKE JOHNSON		Services: Personal Assistance Services
County TARRANT License # 010518 Lic Expire 6/30/2023 Medicare 1: 743145 HHA-18 Medicare 2: Phone (817) 299-9490	Region 03 Date Licensed METRO TEX HEALTHCARE INC 3610 W. PIONEER PARKWAY STE 203 PANTEGO, TX 760134519 Fax (817) 277-8044	06/08/2006	Owner Information METRO TEX HEALTHCARE INC 604 WEST RANDOL MILL ROAD SUITE A ARLINGTON, TX 76011 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator SAADATU IYAMAH		i disolital rossistance del vices
County TARRANT License # 015128 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (817) 345-7690	Region 03 Date Licensed MGA HOMECARE 1200 SUMMIT AVENUE, SUITE 518 FORT WORTH, TEXAS 76102 Fax (817) 582-9592	11/07/2013	Owner Information MGA HEALTHCARE TEXAS, LLC 7025 N SCOTTSDALE ROAD, SUITE 200 SCOTTSDALE, AZ 85253 PHONE: FAX: Services: Licensed Home Health Services
Type: Branch Agency County TARRANT License # 016957 Lic Expire 12/31/2020 Medicare 1: 743160 HHA-18 Medicare 2: Phone (817) 784-9454 Type: Parent Agency	Administrator OZIEL CUEVAS Region 03 Date Licensed MIDAS HEALTHCARE SERVICES INC 1111 WEST ARKANSAS LANE SUITE A ARLINGTON, TX 76013 Fax (817) 467-7055 Administrator KAZEEM OYEWALE	12/22/2014	Owner Information MIDAS HEALTHCARE SERVICES INC 4121 MARVIN D LOVE FRWY BLD 200 STE 2010 DALLAS, TX 75224 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 013670 Lic Expire 10/31/2022 Medicare 1: 747845 HHA-18 Medicare 2: Phone (469) 337-2693 Type: Parent Agency	Region 03 Date Licensed MIG HOME HEALTH CARE INC 3610 W PIONEER PKWY SUITE 206 PANTEGO, TX 76013 Fax (682) 518-6355 Administrator JOSEPHINE NZEPAH	10/22/2010	Owner Information MOTHER IS GOLD HOME HEALTH CARE INC 3610 W PIONEER PKWY SUITE 206/208 PANTEGO, TX 76013 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County TARRANT License# 020825 Lic Expire 6/10/2024 Medicare 1:	Region 03 Date Licensed MILESTONES HOME HEALTH LLC 5352 SONOMA DR. KELLER, TEXAS 76244	06/10/2021	Owner Information MILESTONES HOME HEALTH LLC
Medicare 2:			PHONE: FAX:
Phone 972 7487528	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator BEATRICE NDEGWA		
County TARRANT License # 016786 Lic Expire 2/28/2024 Medicare 1: 747578 HHA-18	Region 03 Date Licensed MISSION CARE HOME HEALTH SERVICES 1201 N WATSON RD STE 154 ARLINGTON, TX 76006	02/24/2015	Owner Information ALL AGES HOME HEALTH CARE LLC 1201 N WATSON RD., STE 154 ARLINGTON, TX 76006
Medicare 2:	Fav. (244) 705 2402		PHONE: FAX:
Phone (214) 785-2491	Fax (214) 785-2492		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County TARRANT License # 012847 Lic Expire 9/30/2023 Medicare 1: Medicare 2:	Administrator MAJUVI FRANCIA Region 03 Date Licensed MORAS HOME CARE INC 4200 SOUTH FREEWAY SUITE# 2410 FORT WORTH, TEXAS 76115		Owner Information MORA'S HOME CARE, INC PO BOX 450878 GARLAND, TX 75045 PHONE: FAX:
Phone (972) 658-6756	Fax (972) 530-0503		Services: Licensed Home Health Services: Personal Assistance Services
Type: Branch Agency	Administrator HALIMA MORA		Convices. Electrical Field Convices, Fersional Assistance Convices
County TARRANT License # 011813 Lic Expire 1/31/2025 Medicare 1: 747270 Medicare 2:	Region 03 Date Licensed MORNINGSTAR DFW HOME HEALTH INC 7203 PORT PHILLIP DRIVE ARLINGTON, TX 76002	01/11/2008	Owner Information MORNINGSTAR DFW HOME HEALTH INC 7203 PORT PHILLIP DRIVE ARLINGTON, TX 76002 PHONE: FAX:
Phone (817) 419-9484	Fax (817) 419-9802		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
T			Personal Assistance Services
County TARRANT License # 019250 Lic Expire 2/12/2023	Administrator CAROL OWEH Region 03 Date Licensed MY NURSE FAMILY 2501 AVENUE J STE 115	02/12/2019	Owner Information TEXAS BOY LLC
County TARRANT License # 019250 Lic Expire 2/12/2023 Medicare 1:	Region 03 Date Licensed MY NURSE FAMILY	02/12/2019	TEXAS BOY LLC
County TARRANT License # 019250 Lic Expire 2/12/2023	Region 03 Date Licensed MY NURSE FAMILY 2501 AVENUE J STE 115	02/12/2019	TEXAS BOY LLC PHONE: FAX:
County TARRANT License # 019250 Lic Expire 2/12/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed MY NURSE FAMILY 2501 AVENUE J STE 115 ARLINGTON, TEXAS 76006	02/12/2019	TEXAS BOY LLC
County TARRANT License # 019250 Lic Expire 2/12/2023 Medicare 1: Medicare 2: Phone (817) 500-5914	Region 03 Date Licensed MY NURSE FAMILY 2501 AVENUE J STE 115 ARLINGTON, TEXAS 76006 Fax (817) 382-8656	02/12/2019	TEXAS BOY LLC PHONE: FAX:
County TARRANT License # 019250 Lic Expire 2/12/2023 Medicare 1: Medicare 2: Phone (817) 500-5914 Type: Parent Agency County TARRANT License # 019415 Lic Expire 6/10/2021 Medicare 1: Medicare 2:	Region 03 Date Licensed MY NURSE FAMILY 2501 AVENUE J STE 115 ARLINGTON, TEXAS 76006 Fax (817) 382-8656 Administrator BRITTANY THOMAS Region 03 Date Licensed MYCHOICE HOME CARE LLC 5120 LEERAY ROAD FORT WORTH, TEXAS 76244		TEXAS BOY LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information MYCHOICE HOME CARE LLC PHONE: FAX:
County TARRANT License # 019250 Lic Expire 2/12/2023 Medicare 1: Medicare 2: Phone (817) 500-5914 Type: Parent Agency County TARRANT License # 019415 Lic Expire 6/10/2021 Medicare 1:	Region 03 Date Licensed MY NURSE FAMILY 2501 AVENUE J STE 115 ARLINGTON, TEXAS 76006 Fax (817) 382-8656 Administrator BRITTANY THOMAS Region 03 Date Licensed MYCHOICE HOME CARE LLC 5120 LEERAY ROAD		TEXAS BOY LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information MYCHOICE HOME CARE LLC
County TARRANT License # 019250 Lic Expire 2/12/2023 Medicare 1: Medicare 2: Phone (817) 500-5914 Type: Parent Agency County TARRANT License # 019415 Lic Expire 6/10/2021 Medicare 1: Medicare 2: Phone (817) 547-0635	Region 03 Date Licensed MY NURSE FAMILY 2501 AVENUE J STE 115 ARLINGTON, TEXAS 76006 Fax (817) 382-8656 Administrator BRITTANY THOMAS Region 03 Date Licensed MYCHOICE HOME CARE LLC 5120 LEERAY ROAD FORT WORTH, TEXAS 76244 Fax (817) 549-5371		TEXAS BOY LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information MYCHOICE HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services Owner Information NEW CENTURY HOSPICE, INC P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX:
County TARRANT License # 019250 Lic Expire 2/12/2023 Medicare 1: Medicare 2: Phone (817) 500-5914 Type: Parent Agency County TARRANT License # 019415 Lic Expire 6/10/2021 Medicare 1: Medicare 2: Phone (817) 547-0635 Type: Parent Agency County TARRANT License # 019415 Lic Expire 6/10/2021 Medicare 1: Medicare 2: Phone (817) 547-0635 Type: Parent Agency County TARRANT License # 017435 Lic Expire 1/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed MY NURSE FAMILY 2501 AVENUE J STE 115 ARLINGTON, TEXAS 76006 Fax (817) 382-8656 Administrator BRITTANY THOMAS Region 03 Date Licensed MYCHOICE HOME CARE LLC 5120 LEERAY ROAD FORT WORTH, TEXAS 76244 Fax (817) 549-5371 Administrator ANNA MUGISHA Region 03 Date Licensed NEW CENTURY HOSPICE OF DALLAS 4150 INTERNATIONAL PLAZA SUITE 550 FORT WORTH, TX 76109	06/10/2019	TEXAS BOY LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information MYCHOICE HOME CARE LLC PHONE: FAX: Services: Personal Assistance Services Owner Information NEW CENTURY HOSPICE, INC P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117

County TARRANT License # 014312 Lic Expire 8/31/2023 Medicare 1: 747798 HHA-18 Medicare 2: Phone (817) 225-6555 Type: Parent Agency	Region 03 Date Licensed 08/29/2011 NEXSTEP HOME HEALTHCARE 1021 PEBBLE BEACH DR MANSFIELD, TX 76063 Fax (888) 247-9848 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 License # 017104 Lic Expire 2/1/2022 Medicare 1: 747620 HHA-18 Medicare 2: Phone (817) 809-4880 Type: Parent Agency	Region 03 Date Licensed 09/15/2015 NOAH'S ARK HOME HEALTHCARE INC 1201 N WATSON ROAD SUITE 297A ARLINGTON, TX 76006 Fax (817) 393-4910 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 License # 006875 Lic Expire 2/28/2024 Medicare 1: Medicare 2: Phone (817) 858-9889 Type: Branch Agency	Region 03 Date Licensed 11/13/2003 NOVEL HOME HEALTHCARE AGENCY 610 S INDUSTRIAL BLVD SUITE 130 EULESS, TX 76040 Fax (817) 358-9956 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 License # 017900 Lic Expire 2/28/2021 Medicare 1: Medicare 2: Phone (817) 900-3810 Type: Parent Agency	Region 03 Date Licensed 02/06/2017 NURSE NEXT DOOR FORT WORTH 4420 WEST VICKERY BOULEVARD SUITE 102 FORT WORTH, TEXAS 76107 Fax (866) 692-0752 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 License # 017301 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone 817 9262355 Type: Parent Agency	Region 03 Date Licensed 12/03/2015 NURSECORE OF ARLINGTON 2517 8TH AVE STE 101 FORT WORTH, TX 76110 Fax 817 9261160 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 License # 005223 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (817) 926-2355 Type: Parent Agency	Region 03 Date Licensed 01/17/1997 NURSECORE OF FORT WORTH 2517 8TH AVENUE SUITE 101 FORT WORTH, TX 76110 Fax (817) 926-1160 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 License # 019952 Lic Expire 5/19/2022 Medicare 1: Medicare 2: Phone (817) 928-5180	Region 03 Date Licensed 09/21/2020 OMEGA HOSPICE CARE, LLC 8330 LYNDON.B. JOHNSON FREEWAY, SUITE 634 DALLAS, TEXAS 75243 Fax (817) 928-5190	Owner Information OMEGA HOSPICE CARE, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator OLUKEMI OLUGBODE	

County TARRANT License # 018694 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (682) 292-8663 Type: Parent Agency	Region 03 Date Licensed 04/10/2018 ONE ACCORD HOME HEALTH INC 315 S MAIN ST MANSFIELD, TX 76063 Fax (682) 334-7663 Administrator CRAIG PORTER	Owner Information ONE ACCORD HOME HEALTH INC 315 S MAIN STREET MANSFIELD, TX 76063-3119 PHONE: FAX: Services: Licensed Home Health Services
County TARRANT License # 020625 Lic Expire 3/22/2023 Medicare 1:	Region 03 Date Licensed 03/22/2021 ONE ON ONE PRIVATE CARE LLC 4731 CAMP BOWIE BLVD FORT WORTH, TEXAS 76107	Owner Information ONE ON ONE PRIVATE CARE LLC
Medicare 2: Phone (682) 206-0539 Type: Parent Agency	Fax (682) 334-7888 Administrator CASSAUNDRA SIMS	PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 014790 Lic Expire 5/31/2022 Medicare 1: 741558 Medicare 2: Phone (972) 784-4066 Type: Alternate Delivery Site	Region 03 Date Licensed ONE POINT HOSPICE 787 FM 1187 E STE C CROWLEY, TX 76036 Fax (972) 777-9893 Administrator JAMES HOLLOMAN	Owner Information BEST CARE HOSPICE LLC 17826 DAVENPORT ROAD SUITE D DALLAS, TX 75252 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TARRANT License # 019799 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (817) 779-4805 Type: Parent Agency	Region 03 Date Licensed 01/31/2020 OPTIMAL HEALTH HOME CARE LLC 7301 MATLOCK ROAD, SUITE 111 ARLINGTON, TEXAS 76002 Fax (817) 438-8006 Administrator LISELOTTE ADDEA-AMOAKO	Owner Information OPTIMAL HEALTH HOME CARE LLC 7301 MATLOCK ROAD, SUITE 111 ARLINGTON, TX 76002 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 007339 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone 817 7325078 Type: Branch Agency	Region 03 Date Licensed 04/14/2006 OUTREACH HOME CARE 2601 SCOTT AVE STE 604 FT WORTH, TX 761032301 Fax 817 7639569 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 TARRANT License # 016968 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (817) 887-9401 Type: Parent Agency County TARRANT License # 016968 Lic Expire 8/31/2023 Medicare 1:	Region 03 Date Licensed 08/14/2015 OVERTURE HOME CARE 3750 S UNIVERSITY DRIVE SUITE 250 FORT WORTH, TX 76109 Fax (888) 509-1810 Administrator ZACH TARRANT Region 03 Date Licensed OVERTURE HOME CARE 6647 BLVD. 26 #103 NORTH RICHLAND HILLS, TX 76180	Owner Information OVERTURE HOME CARE LLC 4225 BENBROOK HWY FORT WORTH, TX 76116 PHONE: FAX: Services: Personal Assistance Services Owner Information OVERTURE HOME CARE LLC 4225 BENBROOK HWY FORT WORTH, TX 76116
Medicare 2: Phone (817) 887-9401 Type: Branch Agency	Fax Administrator DENISE HELMS	PHONE: FAX: Services: Personal Assistance Services

County TARRANT License # 019481 Lic Expire 7/15/2021 Medicare 1: Medicare 2: Phone (682) 554-6695	Region 03 Date Licensed 07/15/2019 PEACE AND JOY HOSPICE LLC 1201 N WATSON RD SUITE 261 ARLINGTON, TX 76006 Fax (817) 422-9442	Owner Information PEACE AND JOY HOSPICE LLC PHONE: FAX:
, ,		Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHIRLEEN GALINSUGA	
County TARRANT License # 019949 Lic Expire 5/18/2022 Medicare 1: Medicare 2: Phone (817) 412-8881	Region 03 Date Licensed 05/18/2020 PEACEFUL KEEPER FAMILY SERVICES 4161 TOCCATA STREET UNIT 130 GRAND PRAIRIE, TEXAS 75052 Fax	Owner Information BOBBIE M FINCH P. O. BOX 201062 ARLINGTON, TX 76006 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator BOBBIE FINCH	
County TARRANT License # 014722 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (817) 563-5433	Region 03 Date Licensed 03/30/2012 PEDIALIFE HOME HEALTH INC 5500 EAST LOOP 820 SOUTH SUITE 211 FORT WORTH, TX 76119 Fax (817) 563-5435	Owner Information PEDIALIFE HOME HEALTH INC 5500 EAST LOOP 820 SOUTH SUITE 207 FORTH WORTH, TX 76119-6566 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency	Administrator DEVELLE COLEMAN	Our selection sties
County TARRANT License # 014301 Lic Expire 8/31/2023 Medicare 1:	Region 03 Date Licensed 08/23/2011 PEDIATRIC HOME HEALTHCARE LLC 1300 SUMMIT AVE #430 FORT WORTH, TX 76102	Owner Information PEDATRIC HOME HEALTHCARE LLC 1341 W MOCKINGBIRD LN STE#900 DALLAS, TX 75247
Medicare 2:		PHONE: FAX:
Phone (817) 710-7442	Fax (817) 710-7029	Services: Licensed Home Health Services
Type: Parent Agency County TARRANT License # 018287 Lic Expire 8/31/2023 Medicare 1: 97-1513 (HOSPICE	Administrator JULIE GOLIGHTLY Region 03 Date Licensed 08/30/2017 PERFECTION HOSPICE CARE INCORPORATED 2755 FURLONG DRIVE GRAND PARIRIE, TX 750518391	Owner Information PERFECTION HOSPICE CARE INCORPORATED 2755 FURLONG DRIVE GRAND PRAIRIE, TEXAS 75051
Medicare 2:	CIVILE I TIVILLE, IX 100010001	PHONE: FAX:
Phone (817) 903-7723 Type: Parent Agency	Fax (877) 509-6626 Administrator GAUDENSIA AWUOR	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County TARRANT License # 013986 Lic Expire 3/31/2024 Medicare 1:	Region 03 Date Licensed 03/29/2011 PHAMILY HOME HEALTH CARE 624 MATLOCK CENTRE CIRCLE SUITE B ARLINGTON, TX 76015	Owner Information PHAMILY HOME HEALTH CARE 624 MATLOCK CENTRE CIRCLE SUITE B ARLINGTON, TX 76015
Medicare 2:		PHONE: FAX:
Phone (817) 966-6570 Type: Parent Agency	Fax (817) 277-1208 Administrator ANDY PHAM	Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 020071 Lic Expire 7/23/2022 Medicare 1:	Region 03 Date Licensed 09/21/2020 PRECISE HOME CARE LLC 4500 MERCANTILE PLAZA SUITE 300 FORT WORTH, TX 76137	Owner Information PRECISE HOME CARE LLC
Medicare 2:		PHONE: FAX:
Phone (817) 966-6671 Type: Parent Agency	Fax na Administrator AKINTUNDE GEORGE	Services: Personal Assistance Services

County TARRANT	Region 03 Date Licensed 05/11/2017	Owner Information
License # 018052	PREFERRED CARE AT HOME OF NORTH FORT WORTH & NORTH DALLAS	EJV HOME CARE SERVICES, LLC P.O. BOX 822541
Lic Expire 5/31/2021 Medicare 1:	9500 RAY WHITE ROAD SUITE 200 FORT WORTH, TX 76244	NORTH RICHLAND HILLS, TX 76182
Medicare 2:		PHONE: 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	PREFERRED THERAPY SERVICES	ERIC POWELL & ASSOCIATES PLLC
Lic Expire 8/31/2023	2509 BEDFORD ROAD	801 LITTLE CUB WAY
Medicare 1:	BEDFORD, TX 76021	EULESS, TX 76039
Medicare 2:		PHONE: FAX:
Phone (817) 508-0030	Fax (877) 267-4771	Services: Licensed Home Health Services
Type: Parent Agency	Administrator JASON POWELL	
County TARRANT	Region 03 Date Licensed 11/06/2007	Owner Information
License # 011903	PREMIER HEALTH CARE SERVICES II	PHCS II INC
Lic Expire 11/30/2021	815 TRAILWOOD DRIVE SUITE 120	1666 NORTH HAMPTON ROAD SUITE 202
Medicare 1: 679151 HHA-18	HURST, TX 76053	DESOTO, TX 75115
Medicare 2:		PHONE: FAX:
Phone (817) 285-8100	Fax (469) 374-5426	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator FRANKLIN HUNTER	
County TARRANT	Region 03 Date Licensed 03/30/2002	Owner Information
License # 008343	PROFESSIONAL CARETAKERS INC	PROFESSIONAL CARETAKERS, INC
Lic Expire 3/31/2022	6000 WESTERN PLACE SUITE 710	PO BOX 34659
Medicare 1:	FORT WORTH, TEXAS 76107	FORT WORTH, TX 76162
Medicare 2:	Foy (917) 021 0576	PHONE: FAX:
Phone (817) 921-9500	Fax (817) 921-9576	Services: Personal Assistance Services
Type: Parent Agency	Administrator HOWARD PETERSEN	
County TARRANT	Region 03 Date Licensed 01/01/2001	Owner Information
License # 007581	PROFESSIONAL HOME HEALTH CARE INC	PROFESSIONAL HOME HEALTH CARE INC
Lic Expire 12/31/2023	345 WESTPARK WAY, SUITE 101	SAME EULESS, TX 76040
Medicare 1: 459470 HHA-18	EULESS, TX 76040	
Medicare 2: Phone (817) 268-0010	Fax (817) 268-0722	PHONE: FAX:
Frione (017) 200-0010	1 ax (011) 200-0722	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CONSOLATA BRYANT	
County TARRANT	Region 03 Date Licensed 02/18/2004	Owner Information
License # 008914	PROFESSIONAL HOSPICE	DIVINE HOSPICE INC
Lic Expire 2/28/2023	345 WESTPARK WAY #100	345 WESTPARK WAY SUITE 101
Medicare 1: 451764 HOSPICE	EULESS, TEXAS 76040	EULESS, TX 76040
Medicare 2:		PHONE: FAX:
Phone (817) 268-1946	Fax (817) 268-0209	Services: Hospice
Type: Parent Agency	Administrator CONSOLATA BRYANT	In-Patient Hospice: NO
County TARRANT	Region 03 Date Licensed 12/12/2008	Owner Information
License # 012351	PROMPTIME HOME HEALTHCARE SERVICES INC	PROMPTIME HOME HEALTHCARE SERVICES INC
Lic Expire 12/31/2022	5409 S. COLLINS STREET SUITE 131	2215 CROMWELL DRIVE
Medicare 1: 747387 HHA-18	ARLINGTON, TX 76018	ARLINGTON, TX 76108
Medicare 2:		PHONE: FAX:
Phone (817) 557-4111	Fax (817) 466-2685	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
T D 14	Administrator CAMUEL ACADU	Personal Assistance Services

Administrator

SAMUEL ASADU

County TARRANT License # 013198 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (817) 545-3538 Type: Parent Agency	Region 03 Date Licensed 03/29/2010 PROVIDENCE HEALTHCARE SERVICES 1010 W EULESS BLVD STE 250 EULESS, TX 76040 Fax (817) 358-3906 Administrator JOSEPHINE IBEH	Owner Information CHINNAM GROUP INC 1010 W EULESS BLVD STE 250 EULESS, TX 76040 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 009477 Lic Expire 12/31/2023 Medicare 1: 457926 Medicare 2: Phone (817) 608-0455	Region 03 Date Licensed 12/22/2004 PRUDENTIAL HEALTH CARE SERVICES INC 351 W RANDOL MILL ROAD ARLINGTON, TX 76011 Fax (817) 608-0644	Owner Information PRUDENTIAL HEALTH CARE SERVICES INC 7011 LAKE ROBERTS WAY ARLINGTON, TX 76002 PHONE: FAX: Services: Licensed and Certified Home Health Services;
Type: Parent Agency County TARRANT	Administrator THOMPSON OHONBA Region 03 Date Licensed 02/27/2014	Personal Assistance Services Owner Information JJ & B UNITED LLC
License # 016053 Lic Expire 6/30/2022 Medicare 1: Medicare 2:	QUALITY FIRST SENIOR CARE 3163 KINGSWOOD COURT MANSFIELD, TX 76063	PO BOX 151345 ARLINGTON, TX 76015 PHONE: FAX:
Phone (817) 472-1040 Type: Parent Agency	Fax (817) 549-8539 Administrator ANADELIA PEDRAZA	Services: Personal Assistance Services
County TARRANT License # 013987 Lic Expire 3/31/2023 Medicare 1: 671727 HOSPICE Medicare 2:	Region 03 Date Licensed 03/29/2011 RADIANT CARE HOSPICE LLC 7137 COLLEYVILLE BLVD STE 102 COLLEYVILLE, TX 76034	Owner Information RADIANT CARE HOSPICE LLC 7137 COLLEYVILLE BLVD STE 102 COLLEYVILLE, TX 76034 PHONE: FAX:
Phone (817) 421-4400 Type: Parent Agency	Fax (817) 865-6351 Administrator VIVIAN POBLETE	Services: Hospice In-Patient Hospice: NO
County TARRANT License # 021269 Lic Expire 12/13/2024 Medicare 1:	Region 03 Date Licensed 12/13/2021 RCARE LLC 2466 WAYNE WAY	Owner Information RCARE LLC
Medicare 2: Phone (469) 830-5751 Type: Parent Agency	GRAND PRAIRIE, TEXAS 75052 Fax (972) 606-8960 Administrator KAREN RILEY	PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 012154 Lic Expire 12/31/2021 Medicare 1: 747510 Medicare 2: Phone (817) 467-3500	Region 03 Date Licensed 08/12/2008 REDICARE HOME HEALTH SERVICES INCORPORATED 5808 COLDSWORTH COURT ARLINGTON, TX 76018 Fax (817) 467-6133	Owner Information REDICARE HOME HEALTH SERVICES INCORPORATED 5808 COLDSWORTH CT ARLINGTON, TX 76018 PHONE: FAX:
Type: Parent Agency	Administrator PETER-CLAVER CLASSO	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 008308 Lic Expire 1/31/2023 Medicare 1: 679281 HHA-18	Region 03 Date Licensed 01/29/2003 REHAB AT HOME HEALTHCARE SERVICES 2301 W LAMAR BLVD ARLINGTON, TX 76012	Owner Information KINETICARE REHAB SERVICES PC 2301 W LAMAR BLVD ARLINGTON, TX 76012
Medicare 2: Phone (817) 469-9756 Type: Parent Agency	Fax (817) 469-9758 Administrator RENE CUEVAS	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County TARRANT License # 019954 Lic Expire 5/20/2022 Medicare 1: Medicare 2: Phone (817) 918-2489 Type: Parent Agency	Region 03 Date Licensed 05/20/2020 RELIABLE CAREGIVERS OF TEXAS, LLC 4200 S. FREEWAY. SUITE # 520 FORT WORTH, TEXAS 76115 Fax Administrator YOLANDA STEWART	Owner Information RELIABLE CAREGIVERS OF TEXAS LLC PHONE: FAX: Services: Personal Assistance Services
County TARRANT	Region 03 Date Licensed 01/30/2018	Owner Information
License # 018752	RELIANT AT HOME	RELIANT HOME HEALTH OF FORT WORTH, LLC
Lic Expire 1/31/2022	3880 HULEN STREET, STE 670	1101 RAINTREE CIR
Medicare 1: 673171 HHA-18	FT. WORTH, TEXAS 76107	BENBROOK, TX 75013
Medicare 2: Phone (817) 377-0889	Fax (817) 377-0890	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LANELL BOAZ	
County TARRANT	Region 03 Date Licensed	Owner Information
License # 018474	RELIANT AT HOME HOSPICE	BLUE HAVEN HOSPICE LLC
Lic Expire 8/31/2024	3600 HULEN DRIVE SUITE D-2	1101 RAINTREE CIRCLE, SUITE #130
Medicare 1: 741594 Hospice	FORT WORTH, TEXAS 76107	ALLEN, TX 75013 PHONE: FAX:
Medicare 2: Phone (817) 377-0889	Fax (214) 667-8045	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator ANGELA HAMMONS	
County TARRANT License # 015695 Lic Expire 3/31/2024 Medicare 1:	Region 03 Date Licensed 03/13/2013 RENEW HOME HEALTH 1021 WASHINGTON AVE SUITE 202 FORT WORTH, TX 76104	Owner Information MAXUS HEALTHCARE PARTNERS LLC 1050 FOREST PARK BLVD FORT WORTH, TX 76110
Medicare 2:	,	PHONE: FAX:
Phone (817) 291-6400	Fax (817) 291-6407	Services: Licensed Home Health Services
Type: Branch Agency	Administrator PHILIP CRISWELL	
County TARRANT License # 011831 Lic Expire 1/31/2025 Medicare 1: 747132 HHA-18 Medicare 2: Phone (817) 285-8515	Region 03 Date Licensed 01/22/2008 RESTORATIVE CARE HOME HEALTH SERVICES INC 221 BEDFORD ROAD SUITE 208 BEDFORD, TX 76022 Fax (817) 285-8869	Owner Information RESTORATIVE CARE HOME HEALTH SERVICES INC 221 BEDFORD ROAD SUITE 208 BEDFORD, TX 76022-6250 PHONE: (817) 285-8515 FAX: (817) 285-8869 Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ALICE JOHNSON	Personal Assistance Services
County TARRANT License # 014176 Lic Expire 6/30/2024 Medicare 1: 747775 HHA-18	Region 03 Date Licensed 06/17/2011 RESTORING FUNCTION HHC LLC 305 W HIDDEN CREEK PARKWAY BURLESON, TX 76208	Owner Information RESTORING FUNCTION HHC LLC 4955 S. HULEN ST. FORT WORTH, TX 76132
Medicare 2:	F (000) 770 4500	PHONE: FAX:
Phone (817) 500-4159 Type: Parent Agency	Fax (866) 778-1508 Administrator JESSICA BUSBY	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County TARRANT License # 016112 Lic Expire 3/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 03/25/2014 RIGHT AT HOME 1148D W PIONEER PKWY ARLINGTON, TX 76013	Owner Information CAYDEE BLUE CORP 1511 E PETERS COLONY ROAD CARROLLTON, TX 75007 PHONE: FAX:
Phone (972) 790-2699	Fax (972) 790-2695	Services: Personal Assistance Services
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Administrator GREG CARSON

County TARRANT License # 012623 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (817) 282-3295 Type: Parent Agency	Region 03 Date Licensed 05/26/2009 RIGHT AT HOME 4215 W PIPELINE RD EULESS, TX 76040 Fax (817) 282-3289 Administrator LORRI PRATT	Owner Information LORLYN, INC 4215 W PIPELINE ROAD EULESS, TX 76040 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 012903 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (817) 560-2727	Region 03 Date Licensed 10/16/2009 RIGHT AT HOME 8851 CAMP BOWIE WEST SUITE 220 FORT WORTH, TEXAS 76116 Fax (817) 560-2606	Owner Information QF ENTERPRISES INC PO BOX 123213 FORT WORTH, TX 76121 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 020225 Lic Expire 10/12/2022 Medicare 1:	Administrator QUENTAS JONES Region 03 Date Licensed 10/12/2020 RIGHT AT HOME HEALTHCARE LLC 2117 WASHINGTON CIR. APT. 106 ARLINGTON, TEXAS 76011	Owner Information RIGHT AT HOME HEALTHCARE LLC
Medicare 2: Phone (817) 224-2206 Type: Parent Agency	Fax (817) 224-2206 Administrator MICHELLE PERRY	PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 010724 Lic Expire 9/30/2022 Medicare 1: 679783 HHA-18 Medicare 2:	Region 03 Date Licensed 09/08/2006 ROPHEKA HOMEHEALTH AGENCY 360 PLACE 1201 N WATSON RD # 297 ARLINGTON, TX 76006	Owner Information ROPHEKA HOMEHEALTH AGENCY INC 1507 LOVELAND DRIVE ARLINGTON, TX 76018 PHONE: FAX:
Phone (817) 466-9751	Fax (817) 466-4525	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
	Fax (817) 466-4525 Administrator MERCY NKERBU	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (817) 466-9751		
Phone (817) 466-9751 Type: Parent Agency County TARRANT License # 004927 Lic Expire 9/30/2023 Medicare 1: 459196 HHA-18 Medicare 2: Phone (817) 461-0154	Administrator MERCY NKERBU Region 03 Date Licensed 09/30/1996 ROSA'S FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011 Fax (817) 275-9792	Personal Assistance Services Owner Information ROSAS FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011
Phone (817) 466-9751 Type: Parent Agency County TARRANT License # 004927 Lic Expire 9/30/2023 Medicare 1: 459196 HHA-18 Medicare 2: Phone (817) 461-0154 Type: Parent Agency County TARRANT License # 021070 Lic Expire 9/24/2024	Administrator MERCY NKERBU Region 03 Date Licensed 09/30/1996 ROSA'S FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011 Fax (817) 275-9792 Administrator BALINDA ANTOINE Region 03 Date Licensed 09/24/2021 ROYAL BLISS HOME HEALTHCARE, LLC 8308 BIG STONE CT.	Personal Assistance Services Owner Information ROSAS FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Phone (817) 466-9751 Type: Parent Agency County TARRANT License # 004927 Lic Expire 9/30/2023 Medicare 1: 459196 HHA-18 Medicare 2: Phone (817) 461-0154 Type: Parent Agency County TARRANT License # 021070 Lic Expire 9/24/2024 Medicare 1: Medicare 2:	Administrator MERCY NKERBU Region 03 Date Licensed 09/30/1996 ROSA'S FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011 Fax (817) 275-9792 Administrator BALINDA ANTOINE Region 03 Date Licensed 09/24/2021 ROYAL BLISS HOME HEALTHCARE, LLC 8308 BIG STONE CT. FORT WORTH, TX 76123	Owner Information ROSAS FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone (817) 466-9751 Type: Parent Agency County TARRANT License # 004927 Lic Expire 9/30/2023 Medicare 1: 459196 HHA-18 Medicare 2: Phone (817) 461-0154 Type: Parent Agency County TARRANT License # 021070 Lic Expire 9/24/2024 Medicare 1: Medicare 2: Phone (817) 918-6644	Administrator MERCY NKERBU Region 03 Date Licensed 09/30/1996 ROSA'S FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011 Fax (817) 275-9792 Administrator BALINDA ANTOINE Region 03 Date Licensed 09/24/2021 ROYAL BLISS HOME HEALTHCARE, LLC 8308 BIG STONE CT. FORT WORTH, TX 76123	Personal Assistance Services Owner Information ROSAS FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ROYAL BLISS HOME HEALTHCARE LLC
Phone (817) 466-9751 Type: Parent Agency County TARRANT License # 004927 Lic Expire 9/30/2023 Medicare 1: 459196 HHA-18 Medicare 2: Phone (817) 461-0154 Type: Parent Agency County TARRANT License # 021070 Lic Expire 9/24/2024 Medicare 1: Medicare 2:	Administrator MERCY NKERBU Region 03 Date Licensed 09/30/1996 ROSA'S FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011 Fax (817) 275-9792 Administrator BALINDA ANTOINE Region 03 Date Licensed 09/24/2021 ROYAL BLISS HOME HEALTHCARE, LLC 8308 BIG STONE CT. FORT WORTH, TX 76123	Owner Information ROSAS FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ROYAL BLISS HOME HEALTHCARE LLC PHONE: FAX:
Phone (817) 466-9751 Type: Parent Agency County TARRANT License # 004927 Lic Expire 9/30/2023 Medicare 1: 459196 HHA-18 Medicare 2: Phone (817) 461-0154 Type: Parent Agency County TARRANT License # 021070 Lic Expire 9/24/2024 Medicare 1: Medicare 2: Phone (817) 918-6644 Type: Parent Agency County TARRANT License # 020961 Lic Expire 8/5/2024	Region 03 Date Licensed 09/30/1996 ROSA'S FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011 Fax (817) 275-9792 Administrator BALINDA ANTOINE Region 03 Date Licensed 09/24/2021 ROYAL BLISS HOME HEALTHCARE, LLC 8308 BIG STONE CT. FORT WORTH, TX 76123 Fax Administrator ANITA AZUBUIKE-JONES Region 03 Date Licensed 08/05/2021 SAFE HANDS HOME CARE LLC 400 KNIGHTSBRIDGE ROAD UNIT B201	Personal Assistance Services Owner Information ROSAS FIRST QUALITY HOME HEALTHCARE LLC 306 EAST RANDOL MILL ROAD SUITE 100 ARLINGTON, TX 76011 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information ROYAL BLISS HOME HEALTHCARE LLC PHONE: FAX: Services: Personal Assistance Services Owner Information

County TARRANT License # 019668 Lic Expire 10/28/2021	Region 03 Date Licensed 10/28/2019 SAFEPOINT HEALTHCARE SERVICES 3610 WEST PIONEER PARKWAY SUITE 123	Owner Information JIMMY GRINAGE
Medicare 1:	PANTEGO, TEXAS 76013	
Medicare 2:	Fav. (400) 007 5040	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 SALLY'S CARE INC
License # 021209	SALLY'S CARE INC	ONLET O ONICE INC
Lic Expire 11/16/2024 Medicare 1:	7901 OCEAN DR FORT WORTH, TX 76123	
Medicare 1:	TORT WORTH, TX 70125	PHONE: FAX:
Phone 817 5594841	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator CARY LINZY	ocivios. I disolidi risolidano ocivios
County TARRANT	Region 03 Date Licensed 03/01/2016	Owner Information
License # 017296	SATORI IN HOME CARE INC	SATORI IN HOME CARE INC
Lic Expire 2/28/2022	2106 INVERNESS DRIVE	2305 ST CLAIRE DR
Medicare 1:	ARLINGTON, TX 76012	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 HEALTHCARE PROVIDERS	SCOF ENTERPRISE INC
Lic Expire 11/30/2023	1201 NORTH WATSON ROAD, SUITE 268	1201 N. WATSON ROAD, SUITE 268
Medicare 1: 743100 HHA-18	ARLINGTON, TEXAS 76006	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 OSABUOHIEN EREGIE	
County TARRANT	Region 03 Date Licensed 08/22/2013	Owner Information
License # 015726	SENIOR HELPERS OF GREATER FORT WORTH	REDWING D SUPREME, LLC
Lic Expire 8/31/2021	1307 8TH AVENUE SUITE 311	1307 8TH AVENUE SUITE 311
Medicare 1:	FORT WORTH, TX 76104	FORT WORTH, TX 76104
Medicare 2: Phone (817) 344-7948	Fax (866) 591-7596	PHONE: FAX:
_	. ,	Services: Personal Assistance Services
Type: Parent Agency		Ounce Information
County TARRANT	Region 03 Date Licensed 04/26/2007	Owner Information TYNET HEALTHCARE INC
License # 011293	SENIORS HOME HEALTHCARE SERVICES	P.O BOX 180695
Lic Expire 4/30/2022	700 HIGHLANDER BLVD, SUITE 170	ARLINGTON, TX 76096
Medicare 1: 747210 HHA-18 Medicare 2:	ARLINGTON, TEXAS 76015	PHONE: FAX:
Phone (817) 385-8888	Fax (877) 504-7060	
Type: Parent Agency	Administrator ESTHER HORNER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
<u> </u>	Region 03 Date Licensed 04/20/2017	Owner Information
County TARRANT License # 018149	Region 03 Date Licensed 04/20/2017 SERENE MEADOWS HOSPICE LLC	SERENE MEADOWS HOSPICE, LLC
Lic Expire 4/30/2021	1140 E-F WEST PIONEER PKWY	1201 NORTH WATSON ROAD SUITE #278
Medicare 1: 741593 HOSPICE	ARLINGTON, TEXAS 76013	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	

County TARRANT License # 010668 Lic Expire 8/31/2023 Medicare 1: 671651 HOSPICE Medicare 2: Phone (817) 348-9863 Type: Parent Agency	Region 03 Date Licensed 08/08/2006 SERENITY HOSPICE 700 PENNSYLVANIA AVE FORT WORTH, TX 76104 Fax (817) 768-5087 Administrator CRISTELA FLORES	Owner Information CRISTELA FLORES SERENITY HOSPICE LLC 3108 MARYS LANE. FORT WORTH, TEXAS 76116 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
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 (817) 242-8390	Fax (817) 523-8807	PHONE: FAX:
Type: Parent Agency	Administrator RUBBY ADELE	Services: Personal Assistance Services
-		Owner Information
County TARRANT	Region 03 Date Licensed	SILVERADO HOSPICE OF HOUSTON, INC
License # 013821 Lic Expire 10/31/2022	SILVERADO HOSPICE DALLAS FORT WORTH	6400 OAK CANYON #200
Medicare 1:	6628 BRYANT IRVIN RD. SUITE 110 FORT WORTH, TX 76132	IRVINE, CA 92618
Medicare 2:		PHONE: FAX:
Phone (866) 461-7218	Fax (972) 385-8839	Services: Hospice
T 41	ALL LIVE SERVICE DANIES	In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator JERIANNE RANIERI	
County TARRANT	Region 03 Date Licensed 09/06/2011	Owner Information SILVERLINE HOME HEALTH AGENCY INC
License # 014323	SILVERLINE HOME HEALTH AGENCY INC	1020 BONANZA DR
Lic Expire 9/30/2023	1050 BONANZA DR	ARLINGTON, TX 76001
Medicare 1: 747793 HHA-18		7.11.2.11.0.1.01.1, 17.1.10001
	ARLINGTON, TX 76001	DHONE. EAY.
Medicare 2: Phone (682) 518-1050	Fax (682) 518-7250	PHONE: FAX:
Medicare 2:		PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Medicare 2:		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829	Fax (682) 518-7250	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1:	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX:
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2:	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX:
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT License # 018537	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017 SOLEO HEALTH INC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services Owner Information
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLEO HEALTH INC
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT License # 018537 Lic Expire 12/31/2023	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017 SOLEO HEALTH INC 2912 W 6TH ST SUITE 150	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLEO HEALTH INC 2912 W. 6TH STREET SUITE #120
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT License # 018537 Lic Expire 12/31/2023 Medicare 1:	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017 SOLEO HEALTH INC 2912 W 6TH ST SUITE 150	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLEO HEALTH INC 2912 W. 6TH STREET SUITE #120 FORT WORTH, TX 76107
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT License # 018537 Lic Expire 12/31/2023 Medicare 1: Medicare 1: Medicare 2:	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017 SOLEO HEALTH INC 2912 W 6TH ST SUITE 150 FORT WORTH, TX 76107	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLEO HEALTH INC 2912 W. 6TH STREET SUITE #120 FORT WORTH, TX 76107 PHONE: FAX:
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT License # 018537 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (817) 916-1206	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017 SOLEO HEALTH INC 2912 W 6TH ST SUITE 150 FORT WORTH, TX 76107 Fax (817) 381-4419	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLEO HEALTH INC 2912 W. 6TH STREET SUITE #120 FORT WORTH, TX 76107 PHONE: FAX:
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT License # 018537 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (817) 916-1206 Type: Parent Agency	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017 SOLEO HEALTH INC 2912 W 6TH ST SUITE 150 FORT WORTH, TX 76107 Fax (817) 381-4419 Administrator MAUREEN OSANJO	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLEO HEALTH INC 2912 W. 6TH STREET SUITE #120 FORT WORTH, TX 76107 PHONE: FAX: Services: Licensed Home Health Services
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT License # 018537 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (817) 916-1206 Type: Parent Agency County TARRANT	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017 SOLEO HEALTH INC 2912 W 6TH ST SUITE 150 FORT WORTH, TX 76107 Fax (817) 381-4419 Administrator MAUREEN OSANJO Region 03 Date Licensed 08/20/2010	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLEO HEALTH INC 2912 W. 6TH STREET SUITE #120 FORT WORTH, TX 76107 PHONE: FAX: Services: Licensed Home Health Services Owner Information
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT License # 018537 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (817) 916-1206 Type: Parent Agency County TARRANT License # 018537 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (817) 916-1206 Type: Parent Agency County TARRANT License # 013536	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017 SOLEO HEALTH INC 2912 W 6TH ST SUITE 150 FORT WORTH, TX 76107 Fax (817) 381-4419 Administrator MAUREEN OSANJO Region 03 Date Licensed 08/20/2010 SPLENDOR CARE HEALTH SERVICES INC	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLEO HEALTH INC 2912 W. 6TH STREET SUITE #120 FORT WORTH, TX 76107 PHONE: FAX: Services: Licensed Home Health Services Owner Information SPLENDOR CARE HEALTH SERVICES INC
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT License # 018537 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (817) 916-1206 Type: Parent Agency County TARRANT License # 013536 Lic Expire 8/31/2022 Medicare 1: 747597 HHA-18 Medicare 2:	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017 SOLEO HEALTH INC 2912 W 6TH ST SUITE 150 FORT WORTH, TX 76107 Fax (817) 381-4419 Administrator MAUREEN OSANJO Region 03 Date Licensed 08/20/2010 SPLENDOR CARE HEALTH SERVICES INC 1001 W EULESS BLVD SUITE #405 EULESS, TX 76040	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLEO HEALTH INC 2912 W. 6TH STREET SUITE #120 FORT WORTH, TX 76107 PHONE: FAX: Services: Licensed Home Health Services Owner Information SPLENDOR CARE HEALTH SERVICES INC 1001 W EULESS BLVD SUITE #405
Medicare 2: Phone (682) 518-1050 Type: Parent Agency County TARRANT License # 013829 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (682) 738-3056 Type: Parent Agency County TARRANT License # 018537 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (817) 916-1206 Type: Parent Agency County TARRANT License # 013536 Lic Expire 8/31/2022 Medicare 1: 747597 HHA-18	Fax (682) 518-7250 Administrator IHUOMA JINANWA Region 03 Date Licensed 01/13/2011 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 4775 N FREEWAY FORT WORTH, TX 76106 Fax (682) 738-3272 Administrator BETTS HOOVER Region 03 Date Licensed 12/29/2017 SOLEO HEALTH INC 2912 W 6TH ST SUITE 150 FORT WORTH, TX 76107 Fax (817) 381-4419 Administrator MAUREEN OSANJO Region 03 Date Licensed 08/20/2010 SPLENDOR CARE HEALTH SERVICES INC 1001 W EULESS BLVD SUITE #405	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services Owner Information SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC 404 RACQUET CLUB BEDFORD, TX 76022 PHONE: FAX: Services: Licensed Home Health Services Owner Information SOLEO HEALTH INC 2912 W. 6TH STREET SUITE #120 FORT WORTH, TX 76107 PHONE: FAX: Services: Licensed Home Health Services Owner Information SPLENDOR CARE HEALTH SERVICES INC 1001 W EULESS BLVD SUITE #405 EULESS, TX 76040

County TARRANT License # 016641 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (817) 424-2902 Type: Parent Agency	Region 03 Date Licensed 02/10/2015 ST AGATHA CARE GIVERS INC 6729 SAPPHIRE CIRCLE N COLLEYVILLE, TX 76034 Fax (817) 251-1963 Administrator ANTHONIA AGBOJE	Owner Information ST AGATHA CARE GIVERS, INC 6729 SAPPHIRE CIRCLE N COLLEYVILLE, TX 76034 PHONE: FAX: Services: Personal Assistance Services
· · · · · · · · · · · · · · · · · · ·		Owner Information
County TARRANT License # 016375	Region 07 Date Licensed ST GABRIEL'S HOSPICE AND PALLIATIVE CARE	SGHPCSA LLC
Lic Expire 8/31/2022	1313 COLLEGE AVENUE, SUITE A	2501 PARKVIEW DRIVE SUITE 105
Medicare 1:	FORT WORTH, TEXAS 76104	FORT WORTH, TX 76102
Medicare 2:	,	PHONE: FAX:
Phone (817) 306-4545	Fax (817) 887-2704	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator CESILIA PUENTE	
County TARRANT	Region 07 Date Licensed	Owner Information
License # 016375	ST GABRIEL'S HOSPICE AND PALLIATIVE CARE	SGHPCSALLC
Lic Expire 8/31/2022	1313 COLLEGE AVENUE, SUITE A	2501 PARKVIEW DRIVE SUITE 105
Medicare 1:	FORT WORTH, TEXAS 76104	FORT WORTH, TX 76102
Medicare 2:	F (047) 007 0704	PHONE: FAX:
Phone (817) 306-4545 Type: Alternate Delivery Site	Fax (817) 887-2704 Administrator CESILIA PUENTE	Services: Hospice In-Patient Hospice: NO
''		Owner Information
County TARRANT	Region 03 Date Licensed 02/13/2012	ST GABRIELS HOSPICE AND PALLIATIVE CARE LLC
License # 014639 Lic Expire 2/28/2022	ST GABRIELS HOSPICE AND PALLIATIVE CARE LLC	2501 PARKVIEW DRIVE SUITE105
Medicare 1: 671742 HOSPICE	1313 COLLEGE AVENUE FORT WORTH, TEXAS 761044518	FORT WORTH, TX 76102-5815
Medicare 2:	1 611 1161111, 12216 161616	PHONE: FAX:
Phone (817) 306-4545	Fax (817) 887-2704	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHANNON MORA	
County TARRANT	Region 03 Date Licensed 04/16/2015	Owner Information
License # 016744	ST MARTINO HOME HEALTH INC	ST MARTINO HOME HEALTH INC
Lic Expire 10/29/2021	1117 W PIONEER PKWY STE. 110	205 E ARKANSAS LN STE 119
Medicare 1:	ARLINGTON, TX 76013	ARLINGTON, TX 76010
Medicare 2:		PHONE: FAX:
Phone (817) 501-7727 Type: Parent Agency	Fax (817) 459-3314 Administrator AGNES STURGEON	Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 017873 Lic Expire 11/30/2022 Medicare 1: 747587 HHA-18	Region 03 Date Licensed 11/04/2016 STEWARD HOME HEALTHCARE INC 1220 BROWN TRAIL SUITE B BEDFORD, TX 76022	Owner Information STEWARD HOME HEALTHCARE INC 1220 BROWN TRAIL SUITE #B BEDFORD, TX 76022
Medicare 2:		PHONE: FAX:
Phone (817) 545-7878	Fax (469) 675-6507	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator ROSAMMA GEORGE	
County TARRANT License # 021226 Lic Expire 11/22/2024 Medicare 1:	Region 03 Date Licensed 11/22/2021 STREAM OF JOY HOME HEALTH LLC 6418 WOLF CREEK CT ARLINGTON, TEXAS 76018	Owner Information STREAM OF JOY HOME HEALTH LLC
Medicare 2:		PHONE: FAX:
Phone (817) 437-5086	Fax (682) 308-0767	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator MARTIN LEWECHI	

County TARRANT License # 016245 Lic Expire 2/28/2024 Medicare 1: 459463 HHA-18 Medicare 2: Phone (817) 283-2100 Type: Parent Agency	Region 03 Date Licensed 03/01/2014 SUNRISE HOME HEALTH SERVICES 2117 CENTRAL DRIVE STE 104 BEDFORD, TX 76021 Fax (817) 283-2150 Administrator LORI KARI	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 TARRANT License # 014515 Lic Expire 12/31/2021 Medicare 1: Medicare 2:	Region 03 Date Licensed 12/07/2011 SWEET PEA SENIOR SERVICES 3508 SUTTER COURT FORT WORTH, TX 76137	Owner Information SWEET PEA SOLUTIONS LLC 3508 SUTTER COURT FORT WORTH, TX 76137 PHONE: FAX:
Phone (817) 773-7477	Fax (866) 605-0549	Services: Personal Assistance Services
Type: Parent Agency County TARRANT	Administrator RODDY C GORDON II RODDY C GORDON II Region 03 Date Licensed 12/08/2020	Owner Information
License # 020384 Lic Expire 12/8/2022 Medicare 1:	SYNERGY HOMECARE OF SOUTHLAKE 3901 AIRPORT FRWY, STE 116 BEDFORD, TEXAS 76021	IMPULSE HOME CARE LLC
Medicare 2:		PHONE: FAX:
Phone 817 6577796	Fax 817 4844222 Administrator CAROLINE TABE	Services: Personal Assistance Services
Type: Parent Agency County TARRANT License # 012487 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (903) 306-1324 Type: Parent Agency	Region 03 Date Licensed 03/05/2009 TEAM SELECT HOME CARE 219 SOUTH MAIN STREET, SUITE 201 FORT WORTH, TX 76104 Fax (903) 705-4343 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 TARRANT License # 005005 Lic Expire 11/30/2024 Medicare 1: 459213 HHA-18 Medicare 2: Phone (817) 265-0066	Region 03 Date Licensed 11/05/1996 TENDER HEART HOME HEALTH 3210 W PARK ROW DRIVE ARLINGTON, TX 76013 Fax (817) 265-0089	Owner Information TENDER HEART HOME HEALTH LLC 3210 W PARK ROW DR ARLINGTON, TX 76013 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator KOFO SERIKI	
County TARRANT License # 009440 Lic Expire 12/31/2022 Medicare 1: 451797 HOSPICE Medicare 2: 451797 HOSPICE	Region 03 Date Licensed 12/06/2004 TENDER HEART HOSPICE CARE 3210 W PARK ROW DRIVE ARLINGTON, TX 76013	Owner Information TENDER HEART HOSPICE CARE LLC 3210 W PARK ROW DR ARLINGTON, TX 76013 PHONE: FAX:
Phone (817) 265-0066	Fax (817) 265-0089	Services: Hospice
Type: Parent Agency	Administrator KOFO SERIKI	In-Patient Hospice: NO
County TARRANT License # 015211 Lic Expire 2/26/2021 Medicare 1:	Region 03 Date Licensed 11/19/2012 TEXAS ANGELS HOME HEALTH CARE INCORPORATED 6310 SOUTHWEST BLVD., SUITE 202 FORT WORTH, TEXAS 76109	Owner Information TEXAS ANGELS HOME HEALTH CARE INCORPORATED 3509 HULEN STREET, SUITE 151 FORT WORTH, TEXAS 76107
Medicare 2: Phone (817) 727-4525	Fax (817) 727-4576	PHONE: FAX:
Type: Parent Agency	Administrator JULIE WOODSIDE	Services: Licensed Home Health Services; Personal Assistance Services

County TARRANT License # 015948 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (817) 528-9005 Type: Parent Agency	Region 03 Date Licensed TEXAS HOME CARE 7008 ALLEN PLACE DR FORT WORTH, TX 76116 Fax (817) 927-0055 Administrator STEVE COOK	08/09/2013	Owner Information CATERED LIVING LLC P.O. BOX 100848 FORT WORTH, TEXAS 76185 PHONE: Services: Personal Assistance Services	FAX:
County TARRANT License # 020687	Region 03 Date Licensed TEXAS HOME HEALTH OF AMERICA	04/09/2021	Owner Information TEXAS HOME HEALTH OF AMERICA, LP	_
Lic Expire 4/9/2024 Medicare 1: Medicare 2:	3880 HULEN STREET, SUITE 200C FORT WORTH, TX 76107		PHONE:	FAX:
Phone (972) 201-3373	Fax 214 7261596		Services: Personal Assistance Services	1700.
Type: Parent Agency	Administrator LANI CAPESTANY		001100011 010014.7 00004.100	
County TARRANT License # 019079 Lic Expire 9/28/2022 Medicare 1: 67-9084	Region 03 Date Licensed THERACARE HOME HEALTH 524 E. LAMAR BOULEVARD, SUITE 120 ARLINGTON, TX 76011	11/28/2018	Owner Information CANTEX HOME HEALTH TARRANT COUNTY LL	c
Medicare 2:	7.1.2.1.0.10.1., 77. 700.1.		PHONE:	FAX:
Phone (972) 434-9400	Fax (972) 434-9450		Services: Licensed and Certified Home Health Serv Personal Assistance Services	vices; Licensed Home Health Services;
Type: Parent Agency	Administrator KIMBERLY MOORE			
County TARRANT License # 017192 Lic Expire 12/31/2023 Medicare 1: 741669 HOSPICE	Region 03 Date Licensed THREE OAKS HOSPICE 500 GRAPEVINE HIGHWAY, SUITE 225 HURST, TX 76054	12/29/2015	Owner Information ABS PALLIATIVE AND HOSPICE CARE, LLC 717 N. HARWOOD STREET, SUITE 550 DALLAS, TX 75201	
Medicare 2:			PHONE:	FAX:
Phone 817 3281628	Fax 817 5202108		Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator MARGARET BALL		III-F attent Hospice. NO	
County TARRANT License # 017192 Lic Expire 12/31/2023 Medicare 1: 741669 HOSPICE Medicare 2:	Region 03 Date Licensed THREE OAKS HOSPICE 500 GRAPEVINE HIGHWAY, SUITE 225 HURST, TX 76054	12/29/2015	Owner Information ABS PALLIATIVE AND HOSPICE CARE, LLC 717 N. HARWOOD STREET, SUITE 550 DALLAS, TX 75201 PHONE:	FAX:
Phone 817 3281628	Fax 817 5202108		Services: Hospice	
Type: Parent Agency	Administrator MARGARET BALL		In-Patient Hospice: NO	
County TARRANT License # 019926 Lic Expire 5/11/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed THRIVE SKILLED PEDIATRIC CARE 6115 CAMP BOWIE BOULEVARD, SUITE 290 FORT WORTH, TX 761165500	05/11/2020	Owner Information FIRST CHOICE CHILDREN'S HOMECARE, LP 701 EDGEWATER DRIVE, SUITE 300 WAKEFIELD, MA 1880 PHONE:	FAX:
Phone (817) 831-1105	Fax (817) 840-9285		Services: Licensed Home Health Services	
Type: Parent Agency	Administrator MARCO HERNANDEZ			
County TARRANT License # 020489	Region 03 Date Licensed TINY TOTS	01/26/2021	Owner Information TINY TOTS	
Lic Expire 1/26/2023	216 KENOSHA LN			
Medicare 1: Medicare 2:	ARLINGTON, TEXAS 76002		PHONE:	FAX:
Phone (214) 270-6861	Fax		Services: Personal Assistance Services	
Type: Parent Agency	Administrator JOAN WILLIAM			

County TARRANT License # 020822 Lic Expire 6/9/2024 Medicare 1: Medicare 2: Phone (682) 521-2620 Type: Parent Agency	Region 03 Date Licensed 06/09/2021 TO LOVING HOME CARE 3200 STONE CANYON DRIVE MANSFIELD, TX 76063 Fax (682) 292-2232 Administrator TAM VU	Owner Information TO LOVING CARE LLC PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 009281 Lic Expire 8/31/2022 Medicare 1:	Region 06 Date Licensed 12/18/2006 TOUCH OF CLASS 3016 SE LOOP 820 FORT WORTH, TX 76140	Owner Information TOUCH OF CLASS
Medicare 2: Phone (817) 451-9435 Type: Branch Agency	Fax (817) 451-9485 Administrator JANET BOWLES	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 020714 Lic Expire 11/30/2022 Medicare 1: 451796 Medicare 2: Phone (817) 358-4777 Type: Parent Agency	Region 03 Date Licensed 11/30/2020 TRADITIONS HEALTH 801 FOREST RIDGE DRIVE, SUITE 100 BEDFORD, TEXAS 76022 Fax (866) 908-8704 Administrator PATTI DISOTELL	Owner Information TRADITIONS HOSPICE OF BEDFORD, LLC P.O. BOX 9980 COLLEGE STATION, TX 77842 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TARRANT License # 011615 Lic Expire 6/30/2022 Medicare 1: 677810 HHA-18 Medicare 2: Phone (817) 303-4441	Region 03 Date Licensed 06/12/2007 TRANSITIONAL HOME HEALTH CARE, INC 3901 ARLINGTON HIGHLANDS BLVD, SUITE 200 ARLINGTON, TX 76018 Fax (817) 303-4424	Owner Information TRANSITIONAL HOME HEALTH CARE, INC PO BOX 172992 ARLINGTON, TEXAS 76011 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator VERONICA ANENE	Personal Assistance Services
County TARRANT License # 020115 Lic Expire 8/20/2022 Medicare 1:	Region 03 Date Licensed 08/20/2020 TRINITY HOME AND HEALTH CARE 8716 ICE HOUSE DR. NORTH RICHLAND HILLS, TEXAS 76180	Owner Information TRINITY HOME AND HEALTH LLC
Medicare 2: Phone (214) 709-1283 Type: Parent Agency	Fax (817) 582-4121 Administrator LIZET OLIVARES	PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 018505 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (817) 652-2924 Type: Parent Agency	Region 03 Date Licensed 09/12/2017 TRITRAX REHABILITATION 1901 N HWY 360 SUITE 420 GRAND PRAIRIE, TEXAS 75050 Fax (855) 239-3636 Administrator LAUREN VIELMA	Owner Information DSM HEALTHCARE VENTURES LLC 1901 N HWY 360 SUITE 410 GRAND PRAIRIE, TX 75050-1412 PHONE: FAX: Services: Licensed Home Health Services
County TARRANT License # 016513 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (682) 276-1715 Type: Parent Agency	Region 03 Date Licensed 11/05/2014 TRUCARE PERSONAL CARE SERVICES LLC 1506 W PIONEER PKWY # 220 ARLINGTON, TX 76013 Fax (844) 273-5390 Administrator TANGULON GARDNER	Owner Information TRUCARE PERSONAL CARE SERVICES LLC 3917 PYRACANTHA DR ARLINGTON, TX 76017 PHONE: FAX: Services: Personal Assistance Services

County TARRANT License # 013788 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (214) 621-0731 Type: Parent Agency	Region 03 Date Licensed TRUECARE DFW INC 1120 E PIONEER PKWY SUITE 102 ARLINGTON, TX 76010 Fax (817) 299-0630 Administrator ELAINE NGUYEN	12/22/2010	Owner Information TRUECARE DFW INC 1816 JOCYLE ST ARLINGTON, TX 76010 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 020259 Lic Expire 10/22/2022	Region 03 Date Licensed TRUECARE HOME SERVICES, LLC 12720 RED CEDAR DRIVE	10/22/2020	Owner Information TRUECARE HOME SERVICES, LLC
Medicare 1: Medicare 2:	EULESS, TX 76040		PHONE: FAX:
Phone (609) 510-7982 Type: Parent Agency	Fax Administrator FUNMILAYO ADEYINKA		Services: Personal Assistance Services
County TARRANT License # 020582 Lic Expire 3/10/2024	Region 03 Date Licensed UNIQUE HOME CARE SERVICES, INC 8124 MODESTO DRIVE	03/10/2021	Owner Information UNIQUE HOME CARE SERVICES, INC
Medicare 1: Medicare 2:	ARLINGTON, TEXAS 76001		PHONE: FAX:
Phone (281) 989-8293 Type: Parent Agency	Fax (682) 222-7277 Administrator DR. VICTOR AKHIDENOR		Services: Personal Assistance Services
County TARRANT License # 017574 Lic Expire 5/31/2022 Medicare 1: 677842	Region 03 Date Licensed UNITED HOME HEALTHCARE LLC 6401 SEAFORD RD ARLINGTON, TX 76001	05/16/2016	Owner Information UNITED HOME HEALTHCARE LLC 6401 SEAFORD RD ARLINGTON, TX 76001
Medicare 2: Phone (817) 659-2225 Type: Parent Agency	Fax (817) 659-2223 Administrator NICOLE TRINH		PHONE: FAX: Services: Licensed and Certified Home Health Services
County TARRANT License # 006647 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (817) 451-1404	Region 03 Date Licensed UNIVERSAL HEALTH SERVICES 5651 BRIDGE STREET FORT WORTH, TEXAS 76112 Fax (817) 451-2204	04/06/2006	Owner Information WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC 1208 COUNTRY CLUB LANE FORT WORTH, TX 76112 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator ANA ANA NACCARATO		In-Patient Hospice: NO
County TARRANT License # 006531 Lic Expire 12/31/2021 Medicare 1: 458238 HHA-18 Medicare 2:	Region 03 Date Licensed UNIVERSAL HEALTH SERVICES 1208 COUNTRY CLUB LANE STE #B FORT WORTH, TX 76112	01/01/1998	Owner Information WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC 1208 COUNTRY CLUB LANE FORT WORTH, TX 76112 PHONE: FAX:
Phone (817) 451-1404	Fax (817) 451-5029		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ANA NACCARATO		Personal Assistance Services
County TARRANT License # 006647 Lic Expire 8/31/2022 Medicare 1: 451679 HOSPICE	Region 03 Date Licensed UNIVERSAL HEALTH SERVICES 1208 COUNTRY CLUB LANE STE #C FORT WORTH, TX 76112	08/27/1998	Owner Information WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC 1208 COUNTRY CLUB LANE FORT WORTH, TX 76112
Medicare 2: Phone (817) 451-1404	Fax (817) 451-2204		PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator ANA NACCARATO		In-Patient Hospice: NO

County TARRANT License # 006848 Lic Expire 8/31/2021 Medicare 1: Medicare 2: Phone (817) 451-1404 Type: Parent Agency	Region 03 Date Licensed 09/01/1998 UNIVERSAL STAFFING INC 1208 COUNTRY CLUB LANE #D FORT WORTH, TX 76112 Fax (817) 451-2204 Administrator ANA NACCARATO	Owner Information UNIVERSAL STAFFING INC 1208 COUNTRY CLUB LANE SUITE 204 FORT WORTH, TX 76112 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 009618 Lic Expire 11/30/2022 Medicare 1: 679473 HHA-18 Medicare 2: Phone (817) 268-0041	Region 03 Date Licensed 12/01/2004 US HOME HEALTH CARE INC 117 W BEDFORD EULESS ROAD HURST, TX 76053 Fax (817) 285-8847	Owner Information US HOME HEALTH CARE INC SAME AS ABOVE HURST, TX 76053 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County TARRANT License # 019580 Lic Expire 9/5/2023 Medicare 1: Medicare 2: Phone (469) 982-3072 Type: Parent Agency	Administrator ABIGAIL UDEME Region 03 Date Licensed 09/05/2019 UU HEALTHCARE INC 2835 MARIPOSA DRIVE GRAND PRAIRIE, TX 75054 Fax (469) 999-0888 Administrator MACIA MICHEAL	Owner Information UU HEALTHCARE INC 2835 MARIPOSA DRIVE GRAND PRAIRIE, TX 75054 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 010434 Lic Expire 5/31/2024 Medicare 1: 679699 HHA-18 Medicare 2: Phone (817) 557-1642	Region 03 Date Licensed 05/04/2006 VANA HOME HEALTH INC 2638 AERO DRIVE GRAND PRAIRIE, TX 75052 Fax (817) 987-2724	Owner Information VANA HOME HEALTH INC 2638 AERO DRIVE GRAND PRAIRIE, TX 75052 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County TARRANT License # 018412 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (817) 405-6274 Type: Parent Agency	Administrator VERONIQUE NJOTU Region 03 Date Licensed 10/30/2017 VIRTUOUS HEALTH SERVICES LLC 3901 ARLINGTON HIGHLANDS BLVD., SUITE 247 ARLINGTON, TEXAS 76018 Fax (817) 779-7445 Administrator ENGGA MICKENS	Owner Information VIRTUOUS HEALTH SERVICES, LLC 3901 ARLINGTON HIGHLANDS BLVD. STE. 200 ARLINGTON, TEXAS 76018 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 016587 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (817) 877-1616 Type: Parent Agency	Region 03 Date Licensed 07/24/2014 VISITING ANGELS 1020 SUMMIT AVE FORT WORTH, TX 76102 Fax (817) 394-7994 Administrator DALE BROCK	Owner Information DWB PARTNERS LLC PO BOX 672 FORT WORTH, TX 76101 PHONE: FAX: Services: Personal Assistance Services
County TARRANT License # 016670 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (817) 684-1996 Type: Parent Agency	Region 03 Date Licensed 07/30/2014 VISITING ANGELS 630 E SOUTHLAKE BLVD, #135 SOUTHLAKE, TX 76092 Fax (817) 310-0517 Administrator DALE BROCK	Owner Information DWB PARTNERS LLC PO BOX 672 FORT WORTH, TX 76101 PHONE: FAX: Services: Personal Assistance Services

County TARRANT License # 017248 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (817) 952-3223 Type: Parent Agency	Region 03 Date Licensed VISITING ANGELS HEB 1550 NORWOOD DRIVE SUITE #101 HURST, TX 76054 Fax (817) 952-3225 Administrator GREGORY MOON	02/01/2016	Owner Information M&E SENIOR SOLUTIONS, LLC 7001 TAMARACK ROAD FORT WORTH, TX 76116 PHONE: Services: Personal Assistance Services	FAX:
County TARRANT License # 011402 Lic Expire 3/31/2020 Medicare 1: Medicare 2: Phone (817) 795-6316 Type: Parent Agency	Region 03 Date Licensed VISITING ANGELS OF ARLINGTON 1601 E LAMAR BLVD SUITE 109 ARLINGTON, TX 76011 Fax (817) 795-6318 Administrator JULIE AMENDOLA	06/18/2007	Owner Information SENIOR ADVANTAGE HOME CARE INC 1601 E LAMAR BLVD STE 109 ARLINGTON, TX 76011 PHONE: Services: Personal Assistance Services	FAX:
County TARRANT License # 020853 Lic Expire 6/24/2024 Medicare 1: Medicare 2: Phone (817) 375-2010 Type: Parent Agency	Region 03 Date Licensed VITALS HEALTHCARE SERVICES, INC 1920 ROSELLE COURT ARLINGTON, TEXAS 76018 Fax (817) 375-2011 Administrator MUNIRAT BALOGUN	06/24/2021	Owner Information VITALS HEALTHCARE SERVICES, INC 1920 ROSELLE COURT ARLINGTON, TEXAS 76018 PHONE: Services: Personal Assistance Services	FAX:
County TARRANT License # 006982 Lic Expire 11/30/2022 Medicare 1: 451553 HOSPICE Medicare 2: Phone (817) 870-7070	Region 03 Date Licensed VITAS HEALTHCARE OF TEXAS LP 6100 WESTERN PLACE SUITE 800 FORT WORTH, TX 76107 Fax (817) 870-7090	12/01/1998	Owner Information VITAS HEALTHCARE OF TEXAS LP PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency County TARRANT License # 012429 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (817) 564-0107 Type: Branch Agency	Administrator STEVEN WELKER Region 03 Date Licensed VIVA PEDIATRICS 6100 WESTERN PLACE STE #320 FORT WORTH, TX 76107 Fax (817) 546-8097 Administrator JOSH STRANGE	11/08/2012	Owner Information VIVA MEDICAL GROUP LLC 3400 WATERVIEW PARKWAY, SUITE 115 RICHARDSON, TX 75080 PHONE: Services: Licensed Home Health Services	FAX:
County TARRANT License # 012429 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (817) 564-0107 Type: Branch Agency	Region 03 Date Licensed VIVA PEDIATRICS 6100 WESTERN PLACE STE #320 FORT WORTH, TX 76107 Fax (817) 546-8097 Administrator JOSH STRANGE	11/08/2012	Owner Information VIVA MEDICAL GROUP LLC 3400 WATERVIEW PARKWAY, SUITE 115 RICHARDSON, TX 75080 PHONE: Services: Licensed Home Health Services	FAX:
County TARRANT License # 015797 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (817) 299-8888 Type: Parent Agency	Region 03 Date Licensed VN HOME HEALTH CARE 124 W PIONEER PKWY SUITE #130 ARLINGTON, TX 76010 Fax (817) 288-0899 Administrator TOMMY KHONG	10/04/2013	Owner Information VIETWELL CORPORATION 124 W PIONEER PKWY SUITE #130 ARLINGTON, TX 76010 PHONE: Services: Personal Assistance Services	FAX:

County TARRANT License # 004131 Lic Expire 11/30/2021 Medicare 1: Medicare 2: Phone (817) 529-7359 Type: Parent Agency	Region 03 Date Licensed 11/30/1995 VOLUNTEERS OF AMERICA TEXAS INC 300 E MIDWAY DR EULESS, TX 76039 Fax (817) 571-7527 Administrator ERICA SMITH	Owner Information VOLUNTEERS OF AMERICA TEXAS INC 300 E MIDWAY DRIVE EULESS, TX 76039 PHONE: (817) 529-7300 FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 020540 Lic Expire 2/12/2023 Medicare 1: Medicare 2:	Region 03 Date Licensed 02/12/2021 WATERMARK AT HOME 5301 BRYANT IRVIN RD FORT WORTH, TEXAS 76132 Fax	Owner Information WATERMARK BROADWAY CITYVIEW, LLC 2020 W RUDASILL RD. TUCSON, ARIZONA 85704 PHONE: FAX:
Phone (817) 294-2280 Type: Parent Agency	Administrator CRYSTAL TACHELL	Services: Personal Assistance Services
County TARRANT License # 020330 Lic Expire 11/19/2022 Medicare 1:	Region 03 Date Licensed 11/19/2020 WHHC 602 LITTLE CREEK DRIVE DUNCANVILLE, TX 75116	Owner Information WHHC LLC
Medicare 2:		PHONE: FAX:
Phone (817) 312-4390	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator LASHUN WILLIAMS	
County TARRANT License # 009253 Lic Expire 6/30/2022 Medicare 1:	Region 03 Date Licensed 07/01/2004 WILCARE DALLAS INC 624 MATLOCK CENTRE CIR #A ARLINGTON, TX 76015	Owner Information WILCARE DALLAS INC 624 MATLOCK CENTRE CIR ARLINGTON, TX 76015
Medicare 2:	Eov. (917) 977 1909	PHONE: FAX:
Phone (817) 277-0210 Type: Parent Agency	Fax (817) 277-1208 Administrator ANDY PHAM	Services: Licensed Home Health Services; Personal Assistance Services
County TARRANT License # 019816 Lic Expire 2/10/2022 Medicare 1:	Region 03 Date Licensed 02/10/2020 WINGS OF FAITH LLC 6100 PATHWAY COURT ARLINGTON, TEXAS 76016	Owner Information WINGS OF FAITH LLC
Medicare 2:	ANLINOTON, TEXAS 70010	PHONE: FAX:
Phone (817) 455-6008	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator BELINDA DIAZ	
County TARRANT License # 020040 Lic Expire 7/7/2022 Medicare 1:	Region 03 Date Licensed 07/07/2020 WITHGRACE CARE SERVICES LLC 120 WANDA WAY SUITE 205 HURST TEXAS 76053	Owner Information WITHGRACE CARE SERVICES LLC
License # 020040	WITHGRACE CARE SERVICES LLC	
License # 020040 Lic Expire 7/7/2022 Medicare 1:	WITHGRACE CARE SERVICES LLC 120 WANDA WAY SUITE 205	WITHGRACE CARE SERVICES LLC
License # 020040 Lic Expire 7/7/2022 Medicare 1: Medicare 2:	WITHGRACE CARE SERVICES LLC 120 WANDA WAY SUITE 205 HURST, TEXAS 76053	WITHGRACE CARE SERVICES LLC PHONE: FAX:
License # 020040 Lic Expire 7/7/2022 Medicare 1: Medicare 2: Phone (817) 349-2723	WITHGRACE CARE SERVICES LLC 120 WANDA WAY SUITE 205 HURST, TEXAS 76053 Fax (817) 518-9463	WITHGRACE CARE SERVICES LLC PHONE: FAX:
License # 020040 Lic Expire 7/7/2022 Medicare 1: Medicare 2: Phone (817) 349-2723 Type: Parent Agency County TAYLOR License # 003467 Lic Expire 1/31/2025	WITHGRACE CARE SERVICES LLC 120 WANDA WAY SUITE 205 HURST, TEXAS 76053 Fax (817) 518-9463 Administrator NANCY TWESIGE Region 01 Date Licensed 01/10/1997 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS 3303 N 3RD STREET SUITE A	WITHGRACE CARE SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information NURSES UNLIMITED INC P. O BOX 4534
License # 020040 Lic Expire 7/7/2022 Medicare 1: Medicare 2: Phone (817) 349-2723 Type: Parent Agency County TAYLOR License # 003467 Lic Expire 1/31/2025 Medicare 1:	WITHGRACE CARE SERVICES LLC 120 WANDA WAY SUITE 205 HURST, TEXAS 76053 Fax (817) 518-9463 Administrator NANCY TWESIGE Region 01 Date Licensed 01/10/1997 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS	WITHGRACE CARE SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information NURSES UNLIMITED INC P. O BOX 4534 ODESSA, TX 79760
License # 020040 Lic Expire 7/7/2022 Medicare 1: Medicare 2: Phone (817) 349-2723 Type: Parent Agency County TAYLOR License # 003467 Lic Expire 1/31/2025	WITHGRACE CARE SERVICES LLC 120 WANDA WAY SUITE 205 HURST, TEXAS 76053 Fax (817) 518-9463 Administrator NANCY TWESIGE Region 01 Date Licensed 01/10/1997 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS 3303 N 3RD STREET SUITE A	WITHGRACE CARE SERVICES LLC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services Owner Information NURSES UNLIMITED INC P. O BOX 4534

County TAYLOR	Region 01 Date Licensed 01/10/1997	Owner Information
License # 003467	ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES	NURSES UNLIMITED INC
Lic Expire 1/31/2025	OF TEXAS 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	
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	F. O DOA 4304
Medicare 1:	ABILENE, TX 79603	ODESSA, TX 79760
Medicare 2:		PHONE: 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
Lic Expire 10/31/2021	4644 S. TREADAWAY BLVD, FLOOR 1	CHARLOTTESVILLE, VA 22903
Medicare 1: Medicare 2:	ABILENE, TX 79602	PHONE: FAX:
Phone (325) 283-2840	Fax (325) 283-2841	
,	, ,	Services: Hospice In-Patient Hospice: NO
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
Lic Expire 1/31/2023	1961 INDUSTRIAL BLVD	1002 S ABE STREET SUITE B
Medicare 1:	ABILENE, TX 79602	SAN ANGELO, TX 76903
Medicare 2: Phone (325) 690-0063	Env. (225) 600 0640	PHONE: FAX:
Phone (325) 690-0063 Type: Branch Agency	Fax (325) 690-0640 Administrator SHANNON GEBAUER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
······································		Owner Information
County TAYLOR	Region 03 Date Licensed 10/18/2010	AOC TX, LLC
License # 010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	P O BOX 338
Lic Expire 8/31/2022 Medicare 1:	2585 S DANVILLE ABILENE, TX 79605	HOWE, TX 75459
Medicare 2:	ABLEILE, IA 1888	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	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC
Lic Expire 8/31/2022	2585 S DANVILLE	P O BOX 338
Medicare 1:	ABILENE, TX 79605	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	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC
Lic Expire 8/31/2022	2585 S DANVILLE	P 0 BOX 338
Medicare 1:	ABILENE, TX 79605	HOWE, TX 75459
Medicare 2: Phone (325) 690-0583	Fax (903) 532-1401	PHONE: FAX:
,		Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	

County TAYLOR License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (325) 690-0583 Type: Branch Agency	Region 03 Date Licensed 10/18/2010 ANGELS OF CARE PEDIATRIC HOME HEALTH 2585 S DANVILLE ABILENE, TX 79605 Fax (903) 532-1401 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 TAYLOR License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (325) 690-0583	Region 03 Date Licensed 10/18/2010 ANGELS OF CARE PEDIATRIC HOME HEALTH 2585 S DANVILLE ABILENE, TX 79605 Fax (903) 532-1401	Owner Information AOC TX, LLC P 0 BOX 338 HOWE, TX 75459 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	Owner Information
County TAYLOR License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 10/18/2010 ANGELS OF CARE PEDIATRIC HOME HEALTH 2585 S DANVILLE ABILENE, TX 79605	AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX:
Phone (325) 690-0583 Type: Branch Agency	Fax (903) 532-1401 Administrator HEATHER RODGERS	Services: Licensed Home Health Services; Personal Assistance Services
County TAYLOR License # 010529 Lic Expire 6/30/2022 Medicare 1: 679576 HHA-18 Medicare 2:	Region 01 Date Licensed 06/13/2006 BIG COUNTRY HEALTHCARE SERVICES 749 GATEWAY ST. BUILDING F SUITE 702 ABILENE, TX 79602	Owner Information BIG COUNTRY HEALTHCARE SERVICES 286 PACK SADDLE PASS ABILENE, TX 79602 PHONE: FAX:
Phone (325) 675-0559 Type: Parent Agency	Fax (325) 675-0591 Administrator SCOTT ROBINSON	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TAYLOR License # 002242 Lic Expire 9/30/2022 Medicare 1: 457383 HHA-18 Medicare 2:	Region 01 Date Licensed 09/13/1991 CAPROCK HOME HEALTH SERVICES INC 749 GATEWAY STREET SUITE 101 ABILENE, TX 79602	Owner Information CAPROCK HOME HEALTH SERVICES INC 8806 UNIVERSITY AVENUE LUBBOCK, TX 79423 PHONE: FAX:
Phone (325) 672-2264 Type: Parent Agency	Fax (325) 672-5575 Administrator SHANNON STEIGLEDER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TAYLOR License # 020932 Lic Expire 7/23/2024 Medicare 1:	Region 01 Date Licensed 07/23/2021 CARING SENIOR SERVICE ABILENE 310 N. WILLIS STREET SUITE 216 ABILENE, TEXAS 79603	Owner Information BB20 ENTERPRISES LLC
Medicare 2:		PHONE: FAX:
Phone (830) 377-7019 Type: Parent Agency	Fax Administrator RICHARD PERRY	Services: Personal Assistance Services
County TAYLOR License # 015680 Lic Expire 7/31/2023 Medicare 1:	Region 01 Date Licensed 08/01/2013 EDUCARE COMMUNITY LIVING CORPORATION TEXAS 749 GATEWAY SUITE B 202 ABILENE, TEXAS 79602	Owner Information EDUCARE COMMUNITY LIVING CORPORATION TEXAS 9901 LINN STATION ROAD LOUISVILLE, KY 40223
Medicare 2:		PHONE: (502) 394-2100 FAX: (502) 394-2369

County TAYLOR License # 011268 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (325) 692-4403 Type: Parent Agency	Region 01 Date Licensed ELARA CARING 749 GATEWAY STREET SUITE 502 BUILDING ABILENE, TX 79602 Fax (325) 695-5226 Administrator TRICIA BALLARO	04/01/2007 G E	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 License # 010716 Lic Expire 5/31/2024 Medicare 1: 679184 HHA-18 Medicare 2:	Region 01 Date Licensed ENCOMPASS HEALTH HOME HEALTH ONE VILLAGE DRIVE, SUITE 200 ABILENE, TEXAS 79606	06/01/2006	Owner Information EH OF WEST TEXAS, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS PHONE: FAX:
Phone 325 6953888 Type: Parent Agency	Fax 325 6955044 Administrator DANA WHITE		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County TAYLOR License # 020023 Lic Expire 6/30/2022 Medicare 1: 971636 Medicare 2: Phone 325 2660260	Region 01 Date Licensed ENCOMPASS HEALTH HOSPICE ONE VILLAGE DRIVE, SUITE 200A ABILENE, TEXAS 79606 Fax 325 4803195 Administrator SHERRY WEAVER	06/30/2020	Owner Information EH OF WEST TEXAS, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County TAYLOR License # 009922 Lic Expire 8/31/2023 Medicare 1: 457924 HHA-18 Medicare 2: Phone (325) 690-5913 Type: Parent Agency	Region 01 Date Licensed GENERATIONS HOME HEALTH 1290 SOUTH WILLIS SUITE 209 ABILENE, TX 79605 Fax (325) 690-1890 Administrator SHIRLEY SPARKS	08/25/2005	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 License # 002613 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (325) 670-2273 Type: Alternate Delivery Site	Region 01 Date Licensed HENDRICK HOSPICE CARE INC 1651 PINE STREET ABILENE, TX 79601 Fax (325) 670-3233 Administrator KAREN TUCEK	10/11/2001	Owner Information HENDRICK HOSPICE CARE, INC PO BOX 1922 ABILENE, TX 79604 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TAYLOR License # 002613 Lic Expire 8/31/2022 Medicare 1: 451539 HOSPICE Medicare 2: Phone (325) 670-2273 Type: Parent Agency	Region 01 Date Licensed HENDRICK HOSPICE CARE INC 1651 PINE STREET ABILENE, TX 79601 Fax (325) 670-3233 Administrator KAREN TUCEK	09/01/1993	Owner Information HENDRICK HOSPICE CARE, INC PO BOX 1922 ABILENE, TX 79604 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County TAYLOR License # 001638 Lic Expire 7/31/2023 Medicare 1: 457761 HHA-18 Medicare 2: Phone (325) 670-2490 Type: Parent Agency	Region 01 Date Licensed HENDRICK HOUSECALLS 1393 AMBLER STREET ABILENE, TX 79601 Fax (325) 677-5643 Administrator DONNA SPECKELS	03/29/1985	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

County TAYLOR License # 017352 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (325) 670-9610 Type: Parent Agency	Region 01 Date Licensed HOME INSTEAD SENIOR CARE 441 LONE STAR DR ABILENE, TX 79602 Fax (325) 670-9611 Administrator CRYSTAL PARKER	10/29/2015	Owner Information HI FORT WORTH, LLC 13323 CALIFORNIA STREET OMAHA, NEBRASKA 68154 PHONE: FAX: Services: Personal Assistance Services
County TAYLOR License # 007488 Lic Expire 6/30/2023 Medicare 1: 451558 HOSPICE Medicare 2: Phone (325) 793-5450	Region 01 Date Licensed HOSPICE OF THE BIG COUNTRY 4601 HARTFORD ABILENE, TX 79605 Fax (325) 793-5459	07/01/2000	Owner Information THE WEST TEXAS REHABILITATION CENTER 4601 HARTFORD ABILENE, TEXAS 79605 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County TAYLOR License # 010522 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (325) 677-2047 Type: Alternate Delivery Site	Administrator ANGELA LANE Region 01 Date Licensed INTERIM HOSPICE OF WEST TEXAS 4400 BUFFALO GAP ROAD, STE 2500 ABILENE, TX 79606 Fax (325) 677-9150 Administrator BRANDI LARSON	03/11/2011	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 TAYLOR License # 017913 Lic Expire 8/31/2022 Medicare 1: 679193 HHA-18 Medicare 2: Phone (325) 672-6135	Region 01 Date Licensed KINDER HEARTS HOME HEALTH 842 NORTH MOCKINGBIRD LANE ABILENE, TX 79603 Fax (325) 437-0355	09/01/2016	Owner Information EUREKA HEALTHCARE, INC 27101 PUERTA REAL SUITE 450 MISSION VIEJO, CA 92691 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County TAYLOR License # 017766 Lic Expire 8/31/2022 Medicare 1: 671790 HOSPICE Medicare 2: Phone (325) 672-6135 Type: Parent Agency	Administrator JONATHAN JONES Region 01 Date Licensed KINDER HEARTS HOSPICE 842 NORTH MOCKINGBIRD LANE ABILENE, TX 79603 Fax (325) 437-0355 Administrator JONATHAN TRAVIS JONES	09/01/2016	Owner Information EUREKA HEALTHCARE, INC 27101 PUERTA REAL SUITE 450 MISSION VIEJO, CA 92691 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TAYLOR License # 018608 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (325) 695-1962 Type: Parent Agency	Region 01 Date Licensed KINDRED AT HOME 4400 BUFFALO GAP ROAD, SUITE 2400 ABILENE, TEXAS 79606 Fax (325) 695-0225 Administrator JUSTIN GILBERT	02/09/2018	Owner Information INTEGRACARE INTERMEDIATE HOLDINGS, INC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213-2696 PHONE: FAX: Services: Personal Assistance Services
County TAYLOR License # 012710 Lic Expire 7/31/2023 Medicare 1: 747379 HHA-18 Medicare 2: Phone (325) 691-9947 Type: Parent Agency	Region 01 Date Licensed KINDRED AT HOME 100 CHESTNUT STREET ABILENE, TEXAS 79602 Fax (325) 698-6657 Administrator SHANDRA CHAPMAN	07/16/2009	Owner Information INTEGRACARE INTERMEDIATE HOLDINGS, INC 12900 FOSTER SUITE 400 OVERLAND PARK, KS 66213-2696 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County TAYLOR License # 014755 Lic Expire 2/28/2024 Medicare 1: 451751 HOSPICE Medicare 2: Phone (325) 691-9948 Type: Parent Agency County TAYLOR License # 007334 Lic Expire 5/31/2024 Medicare 1:	Region 01 Date Licensed KINDRED HOSPICE 4400 BUFFALO GAP RD, SUITE 1200 ABILENE, TEXAS 796068717 Fax (325) 793-9203 Administrator JAMYE HUFFMAN Region 01 Date Licensed OUTREACH HOME CARE 102 S WASHINGTON STREET SEYMOUR, TX 76380	03/01/2012	Owner Information INTEGRACARE HOSPICE OF ABILENE LLC P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information OUTREACH HEALTH COMMUNITY CARE SERVICES, LP 1919 S SHILOH RDSTE 102 LB 28 GARLAND, TX 75042
Medicare 1:	OLTWOON, TX 70000		PHONE: FAX: (972) 792-6739
Phone 940 8885586	Fax 940 8885743		Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator BRANDI LOVE		
County TAYLOR License # 007334 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (325) 676-2281 Type: Parent Agency	Region 01 Date Licensed OUTREACH HOME CARE 409 NORTH WILLIS ABILENE, TX 79603 Fax (325) 676-1469 Administrator SUE BRUNSON	06/01/2000	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 TAYLOR License # 018251 Lic Expire 5/31/2023 Medicare 1: 747859 HHA-18 Medicare 2: Phone (325) 692-9100 Type: Parent Agency	Region 01 Date Licensed RENEW HOME HEALTH 6382 BUFFALO GAP RD. STE C ABILENE, TX 79606 Fax (325) 692-9102 Administrator JAMES CURTIS	05/25/2017	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
<u></u>			Owner Information
County TAYLOR License # 021121 Lic Expire 10/12/2024 Medicare 1: Medicare 2: Phone (325) 676-7208	Region 01 Date Licensed TEXAS HOME HEALTH OF AMERICA 3303 N. 3RD STREET, SUITE A ABILENE, TX 79603 Fax	10/12/2021	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
Type: Parent Agency	Administrator ELIZABETH LAWSON		Ourse left medice
County TAYLOR License # 019451 Lic Expire 6/27/2023 Medicare 1: 747992 HHA Medicare 2:	Region 01 Date Licensed THERACARE SERVICES, LLC 209 S. DANVILLE DR., SUITE C100 ABILENE, TX 79605	06/27/2019	Owner Information THERACARE SERVICES, LLC PHONE: FAX:
Phone (325) 480-8020 Type: Parent Agency	Fax (888) 958-2089 Administrator RAMIL PABLICO		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TAYLOR License # 018408 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (325) 704-4474 Type: Parent Agency	Region 01 Date Licensed TOUCHING HEARTS AT HOME 3926 S. TREADAWAY BLVD. STE. A-1 ABILENE, TEXAS 79602 Fax (325) 704-4476 Administrator STEVEN CUNNINGHAM	10/27/2017	Owner Information SSKP, LLC 4601 BUFFALO GAPE RD, STE B-3 ABILENE, TEXAS 79606 PHONE: FAX: Services: Personal Assistance Services

County TAYLOR License # 011817 Lic Expire 1/31/2022 Medicare 1: Medicare 2: Phone (325) 437-9500 Type: Parent Agency County TERRELL License # 021094 Lic Expire 10/1/2024 Medicare 1:	Region 01 Date Licensed 01/14/2008 VISITING ANGELS 4090 S. DANVILLE DR., STE. A ABILENE, TX 79605 Fax (325) 437-9501 Administrator BRITTNEY GILLIAM Region 01 Date Licensed 10/01/2021 MIRACLE WORKER HOME CARE LLC 128 JACKSON DRIVE TERRELL, TEXAS 75160	Owner Information CREIGHTOR INC 4090 S. DANVILLE DR. STE A ABILENE, TX 79605 PHONE: FAX: Services: Personal Assistance Services Owner Information MIRACLE WORKER HOME CARE LLC
Medicare 2:		PHONE: FAX:
Phone (214) 714-8400	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator BELINDA MARSH	
County TERRY License # 002205 Lic Expire 4/30/2022 Medicare 1: 677415 HHA-18 Medicare 2: Phone (806) 637-0063	Region 01 Date Licensed 04/12/1991 BRMC HOME CARE 801 E. TAHOKA RD BROWNFIELD, TX 79316 Fax (806) 637-1032	Owner Information TERRY MEMORIAL HOSPITAL DISTRICT 705 EAST FELT BROWNFIELD, TX 79316 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JERRY JASPER	
County TERRY License # 007781 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (806) 637-4448	Region 01 Date Licensed 06/07/2011 INTERIM HEALTHCARE OF WEST TEXAS LLC 1119 EAST TAHOKA ROAD BROWNFIELD, TEXAS 793163821 Fax (806) 637-4485	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
Type: Branch Agency	Administrator ASHLEY MCPHAIL	
County TERRY License # 010522 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (806) 637-4448	Region 01 Date Licensed 05/31/2011 INTERIM HOSPICE OF WEST TEXAS 1119 EAST TAHOKA ROAD BROWNFIELD, TX 79316 Fax (806) 637-4485	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator BRANDI LARSON	
County TITUS License # 017835 Lic Expire 10/31/2022 Medicare 1:	Region 04 Date Licensed 10/31/2016 AVEANNA HEALTHCARE 508 SOUTH JEFFERSON AVENUE MOUNT PLEASANT, TX 75455	Owner Information AB INNOVATIONS HEALTH SERVICES 400 INTERSTATE NORTH PARKWAY SE, SUITE 1600 ATLANTA, GA 30339
Medicare 2:	-	PHONE: (430) 222-0079 FAX:
Phone (430) 222-0079	Fax (903) 717-3102	Services: Licensed Home Health Services
Type: Parent Agency	Administrator VICENTE VILLARREAL	
County TITUS License # 007990 Lic Expire 6/30/2023 Medicare 1:	Region 04 Date Licensed CHAMBERS HOME HEALTH AGENCY OF NORTHEAST TEXAS CO 103 W. 17TH ST. MOUNT PLEASANT, TX 75455	Owner Information CHAMBERS HOME HEALTH AGENCY OF NORTHEAST TEXAS COMPANY P O BOX 1820 MOUNT PLEASANT, TX 75456-1820
Medicare 2:	Fav. (002) 205 4770	PHONE: FAX:
Phone (903) 224-8289	Fax (903) 385-4779 Administrator MELISSA CHAMPEDS	Services: Personal Assistance Services

Type: Branch Agency

Administrator

MELISSA CHAMBERS

County TITUS License # 007990	Region 04 Date Licensed 06/28/2002 CHAMBERS HOME HEALTH AGENCY OF NORTHEAST TEXAS COMPANY	Owner Information CHAMBERS HOME HEALTH AGENCY OF NORTHEAST TEXAS COMPANY P O BOX 1820
Lic Expire 6/30/2023	201 W 20TH ST., SUITE 102	MOUNT DIFACANT TV 7747C 4000
Medicare 1: 679171 HHA-18	MOUNT PLEASANT, TX 75455	MOUNT PLEASANT, TX 75456-1820
Medicare 2:	F 002 5700447	PHONE: FAX:
Phone 903 5729700	Fax 903 5722447 Administrator MELISSA CHAMBERS	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 CCD HOSPICE MP, LLC
License # 017788	CHAMBERS HOSPICE	201 W. 20TH STREET, SUITE 101
Lic Expire 12/31/2022	201 W. 20TH STREET, SUITE 101	MOUNT PLEASANT, TX 75455
Medicare 1: 741684 HOSPICE	MOUNT PLEASANT, TEXAS 75455	
Medicare 2: Phone 903 5723777	Fax 903 5733779	
1110110 300 0720777	1 th 300 0700773	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator KELLY DALE	an additional and
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:	Fav. (000) 200 F004	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:	Eq. (002) 575 0117	PHONE: FAX:
Phone (903) 575-9111 Type: Alternate Delivery Site	Fax (903) 575-9117 Administrator CHRISTINE BLACK	Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
••		Output Information
County TITUS	Region 04 Date Licensed 07/01/2008	Owner Information HNB HOME HEALTH AGENCY INC
License # 012107	HNB HOME HEALTH AGENCY	PO BOX 482
Lic Expire 6/30/2022	406 2ND ST	MOUNT PLEASANT, TX 75456
Medicare 1: 747153 HHA-18	MOUNT PLEASANT, TX 75455	
Medicare 2: Phone (903) 577-5666	Fax (903) 577-5658	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ELIZABETH BROWN	. 5.55. at hodinarios corridos
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County TITUS License # 009235 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed HOSPICE PLUS 302 N JEFFERSON AVENUE SUITE101 MT PLEASANT, TX 754553935	10/05/2015	Owner Information INTERNATIONAL TUTORING SERVICES, LLC
Medicare 2:	_		PHONE: FAX:
Phone (430) 222-2028	Fax (430) 222-2032		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		
County TITUS	Region 03 Date Licensed	10/05/2015	Owner Information INTERNATIONAL TUTORING SERVICES LLC
License # 009235	HOSPICE PLUS		PO BOX 4060 ATTN: REGULATORY
Lic Expire 8/31/2022 Medicare 1:	302 N JEFFERSON AVENUE SUITE101 MT PLEASANT, TX 754553935		MOORESVILLE, NC 28117
Medicare 2:	III I EEAGAWY, IX TO 1000000		PHONE: FAX:
Phone (430) 222-2028	Fax (430) 222-2032		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	HOSPICE PLUS		INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY
Lic Expire 8/31/2022	302 N JEFFERSON AVENUE SUITE101		MOORESVILLE, NC 28117
Medicare 1: Medicare 2:	MT PLEASANT, TX 754553935		PHONE: FAX:
Phone (430) 222-2028	Fax (430) 222-2032		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	KINDRED AT HOME		OUTREACH HEALTH SERVICES OF NORTH TEXAS, LLC
Lic Expire 7/31/2023	106 MORGAN		12900 FOSTER ST # 400 OVERLAND PARK, KS 66213
Medicare 1: 457210 HHA-18	MOUNT PLEASANT, TX 75455		
Medicare 2: Phone (903) 572-8751	Fax (903) 577-0225		
Type: Parent Agency	Administrator LAURA EQUIHUA		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
<u> </u>	Darian 04 Data Liaanaad	10/03/2017	Owner Information
County TITUS License # 016092	Region 04 Date Licensed LESTER DIERKSEN MEMORIAL HOSPICE	10/03/2017	HOSPICE CARE OF TEXAS, LLP
Lic Expire 12/31/2023	2605 W FERGUSON RD		500 FAULCONER DRIVE, STE. 200
Medicare 1: 67-1514	MT PLEASANT, TX 75455		CHARLOTTESVILLE, VA 22903
Medicare 2:			PHONE: FAX:
Phone (903) 572-3204	Fax (903) 572-8827		Services: Hospice
Type: Alternate Delivery Site	Administrator ANNETTE MUGNO		In-Patient Hospice: NO
·· · · · · · · · · · · · · · · · · · ·		04/20/0044	Owner Information
County TITUS License # 016263	Region 04 Date Licensed MAYS HOME HEALTH OF PARIS TX LLC	04/30/2014	
Lic Expire 4/30/2022	1603 W 16TH STREET		
Medicare 1:	MOUNT PLEASANT, TX 75455		
Medicare 2:			PHONE: FAX:
Phone (903) 577-0748	Fax (903) 577-0947		Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Branch Agency	Administrator SHARON HEVRON		Personal Assistance Services
County TITUS	Region 04 Date Licensed	06/16/2017	Owner Information
License # 018405	THRIVE SKILLED PEDIATRIC CARE		P & H HEALTHCARE SOLUTIONS, LLC
Lic Expire 6/30/2024	509 WEST 1ST STREET		701 EDGEWATER DRIVE, SUITE 300
Medicare 1:	MT PLEASANT, TX 75455		WAKEFIELD, MA 1880
Medicare 2:	Eav. (003) 401 8145		PHONE: FAX:
Phone (903) 401-8958	Fax (903) 401-8145		Services: Licensed Home Health Services
Type: Parent Agency	Administrator ALLISON BELGARD		

County TOM GREEN License # 019893 Lic Expire 4/23/2022 Medicare 1: Medicare 2: Phone 432 5225080 Type: Parent Agency	Region 01 Date Licensed 04/23/2020 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 4202 SHERWOOD WAY, SUITE A SAN ANGELO, TX 76904 Fax 432 5225094 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 License # 019268 Lic Expire 2/20/2021 Medicare 1: Medicare 2: Phone (325) 617-2496 Type: Parent Agency	Region 01 Date Licensed 02/20/2019 ANGELO KIDNEY CONNECTION, PLLC 2901 SHERWOOD WAY, SUITE 100 SAN ANGELO, TEXAS 76901 Fax (325) 617-2497 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 License # 009732 Lic Expire 1/31/2023 Medicare 1: 679429 HHA-18 Medicare 2: Phone (325) 655-5099 Type: Parent Agency	Region 01 Date Licensed 01/12/2005 ANGELS CARE HOME HEALTH OF SAN ANGELO 2412 COLLEGE HILLS BLVD STE 220 SAN ANGELO, TX 769048425 Fax (325) 655-5114 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 License # 006924 Lic Expire 1/31/2023 Medicare 1: 458102 HHA-18;45 Medicare 2: Phone (325) 655-7391 Type: Parent Agency	Region 01 Date Licensed 02/01/1999 BAPTIST RETIREMENT COMMUNITY PERSONAL ASSISTANCE SERVICES 902 NORTH MAIN SAN ANGELO, TX 76903 Fax (325) 653-4754 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 License # 002242 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (325) 944-3666 Type: Branch Agency	Region 01 Date Licensed 06/05/2008 CAPROCK HOME HEALTH SERVICES INC 215 S IRVING SAN ANGELO, TX 76903 Fax (325) 944-2033 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 License # 016070 Lic Expire 10/31/2023 Medicare 1: 677824 HHA-18 Medicare 2: Phone (325) 944-8181 Type: Parent Agency	Region 01 Date Licensed 11/01/2013 CARTER HEALTHCARE 2725 SHERWOOD WAY STE 700 SAN ANGELO, TX 76901 Fax (325) 944-8455 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 License # 012503 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (325) 949-0700	Region 01 Date Licensed 03/12/2009 COMFORT KEEPERS #767 3121 EXECUTIVE DRIVE SAN ANGELO, TX 76904 Fax (325) 949-0778	Owner Information 4C2W, LLC 2517 74TH STREET LUBBOCK, TX 79423 PHONE: FAX: Services: Personal Assistance Services

Administrator

Type: Parent Agency

FELISA CARSON

County TOM GREEN License # 020424 Lic Expire 12/31/2022 Medicare 1: 971627 Medicare 2: Phone (325) 482-0129	Region 01 Date Licensed 12/31/2020 CONCHO HEARTS HOSPICE, LLC 2007 W BEAUREGARD AVE SAN ANGELO, TEXAS 76901 Fax (325) 387-8478	Owner Information CONCHO HEARTS HOSPICE LLC 112 BLACK ALDER DR FORT WORTH, TEXAS 76131 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHANDY CHILDS	·
County TOM GREEN License # 008619 Lic Expire 8/31/2022 Medicare 1: 679383 HHA-18 Medicare 2: Phone (324) 944-8916	Region 01 Date Licensed 08/28/2003 CONCHO VALLEY HOME HEALTH CARE 430 W BEAUREGARD AVE STE B SAN ANGELO, TX 76903 Fax (325) 944-8929	Owner Information CONCHO VALLEY HHC OF WEST TEXAS, LLC P O BOX 3274 SAN ANGELO, TEXAS 76902 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ANNIE LOUISE TOWNSEND	
County TOM GREEN License # 015682 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (324) 942-8050 Type: Parent Agency	Region 01 Date Licensed 08/01/2013 EDUCARE COMMUNITY LIVING CORP TEXAS 3324 WEST LOOP 306 SAN ANGELO, TX 76904 Fax 3259490526 and 3259490646 Administrator SUSAN HERNANDEZ	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 TOM GREEN License # 010716 Lic Expire 5/31/2024 Medicare 1:	Region 01 Date Licensed 06/01/2006 ENCOMPASS HEALTH HOME HEALTH 334 W. HIGHLAND BLVD SAN ANGELO, TEXAS 76903	Owner Information EH OF WEST TEXAS, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS
Medicare 2: Phone 325 4860400	Fax 325 4860403 Administrator DANA WHITE	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County TOM GREEN License # 017679 Lic Expire 7/31/2022 Medicare 1: 679469 HHA-18 Medicare 2: Phone (325) 703-2999	Region 01 Date Licensed 07/18/2016 HOME PREFERRED SENIOR CARE 3180 EXECUTIVE DR., SUITE 109 SAN ANGELO, TEXAS 76904 Fax (325) 703-2997	Owner Information HOME PREFERRED SENIOR CARE 9, LLC 3180 EXECUTIVE DRIVE, SUITE 109 SAN ANGELO, TEXAS 76904 PHONE: FAX: Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator SHEILA LONG	
County TOM GREEN License # 019035 Lic Expire 10/24/2022 Medicare 1: 45-1532 (HOSPICE Medicare 2: Phone (325) 658-6524	Region 01 Date Licensed 10/24/2018 HOSPICE OF SAN ANGELO 1933 UNIVERSITY AVE SAN ANGELO, TEXAS 76904 Fax (325) 658-8895	Owner Information THE WEST TEXAS REHABILITATION CENTER 4601 HARTFORD ABILENE, TEXAS 79605 PHONE: FAX: Services: Hospice
Type: Parent Acapay	Administrator AMY NICHOLS	In-Patient Hospice: NO
Type: Parent Agency County TOM GREEN License # 020541 Lic Expire 2/12/2023 Medicare 1: Medicare 2: Phone (325) 300-1490	Region 01 Date Licensed 02/12/2021 INSPIRED COMMUNITY LIVING 2708 UNIVERSITY AVE SAN ANGELO, TEXAS 76904 Fax (325) 313-0808	Owner Information INSPIRED COMMUNITY LIVING 2708 UNIVERSITY AVE SAN ANGELO, TX 76904 PHONE: FAX: Services: Personal Assistance Services

County TOM GREEN License # 010522 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (325) 944-9800	Region 01 Date Licensed INTERIM HOSPICE OF WEST TEXAS 3280 SHERWOOD WAY SAN ANGELO, TX 76901 Fax (325) 223-5140	01/14/2008	Owner Information FALCON SOUTH PLAINS HOSPICE LP 3305 101ST ST STE 100 LUBBOCK, TX 79423 PHONE: () - 0 Services: Hospice In-Patient Hospice: NO	FAX:
Type: Alternate Delivery Site	Administrator BRANDI LARSON		'	
County TOM GREEN License # 008792 Lic Expire 10/31/2022 Medicare 1: 679211 HHA-18 Medicare 2: Phone (325) 658-5550 Type: Parent Agency	Region 01 Date Licensed INTREPID USA HEALTHCARE SERVICES 3310 WEST LOOP 306 SAN ANGELO, TX 76904 Fax (325) 949-5044 Administrator JENNIFER ZAPATA	10/31/2003	Owner Information INTREPID OF WEST TEXAS INC 4055 VALLEY VIEW LANE 5TH FLOOR DALLAS, TX 75244 PHONE: Services: Licensed and Certified Home Health Se	FAX: rvices
County TOM GREEN License # 011731 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (325) 949-1108 Type: Branch Agency	Region 01 Date Licensed KINDRED AT HOME 1518 W BEAUREGARD SAN ANGELO, TX 76901 Fax (325) 944-8712 Administrator MOLLY KENNEDY	11/30/2007	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: Services: Licensed and Certified Home Health Se	FAX: rvices
County TOM GREEN License # 006693 Lic Expire 10/31/2023 Medicare 1: 451697 HOSPICE Medicare 2: Phone (325) 481-0123	Region 01 Date Licensed KINDRED HOSPICE 116 WEST CONCHO AVENUE SAN ANGELO, TX 76903 Fax (325) 481-3211	10/21/1998	Owner Information FAMILY HOSPICE LTD PO BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency County TOM GREEN License # 007334 Lic Expire 5/31/2024 Medicare 1: Medicare 2: Phone (325) 676-2281 Type: Branch Agency	Administrator KRISTEN GAMBLE Region 01 Date Licensed OUTREACH HOME CARE 17 S. CHADBOURNE STREET SUITE 500 SAN ANGELO, TX 76903 Fax (325) 676-1469 Administrator BRANDI LOVE	11/02/2017	Owner Information OUTREACH HEALTH COMMUNITY CARE SER 1919 S SHILOH RDSTE 102 LB 28 GARLAND, TX 75042 PHONE: Services: Licensed Home Health Services; Perso	FAX: (972) 792-6739
County TOM GREEN License # 020175 Lic Expire 9/15/2022 Medicare 1: Medicare 2: Phone (432) 924-7027 Type: Parent Agency	Region 01 Date Licensed OXYATLANTIC HOSPICE, LLC 4001 SUL ROSS STREET # 261 SAN ANGELO, TX 76904 Fax Administrator EVELYN THOMPSON	09/15/2020	Owner Information OXYATLANTIC HOSPICE, LLC 4001 SUL ROSS ST. # 261 SAN ANGELO, TX 76904 PHONE: Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	FAX:
County TOM GREEN License # 012186 Lic Expire 8/31/2024 Medicare 1: 747233 HHA-18 Medicare 2: Phone (325) 655-6600 Type: Parent Agency	Region 01 Date Licensed SAN ANGELO HOME HEALTH 423 S IRVING STREET SAN ANGELO, TX 76903 Fax (325) 655-6602 Administrator JOANNE POYNOR	08/20/2008	Owner Information WEST TEXAS HEALTHCARE LLC 423 S IRVING STREET SAN ANGELO, TX 76903-6940 PHONE: Services: Licensed and Certified Home Health Se	FAX: rvices; Licensed Home Health Services

County TOM GREEN	Region 01 Date Licensed 07/25/1984	Owner Information
License # 003134	SHANNON HOME HEALTH SERVICES	SHANNON MEDICAL CENTER
Lic Expire 7/31/2024	2030 PULLIAM STREET SUITE 6	P O BOX 1876
Medicare 1: 457646 HHA-18	SAN ANGELO, TX 76905	SAN ANGELO, TEXAS 76902
Medicare 2:		PHONE: (915) 653-6741 FAX:
Phone (325) 659-7480	Fax (325) 659-7497	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	Owner Information
License # 007938	SOLARIS HOSPICE INC	SOLARIS HOSPICE, INC
Lic Expire 3/31/2023	5301 KNICKERBOCKER RD. SUITE 100	2250 S FM 51 SUITE 400
Medicare 1:	SAN ANGELO, TX 769047710	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 TOM GREEN	Region 03 Date Licensed	Owner Information
License # 007938	SOLARIS HOSPICE INC	SOLARIS HOSPICE, INC
Lic Expire 3/31/2023	1428 W SOUTHWEST LOOP 323, SUITE A	2250 S FM 51 SUITE 400
Medicare 1: 4624832 (Branch I	TYLER, TEXAS 757032456	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	III-ratient nospice. No
Ozwety TOM ODEEN	Denies 00 Details	Owner Information
County TOM GREEN	Region 03 Date Licensed	SOLARIS HOSPICE, INC
License # 007938	SOLARIS HOSPICE INC	2250 S FM 51 SUITE 400
Lic Expire 3/31/2023	201 S DAUGHERTY AVE	DECATUR, TX 76234
Medicare 1:	EASTLAND, TX 764482607	
Medicare 2: Phone (940) 627-1011	Fax (940) 627-3160	
1110110 (340) 027 1011	1 dx (340) 027 0100	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator LEANNE PETERSON	
County TOM GREEN	Region 01 Date Licensed 03/23/2005	Owner Information
License # 009652	TLC IN HOME CARE INC	TLC IN HOME CARE INC
Lic Expire 3/31/2023	1932 SHERWOOD WAY	1932 SHERWOOD WAY
Medicare 1:	SAN ANGELO, TX 76901	SAN ANGELO, TX 76901
Medicare 2:		PHONE: FAX:
Phone (325) 658-1307	Fax (325) 658-1216	Services: Personal Assistance Services
Type: Parent Agency	Administrator ANGIE CONLEY	
County TRAVIS	Region 05 Date Licensed 06/05/2017	Owner Information
License # 018092	A J PRESTIGE HOME HEALTH CARE LLC	AJ PRESTIGE HOME HEALTH CARE LLC
Lic Expire 12/31/2021	5625 KLEBERG TRAILS	5625 KIEBERG TRAILS
Medicare 1:	AUSTIN, TX 78747	AUSTIN, TX 78747
Medicare 1:	,	PHONE: FAX:
Phone (512) 573-1786	Fax (512) 857-0087	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator GHERRY POLYCARPE	Gervices. Licensed Figure Fleatin Services, Febblial Assistance Services
County TRAVIS	Region 07 Date Licensed 09/15/2014	Owner Information
License # 016567	ABIDING HOME HEALTH LLC	ABIDING HOME HEALTH LLC
License # 010507 Lic Expire 9/30/2022		1011 WESTLAKE DRIVE, STE. 201
Medicare 1:	715 DISCOVERY BLVD, STE 511 CEDAR PARK, TEXAS 78613	AUSTIN, TX 78746
Medicare 1:	OLDINI ANN, ILIANO 10010	PHONE: FAX:
Phone (512) 329-8622	Fax (512) 329-8662	
Type: Branch Agency	Administrator MARTHA CASE BURGESS	Services: Licensed and Certified Home Health Services
. , po. Brailon Agency	IIVII ALVI IIVII II TIIN ONOL DUITOLOO	

County TRAVIS License # 018406 Lic Expire 9/30/2024 Medicare 1: 747786	Region 05 Date Licensed 09/30/2017 ACCENTCARE HOME HALTH OF TEXAS 2512 S IH 35 SUITE 320 AUSTIN, TX 78704	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 2: Phone (512) 326-1679	Fax (512) 326-1683	PHONE: FAX:
		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JENNIFER BROWN	
County TRAVIS	Region 05 Date Licensed 07/29/2015 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES	Owner Information NURSES UNLIMITED INC
License # 016942	OF TEXAS	P. O BOX 4534
Lic Expire 7/31/2023	8140 N MOPAC EXPWY SUITE 150 BLDG 1	ODESSA, TX 79760
Medicare 1: Medicare 2:	AUSTIN, TX 78759	PHONE: FAX:
Phone 512 3809339	Fax 512 3809165	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator REGANALD MACKEY	Cornect. Electrod Figure Floatific Cornect, Forcestal Association Cornect
County TRAVIS License # 007742 Lic Expire 9/30/2022 Medicare 1: 679120 HHA-18	Region 05 Date Licensed 09/28/2001 ACCENTCARE HOME HEALTH OF TEXAS 3520 EXECUTIVE CENTER DRIVE SUITE G100 AUSTIN, TX 78731	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 2:	F (F40) F07 0407	PHONE: FAX:
Phone (512) 343-9690	Fax (512) 527-0407	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DENA BARTZ	
County TRAVIS License # 007742 Lic Expire 9/30/2022 Medicare 1: 679120 HHA-18	Region 05 Date Licensed 09/28/2001 ACCENTCARE HOME HEALTH OF TEXAS 3520 EXECUTIVE CENTER DRIVE SUITE G100 AUSTIN, TX 78731	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 2:		PHONE: FAX:
Phone (512) 343-9690	Fax (512) 527-0407	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DENA BARTZ	
County TRAVIS License # 007587 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (512) 343-9690 Type: Branch Agency	Region 05 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 3520 EXECUTIVE CENTER DRIVE SUITE 165 AUSTIN, TX 78731 Fax (512) 634-1871 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 License # 007587 Lic Expire 3/31/2022 Medicare 1:	Region 05 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 3520 EXECUTIVE CENTER DRIVE SUITE 165 AUSTIN, TX 78731	Owner Information TEXAS HOME HEALTH OF AMERICA, LP 17855 N. DALLAS PKWY, SUITE 200 DALLAS, TEXAS 75287
Medicare 2:		PHONE: FAX:
Phone (512) 343-9690	Fax (512) 634-1871	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator KATHLEEN ELIZONDO	
County TRAVIS License # 007587 Lic Expire 3/31/2022 Medicare 1: Medicare 2:	Region 05 Date Licensed 03/09/2001 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 3520 EXECUTIVE CENTER DRIVE SUITE 165 AUSTIN, TX 78731	Owner Information TEXAS HOME HEALTH OF AMERICA, LP 17855 N. DALLAS PKWY, SUITE 200 DALLAS, TEXAS 75287 PHONE: FAX:
Phone (512) 343-9690	Fax (512) 634-1871	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator KATHLEEN ELIZONDO	Commode. Electrical Frontie Frounti Controlog, Forestrial Assistance Controlog

County TRAVIS License # 011166 Lic Expire 3/31/2024 Medicare 1: 747081 HHA-18 Medicare 2: Phone (512) 252-2280 Type: Parent Agency County TRAVIS License # 123456 Lic Expire 10/1/2022	Region 05 Date Licensed ADVENTIST HOME HEALTH 2401 PECAN STREET WEST, SUITE 202 PFLUGERVILLE, TX 78660 Fax (512) 252-2281 Administrator SABAINAH OGUNRINADE Region 05 Date Licensed AGENCY PROD TEST 123 TEST ONLY	03/20/2007	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 Owner Information HHSC IT USE ONLY NOT FOR PROVIDER USE
Medicare 1:	AUSTIN, TX 78759		
Medicare 2:			PHONE: FAX:
Phone	Fax		Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance
			Services
Type: Parent Agency	Administrator		In-Patient Hospice: NO
County TRAVIS	Region 05 Date Licensed	07/30/2020	Owner Information
License # 020088	AGING IN YOUR OWN HOME LLC		AGING IN YOUR OWN HOME LLC
Lic Expire 7/30/2022	7768 YAUPON DR.		
Medicare 1:	AUSTIN, TX 78759		
Medicare 2:	7,001111, 177, 707,00		PHONE: FAX:
Phone (512) 221-2203	Fax (512) 229-9216		
	,		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator NIVEDITA PANWALKER		
County TRAVIS	Region 05 Date Licensed	10/27/2020	Owner Information
License # 020270	ALAMO HEALTH CARE INC		ALAMO HEALTH CARE INC
Lic Expire 10/27/2022	18821 SHALLOW POND TRAIL		18821 SHALLOW POND TRAIL
Medicare 1:	PFLUGERVILLE, TEXAS 78660		PFLUGERVILLE, TEXAS 78660
Medicare 2:	,		PHONE: FAX:
Phone (512) 551-2616	Fax (512) 551-2147		
Type: Parent Agency	Administrator WILLIAM ASSAMOI		Services: Licensed Home Health Services; Personal Assistance Services
ype. I dient Agency	Administrator WILLIAM AGAMO		
County TRAVIS	Region 05 Date Licensed	12/30/2020	Owner Information
License # 020423	ALRAYAN HOME CARE,LLC		ALRAYAN HOME CARE LLC
Lic Expire 12/30/2022	14010 MACQUARIE DR		
Medicare 1:	PFLUGERVILLE, TEXAS 78660		
Medicare 2:			PHONE: FAX:
Phone (208) 440-9501	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator MOHAMMED ALZAIDI		0011000.1 0000141 100041100 00111000
<u> </u>	D. 1. 25		Owner Information
County TRAVIS	Region 05 Date Licensed		ENVOY HOSPICE, LLC
License # 019773	ALTUS HOSPICE		500 FAULCONER DRIVE, STE. 200
Lic Expire 10/25/2023	2211 SOUTH I-35, SUITE 110		
Medicare 1:	AUSTIN, TEXAS 78741		CHARLOTTESVILLE, VA 22903
Medicare 2:			PHONE: FAX:
Phone (737) 610-5157	Fax (737) 610-5047		Services: Hospice
Type: Alternate Delivery Site	Administrator HEATHER COURTNEY		In-Patient Hospice: NO
······································			Owner Information
County TRAVIS	Region 05 Date Licensed		
License # 019773	ALTUS HOSPICE		ENVOY HOSPICE, LLC
Lic Expire 10/25/2023	2211 SOUTH I-35, SUITE 110		500 FAULCONER DRIVE, STE. 200
Medicare 1:	AUSTIN, TEXAS 78741		CHARLOTTESVILLE, VA 22903
Medicare 2:			PHONE: FAX:
Phone (737) 610-5157	Fax (737) 610-5047		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator HEATHER COURTNEY		<u> </u>

County TRAVIS License # 018046 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (210) 558-9606 Type: Branch Agency County TRAVIS License # 013833 Lic Expire 1/31/2023 Medicare 1: 671753 HOSPICE	Region 07 Date Licensed AMEDISYS HOME HEALTH 9130 JOLLYVILLE ROAD SUITE 330 AUSTIN, TEXAS 78759 Fax Administrator JESSICA RACKLEY Region 05 Date Licensed 01/18/2011 AMEDISYS HOSPICE 9130 JOLLYVILLE RD, STE 170 AUSTIN, TX 787597482	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 Owner Information COMPASSIONATE CARE HOSPICE OF CENTRAL TEXAS, LLC 102 WONDER WORLD DRIVE, SUITE#307 SAN MARCOS, TX 78666
Medicare 2: Phone (512) 393-6003	Fax (512) 393-6007	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator DAVID REICH	
County TRAVIS License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (512) 996-9559 Type: Branch Agency	Region 03 Date Licensed 02/10/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 13915 BURNET ROAD SUITE 303 AUSTIN, TX 78728 Fax (903) 532-1401 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 TRAVIS License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed 02/10/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 13915 BURNET ROAD SUITE 303 AUSTIN, TX 78728	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX:
Phone (512) 996-9559	Fax (903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services
County TRAVIS License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (512) 996-9559	Administrator HEATHER RODGERS Region 03 Date Licensed 02/10/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 13915 BURNET ROAD SUITE 303 AUSTIN, TX 78728 Fax (903) 532-1401	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TRAVIS License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (512) 996-9559 Type: Branch Agency	Administrator HEATHER RODGERS Region 03 Date Licensed 02/10/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 13915 BURNET ROAD SUITE 303 AUSTIN, TX 78728 Fax (903) 532-1401 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 TRAVIS License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (512) 996-9559 Type: Branch Agency	Region 03 Date Licensed 02/10/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 13915 BURNET ROAD SUITE 303 AUSTIN, TX 78728 Fax (903) 532-1401 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 TRAVIS License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (512) 996-9559 Type: Branch Agency	Region 03 Date Licensed 02 ANGELS OF CARE PEDIATRIC HOME HEALTH 13915 BURNET ROAD SUITE 303 AUSTIN, TX 78728 Fax (903) 532-1401 Administrator HEATHER RODGERS	2/10/2011	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TRAVIS License # 016658 Lic Expire 12/31/2022 Medicare 1: 747621 HHA-18 Medicare 2: Phone (512) 476-9600 Type: Parent Agency	Region 05 Date Licensed 12 APRIME MEDICAL HOME HEALTH INC 13419 US HWY 290 E BLDG 11, UNIT B MANOR, TEXAS 78653 Fax (512) 258-3555 Administrator BIBIAN ONUORAH	2/02/2014	Owner Information APRIME MEDICAL HOME HEALTH INC 13419 U.S. HWY 290 EAST BLD#11 UNIT C,D MANOR, TX 78653 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TRAVIS License # 016739 Lic Expire 3/31/2023 Medicare 1: 67Q7154001 Medicare 2: Phone (512) 863-3842 Type: Branch Agency	Region 05 Date Licensed 07 ASCENSION AT HOME 9430 RESEARCH BLVD SUITE 310 AUSTIN, TX 78759 Fax (844) 809-2238 Administrator KATHLEEN CLOYD	7/11/2016	Owner Information SETON HIGHLAND LAKES HOME HEALTH LLC 309 INDUSTRIAL BOULEVARD BURNET, TX 78611 PHONE: FAX: Services: Licensed and Certified Home Health Services
County TRAVIS License # 016739 Lic Expire 3/31/2023 Medicare 1: 67Q7154001 Medicare 2: Phone (512) 863-3842 Type: Branch Agency	Region 05 Date Licensed 07 ASCENSION AT HOME 9430 RESEARCH BLVD SUITE 310 AUSTIN, TX 78759 Fax (844) 809-2238 Administrator KATHLEEN CLOYD	7/11/2016	Owner Information SETON HIGHLAND LAKES HOME HEALTH LLC 309 INDUSTRIAL BOULEVARD BURNET, TX 78611 PHONE: FAX: Services: Licensed and Certified Home Health Services
County TRAVIS License # 013479 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (512) 458-5271 Type: Parent Agency	Region 05 Date Licensed 07 ASHBY PREMIUM HOME CARE 505 E HUNTLAND DRIVE SUITE 190 AUSTIN, TX 78752 Fax (512) 458-2034 Administrator TRISHA ATWATER	7/23/2010	Owner Information ASHBY PHC, LP 505 E HUNTLAND DRIVE SUITE 190 AUSTIN, TX 78752 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 019132 Lic Expire 12/4/2022 Medicare 1: Medicare 2: Phone (512) 522-3865 Type: Parent Agency	Region 05 Date Licensed 12 ASSISTACARE, LLC 19200 WHITE HORSE COVE SPICEWOOD, TEXAS 78669 Fax (518) 690-8157 Administrator BRIE STOCKWELL	2/04/2018	Owner Information ASSISTACARE, LLC 19200, WHITE HORSE COVE SPICEWOOD, TEXAS 78669 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 017603 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (512) 999-7379 Type: Parent Agency	Region 05 Date Licensed 08 ASSISTING HANDS OF WEST AUSTIN 2906 S 1ST ST STE #103 AUSTIN, TX 78704 Fax (210) 446-5053	3/30/2016	Owner Information LESASS LLC 2608 S. 3RD ST. AUSTIN, TX 78704 PHONE: FAX: Services: Personal Assistance Services

Type: Parent Agency

Administrator

EMILY KNOX

County TRAVIS License # 019695 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (737) 222-3898	Region 05 Date Licensed 12/ AUSTIN CARE FOR ELDERLY LLC 16016 SPILLMAN RANCH LOOP AUSTIN, TX 78738	1122013	Owner Information AUSTIN CARE FOR ELDERLY LLC PHONE: FAX:
Type: Parent Agency	Administrator LIBBY CASEY	;	Services: Personal Assistance Services
County TRAVIS License # 019985 Lic Expire 6/8/2022 Medicare 1:	Region 05 Date Licensed 06/ AUSTIN DEMENTIA AND AGING HOME CARE LLG 6809 WEST GATE BLVD #205 AUSTIN, TEXAS 78745	/00/2020	Owner Information AUSTIN DEMENTIA AND AGING HOME CARE LLC
Medicare 2:			PHONE: FAX:
Phone 512 426 6265 Type: Parent Agency	Fax Administrator STEPHEN ILLINGWORTH	:	Services: Personal Assistance Services
County TRAVIS License # 014927 Lic Expire 1/31/2025 Medicare 1: Medicare 2: Phone (512) 372-3777 Type: Parent Agency		30/2012	Owner Information EPIC HEALTH SERVICES INC 1341W MOCKINGBIRD SUITE 220E DALLAS, TX 75247 PHONE: FAX: Services: Licensed Home Health Services
County TRAVIS License # 006537 Lic Expire 2/28/2022 Medicare 1: 677661 HHA-18 Medicare 2: Phone (512) 248-0400 Type: Parent Agency	Region 05 Date Licensed 02/ AVEANNA HEALTHCARE 2028 EAST BEN WHITE BLVD, SUITE 210 AUSTIN, TX 78741 Fax (512) 248-0441 Administrator ELAINE FOGG	113/1990	Owner Information PEDIATRIC SERVICES OF AMERICA LLC SIX CONCOURSE PARKWAY, SUITE 1100 ATLANTA, GA 30328-6117 PHONE: FAX: Services: Licensed and Certified Home Health Services
County TRAVIS License # 011306 Lic Expire 5/31/2024 Medicare 1: 671630 HOSPICE Medicare 2: Phone (512) 443-7100 Type: Parent Agency	Region 05 Date Licensed 05/ BEACON HOSPICE OF AUSTIN 7800 SHOAL CREEK BLVD. SUITE 105N AUSTIN, TX 78757 Fax (512) 443-7109	100/2007	Owner Information HARBOR HOSPICE OF AUSTIN LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TRAVIS License # 015542 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (512) 443-7100 Type: Parent Agency	Region 05 Date Licensed 05/ BEACON HOSPICE OF GEORGETOWN 7800 SHOAL CREEK BLVD. SUITE 105N AUSTIN, TX 78757 Fax (512) 443-7109 Administrator BRYAN GASPARD	13/2013	Owner Information HARBOR HOSPICE OF GEORGETOWN LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TRAVIS License # 017027 Lic Expire 6/30/2023 Medicare 1: 457871 HHA-18 Medicare 2: Phone (512) 533-9990 Type: Parent Agency	Region 05 Date Licensed 07/ BELLCOA HOME HEALTH SERVICE INC 7801 N LAMAR BLVD SUITE D-79 AUSTIN, TX 78752 Fax (512) 533-9992 Administrator ELENA KINARD		Owner Information BELLCOA HOME HEALTH SERVICE INC 7081 N LAMAR BLVD #D-79 AUSTIN, TX 78752 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County TRAVIS License # 020025 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (512) 637-4949 Type: Parent Agency	Region 05 Date Licensed 06/30/2020 BIOSCRIP INFUSION SERVICES 5446 WEST HIGHWAY 290, SUITE 203 AUSTIN, TEXAS 787358830 Fax (855) 737-4299 Administrator	Owner Information INFUSION PARTNERS, LLC PHONE: FAX: Services: Licensed Home Health Services
County TRAVIS License # 019409 Lic Expire 6/3/2023 Medicare 1: 971645	Region 05 Date Licensed 06/03/2019 BLUE HORIZONS HOSPICE OF AUSTIN 12010 HWY 290 SUITE 190 AUSTIN, TX 78737	Owner Information UNITED APOLLO, LLC
Medicare 2: Phone (833) 467-7123 Type: Parent Agency	Fax (833) 467-7123 Administrator EDNA PATTERSON	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TRAVIS License # 018520 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (512) 872-2955 Type: Parent Agency	Region 05 Date Licensed 12/19/2017 BLUE WATER HOMECARE INC 660 S BAGDAD ROAD SUITE 210 LEANDER, TX 78641 Fax (512) 649-9072 Administrator JENNIFER PRESCOTT	Owner Information BLUE WATER HOMECARE, INC 2104 NAN LANE CEDAR PARK, TX 78613 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 015640 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (512) 452-9800	Region 05 Date Licensed 05/21/2013 BRIGHTSTAR HEALTHCARE 1317 PICADILLY DR. SUITE B-201 PFLUGERVILLE, TX 78660 Fax (512) 452-9801	Owner Information BROADMOOR HEALTHCARE HOLDINGS, LLC 7703 N. LAMAR BLVD., STE#418 AUSTIN, TX 78752 PHONE: FAX: Services: Licensed Home Health Services: Personal Assistance Services
Type: Parent Agency	Administrator GEORGE SANCHEZ	
County TRAVIS License # 020876 Lic Expire 7/1/2024 Medicare 1: 679682	Region 05 Date Licensed 07/01/2021 BROOKDALE HOME HEALTH AUSTIN 3636 EXECUTIVE CENTER DR. BLDG 8 STE 216 AUSTIN, TEXAS 78731	Owner Information HEALTH AT HOME HHAAUSTIN LLC
Medicare 2: Phone (512) 372-1595 Type: Parent Agency	Fax (512) 241-1647 Administrator ERIN BEARD	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County TRAVIS License # 020980 Lic Expire 7/1/2024 Medicare 1: 671752 Medicare 2:	Region 05 Date Licensed 07/01/2021 BROOKDALE HOSPICE AUSTIN 3636 EXECUTIVE CENTER AUSTIN, TX 78731	Owner Information HEALTH AT HOME HOSPICEAUSTIN LLC PHONE: FAX:
Phone (512) 795-0204	Fax (512) 340-0634	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator ROBIN NUNNELLY	<u> </u>
County TRAVIS License # 006793 Lic Expire 9/30/2021 Medicare 1: 458129 HHA-18	Region 05 Date Licensed 09/08/1998 C C HOME HEALTH CENTRAL INC 1805 RUTHERFORD LANE SUITE 210 AUSTIN, TX 78754	Owner Information CUIDADO CASERO HOME HEALTH CENTRAL INC 1110 N CARROLL AVENUE SOUTHLAKE, TX 76092
Medicare 2: Phone (512) 419-7738	Fax (512) 419-9022	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
	NE 1994 AVIII A	Personal Assistance Services

Type: Parent Agency

Administrator MELISSA AVILA

County TRAVIS License # 013472 Lic Expire 7/31/2022 Medicare 1: 747581 HHA-18 Medicare 2: Phone (512) 467-6900 Type: Parent Agency	Region 05 Date Licensed 07/21. CAPITOL HOME HEALTH 9015 MOUNTAIN RIDGE DRIVE STE#210 AUSTIN, TX 78759 Fax (512) 467-6906 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 License # 016776 Lic Expire 4/30/2024 Medicare 1: 741607 HOSPICE Medicare 2: Phone (512) 637-6928 Type: Parent Agency	Region 05 Date Licensed 04/28. CAPITOL HOSPICE 9015 MOUNTAIN RIDGE DR STE #140 AUSTIN, TX 78759 Fax (512) 637-6929 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 License # 002798 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (512) 416-9318 Type: Branch Agency County TRAVIS	Region 07 Date Licensed CAPROCK HOME HEALTH SERVICES, INC 8705 SHOAL CREEK BLVD STE 112 AUSTIN, TX 78757 Fax (512) 416-9392 Administrator ADRIANE RUMFIELD Region 05 Date Licensed 01/25	Owner Information CAPROCK HOME HEALTH SERVICES INC 8806 UNIVERSITY AVENUE LUBBOCK, TX 79423 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
License # 020484 Lic Expire 1/25/2023 Medicare 1: Medicare 2: Phone (512) 565-2626 Type: Parent Agency	CARE AT HOME LLC 7600 CAMERON RD AUSTIN, TX 787522020 Fax (512) 713-0876 Administrator JESSICA HENDERSON	PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 012311 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (512) 795-2422 Type: Branch Agency	Region 03 Date Licensed 09/30. CARE OPTIONS FOR KIDS 12708 RIATA VISTA CIRCLE SUITE A106 AUSTIN, TX 78727 Fax (512) 852-4485 Administrator BARBARA MENEFEE	O/2010 Owner Information OCI ACQUISTION, LLC 4300 SIGMA ROAD SUITE 130 DALLAS, TX 75244 PHONE: FAX: Services: Licensed Home Health Services
County TRAVIS License # 018368 Lic Expire 1/1/2020 Medicare 1: Medicare 2: Phone (512) 338-4533 Type: Parent Agency	Region 05 Date Licensed 10/10. CAREFOR PAS 3724 EXECUTIVE CENTER DRIVE SUITE 201 AUSTIN, TX 78731 Fax (512) 338-4471 Administrator KRISTI TINDALL	O/2017 Owner Information NCM PAS LLC 3724 EXECUTIVE CENTER DRIVE SUITE 201 AUSTIN, TX 78731 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 019640 Lic Expire 6/24/2021 Medicare 1: Medicare 2: Phone (512) 310-2273 Type: Parent Agency	Region 05 Date Licensed 08/14. CARING SENIOR SERVICE OF AUSTIN 223 WEST ANDERSON LANE, B355 AUSTIN, TEXAS 78752 Fax Administrator JILL MOSLEY	M/2018 Owner Information DTS TEXAS OPS, LLC PHONE: FAX: Services: Personal Assistance Services

County TRAVIS License # 017210 Lic Expire 10/31/2023 Medicare 1: 747416 HHA-18 Medicare 2: Phone (512) 394-7581 Type: Parent Agency	Region 05 Date Licensed 10/07/2015 CARTER HEALTHCARE 3435 GREYSTONE DR STE 104 AUSTIN, TX 78731 Fax (512) 382-7188 Administrator JAMES CARTER	Owner Information OMNIPRESENT HOMECARE, INC 3105 S MERIDIAN AVE OKLAHOMA CITY, OK 73119 PHONE: FAX: Services: Licensed and Certified Home Health Services
County TRAVIS License # 013850 Lic Expire 10/31/2022 Medicare 1:	Region 05 Date Licensed 11/22/2011 CARTER HEALTHCARE 3545 GREYSTONE DRIVE STE 104 AUSTIN, TX 78731	Owner Information CARTER HEALTHCARE OF CENTRAL TEXAS LLC 7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300 AUSTIN, TX 78752
Medicare 2: Phone (512) 394-7581 Type: Branch Agency	Fax (512) 382-7188 Administrator JAMES BRIAN CARTER	PHONE: FAX: Services: Licensed Home Health Services
County TRAVIS License # 013850 Lic Expire 10/31/2022 Medicare 1: 457892 HHA-18 Medicare 2:	Region 05 Date Licensed 10/15/2010 CARTER HEALTHCARE 3435 GREYSTONE DR. SUITE 104-A AUSTIN, TX 78731	Owner Information CARTER HEALTHCARE OF CENTRAL TEXAS LLC 7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300 AUSTIN, TX 78752 PHONE: FAX:
Phone (830) 625-4837 Type: Parent Agency	Fax (888) 622-4329 Administrator BRIAN CARTER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County TRAVIS License # 017013 Lic Expire 9/30/2023 Medicare 1:	Region 05 Date Licensed 09/03/2015 CATER2U HOME HEALTH CARE SERVICES LLC 209 S. 12TH STREET, BLDG 1, STE 101 PFLUGERVILLE, TEXAS 78660	Owner Information CATER2U HOME HEALTH CARE SERVICES, LLC 14913 LIPTON LANE PFLUGERVILLE, TEXAS 78660
Medicare 2: Phone (512) 758-1032 Type: Parent Agency	Fax (512) 840-0477 Administrator EDDIE STAMPS	PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 017147 Lic Expire 11/30/2023 Medicare 1: 741618 HOSPICE Medicare 2: Phone (512) 912-2302	Region 05 Date Licensed 11/23/2015 CELLA BELLAS HOSPICE CORPORATION 1823 FORTVIEW RD STE #101 AUSTIN, TX 78704 Fax (512) 912-9570	Owner Information CELLA BELLAS HOSPICE CORPORATION 12502 EAGLE NEST DRIVE BUDA, TX 78610 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BARBARA ROBERTSON	
County TRAVIS License # 014434 Lic Expire 10/31/2024 Medicare 1:	Region 05 Date Licensed 10/21/2011 CELLA BELLAS SENIOR SERVICES CORPORATION 1823 FORTVIEW RD # 101 AUSTIN, TX 78704	Owner Information CELLA BELLAS SENIOR SERVICES CORPORATION 12502 EAGLE NEST DR BUDA, TX 78610
Medicare 2: Phone (512) 912-7707 Type: Parent Agency	Fax (512) 912-9570 Administrator MARY DURAN	PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 016030 Lic Expire 2/28/2022 Medicare 1: 747955 HHA-18 Medicare 2:	Region 05 Date Licensed 02/11/2014 CHOICE AUSTIN HOMECARE 3724 EXECUTIVE DRIVE, BLDG. 9 SUITE 220 AUSTIN, TX 78731	Owner Information CHOICE HOMECARE OF €ŽNACOGDOCHES, €ŽLLC 6760 OLD JACKSONVILLE HWY, SUITE 102 TYLER, TX 75703 PHONE: FAX:
Phone (877) 418-4301 Type: Parent Agency	Fax (888) 872-4232 Administrator IAN REDLICH	Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County TRAVIS License # 016319 Lic Expire 7/31/2022 Medicare 1: 741592 HOSPICE Medicare 2: Phone (737) 484-0080 Type: Parent Agency	Region 05 Date Licensed 07/17/2014 CHOICE HOSPICE 3724 EXECUTIVE CENTER DRIVE; SUITE 220 AUSTIN, TX 78731 Fax (737) 454-0086 Administrator GEMMA MANSFIELD	Owner Information CHARIS HOSPICE, LLC 6760 OLD JACKSONVILLE HWY, STE 102 TYLER, TX 75703 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County TRAVIS License # 015904 Lic Expire 9/30/2024	Region 07 Date Licensed 09/17/2013 CIRCLE OF CARE 4005 BANISTER LANE STE#180 C	Owner Information CTW HOME HEALTH, LLC 4553 N LOOP 1604 W STE#1119
Medicare 1: Medicare 2: Phone (512) 615-9004 Type: Branch Agency	AUSTIN, TX 78704 Fax (512) 615-9005 Administrator CHARLOTTE CHANDLER	SAN ANTONIO, TX 78249 PHONE: FAX: Services: Licensed Home Health Services
County TRAVIS License # 016423 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (512) 402-9599 Type: Parent Agency	Region 05 Date Licensed 06/03/2014 COMFORCARE 1017 RANCH ROAD 620 SOUTH STE 220 LAKEWAY, TX 78734 Fax (512) 402-9590 Administrator WILLIAM MASSEY	Owner Information GPM HOME CARE LLC 51 COTTONDALE ROAD AUSTIN, TX 78738 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 016918 Lic Expire 7/31/2023 Medicare 1:	Region 05 Date Licensed 07/16/2015 COMFORT KEEPERS #983 5424 W HIGHWAY 290 STE 105 AUSTIN, TX 78735	Owner Information TEXCARE SERVICES LLC 8311 NICOLA TRL AUSTIN, TX 78745
Medicare 2: Phone (512) 766-0100 Type: Parent Agency	Fax (844) 766-0107 Administrator TRAVIS SMITH	PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 011815 Lic Expire 1/31/2022 Medicare 1: 747082 HHA-18 Medicare 2:	Region 05 Date Licensed 01/11/2008 CONTINENTAL HEALTHCARE INC 205 SOUTH WILD BASIN RD BLD 3 AUSTIN, TX 78746	Owner Information CONTINENTAL HEALTHCARE, INC 205 SOUTH WILD BASIN RD BLD 3 AUSTIN, TX 78746 PHONE: FAX:
Phone (512) 906-1756 Type: Parent Agency	Fax (512) 906-1877 Administrator TANYA OTTI	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TRAVIS License # 021295 Lic Expire 12/27/2024 Medicare 1:	Region 05 Date Licensed 12/27/2021 CONTINUOUS TENDER CARE, LLC 15401 WINTER RAY DR. DEL VALLE, TEXAS 78617	Owner Information CONTINUOUS TENDER CARE,LLC
Medicare 2: Phone 512 809 0229 Type: Parent Agency	Fax Administrator FRANCINE SWIFT	PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 003655 Lic Expire 4/30/2022 Medicare 1:	Region 05 Date Licensed 04/06/1995 CORAM CVSSPECIALTY INFUSION SERVICES 1905A KRAMER LANE SUITE #500 AUSTIN, TX 78758	Owner Information CORAM ALTERNATE SITE SERVICES INC ONE CVS DRIVE, MC #1160 WOONSOCKET, RI 2895
Medicare 2: Phone (512) 832-1330 Type: Parent Agency	Fax (512) 832-1240 Administrator JAMES RANKIN	PHONE: FAX: Services: Licensed Home Health Services

County TRAVIS License # 020555 Lic Expire 3/2/2023 Medicare 1: Medicare 2: Phone (469) 712-6899 Type: Parent Agency	Region 05 Date Licensed 03/02/20 CURA STAFFING SERVICES 600 CONGRESS AVENUE, FLOOR 14 AUSTIN, TEXAS 78701 Fax 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 05/17/20	21 Owner Information
License # 020756	DELL CHILDREN'S AT HOME	ASCENSION SETON
Lic Expire 5/17/2024	4900 MUELLER BLVD, ROOM 3J.015	1345 PHILOMENA STSTE 410.2
Medicare 1:	AUSTIN, TEXAS 78723	AUSTIN, TX 78723
Medicare 2:		PHONE: (512) 324-5799 FAX:
Phone (512) 324-0197	Fax (512) 324-0780	Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
Type: Parent Agency	Administrator KELSEY VANCE	
County TRAVIS	Region 05 Date Licensed 11/30/20	Owner Information
License # 007556	DISABILITY SERVICES OF THE SOUTHWEST INC	DISABILITY SERVICES OF THE SOUTHWEST, INC
Lic Expire 11/30/2022	1701 DIRECTORS BLVD SUITE 200	6243 IH 10 WEST, STE. 375
Medicare 1:	AUSTIN, TX 78744	SAN ANTONIO, TX 78201
Medicare 2:		PHONE: FAX:
Phone (512) 419-1962	Fax (877) 463-1310	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHARLES "CD" CRADY	
County TRAVIS	Region 05 Date Licensed 11/08/20	Owner Information
License # 021192	EARTH ANGELS HOMECARE	STATUESQUE, LLC
Lic Expire 11/8/2024	2902 KATTER CT	
Medicare 1:	AUSTIN, TX 78734	
Medicare 2:	·	PHONE: FAX:
Phone (832) 890-1351	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator NSIKAN ESENOWO	CONTROL. 1 GOODAIN CONTROL
County TRAVIS	Region 05 Date Licensed 01/01/20	Owner Information
License # 018662	EDWARDS HOME HEALTH	EDWARD HEALTH CARE, INC
Lic Expire 4/29/2022	8411 N IH35	1106 CLAYTON LANE, STE. 218E
Medicare 1: 747966 HHA-18	AUSTIN, TEXAS 78753	AUSTIN, TX 78723
Medicare 2:	Account, 1250 to 10700	PHONE: FAX:
Phone (512) 763-4690	Fax 18663394149	Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator EDWARD MARROQUIN	Services. Licensed and Certified Figure Fleatiff Services, Personal Assistance Services
······································		Owner Information
County TRAVIS License # 015057	Region 05 Date Licensed 09/10/20 EDWARD'S HOME HEALTH & HOSPICE	12 EDWARD'S HOME HEALTH, INC
Lic Expire 9/30/2022		1106 CLAYTON LANE SUITE 218 E
Medicare 1: 747789 HHA-18;74	8411 N IH35 AUSTIN, TEXAS 78753	AUSTIN, TEXAS 78723
Medicare 1: 7477091117A-10,74	7.00 m, 1270 70700	PHONE: FAX:
Phone (512) 763-4690	Fax 18663394149	
, ,		Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type: Parent Agency	Administrator EDWARD MARROQUIN	
County TRAVIS	Region 05 Date Licensed 01/01/20	18 Owner Information
License # 018574	ELDER HOME HEALTHCARE	ELDER HOME HEALTHCARE
Lic Expire 12/31/2021	1512 W. HOWARD LN	
Medicare 1: 747954	AUSTIN, TX 78728	
Medicare 2:		PHONE: FAX:
Phone (512) 900-2488	Fax (512) 275-6411	Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County TRAVIS	Region 05 Date Licensed 04/22/2011	Owner Information
License # 014052	ELDER HOMECARE INC	ELDER HOMECARE INC
Lic Expire 4/30/2023	1512 W HOWARD LN	1512 W. HOWARD LANE
Medicare 1:	AUSTIN, TX 78728	AUSTIN, TX 78728
Medicare 2:		PHONE: FAX:
Phone (512) 371-6828	Fax (512) 275-6411	Services: Personal Assistance Services
Type: Parent Agency	Administrator MIMI TRAN	
County TRAVIS	Region 05 Date Licensed 05/24/2018	Owner Information
License # 018759	EMBARK HOME CARE	EMBARK HOME CARE LLC
Lic Expire 5/31/2022	2316 CHRISTOFF LOOP	2316 CHRISTOFF LOOP
Medicare 1:	AUSTIN, TX 78748	AUSTIN, TX 78748
Medicare 2:		PHONE: FAX:
Phone (512) 522-1564	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator LAURA ADAMS	
County TRAVIS	Region 05 Date Licensed 06/01/2010	Owner Information
License # 013546	ENCOMPASS HEALTH HOME HEALTH	EH HOME HEALTH OF AUSTIN, LLC
Lic Expire 5/31/2022	7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 115	6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1: 678267 HHA-18	AUSTIN, TEXAS 78744	DALLAS, TEXAS 75206
Medicare 2:		PHONE: FAX:
Phone 512 3264191	Fax 512 3264519	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator MOLLY THOMAS	
County TRAVIS	Region 05 Date Licensed 06/01/2010	Owner Information
License # 013546	ENCOMPASS HEALTH HOME HEALTH	EH HOME HEALTH OF AUSTIN, LLC
Lic Expire 5/31/2022	7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 115	6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1: 678267 HHA-18	AUSTIN, TEXAS 78744	DALLAS, TEXAS 75206
Medicare 2:		PHONE: FAX:
Phone 512 3264191	Fax 512 3264519	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Phone 512 3264191 Type: Parent Agency	Fax 512 3264519 Administrator MOLLY THOMAS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
		Owner Information
Type: Parent Agency	Administrator MOLLY THOMAS	Owner Information EH HOME HEALTH OF AUSTIN, LLC
Type: Parent Agency County TRAVIS	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Type: Parent Agency County TRAVIS License # 017023	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2:	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2:	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX:
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS License # 018275	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017 ENTRUSTED PEDIATRIC HOME CARE LLC	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS License # 018275 Lic Expire 8/31/2024	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017 ENTRUSTED PEDIATRIC HOME CARE LLC 111 W ANDERSON LANE, SUITE E322	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information ENTRUSTED PEDIATRIC HOME CARE
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS License # 018275 Lic Expire 8/31/2024 Medicare 1:	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017 ENTRUSTED PEDIATRIC HOME CARE LLC	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information ENTRUSTED PEDIATRIC HOME CARE 7600 CHEVY CHASE DR BLDG 2 STE 300 AUSTIN, TX 78752
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS License # 018275 Lic Expire 8/31/2024	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017 ENTRUSTED PEDIATRIC HOME CARE LLC 111 W ANDERSON LANE, SUITE E322	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information ENTRUSTED PEDIATRIC HOME CARE 7600 CHEVY CHASE DR BLDG 2 STE 300 AUSTIN, TX 78752 PHONE: FAX:
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS License # 018275 Lic Expire 8/31/2024 Medicare 1: Medicare 2:	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017 ENTRUSTED PEDIATRIC HOME CARE LLC 111 W ANDERSON LANE, SUITE E322 AUSTIN, TEXAS 78752	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information ENTRUSTED PEDIATRIC HOME CARE 7600 CHEVY CHASE DR BLDG 2 STE 300 AUSTIN, TX 78752
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS License # 018275 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (512) 532-4800 Type: Parent Agency	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017 ENTRUSTED PEDIATRIC HOME CARE LLC 111 W ANDERSON LANE, SUITE E322 AUSTIN, TEXAS 78752 Fax (512) 735-2061 Administrator NICHOLAS NORWOOD	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information ENTRUSTED PEDIATRIC HOME CARE 7600 CHEVY CHASE DR BLDG 2 STE 300 AUSTIN, TX 78752 PHONE: FAX: Services: Licensed Home Health Services
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS License # 018275 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (512) 532-4800 Type: Parent Agency County TRAVIS	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017 ENTRUSTED PEDIATRIC HOME CARE LLC 111 W ANDERSON LANE, SUITE E322 AUSTIN, TEXAS 78752 Fax (512) 735-2061 Administrator NICHOLAS NORWOOD Region 06 Date Licensed 10/25/2010	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information ENTRUSTED PEDIATRIC HOME CARE 7600 CHEVY CHASE DR BLDG 2 STE 300 AUSTIN, TX 78752 PHONE: FAX:
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS License # 018275 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (512) 532-4800 Type: Parent Agency County TRAVIS License # 013330	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017 ENTRUSTED PEDIATRIC HOME CARE LLC 111 W ANDERSON LANE, SUITE E322 AUSTIN, TEXAS 78752 Fax (512) 735-2061 Administrator NICHOLAS NORWOOD Region 06 Date Licensed 10/25/2010 EVEROSE HEALTHCARE INC	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information ENTRUSTED PEDIATRIC HOME CARE 7600 CHEVY CHASE DR BLDG 2 STE 300 AUSTIN, TX 78752 PHONE: FAX: Services: Licensed Home Health Services Owner Information
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS License # 018275 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (512) 532-4800 Type: Parent Agency County TRAVIS License # 013330 License # 013330 Lic Expire 5/31/2022	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017 ENTRUSTED PEDIATRIC HOME CARE LLC 111 W ANDERSON LANE, SUITE E322 AUSTIN, TEXAS 78752 Fax (512) 735-2061 Administrator NICHOLAS NORWOOD Region 06 Date Licensed 10/25/2010 EVEROSE HEALTHCARE INC 10308 N. INTERSTATE 35	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information ENTRUSTED PEDIATRIC HOME CARE 7600 CHEVY CHASE DR BLDG 2 STE 300 AUSTIN, TX 78752 PHONE: FAX: Services: Licensed Home Health Services Owner Information EVEROSE HEALTHCARE INC
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS License # 018275 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (512) 532-4800 Type: Parent Agency County TRAVIS License # 013330 Lic Expire 5/31/2022 Medicare 1:	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017 ENTRUSTED PEDIATRIC HOME CARE LLC 111 W ANDERSON LANE, SUITE E322 AUSTIN, TEXAS 78752 Fax (512) 735-2061 Administrator NICHOLAS NORWOOD Region 06 Date Licensed 10/25/2010 EVEROSE HEALTHCARE INC	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information ENTRUSTED PEDIATRIC HOME CARE 7600 CHEVY CHASE DR BLDG 2 STE 300 AUSTIN, TX 78752 PHONE: FAX: Services: Licensed Home Health Services Owner Information EVEROSE HEALTHCARE INC 11200 WESTHEIMER RD SUITE 100 HOUSTON, TX 77042
Type: Parent Agency County TRAVIS License # 017023 Lic Expire 9/30/2023 Medicare 1: 741638 HOSPICE Medicare 2: Phone 512 2849642 Type: Parent Agency County TRAVIS License # 018275 Lic Expire 8/31/2024 Medicare 1: Medicare 2: Phone (512) 532-4800 Type: Parent Agency County TRAVIS License # 013330 License # 013330 Lic Expire 5/31/2022	Administrator MOLLY THOMAS Region 05 Date Licensed 09/11/2015 ENCOMPASS HEALTH HOSPICE 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120 AUSTIN, TEXAS 78744 AUSTIN, TEXAS 78744 Fax 512 6102330 Administrator REED KOPPLOW Region 07 Date Licensed 08/24/2017 ENTRUSTED PEDIATRIC HOME CARE LLC 111 W ANDERSON LANE, SUITE E322 AUSTIN, TEXAS 78752 Fax (512) 735-2061 Administrator NICHOLAS NORWOOD Region 06 Date Licensed 10/25/2010 EVEROSE HEALTHCARE INC 10308 N. INTERSTATE 35	Owner Information EH HOME HEALTH OF AUSTIN, LLC 6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information ENTRUSTED PEDIATRIC HOME CARE 7600 CHEVY CHASE DR BLDG 2 STE 300 AUSTIN, TX 78752 PHONE: FAX: Services: Licensed Home Health Services Owner Information EVEROSE HEALTHCARE INC 11200 WESTHEIMER RD SUITE 100

Administrator

Type: Branch Agency

TED DIEP NGUYEN

County TRAVIS License # 014707 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (512) 337-8882 Type: Branch Agency	Region 05 Date Licensed 04/16/2018 FAMILY TREE INHOME CARE 8213 SHOAL CREEK BLVD STE 104 AUSTIN, TX 78757 Fax (713) 333-9995 Administrator ALEX BONETTI	Owner Information ABSF, LLC 3600 S GESSNER, SUITE 150 HOUSTON, TX 77063 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 005778 Lic Expire 6/30/2023 Medicare 1: 459475 Medicare 2: Phone (512) 990-2425	Region 05 Date Licensed 06/27/1997 FIRST CARE HOME HEALTH SERVICES 1317 PICADILLY DRIVE, SUITE C-303 PFLUGERVILLE, TEXAS 78660 Fax (512) 990-2684	Owner Information SYLVIA E INAMETI SAME AS PHYSICAL ADDRESS PFLUGERVILLE, TX 78660 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County TRAVIS License # 019221 Lic Expire 11/15/2022 Medicare 1: 679668 HHA-18 Medicare 2: Phone (512) 251-7077	Administrator PAUL INAMETI Region 05 Date Licensed 04/19/2006 FIRST DIVINE HOME HEALTHCARE 2612 BYFIELD DRIVE CEDAR PARK, TEXAS 78613 Fax (512) 990-8387	Owner Information FIRST DIVINE HOME HEALTHCARE AGENCY, INC PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County TRAVIS License # 019170 Lic Expire 12/28/2022 Medicare 1: Medicare 2:	Administrator FLORENCE TUBONEMI Region 05 Date Licensed 09/30/2019 FIRSTLIGHT HOME CARE OF AUSTIN 3930 BEE CAVES ROAD, BUILDING 2, UNIT H AUSTIN, TEXAS 78746	Owner Information SCRUGGS FAMILY HOLDINGS INC 4304 ADIRONDACK SUMMIT DRIVE AUSTIN, TX 78738 PHONE: FAX:
Phone (737) 404-4100 Type: Parent Agency County TRAVIS License # 013551 Lic Expire 9/30/2022 Medicare 1: 747595 HHA 74170 Medicare 2: Phone (737) 240-3003	Fax (737) 404-4244 Administrator MICHELLE SCRUGGS Region 05 Date Licensed 09/03/2010 GENERATIONS HEALTH CARE INC 7703 NORTH LAMAR BLVD SUITE 160 AUSTIN, TX 78752 Fax (737) 240-3004	Owner Information GENERATIONS HEALTH CARE INC 2819 NW LOOP 410 SUITE B SAN ANTONIO, TX 78230 PHONE: FAX: Services: Hospice
Type: Parent Agency County TRAVIS License # 011732 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (512) 454-3581	Administrator MARLO MARION Region 05 Date Licensed 11/30/2007 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE 3307 NORTHLAND DRIVE SUITE #260 AUSTIN, TX 78731 Fax (512) 453-1748	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 County TRAVIS License # 014207 Lic Expire 5/31/2023 Medicare 1: 747927 HHA-18 Medicare 2: Phone (512) 992-0905	Administrator LAVERNE FOWLER Region 05 Date Licensed 06/01/2011 GUCCI HEALTHCARE SERVICES INC 1508 DESSAU RIDGE LANE STE 401 AUSTIN, TX 78754 Fax (512) 582-0112	Owner Information GUCCI HEALTHCARE SERVICES INC 1508 DESSAU RIDGE LANE STE 401 AUSTIN, TX 78754 PHONE: (512) 567-8276 FAX: Services: Licensed and Certified Home Health Services; Personal Assistance Services

Type: Parent Agency

Administrator

GODWIN DURU

County TRAVIS License # 014688 Lic Expire 3/31/2022 Medicare 1: 747931 HHA-18;74 Medicare 2: Phone (512) 815-9009	Region 05 Date Licensed 03/13/2012 HALCYON HOME LLC 8133 MESA DR STE 200 AUSTIN, TX 78759 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; Person Assistance Services
Type: Parent Agency	Administrator TANYA ROBERTS	In-Patient Hospice: NO
County TRAVIS License # 020530 Lic Expire 7/23/2022 Medicare 1:	Region 05 Date Licensed 07/23/2020 HALO SENIOR CARE 2101 S INTERSTATE 35 AUSTIN, TX 78741	Owner Information SLG HALO, LLC
Medicare 2: Phone (512) 394-4124	Fax (885) 507-7092	PHONE: FAX:
Type: Parent Agency	Administrator NATASCHA DORSEY	Services: Personal Assistance Services
County TRAVIS License # 019224 Lic Expire 10/22/2022 Medicare 1: 453107	Region 05 Date Licensed 10/22/2018 HANA CARE TEXAS 223 W ANDERSON LANE SUITE A110 AUSTIN, TX 787521109	Owner Information HANA HOME HEALTH CARE, INC
Medicare 2:	AUSTIN, 1A 70/32/109	PHONE: FAX:
Phone (512) 284-7757	Fax (512) 777-5044	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator RYAN KIM	
County TRAVIS License # 015952 Lic Expire 10/31/2023 Medicare 1: 671529 HOSPICE	Region 05 Date Licensed 10/08/2013 HEART TO HEART HOSPICE OF AUSTIN LTD 4009 BANISTER LANE, SUITE 100 AUSTIN, TX 78704	Owner Information HEART TO HEART HOSPICE OF AUSTIN LTD 7240 CHASE OAKS BLVD. PLANO, TX 75025
Medicare 2:		PHONE: FAX:
Phone (512) 707-2600	Fax (512) 707-2688	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator SHARON FISCHER	in alon riospic. Te
County TRAVIS License # 021146 Lic Expire 10/22/2024 Medicare 1:	Region 05 Date Licensed 10/22/2021 HENRY HOME HEALTHCARE LLC 1403 E. APPLEGATE DR AUSTIN, TX 78753	Owner Information HENRY HOME HEALTHCARE LLC
Medicare 2:		PHONE: FAX:
Phone (210) 449-1865 Type: Parent Agency	Fax Administrator CHRISTY HENRY	Services: Personal Assistance Services
County TRAVIS License # 009777 Lic Expire 5/31/2022 Medicare 1:	Region 05 Date Licensed 05/26/2005 HILL COUNTRY CARE PROVIDERS 3355 BEE CAVE RD STE 102 B AUSTIN, TX 78746	Owner Information VERDOORN INC 3300 BEE CAVE RD SUITE 650 BOX#128 AUSTIN, TEXAS 78746
Medicare 2:		PHONE: FAX:
Phone (512) 402-1119	Fax (512) 614-4242	Services: Personal Assistance Services
Type: Parent Agency	Administrator JULIETTE VERDOORN	
County TRAVIS License # 017252 Lic Expire 2/28/2022 Medicare 1: Medicare 2:	Region 05 Date Licensed 02/03/2016 HOME & COMMUNITY HEALTH SERVICES LLC 9038 NORTH INTERSTATE 35, UNIT B AUSTIN, TX 78753	Owner Information HOME & COMMUNITY HEALTH SERVICES, LLC 510 SOUTH CONGRESS AVE., STE#110 AUSTIN, TX 78704 PHONE: FAX:
Medicare 2: Phone (512) 284-7819	Fax (512) 727-7689	
Type: Parent Agency	Administrator MUSU TURAY	Services: Licensed Home Health Services; Personal Assistance Services

County TRAVIS License # 021124 Lic Expire 4/26/2024 Medicare 1: Medicare 2: Phone (512) 623-7800 Type: Branch Agency	Region 05 Date Licensed HOME CARE ASSISTANCE OF HOUSTON CENTRAL LLC 3500 RANCH ROAD 620 SOUTH BEE CAVE, TEXAS 78738 Fax (512) 551-0323 Administrator ANDREW HODGE	Owner Information HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC 1255 OAKMEAD PARKWAY SUNNYVALE, CALIFORNIA 94085 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 021124 Lic Expire 4/26/2024 Medicare 1: Medicare 2:	Region 05 Date Licensed 04/26/2021 HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC 9707 ANDERSON MILL ROAD STE 330 AUSTIN, TEXAS 78750	Owner Information HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC 1255 OAKMEAD PARKWAY SUNNYVALE, CALIFORNIA 94085 PHONE: FAX:
Phone (512) 623-7800 Type: Parent Agency	Fax (512) 551-0323 Administrator ANDREW HODGES	Services: Personal Assistance Services
County TRAVIS License # 018566 Lic Expire 1/31/2022 Medicare 1:	Region 05 Date Licensed 01/22/2018 HOME HELPERS AND DIRECT LINK OFFICE #58890 6500 CHAMPION GRANDVIEW WAY #15208 AUSTIN, TX 78750	Owner Information ICARE PREMIUM SERVICES LLC
Medicare 2:	_	PHONE: FAX:
Phone (512) 549-0308 Type: Parent Agency	Fax Administrator CHRISTOPHER GRAHAM	Services: Personal Assistance Services
County TRAVIS License # 020775 Lic Expire 5/20/2024 Medicare 1:	Region 05 Date Licensed 05/20/2021 HOME HELPERS HOME CARE 10916 BEXLEY LANE AUSTIN, TEXAS 78739	Owner Information PROJECT P SIX, LLC
Medicare 2:	AUSTIN, TEAAS 10139	PHONE: FAX:
Phone (512) 202-7694	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator HUBERT PENNINGS	
County TRAVIS License # 019326 Lic Expire 2/28/2024	Region 05 Date Licensed 02/28/2019 HOME INSTEAD SENIOR CARE 1217 W SLAUGHTER LN #130	Owner Information JT SENIOR CARE, LLC
Medicare 1: Medicare 2:	AUSTIN, TX 78748	PHONE: FAX:
Phone (512) 347-9207 Type: Parent Agency	Fax (512) 347-9227 Administrator TASHA GORMAN	Services: Personal Assistance Services
County TRAVIS License # 021009 Lic Expire 8/10/2024 Medicare 1: Medicare 2: Phone (512) 568-2182 Type: Parent Agency	Region 05 Date Licensed 08/10/2021 HOME MANAGEMENT CARE TEXAS, INC 6700 MENCHACA ROAD #1-E AUSTIN, TX 78745 Fax Administrator LAWRENCE APPEL	Owner Information HOME MANAGEMENT CARE TEXAS INC 6700 MENCHACA ROAD #1-E AUSTIN, TX 78745 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 011643 Lic Expire 9/30/2021 Medicare 1: 679646 HHA-18	Region 05 Date Licensed 09/28/2007 HOME THERAPY AUSTIN 3724 EXECUTIVE DRIVE BLDG 9 SUITE 220 AUSTIN, TX 78731	Owner Information HOME THERAPY SPECIALISTS, INC
Medicare 2:	•	PHONE: FAX:
Phone (512) 637-1550 Type: Parent Agency	Fax (512) 637-1551 Administrator LORRY SNYDER	Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County TRAVIS License # 017971 Lic Expire 2/28/2023 Medicare 1: 67Q8191001 Medicare 2: Phone (512) 973-9540 Type: Branch Agency County TRAVIS License # 019523 Lic Expire 8/14/2023 Medicare 1: Medicare 2: Phone (512) 455-8888 Type: Parent Agency	Region 07 Date Licensed 02/17/2017 HOMECARE DIMENSIONS 8107 SPRINGDALE ROAD STE #110 AUSTIN, TX 78724 Fax (512) 973-9323 Administrator ASHLEIGH STRICKLAND Region 05 Date Licensed 08/14/2019 HOMEWATCH CAREGIVERS OF AUSTIN LAKEWAY 6101 W COURTYARD DRIVE, SUITE 150 AUSTIN, TX 78730 Fax (512) 455-8888 Administrator CHRISTENA KOTOBI	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 Owner Information KOTOBI & ASSOCIATES LLC 2222 HEATHER DR CEDAR PARK, TX 78613 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 017579 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (512) 900-3489 Type: Parent Agency	Region 05 Date Licensed 08/16/2016 HONOR PC TEXAS INC 11009 METRIC BLVD. BLDG J, SUITE 100 AUSTIN, TX 78758 Fax (415) 367-1335 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 License # 017489 Lic Expire 6/30/2022 Medicare 1: 741667 HOSPICE Medicare 2: Phone (512) 358-4222 Type: Parent Agency	Region 05 Date Licensed 06/29/2016 HOPE & GRACE HOSPICE INC 13740 N HIGHWAY 183 BUILDING H UNIT 1 AUSTIN, TX 78750 Fax (512) 250-8896 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 License # 020515 Lic Expire 2/8/2023 Medicare 1: Medicare 2: Phone (737) 268-2302 Type: Parent Agency	Region 05 Date Licensed 02/08/2021 HOPING HEARTS HOME CARE 3800 N. LAMAR BLVD SUITE 200 AUSTIN, TEXAS 78756 Fax Administrator JENEE BOATSWAIN	Owner Information HOPING HEARTS HOME CARE, LLC PO BOX 19625 AUSTIN, TX 78760 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 001791 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (512) 322-0747 Type: Alternate Delivery Site	Region 05 Date Licensed 10/06/1997 HOSPICE AUSTIN 2820 E MARTIN LUTHER KING BLVD AUSTIN, TX 78702 Fax (512) 477-7970 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 License # 001791 Lic Expire 9/30/2023 Medicare 1: 451515 HOSPICE Medicare 2: Phone (512) 342-4700 Type: Parent Agency	Region 05 Date Licensed 10/01/1986 HOSPICE AUSTIN 4107 SPICEWOOD SPRINGS RD, SUITE 100 AUSTIN, TX 78759 Fax (512) 795-9053 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 License # 013855 Lic Expire 1/30/2023 Medicare 1: Medicare 2: Phone (512) 462-0538	Region 05 Date Licensed 01/17/2014 HOSPICE COMPASSUS 3809 S 2ND STREET SUITE B-400 AUSTIN, TX 78704 Fax (512) 462-0565	Owner Information CLP REGENCY OF TEXAS, LLC 10 CADILLAC DRIVE, SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator KEVIN HOLLINGER	
County TRAVIS License # 013855 Lic Expire 1/30/2023 Medicare 1: Medicare 2:	Region 05 Date Licensed 01/17/2014 HOSPICE COMPASSUS 3809 S 2ND STREET SUITE B-400 AUSTIN, TX 78704	Owner Information CLP REGENCY OF TEXAS, LLC 10 CADILLAC DRIVE STE 400 BRENTWOOD, TN 37027 PHONE: FAX:
Phone (512) 462-0538	Fax (512) 462-0565	Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator KEVIN HOLLINGER	
County TRAVIS License # 014286 Lic Expire 8/31/2024 Medicare 1: 4665822 Medicare 2: Phone (512) 549-2249	Region 07 Date Licensed HOSPICE OF SAN ANTONIO 7500 RIALTO BLVD BLDG 1 SUITE 250 AUSTIN, TX 78735 Fax (512) 549-2249	Owner Information SIXRSIG LLC 85 NE LOOP 410 STE 607 SAN ANTONIO, TX 78216 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator FRANK HART	Our sylve for most in a
County TRAVIS	Region 05 Date Licensed 07/17/2006	Owner Information K AND J SUNSHINE HOME HEALTH CARE INC
License # 010617	K AND J SUNSHINE HOME HEALTH CARE INC	1101 PURPLE MARTIN DRIVE
Lic Expire 7/31/2022 Medicare 1: 679734 HHA-18	111 W ANDERSON LANE SUITE E-346A	PFLUGERVILLE, TX 78660
Medicare 2:	AUSTIN, TX 78752	PHONE: FAX:
Phone (512) 990-8027 Type: Parent Agency	Fax (512) 458-8027 Administrator JANE DIKE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County TRAVIS License # 019800 Lic Expire 2/3/2022 Medicare 1:	Region 05 Date Licensed 02/03/2020 KEEP SAFE CARE CENTRAL AUSTIN 1704 WEST AVENUE UNIT 303 AUSTIN, TX 78701	Owner Information BERLOW FRY, INC
Medicare 2:	Account, IX 10101	PHONE: FAX:
Phone 512 6323080	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator JEFFREY FRY	
County TRAVIS License # 011739 Lic Expire 11/30/2021 Medicare 1: 457050 HHA-18	Region 05 Date Licensed 11/30/2007 KINDRED AT HOME 3307 NORTHLAND DRIVE, SUITE 302 AUSTIN, TX 787314943	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117
Medicare 2:		PHONE: FAX:
Phone (512) 342-0331	Fax (512) 206-4414	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator LAURA URIAS	
County TRAVIS License # 011739 Lic Expire 11/30/2021 Medicare 1: 457050 HHA-18 Medicare 2:	Region 05 Date Licensed 11/30/2007 KINDRED AT HOME 3307 NORTHLAND DRIVE, SUITE 302 AUSTIN, TX 787314943	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX:
Phone (512) 342-0331	Fax (512) 206-4414	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator LAURA URIAS	Co. 11000. Electrode und Columbu Frente i featur Gervices

County TRAVIS License # 007845 Lic Expire 2/28/2022 Medicare 1: 451715 HOSPICE Medicare 2:	Region 05 Date Licensed 02/11/2002 KINDRED HOSPICE 3307 NORTHLAND DRIVE SUITE 300 AUSTIN, TX 78731	Owner Information ODYSSEY HEALTHCARE OPERATING A, LP P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX:
Phone (512) 651-9227	Fax (512) 380-9385	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JUDITH JOHNSON	<u> </u>
County TRAVIS License # 019404 Lic Expire 5/31/2024 Medicare 1:	Region 05 Date Licensed 03/01/2019 LEARNING SERVICES HOME AND COMMUNITY LLC 9050 N. CAPITAL OF TEXAS HWY, BLDG 3, STE 160 AUSTIN, TEXAS 78759	Owner Information LEARNING SERVICES HOME AND COMMUNITY LLC 131 LANGLEY DRIVE LAWRENCEVILLE, GA 30046
Medicare 2: Phone (866) 820-5200	Fax (866) 870-2937	PHONE: FAX:
Type: Parent Agency	Administrator JENNIFER RUST	Services: Licensed Home Health Services
County TRAVIS License # 015414 Lic Expire 3/31/2021 Medicare 1: Medicare 2:	Region 05 Date Licensed 03/05/2013 LIFESPAN HOME HEALTH 1701 DIRECTORS BLVD. STE 200 AUSTIN, TX 78744	Owner Information ADVANCE HI TECH NURSING, INC 6243 IH 10 WEST, SUITE 375 SAN ANTONIO, TX 78201 PHONE: FAX:
Phone (877) 434-3153	Fax (877) 463-1310	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHARLES "CD" CRADY	
County TRAVIS License # 018806 Lic Expire 4/30/2022 Medicare 1: 679049 HHA-18	Region 05 Date Licensed 04/30/2018 LIFESPRING HOME HEALTH 7703 N LAMAR BLVD SUITE 330 AUSTIN, TX 78752	Owner Information LIFESPRING INHOME HEALTH LLC 500 E 4TH STREET # 313 AUSTIN, TX 78701
Medicare 2: Phone (512) 206-4250	Fax (844) 440-2813	PHONE: FAX:
(. ,		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DEBRA TRIOLO	
County TRAVIS License # 013520 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (512) 266-5600 Type: Parent Agency	Region 05 Date Licensed 08/09/2010 LONGHORN VILLAGE 12501 LONGHORN PARKWAY AUSTIN, TX 78732 Fax (512) 597-2964 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 License # 014425 Lic Expire 10/31/2021 Medicare 1: 747947 HHA-18 Medicare 2: Phone (512) 673-9362 Type: Parent Agency	Region 05 Date Licensed 10/14/2011 LOVING GRACE HEALTH CARE INC 111 WEST ANDERSON LANE STE D204 AUSTIN, TX 78752 Fax (512) 206-4977 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 License # 020027 Lic Expire 7/1/2022 Medicare 1: Medicare 2: Phone (512) 610-9503 Type: Parent Agency	Region 05 Date Licensed 07/01/2020 MAGNOLIA HOSPICE 1421 N. WELLS BRANCH PARKWAY PFLUGERVILLE, TEXAS 78660 Fax (512) 610-9503 Administrator GRACE MILLS	Owner Information RHI MAGNOLIA OF CENTRAL TEXAS, LLC 101 W RENNER RD STE 402 RICHARDSON, TEXAS 75082 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County TRAVIS License # 020745 Lic Expire 5/11/2023 Medicare 1: Medicare 2:	Region 05 Date Licensed 05/11/2021 MANIFEST HOME HEALTH, LLC 11605 MILL RIDGE TRACE MANOR, TX 78653	Owner Information MANIFEST HOME HEALTH, LLC PHONE: FAX:
Phone (512) 595-1751 Type: Parent Agency	Fax (512) 494-6110 Administrator SHIRLET ORIAKHI	Services: Personal Assistance Services
County TRAVIS License # 012913 Lic Expire 1/31/2023 Medicare 1:	Region 05 Date Licensed 01/21/2009 MAXIM HEALTHCARE SERVICES INC 3636 EXECUTIVE CENTER DR. SUITE 150 AUSTIN, TX 78731	Owner Information MAXIM HEALTHCARE SERVICES INC 7227 LEE DEFOREST DRIVE COLUMBIA, MD 21046
Medicare 2: Phone (512) 340-0171	Fax (866) 431-5957	PHONE: FAX:
Type: Parent Agency	Administrator KATHERINE MARTINEZ	Services: Licensed Home Health Services; Personal Assistance Services
County TRAVIS License # 003605 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (512) 477-3796	Region 05 Date Licensed 08/09/1994 MEALS ON WHEELS CENTRAL TEXAS INHOME CARE 3227 EAST 5TH STREET AUSTIN, TX 78702 Fax (512) 477-6437	Owner Information HELPING THE AGING NEEDY AND DISABLED INC 3227 EAST 5TH STREET AUSTIN, TX 78702 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator MARSHA WIER	0.000.000.000.000.000.000
County TRAVIS License # 016600 Lic Expire 1/31/2023 Medicare 1: 748009 Medicare 2:	Region 05 Date Licensed 01/13/2015 MGA HOMECARE 8300 N. MOPAC EXPRESSWAY, SUITE 150 AUSTIN, TEXAS 78759	Owner Information MGA HEALTHCARE TEXAS, LLC 7025 N SCOTTSDALE ROAD, SUITE 200 SCOTTSDALE, AZ 85253 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	Owner Information
County TRAVIS License # 019072 Lic Expire 11/8/2022	Region 05 Date Licensed 11/08/2018 MORNING GLORY RESIDENTIAL LIVING AND HOME HEALTH CARE LLC 1205 GOLDEN EAGLE STREET	MORNING GLORY RESIDENTIAL LIVING AND HOME HEALTH CARE LLC
Medicare 1: Medicare 2:	PFLUGERVILLE, TEXAS 78660	PHONE: FAX:
Phone (512) 649-8224	Fax (512) 649-1440	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator JANE TAYLOR	Octivides. Electrised Figure Fredrict Section 7 distribution of the Section 8 distribution of the Section 8 distribution 8 dis
County TRAVIS License # 017945 Lic Expire 3/31/2024 Medicare 1:	Region 05 Date Licensed 03/09/2017 MUVE HOME HEALTH LLC 5329 SERENE HILLS DRIVE STE 200 LAKEWAY, TX 78738	Owner Information MUVE HOME HEALTH LLC 5329 SERENE HILLS DRIVE SUITE 200 LAKEWAY, TX 78738
Medicare 2: Phone (512) 357-8212	Fax (512) 290-9210	PHONE: FAX:
Type: Parent Agency	Administrator PEGGY GLAWE	Services: Licensed Home Health Services
County TRAVIS License # 017517 Lic Expire 1/31/2025 Medicare 1: 671502 HOSPICE Medicare 2:	Region 05 Date Licensed 01/19/2016 NEW CENTURY HOSPICE OF AUSTIN 9430 RESEARCH BLVD STE 11-100 AUSTIN, TX 78759	Owner Information ANGEL HEART HOSPICE, LLC P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX:
Phone (512) 342-8288	Fax (512) 342-8122	Services: Hospice
Type: Parent Agency	Administrator ANDRES GONZALES	In-Patient Hospice: NO

County TRAVIS License # 003114 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (512) 442-7132 Type: Parent Agency	Region 05 Date Licensed 04/18/1984 NEW HOPE HEALTH CARE INC 2028 EAST BEN WHITE BLVD SUITE #230 AUSTIN, TX 78741 Fax (512) 442-7629 Administrator JESSE TREVINO	Owner Information NEW HOPE HEALTH CARE, INC 2028 EAST BEN WHITE #324 AUSTIN, TX 78741 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 015865 Lic Expire 11/30/2024 Medicare 1: Medicare 2: Phone (512) 338-4533 Type: Parent Agency	Region 05 Date Licensed 11/12/2013 NURSES CASE MANAGEMENT LLC 7800 NORTH MOPAC EXPRESSWAY SUITE 300 AUSTIN, TX 78759 Fax (512) 338-4471 Administrator MEGAN LAWHON	Owner Information NURSES CASE MANAGEMENT, LLC 3724 EXECUTIVE CENTER DRIVE, SUITE #201 AUSTIN, TX 78731 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TRAVIS License # 020891 Lic Expire 8/1/2024 Medicare 1: Medicare 2: Phone (512) 522-2949 Type: Parent Agency	Region 05 Date Licensed 08/01/2021 OUR FAMILY HOME CARE SERVICES, LLC 7000 NORTH MOPAC EXPRESSWAY, SUITE 2063 AUSTIN, TX 78731 Fax Administrator MARGARET WHITE	Owner Information OUR FAMILY HOME CARE SERVICES LLC 5627 ELLSWORTH AVENUE DALLAS, TX 75206 PHONE: FAX: Services: Personal Assistance Services
County TRAVIS License # 020368 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (512) 823-2000 Type: Parent Agency	Region 05 Date Licensed 12/03/2020 PARAGON INFUSION SERVICES, INC 8601 CROSS PARK DRIVE, SUITE 400 AUSTIN, TX 78754 Fax (866) 491-5888 Administrator TERRIA DEASFERNANDEZ	Owner Information PATHWRITE, INC 3033 DENTON, TX 76205 PHONE: FAX: Services: Licensed Home Health Services
County TRAVIS License # 017255 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (855) 905-0222 Type: Parent Agency	Region 05 Date Licensed 02/03/2016 PATIENT'S PREMIER CHOICE LLC 1508 DESSAU RIDGE LANE, SUITE #203 AUSTIN, TX 78754 Fax (512) 904-0222 Administrator LINH TU	Owner Information PATIENT'S PREMIER CHOICE LLC PO BOX 140917 AUSTIN, TX 78714 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TRAVIS License # 016519 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (512) 777-4092 Type: Parent Agency	Region 05 Date Licensed 11/10/2014 PEDIATRIC HEALTHCARE CONNECTION 9011 MOUNTAIN RIDGE DRIVE, SUITE #130 AUSTIN, TEXAS 78759 Fax (866) 311-9885 Administrator KOREYAN CRAIN	Owner Information TOTS IN TOW, LLC 12617 LEE PARK LANE AUSTIN, TX 78732 PHONE: FAX: Services: Licensed Home Health Services
County TRAVIS License # 018747 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (512) 900-8791 Type: Parent Agency	Region 05 Date Licensed 05/11/2018 PEDIATRIC HOME HEALTHCARE LLC 8501 NORTH MOPAC EXPRESSWAY SUITE 430 AUSTIN, TX 78759 Fax (512) 614-4201 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 TRAVIS License # 015151 Lic Expire 7/31/2022 Medicare 1: 677950 HHA-18 Medicare 2: Phone (512) 374-0700 Type: Parent Agency	Region 05 Date Licensed 07/03/2012 PINNACLE SENIOR CARE 7800 SHOAL CREEK BLVD STE 118 W AUSTIN, TX 78757 Fax (512) 374-0740 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 License # 020111 Lic Expire 8/18/2022 Medicare 1:	Region 05 Date Licensed 08/18/2020 PRACTICAL CARE CONTINUUM, LLC 1507 NORTH STREET, UNIT 1 AUSTIN, TEXAS 78756	Owner Information PRACTICAL CARE CONTINUUM, LLC
Medicare 2: Phone 512 4004331	Fax 512 843 8545	PHONE: FAX:
Type: Parent Agency	Administrator SAMANTHA YOUNG	Services: Personal Assistance Services
County TRAVIS License # 006083 Lic Expire 1/22/2023 Medicare 1: 678174 HHA-18 Medicare 2: Phone (512) 847-7080	Region 05 Date Licensed 08/01/1997 PRIMESTAR HOME HEALTH OF CENTRAL TEXAS INC 5206 WIND RIVER RD. AUSTIN, TEXAS 78759 Fax (512) 847-6121	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
Type: Parent Agency	Administrator KIMA COLTHARP	
County TRAVIS License # 018340 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (512) 487-9635 Type: Parent Agency	Region 05 Date Licensed 09/26/2017 PROPEDIA HEALTH SERVICES INC 2401 W PECAN STREET SUITE 106 PFLUGERVILLE, TEXAS 78660 Fax (512) 551-4007 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 License # 017964 Lic Expire 12/31/2022 Medicare 1: 747604 HHA-18 Medicare 2: Phone (512) 733-6500	Region 05 Date Licensed 12/14/2016 RAINIER HOMECARE 10711 BURNET RD STE 101 AUSTIN, TEXAS 78758 Fax (512) 219-1110	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 License # 016651 Lic Expire 2/28/2023 Medicare 1: 741620 HOSPICE Medicare 2: Phone (512) 733-6500	Administrator CHRISTINA GRABOSKI Region 05 Date Licensed 02/20/2015 RAINIER HOSPICE 10711 BURNET RD STE 101 AUSTIN, TEXAS 78758 Fax (512) 597-2118	Owner Information TLC HOSPICE OF AUSTIN LLC 10711 BURNET RD STE 304 AUSTIN, TX 78758 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BRYAN WEIL	
County TRAVIS License # 015185 Lic Expire 11/30/2023 Medicare 1: Medicare 2:	Region 05 Date Licensed 11/07/2012 REDBUD HOMECARE SERVICES LLC 11200 MENCHACA RD SUITE 305 AUSTIN, TX 78748	Owner Information REDBUD HOMECARE SERVICES LLC 16222 OAK GROVE ROAD SUITE#2A BUDA, TX 78610 PHONE: FAX:
Phone (512) 523-8245 Type: Parent Agency	Fax (512) 692-2530 Administrator ANNE WALKER-MCBAY	Services: Personal Assistance Services

County TRAVIS License # 020034 Lic Expire 6/5/2022 Medicare 1: Medicare 2: Phone (512) 610-9503	Region 05 Date Licensed REMARKABLE HOSPICE 1421 N WELLS BRANCH PARKWAY PFLUGERVILLE, TEXAS 78660 Fax (512) 610-9503	Owner Information EDITION HEALTH SERVICES INC 101 W RENNER RD RICHARDSON, TEXAS 75082 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator GRACE MILLS	
County TRAVIS License # 009621 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (512) 837-4600	Region 06 Date Licensed 06/18/2008 RESOURCE CARE CORPORATION 7701 NORTH LAMAR #202 AUSTIN, TX 78752 Fax (512) 837-4607	Owner Information RESOURCE CARE CORPORATION 7211 REGENCY SQUARE #116 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator ROSE NWABUISI	CONTICES. Electrical Frontier Continues, in Continues and in Continues
County TRAVIS License # 012568 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (512) 465-9900	Region 05 Date Licensed 04/29/2009 RIGHT AT HOME 1202 5555 N LAMAR BLVD SUITE C111 AUSTIN, TX 78751 Fax (512) 465-9901	Owner Information EDWIN YOUNG HEALTHCARE INC 5555 N. LAMAR BLVD., SUITE #C111 AUSTIN, TX 78751 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator KATRINA VANBENTHUYSEN	
County TRAVIS License # 020497 Lic Expire 2/1/2023 Medicare 1: Medicare 2:	Region 05 Date Licensed 02/01/2021 RO HEALTH, LLC 4408 SPICEWOOD SPRINGS ROAD AUSTIN, TEXAS 78759	Owner Information RO HEALTH, LLC 1900 W NICKERSON ST., #200 SEATTLE, WA 98119 PHONE: FAX:
Phone 512 7179062	Fax 888 6072889	Services: Licensed Home Health Services
Type: Parent Agency County TRAVIS License # 016399 Lic Expire 8/1/2022 Medicare 1: 677433 HHA-18;45 Medicare 2: Phone (512) 328-7606	Administrator CRAIG YUEN Region 05 Date Licensed 05/01/2014 ROBINSON CREEK HOME HEALTH AND HOSPICE 5716 US HWY 290 W, STE 212 AUSTIN, TX 78735 Fax (512) 328-1028	Owner Information LAGNIAPPE HEALTH CARE INVESTMENTS LLC 609 CASTLE RIDGE ROAD, SUITE#300 AUSTIN, TX 78746 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 STEPHANIE RICE	
County TRAVIS License # 007053 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (512) 251-7555	Region 05 Date Licensed 01/01/1999 ROSY HEALTH CARE SERVICES LTD 3724 AIRPORT BOULEVARD AUSTIN, TX 78722 Fax (512) 719-0908	Owner Information ROSY HEALTH CARE SERVICES INC SAME AUSTIN, TX 78722 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ROSEMARY UZUH	
County TRAVIS License # 008065 Lic Expire 8/31/2022 Medicare 1: 679338 HHA-18 Medicare 2:	Region 05 Date Licensed 08/19/2002 ROSY IN HOME SERVICES INC 3724 AIRPORT BOULEVARD AUSTIN, TX 78722	Owner Information ROSY IN HOME SERVICES INC SAME AUSTIN, TX 78722 PHONE: FAX:
Phone (512) 479-1820	Fax (512) 719-0908	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ROSEMARY UZUH	

County TRAVIS Region 0.5 Date Licensed 03/27/2013 SENIOR SITTERS, LLC SE	
County TRAVIS Region 0.5 Date Licensed 0.3/28/2014 Services: Personal Assistance Services PHONE: FAX:	
Medicare 1:	
Medicare 2:	
Phone (512) 250-5800 Fax (512) 250-5801 Services: Personal Assistance Services	
Type: Parent Agency Administrator YVETTE ESPINOZA	
License # 014436 SENIORMINDED HOME CARE LC Lic Expire 10/31/2024 1717 WEST SIXTH STREET SUITE 235 Medicare 1: AUSTIN, TX 78703 Medicare 2: Phone (512) 428-4100 Fax (866) 231-4101 Type: Parent Agency Administrator MARK ELSEA County TRAVIS Region 05 Date Licensed 03/28/2014 License # 016116 SILVERADO HOSPICE AUSTIN SILVERADO HOSPICE AUSTIN SILVERADO HOSPICE OF HOUSTON, INC Lice Expire 3/31/2022 1701 DIRECTORS BLVD STE 410 Medicare 1: 741539 HOSPICE AUSTIN, TX 78744 Medicare 2: Phone (512) 827-6895 Fax (844) 210-4960 Type: Parent Agency Administrator KIMBERLIE WENTINK County TRAVIS Region 05 Date Licensed 02/05/2016 Date License Medicare 2: Phone (512) 827-6895 Fax (844) 210-4960 Type: Parent Agency Administrator KIMBERLIE WENTINK County TRAVIS Region 05 Date Licensed 02/05/2016 Date Licensed 02/05/2016 Date Licensed 02/05/2016 Commertification COMFORT MINDED HOME CARE LLC COMFORT MINDED HOME CARE LLC COMFORT MINDED HOME CARE LLC 1717 WEST SIXTH STREET SIZH 235 AUSTIN, TX 78703 AUSTIN, TX 78703 AUSTIN, TX 78703 PHONE: FAX: FAX: FAX: Phone (512) 827-6895 Fax (844) 210-4960 Commertification Type: Parent Agency Administrator KIMBERLIE WENTINK County TRAVIS Region 05 Date Licensed 02/05/2016 Commertification COMMERTIFICATION OF TRAVIS SERVICES LCC	
License # 014436 SENIORMINDED HOME CARE COMFORT MINDED HOME CARE LLC Lic Expire 10/31/2024 1717 WEST SIXTH STREET SUITE 235 Medicare 1: AUSTIN, TX 78703 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 SILVERADO HOSPICE AUSTIN SILVERADO HOSPICE OF HOUSTON, INC Lic Expire 3/31/2022 1701 DIRECTORS BLVD STE 410 Medicare 1: 741539 HOSPICE AUSTIN, TX 78744 IRVINE, CA 92618 Medicare 2: PHONE: FAX: Phone (512) 827-6895 Fax (844) 210-4960 Services: PHONE: FAX: Type: Parent Agency Administrator KIMBERLIE WENTINK County TRAVIS Region 05 Date Licensed 02/05/2016 Owner Information Services: Hospice In-Patient Hospice: NO County TRAVIS Region 05 Date Licensed 02/05/2016 Owner Information SON HOME INFORMATION THE SERVICES LICENTIAL COMMENT OF THE S	
Medicare 1:	
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 AUSTIN SILVERADO HOSPICE OF HOUSTON, INC Lic Expire 3/31/2022 1701 DIRECTORS BLVD STE 410 6400 OAK CANYON #200 Medicare 1: 741539 HOSPICE AUSTIN, TX 78744 IRVINE, CA 92618 Medicare 2: PHONE: FAX: Phone (512) 827-6895 Fax (844) 210-4960 Services: Hospice In-Patient Hospice: NO Type: Parent Agency Administrator KIMBERLIE WENTINK County TRAVIS Region 05 Date Licensed 02/05/2016 Owner Information SOAL HOME HEALTH SERVICES LICENSE LIC	
Phone (512) 428-4100	
Type: Parent Agency Administrator MARK ELSEA County TRAVIS Region 05 Date Licensed 03/28/2014 License # 016116 SILVERADO HOSPICE AUSTIN Lic Expire 3/31/2022 1701 DIRECTORS BLVD STE 410 Medicare 1: 741539 HOSPICE AUSTIN, TX 78744 Medicare 2: Phone (512) 827-6895 Fax (844) 210-4960 Type: Parent Agency Administrator KIMBERLIE WENTINK County TRAVIS Region 05 Date Licensed 02/05/2016 Owner Information SILVERADO HOSPICE OF HOUSTON, INC 6400 OAK CANYON #200 IRVINE, CA 92618 PHONE: FAX: Services: Hospice In-Patient Hospice: NO Owner Information SOAL HOME HEALTH SERVICES LICE	
County TRAVIS Region 05 Date Licensed 03/28/2014 License # 016116 SILVERADO HOSPICE AUSTIN SILVERADO HOSPICE OF HOUSTON, INC Lic Expire 3/31/2022 1701 DIRECTORS BLVD STE 410 Medicare 1: 741539 HOSPICE AUSTIN, TX 78744 IRVINE, CA 92618 Medicare 2: PHONE: FAX: Phone (512) 827-6895 Fax (844) 210-4960 Services: Hospice In-Patient Hospice: NO Type: Parent Agency Administrator KIMBERLIE WENTINK County TRAVIS Region 05 Date Licensed 02/05/2016 Owner Information SOAL HOME HEALTH SERVICES LICENSED	
License # 016116	
Lic Expire 3/31/2022 1701 DIRECTORS BLVD STE 410 6400 OAK CANYON #200 Medicare 1: 741539 HOSPICE AUSTIN, TX 78744 IRVINE, CA 92618 Medicare 2: PHONE: FAX: Phone (512) 827-6895 Fax (844) 210-4960 Services: Hospice In-Patient Hospice: NO Type: Parent Agency Administrator KIMBERLIE WENTINK County TRAVIS Region 05 Date Licensed 02/05/2016 Owner Information	
Medicare 1: 741539 HOSPICE AUSTIN, TX 78744 IRVINE, CA 92618 Medicare 2: PHONE: FAX: Phone (512) 827-6895 Fax (844) 210-4960 Services: Hospice In-Patient Hospice: NO Type: Parent Agency Administrator KIMBERLIE WENTINK County TRAVIS Region 05 Date Licensed 02/05/2016 Owner Information	
Medicare 2: PHONE: FAX: Phone (512) 827-6895 Fax (844) 210-4960 Services: Hospice In-Patient Hospice: NO Type: Parent Agency Administrator KIMBERLIE WENTINK County TRAVIS Region 05 Date Licensed 02/05/2016 Owner Information SOAL HOME HEALTH SERVICES LICENSE COLL HOME HEALTH SERVICES LICENSE COLL HOME HEALTH SERVICES LICENSE	
Type: Parent Agency Administrator KIMBERLIE WENTINK County TRAVIS Region 05 Date Licensed 02/05/2016 Owner Information SOAL HOME HEALTH SERVICES LICE	
County TRAVIS Region 05 Date Licensed 02/05/2016 Owner Information SOAL HOME HEALTH SERVICES LICE	
Coulty Travis region 05 Bate Licensed 02/03/2010	
License # 017961 SOAL HOME HEALTH SERVICES LLC SOAL HOME HEALTH SERVICES LLC	
LICEISE # 017201 SOAL HOWE HEALTH SERVICES LLC	
Lic Expire 2/28/2022 1621 E 6TH STREET #1438 1621 E 6TH ST SUITE 1148	
Medicare 1: AUSTIN, TEXAS 78702 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 SONDER HOSPICE AUSTIN COMMUNITY HOSPICE LLC Lic Expire 8/30/2023 4611 BEE CAVES RD, SUITE 213	
Medicare 1: 971572 WEST LAKE HILLS, TX 78746 Medicare 2: PHONE: FAX:	
Phone (512) 354-7222 Fax (512) 362-6464 Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency Administrator PATTY KLAERNER	
County TRAVIS Region 05 Date Licensed 06/07/2011 License # 014142 SONRISAS THERAPIES PEDIATRIC HOME AND HEALTHCARE SERVICES LLC SERVICES LLC OVERSEL OVE	
Lic Expire 6/30/2023 3800 NORTH LAMAR BLVD., SUITE 200 Modicare 1: AUSTIN, TX, 78702	
Medicare 1: AUSTIN, TX 78756 AUSTIN, TX 76702 Medicare 2: PHONE: FAX:	
Phone (512) 900-7934 Fax (512) 900-7954 Services: Licensed Home Health Services	
Type: Parent Agency Administrator LAURA FROELICH	

County TRAVIS	Region 05 Date Licensed 06/21/2012	Owner Information
License # 014885	SPECIAL KIDS CARE	KIDS HOME CARE OF TEXAS, INC
Lic Expire 6/30/2022	1524 S INTERSTATE 35 SUITE 365	1225 NORTH LOOP WEST SUITE 500
Medicare 1:	AUSTIN, TX 78704	HOUSTON, TX 77008
Medicare 2:		PHONE: FAX:
Phone (512) 382-0222	Fax (512) 382-0765	Services: Licensed Home Health Services
Type: Parent Agency	Administrator LESLIE RUTLEDGE	
County TRAVIS	Region 05 Date Licensed 10/12/2018	Owner Information
License # 019604	STARLING HEALTHCARE SERVICES INC	STARLING HEALTHCARE SERVICES INC
Lic Expire 10/22/2020	12531 TX-71 #3104	12531 TX-71 #3104
Medicare 1:	BEE CAVE, TEXAS 78738	BEE CAVE, TEXAS 78738
Medicare 2:		PHONE: FAX:
Phone (469) 270-0917	Fax (469) 804-3024	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator ANTHONIA OZOR	
County TRAVIS	Region 05 Date Licensed 03/11/2020	Owner Information
License # 019853	SUNCREST HOSPICE AUSTIN LLC	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: FAX:
Phone (512) 543-1381	Fax (512) 713-0650	Services: Hospice
	A L L L L L L L L L L L L L L L L L L L	In-Patient Hospice: NO
Type: Parent Agency	Administrator ANNE NISLEY	
County TRAVIS	Region 05 Date Licensed 03/28/2018	Owner Information
License # 018677	SWEET REMEDY CARE SERVICES LLC	SWEET REMEDY CARE SERVICES LLC
Lic Expire 3/31/2022	6500 RIVER PLACE BLVD. BUILDING 7, SUITE 250	P.O. BOX 142543
Medicare 1:	AUSTIN, TEXAS 78730	AUSTIN, TX 78714
Medicare 2:	_	PHONE: FAX:
Phone (512) 695-9733	Fax	Services: Personal Assistance Services
Type: Parent Agency	Administrator DETRA WASHINGTON	
County TRAVIS	Region 05 Date Licensed 04/30/2014	Owner Information
License # 016178	SYNERGY HOMECARE	ALL LONESTAR INC
Lic Expire 4/30/2022	11111 S-IH 35 FRONTAGE RD SUITE 103	2110A BOCA RATON DRIVE ST. 207
Medicare 1:	AUSTIN, TX 78747	AUSTIN, TX 78747
Medicare 2:		PHONE: FAX:
Phone (512) 872-6116	Fax (512) 872-6118	Services: Personal Assistance Services
Type: Parent Agency	Administrator YAMMILE GALLEGOS	
County TRAVIS	Region 05 Date Licensed 07/24/2019	Owner Information
License # 019493	SYNERGY HOMECARE OF CENTRAL AUSTIN	TYGER HOMECARE LLC
Lic Expire 7/24/2023	7500 RIALTO BLVD, BUILDING 1, SUITE 250	5940 SALCON CLIFF DRIVE
Medicare 1:	AUSTIN, TEXAS 78735	AUSTIN, TX 78749
Medicare 2:		PHONE: FAX:
Phone (512) 318-2348	Fax (512) 375-3131	Services: Personal Assistance Services
Type: Parent Agency	Administrator JULIE TYGER	
County TRAVIS	Region 05 Date Licensed 02/01/2021	Owner Information
License # 020496	SYNERGY HOMECARE OF WEST AUSTIN	ALSAIF LLC
Lic Expire 2/1/2023	7000 N MOPAC EXPRESSWAY SUITE 2067	
Medicare 1:	AUSTIN, TEXAS 78731	
Medicare 2:		PHONE: FAX:
Phone (903) 705-2221	Fax	Services: Personal Assistance Services
Tunes Descrit Access	Administrator CHADMEEN VOLICAE	

Administrator

Type: Parent Agency

SHARMEEN YOUSAF

County TRAVIS License # 012487 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (512) 910-2473 Type: Branch Agency	Region 03 Date Licensed 04/10/2017 TEAM SELECT HOME CARE 709 W. 34TH STREET, UNIT C AUSTIN, TX 78705 Fax (512) 290-9219 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
		Owner Information
County TRAVIS License # 020333 Lic Expire 11/20/2022 Medicare 1:	Region 05 Date Licensed 11/20/2020 TEAM SELECT HOME CARE OF TEXAS, LLC 709 W. 34TH STREET, UNIT C AUSTIN, TX 78705	TEAM SELECT HOME CARE OF TEXAS, LLC 2999 N. 44TH STREET, SUITE 100 PHOENIX, AZ 85018
Medicare 2:		PHONE: FAX:
Phone (512) 910-2473	Fax (512) 290-9219	Services: Licensed Home Health Services
Type: Parent Agency	Administrator LAURA QUINTANILLA	
County TRAVIS License # 020077 Lic Expire 7/27/2022 Medicare 1:	Region 05 Date Licensed 07/27/2020 TEXAS ANGELS OF HOPE LLC 6801 WILLIAM WALLACE WAY AUSTIN, TEXAS 78754	Owner Information TEXAS ANGELS OF HOPE LLC
Medicare 2:	7,661,11,1,12,1,61,61,61	PHONE: FAX:
Phone 512 6144287	Fax 512 2913414	Services: Personal Assistance Services
Type: Parent Agency	Administrator ALBERTA JOHNSON	
County TRAVIS License # 012904 Lic Expire 10/31/2024 Medicare 1:	Region 05 Date Licensed 10/16/2009 TEXAS HOME CARE PARTNERS LLC 3160 BEE CAVE RD SUITE 302 AUSTIN, TX 78746	Owner Information TEXAS HOME CARE PARTNERS LLC 3160 BEE CAVE RD STE#302 AUSTIN, TX 78746
Medicare 2: Phone (512) 358-4556	Fax (512) 358-4982	PHONE: FAX:
Type: Parent Agency	Administrator DEBORAH GARCIA	Services: Personal Assistance Services
County TRAVIS License # 017838 Lic Expire 12/31/2022 Medicare 1: 671554 HOSPICE Medicare 2: Phone (512) 372-4194	Region 05 Date Licensed 12/11/2016 TEXAS HOME HEALTH HOSPICEAUSTIN LLC 3520 EXECUTIVE CENTER DRIVE SUITE 320 AUSTIN, TX 78731 Fax (512) 372-4351	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
Type: Parent Agency	Administrator TAMI HATFIELD	ii i atoit riospo. No
County TRAVIS License # 007742 Lic Expire 9/30/2022 Medicare 1:	Region 05 Date Licensed 08/19/2005 TEXAS HOME HEALTH SKILLED SERVICES 3520 EXECUTIVE CENTER DRIVE SUITE G100 AUSTIN, TX 78731	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 2:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PHONE: FAX:
Phone (512) 343-0093	Fax (512) 527-0407	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator CASSIE MITCHELL	Ounce Information
County TRAVIS License # 007742 Lic Expire 9/30/2022 Medicare 1:	Region 05 Date Licensed 08/19/2005 TEXAS HOME HEALTH SKILLED SERVICES 3520 EXECUTIVE CENTER DRIVE SUITE G100 AUSTIN, TX 78731	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 2:		PHONE: FAX:
Phone (512) 343-0093	Fax (512) 527-0407	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator CASSIE MITCHELL	

County TRAVIS License # 019660 Lic Expire 10/23/2023 Medicare 1: 747999 HHA	Region 05 Date Licensed 10/23/2019 TEXAS STAR WELLCARE LLC 3821 GILDAS PATH PFLUGERVILLE, TEXAS 78660	Owner Information TEXAS STAR WELL CARE LLC
Medicare 2:		PHONE: FAX:
Phone (512) 872-9590	Fax	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator MICHAEL HAMILTON	
County TRAVIS License # 007354 Lic Expire 6/30/2024 Medicare 1: 679078 HHA-18	Region 05 Date Licensed 06/29/2000 THE MEDICAL TEAM INC 14205 BURNET ROAD SUITE 650 AUSTIN, TX 78728	Owner Information THE MEDICAL TEAM INC 1902 CAMPUS COMMONS DRIVE, SUITE 650 RESTON, VA 20191
Medicare 2:		PHONE: FAX:
Phone (512) 418-9555	Fax (512) 418-9777	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DAVID MYERS	
County TRAVIS License # 007838 Lic Expire 2/28/2023 Medicare 1: Medicare 2:	Region 05 Date Licensed 02/05/2002 THE MEDICAL TEAM PERSONAL CARE SERVICES 1806 W. STASSNEY LANE SUITE 102 AUSTIN, TX 78745	Owner Information CUSTOM CARE TEAM, INC 45 NE LOOP 410, SUITE 800 SAN ANTONIO, TEXAS 78216 PHONE: FAX:
Phone (512) 985-9058	Fax (512) 985-9343	Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator TIMOTHY HARTLE	Services. Licensed nome nearm services, reisonal Assistance Services
County TRAVIS License # 020267 Lic Expire 6/10/2022 Medicare 1: 451788 Hospice	Region 05 Date Licensed 06/10/2020 THREE OAKS HOSPICE AUSTIN 7800 SHOAL CREEK BOULEVARD, SUITE 145 SOUTH AUSTIN, TEXAS 78757	Owner Information THREE OAKS HOSPICE AUSTIN, LLC
Medicare 2:	,	PHONE: FAX:
Phone 512 3236500	Fax 512 3230404	Services: Hospice
Type: Parent Agency	Administrator ANGELA TOBLER	In-Patient Hospice: NO
County TRAVIS License # 017864 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (512) 828-3990 Type: Parent Agency	Region 05 Date Licensed 11/01/2016 THRIVE SKILLED PEDIATRIC CARE 3508 FAR WEST BLVD SUITE #130 AUSTIN, TX 787313081 Fax (512) 241-1277 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 TRAVIS License # 016424 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (512) 215-8150 Type: Parent Agency	Region 05 Date Licensed 09/15/2014 TOTAL CARE PROVIDER LLC 9038 NORTH INTERSTATE 35, UNIT B AUSTIN, TX 78753 Fax (512) 727-5869 Administrator MUSU TURAY	Owner Information TOTAL CARE PROVIDER LLC 510 S CONGRESS AVENUE STE#110 AUSTIN, TX 78704 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County TRAVIS License # 018686 Lic Expire 4/30/2022 Medicare 1: 74-1744 Medicare 2: Phone (512) 649-2274 Type: Parent Agency	Region 05 Date Licensed 04/04/2018 TRUE HEART HOSPICE LLC 7719 WOOD HOLLOW DR. STE. 216 AUSTIN, TX 78731 Fax (512) 651-1851 Administrator JENNIFER ROUDA	Owner Information TRUE HEART HOSPICE LLC 7000 N. MOPAC EXPY #200 AUSTIN, TX 78731 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County TRAVIS License # 011429 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (512) 452-8282 Type: Parent Agency	Region 05 Date Licensed 05/30 VISITING ANGELS 1510 W 34TH ST SUITE 200-5 AUSTIN, TX 78703 Fax (512) 452-8289 Administrator MARIA A. (SUE) GUERRERO	Owner Information ANGELITOS DE SALUD LLC 2601 N QUINLAN PARK RD SUITE 404 AUSTIN, TX 78732 PHONE: FAX: Services: Personal Assistance Services	
County TRAVIS License # 018074 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (512) 250-2103 Type: Parent Agency	Region 05 Date Licensed 02/08 VISITING ANGELS AUSTIN LLC 9811 ANDERSON MILL ROAD SUITE #175 AUSTIN, TX 78750 Fax (512) 250-2126 Administrator TIFFANI HERRINGTON	O8/2017 Owner Information AVERY INVESTMENTS OF AUSTIN LLC 9811 ANDERSON MILL RD #175 AUSTIN, TX 78750 PHONE: FAX: Services: Personal Assistance Services	
County TRAVIS License # 015235 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (512) 518-2310 Type: Parent Agency		28/2012 Owner Information VIVA MEDICAL GROUP LLC 3400 WATERVIEW PARKWAY, SUITE 115 RICHARDSON, TX 75080 PHONE: FAX: Services: Licensed Home Health Services	
County TRAVIS License # 020078 Lic Expire 7/27/2022 Medicare 1: Medicare 2: Phone (281) 698-7730 Type: Parent Agency	Region 05 Date Licensed 11/26 WISTERIA HOME CARE 900 EAST PECAN ST, SUITE 300-158 PFLUGERVILLE, TX 78660 Fax Administrator SUZANA BENI	Owner Information WISTERIA HOME CARE PO BOX 2424 PFLUGERVILLE, TX 78691 PHONE: FAX: Services: Personal Assistance Services	
County TRINITY License # 002409 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (936) 642-0700 Type: Branch Agency		O3/1999 Owner Information A PINEYWOODS HOME HEALTH CARE INC P.O. BOX 1743 LUFKIN, TEXAS 75902 PHONE: FAX: Services: Licensed and Certified Home Health Services	
County TYLER License # 014479 Lic Expire 11/30/2023 Medicare 1: 671729 HOSPICE Medicare 2: Phone (409) 331-9909 Type: Parent Agency		21/2011 Owner Information 1ST QUALITY HOSPICE LLC 716 WEST BLUFF STREET WOODVILLE, TX 75979 PHONE: FAX: Services: Hospice In-Patient Hospice: NO	
County TYLER License # 012677 Lic Expire 5/31/2023 Medicare 1: 677428 HHA-18		O1/2009 Owner Information AC & JW INC 101 NORTH PECAN STREET WOODVILLE, TX 75979	

County TYLER License # 004081 Lic Expire 10/31/2023 Medicare 1: 678137 HHA-18 Medicare 2: Phone (936) 969-2103 Type: Parent Agency	Region 04 Date Licensed 10/13/1995 EAST TEXAS HOME HEALTH 14046 MAIN STREET CHESTER, TX 75936 Fax (833) 690-7893 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 License # 017893 Lic Expire 11/30/2022 Medicare 1: 679222 HHA-18 Medicare 2: Phone 409 3319492 Type: Parent Agency	Region 04 Date Licensed 12/01/2016 HOMECARE SOLUTIONS OF EAST TEXAS INC 208 WEST BLUFF STREET, SUITE B WOODVILLE, TX 75979 Fax 409 3319490 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 License # 017073 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (903) 680-0657 Type: Parent Agency	Region 04 Date Licensed 10/13/2015 STAYKARE SOLUTIONS LLC 329 N ROBERTS ST. GILMER, TX 75644 Fax (903) 680-2060 Administrator NANCY HOOKS	Owner Information STAYKARE SOLUTIONS LLC PO BOX 1 GILMER, TX 75644 PHONE: FAX: Services: Personal Assistance Services
County UPSHUR License # 018735 Lic Expire 2/28/2022 Medicare 1: 67Q7037001 Medicare 2: Phone (903) 843-4320 Type: Branch Agency	Region 04 Date Licensed 03/01/2018 UT HEALTH EAST TEXAS HOME HEALTH SERVICES 104 BUFFALO STREET GILMER, TX 75644 Fax (903) 843-4318 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 License # 010629 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (830) 278-9100 Type: Branch Agency	Region 07 Date Licensed 07/15/2009 AXIOM HOME HEALTH INC 1044 GARNER FIELD ROAD UVALDE, TX 78801 Fax (830) 278-9101 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 License # 002798 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (830) 278-8108 Type: Branch Agency	Region 07 Date Licensed 07/18/2008 CAPROCK HOME HEALTH SERVICES, INC 104 E NORTH STREET SUITE D UVALDE, TX 78801 Fax (830) 278-1859 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 License # 009908 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (830) 591-2313	Region 07 Date Licensed 08/01/2005 EN SU CASA CAREGIVERS 3040 E. MAIN ST. UVALDE, TX 78801 Fax (830) 591-2311	Owner Information EN SU CASA PRIMARY HOME CARE INC 401 S. PRESA ST. SAN ANTONIO, TX 78205 PHONE: FAX: Services: Personal Assistance Services

Administrator

Type: Branch Agency

LAUREN RAMON

County UVALDE License # 003516 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (830) 374-9800 Type: Branch Agency	Region 07 Date Licensed LOPEZ HEALTH SYSTEMS INC 702 E MAIN UVALDE, TX 78801 Fax (830) 591-9425 Administrator VICTOR LOPEZ	04/26/2006	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 UVALDE License # 002170 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (830) 757-3525 Type: Branch Agency	Region 07 Date Licensed LOPEZ HEALTH SYSTEMS INC 702 E. MAIN UVALDE, TX 78801 Fax (830) 757-0876 Administrator AMPARO LOPEZ	11/13/1995	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
County UVALDE License # 008267 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (830) 278-8370 Type: Branch Agency	Region 07 Date Licensed MAVERICK HOME HEALTH AGENCY 1022 GARNER FIELD ROAD UVALDE, TX 78801 Fax (830) 278-2900 Administrator VICTOR A GONZALEZ	03/05/2015	Owner Information RIO BRAVO HEALTH SYSTEM LLC P O BOX 5805 EAGLE PASS, TX 78852 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County UVALDE License # 008267 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (830) 278-8370 Type: Branch Agency	Region 07 Date Licensed MAVERICK HOME HEALTH AGENCY 1022 GARNER FIELD ROAD UVALDE, TX 78801 Fax (830) 278-2900 Administrator VICTOR A GONZALEZ	03/05/2015	Owner Information RIO BRAVO HEALTH SYSTEM LLC P O BOX 5805 EAGLE PASS, TX 78852 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County UVALDE License # 003630 Lic Expire 2/28/2023 Medicare 1: 451675 HOSPICE Medicare 2: Phone (830) 278-6691 Type: Parent Agency	Region 07 Date Licensed UVALDE HOSPICE 100 ROYAL LANE UVALDE, TEXAS 78801 Fax (830) 278-7533 Administrator HEIDI MATHEWSON	02/14/1995	Owner Information UVALDE COUNTY HOSPITAL AUTHORITY 1025 GARNER FIELD RD UVALDE, TX 78801 PHONE: (830) 278-6251 FAX: (830) 278-8529 Services: Hospice In-Patient Hospice: NO
County VAL VERDE License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (830) 469-3882 Type: Branch Agency	Region 07 Date Licensed BEE FIRST PRIMARY HOME CARE 1810 VETERANS BLVD STE D DEL RIO, TX 78840 Fax (210) 298-0133 Administrator MICHAEL THIEL	06/30/2015	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 License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (830) 469-3882 Type: Branch Agency	Region 07 Date Licensed BEE FIRST PRIMARY HOME CARE 1810 VETERANS BLVD STE D DEL RIO, TX 78840 Fax (210) 298-0133	06/30/2015	Owner Information FIRST PRIMARY HOME CARE, INC 2809 SOUTH EXPRESSWAY 83 HARLINGEN, TX 78550 PHONE: FAX: 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	BEE FIRST PRIMARY HOME CARE	FIRST PRIMARY HOME CARE, INC
Lic Expire 6/30/2023	1810 VETERANS BLVD STE D	2809 SOUTH EXPRESSWAY 83
Medicare 1:	DEL RIO, TX 78840	HARLINGEN, TX 78550
Medicare 2:	5 (2/2) 222 222	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 01/13/2004	Owner Information
License # 008855	CARE ETC	CARECETERA HOME CARE, INC
Lic Expire 1/31/2024	711 SOUTH MAIN STREET	711 S MAIN ST
Medicare 1:	DEL RIO, TX 78840	DEL RIO, TX 78840
Medicare 2:		PHONE: FAX:
Phone (830) 775-6858	Fax (830) 469-1987	Services: Personal Assistance Services
Type: Parent Agency	Administrator ROSALINDA (ROSIE) PHILLIPS	
County VAL VERDE	Region 07 Date Licensed 12/17/2013	Owner Information
License # 016133	CARTER HEALTHCARE	CARTER HEALTHCARE OF DEL RIO, LLC
Lic Expire 12/31/2023	2409 VETERANS BOULEVARD SUITE 10	3105 S MERIDIAN AVE
Medicare 1: 679357 HHA-18	DEL RIO, TX 78840	OKLAHOMA CITY, OK 73119
Medicare 2:		PHONE: FAX:
Phone (830) 778-5566	Fax (830) 778-5588	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator DAVID BERNARD	
County VAL VERDE	Region 07 Date Licensed 09/20/2016	Owner Information
License # 017639	DEL RIO GRANDE HOME HEALTHCARE	DEL RIO GRANDE HOME HEALTHCARE, LLC
Lic Expire 9/30/2022	1302 W GARZA STREET	1302 W GARZA STREET
Medicare 1:	DEL RIO, TX 78840	DEL RIO, TX 78840
Medicare 2:		PHONE: FAX:
Phone 830 4691108	Fax 830 4693051	Services: Personal Assistance Services
Type: Parent Agency	Administrator MAYRA RODRIGUEZ	
County VAL VERDE	Region 07 Date Licensed 01/31/2000	Owner Information
License # 007353	HOSPICE OF VAL VERDE REGIONAL MEDICAL CENTER	VAL VERDE HOSPITAL CORPORATION
Lic Expire 5/31/2022	801 NORTH BEDELL AVENUE	801 N BEDELL AVENUE
Medicare 1: 451604 HOSPICE	DEL RIO, TX 78840	DEL RIO, TX 78840
Medicare 2:		PHONE: FAX:
Phone (830) 774-4580	Fax (830) 774-2485	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator EDNA RIVERA	
County VAL VERDE	Region 07 Date Licensed 11/19/2009	Owner Information
License # 013049	LA GUADALUPANA PRIMARY HOME CARE	LA GUADALUPANA PRIMARY HOME CARE LLC
Lic Expire 11/30/2023	2008 VETERANS BLVD	338 N MONROE STREET
Medicare 1:	DEL RIO, TX 78840	EAGLE PASS, TX 78852
Medicare 2:		PHONE: FAX:
Phone (830) 768-3300	Fax (830) 768-3344	Services: Personal Assistance Services
Type: Branch Agency	Administrator RICHARD GARZA	
County VAL VERDE	Region 07 Date Licensed 11/17/1994	Owner Information
License # 003516	LOPEZ HEALTH SYSTEMS INC	LOPEZ HEALTH SYSTEMS INC
Lic Expire 11/30/2022	600 E 12TH STREET	2209 N HWY 83
Medicare 1:	DEL RIO, TX 78840	CRYSTAL CITY, TX 78839
Medicare 2:		PHONE: (830) 374-9800 FAX: (830) 374-9722
Phone (830) 774-0069	Fax (830) 774-0112	Services: Licensed Home Health Services; Personal Assistance Services
Tunes Dranch A	A designatura VICTOR LORGZ	

Type: Branch Agency

Administrator

VICTOR LOPEZ

County VAL VERDE License # 008267 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (830) 768-7707 Type: Branch Agency	Region 07 Date Licensed 03/05/2015 MAVERICK HOME HEALTH AGENCY 2044 N BEDELL STE 2 DEL RIO, TX 78840 Fax (830) 768-1702 Administrator VICTOR A GONZALEZ	Owner Information RIO BRAVO HEALTH SYSTEM LLC P O BOX 5805 EAGLE PASS, TX 78852 PHONE: FAX: Services: Personal Assistance Services
County VAL VERDE License # 008267 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (830) 768-7707 Type: Branch Agency	Region 07 Date Licensed 03/05/2015 MAVERICK HOME HEALTH AGENCY 2044 N BEDELL STE 2 DEL RIO, TX 78840 Fax (830) 768-1702 Administrator VICTOR A GONZALEZ	Owner Information RIO BRAVO HEALTH SYSTEM LLC P O BOX 5805 EAGLE PASS, TX 78852 PHONE: FAX: Services: Personal Assistance Services
County VAL VERDE License # 018649 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (210) 998-1680 Type: Alternate Delivery Site	Region 07 Date Licensed PALOMA HOSPICE AND PALLIATIVE CARE 500 N. MAIN STREET DEL RIO, TEXAS 78840 Fax Administrator KELLIE GIBSON	Owner Information PALOMA HOSPICE AND PALLIATIVE CARE 1227 WOODSEY CT SOUTHLAKE, TX 76092 PHONE: () - 1 FAX: Services: Hospice In-Patient Hospice: NO
County VAL VERDE License # 007241 Lic Expire 8/31/2020 Medicare 1: Medicare 2: Phone (830) 775-5647	Region 06 Date Licensed 07/30/2012 RESOURCE HOME HEALTH SERVICES 901 BEDELL AVENUE, SUITE H DEL RIO, TX 77036 Fax (830) 775-5626 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
Type: Branch Agency County VAL VERDE License # 013889 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (830) 773-1014 Type: Branch Agency	Region 07 Date Licensed 02/14/2011 SUPERIOR HOME HEALTH OF EAGLE PASS LLC 115 WEST MAIN ST UVALDE, TEXAS 788015319 Fax (830) 773-1440 Administrator PATSY BISCAINO	Owner Information SUPERIOR HOME HEALTH OF EAGLE PASS LLC 8000 VANTAGE DR SAN ANTONIO, TEXAS 78230 PHONE: FAX: Services: Licensed and Certified Home Health Services
County VAL VERDE License # 013889 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (830) 773-1014 Type: Branch Agency	Region 07 Date Licensed 09/01/2010 SUPERIOR HOME HEALTH OF EAGLE PASS LLC 159 BRADDIE DR STE 1 DEL RIO, TEXAS 788403159 Fax (830) 773-1440 Administrator PATSY BISCAINO	Owner Information SUPERIOR HOME HEALTH OF EAGLE PASS LLC 8000 VANTAGE DR SAN ANTONIO, TEXAS 78230 PHONE: FAX: Services: Licensed and Certified Home Health Services
County VAL VERDE License # 014458 Lic Expire 2/1/2022 Medicare 1: 671748 HOSPICE Medicare 2: Phone (830) 775-7104 Type: Parent Agency	Region 07 Date Licensed 11/08/2011 SUPERIOR HOSPICE OF DEL RIO LLC 159 BRADDIE DRIVE SUITE 1 A DEL RIO, TX 78840 Fax (830) 774-7282 Administrator PATSY BISCAINO	Owner Information SUPERIOR HOSPICE OF DEL RIO LLC 8000 VANTAGE DRIVE SAN ANTONIO, TX 78230 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County VAL VERDE License # 002109 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (830) 774-2198 Type: Parent Agency	Region 07 Date Licensed 03/01/1990 VAL VERDE HOME NURSES INC 2116 VETERANS BLVD SUITE #5 DEL RIO, TX 78840 Fax (830) 774-5178 Administrator ROBERT GARZA	Owner Information VAL VERDE HOME NURSES INC 2116 VETERANS BOULEVARD DEL RIO, TX 78840-3042 PHONE: FAX: Services: Personal Assistance Services
County VAL VERDE License # 018262 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (830) 320-8008 Type: Parent Agency	Region 07 Date Licensed 01/04/2017 VIDA REAL HOME CARE 311 S. MAIN ST. DEL RIO, TX 78840 Fax (833) 772-1223 Administrator CARLA MALTOS CRUZ	Owner Information MALTOR HEALTHCARE SYSTEMS LLC 513 N BEDELL AVE DEL RIO, TX 78840 PHONE: FAX: Services: Personal Assistance Services
County VAN ZANDT License # 007685 Lic Expire 7/31/2022 Medicare 1: 67Q9076002 Medicare 2: Phone (903) 567-2454 Type: Branch Agency	Region 04 Date Licensed 12/14/2001 AT HOME HEALTHCARE 2201 N TRADE DAY BLVD CANTON, TX 75103 Fax (903) 567-6151 Administrator JENNIFER JACKSON	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 VAN ZANDT License # 015841 Lic Expire 9/30/2023 Medicare 1: 671733 Medicare 2: Phone 214 3837443 Type: Alternate Delivery Site	Region 03 Date Licensed 08/29/2016 ENCOMPASS HEALTH HOSPICE 450 CENTURY PARKWAY, SUITE 140 ALLEN, TEXAS 75013 Fax 214 3837448 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 VAN ZANDT License # 010730 Lic Expire 9/30/2022 Medicare 1: 679683 HHA-18 Medicare 2: Phone (903) 873-2770	Region 04 Date Licensed 09/11/2006 GOLDEN YEARS HOMECARE SPECIALIST INCORPORATED 106 N 4TH STREET WILLS POINT, TX 75169 Fax (903) 873-6291	Owner Information GOLDEN YEARS HOMECARE SPECIALIST INCORPORATED 106 NORTH FOURTH STREET WILLS POINT, TX 75169 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County VAN ZANDT License # 015155 Lic Expire 10/31/2022 Medicare 1: 747828 HHA-18 Medicare 2: Phone (903) 963-1300 Type: Parent Agency	Administrator CALVIN CUNIGAN Region 04 Date Licensed 10/23/2012 HEALTH AT HOME 1108 SOUTH BUFFALO STREET CANTON, TEXAS 75103 Fax (888) 958-5845 Administrator JIMMY DAILEY	Owner Information HEALTH AT HOME SERVICES INC PO BOX 453 VAN, TX 75790 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County VAN ZANDT License # 015835 Lic Expire 7/31/2024 Medicare 1: 747339 HHA-18 Medicare 2: Phone (972) 248-7848 Type: Parent Agency	Region 04 Date Licensed 07/15/2013 NEW LIFE HOME HEALTHCARE 379 INDUSTRIAL BLVD WILLS POINT, TX 75169 Fax (972) 798-8457 Administrator PAIGE REDDING	Owner Information COSMIC HOME HEALTHCARE INC 9550 SKILLMAN STREET STE 300 DALLAS, TX 75243 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County VAN ZANDT License # 018862 Lic Expire 7/31/2022 Medicare 1: 748017 Medicare 2: Phone (903) 265-9197	Region 04 Date Licensed 08/01/2018 YOURHOME ADVANTAGE HEALTHCARE SERVICES LLC 19729 ST. HWY 64 CANTON, TX 75103 Fax (903) 287-1071	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;
Type: Parent Agency	Administrator KAREN MILLER	Personal Assistance Services
County VICTORIA License # 009272 Lic Expire 8/31/2023 Medicare 1: 451779 HOSPICE Medicare 2: Phone (361) 998-3102	Region 07 Date Licensed 08/26/2004 ACCENTCARE HEALTH 101 W. GOODWIN AVE ST 925 VICTORIA, TX 77901 Fax (361) 333-1745	Owner Information KINDSTAR, INC 17855 N. DALLAS PARKWAY DR. #200 DALLAS, TX 75284 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator CHRISTINE BRASHER	
County VICTORIA License # 008990 Lic Expire 3/31/2023 Medicare 1: 673133 HHA-18	Region 07 Date Licensed 03/26/2004 ACCENTCARE HOME HEALTH OF TEXAS 101 W GOODWIN AVENUE STE 370 VICTORIA, TX 77901	Owner Information TEXAS HOME HEALTH SKILLED SERVICES, LP
Medicare 2:		PHONE: FAX:
Phone (361) 576-4683	Fax (361) 576-1018	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator CHRISTINA CORONADO	
County VICTORIA License # 016780 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (361) 237-4505	Region 07 Date Licensed 04/29/2015 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS 101 W GOODWIN AVENUE SUITE 360 VICTORIA, TX 77901 Fax (361) 237-3610	Owner Information TEXAS HOME HEALTH OF AMERICA, LP 17855 N. DALLAS PKWY, SUITE 200 DALLAS, TEXAS 75287 PHONE: FAX:
Type: Parent Agency	Administrator LEONARD REYES	Services: Personal Assistance Services
County VICTORIA License # 008427 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (361) 485-2105 Type: Branch Agency	Region 06 Date Licensed 02/09/2004 ANGELS CARE HOME HEALTH 3606 N NAVARRO ST, STE D VICTORIA, TX 77901 Fax (361) 485-2150 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 License # 008427 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (361) 485-2105 Type: Branch Agency	Region 06 Date Licensed 02/09/2004 ANGELS CARE HOME HEALTH 3606 N NAVARRO ST, STE D VICTORIA, TX 77901 Fax (361) 485-2150 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 License # 020983 Lic Expire 8/17/2024 Medicare 1:	Region 07 Date Licensed 08/17/2021 BELOVED COMMUNITY CARE LLC 4104 HOUSTON HWY SUITE 200 VICTORIA, TEXAS 77901	Owner Information BELOVED COMMUNITY CARE LLC
Medicare 2:		PHONE: FAX:
Phone (361) 433-0835 Type: Parent Agency	Fax Administrator CASSANDRA LOPEZ	Services: Personal Assistance Services

County VICTORIA License # 019305 Lic Expire 1/1/2021 Medicare 1: Medicare 2: Phone 361 5751117 Type: Parent Agency	Region 07 Date Licensed 01/01/2019 CARING SENIOR SERVICE OF VICTORIA 103 E RED RIVER VICTORIA, TEXAS 77901 Fax 361 5751117 Administrator JANELL LONGORIA	Owner Information LBSC, INC 103 E RED RIVER VICTORIA, TX 77901 PHONE: FAX: Services: Personal Assistance Services
County VICTORIA License # 013850 Lic Expire 10/31/2022 Medicare 1: Medicare 2: Phone (830) 625-9837 Type: Branch Agency	Region 05 Date Licensed 11/22/2011 CARTER HEALTHCARE 5606 N NAVARRO 200 U VICTORIA, TX 77904 Fax (830) 625-2194 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 VICTORIA License # 018286 Lic Expire 8/31/2024 Medicare 1: 457024 HHA-18 Medicare 2: Phone (361) 579-1305 Type: Parent Agency	Region 07 Date Licensed 08/24/2017 CITIZENS MEDICAL CENTER HOME HEALTH AGENCY 2710 HOSPITAL DRIVE, SUITE 202 VICTORIA, TEXAS 77901 Fax (361) 579-1311 Administrator COURTNEY MEYER	Owner Information CITIZENS MEDICAL CENTER COUNTY OF VICTORIA PO BOX 1846 VICTORIA, TEXAS PHONE: (361) 574-1748 FAX: (361) 572-5126 Services: Licensed and Certified Home Health Services
County VICTORIA License # 014889 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (361) 578-7778 Type: Parent Agency	Region 07 Date Licensed 05/01/2012 COMFORT KEEPERS 296 1007 E AIRLINE RD SUITE A VICTORIA, TX 77901 Fax (361) 578-5248 Administrator TRACY MORGAN	Owner Information SK WYATT INC P O BOX 7920 VICTORIA, TX 77903 PHONE: FAX: Services: Personal Assistance Services
County VICTORIA License # 012523 Lic Expire 12/31/2022 Medicare 1: 457503 HHA-18 Medicare 2: Phone 361 5782436 Type: Parent Agency	Region 07 Date Licensed 12/19/2008 CROSSROADS HOME HEALTH 6502 NURSERY DR STE 303 VICTORIA, TX 779041181 Fax 361 5724350 Administrator JOANNA EDWARDS	Owner Information VICTORIA TEXAS HOME CARE SERVICES, LLC PO BOX 51266 LAFAYETTE, LA PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County VICTORIA License # 011246 Lic Expire 4/30/2024 Medicare 1: 671581 HOSPICE Medicare 2: Phone (361) 575-5900	Region 07 Date Licensed 04/10/2007 CROWN HOSPICE LLC 1101 SALEM ROAD SUITE #A #B #C #D VICTORIA, TX 77904 Fax (361) 575-5905	Owner Information CROWN HOSPICE, LLC 1101 SALEM ROAD SUITE #A #B #C #D VICTORIA, TX 77904 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County VICTORIA License # 016790 Lic Expire 3/31/2023 Medicare 1: 677920 HHA-18 Medicare 2: Phone (361) 575-4500	Administrator DERENDA RUSSELL Region 07 Date Licensed 03/26/2015 EXCEL COMPLETE HOME HEALTHCARE INC 3804 JOHN STOCKBAUER DRIVE SUITE E VICTORIA, TX 77904 Fax (361) 575-4502	Owner Information KLW & FRIENDS LLC P. BOX 4802 VICTORIA, TX 77903-4802 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

LISA ARMSTRONG

Administrator

Type: Parent Agency

County VICTORIA License # 014870 Lic Expire 6/30/2022 Medicare 1: 741502 HOSPICE Medicare 2: Phone (361) 579-7120 Type: Parent Agency	Region 07 Date Licensed 06/11/2012 HARBOR HOSPICE OF VICTORIA LP 5606 NORTH NAVARRO STREET SUITE 306 VICTORIA, TX 77904 Fax (361) 894-8707 Administrator JAMYE HUFF	Owner Information HARBOR HOSPICE OF VICTORIA LP 3406 COLLEGE STREET BEAUMONT, TX 77701 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
· · · · · · · · · · · · · · · · · · ·		Owner Information
County VICTORIA License # 020347	Region 07 Date Licensed 07/31/2020 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 License # 001930 Lic Expire 6/30/2023 Medicare 1:	Region 07 Date Licensed 08/04/2017 HOSPICE OF SOUTH TEXAS INC 1005 MALLETTE DR VICTORIA, TX 77904	Owner Information HOSPICE OF SOUTH TEXAS INC 605 EAST LOCUST VICTORIA, TX 77901
Medicare 2:	,	PHONE: FAX:
Phone (361) 572-4300	Fax (361) 572-8109 Administrator MARY BOGDAN	Services: Hospice In-Patient Hospice: YES
Type: Alternate Delivery Site	Administrator MARY BOGDAN	Our salate most se
County VICTORIA	Region 07 Date Licensed 06/22/1988	Owner Information HOSPICE OF SOUTH TEXAS INC
License # 001930	HOSPICE OF SOUTH TEXAS INC	605 EAST LOCUST
Lic Expire 6/30/2023 Medicare 1: 451525 HOSPICE	605 EAST LOCUST VICTORIA, TX 77901	VICTORIA, TX 77901
Medicare 2:	VIOTOTAL, IX 17301	PHONE: FAX:
Phone (361) 572-4300	Fax (361) 572-8109	Services: Hospice In-Patient Hospice: YES
Type: Parent Agency	Administrator DEBRA LOZANO	
County VICTORIA License # 020231 Lic Expire 10/13/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 10/13/2020 INNOVATIVE HOME SERVICES BY GREATWOOD HOMES 9606 NE ZAC LENTZ PARKWAY VICTORIA, TEXAS 77904	Owner Information SH OPCO VICTORIA, LLC 6737 W WASHINGTON ST STE 2300 MILWAUKEE, WI 53214 PHONE: (949) 407-0700 FAX: (949) 407-8000
Phone 361 5822100	Fax (361) 582-2220	Services: Personal Assistance Services
Type: Parent Agency County VICTORIA License # 011735 Lic Expire 11/30/2024 Medicare 1: 457126 HHA-18 Medicare 2: Phone (361) 576-2179 Type: Parent Agency	Administrator JAMIE CORONA Region 07 Date Licensed 11/30/2007 KINDRED AT HOME 1501 EAST MOCKINGBIRD LANE SUITE 301 VICTORIA, TX 77904 Fax (361) 578-4972 Administrator TANYA JONES	Owner Information GIRLING HEALTH CARE, INC 12900 FOSTER OVERLAND PARK, NC 28117 PHONE: FAX: Services: Licensed and Certified Home Health Services
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	

County VICTORIA License # 007332 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (361) 578-3632 Type: Branch Agency	Region 07 Date Licensed 10/24/2013 OUTREACH HOME CARE 6412 N NAVARRO SUITE I VICTORIA, TX 77904 Fax (361) 573-6328 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 License # 013045	Region 07 Date Licensed 12/21/2009 SENIOR HELPERS	Owner Information SUCCURRO, INC
Lic Expire 4/30/2022 Medicare 1:	502 W COLORADO STE B VICTORIA, TX 77901	502 W COLORADO STE B VICTORIA, TX 77901
Medicare 2:	F (004) 004 000F	PHONE: FAX:
Phone (361) 894-8901 Type: Parent Agency	Fax (361) 894-8905 Administrator WENDY MCHANEY	Services: Personal Assistance Services
<u> </u>		Owner Information
County VICTORIA License # 009272	Region 07 Date Licensed 05/26/2011 TEXAS HOME HEALTH HOSPICE	KINDSTAR, INC
Lic Expire 8/31/2023	101 W. GOODWIN AVE ST 925 ADS	17855 N. DALLAS PARKWAY DR. #200
Medicare 1: 45-1779	VICTORIA, TX 77901	DALLAS, TX 75284
Medicare 2:		PHONE: FAX:
Phone (361) 998-3102	Fax (361) 333-1745	Services: Hospice
Type: Alternate Delivery Site	Administrator CHRISTINE BRASHER	In-Patient Hospice: NO
County VICTORIA License # 010635 Lic Expire 7/31/2022 Medicare 1: 679615 HHA-18	Region 07 Date Licensed 07/25/2006 VICTORIAN HEALTHCARE SERVICES INC 3502 STRATFORD MANOR DR SUGAR LAND, TX 77498	Owner Information VICTORIAN HEALTHCARE SERVICES INC 120 SOUTH MAIN # 317 VICTORIA, TX 77901
Medicare 2:	SUGAN LAND, IX 11450	PHONE: FAX:
Phone 281 302 6680	Fax 346 707 3616	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator REGINA BESONG-ESIM	Personal Assistance Services
County VICTORIA License # 017112 Lic Expire 10/31/2023 Medicare 1:	Region 07 Date Licensed 10/30/2015 WORLD OF WORDS SPEECH & FEEDING SERVICES LLC 5606 N NAVARRO ST STE 200K VICTORIA, TX 77904	Owner Information WORLD OF WORDS SPEECH & FEEDING SERVICES, LLC PO BOX 7174 VICTORIA, TX 77903
Medicare 2:		PHONE: FAX:
Phone (361) 220-6455	Fax (361) 703-1135	Services: Licensed Home Health Services
Type: Parent Agency County WALKER License # 015131 Lic Expire 8/31/2022 Medicare 1: 671636 HOSPICE Medicare 2: Phone (936) 295-7100 Type: Parent Agency	Administrator BLANCA KUZET Region 04 Date Licensed 08/16/2012 1ST CHOICE HOSPICE LLC 3001 OLD HOUSTON ROAD HUNTSVILLE, TX 77340 Fax (866) 594-8929 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	Owner Information
License # 016875	CHOICE HOMECARE	HERITAGE HOME HEALTH LLC
Lic Expire 5/31/2024	284 INTERSTATE 45 S., SUITE 1 ROOM A	6760 OLD JACKSONVILLE HWY. SUITE 101
Medicare 1: 67Q7220001	HUNTSVILLE, TX 77340	TYLER, TEXAS
Medicare 2:		PHONE: FAX:
Phone (800) 378-6489	Fax (866) 434-1935	Services: Licensed and Certified Home Health Services
Type: Branch Agency	Administrator MICHELLE RAYBURN	

County WALKER License # 009771 Lic Expire 4/29/2022 Medicare 1: Medicare 2: Phone (936) 294-0900 Type: Parent Agency	Region 04 Date Licensed CONSIDER THE LILIES HOME CARE INC 284 INTERSTATE 45 SOUTH SUITE 4 HUNTSVILLE, TX 77340 Fax (936) 294-0901 Administrator GWENDOLYN KNOWLEY	06/14/2004	Owner Information CONSIDER THE LILIES HOME CARE, INC 3708 B WEST DAVIS CONROE, TX 77304 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County WALKER License # 001674 Lic Expire 4/30/2024 Medicare 1: 679340 HHA-18 Medicare 2:	Region 04 Date Licensed HOME HEALTH CARE OF HUNTSVILLE 2505 LAKE ROAD SUITE 6 HUNTSVILLE, TX 77340	04/02/1985	Owner Information HOME HEALTH CARE OF HUNTSVILLE CO PO BOX 6548 HUNTSVILLE, TEXAS 77342 PHONE: FAX:
Phone (936) 291-8439 Type: Parent Agency	Fax (936) 291-8582 Administrator JAMES DESHAW		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County WALKER License # 000688 Lic Expire 4/30/2023 Medicare 1: Medicare 2: Phone (936) 291-8439 Type: Parent Agency	Region 04 Date Licensed HOME HEALTH CARE OF HUNTSVILLE 2505 LAKE ROAD SUITE 6 HUNTSVILLE, TX 77340 Fax (936) 291-8582 Administrator JAMES DESHAW	04/02/1985	Owner Information HOME HEALTH CARE OF HUNTSVILLE CO PO BOX 6548 HUNTSVILLE, TEXAS 77342 PHONE: FAX: Services: Personal Assistance Services
County WALKER License # 011646 Lic Expire 6/30/2024 Medicare 1: 451729 HOSPICE Medicare 2: Phone (936) 755-3108	Region 04 Date Licensed HOSPICE COMPASSUS HOUSTON 1523 NORMAL PARK DRIVE, SUITE C HUNTSVILLE, TX 77340 Fax (866) 955-8545	06/30/2007	Owner Information CLP REGENCY OF TEXAS, LLC 10 CADILLAC DRIVE, SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator LASEAN RADWAY		In-Patient Hospice: NO
County WALKER License # 019379 Lic Expire 5/15/2023 Medicare 1: 971534 Medicare 2: Phone (936) 436-4344	Region 04 Date Licensed HUNTSVILLE MEMORIAL HOSPICE 284 INTERSTATE 45 S; SUITE 1 HUNTSVILLE, TX 77340 Fax (866) 470-1149	08/03/2018	Owner Information HOPESTONE HOSPICE & €ŽPALLIATIVE CARE, €ŽLLC€Ž 6760 OLD JACKSONVILLE HWY, SUITE 102 TYLER, TX 75703 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County WALKER License # 014937 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (936) 355-9490	Administrator VICTORIA PRESSWOOD Region 04 Date Licensed RYZOLVE LLC 9309 HWY 75 S STE 102 NEW WAVERLY, TX 77358 Fax (800) 295-5512	07/17/2012	Owner Information RYZOLVE LLC 9309 HWY 75 S STE 102 NEW WAVERLY, TX 77358 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County WALKER License # 016006 Lic Expire 12/31/2024 Medicare 1: Medicare 2: Phone (936) 291-1979	Administrator OLUBUKUN OGUNDEJI Region 04 Date Licensed STAT HOME HEALTH HOUSTON LLC 521 HWY 45 SOUTH STE 1-B HUNTSVILLE, TX 77340 Fax (936) 291-3159 Administrator PELINDA NORDEN	12/04/2013	Owner Information STAT HOME HEALTH HOUSTON LLC 10615 JEFFERSON HWY BATON ROUGE, LA 70809 PHONE: FAX: Services: Licensed and Certified Home Health Services

Type: Branch Agency

Administrator

BELINDA NORDEN

County WALKER License # 016006 Lic Expire 12/31/2024 Medicare 1: Medicare 2: Phone (936) 291-1979 Type: Branch Agency	Region 04 Date Licensed 12/04/2013 STAT HOME HEALTH HOUSTON LLC 521 I-45 SOUTH SUITE 1 HUNTSVILLE, TX 77340 Fax (936) 291-3159 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	Owner Information
License # 016006	STAT HOME HEALTH HOUSTON LLC	STAT HOME HEALTH HOUSTON LLC 10615 JEFFERSON HWY
Lic Expire 12/31/2024 Medicare 1: 458398 HHA-18	521 I-45 SOUTH SUITE 1-C HUNTSVILLE, TX 77340	BATON ROUGE, LA 70809
Medicare 2:	HUNISVILLE, IX 11340	PHONE: FAX:
Phone (936) 291-1979	Fax (936) 291-3159	Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator BELINDA NORDEN	
County WALKER License # 018330 Lic Expire 7/31/2023 Medicare 1:	Region 05 Date Licensed 08/01/2017 TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC 122 MEDICAL PARK LANE, SUITE B HUNTSVILLE, TX 77340	Owner Information TEXAS HOME HEALTH GROUP OF COLLEGE STATION, LLC 1605 ROCK PRAIRIE ROAD SUITE 206 COLLEGE STATION, TX 77845
Medicare 2:	HORTOVILLE, IX 11040	PHONE: FAX:
Phone (936) 293-8434	Fax (936) 293-8990	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Branch Agency	Administrator JAMES LANG	Personal Assistance Services
County WALKER License # 002485 Lic Expire 1/31/2022	Region 04 Date Licensed 01/15/1993 THEE HOSPICE 2505 LAKE ROAD SUITE 2 & 3	Owner Information HOME HEALTH CARE OF HUNTSVILLE CO PO BOX 6548 HUNTSVILLE, TEXAS 77342
Medicare 1: 451574 HOSPICE Medicare 2:	HUNTSVILLE, TX 77340	PHONE: FAX:
Phone (936) 291-8439	Fax (936) 291-8582	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator JAMES DESHAW	
County WALLER License # 021083 Lic Expire 9/24/2024 Medicare 1:	Region 06 Date Licensed 09/24/2021 ALIVE HOMECARE, LLC 1025 STRAWBERRY RIDGE DR KATY, TX 77493	Owner Information ALIVE HOMECARE, LLC
Medicare 2: Phone (832) 766-4360	Fax	PHONE: FAX:
Type: Parent Agency	Administrator OSCAR MORAN	Services: Personal Assistance Services
County WALLER License # 016364 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (832) 428-7283 Type: Parent Agency	Region 06 Date Licensed 08/08/2014 ANOINTED HANDS HOME HEALTHCARE 6024 CYPRESS LANE BROOKSHIRE, TEXAS 77423 Fax (832) 669-9920 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	Owner Information
License # 020921 Lic Expire 7/21/2024 Medicare 1:	ARIEL HEALTHCARE SERVICES, LLC 1707 RICE MILL DR KATY, TEXAS 774933024	ARIEL HEALTHCARE SERVICES, LLC
Medicare 2:		PHONE: FAX:
Phone (919) 491-2710 Type: Parent Agency	Fax Administrator ESOHE IHENYEN	Services: Personal Assistance Services

County WALLER License # 020061 Lic Expire 7/17/2022 Medicare 1:	Region 06 Date Licensed 07/17/2020 CROSS STONE HOSPICE 6001 GEORGE BUSH DRIVE KATY, TEXAS 77493	Owner Information CROSS STONE HOSPICE, LLC
Medicare 2:	IVALIT, IEAAO 77433	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 (281) 375-9732	Fav. (281) 656 4504	PHONE: FAX:
, ,	Fax (281) 656-4504 Administrator HUE PHAM	Services: Personal Assistance Services
Type: Parent Agency		Owner Information
County WALLER	Region 06 Date Licensed 12/23/2021	ENLIVEN SPECIALTY NURSING OF TEXAS LLC
License # 021291	ENLIVEN SPECIALTY NURSING OF TEXAS LLC	700 N ESTRELLA PKWY #235
Lic Expire 12/23/2024 Medicare 1:	24660 CANTERBURY CIRCLE HOCKLEY, TX 77447	GOODYEAR, AZ 85338
Medicare 2:	HOURLET, IX 11441	PHONE: FAX:
Phone (623) 478-2797	Fax (800) 906-5080	Services: Licensed Home Health Services
Type: Parent Agency	Administrator SHAYANNE PONTIN	50 1160 <u>1</u> 60 160 16 16 16 160 160 160 160 160 160
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 HEMPSTEAD, TX 77445
Medicare 1: 679123 HHA-18 Medicare 2:	HEMPSTEAD, TX 77445	PHONE: FAX:
Phone (979) 826-3198	Fax (979) 826-3158	
Type: Parent Agency	Administrator MONICA SANCROFT	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Owner Information
County WASHINGTON License # 015210	Region 05 Date Licensed 11/16/2012 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:	Fax (070) 926 2002	PHONE: FAX:
Phone (979) 236-4714	Fax (979) 836-2883	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator LAVERNE FOWLER	

County WASHINGTON License # 012119 Lic Expire 7/31/2022 Medicare 1: 747726 HHA-18 Medicare 2: Phone (979) 251-7705 Type: Parent Agency	Region 05 Date Licensed 07/23/2008 GOLDEN YEARS HOMECARE SPECIALISTS II 2403 SOUTH MARKET STREET SUITE F BRENHAM, TX 77833 Fax (979) 251-7648 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 License # 002186 Lic Expire Medicare 1: Medicare 2: Phone (979) 277-9525	Region 05 Date Licensed 02/11/1995 HOSPICE BRAZOS VALLEY INC 302 E. BLUE BELL ROAD BRENHAM, TX 77833 Fax (979) 277-9575	Owner Information HOSPICE BRAZOS VALLEY INC 502 WEST 26TH STREET BRYAN, TX 77803 PHONE: () - 512 Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site County WASHINGTON License # 018330 Lic Expire 7/31/2023 Medicare 1: Medicare 2: Phone (979) 830-0105	Administrator CRAIG BORCHARDT Region 05 Date Licensed 08/01/2017 TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC 526 WEST MAIN BRENHAM, TX 77833 Fax (979) 830-0997	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
Type: Branch Agency County WEBB License # 019725 Lic Expire 12/2/2021 Medicare 1: Medicare 2:	Administrator JAMES LANG Region 07 Date Licensed 12/02/2019 A PLUS PRIMARY CARE ,LLC 7128 ROSSON LANE SUITE #6 LAREDO, TEXAS 78041	Owner Information A PLUS PRIMARY CARE, LLC PHONE: FAX:
Phone (956) 401-3846 Type: Parent Agency County WEBB	Fax (956) 568-3876 Administrator JESUS RAMIREZ Region 07 Date Licensed 10/01/2008	Services: Licensed Home Health Services; Personal Assistance Services Owner Information
License # 012249 Lic Expire 9/30/2022 Medicare 1: 747311 HHA-18 Medicare 2: Phone (956) 523-3749 Type: Parent Agency	ABC HOME HEALTH LLC 709 EAST CALTON ROAD SUITE 109 LAREDO, TX 78041 Fax (956) 523-3750 Administrator REYNALDO VALDEZ	ABC HOME HEALTH LLC 709 EAST CALTON ROAD SUITE 109 LAREDO, TX 78041 PHONE: FAX: Services: Licensed and Certified Home Health Services
County WEBB License # 014738 Lic Expire 4/30/2022 Medicare 1: 747936 HHA-18 Medicare 2: Phone (956) 568-2240 Type: Parent Agency	Region 07 Date Licensed 04/10/2012 ALFA HOME HEALTH 213 WEST VILLAGE BLVD. STE 8 LAREDO, TEXAS 78041 Fax (956) 568-1860 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 License # 007611 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (956) 727-2169 Type: Parent Agency	Region 07 Date Licensed 12/01/2000 ALL SEASONS HOME CARE 1602 FARRAGUT ST LAREDO, TEXAS 78040 Fax (956) 723-7000 Administrator JORGE MADRIGALES	Owner Information JORGE AND MYRA ENTERPRISES INC 1616 WASHINGTON ST. LAREDO, TX 78040 PHONE: FAX: Services: Personal Assistance Services

County WEBB License # 018362 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (956) 568-7701 Type: Parent Agency	Region 07 Date Licensed 10/05/2017 ALPHA PRIMARY CARE LLC 624 FOREST LOOP LAREDO, TX 78045 Fax (956) 568-7733 Administrator JACQUELINE HERRERA	Owner Information ALPHA PRIMARY CARE LLC 624 FOREST LOOP LAREDO, TX 78045 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 019779 Lic Expire 10/25/2021 Medicare 1: 67-1614 Medicare 2:	Region 07 Date Licensed 05/01/2018 ALTUS HOSPICE 6909 SPRINGFIELD AVENUE LAREDO, TX 78041	Owner Information ENVOY HOSPICE, LLC 500 FAULCONER DRIVE, STE. 200 CHARLOTTESVILLE, VA 22903 PHONE: FAX:
Phone (956) 718-3000 Type: Parent Agency	Fax (956) 722-3006 Administrator PEDRO PALOMO	Services: Hospice In-Patient Hospice: NO
County WEBB License # 019088 Lic Expire 7/23/2022 Medicare 1: Medicare 2: Phone 956 6455367 Type: Parent Agency	Region 07 Date Licensed 07/23/2018 AMAZING HOME HEALTH CARE 320 LAKE CLARK CT LAREDO, TX 78041 Fax 956 3385670 Administrator CHRISTINA SANDOVAL	Owner Information AMAZING QUALITY HOME CARE, LLC 320 LAKE CLARK CT LAREDO, TX 78041 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 003177 Lic Expire 11/30/2023 Medicare 1: 67Q7522003	Region 07 Date Licensed 08/17/2011 AMERICAN MEDICAL HOME HEALTH SERVICES 4205 JAIME ZAPATA MEMORIAL BLVD. STE#30 LAREDO, TX 78043	Owner Information HUB CITY HOME HEALTH INC 506 VALLEY BROOK RD, STE 201 MCMURRAY, PA 15317
Medicare 2: Phone (956) 795-1900 Type: Branch Agency	Fax (956) 795-1920 Administrator JESSICA MONTNEY	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County WEBB License # 008697 Lic Expire 10/31/2023 Medicare 1: 679491 HHA-18 Medicare 2: Phone (956) 729-0949	Region 07 Date Licensed 10/16/2003 AMISTAD HOME HEALTH INC 5702 MCPHERSON STE 8B LAREDO, TX 78041 Fax (956) 729-7963	Owner Information AMISTAD HOME HEALTH INC P 0 BOX 1728 LAREDO, TX 78041 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator CARLOS GARZA	Personal Assistance Services
County WEBB License # 014398 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone 956 7264977	Region 02 Date Licensed 09/13/2011 APC HOMEMAKER SERVICES 6999 MCPHERSON RD., STE. 321 LAREDO, TEXAS 780416449 Fax 956 7919670	Owner Information APC HOME HEALTH SERVICE, INC 1805 BELL STREET HARLINGEN, TX PHONE: () - 1 FAX:
Type: Branch Agency	Administrator JOVIE CANTU	Services: Licensed Home Health Services; Personal Assistance Services
County WEBB License # 019505 Lic Expire 3/1/2022 Medicare 1:	Region 07 Date Licensed 09/07/2019 AT HOME PRIMARY HOME CARE LLC 1618 CHIHUAHUA STREET LAREDO, TEXAS 78043	Owner Information RIGHT AT HOME PRIMARY HOME CARE, LLC
Medicare 2: Phone (832) 431-1180	Fax	PHONE: FAX: Services: Personal Assistance Services

Administrator THELMA BYFIELD

County WEBB License # 012874 Lic Expire 11/30/2024 Medicare 1: Medicare 2: Phone (956) 763-1833 Type: Parent Agency	Region 07 Date Licensed AT YOUR SERVICE HOME HEALTH 1413 FARRAGUT STREET SUITE C LAREDO, TX 78040 Fax (956) 727-7801 Administrator VELMA BARRERA	09/28/2009	Owner Information AT YOUR SERVICE HOME HEALTH INC SAME AS PHYSICAL ADDRESS LAREDO, TX 78040 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 014043 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (956) 722-6221 Type: Parent Agency	Region 07 Date Licensed AVEANNA HEALTHCARE 1505 CALLE DEL NORTE SUITE 440 LAREDO, TX 78041 Fax (956) 722-6275 Administrator NANCY MORALES	12/23/2010	Owner Information PYRA MED HEALTH SERVICES LLC 400 INTERSTATE N PKWY S EAST SUITE 1600 ATLANTA, GA 30339 PHONE: FAX: Services: Licensed Home Health Services
County WEBB License # 010629 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (210) 530-9111 Type: Branch Agency	Region 07 Date Licensed AXIOM HOME HEALTH INC 1510 CALLE DEL NORTE SUITE # 5 LAREDO, TX 78041 Fax (210) 366-9072 Administrator TORRIE COMMERFORD	05/05/2017	Owner Information AXIOM HOME HEALTH INC 5002 WEST AVE SAN ANTONIO, TX 78213 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County WEBB License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (866) 725-6802 Type: Branch Agency	Region 07 Date Licensed BEE FIRST PRIMARY HOME CARE 1414 N MEADOW AVE LAREDO, TX 78043 Fax (956) 725-1112 Administrator MICHAEL THIEL	05/01/2003	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 WEBB License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (866) 725-6802 Type: Branch Agency	Region 07 Date Licensed BEE FIRST PRIMARY HOME CARE 1414 N MEADOW AVE LAREDO, TX 78043 Fax (956) 725-1112 Administrator MICHAEL THIEL	05/01/2003	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 WEBB License # 005782 Lic Expire 6/30/2023 Medicare 1: Medicare 2: Phone (866) 725-6802 Type: Branch Agency	Region 07 Date Licensed BEE FIRST PRIMARY HOME CARE 1414 N MEADOW AVE LAREDO, TX 78043 Fax (956) 725-1112 Administrator MICHAEL THIEL	05/01/2003	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 WEBB License # 014967 Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (956) 727-7800 Type: Parent Agency	Region 07 Date Licensed BIENVENIDOS ATTENDANT SERVICES INC 1413 FARRAGUT STREET SUITE B LAREDO, TX 78040 Fax (956) 727-7801 Administrator VELMA N BARRERA	07/31/2012	Owner Information BIENVENIDOS ATTENDANT SERVICES, INC SAME AS PHYSICAL ADDRESS LAREDO, TX 78040 PHONE: FAX: Services: Personal Assistance Services

County WEBB License # 020209 Lic Expire 9/30/2022 Medicare 1:	Region 07 Date Licensed BLISSFUL PRIMARY HOME CARE LLC 905 MCCLELLAND AVE. STE 1 LAREDO, TEXAS 78040	09/30/2020	Owner Information BLISSFUL PRIMARY HOME CARE LLC 1719 GUADALUPE ST STE 6 PMB#123 LAREDO, TEXAS 78043	
Medicare 2:	2 WESO, 1270 10 100 10		PHONE:	FAX:
Phone (956) 482-5376	Fax (361) 586-4839			1700
_	,		Services: Personal Assistance Services	
Type: Parent Agency	Administrator ALEXANDRA QUIROGA			
County WEBB	Region 07 Date Licensed	12/24/2018	Owner Information	
License # 019805	BLUE HORIZONS HOSPICE OF LAREDO		MERALLAHTX, INC	
Lic Expire 2/5/2022	1945 LOCKHILL SELMA SUITE 203			
Medicare 1:	SAN ANTONIO, TEXAS 78213			
Medicare 2:			PHONE:	FAX:
Phone (956) 539-7477	Fax (888) 734-1462		Services: Hospice	
			In-Patient Hospice: NO	
Type: Parent Agency	Administrator KAREN ROCA			
County WEBB	Region 07 Date Licensed	06/28/2007	Owner Information	
License # 011437	BORDER SKILLED SERVICES INC		BORDER SKILLED SERVICES INC	
Lic Expire 6/30/2022	6425 POLARIS DR STE 11		6425 POLARIS DRIVE STE. 11	
Medicare 1: 747258 HHA-18	LAREDO, TX 78041		LAREDO, TX 78041	
Medicare 2:			PHONE:	FAX:
Phone (956) 724-9999	Fax (956) 717-8854		Services: Licensed and Certified Home Health	Services; Licensed Home Health Services
Type: Parent Agency	Administrator ALBERTO GARZA-GONGORA	A		
County WEBB	Region 07 Date Licensed	07/18/2019	Owner Information	
License # 019572	BRIGHTSTAR CARE	01710/2010	TRUCARE HEALTH SERVICES, LLC	
Lic Expire 7/18/2023	615A GALE ST			
Medicare 1: 679547 ((HHA)	LAREDO, TX 78041			
Medicare 2:	2 2		PHONE:	FAX:
Phone (956) 712-9988	Fax (956) 791-4888			
Type: Parent Agency	Administrator MATTHEW WONG		Services: Licensed and Certified Home Health	Services, Personal Assistance Services
<u></u>			Owner Information	
County WEBB	Region 07 Date Licensed	01/06/2011	Owner information	
	-		PW HEALTH SERVICES LLC	
License # 013807	BRIGHTSTAR CARE		PW HEALTH SERVICES, LLC 615A GALE ST.	
Lic Expire 1/31/2023	BRIGHTSTAR CARE 615A GALE STREET		615A GALE ST.	
Lic Expire 1/31/2023 Medicare 1:	BRIGHTSTAR CARE		615A GALE ST. LAREDO, TX 78041	EAV
Lic Expire 1/31/2023 Medicare 1: Medicare 2:	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041		615A GALE ST. LAREDO, TX 78041 PHONE:	FAX:
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888		615A GALE ST. LAREDO, TX 78041	
Lic Expire 1/31/2023 Medicare 1: Medicare 2:	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041		615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per	
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888	08/06/2013	615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information	
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ	08/06/2013	615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC	
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency County WEBB License # 015689 Lic Expire 8/31/2023	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ Region 07 Date Licensed	08/06/2013	615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN ROAD SUITE RP8-F	
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency County WEBB License # 015689 Lic Expire 8/31/2023 Medicare 1: 747960 HHA-18	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ Region 07 Date Licensed CARE GUARDIAN HEALTH SERVICES INC	08/06/2013	615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN ROAD SUITE RP8-F LAREDO, TX 78041	rsonal Assistance Services
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency County WEBB License # 015689 Lic Expire 8/31/2023 Medicare 1: 747960 HHA-18 Medicare 2:	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ Region 07 Date Licensed CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN RD SUITE RP8-F LAREDO, TX 78041	08/06/2013	615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN ROAD SUITE RP8-F	
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency County WEBB License # 015689 Lic Expire 8/31/2023 Medicare 1: 747960 HHA-18 Medicare 2: Phone (956) 725-5539	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ Region 07 Date Licensed CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN RD SUITE RP8-F LAREDO, TX 78041 Fax (956) 725-5546	08/06/2013	615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN ROAD SUITE RP8-F LAREDO, TX 78041	FAX:
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency County WEBB License # 015689 Lic Expire 8/31/2023 Medicare 1: 747960 HHA-18 Medicare 2:	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ Region 07 Date Licensed CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN RD SUITE RP8-F LAREDO, TX 78041	08/06/2013	615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN ROAD SUITE RP8-F LAREDO, TX 78041 PHONE: Services: Licensed and Certified Home Health	FAX:
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency County WEBB License # 015689 Lic Expire 8/31/2023 Medicare 1: 747960 HHA-18 Medicare 2: Phone (956) 725-5539	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ Region 07 Date Licensed CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN RD SUITE RP8-F LAREDO, TX 78041 Fax (956) 725-5546	08/06/2013	615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN ROAD SUITE RP8-F LAREDO, TX 78041 PHONE: Services: Licensed and Certified Home Health Owner Information	FAX:
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency County WEBB License # 015689 Lic Expire 8/31/2023 Medicare 1: 747960 HHA-18 Medicare 2: Phone (956) 725-5539 Type: Parent Agency	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ Region 07 Date Licensed CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN RD SUITE RP8-F LAREDO, TX 78041 Fax (956) 725-5546 Administrator YOLLY JIMENEZ		615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN ROAD SUITE RP8-F LAREDO, TX 78041 PHONE: Services: Licensed and Certified Home Health Owner Information SEVENTEEN LAC, INC	FAX:
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency County WEBB License # 015689 Lic Expire 8/31/2023 Medicare 1: 747960 HHA-18 Medicare 2: Phone (956) 725-5539 Type: Parent Agency County WEBB	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ Region 07 Date Licensed CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN RD SUITE RP8-F LAREDO, TX 78041 Fax (956) 725-5546 Administrator YOLLY JIMENEZ Region 07 Date Licensed		615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN ROAD SUITE RP8-F LAREDO, TX 78041 PHONE: Services: Licensed and Certified Home Health Owner Information SEVENTEEN LAC, INC PO BOX 450249	FAX:
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency County WEBB License # 015689 Lic Expire 8/31/2023 Medicare 1: 747960 HHA-18 Medicare 2: Phone (956) 725-5539 Type: Parent Agency County WEBB License # 011500	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ Region 07 Date Licensed CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN RD SUITE RP8-F LAREDO, TX 78041 Fax (956) 725-5546 Administrator YOLLY JIMENEZ Region 07 Date Licensed CARESTAT'S BUENA AVENTURA		615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN ROAD SUITE RP8-F LAREDO, TX 78041 PHONE: Services: Licensed and Certified Home Health Owner Information SEVENTEEN LAC, INC	FAX:
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency County WEBB License # 015689 Lic Expire 8/31/2023 Medicare 1: 747960 HHA-18 Medicare 2: Phone (956) 725-5539 Type: Parent Agency County WEBB License # 011500 Lic Expire 7/31/2023	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ Region 07 Date Licensed CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN RD SUITE RP8-F LAREDO, TX 78041 Fax (956) 725-5546 Administrator YOLLY JIMENEZ Region 07 Date Licensed CARESTAT'S BUENA AVENTURA 2412 JACAMAN RD SUITE 104		615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN ROAD SUITE RP8-F LAREDO, TX 78041 PHONE: Services: Licensed and Certified Home Health Owner Information SEVENTEEN LAC, INC PO BOX 450249	FAX:
Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-9988 Type: Parent Agency County WEBB License # 015689 Lic Expire 8/31/2023 Medicare 1: 747960 HHA-18 Medicare 2: Phone (956) 725-5539 Type: Parent Agency County WEBB License # 011500 Lic Expire 7/31/2023 Medicare 1: 747295 HHA-18	BRIGHTSTAR CARE 615A GALE STREET LAREDO, TX 78041 Fax (956) 791-4888 Administrator VERONICA TAMEZ Region 07 Date Licensed CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN RD SUITE RP8-F LAREDO, TX 78041 Fax (956) 725-5546 Administrator YOLLY JIMENEZ Region 07 Date Licensed CARESTAT'S BUENA AVENTURA 2412 JACAMAN RD SUITE 104		615A GALE ST. LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Per Owner Information CARE GUARDIAN HEALTH SERVICES INC 1701 JACAMAN ROAD SUITE RP8-F LAREDO, TX 78041 PHONE: Services: Licensed and Certified Home Health Owner Information SEVENTEEN LAC, INC PO BOX 450249 LAREDO, TX 78041	FAX: Services; Licensed Home Health Services FAX:

Administrator

VERONICA CANTU

County WEBB License # 018004 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (956) 791-0913 Type: Parent Agency	Region 07 Date Licensed 04/17/2017 CARIDAD HOME CARE SERVICES LLC 3002 N. MEADOW SUITE A LAREDO, TEXAS 78040 Fax (956) 284-0189 Administrator SAN JUANITA SANTOS	Owner Information CARIDAD HOME CARE SERVICES LLC 802 GALVESTON STE C LAREDO, TX 78040 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 018429 Lic Expire 11/30/2019 Medicare 1:	Region 07 Date Licensed 11/07/2017 CARING DOVE'S HOME HEALTH CARE SERVICE 214 GRANADA DRIVE LAREDO, TX 78041	Owner Information IMELDA GONZALEZ 214 GRANADA DRIVE LAREDO, TX 78041
Medicare 2: Phone (956) 324-0063 Type: Parent Agency	Fax Administrator IMELDA GONZALEZ	PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 004883 Lic Expire 9/30/2023 Medicare 1: 459052 Medicare 2: Phone (956) 712-2156 Type: Parent Agency	Region 07 Date Licensed 09/06/1996 CHAMPION CARE INC 1419 MARKET STREET LAREDO, TEXAS 78040 Fax (956) 727-7801 Administrator YOLINDA TREVINO	Owner Information CHAMPION CARE INC SAME AS PHYSICAL ADDRESS LAREDO, TX 78040 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County WEBB License # 015784 Lic Expire 9/30/2024 Medicare 1:	Region 07 Date Licensed 10/01/2013 CHAMPION PALOMITA SERVICES 116 MICHOACAN LOOP LAREDO, TX 78045	Owner Information CHAMPION PALOMITA SERVICES INC SAME AS PHYSICAL ADDRESS LAREDO, TX 78045
Medicare 2: Phone (956) 857-7086 Type: Parent Agency	Fax (956) 583-4621 Administrator YOLINDA B. TREVINO	PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 015787 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (956) 857-7086	Region 07 Date Licensed 10/02/2013 CHAMPION PRIMARY CARE 116 MICHOACAN LOOP LAREDO, TX 78045 Fax (956) 583-4621	Owner Information CHAMPION PRIMARY CARE INC SAME AS PHYSICAL ADDRESS LAREDO, TX 78045 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 021102 Lic Expire 10/5/2024 Medicare 1:	Administrator YOLINDA B. TREVINO Region 07 Date Licensed 10/05/2021 CHILDRENS HOME TREATMENT SERVICES, LLC 5415 SPRINGFIELD AVE. 4B LAREDO, TEXAS 78041	Owner Information CHILDREN HOME TREATMENT SERVICES LLC
Medicare 2: Phone (956) 420-8387 Type: Parent Agency	Fax (956) 553-2300 Administrator MIRIAM CAVAZOS	PHONE: FAX: Services: Licensed Home Health Services
County WEBB License # 019467 Lic Expire 7/3/2021 Medicare 1:	Region 07 Date Licensed 07/03/2019 CLAUDIA'S HOME CARE PROVIDER, LLC 6999 MCPHERSON RD. SUITE 105 #8 LAREDO, TEXAS 78041	Owner Information CLAUDIA'S HOME CARE PROVIDER LLC
Medicare 2: Phone (956) 771-2273 Type: Parent Agency	Fax (832) 565-1490 Administrator CLAUDIA ARREDONDO	PHONE: FAX: Services: Personal Assistance Services

County WEBB License # 017246 Lic Expire 12/31/2024 Medicare 1: 457440 HHA-18 Medicare 2: Phone (956) 568-3120 Type: Parent Agency	Region 07 Date Licensed CMV HOME HEALTH LLC 7128 ROSSON LANE STE 5 LAREDO, TX 78041 Fax (956) 568-3876 Administrator CARLOS CANALES	12/10/2015	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 License # 010032 Lic Expire 10/31/2022 Medicare 1: 677968 HHA-18 Medicare 2: Phone (956) 725-3888	Region 07 Date Licensed COMMUNITY HOME CARE INC 6108 MCPHERSON AVE STE 10 LAREDO, TX 78041 Fax (956) 725-3898	10/07/2005	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
Type: Parent Agency County WEBB License # 007772 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 725-3270 Type: Parent Agency	Administrator CRISTINA GOMEZ Region 07 Date Licensed COMPLETE CHOICE CARE INC 709 ALTA VISTA DRIVE SUITE 104 LAREDO, TX 78041 Fax (956) 725-8812 Administrator BONIFACE EMEREMNU	09/30/2001	Owner Information COMPLETE CHOICE CARE INC PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County WEBB License # 013381 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 753-0008	Region 07 Date Licensed CTJ CARINO PRIMARY CARE LLC 909 MARKET STREET SUITE B LAREDO, TX 78040 Fax (956) 753-5677	06/08/2010	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
Type: Parent Agency County WEBB License # 013857 Lic Expire 1/31/2023 Medicare 1: 747852 HHA-18 Medicare 2: Phone (956) 753-8698 Type: Parent Agency	Administrator CELINDA GALLEGOS Region 07 Date Licensed DEL ALMA HOME HEALTH LLC 313 W VILLAGE #108 STE 1 LAREDO, TEXAS 78041 Fax (956) 791-0616 Administrator DIANA CASTILLO	01/28/2011	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 License # 015666 Lic Expire 2/12/2024 Medicare 1: 747953 HHA-18 Medicare 2: Phone (956) 728-8322 Type: Parent Agency	Region 07 Date Licensed DIVINAS MANOS HOME HEALTH LLC 7109 N. BARTLETT AVE. SUITE #204 LAREDO, TX 78041 Fax (956) 728-8353 Administrator AMARO GUTIERREZ	07/24/2013	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 License # 012103 Lic Expire 7/31/2022 Medicare 1: 747294 HHA-18 Medicare 2: Phone (956) 753-5800	Region 07 Date Licensed DNA HOME HEALTH SERVICES LLC 6550 SPRINGFIELD STE. 203 LAREDO, TX 78041 Fax (956) 753-5801	07/14/2008	Owner Information DNA HOME HEATH 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

Administrator DORA SANCHEZ

County WEBB License # 014576 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (956) 723-1234 Type: Parent Agency	Region 07 Date Licensed 01/13/2012 ESTRELLA PROVIDER SERVICES LLC 107 CALLE DEL NORTE SUITE 17 LAREDO, TEXAS 78041 Fax (866) 239-0666 Administrator JOSE GONZALEZ	Owner Information ESTRELLA PROVIDER SERVICES LLC 107 CALLE DEL NORTE STE. 17 LAREDO, TX 78041 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 010070 Lic Expire 10/31/2022 Medicare 1: 677941 HHA-18 Medicare 2:	Region 07 Date Licensed 10/24/2005 EXCELLENT NURSING CARE PC 201 W HILLSIDE RD STE 9 LAREDO, TEXAS 78041	Owner Information EXCELLENT NURSING CARE PC 802 GALVESTON SUITE C LAREDO, TX 78040 PHONE: FAX:
Phone (956) 725-2786 Type: Parent Agency	Fax (956) 723-9833 Administrator DARLENE JIMENEZ	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County WEBB License # 011592 Lic Expire 9/30/2022 Medicare 1: 747093 HHA-18 Medicare 2: Phone (956) 701-3509	Region 07 Date Licensed 09/19/2007 FARIAS HOME HEALTH CARE LLC 501 MARINA, STE. 2 LAREDO, TEXAS 78046 Fax (956) 701-3511	Owner Information FARIAS HOME HEALTH CARE, LLC 501 MARINA SUITE 2 LAREDO, TEXAS 78046 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County WEBB License # 016765 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (956) 568-6975	Administrator JESUS RAMIREZ Region 07 Date Licensed 04/24/2015 FC PRIMARY HOME CARE 1420 E SAUNDERS ST. LAREDO, TX 78041 Fax (956) 568-6969	Owner Information FC PRIMARY HOME CARE LLC 3511 S MALINCHE LAREDO, TX 78046 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County WEBB License # 018312 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (956) 602-0275 Type: Parent Agency	Administrator CHRISTINE MADRIGAL Region 07 Date Licensed 09/12/2017 FIESTA PRIMARY HOME CARE LLC 6508 N BARTLETT AVENUE SUITE D LAREDO, TEXAS 78041 Fax (956) 726-9305 Administrator SAUL ZAMBRANO	Owner Information FIESTA PRIMARY HOME CARE LLC 6508 N BARTLETT AVENUE SUITE E LAREDO, TX 78041 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 012608 Lic Expire 5/31/2023 Medicare 1: 747382 HHA-18 Medicare 2: Phone (956) 725-2433	Region 07 Date Licensed 05/19/2009 FIRST AIDE HOME CARE LLC 1617 CHACON STREET LAREDO, TX 78043 Fax (956) 722-3057	Owner Information FIRST AIDE HOME CARE LLC 2904 BLAINE STREET LAREDO, TX 78043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator VICTOR ALVARADO	Personal Assistance Services
County WEBB License # 015454 Lic Expire 2/28/2023 Medicare 1: 747296 HHA-18	Region 07 Date Licensed 02/15/2013 FRIENDLY CARE HOME HEALTH SERVICES LLC 313 W VILLAGE #108 STE 7 LAREDO, TEXAS 78041	Owner Information FRIENDLY CARE HOME HEALTH SERVICES LLC 6414 MCPHERSON RD., SUITE 2 LAREDO, TX 78041
Medicare 2: Phone (956) 724-7100	Fax (956) 724-7101	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Derent Agency	Administrator DIANA CASTILLO	Personal Assistance Services

Administrator DIANA CASTILLO

County WEBB License # 011880 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 753-6040 Type: Parent Agency	Region 07 Date Licensed 02/12/2008 FRIENDLY CARE PRIMARY SERVICES 2319 CHIHUAHUA LAREDO, TX 78043 Fax (956) 753-6850 Administrator MARTHA SANDERSON	Owner Information FRIENDLY CARE PRIMARY SERVICES LLC 2319 CHIHUAHUA LAREDO, TX 78043 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 012125 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (956) 795-8705	Region 07 Date Licensed 03/25/2008 FRIENDS HEALTH CARE SERVICES INC 5415 SPRINGFIELD AVE 2 B LAREDO, TX 78041 Fax (956) 791-2554	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
Type: Branch Agency County WEBB License # 012799 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (956) 727-0311 Type: Parent Agency	Administrator DAVID SUAREZ Region 07 Date Licensed 08/21/2009 GDM PRIMARY HOME CARE INC 6508 NORTH BARTLETT SUITE E LAREDO, TX 78045 Fax (956) 726-9305 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 License # 008989 Lic Expire 3/31/2022 Medicare 1: 679475 HHA-18 Medicare 2: Phone (956) 712-8147	Region 07 Date Licensed 03/26/2004 GLOBAL NURSING SERVICES INC 6801 MCPHERSON SUITE 221 LAREDO, TX 78041 Fax (956) 722-1665	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
Type: Parent Agency County WEBB License # 010995 Lic Expire 1/31/2024 Medicare 1: Medicare 2: Phone (956) 793-3286 Type: Branch Agency	Administrator CHRISTINE GARZA Region 07 Date Licensed HANDS OF ANGELS HOME CARE 1502 ZAPATA HWY STE. 4 LAREDO, TEXAS 78046 Fax (956) 440-1287 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 License # 015684 Lic Expire 5/31/2024 Medicare 1: 747374 HHA-18 Medicare 2: Phone (956) 284-0780 Type: Parent Agency	Region 07 Date Licensed 06/01/2013 HEALING EXPERTS HOME HEALTH LLC 6510 POLARIS DR., STE. 2 LAREDO, TX 78041 Fax (956) 568-0158 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 License # 010416 Lic Expire 1/31/2024 Medicare 1: 679502 HHA-18 Medicare 2: Phone (956) 727-9111 Type: Parent Agency	Region 07 Date Licensed 01/27/2006 HEALING HANDS HOME HEALTH CARE LLC 6510 POLARIS DRIVE SUITE 3 LAREDO, TX 78041 Fax (956) 727-9107 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

County WEBB License # 012362 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (956) 284-0768 Type: Parent Agency	Region 07 Date Licensed 12/19/2008 HEALING HANDS PROVIDER SERVICE LLC 6510 POLARIS DR. STE. 4 LAREDO, TX 78041 Fax (956) 568-8994 Administrator IRMA CEPEDA	Owner Information HEALING HANDS PROVIDER SERVICE, LLC 6510 POLARIS DRIVE SUITE 2 LAREDO, TX 78041 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 002164 Lic Expire 11/30/2022 Medicare 1: 67Q7285003 Medicare 2: Phone (956) 796-9187	Region 07 Date Licensed 06/29/2001 HEALTH CARE UNLIMITED INC 315 CALLE DEL NORTE SUITE 205 LAREDO, TX 78041 Fax (956) 796-9146	Owner Information HEALTH CARE UNLIMITED, INC 1100 E LAUREL MCALLEN, TX 78504 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency County WEBB License # 013070 Lic Expire 10/31/2023 Medicare 1: 747342 HHA-18 Medicare 2: Phone (956) 724-5651 Type: Parent Agency	Administrator JOSEPH RAMON III Region 07 Date Licensed 10/12/2009 HEART 2 HEART SKILLED NURSING 1520 E. SAN PEDRO, SUITE 201 LAREDO, TX 78041 Fax (956) 724-5654 Administrator ROXANA REYNA	Owner Information JAR HELATH CARE PLLC 1520 E SAN PEDRO SUITE 201 LAREDO, TX 78041 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County WEBB License # 012145 Lic Expire 8/31/2022 Medicare 1: 747424 HHA-18 Medicare 2: Phone (956) 726-9700 Type: Parent Agency	Region 07 Date Licensed 08/08/2008 HEAVENLY NURSES HOME HEALTH LLC 9803 STERLING LOOP SUITE 190 LAREDO, TEXAS 78045 Fax (956) 796-9574 Administrator PAULINA A. VASQUEZ	Owner Information HEAVENLY NURSES HOME HEALTH, LLC 9803 STERLING LOOP UNIT 190 LAREDO, TX 78045 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County WEBB License # 021125 Lic Expire 10/13/2024 Medicare 1:	Region 07 Date Licensed 10/13/2021 HOLY SAVIOR HOME CARE 6999 MCPHERSON AVE. SUITE 215 A LAREDO, TEXAS 78041	Owner Information HOLY SAVIOR LAREDO HOME CARE, LLC
Medicare 2: Phone 956 6259339 Type: Parent Agency	Fax 956 2699004 Administrator JESSICA TAYLOR	PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 016498 Lic Expire 6/30/2022 Medicare 1:	Region 03 Date Licensed HOLY SAVIOR HOSPICE 6999 MCPHERSON SUITE 215A LAREDO, TEXAS 78041	Owner Information ROLLINGS MEADOWS HOSPICE LLC 11496 LUNA ROAD SUITE #200 DALLAS, TX 75234
Medicare 2: Phone (956) 307-4600 Type: Alternate Delivery Site	Fax Administrator CANTU LAURA	PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County WEBB		Owner left mostive
License # 016498 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 307-4600	Region 03 Date Licensed HOLY SAVIOR HOSPICE 6999 MCPHERSON SUITE 215A LAREDO, TEXAS 78041 Fax	Owner Information ROLLINGS MEADOWS HOSPICE LLC 11496 LUNA ROAD SUITE #200 DALLAS, TX 75234 PHONE: FAX: Services: Hospice

County WEBB License # 016193 Lic Expire 5/31/2022 Medicare 1: 741544 HOSPICE Medicare 2: Phone (956) 722-0106 Type: Parent Agency County WEBB	Region 07 Date Licensed HOSPICE SPECIALTY INC 1220 SCOTT STREET LAREDO, TX 78040 Fax (956) 727-1406 Administrator ANNA LIZA GUAJARDO Region 07 Date Licensed	05/08/2014	Owner Information HOSPICE SPECIALTY INC 1220 SCOTT STREET LAREDO, TX 78040 PHONE: Services: Hospice In-Patient Hospice: NO Owner Information	FAX:
License # 021130 Lic Expire 10/14/2024 Medicare 1:	INFINITO HOMECARE LLC 6999 MCPHERSON ROAD SUITE 109 LAREDO, TEXAS 78041	10/14/2021	INFINITO HOMECARE LLC	
Medicare 2: Phone 956 6020371 Type: Parent Agency	Fax 956 6020372 Administrator CHRISTINA PIZANA		PHONE: Services: Personal Assistance Services	FAX:
County WEBB License # 018292 Lic Expire 8/31/2023 Medicare 1: 74-1774 Medicare 2: Phone (956) 723-4702	Region 07 Date Licensed LA ESPERANZA HOME HEALTH INC 5703 SPRINGFIELD AVENUE LAREDO, TX 78041 Fax (956) 723-4721	09/01/2017	Owner Information LA ESPERANZA HOME HEALTH, INC 5703 SPRINGFIELD AVENUE LAREDO, TEXAS 78041 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Parent Agency County WEBB License # 012188 Lic Expire 8/31/2023 Medicare 1: 747307 HHA-18 Medicare 2: Phone (956) 723-4702	Administrator CARLOS RAMIREZ Region 07 Date Licensed LA ESPERANZA HOME HEALTH INC 5703 SPRINGFIELD AVE LAREDO, TX 78041 Fax (956) 723-4721	08/20/2008	Owner Information LA ESPERANZA HOME HEALTH, INC 5703 SPRINGFIELD AVENUE LAREDO, TEXAS 78041 PHONE:	FAX:
Type: Parent Agency	Administrator CARLOS RAMIREZ		Services: Licensed and Certified Home Health Ser	vices; Personal Assistance Services
County WEBB License # 007540 Lic Expire 2/28/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed LA FUENTE PRIMARY HOME CARE 435 ST. THOMAS DRIVE LAREDO, TX 78045	12/11/2017	Owner Information LA FUENTE INCORPORATED PO BOX 280 SULLIVAN CITY, TX 78595 PHONE: (956) 485-9650	FAX: (956) 485-9652
Phone (956) 485-2400 Type: Branch Agency	Fax (956) 485-1193 Administrator VERONICA ALEMAN		Services: Licensed Home Health Services; Persor	(cr.)
County WEBB License # 008322 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 724-7859 Type: Parent Agency	Region 07 Date Licensed LA LUZ PRIMARY HOME CARE LLC 2349 EAST SAUNDERS LAREDO, TX 78041 Fax (956) 724-5801 Administrator NORA HERNANDEZ	02/13/2003	Owner Information LA LUZ PRIMARY HOME CARE LLC 2349 E SAUNDERS LAREDO, TX 78041 PHONE: Services: Licensed Home Health Services; Person	FAX: al Assistance Services
County WEBB License # 013548 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (956) 712-2834 Type: Parent Agency	Region 07 Date Licensed LA MISERICORDIA HOME CARE SERVICE L 2333 E SAUNDERS ST LAREDO, TX 78041 Fax (956) 723-9949 Administrator MARIO MARTINEZ	09/01/2010 LC	Owner Information LA MISERICORDIA HOME CARE SERVICE LLC 2333 E SAUNDERS LAREDO, TX 78041 PHONE: Services: Personal Assistance Services	FAX:

County WEBB License # 018444 Lic Expire 11/30/2024 Medicare 1: 74-1761 Medicare 2: Phone (956) 334-7937	Region 07 Date Licensed 11/10/2017 LAREDO GENTLE HANDS HOSPICE AND PALLIATIVE CARE 5415 SPRINGFIELD AVE. SUITE 2C LAREDO, TX 78041 Fax (956) 242-6084	Owner Information LAREDO GENTLE HANDS HOSPICE CARE LLC 5415 SPRINGFIELD AVE SUITE 2C LAREDO, TX 78041 PHONE: FAX: Services: Hospice
Type: Parent Agency	Administrator DIANA CASTILLO	In-Patient Hospice: NO
County WEBB License # 020721 Lic Expire 4/27/2024	Region 07 Date Licensed 04/27/2021 LAREDO HOME CARE PROVIDER SERVICES LLC 962 LAUREN LANE	Owner Information LAREDO HOME CARE PROVIDER SERVICES LLC
Medicare 1: Medicare 2:	LAREDO, TEXAS 780456625	PHONE: FAX:
Phone (956) 324-1181 Type: Parent Agency	Fax (956) 253-4108 Administrator RAQUEL HERRERA	Services: Personal Assistance Services
County WEBB License # 006398 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (956) 725-3804 Type: Parent Agency	Region 07 Date Licensed 03/24/1998 LAREDO PRIMARY CARE 200 W LYON STREET LAREDO, TX 78040 Fax (956) 725-0182 Administrator ALFONSO RODRIGUEZ	Owner Information SOUTH TEXAS PRIMARY CARE INC 200 W LYON ST LAREDO, TX 78040 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 010954 Lic Expire 12/31/2022 Medicare 1: 747257 HHA-18 Medicare 2: Phone (956) 724-4280	Region 07 Date Licensed 12/20/2006 LAREDO SKILLED SERVICES INC 2101 SOUTH EJIDO AVE LAREDO, TX 78046 Fax (956) 724-2263	Owner Information LAREDO SKILLED SERVICES, INC SAME AS PHYSICAL ADDRESS LAREDO, TX 78046 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ALEX GARCIA	Personal Assistance Services
County WEBB License # 016549 Lic Expire 11/30/2022 Medicare 1: 679707 HHA-18 Medicare 2: Phone (956) 722-0394	Region 07 Date Licensed 11/21/2014 LAS PALMAS HEALTH SERVICES 205 W RYAN ST LAREDO, TX 78041 Fax (956) 722-0098	Owner Information L&JOE, LLC 205 W. VILLAGE BLVD SUITE 3 LAREDO, TX 78041 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency County WEBB License # 014290 Lic Expire 8/31/2023 Medicare 1: Medicare 2: Phone (956) 523-0429 Type: Parent Agency	Administrator ANA RODRIGUEZ Region 07 Date Licensed 08/17/2011 LIONSITOS PRIMARY HOME CARE 1506 EISENHOWER DRIVE LAREDO, TX 78040 Fax (956) 725-1694 Administrator GUADALUPE DE LEON JR.	Owner Information LIONSITOS PRIMARY HOME CARE INC 1506 EISENHOWER DR LAREDO, TX 78040 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 017394 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (956) 602-1612 Type: Parent Agency	Region 07 Date Licensed 05/12/2016 LONE STAR HEALTH SERVICES PLLC 313 W. VILLAGE BLVD., STE. 108 LAREDO, TEXAS 780412275 Fax (956) 602-1211 Administrator SAMUEL CANTU	Owner Information LONE STAR HEALTH SERVICES, PLLC 2920 PALO BLANCO LAREDO, TEXAS 78046 PHONE: FAX: Services: Licensed Home Health Services

County WEBB License # 018024 Lic Expire 4/30/2024 Medicare 1: Medicare 2: Phone (956) 568-1479 Type: Parent Agency County WEBB License # 021371 Lic Expire 2/7/2025	M & J PRIMARY HOME CARE LLC 6508 N BARTLETT AVE SUITE E LAREDO, TX 78041 Fax (956) 568-1519 Administrator SANDRA SALGADO Region 07 Date Licensed MAGNOLIA PRIMARY CARE, LLC 2101 S EJIDO AVENUE	Owner Information M & J PRIMARY HOME CARE LLC 6108 MCPHERSON ROAD SUITE 5 LAREDO, TX 78041 PHONE: FAX: Services: Personal Assistance Services Owner Information MAGNOLIA PRIMARY CARE, LLC SAME AS PHYSICAL ADDRESS	
Medicare 1:	LAREDO, TEXAS 78046	, DUONE. FAV.	
Medicare 2: Phone 956 2352973	Fax	PHONE: FAX:	
Type: Parent Agency	Administrator CLAUDIA CARRILLO	Services: Personal Assistance Services	
County WEBB License # 017076 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (956) 602-1671 Type: Parent Agency	Region 07 Date Licensed 10/14 MANNA PROVIDER SERVICES LLC 1915 WOODLAND DR LAREDO, TX 78045 Fax (956) 602-1671 Administrator HERMELINDA JIMENEZ	4/2015 Owner Information MANNA PROVIDER SERVICES LLC 1915 WOODLAND DRIVE LAREDO, TX 78045 PHONE: FAX: Services: Personal Assistance Services	
· · · · · · · · · · · · · · · · · · ·		Owner Information	
County WEBB License # 019393 Lic Expire 5/28/2021 Medicare 1:	Region 07 Date Licensed 05/26 MANOS CON CARINO PROVIDER SERVICES 9505 MINES RD SUITE #208 LAREDO, TEXAS 78045	CASA COMPASIVA, LLC	
Medicare 2:	2.1.250, 12.1.0 100.0	PHONE: FAX:	
Phone (956) 441-1362	Fax (956) 441-1304	Services: Personal Assistance Services	
Type: Parent Agency	Administrator EVELYN GARCIA		
County WEBB License # 012627 Lic Expire 5/31/2023 Medicare 1: 747608 HHA-18 Medicare 2:	Region 07 Date Licensed 05/28 MARDEL HOME HEALTH LLC 1401 CALLE DEL NORTE #5 LAREDO, TX 78041	MARDEL HOME HEALTH, LLC 1401 CALLE DEL NORTE STE 5 LAREDO, TEXAS 78041 PHONE: FAX:	
Phone (956) 753-7007	Fax (956) 723-3535	Services: Licensed and Certified Home Health Services; Personal A	ssistance Senvices
Type: Parent Agency	Administrator CLAUDETTE GALLEGOS		
County WEBB License # 015660 Lic Expire 7/31/2023 Medicare 1: 747923 HHA-18 Medicare 2: Phone (956) 462-5974 Type: Parent Agency	Region 07 Date Licensed 07/18 MEDLIFE HOME HEALTH SERVICES INC 133 LAKE CHAPALA DR LAREDO, TEXAS 78041 Fax (956) 267-5744 Administrator MONICA LOZANO	8/2013 MEDLIFE HOME HEALTH SERVICES INC 133 LAKE CHAPALA DR. LAREDO, TX 78041 PHONE: FAX: Services: Licensed and Certified Home Health Services	
County WEBB	Region 07 Date Licensed 07/0	7/2020 Owner Information	
License # 020038 Lic Expire 7/7/2022 Medicare 1:	MI DULCE MARIA PROVIDER CARE 2412 SABANA LAREDO, TEXAS 78046	CANDI M ROSSEL HOME HEALTH SERVICES, INC	
Medicare 2: Phone 956 8036061		PHONE: FAX:	
	Fax		

County WEBB License # 014236 Lic Expire 7/31/2024 Medicare 1: Medicare 2: Phone (956) 725-5808 Type: Parent Agency	Region 07 Date Licensed 07/27/2011 MORNING GLORY PROVIDER SERVICES 4001 MCPHERSON RD STE 204 LAREDO, TX 78041 Fax (956) 568-9679 Administrator MARISELA LEAL	Owner Information M & R MANAGEMENT LLC PO BOX 15153 ZAPATA, TEXAS 78076 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County WEBB License # 012774 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (956) 724-6755	Region 07 Date Licensed 06/12/2009 NEW BEGINNING HOME CARE INC 2212 MCDONELL SUITE 3 LAREDO, TX 78040 Fax (956) 729-0399	Owner Information NEW BEGINNING HOME CARE INC 2212 MCDONELL SUITE 3 LAREDO, TX 78040 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County WEBB License # 006229 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (361) 527-9139 Type: Alternate Delivery Site	Administrator HECTOR LOZANO Region 07 Date Licensed 09/26/2003 NURSES ON WHEELS INC 6423 MCPHERSON RD SUITE 16C LAREDO, TX 78041 Fax (361) 527-4137 Administrator MARY GARCIA GARCIA	Owner Information NURSES ON WHEELS INC 1101 3RD STREET CORPUS CHRISTI, TX 78404 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County WEBB License # 006229 Lic Expire 8/31/2022 Medicare 1: 45Q9200001 Medicare 2: Phone (361) 527-9139	Region 07 Date Licensed 09/08/2003 NURSES ON WHEELS INC 6423 MCPHERSON RD SUITE 16C LAREDO, TX 78041 Fax (361) 527-4137	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
Type: Branch Agency County WEBB License # 006274 Lic Expire 12/31/2022 Medicare 1: 459047 HHA-18 Medicare 2: Phone (956) 727-4444 Type: Parent Agency	Administrator MARY GARCIA Region 07 Date Licensed 01/01/1998 NURSING FROM THE HEART HOME CARE INC 1505 CALLE DEL NORTE STE 250 LAREDO, TEXAS 78041 Fax (956) 727-4677 Administrator MARIA ISABEL LAYTON	Owner Information NURSING FROM THE HEALTH HOME CARE INC 1505 CALLE DEL NORTE STE 250 LAREDO, TX 78041 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County WEBB License # 016663 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (956) 568-3699 Type: Parent Agency	Region 07 Date Licensed 03/03/2015 NURSING FROM THE HEART PRIMARY CARE LLC 1505 CALLE DEL NORTE STE 350 LAREDO, TX 78041 Fax (956) 568-3678 Administrator MARIA LAYTON	Owner Information NURSING FROM THE HEART PRIMARY CARE LLC 3610 JOSEFINA DRIVE LAREDO, TX 78041 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 018051 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 725-9211	Region 07 Date Licensed 02/22/2017 NURSING SERVICES AND CONSULTANTS OF LAREDO 7917 MCPHERSON AVENUE SUITE 210 LAREDO, TX 78045 Fax (956) 725-9996	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

Type: Branch Agency

Administrator

HECTOR ALVARADO ALVARADO

County WEBB License # 015560 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (956) 235-7158 Type: Parent Agency	Region 07 Date Licensed OUR GUARDIAN ANGELS HOME HEALTH 105 WASHINGTONIA DRIVE LAREDO, TEXAS 78045 Fax (956) 602-1157 Administrator SANDRA VILLARREAL	05/23/2013	Owner Information OUR GUARDIAN ANGELS HOME HEALTH INC 1203 E 28TH STREET MISSION, TX 78754 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 016201 Lic Expire 5/31/2022 Medicare 1: Medicare 2: Phone (956) 518-0088 Type: Parent Agency	Region 07 Date Licensed PALOMITA PROVIDER SERVICE LLC 815 SALINAS SUITE B LAREDO, TX 78040 Fax (956) 272-0108 Administrator EUNICE VASQUEZ	05/12/2014	Owner Information PALOMITA PROVIDER SERVICE LLC 815 SALINAS SUITE B LAREDO, TX 78040 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 013907 Lic Expire 2/28/2023 Medicare 1: Medicare 2: Phone (956) 753-3294 Type: Parent Agency	Region 07 Date Licensed PALOMITAS "R" US INC 7220-A BOB BULLOCK LOOP SUITE 302 LAREDO, TX 78041 Fax (956) 723-0118 Administrator YOLANDA CARRILLO	02/22/2011	Owner Information PALOMITAS R US INC PO BOX 451592 LAREDO, TEXAS 78045 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 017187 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (956) 722-2273 Type: Parent Agency	Region 07 Date Licensed PENN PATIENT CARE LLC 104 E CALTON RD STE 102 LAREDO, TX 78041 Fax (956) 722-2274 Administrator JESSICA MENDOZA	12/17/2015	Owner Information PENN PATIENT CARE LLC 104 E. CALTON ROAD SUITE 102 LAREDO, TX 78041 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County WEBB License # 008323 Lic Expire 2/28/2022 Medicare 1: Medicare 2: Phone (956) 722-9311 Type: Parent Agency	Region 07 Date Licensed PRECIOUS GARDEN PRIMARY CARE 1817 CORPUS CHRISTI STREET LAREDO, TX 78043 Fax (956) 723-8616 Administrator CYNTHIA VAZQUEZ	02/14/2003	Owner Information CYNTHIA T VAZQUEZ 1817 CORPUS CHRISTI STREET LAREDO, TX 78043 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County WEBB License # 009748 Lic Expire 5/31/2023 Medicare 1: 677899 HHA-18 Medicare 2: Phone (956) 724-2006 Type: Parent Agency	Region 07 Date Licensed PRO HEALTH NURSING INC 1303 CALLE DEL NORTE SUITE 400 LAREDO, TX 78041 Fax (956) 724-2014 Administrator MIGUEL SAUCEDO	05/10/2005	Owner Information PRO HEALTH NURSING INC 4019 MCPHERSON # 203 & 204 LAREDO, TX 78041 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County WEBB License # 018171 Lic Expire 7/31/2019 Medicare 1: Medicare 2: Phone (956) 704-5080 Type: Parent Agency	Region 07 Date Licensed RAMIREZ PRIMARY HOME CARE LLC 402 E HILLSIDE STE 1 LAREDO, TX 78041 Fax (956) 704-5072 Administrator LUIS MACARIO RAMIREZ III	07/17/2017	Owner Information RAMIREZ PRIMARY HOME CARE LLC 402 E HILLSIDE #1 LAREDO, TX 78041 PHONE: FAX: Services: Personal Assistance Services

County WEBB License # 007241 Lic Expire 8/31/2020 Medicare 1: Medicare 2: Phone (956) 712-8000 Type: Branch Agency	Region 06 Date Licensed 07/30/20 RESOURCE HOME HEALTH SERVICES 502 W CALTON ROAD UNIT 107 RM B LAREDO, TX 78041 Fax (956) 712-8133 Administrator ROSE NWABUISI	ONTERMINATION RESOURCE HEALTH SERVICES INC 7211 REGENCY SQUARE BLVD SUITE 102 HOUSTON, TX 77036 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County WEBB License # 014471 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (956) 286-3333	Region 07 Date Licensed 11/14/20 ROCHA PRIMARY CARE LLC 5415 SPRINGFIELD AVE., SUITE 4B LAREDO, TX 78041 Fax (956) 726-1898	D11 Owner Information ROCHA PRIMARY CARE LLC 803 MCCLELLAND AVE LAREDO, TX 78040 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County WEBB License # 010616	Administrator ROGER ROCHA Region 07 Date Licensed 01/21/20 SAINT BENEDICTS HOME HEALTH INC	O11 Owner Information SAINT BENEDICTS HOME HEALTH INC
Lic Expire 7/31/2024 Medicare 1: Medicare 2:	5711 MCPHERSON RD STE 200 LAREDO, TX 78041	424 E MAIN ROBSTOWN, TX 78380 PHONE: FAX:
Phone (956) 728-8088 Type: Branch Agency	Fax (956) 728-8483 Administrator BRENDA RAMON	Services: Personal Assistance Services
County WEBB License # 007114 Lic Expire 9/30/2022 Medicare 1: Medicare 2: Phone (956) 717-5009	Region 07 Date Licensed 06/14/20 SALDIVAR PRIMARY HOME CARE 2601 E. SAUNDERS, SUITE 5 LAREDO, TEXAS 78041 Fax (956) 717-5876	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
Type: Branch Agency County WEBB License # 009982 Lic Expire 9/30/2022 Medicare 1: 679541 Medicare 2: Phone (956) 718-9987	Administrator MARGOT P SALDIVAR Region 07 Date Licensed 09/22/20 SALUD HOME HEALTH INC 2920 SOUTH MALINCHE AVE. LAREDO, TX 78046 Fax (956) 718-1916 Administrator MIGUEL ANGEL GALLEGOS	O05 Owner Information SALUD HOME HEALTH INC 2920 SOUTH MALINCHE LAREDO, TX 78046 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County WEBB License # 010492 Lic Expire 5/31/2023 Medicare 1: 67-9694 Medicare 2: Phone (956) 717-1204	Region 07 Date Licensed 05/26/20 SAN AGUSTIN HOME HEALTH SERVICES 1401 CALLE DEL NORTE STE 6 UNIT 35 LAREDO, TX 78041 Fax (956) 717-2604	Owner Information SAN AGUSTIN HOME HEALTH SERVICES 1001 CORPUS CHRISTI STREET LAREDO, TX 78040 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County WEBB License # 007687 Lic Expire 7/31/2022 Medicare 1: Medicare 2:	Administrator REYNA CARRILLO Region 07 Date Licensed 08/01/20 SANDS CARE HEALTH SERVICES LC 201 WEST HILLSIDE SUITE 8 LAREDO, TX 78041	O01 Owner Information SANDS CARE HEALTH SERVICES LC 201 WEST HILLSIDE SUITE 8 LAREDO, TX 78041-6905 PHONE: FAX:
Phone (956) 728-1565	Fax (956) 728-1566	Services: Personal Assistance Services

Administrator

ANDREA LAURA SANDS

County WEBB License # 012384 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 441-0038 Type: Alternate Delivery Site	Region 07 Date Licensed SELAH HOSPICE CARE INC 6999 MCPHERSON RD STE. 104-16 LAREDO, TEXAS 78041 Fax Administrator VIRGINIA ODRIA	Owner Information SELAH HOSPICE CARE INC PO BOX 4034 MCALLEN, TX 78502 PHONE: (888) 407-4108 FAX: Services: Hospice In-Patient Hospice: NO
County WEBB License # 017853 Lic Expire 1/31/2025 Medicare 1: 741726 HOSPICE Medicare 2: Phone (956) 725-5533 Type: Parent Agency	Region 07 Date Licensed 01/12/2017 SERENITY HOME CARE SERVICES 107 CALLE DEL NORTE STE. 11 B LAREDO, TEXAS 78041 Fax (956) 725-5536 Administrator JOSE MARTINEZ	Owner Information SERENITY HOSPICE CARE LLC 107 CALLE DEL NORTE STE. 17 LAREDO, TX 78041 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County WEBB License # 010911 Lic Expire 11/30/2023 Medicare 1: 747028 HHA-18 Medicare 2: Phone (956) 725-5533 Type: Parent Agency	Region 07 Date Licensed 12/01/2006 SERENITY HOME CARE SERVICES 107 CALLE DEL NORTE STE. 11 B LAREDO, TX 78041 Fax (956) 725-5536 Administrator JOSE MARTINEZ	Owner Information LAREDO QUALITY HOME HEALTH INC 107 CALLE DEL NORTE STE. 17 LAREDO, TX 78041 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County WEBB License # 021320 Lic Expire 1/11/2025 Medicare 1: Medicare 2: Phone 19564411880	Region 07 Date Licensed 01/11/2022 SERENITY HOSPICE OF LAREDO, LLC 1220 SAN AGUSTIN AVE LAREDO, TEXAS 78040 Fax	Owner Information SERENITY HOSPICE OF LAREDO, LLC PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County WEBB License # 020670 Lic Expire 4/5/2023 Medicare 1: Medicare 2: Phone (956) 452-0202 Type: Parent Agency	Administrator AIMEE ARIZOLA Region 07 Date Licensed 04/05/2021 SERENITY PROVIDER SERVICES, LLC 107 CALLE DEL NORTE STE. 17 LAREDO, TX 78041 Fax (956) 725-5536 Administrator JOSE GONZALEZ	Owner Information SERENITY PROVIDER SERVICES, LLC 6414 MCPHERSON RD. STE. 2 LAREDO, TX 78041 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 012669 Lic Expire 6/30/2023 Medicare 1: 747388 HHA-18 Medicare 2: Phone (956) 722-0106 Type: Parent Agency	Region 07 Date Licensed 06/29/2009 ST JUDES SPECIALTY HOME AND HEALTH CARE SERVICES INC 1220 SCOTT STREET LAREDO, TEXAS 78040 Fax (956) 727-1406 Administrator PATRICIA GUAJARDO	Owner Information ST JUDES SPECIALTY HOME AND HEALTH CARE SERVICES, INC 1220 SCOTT STREET LAREDO, TX 78040 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County WEBB License # 010364 Lic Expire 3/31/2024 Medicare 1: 679661 HHA-18 Medicare 2: Phone (956) 568-0111 Type: Parent Agency	Region 07 Date Licensed 03/31/2006 STAR OF LIFE HOME CARE INC 2919 SPRINGFIELD AVENUE LAREDO, TX 78041 Fax (956) 753-0112 Administrator CLAUDIA HOURIGAN	Owner Information STAR OF LIFE HOME CARE INC 2919 SPRINGFIELD AVENUE LAREDO, TX 78041 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County WEBB License # 014482 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (956) 725-1001 Type: Parent Agency	Region 07 Date Licensed 11/22/2011 STEPCARE INC 1505 CALLE DEL NORTE STE 260B LAREDO, TX 78041 Fax (956) 729-1614 Administrator BONIFACE EMEREMNU	Owner Information STEPCARE 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	Owner Information LAREDO KIDS ADVANCED THERAPY INC
License # 014431	SUNSHINE THERAPY & NURSING SERVICES	1319 E HILLSIDE RD STE B
Lic Expire 10/31/2023 Medicare 1: 747980 HHA-18	6508 N BARTLETT AVE SUITE D LAREDO, TX 78041	LAREDO, TX 78041
Medicare 2:	LANEDO, IX 70041	PHONE: FAX:
Phone (956) 723-6600	Fax (956) 723-6614	
Type: Parent Agency	Administrator SELINA RAMOS	Services: Licensed and Certified Home Health Services
		Owner Information
County WEBB	Region 07 Date Licensed 01/21/2009	SUPERIOR CARE HOME HEALTH SERVICES LLC
License # 012406	SUPERIOR CARE HOME HEALTH SERVICES LLC	SAME AS PHYSICAL ADDRESS
Lic Expire 1/31/2023	804 OKANE STREET	LAREDO, TX 78040-4009
Medicare 1: 747450 HHA-18	LAREDO, TX 78040	
Medicare 2:	Fav. (056) 704 0662	PHONE: FAX:
Phone (956) 791-6477 Type: Parent Agency	Fax (956) 721-0663 Administrator ROGELIO ESPINOZA	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
ype. Farent Agency	Administrator ROGELIO ESPINOZA	
County WEBB	Region 07 Date Licensed 08/21/2013	Owner Information
License # 015724	SUPERIOR CARE PRIMARY HOME CARE PROVIDER LLC	BRISELDA G ESPINOZA
Lic Expire 8/31/2024	804 OKANE	2402 LOGAN
Medicare 1:	LAREDO, TX 78040	LAREDO, TX 78040
Medicare 2:		PHONE: (956) 401-1144 FAX:
Phone (956) 791-6477	Fax (956) 721-0663	Services: Personal Assistance Services
Type: Parent Agency	Administrator BRISELDA ESPINOZA	
County WEBB License # 020102 Lic Expire 8/12/2022 Medicare 1: 971707	Region 07 Date Licensed 08/12/2020 SUPERIOR HOSPICE OF SA LLC 2344 LAGUNA DEL MAR STE 206 LAREDO, TEXAS 78041	Owner Information SUPERIOR HOSPICE OF SA LLC
Medicare 2:		PHONE: FAX:
Phone (210) 899-4517	Fax (210) 579-7349	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator PATSY BISCAINO	
County WEBB	Region 07 Date Licensed 05/23/2008	Owner Information
License # 012028	SUPERIOR NURSING CARE	HEALTHPROV L L C
Lic Expire 5/31/2023	1505 CALLE DEL NORTE SUITE 375	316 WESTMONT DRIVE
Medicare 1: 747254 HHA-18	LAREDO, TX 78041	LAREDO, TEXAS 78041
Medicare 2:		PHONE: FAX:
Phone (956) 728-0411	Fax (956) 728-0415	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator MELISSA CIGARROA	
County WEBB License # 014675 Lic Expire 2/28/2022 Medicare 1: Medicare 2:	Region 07 Date Licensed 03/01/2012 SUPERSTAR HOME THERAPY 6262 MCPHERSON SUITE 110 LAREDO, TX 78041	Owner Information 5 STAR THERAPY PLLC 6550 SPRINGFIELD AVENUE SUITE 101 LAREDO, TX 78041 PHONE: FAX:
Phone (956) 722-7733	Fax (956) 722-7799	
Type: Parent Agency	Administrator GUADALLIDE GAP7A IP	Services: Licensed Home Health Services

Administrator

GUADALUPE GARZA JR

County WEBB License # 008583 Lic Expire 9/30/2023 Medicare 1: 679185 Medicare 2: Phone (956) 791-3012 Type: Parent Agency	Region 07 Date Licensed 09/02/2002 TEXAS HEALTH STAFFING SERVICES INC 1115 CHIHUAHUA STREET SUITE A LAREDO, TX 780405289 Fax (956) 791-5863 Administrator EDNA CARRANZA	Owner Information TEXAS HEALTH STAFFING SERVICES INC 1115 CHIHUAHUA SUITE A LAREDO, TX 78040 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County WEBB License # 009337 Lic Expire 4/30/2022 Medicare 1: Medicare 2: Phone (956) 791-5234 Type: Parent Agency	Region 07 Date Licensed 04/30/2004 TEXAS PROVIDER CARE LLC 1620 CHIHUAHUA ST LAREDO, TX 78043 Fax (956) 726-0145 Administrator JOSE JAIMES	Owner Information TEXAS PROVIDER CARE LLC 2404 ROSARIO STREET LAREDO, TX 78043 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 007243 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 728-7905 Type: Branch Agency	Region 07 Date Licensed 06/30/1999 TEXAS VISITING NURSE SERVICE LTD 1103 CORPUS CHRISTI LAREDO, TX 78040 Fax (956) 791-0941 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 WEBB License # 008692 Lic Expire 10/31/2022 Medicare 1: 679490 HHA-18 Medicare 2: Phone (956) 712-3579 Type: Parent Agency	Region 07 Date Licensed 10/15/2003 TORRES HOME HEALTH SERVICES L C 7511 MCPHERSON RD STE 6A LAREDO, TX 78041 Fax (956) 712-3981 Administrator MIGUEL TORRES	Owner Information TORRES HOME HEALTH SERVICES, LC 5415 SPRINGFIELD AVENUE SUITE 3A & 3B LAREDO, TX 78041 PHONE: FAX: Services: Licensed and Certified Home Health Services
County WEBB License # 010986 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (956) 712-3726 Type: Parent Agency	Region 07 Date Licensed 01/11/2007 TORRES PRIMARY HOME CARE INC 5415 SPRINGFIELD STE 3B LAREDO, TEXAS 78041 Fax (956) 712-3730 Administrator ROGER ROCHA	Owner Information TORRES PRIMARY HOME CARE INC 213 W. VILLAGE BLVD SUITE 4 LAREDO, TX 78041 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 016577 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (956) 337-0136 Type: Parent Agency	Region 07 Date Licensed 12/23/2014 TOUCHED BY AN ANGEL HOME CARE INCORPORATED 6419 MCPHERSON ROAD SUITE I LAREDO, TX 78041 Fax (956) 723-4122 Administrator CARMEN CEPEDA	Owner Information TOUCHED BY AN ANGEL HOME CARE INCORPORATED 5102 BENGO BAY LAREDO, TX 78041 PHONE: FAX: Services: Personal Assistance Services
County WEBB License # 011405 Lic Expire 3/31/2022 Medicare 1: 679506 HHA-18 Medicare 2: Phone (956) 857-5900 Type: Parent Agency	Region 07 Date Licensed 03/07/2007 UNITED HOME HEALTH 1605 EAST DEL MAR STE 103 LAREDO, TX 78041 Fax (956) 718-2354 Administrator GRACIELA GARZA	Owner Information JLG HEALTH GROUP, LLC 3301 EAST FROST LAREDO, TEXAS 78043 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County WEBB	Region 07 Date Licensed	10/14/2013	Owner Information
License # 015861	VANGUARD HEALTHCARE		HANDS THAT HEAL HOME HEALTH LLC
Lic Expire 10/31/2023	6999 MCPHERSON ROAD STE 105		P.O. BOX 451628
Medicare 1: 747298 HHA-18	LAREDO, TEXAS 78041		LAREDO, TEXAS 78045
Medicare 2:			PHONE: FAX:
Phone 956 6869500	Fax 956 6869511		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	Owner Information
License # 019073	VARA HOSPICE		VARA HOSPICE, LLC
Lic Expire 10/3/2022	3619 DAVIS AVENUE		203 SABAL LOOP
Medicare 1: 971598 Hospice	LAREDO, TX 78041		LAREDO, TX 78045
Medicare 2:			PHONE: FAX:
Phone (833) 663-8271	Fax 9564507251, EFFECTIVE 01012020		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	Owner Information
License # 008427	ANGELS CARE HOME HEALTH		E MEDICAL GROUP INC
Lic Expire 4/30/2022	315 N ALABAMA ROAD SUITE A		2803 7TH STREET
Medicare 1:	WHARTON, TX 77488		BAY CITY, TX 77414
Medicare 2:			PHONE: FAX:
Phone (979) 282-2629	Fax (979) 282-2647		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	Owner Information
License # 008427	ANGELS CARE HOME HEALTH		E MEDICAL GROUP INC
Lic Expire 4/30/2022	315 N ALABAMA ROAD SUITE A		2803 7TH STREET
Medicare 1:	WHARTON, TX 77488		BAY CITY, TX 77414
Medicare 2:			PHONE: FAX:
Phone (979) 282-2629	Fax (979) 282-2647		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	Owner Information
License # 021089	HEALTH FOCUS GROUP INC		HEALTH FOCUS GROUP INC
Lic Expire 9/29/2024	702 N RICHMOND RD STE A		
Medicare 1:	WHARTON, TEXAS 77488		
Medicare 2:			PHONE: FAX:
Phone (979) 488-4260	Fax		Services: Hospice
			In-Patient Hospice: NO
Type: Parent Agency	Administrator CATHERINE COLLINS		
County WHARTON	Region 06 Date Licensed	06/20/2000	Owner Information
License # 001994	HOUSTON HOSPICE		HOUSTON HOSPICE
Lic Expire 10/31/2022	1102 N. MECHANIC SUITE B		1905 HOLCOMBE
Medicare 1:	EL CAMPO, TEXAS 77437		HOUSTON, TX 77030-4123
Medicare 2:			PHONE: FAX:
Phone (979) 578-0314	Fax (979) 578-0242		Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator RANA MCCLELLAND		·
County WHARTON	Region 06 Date Licensed	11/24/2014	Owner Information
License # 016538	SACRED CARE HOME HEALTH LLC		SACRED CARE HOME HEALTH LLC
Lic Expire 11/30/2022	1506 N ALABAMA RD STE. B		PO BOX 1268
Medicare 1: 747971 HHA-18	WHARTON, TEXAS 77488		WHARTON, TX 77488
Medicare 2:			PHONE: FAX:
Phone (979) 531-3068	Fax (979) 318-3899		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency			

County WHARTON	Region 06 Date Licensed 01/13/2005	Owner Information
License # 008158	TEXAS HOME HEALTH SKILLED SERVICES	TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire 10/31/2022	10358 US 59 HWY SUITE B	
Medicare 1:	WHARTON, TX 77488	
Medicare 2:		PHONE: FAX:
Phone (979) 532-8584	Fax (979) 532-8574	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator KATHRYN WIEDMAN	
County WHARTON	Region 06 Date Licensed 10/18/2002	Owner Information
License # 008158	TEXAS HOME HEALTH SKILLED SERVICES	TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire 10/31/2022	10358 US 59 HWY SUITE B	
Medicare 1: 679233 HHA-18	WHARTON, TX 77488	
Medicare 2:		PHONE: FAX:
Phone (979) 532-8584	Fax (979) 532-8574	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator KATHRYN WIEDMAN	
County WHARTON	Region 06 Date Licensed 01/15/2015	Owner Information
License # 016604	VISITING ANGELS SOUTHEAST CENTRAL TEXAS	RVLK QUALITY CARE LLC
Lic Expire 1/31/2023	704 CHURCH STREET	PO BOX 1321
Medicare 1:	EAST BERNARD, TX 77435	EAST BERNARD, TX 77435
Medicare 2:		PHONE: FAX:
Phone (979) 335-4025	Fax (979) 335-4121	Services: Personal Assistance Services
Type: Parent Agency	Administrator KIMBERLY HAAK	50 N50 N 5 CO 10
County WHEELER	Region 01 Date Licensed 03/12/1993	Owner Information
License # 002472	PARKVIEW HOSPITAL HOME HEALTH AGENCY	NORTH WHEELER COUNTY HOSPITAL DISTRICT
Lic Expire 3/31/2023	901 S SWEETWATER	PO BOX 1030
Medicare 1: 677604 HHA-18	WHEELER, TX 79096	WHEELER, TEXAS 79096
Medicare 2:	WILLELIA, IX 10000	PHONE: FAX:
Phone (806) 826-1370	Fax (806) 826-1396	
Type: Parent Agency	Administrator MONICA KIDD	Services: Licensed and Certified Home Health Services
County WHEELER	Region 01 Date Licensed 04/06/2005	Owner Information
License # 008662	TEXAS HOME HEALTH	KINDSTAR, INC DO NOT USE
Lic Expire 9/30/2022	211 N MAIN	1934 MEDI PARK DRIVE
Medicare 1: 45Q7754003	SHAMROCK, TX 79079	AMARILLO, TX 79106
Medicare 2:		PHONE: FAX:
Phone (806) 256-1100	Fax (806) 256-1101	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator LINDSEY HENSON	
County WHEELER	Region 01 Date Licensed 04/06/2005	Owner Information
License # 008662	TEXAS HOME HEALTH	KINDSTAR, INC DO NOT USE
Lic Expire 9/30/2022	211 N MAIN	1934 MEDI PARK DRIVE
Medicare 1: 45Q7754003	SHAMROCK, TX 79079	AMARILLO, TX 79106
Medicare 2:		PHONE: FAX:
Phone (806) 256-1100	Fax (806) 256-1101	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Branch Agency	Administrator LINDSEY HENSON	Personal Assistance Services
	Paginn 01 Pata Licensed 04/06/2005	Owner Information
County WHEELER	Region 01 Date Licensed 04/06/2005 TEXAS HOME HEALTH	KINDSTAR, INC
License # 008662		17855 N. DALLAS PARKWAY DR. #200
Lic Expire 9/30/2022 Medicare 1: 45Q7754003	211 N MAIN SHAMPOCK TY 70070	DALLAS, TX 75284
Medicare 2:	SHAMROCK, TX 79079	PHONE: FAX:
Phone (806) 256-1100	Fax (806) 256-1101	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator LINDSEY HENSON	1 613011811 M33131811166 OEI VILGES

County WICHITA License # 017332 Lic Expire 10/31/2021 Medicare 1: 679027 HHA-18 Medicare 2: Phone (940) 763-9500 Type: Parent Agency	Region 01 Date Licensed 10/25/2015 1ST TEXAS HOME HEALTH 900 8TH ST. STE 520 WICHITA FALLS, TEXAS 763016806 Fax (940) 763-9501 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	Owner Information
License # 005429	ANGELS CARE HOME HEALTH	FIRST CHOICE COMMUNITY HOME CARE INC
Lic Expire 4/30/2022	1908 ELMWOOD NORTH AVENUE SUITE 101-103	1908 ELMWOOD NORTH, SUITE 101-103
Medicare 1: 459298 HHA-18	WICHITA FALLS, TX 76308	WICHITA FALLS, TX 76308
Medicare 2:	Fav. (040) 222 2067	PHONE: FAX:
Phone (940) 322-1391	Fax (940) 322-2967	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator SKYLAR BLISARD	
County WICHITA	Region 01 Date Licensed 01/19/2021	Owner Information E HOSPICE GROUP OF TEXAS NO 1, LLC
License # 020349	ANGELS CARE HOSPICE	ETIOGRADE GROOF OF TEXAS NO 1, EEG
Lic Expire 6/11/2022 Medicare 1: 451610	1908 N ELMWOOD N, STE 102 WICHITA FALLS, TX 76308	
Medicare 2:	WIGHTATALLO, IX 70000	PHONE: FAX:
Phone (940) 500-2537	Fax (940) 784-7206	Services: Hospice
		In-Patient Hospice: NO
Type: Parent Agency	Administrator HEATHER JONES-BURCH	
County WICHITA	Region 03 Date Licensed 02/07/2011	Owner Information
License # 010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC P O BOX 338
Lic Expire 8/31/2022	909 8TH STREET, STE 100	HOWE, TX 75459
Medicare 1: Medicare 2:	WICHITA FALLS, TX 76301	PHONE: FAX:
Phone (940) 761-9986	Fax (903) 532-1401	
Type: Branch Agency	Administrator HEATHER RODGERS	Services: Licensed Home Health Services; Personal Assistance Services
County WICHITA	Region 03 Date Licensed 02/07/2011	Owner Information
License # 010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC
Lic Expire 8/31/2022	909 8TH STREET, STE 100	P O BOX 338
Medicare 1:	WICHITA FALLS, TX 76301	HOWE, TX 75459
Medicare 2:		PHONE: FAX:
Phone (940) 761-9986	Fax (903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	
County WICHITA	Region 03 Date Licensed 02/07/2011	Owner Information
License # 010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC
Lic Expire 8/31/2022	909 8TH STREET, STE 100	P O BOX 338 HOWE, TX 75459
Medicare 1:	WICHITA FALLS, TX 76301	
Medicare 2: Phone (940) 761-9986	Fax (903) 532-1401	PHONE: FAX:
Type: Branch Agency	Administrator HEATHER RODGERS	Services: Licensed Home Health Services; Personal Assistance Services
		Owner Information
County WICHITA License # 010691	Region 03 Date Licensed 02/07/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC
Lic Expire 8/31/2022	909 8TH STREET, STE 100	P O BOX 338
Medicare 1:	WICHITA FALLS, TX 76301	HOWE, TX 75459
Medicare 2:		PHONE: FAX:
Phone (940) 761-9986	Fax (903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator HEATHER RODGERS	

County WICHITA License # 010691 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (940) 761-9986 Type: Branch Agency County WICHITA	Region 03 Date Licensed 02/07/2011 ANGELS OF CARE PEDIATRIC HOME HEALTH 909 8TH STREET, STE 100 WICHITA FALLS, TX 76301 Fax (903) 532-1401 Administrator HEATHER RODGERS Region 03 Date Licensed 02/07/2011	Owner Information AOC TX, LLC P O BOX 338 HOWE, TX 75459 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services	
License # 010691	ANGELS OF CARE PEDIATRIC HOME HEALTH	AOC TX, LLC P O BOX 338	
Lic Expire 8/31/2022	909 8TH STREET, STE 100	HOWE, TX 75459	
Medicare 1: Medicare 2:	WICHITA FALLS, TX 76301	PHONE: FAX:	
Phone (940) 761-9986	Fax (903) 532-1401		
Type: Branch Agency	Administrator HEATHER RODGERS	Services: Licensed Home Health Services; Personal Assistance Services	
County WICHITA License # 004895 Lic Expire 9/30/2024 Medicare 1: 459071 Medicare 2: Phone (940) 766-4663	Region 01 Date Licensed 09/13/1996 AT HOME CARE LLC 1109 BROOK AVENUE WICHITA FALLS, TX 76301 Fax (940) 766-2236	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	
Type: Parent Agency	Administrator CHARLENE CLUTE		
County WICHITA	Region 01 Date Licensed 09/10/2002	Owner Information	
License # 008104	BESTCARE HEALTH SERVICES INC	BESTCARE HEALTH SERVICES, INC 5800 KELL WEST BLVD SUITE 500	
Lic Expire 9/30/2022	5800 KELL WEST BOULEVARD SUITE 500	WICHITA FALLS, TX 76310	
Medicare 1: 679231 HHA-18 Medicare 2:	WICHITA FALLS, TX 76310	PHONE: FAX:	
Phone (940) 692-9824	Fax (940) 692-4163		
Type: Parent Agency	Administrator ROBERT RICHEY	Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County WICHITA License # 012834 Lic Expire 9/30/2024 Medicare 1: Medicare 2: Phone (940) 692-9826	Region 01 Date Licensed 09/02/2009 BESTCARE SPECIALTY SERVICES INC 5800 KELL BLVD SUITE 500 WICHITA FALLS, TX 76310 Fax (940) 692-4163	Owner Information BESTCARE SPECIALTY SERVICES INC 7215 BAKER BLVD RICHLAND HILLS, TX 76118 PHONE: FAX:	
Type: Parent Agency	Administrator ROBERT RICHEY	Services: Licensed Home Health Services; Personal Assistance Services	
County WICHITA License # 017245 Lic Expire 1/31/2024 Medicare 1: 741656 HOSPICE Medicare 2: Phone (940) 696-8901	Region 01 Date Licensed 01/28/2016 BEYONDFAITH HOSPICE OF WICHITA FALLS LLC 1702 KELL BLVD WICHITA FALLS, TX 76301 Fax (940) 696-8902	Owner Information BEYONDFAITH HOSPICE OF JACKSBORO, LLC 604 OAK STREET SUITE 105 GRAHAM, TEXAS 76450 PHONE: FAX: Services: Hospice In-Patient Hospice: NO	
Type: Parent Agency	Administrator MITZI THOMAS	газон гоорюс. по	
County WICHITA License # 002242 Lic Expire 9/30/2022 Medicare 1: Medicare 2:	Region 01 Date Licensed 07/03/2008 CAPROCK HOME HEALTH SERVICES INC 3917 CALL FIELD RD WICHITA FALLS, TEXAS 76308	Owner Information CAPROCK HOME HEALTH SERVICES INC 8806 UNIVERSITY AVENUE LUBBOCK, TX 79423 PHONE: FAX:	
Phone (940) 761-1119	Fax (940) 761-3240	Services: Licensed Home Health Services; Personal Assistance Services	

Type: Branch Agency

Administrator

SHANNON STEIGLEDER

County WICHITA License # 017180 Lic Expire 10/31/2023 Medicare 1: Medicare 2: Phone (940) 723-5273 Type: Parent Agency	Region 01 Date Licensed 10/31/2015 CARETEAM OF WICHITA FALLS 1106 TRAVIS ST SUITE #110 WICHITA FALLS, TX 76301 Fax (940) 723-5277 Administrator LACEY MORGAN	Owner Information CTWF LLC PO BOX 5042 WICHITA FALLS, TX 76307 PHONE: FAX: Services: Personal Assistance Services
County WICHITA License # 001997 Lic Expire 6/30/2022 Medicare 1: 677142 HHA-18	Region 01 Date Licensed 07/01/1988 ELECTRA MEMORIAL HOSPITAL HOME HEALTH SERVICES 113 WEST CLEVELAND STREET ELECTRA, TX 76360	Owner Information ELECTRA HOSPITAL DISTRICT PO BOX 1112 ELECTRA, TX 76360
Medicare 2: Phone (940) 495-2900 Type: Parent Agency	Fax (866) 936-2025 Administrator REBECCA MCCAIN	PHONE: FAX: Services: Licensed and Certified Home Health Services
County WICHITA License # 017233 Lic Expire 10/31/2023 Medicare 1: 679665 HHA-18 Medicare 2: Phone 940 6912273	Region 01 Date Licensed 10/06/2015 ENCOMPASS HEALTH HOME HEALTH 4001 CEDAR ELM LANE WICHITA FALLS, TEXAS 76308 Fax 940 6913364	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
Type: Parent Agency County WICHITA License # 015831 Lic Expire 9/30/2023 Medicare 1: 678008 HHA-18 Medicare 2:	Administrator KRISTI PHILLIPS Region 01 Date Licensed 09/28/2013 ENCOMPASS HEALTH HOME HEALTH 4001 CEDAR ELM LANE WICHITA FALLS, TEXAS 76308	Owner Information EH OF FORT WORTH, LP 6688 N CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS PHONE: FAX:
Phone 940 6912273 Type: Parent Agency	Fax 940 6913364 Administrator LINDA FARRIS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County WICHITA License # 014102 Lic Expire 2/28/2023 Medicare 1: 677259 HHA-18 Medicare 2:	Region 01 Date Licensed 03/01/2011 FALLS HOME HEALTH SERVICES INC 4090 REGENT DRIVE WICHITA FALLS, TX 76308	Owner Information FALLS HOME HEALTH SERVICES INC 1401 HOLLIDAY SUITE 216 WICHITA FALLS, TX 76301 PHONE: FAX:
Phone (940) 766-1990 Type: Parent Agency	Fax (940) 766-0064 Administrator ROBERT TERRY	Services: Licensed and Certified Home Health Services
County WICHITA License # 017926 Lic Expire 10/31/2022 Medicare 1: 677101 HHA-18 Medicare 2: Phone (940) 432-0588	Region 01 Date Licensed 10/31/2016 HEALING HANDS HEALTHCARE LLC 901 INDIANA AVE STE # 665 WICHITA FALLS, TX 76301 Fax (940) 432-0275	Owner Information HEALING HANDS HEALTHCARE LLC PO BOX 285 HOLLIDAY, TX 76366 PHONE: FAX: Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator SUMMER NAPIER	In-Patient Hospice: NO
County WICHITA License # 018568 Lic Expire 1/31/2022 Medicare 1:	Region 01 Date Licensed 01/22/2018 HEALING HANDS PRIMARY HOME CARE LLC 901 INDIANA AVE STE # 665 WICHITA FALLS, TX 76301	Owner Information HEALING HANDS PRIMARY HOME CARE LLC 901 INDIANA AVE SUIE 665 WICHITA FALLS, TX 76301
Medicare 2: Phone (940) 432-0588 Type: Parent Agency	Fax (940) 432-0275 Administrator SUMMER NAPIER	PHONE: FAX: Services: Personal Assistance Services

County WICHITA License # 015882 Lic Expire 12/31/2023 Medicare 1: Medicare 2: Phone (940) 716-4231 Type: Branch Agency County WICHITA License # 015882	Region 01 Date Licensed HIGH PLAINS SENIOR CARE 2608 KEMP ST, SUITE A WICHITA FALLS, TX 76309 Fax (940) 716-4233 Administrator CHRIS ADCOCK Region 01 Date Licensed HIGH PLAINS SENIOR CARE		Owner Information HIGH PLAINS SENIOR CARE INC SAME AMARILLO, TX 79102 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Se	ervices
Lic Expire 12/31/2023 Medicare 1:	2608 KEMP ST, SUITE A WICHITA FALLS, TX 76309		SAME AMARILLO, TX 79102	
Medicare 2: Phone (940) 716-4231	Fax (940) 716-4233		PHONE: FAX:	w.inc
Type: Branch Agency	Administrator CHRIS ADCOCK		Services: Licensed Home Health Services; Personal Assistance Se	rivices
County WICHITA License # 001947 Lic Expire 9/30/2023 Medicare 1: 451526 HOSPICE Medicare 2:	Region 01 Date Licensed HOSPICE OF WICHITA FALLS 4909 JOHNSON ROAD WICHITA FALLS, TX 76310	09/22/1988	Owner Information HOSPICE OF WICHITA FALLS INC PO BOX 4804 WICHITA FALLS, TX 76308 PHONE: FAX:	
Phone (940) 691-0982	Fax (940) 687-1294		Services: Hospice	
Type: Parent Agency	Administrator ALISA ECHOLS		In-Patient Hospice: YES	
County WICHITA License # 009235 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed HOSPICE PLUS 807 8TH STREET SUITE 304 WICHITA FALLS, TX 763013317	11/25/2015	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117	
Medicare 2: Phone (940) 767-1611 Type: Alternate Delivery Site	Fax (940) 767-1613 Administrator REBECCA JEFFERSON		PHONE: FAX: Services: Hospice In-Patient Hospice: NO	
County WICHITA License # 009235 Lic Expire 8/31/2022 Medicare 1:	Region 03 Date Licensed HOSPICE PLUS 807 8TH STREET SUITE 304 WICHITA FALLS, TX 763013317	11/25/2015	Owner Information INTERNATIONAL TUTORING SERVICES, LLC	
Medicare 2: Phone (940) 767-1611	Fax (940) 767-1613		PHONE: FAX:	
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		Services: Hospice In-Patient Hospice: NO	
County WICHITA License # 009235 Lic Expire 8/31/2022 Medicare 1: Medicare 2:	Region 03 Date Licensed HOSPICE PLUS 807 8TH STREET SUITE 304 WICHITA FALLS, TX 763013317	11/25/2015	Owner Information INTERNATIONAL TUTORING SERVICES LLC PO BOX 4060 ATTN: REGULATORY MOORESVILLE, NC 28117 PHONE: FAX:	
Phone (940) 767-1611	Fax (940) 767-1613		Services: Hospice In-Patient Hospice: NO	
Type: Alternate Delivery Site	Administrator REBECCA JEFFERSON		·	
County WICHITA License # 008793 Lic Expire 10/31/2023 Medicare 1: 677297 HHA-18 Medicare 2:	Region 01 Date Licensed INTREPID USA HEALTHCARE 4007 CALL FIELD ROAD STE D WICHITA FALLS, TX 76308	11/01/2003	Owner Information F C OF TEXAS INC 3220 KELLER SPRINGS ROAD, SUITE 108 CARROLLTON, TEXAS 75006 PHONE: FAX:	
Phone (940) 696-9239	Fax (940) 696-9678		Services: Licensed and Certified Home Health Services; Licensed H	Home Health Services
Type: Derent Agency	Administrator DUONDA COUDEIDED		,	

Administrator RHONDA SCHREIBER

Descript WICHTA Region 01 Date Licensed 0815/2018 Control Co	County WICHITA License # 017913 Lic Expire 8/31/2022 Medicare 1: Medicare 2: Phone (940) 696-5700 Type: Branch Agency	Region 01 Date Licensed 09/01/2016 KINDER HEARTS HOME HEALTH 4822 KEMP BOULEVARD SUITE 100 WICHITA FALLS, TX 76308 Fax (940) 696-5702 Administrator JONATHAN "TRAVIS" JONES	Owner Information EUREKA HEALTHCARE, INC 27101 PUERTA REAL SUITE 450 MISSION VIEJO, CA 92691 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County WICHTA Region 01 Date Leensed 09/20/2009 Owner Information Notices FAX:	-		Owner Information
Lic Expire 8/11/2022 4822 KEMP BOULEVARD SUITE 100 27/101 PUERTA REAL SUITE 450 Mission VIEU, CA 92691 PHONE FAX:	•	· ·	
Medicare 1			
Medicare 2: PHONE: FAX: Phone (940) 696-5700 Fax (940) 696-5702 Services: Hospice in-Patient Hospice: NO Type: Alternate Delivery Site Administrator John Stratum JONATHAN *TRAVIS* JONES County WICHITA Region 01 Date Licensed 09/20/2009 Owner Information INTEGRACARE OF WICHITA FALLS, LLC 12900 FOSTER SUITE 400 License # 012938 KINDRED AT HOME 12900 FOSTER SUITE 400 INTEGRACARE OF WICHITA FALLS, LLC 12900 FOSTER SUITE 400 Medicare 1: 677249 HHA-18 WICHITA FALLS, TX 75302 OVERLAND PARK, TX 66213 Phone (940) 720-9514 Fax (940) 720-90713 Services: Licensed and Certified Home Health Services Type: Parent Agency Administrator SAMUEL WHATLEY Services: Licensed and Certified Home Health Services County WICHITA Express # 012422 KINDRED HOSPICE COMPASS HOSPICE, INC COMPASS HOSPICE, INC License # 012422 KINDRED HOSPICE COMPASS HOSPICE, INC Services: Hospice FAX: Phone (940) 716-9035 Medicare 1: 451716 HOSPICE WICHITA Express FAX: Phone (940) 716-9035 Fax (940) 716-9094 Services: Hospice In-Patient Hospice: NO Type: Parent Agency Administrator RABEN NOACK WICHITA FALLS, TX 76301 WICHITA FALLS, TX 76302 License # 017942 NO FLACE LIKE HOME SENIOR CARE SERVICES </td <td>•</td> <td></td> <td></td>	•		
Phone		WIGHTATALLS, TX 70000	PHONE: FAX:
County WICHTA Region 01 Date Licensed 09/20/2009 Owner Information		Fax (940) 696-5702	Services: Hospice
License # 012938	Type: Alternate Delivery Site	Administrator JONATHAN "TRAVIS" JONES	
License # 012938	County WICHITA	Region 01 Date Licensed 09/20/2009	Owner Information
Medicare 1: 677249 HA-18	•	· ·	INTEGRACARE OF WICHITA FALLS, LLC
Medicare 2:	Lic Expire 9/30/2023	4309 OLD JACKSBORO HWY SUITE F	12900 FOSTER SUITE 400
Phone (940) 720-0514	Medicare 1: 677249 HHA-18	WICHITA FALLS, TX 76302	OVERLAND PARK, TX 66213
Type: Parent Agency Administrator SAMUEL WHATLEY	Medicare 2:		PHONE: FAX:
County WICHITA Region 01 Date Licensed 09/02/2008 COMPASS HOSPICE, INC	Phone (940) 720-0514	Fax (940) 720-0713	Services: Licensed and Certified Home Health Services
License # 012422 KINDRED HOSPICE COMPASS HOSPICE, INC Lic Expire 9/30/2022 4210 KELL BOULEVARD, STE. 204 2559 S W GRAPEVINE PARKWAY SUITE 300 Medicare 1: 451716 HOSPICE WICHITA FALLS, TX 763094821 GRAPEVINE, TX 76051-4149 Medicare 2: Phone (940) 716-9035 Fax (940) 716-9094 Services: Hospice In-Patient Hospice: NO Type: Parent Agency Administrator KAREN NOACK County WICHITA Region 01 Date Licensed 03/03/2017 License # 017942 NO PLACE LIKE HOME SENIOR CARE SERVICES NOSIDRAH ENTERPRISES LLC Lic Expire 3/31/2023 1901 10TH ST, SUITE #103 WICHITA FALLS, TX 76301 Medicare 2: WICHITA FALLS, TX 76301 WICHITA FALLS, TX 76301 Medicare 2: PHONE: FAX: Phone (940) 782-9089 Fax (940) 293-9953 Services: Personal Assistance Services Type: Parent Agency Administrator KRISTIN HARDISON	Type: Parent Agency	Administrator SAMUEL WHATLEY	
Lic Expire 9/30/2022 4210 KELL BOULEVARD, STE. 204 2559 S W GRAPEVINE PARKWAY SUITE 300 Medicare 1: 451716 HOSPICE WICHITA FALLS, TX 763094821 GRAPEVINE, TX 76051-4149 Medicare 2: Phone (940) 716-9035 Fax (940) 716-9094 Services: Hospice In-Patient Hospice: NO Type: Parent Agency Administrator KAREN NOACK County WICHITA Region 01 Date Licensed 03/03/2017 License # 017942 NO PLACE LIKE HOME SENIOR CARE SERVICES NOSIDRAH ENTERPRISES LLC Lic Expire 3/31/2023 1901 10TH ST, SUITE #103 WICHITA FALLS, TX 76301 Medicare 1: WICHITA FALLS, TX 76301 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 09/02/2008	Owner Information
Medicare 1: 451716 HOSPICE	License # 012422	KINDRED HOSPICE	
Medicare 2: PHONE: FAX: Phone (940) 716-9035 Fax (940) 716-9094 Services: Hospice In-Patient Hospice: NO Type: Parent Agency Administrator KAREN NOACK KAREN NOACK County WICHITA Region 01 Date Licensed 03/03/2017 Owner Information License # 017942 NO PLACE LIKE HOME SENIOR CARE SERVICES NOSIDRAH ENTERPRISES LLC Lic Expire 3/31/2023 1901 10TH ST, SUITE #103 4502 LAKE PARK DRIVE Medicare 1: WICHITA FALLS, TX 76301 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	Lic Expire 9/30/2022	4210 KELL BOULEVARD, STE. 204	
Phone (940) 716-9035 Fax (940) 716-9094 Services: Hospice In-Patient Hospice: NO	Medicare 1: 451716 HOSPICE	WICHITA FALLS, TX 763094821	GRAPEVINE, TX 76051-4149
Type: Parent Agency Administrator KAREN NOACK County WICHITA License # 017942 NO PLACE LIKE HOME SENIOR CARE SERVICES Lic Expire 3/31/2023 Medicare 1: WICHITA FALLS, TX 76301 Medicare 2: Phone (940) 782-9089 Fax (940) 293-9953 Type: Parent Agency Administrator KRISTIN HARDISON Services: Pospire In-Patient Hospice: NO Owner Information NOSIDRAH ENTERPRISES LLC 4502 LAKE PARK DRIVE WICHITA FALLS, TX 76302 WICHITA FALLS, TX 76302 FAX: Phone (940) 782-9089 Fax (940) 293-9953 Services: Personal Assistance Services			PHONE: FAX:
County WICHITA Region 01 Date Licensed 03/03/2017 License # 017942 NO PLACE LIKE HOME SENIOR CARE SERVICES NOSIDRAH ENTERPRISES LLC Lic Expire 3/31/2023 1901 10TH ST, SUITE #103 4502 LAKE PARK DRIVE Medicare 1: WICHITA FALLS, TX 76301 WICHITA FALLS, TX 76301 Medicare 2: PHONE: FAX: Phone (940) 782-9089 Fax (940) 293-9953 Services: Personal Assistance Services Type: Parent Agency Administrator KRISTIN HARDISON	_		
License # 017942 NO PLACE LIKE HOME SENIOR CARE SERVICES NOSIDRAH ENTERPRISES LLC Lic Expire 3/31/2023 1901 10TH ST, SUITE #103 4502 LAKE PARK DRIVE Medicare 1: WICHITA FALLS, TX 76301 WICHITA FALLS, TX 76301 Medicare 2: PHONE: FAX: Phone (940) 782-9089 Fax (940) 293-9953 Services: Personal Assistance Services Type: Parent Agency Administrator KRISTIN HARDISON	Type: Parent Agency	Administrator KAREN NOACK	
Lic Expire 3/31/2023 1901 10TH ST, SUITE #103 4502 LAKE PARK DRIVE Medicare 1: WICHITA FALLS, TX 76301 WICHITA FALLS, TX 76301 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 03/03/2017	
Medicare 1: WICHITA FALLS, TX 76301 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	License # 017942	NO PLACE LIKE HOME SENIOR CARE SERVICES	
Medicare 2: PHONE: FAX: Phone (940) 782-9089 Fax (940) 293-9953 Services: Personal Assistance Services Type: Parent Agency Administrator KRISTIN HARDISON	Lic Expire 3/31/2023	1901 10TH ST, SUITE #103	
Phone (940) 782-9089 Fax (940) 293-9953 Services: Personal Assistance Services Type: Parent Agency Administrator KRISTIN HARDISON		WICHITA FALLS, TX 76301	
Type: Parent Agency Administrator KRISTIN HARDISON Output Information		Foy (040) 202 00F2	PHONE: FAX:
Ounce Information	• •		Services: Personal Assistance Services
O I MINISTER D I OI DE LE LE DESCRIPTION DE LE LE LE DESCRIPTION DE LE	Type. Parent Agency	Administrator Kristin Hardison	
County WICHTA Region of Date Licensed 03/21/2010	County WICHITA	Region 01 Date Licensed 05/21/2018	Owner Information
License # 007334 OUTREACH HOME CARE OUTREACH HEALTH COMMUNITY CARE SERVICES, LP License # 017334 OUTREACH HOME CARE 1919 S SHILOH RDSTE 102 LB 28		OUTREACH HOME CARE	
LIC EXPIRE 3/3 1/2024 4/245 KEMP BLVD 5 I E 8/20 CAPLAND TV 75/042	·		
Wichita Falls, 1A 70000		WICHITA FALLS, TX 76308	,
Phone 040.7660574 Fax 040.7664878		Fax 940 7664878	
Type: Branch Agency Administrator BRANDI LOVE Services: Licensed Home Health Services; Personal Assistance Services			Services: Licensed Home Health Services; Personal Assistance Services
Ounce Information			Owner Information
County WIGHTA Region of Date Licensed 10/21/2019	•	· ·	
Liceise # 019034 FREWIER CONCIENCE SERVICE 4600 TAFT BLVD			
Lic Expire 10/21/2021 4600 TAFT BLVD. #224 Medicare 1: WICHITA FALLS, TEXAS 76308 WICHITA FALLS, TX 76308	•		
Medicare 2: PHONE: (940) 691-1710 FAX: (940) 691-3742		MOTHER FALLO, FLAGO 70000	
Phone (940) 691-1710 Fax (940) 691-3742 Services: Personal Assistance Services		Fax (940) 691-3742	
Type: Parent Agency Administrator KRISTOPHER AWTREY	Type: Parent Agency	Administrator KRISTOPHER AWTREY	OUTTOOK 1 GEOGRAFIE PROJECTION OF THE STATE

County WICHITA License # 003390 Lic Expire 5/31/2023 Medicare 1: Medicare 2: Phone (940) 691-7511 Type: Parent Agency	Region 01 Date Licensed 05/16/1995 ROLLING MEADOWS HOME HEALTH AGENCY 3006 MCNEIL WICHITA FALLS, TX 76309 Fax (940) 696-5154 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 License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011	Region 03 Date Licensed 12/20/2011 SOLARIS HOSPICE INC 2405 KEMP BLVD, SUITE A WICHITA FALLS, TX 763095354 Fax (940) 627-3160	Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX: Services: Hospice
Type: Alternate Delivery Site	Administrator LEANNE PETERSON	In-Patient Hospice: NO
County WICHITA License # 015894 Lic Expire 12/31/2024 Medicare 1: Medicare 2:	Region 01 Date Licensed 12/03/2013 VISITING ANGELS 1812 ROSE STREET WICHITA FALLS, TEXAS 76301	Owner Information WOODS HOMECARE INC 1401 HOLLIDAY STE #330 WICHITA FALLS, TX 76301 PHONE: FAX:
Phone (940) 257-6265 Type: Parent Agency	Fax (940) 257-6534 Administrator LORI WINDAL	Services: Personal Assistance Services
County WICHITA License # 001943 Lic Expire 3/31/2022 Medicare 1: 457047 HHA-18 Medicare 2: Phone (940) 322-7113	Region 01 Date Licensed 04/01/1988 WICHITA HOME HEALTH SERVICE INC 4245 KEMP BLVD SUITE 120 WICHITA FALLS, TX 76308 Fax (940) 766-6025	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;
Type: Parent Agency	Administrator CHRYSTAL EVERETT	Personal Assistance Services
County WILBARGER License # 005429 Lic Expire 4/30/2022 Medicare 1:	Region 01 Date Licensed 01/07/2002 ANGELS CARE HOME HEALTH 4001 WILBARGER STREET VERNON, TX 76384	Owner Information FIRST CHOICE COMMUNITY HOME CARE INC 1908 ELMWOOD NORTH, SUITE 101-103 WICHITA FALLS, TX 76308
Medicare 2: Phone (940) 553-1300	Fax (940) 553-1305	PHONE: FAX:
Type: Branch Agency	Administrator CONNIE GRAVES	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County WILBARGER License # 001947 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (940) 691-0982	Region 01 Date Licensed 05/14/2014 HOSPICE OF WICHITA FALLS 5020 WILBARGER STREET VERNON, TX 76384 Fax (940) 552-2247	Owner Information HOSPICE OF WICHITA FALLS INC PO BOX 4804 WICHITA FALLS, TX 76308 PHONE: FAX:
,		Services: Hospice In-Patient Hospice: NO
County WILBARGER License # 003251 Lic Expire 3/31/2022 Medicare 1: 458423 HHA-18	Administrator ALISA ECHOLS Region 01 Date Licensed 03/29/1995 HOSPITAL HOME HEALTH OF WILBARGER GENERAL HOSPITAL 920 HILLCREST DRIVE VERNON, TX 76384	Owner Information WILBARGER COUNTY HOSPITAL DISTRICT 920 HILLCREST DRIVE VERNON, TX 76384
Medicare 2: Phone (940) 553-2825 Type: Parent Agency	Fax (940) 553-2978 Administrator LUIS RODRIGUEZ	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County WILBARGER License # 014404 Lic Expire 7/31/2024 Medicare 1: 457124 HHA-18 Medicare 2: Phone (940) 552-5351 Type: Parent Agency	Region 01 Date Licensed 07/26/2011 KINDRED AT HOME 3908 WILBARGER ST, SUITE B VERNON, TX 76384 Fax (940) 553-4152 Administrator SAMUEL WHATLEY	Owner Information VERNON HOME HEALTH CARE AGENCY, LLC 12900 FOSTER ST #400 OVERLAND PARK, KS 66213 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County WILLACY License # 018125 Lic Expire 6/30/2024 Medicare 1: Medicare 2: Phone (956) 690-4252 Type: Parent Agency	Region 07 Date Licensed 06/22/2017 AHAPPY HOME HOME CARE LLC 219 W HIDALGO AVE STE G RAYMONDVILLE, TX 785803525 Fax (800) 850-7145 Administrator ROXIE SANCHEZ	Owner Information AHAPPY HOME HOME CARE LLC 34481 FM 1421 SAN BENITO, TX 78586 PHONE: FAX: Services: Personal Assistance Services
County WILLACY License # 007243 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 690-4092 Type: Branch Agency	Region 07 Date Licensed 10/17/2016 TEXAS VISITING NURSE SERVICE LTD 957 E. HIDALGO, STE. B RAYMONDVILLE, TX 78580 Fax (956) 690-4093 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 WILLIAMSON License # 019424 Lic Expire 6/14/2024 Medicare 1: Medicare 2: Phone (512) 354-2332	Region 05 Date Licensed 07/27/2018 A PLACE AT HOME 322 RANCHO BUENO DR. GEORGETOWN, TEXAS 78628 Fax (512) 549-2358	Owner Information FAMILY CARE NETWORK LLC PHONE: (512) 354-2332 FAX: (512) 549-2358 Services: Personal Assistance Services
County WILLIAMSON License # 016597 Lic Expire 9/30/2022 Medicare 1: 457986 HHA-18 Medicare 2: Phone (512) 259-8444 Type: Parent Agency	Administrator JOHN WALTON Region 05 Date Licensed 09/15/2014 ABIDING HOME HEALTH OF CEDAR PARK 715 DISCOVERY BLVD #511 CEDAR PARK, TX 78613 Fax (512) 259-8440 Administrator MARTHA BURGESS	Owner Information LAKE AREA HOME HEALTH, INC 1011 WESTLAKE DRIVE #201 AUSTIN, TX 78746 PHONE: FAX: Services: Licensed and Certified Home Health Services
County WILLIAMSON License # 017486 Lic Expire 6/30/2022 Medicare 1: 679057 Medicare 2: Phone (817) 543-2900 Type: Parent Agency	Region 05 Date Licensed 06/02/2016 ABIDING HOME HEALTH OF DFW LLC 715 DISCOVERY BLVD, STE 511B CEDAR PARK, TX 78613 Fax (817) 795-5757 Administrator MARTHA BURGESS	Owner Information PRIMO HEALTHCARE HOLDINGS, LLC PHONE: FAX: Services: Licensed and Certified Home Health Services
County WILLIAMSON License # 016720 Lic Expire 3/31/2023 Medicare 1: 747977 HHA-18 Medicare 2: Phone (830) 387-5090 Type: Parent Agency	Region 05 Date Licensed 03/06/2015 ABIDING HOME HEALTH OF NEW BRAUNFELS 2115 STEPHAN'S PLACE SUITE 1400 NEW BRAUNFELS, TX 78130 Fax (830) 387-5085 Administrator MARTHA BURGESS	Owner Information QUALITY FIRST HOME HEALTH CARE, LLC 715 DISCOVERY BLVD, STE 511 CEDAR PARK, TEXAS 78613 PHONE: FAX: Services: Licensed and Certified Home Health Services

County WILLIAMSON License # 018337 Lic Expire 7/31/2023 Medicare 1: 677035 HHA-18 Medicare 2: Phone (512) 755-8005 Type: Parent Agency	Region 05 Date Licensed ACCENTCARE HOME HEALTH OF TAYLOR 567 CHRIS KELLEY BLVD. SUITE 201 HUTTO, TX 786342086 Fax (512) 352-3004 Administrator JENNIFER RAMIREZ	08/01/2017	Owner Information TEXAS HOME HEALTH GROUP OF TAYLOR, LLC 3118 NORTH MAIN STREET STE 107 TAYLOR, TX 76574 PHONE: FAX: Services: Licensed and Certified Home Health Services
County WILLIAMSON License # 019927	Region 05 Date Licensed ACTIKARE RESPONSIVE INHOME CARE	05/11/2020	Owner Information BELIOR INC
Lic Expire 5/11/2022 Medicare 1:	16760 RONALD REAGAN BLVD #614 LEANDER, TX 78641		
Medicare 2: Phone (512) 798-3049	Fax		PHONE: FAX:
			Services: Personal Assistance Services
Type: Parent Agency	Administrator REBECCA APO		
County WILLIAMSON License # 018805	Region 03 Date Licensed ADVANCED HOME HEALTH SERVICES		Owner Information 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:	F (540) 074 0704		PHONE: FAX:
Phone (855) 775-5455 Type: Branch Agency	Fax (512) 271-2701 Administrator MELISSA CERECERES		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
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:	5 (540) 044 0000		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
Type: Parent Agency	Administrator HEATHER COURTNEY		In-Patient Hospice: NO
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 Medicare 1:	13625 POND SPRINGS ROAD SUITE 102 AUSTIN, TX 78729		
Medicare 2:	,		PHONE: FAX:
Phone (206) 355-1315	Fax		Services: Licensed Home Health Services: Personal Assistance Services
Type: Parent Agency	Administrator LORI GREEN		03.1003. <u>1</u> 03.1004.10110.101411.031.1003,1.0304.1.7.0004.1.0
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		

County WILLIAMSON License # 007439 Lic Expire 9/30/2021 Medicare 1: Medicare 2: Phone (512) 453-6449 Type: Parent Agency	Region 05 Date Licensed 09/27/2000 ANGEL HEALTHCARE LP 1400 CHISHOLM TRAIL, SUITE G ROUND ROCK, TEXAS 78681 Fax (512) 453-6490 Administrator DAVID P. SIDDALL	Owner Information ANGEL HEALTHCARE, LP PO BOX 28982 AUSTIN, TEXAS 78755 PHONE: FAX: Services: Personal Assistance Services
County WILLIAMSON License # 007626 Lic Expire 5/31/2024 Medicare 1: 679088 HHA-18	Region 05 Date Licensed 05/23/2001 APICON HOME HEALTH AGENCY INC 1850 ROUND ROCK AVE ROUND ROCK, TX 78681	Owner Information APICON HOME HEALTH AGENCY INC 1800 ROUND ROCK AVENUE ROUND ROCK, TX 78681-4024
Medicare 2: Phone (512) 249-0899	Fax (512) 249-0892	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County WILLIAMSON License # 017036 Lic Expire 12/22/2019	Administrator CECILIA OBILOM Region 05 Date Licensed 09/18/2015 APICON PERSONAL CARE ASSISTANT AND COMMUNITY CARE SERVICES INC 1850 ROUND ROCK AVENUE SUITE 6	Owner Information APICON PERSONAL CARE ASSISTANT AND COMMUNITY CARE SERVICES INC 1850 ROUND ROCK AVE., STE#700
Medicare 1: Medicare 2: Phone (512) 740-7466	ROUND ROCK, TX 78681 Fax (512) 610-0679	ROUND ROCK, TX 78681 PHONE: FAX:
Type: Parent Agency	Administrator CECILIA OBILOM	Services: Personal Assistance Services
County WILLIAMSON License # 020938 Lic Expire 7/28/2024 Medicare 1:	Region 05 Date Licensed 07/28/2021 AXL HOMECARE 1912 MATAGORDA DRIVE ROUND ROCK, TX 78664	Owner Information AXL STAFFING, INC
Medicare 2: Phone (512) 855-7772 Type: Parent Agency	Fax (512) 218-0904 Administrator CATHY MARIA HERNANDEZ	PHONE: FAX: Services: Licensed Home Health Services
County WILLIAMSON License # 021292 Lic Expire 12/23/2024 Medicare 1: Medicare 2:	Region 05 Date Licensed 12/23/2021 BAYLOR SCOTT & WHITE HOSPICEAUSTIN 3161 EAGLES NEST ST UNIT 310 ROUND ROCK, TEXAS 78665	Owner Information SCOTT & WHITE MEMORIAL HOSPITAL 2401 SOUTH 31ST STREET TEMPLE, TX 76508 PHONE: FAX:
Phone (512) 509-7200 Type: Parent Agency	Fax (512) 509-7201 Administrator KRISTA CARR	Services: Hospice In-Patient Hospice: NO
County WILLIAMSON License # 020939 Lic Expire 7/28/2024 Medicare 1:	Region 05 Date Licensed 07/28/2021 BLUE WATER HOSPICE, LLC 660 S. BAGDAD ROAD SUITE 210 LEANDER, TEXAS 78641	Owner Information BLUE WATER HOSPICE, LLC
Medicare 2: Phone (512) 872-2955	Fax	PHONE: FAX:
Type: Parent Agency	Administrator JENNIFER PRESCOTT	Services: Hospice In-Patient Hospice: NO
County WILLIAMSON License # 015971 Lic Expire 10/31/2023 Medicare 1: Medicare 2:	Region 05 Date Licensed BLUEBONNET HEALTH SERVICES 1101 SATELLITE VIEW, SUITE 103 ROUND ROCK, TEXAS 78665	Owner Information WACO BLUEBONNET HOLDINGS, INC 2020 N. VALLEY MILLS DR WACO, TX 78710 PHONE: FAX:
Phone (512) 708-0821 Type: Alternate Delivery Site	Fax (512) 388-6006 Administrator MARK WALSH	Services: Hospice In-Patient Hospice: NO

County WILLIAMSON License # 010526 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone (512) 610-9500	Region 03 Date Licensed BRENTWOOD HOSPICE LLC 2001 DOUBLE CREEK RD. SUITE 5002 ROUND ROCK, TEXAS 78664 Fax (512) 610-9503	Owner Information BRENTWOOD HOSPICE, LLC 1250 EAST COPELAND ROAD, SUITE #260 ARLINGTON, TX 76011 PHONE: FAX: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator SHANNON POUNCEY	
County WILLIAMSON License # 018389 Lic Expire 8/31/2023 Medicare 1: 747625 HHA-18 Medicare 2: Phone (747) 250-7502 Type: Parent Agency	Region 05 Date Licensed 08/31/2017 CARADAY HOME HEALTH 100 COLLEGE ST. ROUND ROCK, TX 78664 Fax (747) 250-7502 Administrator DONALD THOMPSON	Owner Information BEYONDFAITH HOMECARE & REHAB OF DALLAS LLC 5340 LEGACY SRIVE STE 150 PLANO, TX 75024 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County WILLIAMSON License # 007220 Lic Expire 1/31/2023 Medicare 1: Medicare 2: Phone (512) 863-4748 Type: Parent Agency	Region 05 Date Licensed 01/10/2000 CARING HOME HEALTH 504-B LEANDER ROAD GEORGETOWN, TX 78626 Fax (512) 869-2900 Administrator BILLY CUMMINGS	Owner Information CARING HEALTH SERVICES INC P.O. BOX 1357 GEORGETOWN, TEXAS 78627 PHONE: (512) 868-3669 FAX: (512) 868-3668 Services: Licensed Home Health Services; Personal Assistance Services
County WILLIAMSON License # 017185 Lic Expire 12/31/2024 Medicare 1: Medicare 2: Phone (512) 586-9963 Type: Parent Agency	Region 05 Date Licensed 12/16/2015 CHRISTY GRACE HEALTH CENTER INC 2000 SOUTH INTERSTATE 35 SUITE Q8C ROUND ROCK, TX 78681 Fax (512) 271-8358 Administrator OYEN IYAMU	Owner Information CHRISTY GRACE HEALTH CENTER INC 2000 SOUTH INTERSTATE 35, SUITE Q&C ROUND ROCK, TX 78681 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County WILLIAMSON License # 019370 Lic Expire 5/8/2023 Medicare 1: Medicare 2:	Region 05 Date Licensed 05/08/2019 COMFORT HEALTH PROVIDER 709 TOM KITE DR ROUND ROCK, TX 78664	Owner Information COMFORT HEALTH PROVIDER LLC PHONE: (713) 530-5349 FAX: (512) 379-0230
Phone (713) 530-5349 Type: Parent Agency	Fax (512) 379-0230 Administrator TOYIN BAKARE	Services: Personal Assistance Services
County WILLIAMSON License # 021177 Lic Expire 11/2/2024 Medicare 1: Medicare 2: Phone (512) 547-7490	Region 05 Date Licensed 11/02/2021 COMFORTS OF HOME HEALTHCARE LLC 3000 POLAR LANE, SUITE 1002 CEDAR PARK, TEXAS 78613 Fax	Owner Information COMFORTS OF HOME HEALTHCARE LLC 803 NELSON RANCH RD CEDAR PARK, TX 78613 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator METTA MCNEESE	пт авыктюрис. по
County WILLIAMSON License # 019790 Lic Expire 1/22/2022 Medicare 1: Medicare 2: Phone (512) 400-6064	Region 05 Date Licensed 01/22/2020 DEVOTED DOVES HOME CARE 876 EXPEDITION WAY ROUND ROCK, TEXAS 78665 Fax	Owner Information DDHC ENTERPRISES LLC 7600 CHEVY CHASE DRIVE, SUITE 300 AUSTIN, TEXAS 78752 PHONE: FAX:
Type: Parent Agency	Administrator ASHLEY MCCLARY	Services: Personal Assistance Services

County WILLIAMSON License # 019094 Lic Expire 8/1/2022 Medicare 1: Medicare 2: Phone 512 4594663	Region 07 Date Licensed ELYSIAN HOSPICE 525 ROUND ROCK DRIVE WEST, SUITE A170-B ROUND ROCK, TEXAS 78681 Fax 512 438 2731	Owner Information ELYSIAN HOSPICE SAN ANTONIO LLC 2537 GOLDEN BEAR DRIVE CARROLLTON, TX 75006 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Alternate Delivery Site County WILLIAMSON	Administrator LATASHA HOLLIS Region 05 Date Licensed 07/01/2015	Owner Information EH HOME HEALTH OF AUSTIN, LLC
License # 016937 Lic Expire 6/30/2023 Medicare 1: 679647 HHA-18 Medicare 2:	ENCOMPASS HEALTH HOME HEALTH 285 SE INNER LOOP, SUITE 108 GEORGETOWN, TEXAS 78626	6688 N. CENTRAL EXPRESSWAY, SUITE 1300 DALLAS, TEXAS 75206 PHONE: FAX:
Phone 512 7631393 Type: Parent Agency	Fax 512 7631419 Administrator CATHERINE IVINS	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County WILLIAMSON License # 020019 Lic Expire 6/26/2022 Medicare 1:	Region 05 Date Licensed 03/08/2021 EXCELLENT HOME HEALTH 1 CHISHOLM TRAIL ROAD SUITE 450 ROUND ROCK, TEXAS 78681	Owner Information EXCELLENT HOME HEALTH
Medicare 2: Phone (512) 998-1324	Fax	PHONE: FAX: Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County WILLIAMSON License # 021303 Lic Expire 12/31/2024 Medicare 1:	Administrator BRISLY NTOH Region 05 Date Licensed 12/31/2021 FAITHFUL JOURNEY HOME CARE, LLC 11305 CULZEAN CASTLE DR AUSTIN, TX 78717	Owner Information FAITHFUL JOURNEY HOMECARE, LLC
Medicare 2: Phone 432 8896741 Type: Parent Agency	Fax Administrator JULISA SAN MIGUEL	PHONE: FAX: Services: Personal Assistance Services
County WILLIAMSON License # 021189 Lic Expire 11/8/2024 Medicare 1:	Region 05 Date Licensed 11/08/2021 GENESIS HEALTH AT HOME LLC 3122 ARGENTO PL CEDAR PARK, TEXAS 78613	Owner Information GENESIS HEALTH AT HOME LLC
Medicare 2:		PHONE: FAX:
Phone (512) 516-3466 Type: Parent Agency	Fax (877) 554-0690 Administrator DANIEL JEZREEL	Services: Licensed Home Health Services; Personal Assistance Services
County WILLIAMSON License # 014348 Lic Expire 4/29/2022 Medicare 1: 747887 HHA-18 Medicare 2: Phone (512) 843-0117	Region 05 Date Licensed 09/15/2011 GEORGETOWN LIVING HOME HEALTH & COMPANIONS 2700 SHELL ROAD GEORGETOWN, TX 78628 Fax (512) 843-0127	Owner Information SECOND GEN VENTURES INCORPORATED 2700 SHELL ROAD GEORGETOWN, TX 78628 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Type: Parent Agency	Administrator ERIC CORUM	Personal Assistance Services
County WILLIAMSON License # 008925 Lic Expire 2/28/2024 Medicare 1: 679474 HHA-18	Region 05 Date Licensed 02/20/2004 GILEAD HOME HEALTH 2300 GREENHILL DRIVE BLDG 5 SUITE 500 ROUND ROCK, TX 78664	Owner Information GILEAD HEALTH CARE INC 2300 GREENHILL DR SUITE 500 ROUND ROCK, TX 78664
Medicare 2: Phone (512) 323-5858 Type: Parent Agency	Fax (512) 323-5860 Administrator OLUFUNMILAYO OGUNLEYE	PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County WILLIAMSON License # 017819 Lic Expire 12/31/2022 Medicare 1: 741701 HOSPICE Medicare 2: Phone (512) 215-5238	GILEAD HOSPICE LLC 2300 GREENHILL DRIVE SUITE 530 ROUND ROCK, TX 78664 Fax (512) 215-5254	2/28/2016	Owner Information GILEAD HOSPICE LLC 2300 GREENHILL DRIVE SUITE 530 ROUND ROCK, TX 78664-2786 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator OLUFUNMILAYO OGUNLEYE		
County WILLIAMSON License # 020454 Lic Expire 1/13/2023 Medicare 1:	Region 05 Date Licensed 01. GLORIOUS HEALTHCARE SERVICES LLC 113 MUENSTER DR HUTTO, TX 78634	/13/2021	Owner Information GLORIOUS HEALTHCARES SERVICES LLC
Medicare 2:			PHONE: FAX:
Phone (240) 501-5142	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator MIRABEL FONJI		
County WILLIAMSON License # 017038 Lic Expire 1/5/2022 Medicare 1: Medicare 2: Phone (512) 212-1108 Type: Parent Agency	Region 05 Date Licensed 09. GUIDING ANGELS 1205 WATER SPANIEL WAY ROUND ROCK, TX 78664 Fax (512) 212-1168 Administrator GLADYS EZIMAKO	/18/2015	Owner Information GLADYS EZIMAKO 1205 WATER SPANIEL WAY ROUND ROCK, TX 78664 PHONE: FAX: Services: Personal Assistance Services
County WILLIAMSON License # 009538 Lic Expire 1/31/2023 Medicare 1:	Region 05 Date Licensed 01. HEAVENLY CARE HOME HEALTH 13266 POND SPRINGS ROAD AUSTIN, TX 78729	/21/2005	Owner Information HEAVENLY CAREGIVER SERVICES INC 13266 POND SPRINGS RD AUSTIN, TX 78729
Medicare 2:			PHONE: FAX:
Phone (512) 432-5503	Fax (512) 340-0556		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County WILLIAMSON License # 020371 Lic Expire 12/3/2022 Medicare 1:	Administrator ALICE LATINO Region 05 Date Licensed 12 HEAVENLY HOME CARE, LLC 145 SULPHUR RIVER LOOP HUTTO, TEXAS 78634	/03/2020	Owner Information HEAVENLY HOME CARE, LLC
Medicare 2:	,		PHONE: FAX:
Phone 512 6423404	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator OGECHI EZIMAKO		
County WILLIAMSON License # 015984 Lic Expire 11/30/2024 Medicare 1: Medicare 2: Phone (512) 374-1414	HOME INSTEAD SENIOR CARE 2851 JOE DIMAGGIO BLVD # 26 ROUND ROCK, TX 78665 Fax (512) 374-1469	/15/2013	Owner Information MURPHY FAMILY INVESTMENTS INC 2851 JOE DIMAGGIO BLVD #26 ROUND ROCK, TX 78665 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency	Administrator TYSON MURPHY		Owner Information
County WILLIAMSON License # 018479 Lic Expire 11/30/2023 Medicare 1:	Region 05 Date Licensed 12 HOMESLICE CAREGIVERS 3327 HIDALGO LOOP ROUND ROCK, TX 78665	//01/2017	Owner Information GRACE PARTAKERS HOMECARE LLC 3327 HIDALGO LOOP ROUND ROCK, TX 78665
Medicare 2: Phone (512) 992-5210 Type: Parent Agency	Fax (512) 201-4390 Administrator ADEDOLAPO ADEKOYA		PHONE: FAX: Services: Personal Assistance Services

County WILLIAMSON License # 020646 Lic Expire 3/25/2024 Medicare 1:	Region 05 Date Licensed 03/25/2021 HOMEWATCH CAREGIVERS OF CENTRAL AUSTIN 12309 DEERBROOK TRAIL AUSTIN, TX 78750	Owner Information GRIGG HOLDINGS, INC
Medicare 2:		PHONE: FAX:
Phone (210) 965-5300 Type: Parent Agency	Fax Administrator BRANDON GRIGG	Services: Personal Assistance Services
County WILLIAMSON License # 018591 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (512) 942-5284 Type: Parent Agency	Region 05 Date Licensed 02/02/2018 HOMEWATCH CAREGIVERS OF GEORGETOWN 2406 DAWN DRIVE GEORGETOWN, TX 78628 Fax (512) 942-5284 Administrator BO DONOHOO	Owner Information BOUDINE & ASSOCIATES LLC 633 PINNACLE DRIVE GEORGETOWN, TX 78626 PHONE: FAX: Services: Personal Assistance Services
County WILLIAMSON License # 018417 Lic Expire 10/31/2021 Medicare 1: Medicare 2: Phone (512) 222-6196 Type: Parent Agency	Region 05 Date Licensed 11/01/2017 HOMEWELL SENIOR CARE OF NORTHWEST AUSTIN 3000 POLAR LANE #402 CEDAR PARK, TX 78613 Fax (512) 580-3462 Administrator RONALD TAYLOR	Owner Information RTA CARE GROUP CORPORATION 930 S BELL # 203 CEDAR PARK, TX 78613 PHONE: FAX: Services: Personal Assistance Services
County WILLIAMSON License # 013855 Lic Expire 1/30/2023 Medicare 1: 671628 HOSPICE Medicare 2: Phone (512) 246-7127 Type: Parent Agency	Region 05 Date Licensed 01/20/2011 HOSPICE COMPASSUS 1717 N IH 35, SUITE 130 ROUND ROCK, TEXAS 78664 Fax (512) 246-7048 Administrator KEVIN HOLLINGER	Owner Information CLP REGENCY OF TEXAS, LLC 10 CADILLAC DRIVE STE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County WILLIAMSON License # 013855 Lic Expire 1/30/2023 Medicare 1: 671628 HOSPICE Medicare 2: Phone (512) 246-7127	Region 05 Date Licensed 01/20/2011 HOSPICE COMPASSUS 1717 N IH 35, SUITE 130 ROUND ROCK, TEXAS 78664 Fax (512) 246-7048	Owner Information CLP REGENCY OF TEXAS, LLC 10 CADILLAC DRIVE, SUITE 400 BRENTWOOD, TN 37027 PHONE: FAX: Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
Type: Parent Agency County WILLIAMSON License # 014286 Lic Expire 8/31/2024 Medicare 1: 4665818 Medicare 2: Phone (512) 856-5668 Type: Alternate Delivery Site	Administrator KEVIN HOLLINGER Region 07 Date Licensed HOSPICE OF SAN ANTONIO 1201 SAM BASS RD SUITE 200 ROUND ROCK, TX 78681 Fax (512) 856-5668 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 WILLIAMSON License # 019564 Lic Expire 8/1/2024 Medicare 1: Medicare 2: Phone 15127813921 Type: Alternate Delivery Site	Region 05 Date Licensed JOL HEALTHCARE 2006 S. BAGDAD ROAD, STE 130 LEANDER, TX 78641 Fax (512) 597-0883 Administrator KATIE TREVINO	Owner Information JOL HOSPICE KYLE, LLC 2006 S BAGDAD RD, STE 100 LEANDER, TEXAS 78641 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County WILLIAMSON License # 019564 Lic Expire 8/1/2024 Medicare 1: Medicare 2: Phone (512) 786-4198	Region 05 Date Licensed JOL HEALTHCARE 2006 S. BAGDAD ROAD, STE 100 LEANDER, TEXAS 78641 Fax (512) 597-0883		Owner Information JOL HOSPICE KYLE, LLC 2006 S BAGDAD RD, STE 100 LEANDER, TEXAS 78641 PHONE: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO	FAX:
Type: Alternate Delivery Site	Administrator MARIE SOMMERVILLE			
County WILLIAMSON License # 019564 Lic Expire 8/1/2024 Medicare 1: Medicare 2: Phone 15127813921	Region 05 Date Licensed JOL HEALTHCARE 2006 S. BAGDAD ROAD, STE 130 LEANDER, TX 78641 Fax (512) 597-0883		Owner Information JOL HOSPICE KYLE, LLC 2006 S BAGDAD RD, STE 100 LEANDER, TEXAS 78641 PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
Type: Alternate Delivery Site	Administrator KATIE TREVINO		iii addit i dagida. Na	
County WILLIAMSON License # 019564 Lic Expire 8/1/2024 Medicare 1: Medicare 2: Phone (512) 786-4198	Region 05 Date Licensed JOL HEALTHCARE 2006 S. BAGDAD ROAD, STE 100 LEANDER, TEXAS 78641 Fax (512) 597-0883		Owner Information JOL HOSPICE KYLE, LLC 2006 S BAGDAD RD, STE 100 LEANDER, TEXAS 78641 PHONE: Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO	FAX:
Type: Alternate Delivery Site	Administrator MARIE SOMMERVILLE			
County WILLIAMSON License # 009947 Lic Expire 9/30/2023 Medicare 1: 671517 HOSPICE	Region 05 Date Licensed KINDRED HOSPICE 2913 WILLIAMS DRIVE SUITE #320 GEORGETOWN, TX 78628	09/08/2005	Owner Information BETHANY HOSPICE, LLC P.O. BOX 4060, ATTN: REGULATORY MOORESVILLE, NC 28117	
Medicare 2: Phone (512) 868-0505 Type: Parent Agency	Fax (512) 868-0622 Administrator LISA WILLINGHAM		PHONE: Services: Hospice In-Patient Hospice: NO	FAX:
County WILLIAMSON License # 019418 Lic Expire 6/12/2023 Medicare 1: 747985	Region 05 Date Licensed KINESIS HOME HEALTH CARE LLC 1000 HERITAGE CENTER CIRCLE,SUITE 104 ROUND ROCK, TEXAS 78664	06/12/2019	Owner Information KINESIS HOME HEALTH CARE LLC	
Medicare 2:			PHONE:	FAX:
Phone (512) 551-9159 Type: Parent Agency	Fax NA Administrator HILDA CASTILLO		Services: Licensed and Certified Home Health Services Personal Assistance Services	vices; Licensed Home Health Services;
County WILLIAMSON License # 017570 Lic Expire 8/31/2018 Medicare 1: Medicare 2:	Region 05 Date Licensed LOVELY SAINTS HOME CARE INC 1508 HIDDEN SPRINGS PATH ROUND ROCK, TX 78665	08/11/2016	Owner Information LOVELY SAINTS HOME CARE INC 1508 HIDDEN SPRINGS PATH ROUND ROCK, TX 78665 PHONE:	FAX:
Phone (512) 998-1276 Type: Parent Agency	Fax (512) 494-5724 Administrator MAUREEN OKOYE		Services: Personal Assistance Services	
County WILLIAMSON License # 020341 Lic Expire 11/23/2022 Medicare 1:	Region 05 Date Licensed MAGNOLIAS HOME HEALTH AGENCY, LLC 1517 FOPPIANO LOOP ROUND ROCK, TEXAS 78665	11/23/2020	Owner Information MAGNOLIAS HOME HEALTH AGENCY LLC	
Medicare 2:			PHONE:	FAX:
Phone (512) 551-9905 Type: Parent Agency	Fax (512) 551-9905 Administrator LATASHA MACK		Services: Licensed Home Health Services; Persona	al Assistance Services

County WILLIAMSON License # 010220 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone (512) 771-6193 Type: Parent Agency	Region 05 Date Licensed NEW ERA HOMECARE SOLUTIONS INC 3000 JOE DIMAGGIO BOULEVARD STE#9 ROUND ROCK, TX 78665 Fax (512) 692-9142 Administrator OJ DOUGLAS IGWE	12/30/2005	Owner Information OVATIONS HEALTHCARE SERVICES, INC 3000 JOE DIMAGGIO BLVD.M STE#9 ROUND ROCK, TX 78665 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services
County WILLIAMSON License # 018649 Lic Expire 2/28/2022 Medicare 1: 671695 Hospice Medicare 2: Phone (210) 988-1680	Region 07 Date Licensed PALOMA HOSPICE AND PALLIATIVE CARE 3000 JOE DIMAGGIO BLVD STE 84 ROUND ROCK, TX 78665 Fax (210) 988-1740		Owner Information PALOMA HOSPICE AND PALLIATIVE CARE 1227 WOODSEY CT SOUTHLAKE, TX 76092 PHONE: () - 1 FAX: Services: Hospice
Type: Alternate Delivery Site County WILLIAMSON License # 015251	Administrator ALEX STEVENS Region 05 Date Licensed PREFERRED CARE AT HOME	07/26/2012	In-Patient Hospice: NO Owner Information VINEYARD HEALTH SERVICES LLC SAME AS PHYSICAL ADDRESS
Lic Expire 7/31/2022 Medicare 1: Medicare 2: Phone (512) 238-0222	715 DISCOVERY BLVD SUITE 120 CEDAR PARK, TX 78613 Fax (512) 238-0212		CEDAR PARK, TX 78613 PHONE: FAX: Services: Personal Assistance Services
Type: Parent Agency County WILLIAMSON License # 019485 Lic Expire 5/1/2024 Medicare 1: 671631	Administrator MARIA ELENA GUTIERREZ Region 05 Date Licensed RESOLUTIONS HOSPICE AUSTIN 1101 ARROW POINT DRIVE, STE 301 CEDAR PARK, TEXAS 78613	05/01/2019	Owner Information ROLLING HILLS HEALTHCARE, INC
Medicare 2: Phone (512) 343-5555	Fax (512) 628-6183		PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County WILLIAMSON License # 019485 Lic Expire 5/1/2024	Administrator GRANT GALLINGER Region 05 Date Licensed RESOLUTIONS HOSPICE AUSTIN 507 OLD AUSTIN HIGHWAY		Owner Information ROLLING HILLS HEALTHCARE, INC
Medicare 1: Medicare 2: Phone (512) 343-5555 Type: Alternate Delivery Site	BASTROP, TEXAS 78602 Fax (512) 412-6205 Administrator GRANT GALLINGER		PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County WILLIAMSON License # 017507 Lic Expire 3/31/2022 Medicare 1: Medicare 2: Phone (512) 531-9453 Type: Parent Agency	Region 05 Date Licensed RIGHT AT HOME HILL COUNTRY 2681 GATTIS SCHOOL RD STE 250 ROUND ROCK, TX 78664 Fax (512) 853-9387 Administrator SYDNEY GREENWALT	03/04/2016	Owner Information TJ DARILEK II INC 2681 GATTIS SCHOOL RD SUITE 250 ROUND ROCK, TX 78664 PHONE: FAX: Services: Personal Assistance Services
County WILLIAMSON License # 016224 Lic Expire 3/31/2022 Medicare 1: 747022 HHA-18 Medicare 2: Phone (512) 244-4254	Region 05 Date Licensed ROYALTY CARE HOME HEALTH SERVICES I 3000 JOE DIMAGGIO BLVD. BLDG 400 STE 13 ROUND ROCK, TEXAS 78665 Fax (512) 255-0314		Owner Information ROYALTY CARE HOME HEALTH SERVICES INC 3000 JOE DIMAGGIO BLVD., STE#30 ROUND ROCK, TX 78665 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type: Parent Agency	Administrator FEBRONIA LWENJE		3

County WILLIAMSON License # 012877 Lic Expire 9/30/2023 Medicare 1: Medicare 2: Phone (512) 388-4357 Type: Parent Agency	Region 05 Date Licensed SENIOR HELPERS 1201 SAM BASS ROAD ROUND ROCK, TX 78681 Fax (512) 597-3109 Administrator MOIRE HAYES	09/30/2009	Owner Information HILL COUNTRY CAREGIVERS INC 1201 SAM BASS ROAD ROUND ROCK, TX 78681 PHONE: FAX: Services: Personal Assistance Services	
County WILLIAMSON License # 021184 Lic Expire 11/3/2024 Medicare 1: Medicare 2: Phone 512 4099855 Type: Parent Agency	Region 05 Date Licensed SENIORS HELPING SENIORS 1738 WESTEND PLACE ROUND ROCK, TEXAS 78681 Fax Administrator KARINA FRANCO RODRIGUE	11/03/2021 Z	Owner Information MIH SENIORS HOME CARE, LLC P.O. BOX 2379 ROUND ROCK, TX 78680 PHONE: FAX: Services: Personal Assistance Services	
County WILLIAMSON License # 020460 Lic Expire 1/13/2023 Medicare 1: Medicare 2: Phone (512) 297-8312 Type: Parent Agency	Region 05 Date Licensed SHUNAMMITE HOME CARE LLC 1648 BAYLAND ST ROUND ROCK, TEXAS 78664 Fax Administrator ANNA KAMGA	01/13/2021	Owner Information SHUNAMMITE HOME CARE LLC 1648 BAYLAND ST ROUND ROCK, TX 78664 PHONE: (512) 297-8312 FAX: Services: Licensed Home Health Services; Personal Assistance Services	vices
County WILLIAMSON License # 019459 Lic Expire 7/2/2023 Medicare 1: Medicare 2: Phone (737) 234-5508 Type: Parent Agency	Region 05 Date Licensed SPRING HILLS HOME CARE ROUND ROCK 4050 SUNRISE ROAD ROUND ROCK, TX 78665 Fax (737) 234-5510 Administrator ANDRE GOMEZ	07/02/2019	Owner Information SPRING HILLS HOME CARE SERVICES ROUND ROCK LLC 515 PLAINFIELD AVENUE, SUITE 200 ROUND ROCK, TX 78665 PHONE: FAX: Services: Personal Assistance Services	
County WILLIAMSON License # 010520 Lic Expire 5/3/2023 Medicare 1: 457506 HHA-18 Medicare 2: Phone (512) 402-7820 Type: Parent Agency	Region 05 Date Licensed STANDARDS HOME HEALTH 4801 UNIVERSITY BLVD, SUITE 400 ROUND ROCK, TEXAS 78665 Fax (512) 402-7821 Administrator RICARDO GARCIA	03/15/2006	Owner Information STANDARD REGIONAL HOME HEALTH, INC 111 WEST 2ND STREET CAMERON, TEXAS 76520 PHONE: FAX: Services: Licensed and Certified Home Health Services; Licensed Home	ome Health Services
County WILLIAMSON License # 017978 Lic Expire 3/31/2023 Medicare 1: Medicare 2: Phone (512) 688-5694 Type: Parent Agency	Region 05 Date Licensed STRIVE HEALTH SERVICES LLC 1915 S. AUSTIN AVE. STE 108 GEORGETOWN, TX 78626 Fax (512) 688-5695 Administrator SIERRAH EDMONDS	03/30/2017	Owner Information STRIVE HEALTH SERVICES LLC 1915 S AUSTIN AVE STE 108 GEORGETOWN, TX 78626 PHONE: FAX: Services: Licensed Home Health Services; Personal Assistance Services	vices
County WILLIAMSON License # 020710 Lic Expire 4/21/2024 Medicare 1: Medicare 2: Phone (818) 239-6573	Region 05 Date Licensed SYNERGY HOMECARE ROUND ROCK 1 CHISHOLM TRAIL, SUITE 450 ROUND ROCK, TEXAS 78681 Fax	04/21/2021	Owner Information LEANING SHOULDERS LLC PHONE: FAX: Services: Personal Assistance Services	

Administrator

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County WILLIAMSON License # 009343 Lic Expire 10/31/2023 Medicare 1: 457821 HHA-18 Medicare 2:	Region 05 Date Licensed 10/05/2004 TEXAS HOME HEALTH 1111 N INTERSTATE 35 #204 ROUND ROCK, TX 78664	Owner Information KINDSTAR, INC 17855 N. DALLAS PARKWAY DR. #200 DALLAS, TX 75284 PHONE: FAX:
Phone (512) 238-6000	Fax (512) 238-9559	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator DENA BARTZ	Ourse left and the
County WILLIAMSON	Region 05 Date Licensed 10/06/2005	Owner Information KINDSTAR, INC
License # 009343	TEXAS HOME HEALTH	17855 N. DALLAS PARKWAY DR. #200
Lic Expire 10/31/2023 Medicare 1: 45Q7821001	1111 N INTERSTATE 35 #204 NWB	DALLAS, TX 75284
Medicare 1: 45Q7821001 Medicare 2:	ROUND ROCK, TX 78664	PHONE: FAX:
Phone (512) 238-6000	Fax (512) 238-9559	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator DENA BARTZ	
County WILLIAMSON	Region 05 Date Licensed 09/27/2013	Owner Information
License # 015885	THERACARE HOME HEALTH	CANTEX HOME HEALTH AUSTIN LLC
Lic Expire 9/30/2024	525 ROUND ROCK WEST DRIVE SUITE A170	525 ROUND ROCK WEST DRIVE, SUITE#A170
Medicare 1: 679293 HHA-18	ROUND ROCK, TX 786811241	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: Parent Agency	Administrator ERIKA ALONZO	
County WILLIAMSON	Region 06 Date Licensed 09/01/2004	Owner Information
License # 009281	TOUCH OF CLASS	TOUCH OF CLASS
Lic Expire 8/31/2022	1516 PALM VALLEY BLVD BLDG A	
Medicare 1:	ROUND ROCK, TX 78664	
Medicare 2:	5 (540) 740 0005	PHONE: FAX:
Phone (512) 716-3903	Fax (512) 716-3935	Services: Licensed Home Health Services; Personal Assistance Services
Type: Branch Agency	Administrator JANET BOWLES	
County WILLIAMSON	Region 05 Date Licensed 12/20/2019	Owner Information TRADITIONS LIGSPICE OF BOLIND BOCK LLC
License # 019882	TRADITIONS HEALTH	TRADITIONS HOSPICE OF ROUND ROCK, LLC PO BOX 9980
Lic Expire 12/20/2023	2681 GATTIS SCHOOL ROAD, SUITE 180	COLLEGE STATION, TX 77842
Medicare 1: 741557	ROUND ROCK, TEXAS 78664	,
Medicare 2:	Foy (900) 000 9704	PHONE: FAX:
Phone (512) 368-7275 Type: Parent Agency	Fax (866) 908-8704 Administrator NICOLE MCMAHAN	Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
		Owner Information
County WILLIAMSON	Region 05 Date Licensed 07/18/2017	Owner Information TRANQUILITY HOSPICE CARE, INC
License # 018176	TRANQUILITY HOSPICE CARE INC	2700 SHELL ROAD
Lic Expire 7/31/2024	2700 SHELL ROAD	GEORGETOWN, TX 78628-9237
Medicare 1: 741722 HOSPICE	GEORGETOWN, TX 78628	
Medicare 2: Phone (512) 688-5607	Fax (512) 436-0802	PHONE: FAX:
1 110110 (012) 000-0001	(012) 700 0002	Services: Hospice In-Patient Hospice: NO
Type: Parent Agency	Administrator BEEBEE HU	
County WILLIAMSON	Region 05 Date Licensed 02/17/2016	Owner Information
License # 017276	VALERIAN HOME HEALTH AND HOSPICE, LLC	VALERIAN HOME HEALTH AND HOSPICE LLC
Lic Expire 2/28/2024	4701 CAMPUS VILLAGE DRIVE	8310-1 CAPITAL TEXAS HIGHWAY STE#275
Medicare 1: 747935 HHA-18;74	ROUND ROCK, TX 78665	AUSTIN, TX 78731-1026
Medicare 2:		PHONE: FAX:
Phone (512) 248-0016	Fax (888) 983-1560	Services: Hospice; Licensed and Certified Home Health Services In-Patient Hospice: NO
Type: Parent Agency	Administrator THEODORE WITTEK	

County WILLIAMSON License # 014003 Lic Expire 12/31/2022 Medicare 1: Medicare 2: Phone 877 9075078 Type: Parent Agency	Region 05 Date Licensed 12/VISITING ANGELS 707 S. MAIN ST. SUITE 201 GEORGETOWN, TX 78626 Fax 512 8634188 Administrator RYAN SEARIGHT	MO8/2010 Owner Information RYNOMAN INC 707 S MAIN ST. #201 GEORGETOWN, TEXAS 78626 PHONE: FAX: Services: Personal Assistance Services
County WILLIAMSON License # 017320 Lic Expire 12/31/2023 Medicare 1: 457709 HHA-18 Medicare 2: Phone (512) 869-5800	Region 05 Date Licensed 01/ WESLEYAN HOME HEALTH 139 ESTRELLA CROSSING GEORGETOWN, TEXAS 78628 Fax (512) 869-2494	Owner Information WESLEYAN HOMES INC PO BOX 486 GEORGETOWN, TX 78627 PHONE: (512) 868-1205 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency County WILLIAMSON License # 014240 Lic Expire 7/31/2023 Medicare 1: 671546 HOSPICE Medicare 2: Phone (877) 863-8848 Type: Parent Agency	Administrator MAMIE LISTER Region 05 Date Licensed 08/ WESLEYAN HOSPICE 139 ESTRELLA CROSSING GEORGETOWN, TEXAS 78628 Fax (512) 863-3117 Administrator MAMIE LISTER	/01/2011 Owner Information WESLEYAN HOMES INC PO BOX 486 GEORGETOWN, TX 78627 PHONE: (512) 868-1205 Services: Hospice In-Patient Hospice: NO
County WILSON License # 002830 Lic Expire 3/31/2023 Medicare 1: 458056 HHA-18 Medicare 2: Phone (830) 393-1540 Type: Parent Agency		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 License # 018199 Lic Expire 6/30/2021 Medicare 1: Medicare 2: Phone (210) 802-4808 Type: Parent Agency		Owner Information SPEECH STRONG INC 5886 DE ZAVALA ROAD #102-493 SAN ANTONIO, TX 78249 PHONE: FAX: Services: Licensed Home Health Services
County WISE License # 015420 Lic Expire 3/31/2021 Medicare 1: Medicare 2: Phone (817) 823-9077 Type: Parent Agency	Region 03 Date Licensed 03/ A DIFFERENT KIND OF PERFECT PEDIATRIC TH 1555 W HWY 380 SUITE #2 DECATUR, TX 76234 Fax (817) 887-3695 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 License # 010041 Lic Expire 10/31/2023 Medicare 1: 457786 HHA-18 Medicare 2: Phone (940) 627-6888	Region 03 Date Licensed 10/ ANGELS CARE HOME HEALTH 106 S WASHBURN ST DECATUR, TX 76234 Fax (940) 627-5174	/11/2005 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

Administrator

SAMANTHA MOORE

County WISE License # 011650 Lic Expire 8/31/2021 Medicare 1: 747087 HHA-18 Medicare 2: Phone (940) 683-3300 Type: Parent Agency	Region 04 Date Licensed 08. GOJO HOME HEALTH 602 E WHALEY LONGVIEW, TX 75601 Fax (940) 683-3302 Administrator CYNTHIA CALLOWAY	(ZO)ZOOT	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
County WISE License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 683-8171 Type: Branch Agency	Region 03 Date Licensed 07, KINDRED AT HOME 1300 HALSELL SUITE 101 BRIDGEPORT, TX 76426 Fax (940) 683-2475 Administrator JAMIE SMITH	(01/2001	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 WISE License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 683-8171 Type: Branch Agency	Region 03 Date Licensed 07, KINDRED AT HOME 1300 HALSELL SUITE 101 BRIDGEPORT, TX 76426 Fax (940) 683-2475 Administrator JAMIE SMITH	/01/2007	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 WISE License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 683-8171 Type: Branch Agency	Region 03 Date Licensed 07. KINDRED AT HOME 1300 HALSELL SUITE 101 BRIDGEPORT, TX 76426 Fax (940) 683-2475 Administrator JAMIE SMITH	/U1/2001	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 WISE License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 683-8171 Type: Branch Agency	Region 03 Date Licensed 07. KINDRED AT HOME 1300 HALSELL SUITE 101 BRIDGEPORT, TX 76426 Fax (940) 683-2475 Administrator JAMIE SMITH	10112001	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 WISE License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 683-8171 Type: Branch Agency	Region 03 Date Licensed 07. KINDRED AT HOME 1300 HALSELL SUITE 101 BRIDGEPORT, TX 76426 Fax (940) 683-2475 Administrator JAMIE SMITH	10 112007	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 WISE License # 015695 Lic Expire 3/31/2024 Medicare 1: Medicare 2: Phone (940) 626-8063 Type: Branch Agency	Region 03 Date Licensed 03 RENEW HOME HEALTH 1816 S FM 51 SUITE 600 DECATUR, TX 76234 Fax (940) 626-8067 Administrator PHILIP CRISWELL) 13/20 I3	Owner Information MAXUS HEALTHCARE PARTNERS LLC 1050 FOREST PARK BLVD FORT WORTH, TX 76110 PHONE: FAX: Services: Licensed Home Health Services

County WISE License # 017150 Lic Expire 11/30/2023 Medicare 1: Medicare 2: Phone (817) 636-6100 Type: Parent Agency	Region 03 Date Licensed 11/25/2015 RIGHT AT HOME 800 HIGHWAY 287 NORTH SUITE E RHOME, TX 76078 Fax (817) 636-6102 Administrator PILAR SUAREZ	Owner Information 2GETHER RESOURCES GROUP LLC PO BOX 517 RHOME, TEXAS 76078 PHONE: FAX: 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: FAX:
Phone (940) 627-1011	Fax (940) 627-3160	Services: Hospice
Type: Alternate Delivery Cite	Administrator I EANNE DETERSON	In-Patient Hospice: NO
Type: Alternate Delivery Site	Administrator LEANNE PETERSON	
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: FAX:
Phone (940) 627-1011	Fax (940) 627-3160	Services: Hospice
Tunes Devent Agency	Administrator LEANNE PETERSON	In-Patient Hospice: NO
Type: Parent Agency	Administrator LEANNE PETERSON	
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: FAX:
Phone (903) 638-8141	Fax (903) 340-8527	Services: Hospice
Type: Alternate Delivery Site	Administrator DANNY WEEMS	In-Patient Hospice: NO
Type. Alternate Delivery Site	Administrator DANNI WELLING	
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: FAX:
Phone (903) 342-9100	Fax (903) 342-9108	Services: Hospice
Type: Alternate Delivery Site	Administrator POLLY MAINES	In-Patient Hospice: NO
- Thomas Bonvory Cito	, animodato i otto in inte	O
County WOOD	Region 04 Date Licensed 07/27/2010	Owner Information
License # 013491	REFLECTIONS HOSPICE OF TEXAS LLC	REFLECTIONS HOSPICE OF TEXAS LLC P.O. BOX
Lic Expire 7/31/2022	502 EAST GOODE STREET	QUITMAN, TX 75783
Medicare 1: 671673 HOSPICE	QUITMAN, TEXAS 75783	
Medicare 2:	Fav. (002) 762 9249	PHONE: FAX:
Phone (903) 763-8225	Fax (903) 763-8218	Services: Hospice
Type: Parent Agency	Administrator JESSICA PEEK	In-Patient Hospice: NO
<u> </u>		Owner Information
County WOOD	Region 04 Date Licensed 05/02/2018	EAST TEXAS HOME HEALTH SERVICES LLC
License # 018735	UT HEALTH EAST TEXAS HOME HEALTH SERVICES	ONE BURTON HILLS BOULEVARD, STE#250
Lic Expire 2/28/2022	117 NORTH WINNSBORO	NASHVILLE, TN 37215-6195
Medicare 1: 67Q7037003	QUITMAN, TX 75783	
Medicare 2: Phone (903) 763-3181	Fax (903) 856-0084	PHONE: FAX:
1 110116 (303) 103-3101	1 ax (300) 000-000 1	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
	A L C C L L L L L L L L L L L L L L L L	. S. St. di / Idolotatioo Col Flood

KIMBRA BOGUE

Administrator

Type: Branch Agency

County YOAKUM License # 008127 Lic Expire 9/30/2023 Medicare 1: 679220 HHA-18 Medicare 2: Phone (806) 592-3676 Type: Parent Agency	Region 01 Date Licensed 09/27/2002 YOAKUM COUNTY HOSPITAL HOME HEALTH 412 MUSTANG AVENUE DENVER CITY, TX 79323 Fax (806) 592-3678 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 License # 015321 Lic Expire 1/31/2023 Medicare 1: 671777 HOSPICE Medicare 2: Phone (940) 521-9915	Region 01 Date Licensed 01/17/2013 BEYONDFAITH HOSPICE LLC 604 OAK STREET SUITE 105 GRAHAM, TX 76450 Fax 940 521 9119	Owner Information BEYONDFAITH HOSPICE, LLC 604 OAK STREET SUITE 105 GRAHAM, TX 76450-3070 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
Type: Parent Agency County YOUNG License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 564-4696 Type: Branch Agency	Administrator BECKY RICHARDSON Region 03 Date Licensed 07/01/2007 KINDRED AT HOME 104 NORTH AVENUE E OLNEY, TX 76374 Fax (940) 564-4695 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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 564-4696 Type: Branch Agency	Region 03 Date Licensed 07/01/2007 KINDRED AT HOME 104 NORTH AVENUE E OLNEY, TX 76374 Fax (940) 564-4695 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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 564-4696 Type: Branch Agency	Region 03 Date Licensed 07/01/2007 KINDRED AT HOME 104 NORTH AVENUE E OLNEY, TX 76374 Fax (940) 564-4695 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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 549-6999 Type: Branch Agency	Region 03 Date Licensed 07/01/2007 KINDRED AT HOME 457 OAK STREET GRAHAM, TX 76450 Fax (940) 549-6296 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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 564-4696 Type: Branch Agency	Region 03 Date Licensed 07/01/2007 KINDRED AT HOME 104 NORTH AVENUE E OLNEY, TX 76374 Fax (940) 564-4695 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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 549-6999 Type: Branch Agency	Region 03 Date Licensed KINDRED AT HOME 457 OAK STREET GRAHAM, TX 76450 Fax (940) 549-6296 Administrator JAMIE SMITH	07/01/2007	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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 549-6999 Type: Branch Agency	Region 03 Date Licensed KINDRED AT HOME 457 OAK STREET GRAHAM, TX 76450 Fax (940) 549-6296 Administrator JAMIE SMITH	07/01/2007	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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 549-6999 Type: Branch Agency	Region 03 Date Licensed KINDRED AT HOME 457 OAK STREET GRAHAM, TX 76450 Fax (940) 549-6296 Administrator JAMIE SMITH	07/01/2007	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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 549-6999 Type: Branch Agency	Region 03 Date Licensed KINDRED AT HOME 457 OAK STREET GRAHAM, TX 76450 Fax (940) 549-6296 Administrator JAMIE SMITH	07/01/2007	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 License # 011455 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (940) 564-4696 Type: Branch Agency	Region 03 Date Licensed KINDRED AT HOME 104 NORTH AVENUE E OLNEY, TX 76374 Fax (940) 564-4695 Administrator JAMIE SMITH	07/01/2007	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 License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011 Type: Alternate Delivery Site	Region 03 Date Licensed SOLARIS HOSPICE INC 115 E MAIN OLNEY, TX 76374 Fax (940) 627-3160 Administrator LEANNE PETERSON	07/25/2007	Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO
County YOUNG License # 007938 Lic Expire 3/31/2023 Medicare 1: 45-1688 Medicare 2: Phone (940) 627-1011 Type: Alternate Delivery Site	Region 03 Date Licensed SOLARIS HOSPICE INC 509 ELM STREET GRAHAM, TX 76450 Fax (940) 627-3160 Administrator LEANNE PETERSON	11/21/2002	Owner Information SOLARIS HOSPICE, INC 2250 S FM 51 SUITE 400 DECATUR, TX 76234 PHONE: FAX: Services: Hospice In-Patient Hospice: NO

County YOUNG License # 001773 Lic Expire 7/31/2022 Medicare 1: 677065 HHA-18 Medicare 2: Phone (940) 549-4039 Type: Parent Agency	Region 01 Date Licensed YOUNG COUNTY HOME HEALTH CARE 700 ELM STREET GRAHAM, TX 76450 Fax (940) 549-9814 Administrator HARRY TALBOTT	07/31/1986	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 License # 004883 Lic Expire 9/30/2023 Medicare 1: Medicare 2:	Region 07 Date Licensed CHAMPION CARE INC 1911 N HIGHWAY 83 ZAPATA, TX 78076	05/10/2007	Owner Information CHAMPION CARE INC SAME AS PHYSICAL ADDRESS LAREDO, TX 78040 PHONE: FAX:
Phone (956) 765-1111 Type: Branch Agency	Fax (956) 765-5084 Administrator YOLINDA TREVINO		Services: Licensed Home Health Services; Personal Assistance Services
County ZAPATA License # 018618 Lic Expire 2/28/2025 Medicare 1: Medicare 2: Phone (956) 750-3099 Type: Parent Agency	Region 07 Date Licensed DEL MAR PRIMARY HOME CARE LLC 802 N. US HWY 83 ZAPATA, TX 78076 Fax (956) 750-3199 Administrator AMADO RAMIREZ	02/14/2018	Owner Information DEL MAR PRIMARY HOME CARE LLC PO BOX 1093 ZAPATA, TEXAS 78076 PHONE: FAX: Services: Personal Assistance Services
County ZAPATA License # 012686 Lic Expire 11/30/2024 Medicare 1: 747501 HHA-18 Medicare 2: Phone 956 7650088	Region 07 Date Licensed MI PUEBLO HOME HEALTH CARE LLC 1507 NORTH US HWY 83 SUITE 2 ZAPATA, TX 78076 Fax 956 7650099	07/07/2009	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;
Type: Parent Agency	Administrator MARISOL GONZALEZ		Personal Assistance Services
County ZAPATA License # 007243 Lic Expire 6/30/2022 Medicare 1: Medicare 2: Phone (956) 765-9719 Type: Branch Agency	Region 07 Date Licensed TEXAS VISITING NURSE SERVICE LTD 1301 N. US HWY 83, UNIT B ZAPATA, TX 78076 Fax (956) 765-3720 Administrator VANESSA SANDOVAL	06/30/1999	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 License # 003516 Lic Expire 11/30/2022 Medicare 1: Medicare 2: Phone (830) 374-9800 Type: Parent Agency	Region 07 Date Licensed LOPEZ HEALTH SYSTEMS INC 2209 NORTH HIGHWAY 83 CRYSTAL CITY, TX 78839 Fax (830) 374-9722 Administrator VICTOR LOPEZ	11/17/1994	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 License # 002170 Lic Expire 11/30/2022 Medicare 1: 677290 HHA-18 Medicare 2: Phone (830) 374-9800 Type: Parent Agency	Region 07 Date Licensed LOPEZ HEALTH SYSTEMS INC 2209 NORTH HIGHWAY 83 CRYSTAL CITY, TX 78839 Fax (830) 374-9722 Administrator AMPARO LOPEZ	11/12/1990	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