Texas Health and Human Services Commission

HHSC List of Home and Community Support Services Agencies (HCSSA) with an Active License as of 04/30/2021

Sorted by: County, Agency City, Agency Name

County **ANDERSON** Region 04 Date Licensed 01/30/1995
License # 003546 ANGELS CARE HOME HEALTH
Lic Expire 01/31/2023 2000 S ROYALL
Medicare 1: 458433 HHA-18 PALESTINE, TX 75801
Medicare 2:
Phone (903) 729-2201 Fax (903) 729-3302
Type: Parent Agency Administrator BRANDY SIMMS

Owner Information
PERSONAL HOME HEALTHCARE AGENCY LLC
2000 S ROYALL
PALESTINE, TX 75801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ANDERSON** Region 04 Date Licensed
License # 017642 CARING HEARTS HOSPICE
Lic Expire 06/30/2022 811 S. ROYALL STREET
Medicare 1: PALESTINE, TEXAS 75801
Medicare 2:
Phone (903) 480-6593 Fax (903) 340-8527
Type: Alternate Delivery Site Administrator DANNY WEEMS

Owner Information
L S AND S S INC
1837 W MAIN
GUN BARREL CITY, TX 75156
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ANDERSON** Region 04 Date Licensed 10/08/2015
License # 017343 CHOICE HOMECARE
Lic Expire 10/31/2021 516 NORTH SYCAMORE
Medicare 1: 679007 HHA-18 PALESTINE, TX 75801
Medicare 2:
Phone (903) 729-0801 Fax (888) 638-9628
Type: Parent Agency Administrator MICHELLE RAYBURN

Owner Information
MEDICAL TEAM CORRECTIONAL MEDICAL SERVICES MANAGEMENT, LLC
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ANDERSON** Region 04 Date Licensed 01/01/2003
License # 008276 ELARA CARING
Lic Expire 12/31/2022 2039 CROCKETT RD
Medicare 1: 458346 HHA-18 PALESTINE, TX 75801
Medicare 2:
Phone (903) 723-1657 Fax (903) 723-5227
Type: Parent Agency Administrator TINA ANDERSON

Owner Information
JHS OPERATIONS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ANDERSON** Region 04 Date Licensed 04/01/2009
License # 012564 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 03/31/2024 2256 SOUTH SYCAMORE ST., SUITE 2
Medicare 1: 678197 HHA-18 PALESTINE, TEXAS 75801
Medicare 2:
Phone 903 7233991 Fax 903 7231440
Type: Parent Agency Administrator APRIL ALEXANDER

Owner Information
AHM ACTION HOME HEALTH, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ANDERSON** Region 04 Date Licensed 09/12/2016
License # 015986 HEART TO HEART HOSPICE OF TYLER LTD
Lic Expire 10/31/2021 1006 N MALLARD ST
Medicare 1: PALESTINE, TX 75801
Medicare 2:
Phone (903) 729-0957 Fax (903) 729-0959
Type: Alternate Delivery Site Administrator GINA DAUGHTRY

Owner Information
HEART TO HEART HOSPICE OF TYLER LTD
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **ANDERSON** Region 04 Date Licensed 10/14/2013
License # 015975 HOME CARE NETWORK
Lic Expire 10/31/2021 300 WILLOW CREEK PARKWAY SUITE 240
Medicare 1: 679086 HHA-18 PALESTINE, TX 75801
Medicare 2:
Phone (972) 270-2000 Fax (972) 591-4576
Type: Parent Agency Administrator SAUNDRA HILL

Owner Information
HOME CARE NETWORK EAST INC
1701 N HAMPTON ROAD SUITE F
DESOTO, TEXAS 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ANDERSON** Region 03 Date Licensed 09/14/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 321 E SPRING ST SUITE 121
Medicare 1: PALESTINE, TX 758012986
Medicare 2:
Phone (903) 723-3394 Fax (903) 723-2845
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ANDERSON** Region 03 Date Licensed 09/14/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 321 E SPRING ST SUITE 121
Medicare 1: PALESTINE, TX 758012986
Medicare 2:
Phone (903) 723-3394 Fax (903) 723-2845
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ANDERSON** Region 03 Date Licensed 09/14/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 321 E SPRING ST SUITE 121
Medicare 1: PALESTINE, TX 758012986
Medicare 2:
Phone (903) 723-3394 Fax (903) 723-2845
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ANDERSON** Region 03 Date Licensed 08/21/2009
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 1521 S LOOP 256
Medicare 1: 45-1688 PALESTINE, TX 75801
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **ANDREWS** Region 01 Date Licensed 06/06/2005
License # 003840 HOME HOSPICE
Lic Expire 03/31/2023 801-G N. MAIN STREET
Medicare 1: ANDREWS, TX 79714
Medicare 2:
Phone (432) 524-5139 Fax (432) 524-2784
Type: Alternate Delivery Site Administrator AMY DRUMM

Owner Information
HOME HOSPICE OF ODESSA/MIDLAND LLC
619 N GRANT AVE STE 120
ODESSA, TX 79761
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

Owner Information
ANDREWS COUNTY HOSPITAL DISTRICT
P. O BOX 2108 ANDREWS ST.
ANDREWS, TEXAS 79714
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/14/2023

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

County **ANGELINA** Region 04 Date Licensed 05/04/2006
License # 010428 A COMPASSIONATE CARE HOME HEALTH SERVICES
Lic Expire 05/31/2023 529 GASLIGHT BLVD
Medicare 1: 679505 HHA-18 LUFKIN, TX 75904
Medicare 2:
Phone (936) 875-9000 Fax (936) 875-9001
Type: Parent Agency Administrator JULIE TVRZ

Owner Information
JOHNSON & JOHNSON INVESTMENTS LLC
PO BOX 154557
LUFKIN, TX 75915
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ANGELINA** Region 04 Date Licensed 10/07/2010
License # 013616 A COMPASSIONATE CARE HOME HEALTH SERVICES OF ONALASKA
Lic Expire 10/31/2022 529 GASLIGHT BLVD STE. A
Medicare 1: 747664 HHA-18 LUFKIN, TX 75904
Medicare 2:
Phone (936) 875-2030 Fax (936) 875-2082
Type: Parent Agency Administrator JULIE TVRZ

Owner Information
JOHNSON & JOHNSON INVESTMENTS OF ONALASKA LLC
3458 TED TROUT DRIVE STE B
LUFKIN, TX 75904
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ANGELINA** Region 04 Date Licensed 08/24/1992
License # 002409 A PINEYWOODS HOME HEALTH CARE INC
Lic Expire 08/31/2022 103D CARRIAGE DRIVE
Medicare 1: 677545 HHA-18 LUFKIN, TX 75904
Medicare 2:
Phone (936) 634-1617 Fax (936) 634-7967
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 08/22/2023

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

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

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

Owner Information
ABUNDANT GRACE HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ANGELINA** Region 04 Date Licensed 03/09/2011
License # 013942 AFFINITY HEALTH CARE
Lic Expire 03/31/2023 2708 S. MEDFORD DRIVE
Medicare 1: 671690 HOSPICE LUFKIN, TEXAS 75901
Medicare 2:
Phone (936) 639-2626 Fax (888) 659-2676
Type: Parent Agency Administrator QUINCY MARTINDALE

Owner Information
AFFINITY HOSPICE LLC
2708 SOUTH MEDFORD DRIVE
LUFKIN, TX 75901
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/21/2023

County **ANGELINA** Region 04 Date Licensed 05/04/2015
License # 016875 CHOICE HOMECARE
Lic Expire 05/31/2021 109 GASLIGHT BLVD
Medicare 1: 677220 HHA-18 LUFKIN, TEXAS 75904
Medicare 2:
Phone (800) 378-6489 Fax (866) 434-1935
Type: Parent Agency Administrator MICHELLE RAYBURN

Owner Information
HERITAGE HOME HEALTH INC.
6760 OLD JACKSONVILLE HWY. SUITE 101
TYLER, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services

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

County **ANGELINA** Region 04 Date Licensed 12/01/2012
License # 015333 CHOICE HOSPICE
Lic Expire 11/30/2022 109 GASLIGHT BLVD
Medicare 1: LUFKIN, TX 75904
Medicare 2:
Phone (936) 225-5200 Fax (936) 225-5202
Type: Alternate Delivery Site 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 **ANGELINA** Region 04 Date Licensed 10/02/2019
License # 019632 DOWN HOME CARE SERVICES, LLC
Lic Expire 10/02/2021 133 WHISPERING PINES LN.
Medicare 1: LUFKIN, TEXAS 75901
Medicare 2:
Phone (936) 208-5531 Fax (936) 632-8556
Type: Parent Agency Administrator STACY SELMAN

Owner Information
DOWN HOME CARE SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ANGELINA** Region 04 Date Licensed 06/06/2009
License # 012693 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 06/30/2021 1607 S. CHESTNUT, SUITE K
Medicare 1: 679509 HHA-18 LUFKIN, TEXAS 75901
Medicare 2:
Phone 936 6328877 Fax 936 6328911
Type: Parent Agency Administrator SCOTT BRACKIN

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

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County **ANGELINA** Region 04 Date Licensed 12/17/2017
License # 018587 EXCEL COMPLETE HOME HEALTH & THERAPY SERVICES LLC
Lic Expire 12/31/2021 513 S FIRST STREET
Medicare 1: 677957 HHA-18 LUFKIN, TX 75901
Medicare 2:
Phone (936) 634-1166 Fax (936) 634-1571
Type: Parent Agency Administrator KIMBERLY STEVESON

Owner Information
EXCEL COMPLETE HOME HEALTH & THERAPY SERVICES, LLC
513 S. FIRST ST.
LUFKIN, TX 75901
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **ANGELINA** Region 04 Date Licensed 12/13/2012
License # 015266 HARBOR HOSPICE 26, L.P.
Lic Expire 517 GASLIGHT BLVD.
Medicare 1: 741518 HOSPICE LUFKIN, TX 75904
Medicare 2:
Phone (936) 632-5700 Fax (936) 632-5710
Type: Parent Agency Administrator THERESA COUSINS

Owner Information
HARBOR HOSPICE 26, L.P.
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 11/20/2023

County **ANGELINA** Region 04 Date Licensed 04/19/2013
License # 015764 HEART TO HEART HOSPICE OF LUFKIN LLC
Lic Expire 04/30/2024 2102 S. JOHN REDDITT DRIVE
Medicare 1: 671601 HOSPICE LUFKIN, TEXAS 759045422
Medicare 2:
Phone (936) 699-6001 Fax (936) 699-6009
Type: Parent Agency Administrator CONNIE RUSSELL

Owner Information
HEART TO HEART HOSPICE OF LUFKIN, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/24/2023

County **ANGELINA** Region 04 Date Licensed 06/15/2005
License # 002060 HOSPICE IN THE PINES
Lic Expire 10/31/2022 1201 WEST FRANK AVENUE
Medicare 1: 45-1537 LUFKIN, TEXAS 75904
Medicare 2:
Phone (936) 632-1514 Fax (936) 632-1582
Type: Alternate Delivery Site Administrator DEMETRESS HARRELL

Owner Information
HOSPICE IN THE PINES INC
1504 WEST FRANK AVENUE
LUFKIN, TX 75904
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

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

County **ANGELINA** Region 04 Date Licensed 10/11/1989
License # 002060 HOSPICE IN THE PINES
Lic Expire 10/31/2022 1504 WEST FRANK AVENUE
Medicare 1: 451537 HOSPICE LUFKIN, TX 75904
Medicare 2:
Phone (936) 632-1514 Fax (936) 632-1582
Type: Parent Agency Administrator DEMETRESS HARRELL

Owner Information
HOSPICE IN THE PINES INC
1504 WEST FRANK AVENUE
LUFKIN, TX 75904
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 02/19/2022

County **ANGELINA** Region 04 Date Licensed 06/15/2009
License # 012656 KAMCARE HOME HEALTH SERVICES
Lic Expire 06/30/2021 609 E LUFKIN AVENUE
Medicare 1: 747328 HHA-18 LUFKIN, TX 75901
Medicare 2:
Phone (866) 344-2821 Fax (866) 288-4125
Type: Parent Agency Administrator ALETHEA THACER

Owner Information
AGAPE HOME CARE SERVICES LLC
609 E LUFKIN AVENUE
LUFKIN, TX 75901
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 03/30/2022

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

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

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County **ANGELINA** Region 04 Date Licensed 06/13/2006
License # 010530 PINECREST HOME HEALTH SERVICES
Lic Expire 06/30/2021 1302 TOM TEMPLE DRIVE SUITE #A
Medicare 1: LUFKIN, TX 75904
Medicare 2:
Phone (936) 633-1115 Fax (936) 633-1195
Type: Parent Agency Administrator ANGEL BRANCH

Owner Information
MRC PINECREST
1302 TOM TEMPLE DR
LUFKIN, TX 75904
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ANGELINA** Region 04 Date Licensed 05/09/2017
License # 019139 PREMIER PEDIATRIC THERAPY
Lic Expire 08/31/2022 415 S 1ST STREET, SUITE 300A
Medicare 1: LUFKIN, TEXAS 75901
Medicare 2:
Phone (832) 539-1632 Fax (832) 539-1633
Type: Parent Agency Administrator CARLA MOON-DANIEL

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

County **ANGELINA** Region 04 Date Licensed 07/22/2019
License # 019552 PREMIER PEDIATRIC THERAPY
Lic Expire 07/22/2021 415 S 1ST STREET, SUITE 300A
Medicare 1: LUFKIN, TEXAS 75901
Medicare 2:
Phone (832) 539-1632 Fax (832) 539-1633
Type: Parent Agency Administrator TAYLOR KOVAR

Owner Information
GOODLOOKING HEALTHCARE 2 LLC
PHONE: FAX:
Services: Licensed Home Health Services

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

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

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

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

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

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

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

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

County **ARANSAS** Region 07 Date Licensed 07/22/2010
License # 013476 CORNERSTONE HOME HEALTH
Lic Expire 07/31/2022 2600 LAKEVIEW DRIVE SUITE 2
Medicare 1: 747863 HHA-18 ROCKPORT, TX 78382
Medicare 2:
Phone (361) 727-2131 Fax (361) 727-2179
Type: Parent Agency Administrator CYNTHIA RENEE WATKINS

Owner Information
JADRON LLC
P. O. BOX 2424
ROCKPORT, TX 78381
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 05/10/2022

County **ARANSAS** Region 07 Date Licensed 08/05/2011
License # 014366 HARBOR HOSPICE OF GULF COAST LP
Lic Expire 08/31/2021 400 ENTERPRISE BLVD BUILDING C
Medicare 1: 671572 HOSPICE ROCKPORT, TX 78382
Medicare 2:
Phone (361) 727-1232 Fax (361) 727-1244
Type: Parent Agency Administrator KATHLEEN FLANIGAN

Owner Information
HARBOR HOSPICE OF GULF COAST LP
3406 COLLEGE STREET SUITE 200
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/02/2022

County **ARANSAS** Region 07 Date Licensed 05/11/2016
License # 017510 SILOE HOME HEALTH & INFUSION LLC
Lic Expire 05/31/2022 1521 W MARKET ST, STE D
Medicare 1: 679686 HHA-18 ROCKPORT, TEXAS 78382
Medicare 2:
Phone 361 2384999 Fax 888 2395887
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 06/17/2022

County **ATASCOSA** Region 07 Date Licensed 12/16/2015
License # 017325 CARE HOME HEALTH SERVICES
Lic Expire 12/31/2021 6618 FONTANA PT
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 541-0131 Fax (210) 541-0227
Type: Branch Agency Administrator SYLVIA MONTEZ

Owner Information
ALL- TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **ATASCOSA** Region 07 Date Licensed 12/16/2015
License # 017325 CARE HOME HEALTH SERVICES
Lic Expire 12/31/2021 6618 FONTANA PT
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 541-0131 Fax (210) 541-0227
Type: Branch Agency Administrator SYLVIA MONTEZ

Owner Information
ALL- TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **ATASCOSA** Region 07 Date Licensed 12/16/2015
License # 017325 CARE HOME HEALTH SERVICES
Lic Expire 12/31/2021 6618 FONTANA PT
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 541-0131 Fax (210) 541-0227
Type: Branch Agency Administrator SYLVIA MONTEZ

Owner Information
ALL- TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **ATASCOSA** Region 07 Date Licensed 03/12/2021
License # 020601 EXCEPTIONAL PROVIDER SERVICE, LLC
Lic Expire 03/12/2023 8546 BROADWAY ST, STE. 206
Medicare 1: SAN ANTONIO, TEXAS 78217
Medicare 2:
Phone (210) 579-0223 Fax
Type: Parent Agency Administrator DANIEL CASTILLO

Owner Information
EXCEPTIONAL PROVIDER SERVICE, LLC
PO BOX 632
LEMING, TEXAS 78050
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ATASCOSA** Region 07 Date Licensed 03/01/2017
License # 017455 NEW CENTURY HOSPICE OF SAN ANTONIO
Lic Expire 01/31/2022 206 N. SMITH ST.
Medicare 1: PLEASANTON, TX 78064
Medicare 2:
Phone (830) 268-4422 Fax (830) 268-4705
Type: Alternate Delivery Site Administrator IRMA HERRERA

Owner Information
COSMOS HOSPICE OF SAN ANTONIO LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ATASCOSA** Region 07 Date Licensed 12/31/2008
License # 012459 SOUTH TEXAS REGIONAL HOME HEALTH
Lic Expire 12/31/2022 1907 HWY 97 E, SUITE 110
Medicare 1: 677127 HHA-18 JOURDANTON, TEXAS 780261538
Medicare 2:
Phone 830 2818136 Fax 830 2818751
Type: Parent Agency 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** Region 06 Date Licensed 10/25/2015
License # 017190 1ST TEXAS HOME HEALTH
Lic Expire 10/31/2021 324 MEYER
Medicare 1: 679029 HHA-18 SEALY, TX 77474
Medicare 2:
Phone (979) 877-0900 Fax (979) 885-4080
Type: Parent Agency Administrator SUZANNE BOZEMAN

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

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County **AUSTIN** Region 05 Date Licensed
License # 019358 ALLUMINE HOSPICE
Lic Expire 04/29/2021 540 WEST MAIN ST.
Medicare 1: BELLVILLE, TEXAS 77418
Medicare 2:
Phone (979) 270-5057 Fax
Type: Alternate Delivery Site Administrator ELIAS HERNANDEZ II

Owner Information
SOLACE HOSPICE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **AUSTIN** Region 05 Date Licensed

License # 019358 ALLUMINE HOSPICE

Lic Expire 04/29/2021 540 WEST MAIN ST.

Medicare 1: BELLVILLE, TEXAS 77418

Medicare 2:

Phone (979) 270-5057 Fax

Type: Alternate Delivery Site Administrator ELIAS HERNANDEZ II

Owner Information

SOLACE HOSPICE CARE, LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **AUSTIN** Region 05 Date Licensed 07/01/2016

License # 013721 AMEDISYS HOSPICE

Lic Expire 11/30/2022 540 W MAIN

Medicare 1: BELLVILLE, TX 77418

Medicare 2:

Phone (979) 260-9700 Fax (979) 260-7711

Type: Alternate Delivery Site Administrator MICAELA GUTIERREZ

Owner Information

COMPASSIONATE CARE HOSPICE OF BRYAN TEXAS, LLC

3833 S. TEXAS AVE., SUITE#200

BRYAN, TX 77802

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **AUSTIN** Region 06 Date Licensed 05/01/2020

License # 019907 HOLISTIC CARE MANAGEMENT, LLC

Lic Expire 05/01/2022 1404 S. FRONT ST.

Medicare 1: BELLVILLE, TEXAS 77418

Medicare 2:

Phone 979 2705020 Fax 979 2705019

Type: Parent Agency Administrator STEFANIE COPASS

Owner Information

HOLISTIC CARE MANAGEMENT, LLC

PHONE: FAX:

Services: Personal Assistance Services

County **AUSTIN** Region 06 Date Licensed 08/07/2017

License # 018231 LIFE CHANGES HOME STAFFING SOLUTIONS

Lic Expire 08/31/2021 112 SOUTH FRONT

Medicare 1: BELLVILLE, TEXAS 77418

Medicare 2:

Phone (979) 270-7300 Fax (979) 270-5042

Type: Parent Agency Administrator KAMI FALK

Owner Information

LCH STAFFING SOLUTIONS, INC.

18 NORTH CUMMINGS

BELLVILLE, TX 77418

PHONE: FAX:

Services: Personal Assistance Services

County **AUSTIN** Region 06 Date Licensed 06/18/2007

License # 008794 ONLEX HEALTHCARE INC

Lic Expire 12/31/2020 3 E MAIN SUITE B

Medicare 1: BELLVILLE, TX 77418

Medicare 2:

Phone (979) 865-0600 Fax (979) 865-0628

Type: Branch Agency Administrator HUMPHREY UZUEGBU

Owner Information

ONLEX HEALTHCARE INC

20501 KATY FREEWAY SUITE #234

KATY, TX 77450-1935

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

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County **BAILEY** Region 01 Date Licensed 04/14/2005

License # 009402 TEXAS HOME HEALTH

Lic Expire 11/30/2022 5201 INDIANA AVE 200 CENTRAL JAY

Medicare 1: 67Q9485003 LUBBOCK, TX 79413

Medicare 2:

Phone (806) 791-2100 Fax (806) 791-2105

Type: Branch Agency Administrator CRISTI PAULK

Owner Information

KINDSTAR, INC. - 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

Accreditation: CHAP - Deemed, Expires: 12/18/2023

County **BASTROP** Region 07 Date Licensed 11/06/2017

License # 018542 ADVANCED HH LLC

Lic Expire 11/30/2021 105 HASLER BLVD SUITE B

Medicare 1: 67Q7247003 BASTROP, TX 78602

Medicare 2:

Phone (866) 314-9233 Fax (830) 379-6388

Type: Branch Agency Administrator KRISTEN SCHIEVELBEIN

Owner Information

ADVANCED HH, LLC

1212 CORPORATE DRIVE

IRVING, TX 78155

PHONE: FAX:

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

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

County **BASTROP** Region 05 Date Licensed 09/25/2018
License # 019184 BLUEBONNET HOME HEALTH CARE OF TEXAS, INC.
Lic Expire 09/25/2022 125 HARMON RD
Medicare 1: BASTROP, TEXAS 78602
Medicare 2:
Phone (512) 303-3912 Fax (512) 303-0323
Type: Parent Agency Administrator MICHELLE PETERSON

Owner Information
BLUEBONNET HOME HEALTH CARE OF TEXAS INC.
PHONE: FAX:
Services: Personal Assistance Services

County **BASTROP** Region 07 Date Licensed 12/01/2004
License # 009490 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2022 150 SETTLEMENT DRIVE, SUITE F
Medicare 1: BASTROP, TEXAS 78602
Medicare 2:
Phone 512 3213382 Fax 877 2506703
Type: Branch Agency Administrator BEAU POLLARO

Owner Information
HALLMARK HOMECARE, L.P.
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BASTROP** Region 05 Date Licensed 09/30/2015
License # 017058 LUTRA HOME CARE
Lic Expire 09/30/2021 205 S MAIN STREET, SUITE C
Medicare 1: ELGIN, TEXAS 78621
Medicare 2:
Phone (512) 229-3838 Fax (512) 985-9277
Type: Parent Agency Administrator TRACI BOYLE

Owner Information
IT'S STILL HOME LIFE CARE SERVICES LLC
PO BOX 1120
ELGIN, TX 78621
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BASTROP** Region 05 Date Licensed 03/20/2014
License # 016104 SERENITY HOSPICE
Lic Expire 03/31/2022 701 WALNUT STREET
Medicare 1: 74-1579 HOSPICE; BASTROP, TEXAS 786023825
Medicare 2:
Phone (512) 985-6107 Fax (512) 379-7481
Type: Parent Agency Administrator CHRISTOPHER BUCCELLI

Owner Information
S & P GUPTA ENTERPRISE, LLC
489 AGNES STREET SUITE 100
BASTROP, TX 78602
PHONE: (512) 985-6107 FAX: (512) 379-7481
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/15/2021

County **BAYLOR** Region 01 Date Licensed 08/18/2008
License # 012305 KINDRED AT HOME
Lic Expire 108 EAST MORRIS STREET
Medicare 1: 677421 HHA-18 SEYMOUR, TX 76380
Medicare 2:
Phone (940) 888-3744 Fax (940) 888-2609
Type: Parent Agency Administrator SAMUEL WHATLEY

Owner Information
HOME HEALTH OF RURAL TEXAS, INC.
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BAYLOR** Region 01 Date Licensed 06/01/2000
License # 007334 OUTREACH HOME CARE
Lic Expire 05/31/2021 409 N WILLIS
Medicare 1: ABILENE, TX 79603
Medicare 2:
Phone 940 8885586 Fax 940 8885743
Type: Parent Agency Administrator BRANDI LOVE

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

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County **BAYLOR** Region 01 Date Licensed 02/14/1994
License # 002793 SEYMOUR HOSPITAL HOME HEALTH
Lic Expire 02/28/2022 600 N MAIN ST
Medicare 1: 458006 HHA-18 SEYMOUR, TX 76380
Medicare 2:
Phone (940) 889-3755 Fax (940) 889-2715
Type: Parent Agency Administrator STORMIE CARRINGTON

Owner Information
BAYLOR COUNTY HOSPITAL DISTRICT
200 STADIUM DR
SEYMOUR, TX 76380
PHONE: (940) 889-5572 FAX: (940) 888-1983
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **BEE** Region 07 Date Licensed 09/26/2000
License # 007438 AMERICAN MEDICAL HOME HEALTH SERVICES-MATHIS
Lic Expire 09/30/2022 301 SOUTH HILLSIDE DR. , SUITE 11
Medicare 1: 679063 HHA-18 BEEVILLE, TX 78102
Medicare 2:
Phone (361) 547-5655 Fax (361) 547-0304
Type: Parent Agency Administrator ERICA SANDOVAL

Owner Information
AMERICAN MEDICAL HOME HEALTH SERVICES LLC
506 VALLEY BROOK RD, STE 201
MCMURRAY, PA 15317
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/13/2023

County **BEE** Region 07 Date Licensed 08/12/2011
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 06/30/2021 810 NORTH ST. MARY'S STREET
Medicare 1: BEEVILLE, TX 78102
Medicare 2:
Phone (361) 358-8931 Fax (361) 358-2831
Type: Branch Agency Administrator MARCUS WILLIAMS WILLIAMS

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

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County **BEE** Region 07 Date Licensed 02/29/2016
License # 017336 EXCLUSIVE HOME HEALTH AND HOSPICE INC
Lic Expire 02/28/2022 202 N ST. MARY'S
Medicare 1: 458134 HHA-18 45 BEEVILLE, TX 78102
Medicare 2:
Phone (361) 358-2468 Fax (361) 358-3861
Type: Parent Agency Administrator GERONIMO RODRIGUEZ

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

County **BEE** Region 07 Date Licensed 04/07/2006
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 02/28/2023 104 W. HUNTINGTON
Medicare 1: BEEVILLE, TX 78102
Medicare 2:
Phone (361) 358-4448 Fax (361) 358-2200
Type: Alternate Delivery Site Administrator AMBROSE HERNANDEZ

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

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

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

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County **BEE** Region 07 Date Licensed 02/01/2017
License # 017441 NEW CENTURY HOSPICE OF SOUTH TEXAS
Lic Expire 01/31/2022 1819 N FRONTAGE ROAD
Medicare 1: BEEVILLE, TX 78102
Medicare 2:
Phone (361) 392-2535 Fax (844) 358-6608
Type: Alternate Delivery Site Administrator SCOTT DINKENS

Owner Information
COSMOS HOSPICE OF CORPUS CHRISTI LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/05/2024

County **BEE** Region 07 Date Licensed 07/16/2019
License # 019483 TRIO HOME HEALTH-RURAL INC
Lic Expire 07/16/2021 301 S HILLSIDE STREET STE 10
Medicare 1: BEEVILLE, TEXAS 78102
Medicare 2:
Phone (361) 500-3057 Fax (361) 881-8815
Type: Parent Agency Administrator VAN VILLA

Owner Information
TRIO HOME HEALTH-RURAL INC
4444 CORONA DRIVE STE 205
CORPUS CHRISTI, TEXAS 78411
PHONE: FAX:
Services: Licensed Home Health Services

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

County **BELL** Region 05 Date Licensed 06/30/2015
License # 016946 AMBASSADOR PROGRAM
Lic Expire 06/30/2021 4312 SOUTH 31ST STREET
Medicare 1: TEMPLE, TX 76502
Medicare 2:
Phone (254) 773-0444 Fax (254) 771-3425
Type: Parent Agency Administrator BEVERLY HUNTSMAN

Owner Information
S-H THIRTY-FIVE OPCO - TEMPLE MERIDIAN LLC
6737 W. WASHINGTON ST., STE#2300
MILWAUKEE, WI 53214
PHONE: FAX:
Services: Personal Assistance Services

County **BELL** Region 07 Date Licensed
License # 013242 AMEDISYS HOSPICE OF SAN ANTONIO
Lic Expire 12/31/2021 5293 S 31ST STREET SUITE 131
Medicare 1: 451738 TEMPLE, TEXAS 765023575
Medicare 2:
Phone (254) 246-4169 Fax (866) 767-8836
Type: Alternate Delivery Site Administrator BERNADINE DAILEY

Owner Information
AMEDISYS HOSPICE, LLC
5410 FREDERICKSDBURG RD BLDG A SUITE 310
SAN ANTONIO, TX 78229-3576
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

Owner Information
ANDERSON ANGELS IN-HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BELL** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6102 W. ADAMS AVENUE, SUITE D
Medicare 1: TEMPLE, TEXAS 76502
Medicare 2:
Phone (254) 252-5757 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGES

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BELL** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6102 W. ADAMS AVENUE, SUITE D
Medicare 1: TEMPLE, TEXAS 76502
Medicare 2:
Phone (254) 252-5757 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGES

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BELL** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6102 W. ADAMS AVENUE, SUITE D
Medicare 1: TEMPLE, TEXAS 76502
Medicare 2:
Phone (254) 252-5757 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGES

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BELL** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6102 W. ADAMS AVENUE, SUITE D
Medicare 1: TEMPLE, TEXAS 76502
Medicare 2:
Phone (254) 252-5757 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGES

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BELL** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6102 W. ADAMS AVENUE, SUITE D
Medicare 1: TEMPLE, TEXAS 76502
Medicare 2:
Phone (254) 252-5757 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGES

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BELL** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6102 W. ADAMS AVENUE, SUITE D
Medicare 1: TEMPLE, TEXAS 76502
Medicare 2:
Phone (254) 252-5757 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGES

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BELL** Region 05 Date Licensed 12/23/2010
License # 013943 AVEANNA HEALTHCARE
Lic Expire 12/31/2022 2125 S 61ST ST
Medicare 1: TEMPLE, TX 76504
Medicare 2:
Phone (254) 314-8580 Fax (254) 774-9980
Type: Parent Agency Administrator JULIE WEATHERBEE

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
Accreditation: CHAP, Expires: 05/10/2022

County **BELL** Region 05 Date Licensed 11/23/1983
License # 001412 BAYLOR SCOTT & WHITE HOSPICE - TEMPLE
Lic Expire 11/30/2022 5701 AIRPORT RD, POD M19
Medicare 1: 451691 HOSPICE TEMPLE, TX 765027092
Medicare 2:
Phone (254) 724-4090 Fax (254) 215-9375
Type: Parent Agency Administrator GLEN LEBLANC

Owner Information
SCOTT & WHITE MEMORIAL HOSPITAL
2401 SOUTH 31ST STREET
TEMPLE, TX 76508
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BELL** Region 05 Date Licensed 10/17/2017
License # 018384 BELL HOME CARE LLC
Lic Expire 10/31/2021 1020 BLUEBIRD DR
Medicare 1: HARKER HEIGHTS, TX 76548
Medicare 2:
Phone (254) 251-3100 Fax (254) 350-2882
Type: Parent Agency Administrator STACY TWAIT

Owner Information
BELL HOME CARE, LLC
1700 POSSUM TRAIL
HARKER HEIGHTS, TX 76548
PHONE: FAX:
Services: Personal Assistance Services

County **BELL** Region 05 Date Licensed 06/01/2006
License # 010501 CAREAGE HOMECARE
Lic Expire 05/31/2022 4016 SOUTH 31ST SUITE 100
Medicare 1: TEMPLE, TX 76502
Medicare 2:
Phone (254) 780-9864 Fax (254) 899-9864
Type: Parent Agency 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** Region 05 Date Licensed 10/13/2015
License # 017075 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 10/31/2021 2027 S. 61ST STREET SUITE 119
Medicare 1: TEMPLE, TX 76504
Medicare 2:
Phone (254) 776-6600 Fax (877) 463-1310
Type: Parent Agency Administrator JAMES LANE

Owner Information
DISABILITY SERVICES OF THE SOUTHWEST INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **BELL** Region 05 Date Licensed 04/26/2017
License # 018188 ELARA CARING
Lic Expire 12/10/2021 108 E. FM 2410, SUITE A-1
Medicare 1: HARKER HEIGHTS, TX 76548
Medicare 2:
Phone (254) 554-3500 Fax (254) 554-3458
Type: Branch Agency 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

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County **BELL** Region 05 Date Licensed 04/26/2017
License # 018188 ELARA CARING
Lic Expire 12/10/2021 108 E. FM 2410, SUITE A-1
Medicare 1: HARKER HEIGHTS, TX 76548
Medicare 2:
Phone (254) 554-3500 Fax (254) 554-3458
Type: Branch Agency 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

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County **BELL** Region 05 Date Licensed 04/26/2017
License # 018191 ELARA CARING
Lic Expire 04/30/2021 108 E FM 2410 STE A
Medicare 1: 459481 HHA-18 HARKER HEIGHTS, TX 76548
Medicare 2:
Phone (254) 554-3500 Fax (254) 554-3458
Type: Parent Agency 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

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County **BELL** Region 05 Date Licensed 12/18/2009
License # 013095 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 12/31/2021 1616 AZALEA DRIVE, SUITE 101
Medicare 1: 673127 HHA-18 TEMPLE, TEXAS 76502
Medicare 2:
Phone 254 7737740 Fax 254 7737745
Type: Parent Agency Administrator CATHERINE IVINS

Owner Information
HALLMARK HOMECARE, L.P.
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BELL** Region 05 Date Licensed
License # 018275 ENTRUSTED PEDIATRIC HOME CARE LLC
Lic Expire 09/10/2021 2027 S 61ST STE 121
Medicare 1: TEMPLE, TX 76504
Medicare 2:
Phone (254) 707-0073 Fax (254) 261-1631
Type: Branch Agency Administrator NICHOLAS NORWOOD

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

County **BELL** Region 05 Date Licensed
License # 018275 ENTRUSTED PEDIATRIC HOME CARE LLC
Lic Expire 09/10/2021 2027 S 61ST STE 121
Medicare 1: TEMPLE, TX 76504
Medicare 2:
Phone (254) 707-0073 Fax (254) 261-1631
Type: Branch Agency Administrator NICHOLAS NORWOOD

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

County **BELL** Region 05 Date Licensed 01/04/2018
License # 018545 EYES OF ANGELS IN HOME CARE
Lic Expire 01/31/2022 5304 GUNNISON DRIVE
Medicare 1: KILLEEN, TEXAS 76542
Medicare 2:
Phone 2542063857 or 2545350 Fax (254) 239-0136
Type: Parent Agency Administrator RHONDA HOWARD

Owner Information
EYES OF ANGELS IN HOME CARE AND GOLDEN RETREAT ASSISTED LIVING FACILI
600 NORTH INDIAN TRAIL SUITE 205
HARKER HEIGHTS, TX 76548
PHONE: FAX:
Services: Personal Assistance Services

County **BELL** Region 05 Date Licensed 03/04/2012
License # 014760 FIRST ATLANTIC HEALTHCARE SYSTEM
Lic Expire 03/31/2022 1708 WEST AVENUE H SUITE B
Medicare 1: 741653 HOSPICE TEMPLE, TX 76504
Medicare 2:
Phone (254) 773-6020 Fax (254) 773-6080
Type: Parent Agency Administrator ROSELYNE NWABUKO

Owner Information
FIRST ATLANTIC HOMECARE SERVICES CORPORATION
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BELL** Region 05 Date Licensed 01/04/2005
License # 009511 FIRST ATLANTIC HEALTHCARE SYSTEM
Lic Expire 01/31/2022 1708 WEST AVENUE H SUITE #A
Medicare 1: 457947 HHA-18 TEMPLE, TX 76504
Medicare 2:
Phone (254) 773-6020 Fax (254) 773-6080
Type: Parent Agency Administrator ROSELYNE NWABUKO

Owner Information
FIRST ATLANTIC HOMECARE SERVICES CORPORATION
P O BOX 218
TEMPLE, TX 76503
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BELL** Region 05 Date Licensed 12/03/2015
License # 017160 HEART OF TEXAS HOSPICE
Lic Expire 12/31/2021 4003 W. STAN SCHLUETER LOOP, SUITE 2
Medicare 1: 741715 HOSPICE KILLEEN, TX 76549
Medicare 2:
Phone (254) 313-9840 Fax (254) 320-0078
Type: Parent Agency Administrator AMBERLEY JACKSON

Owner Information
HEART OF TEXAS HOSPICE-HILL COUNTRY LLC
18568 FORTY SIX PARKWAY, SUITE 3001
SPRING BRANCH, TX 78070
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 10/10/2023

County **BELL** Region 05 Date Licensed 10/08/2013
License # 015952 HEART TO HEART HOSPICE OF AUSTIN LTD
Lic Expire 10/31/2021 990 MARLANDWOOD ROAD
Medicare 1: 671529 TEMPLE, TX 76502
Medicare 2:
Phone (254) 493-8448 Fax (254) 488-5569
Type: Alternate Delivery Site Administrator ADAM CURRIE

Owner Information
HEART TO HEART HOSPICE OF AUSTIN LTD
7240 CHASE OAKS BLVD.,
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BELL** Region 05 Date Licensed 05/08/2004
License # 009082 HEIGHTS HOME HEALTH
Lic Expire 05/31/2023 333 INDIAN TRAIL
Medicare 1: HARKER HEIGHTS, TX 76548
Medicare 2:
Phone (254) 953-4702 Fax (254) 953-4708
Type: Parent Agency 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 **BELL** Region 05 Date Licensed 05/23/2019
License # 019388 HINENI HOME HEALTH SERVICES
Lic Expire 05/23/2021 3504 SANDS LN
Medicare 1: KILLEEN, TX 76549
Medicare 2:
Phone (254) 458-4639 Fax
Type: Parent Agency Administrator AMANDA WILLIS

Owner Information
HINENI HOME HEALTH SERVICES
PHONE: FAX:
Services: Personal Assistance Services

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

County **BELL** Region 05 Date Licensed 10/01/2013
License # 015921 HOME INSTEAD SENIOR CARE
Lic Expire 09/30/2021 3513 SW HK DODGEN LOOP STE 203
Medicare 1: TEMPLE, TX 76502
Medicare 2:
Phone (254) 771-0041 Fax (254) 231-0267
Type: Parent Agency Administrator BRANDY FIREBAUGH

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

County **BELL** Region 05 Date Licensed 05/13/2013
License # 013855 HOSPICE COMPASSUS
Lic Expire 4501 SOUTH GENERAL BRUCE DRIVE, SUITE 84
Medicare 1: TEMPLE, TX 76502
Medicare 2:
Phone (254) 539-1055 Fax (254) 616-1880
Type: Alternate Delivery Site Administrator KEVIN HOLLINGER

Owner Information
CLP REGENCY OF TEXAS, LLC
10 CADILLAC DRIVE STE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 07/21/2021

County **BELL** Region 05 Date Licensed 01/20/2011
License # 013855 HOSPICE COMPASSUS
Lic Expire 4501 SOUTH GENERAL BRUCE DRIVE, SUITE 86
Medicare 1: 671628 HOSPICE TEMPLE, TEXAS 76502
Medicare 2:
Phone (512) 246-7127 Fax (512) 246-7048
Type: Parent Agency Administrator KEVIN HOLLINGER

Owner Information
CLP REGENCY OF TEXAS, LLC
10 CADILLAC DRIVE STE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/04/2023

County **BELL** Region 05 Date Licensed 07/21/2009
License # 012848 INTEGRITY HOME HEALTH
Lic Expire 07/31/2021 5302 JANELLE STREET
Medicare 1: 457949 HHA-18 KILLEEN, TX 76549
Medicare 2:
Phone (254) 628-7900 Fax (254) 628-7905
Type: Parent Agency Administrator JEANICE MITCHELL

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

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

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

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County **BELL** Region 05 Date Licensed 10/28/2003
License # 008716 INTERIM HEALTHCARE OF AUSTIN
Lic Expire 10/31/2020 6428 SOUTH GENERAL BRUCE DRIVE, STE-A
Medicare 1: TEMPLE, TEXAS 76501
Medicare 2:
Phone (512) 454-5711 Fax (512) 467-9058
Type: Parent Agency Administrator LAURA WATERS

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

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County **BELL** Region 05 Date Licensed 12/30/2011
License # 011181 INTERIM HEALTHCARE OF WACO
Lic Expire 12/31/2021 6428 S GENERAL BRUCE DRIVE SUITE A
Medicare 1: TEMPLE, TX 76501
Medicare 2:
Phone (254) 771-4131 Fax (254) 771-0752
Type: Branch Agency Administrator LAURA WATERS

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

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

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

County **BELL** Region 05 Date Licensed 01/09/2019
License # 019463 JOL HEALTHCARE
Lic Expire 01/09/2023 18 E. AVENUE A
Medicare 1: 747913 TEMPLE, TEXAS 76501
Medicare 2:
Phone (512) 786-4198 Fax (512) 597-0883
Type: Parent Agency Administrator KATIE TREVINO

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
Accreditation: CHAP - Deemed, Expires: 01/20/2023

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

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BELL** Region 05 Date Licensed 10/31/1995
License # 004135 KINDRED HOSPICE
Lic Expire 10/31/2021 2626 SOUTH 37TH STREET SUITE #B
Medicare 1: 451542 HOSPICE TEMPLE, TX 76504
Medicare 2:
Phone (254) 742-2000 Fax (254) 742-2023
Type: Parent Agency Administrator GALE GRANT

Owner Information
FAMILY HOSPICE, LTD.
655 BRAWLEY SCHOOL ROAD, SUITE 200
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 05/05/2023

County **BELL** Region 05 Date Licensed 05/14/2009
License # 012601 LAKEWAY HOME HEALTH
Lic Expire 05/31/2021 6 WEST FRENCH AVE
Medicare 1: 459300 HHA-18 TEMPLE, TX 76501
Medicare 2:
Phone (254) 742-1884 Fax (254) 742-1852
Type: Parent Agency Administrator CANDICE HAMILTON

Owner Information
SHANNONS HOME HEALTH INC
6 WEST FRENCH
TEMPLE, TX 76501
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BELL** Region 05 Date Licensed 02/22/2013
License # 015387 LIFESPAN HOME HEALTH
Lic Expire 02/28/2023 2027 S 61ST STREET SUITE 119
Medicare 1: TEMPLE, TX 76504
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator LIBBY HERRERA

Owner Information
ADVANCE HI-TECH NURSING INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP, Expires: 05/01/2023

County **BELL** Region 05 Date Licensed 10/18/2019
License # 019653 MONARCH PRIVATE DUTY NURSING AGENCY, LLC
Lic Expire 10/18/2021 734 PRAIRIE DELL CHURCH RD
Medicare 1: SALADO, TEXAS 76571
Medicare 2:
Phone (254) 346-9092 Fax (254) 947-3292
Type: Parent Agency Administrator SUMMER WILLIAMSON

Owner Information
MONARCH PRIVATE DUTY NURSING AGENCY,LLC
PHONE: (254) 913-3936 FAX:
Services: Licensed Home Health Services

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

County **BELL** Region 05 Date Licensed 02/20/2017
License # 017517 NEW CENTURY HOSPICE OF AUSTIN
Lic Expire 01/31/2022 451 E. CENTRAL TEXAS EXPY SUITE C
Medicare 1: HARKER HEIGHTS, TX 76548
Medicare 2:
Phone (254) 892-0100 Fax (844) 572-6193
Type: Alternate Delivery Site Administrator ANDRES GONZALES

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** Region 05 Date Licensed 09/22/2006
License # 007810 OUTREACH HOME CARE
Lic Expire 11/30/2022 716 INDIAN TRAIL, STE 280
Medicare 1: HARKER HEIGHTS, TX 765485703
Medicare 2:
Phone (254) 690-1868 Fax (254) 953-1340
Type: Branch Agency Administrator ANDREA AGUILERA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **BELL** Region 05 Date Licensed 11/28/2001
License # 007810 OUTREACH HOME CARE
Lic Expire 11/30/2022 7600 CHEVY CHASE DRIVE SUITE 450
Medicare 1: AUSTIN, TX 78752
Medicare 2:
Phone 254 6901868 Fax 254 9531340
Type: Parent Agency Administrator ANDREA AGUILERA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **BELL** Region 05 Date Licensed 05/21/2020
License # 019956 PATRIOT HEIGHTS PERSONAL CARE
Lic Expire 05/21/2022 5000 FAWN MEADOWS
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 696-1539 Fax (210) 641-7881
Type: Parent Agency Administrator AMBER KENO

Owner Information
GREEN MOUNTAIN PERSONALIZED CARE, INC.
PHONE: FAX:
Services: Personal Assistance Services

County **BELL** Region 03 Date Licensed 09/29/2015
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 123 SOUTH MAIN
Medicare 1: 45-1688 JACKSBORO, TX 76548
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **BELL** Region 05 Date Licensed 09/08/2008
License # 012292 STANDARDS HOME HEALTH
Lic Expire 09/30/2022 2027 SOUTH 61ST STREET SUITE 114
Medicare 1: 458194 HHA-18 TEMPLE, TEXAS 76504
Medicare 2:
Phone (254) 778-7000 Fax (254) 778-7002
Type: Parent Agency Administrator RICKY GARCIA

Owner Information
SHH-STANDARDS HOME HEALTH INC
111 WEST 2ND STREET
CAMERON, TEXAS 76520
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BELL** Region 05 Date Licensed 02/17/2011
License # 013904 TENDER MERCIES
Lic Expire 02/28/2023 418 NORTH MAIN STREET, SUITE 3
Medicare 1: SALADO, TX 76571
Medicare 2:
Phone 254 8992400 Fax 254 5662831
Type: Parent Agency Administrator CHRIS GLENN

Owner Information
TENDER MERCIES MANAGEMENT, INC
P.O. BOX 1045
SALADO, TX 76571
PHONE: FAX:
Services: Personal Assistance Services

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

County **BELL** Region 05 Date Licensed 08/01/2017
License # 018252 TEXAS HOME HEALTH GROUP OF TEMPLE LLC
Lic Expire 07/31/2021 3809 SOUTH GENERAL BRUCE DRIVE, SUITE 105B
Medicare 1: 457443 HHA-18 TEMPLE, TEXAS 76502
Medicare 2:
Phone 254 2187070 Fax 254 2159375
Type: Parent Agency Administrator JANELLE TRAYES

Owner Information
TEXAS HOME HEALTH GROUP OF TEMPLE, LLC
5701 AIRPORT ROAD
TEMPLE, TX 76502
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 01/09/2023

County **BELL** Region 07 Date Licensed 01/14/2015
License # 009272 TEXAS HOME HEALTH HOSPICE
Lic Expire 08/31/2021 2301 S. CLEAR CREEK #220
Medicare 1: 451779 KILLEEN, TX 76549
Medicare 2:
Phone (254) 998-5001 Fax (254) 519-1849
Type: Alternate Delivery Site Administrator CHRISTINE BRASHER

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

County **BELL** Region 07 Date Licensed 01/14/2015
License # 009272 TEXAS HOME HEALTH HOSPICE
Lic Expire 08/31/2021 2301 S. CLEAR CREEK #220
Medicare 1: 451779 KILLEEN, TX 76549
Medicare 2:
Phone (254) 998-5001 Fax (254) 519-1849
Type: Alternate Delivery Site Administrator CHRISTINE BRASHER

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

County **BELL** Region 05 Date Licensed
License # 010507 TEXAS HOME HEALTH HOSPICE
Lic Expire 06/30/2022 2301 S. CLEAR CREEK #220
Medicare 1: 671552 KILLEEN, TX 76549
Medicare 2:
Phone (254) 998-5001 Fax (254) 519-1849
Type: Alternate Delivery Site Administrator CANDICE GOSWICK

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BELL** Region 05 Date Licensed
License # 010507 TEXAS HOME HEALTH HOSPICE
Lic Expire 06/30/2022 2301 S. CLEAR CREEK #220
Medicare 1: 671552 KILLEEN, TX 76549
Medicare 2:
Phone (254) 998-5001 Fax (254) 519-1849
Type: Alternate Delivery Site Administrator CANDICE GOSWICK

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BELL** Region 05 Date Licensed 02/08/2005
License # 009578 TEXMED HOME HEALTH INC.
Lic Expire 02/28/2021 1711 E CENTRAL TEXAS EXPRESSWAY #309
Medicare 1: 457922 HHA-18 KILLEEN, TX 76541
Medicare 2:
Phone (254) 526-8188 Fax (254) 526-8120
Type: Parent Agency Administrator MARC GOHL

Owner Information
TEXMED HOME HEALTH INC
SAME
KILLEEN, TX 76541
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 07/08/2022

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

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

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

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

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

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

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

County **BELL** Region 05 Date Licensed 07/02/2019
License # 019465 ZOHTEG HOME HEALTHCARE
Lic Expire 07/02/2021 4311 TIDAL WAVE DRIVE
Medicare 1: KILLEEN, TX 76549
Medicare 2:
Phone (254) 350-0386 Fax 254 5985498
Type: Parent Agency Administrator SHANE JACKSON

Owner Information
ZOHTEG HOME HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/20/2010
License # 013564 1 WORLD HOME CARE
Lic Expire 09/30/2022 700 S ZARZAMORA STREET SUITE NO. 315
Medicare 1: SAN ANTONIO, TEXAS 78207
Medicare 2:
Phone (210) 315-3669 Fax (210) 648-0007
Type: Parent Agency Administrator ANN AGUAYO

Owner Information
1 WORLD HOME CARE LLC
3819 SW MIITARY DR
SAN ANTONIO, TX 78211
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 12/01/2010
License # 013879 A AMAZING HOME CARE
Lic Expire 11/30/2022 1325 N. FLORES SUITE 114
Medicare 1: SAN ANTONIO, TX 78212
Medicare 2:
Phone (210) 979-6022 Fax (210) 979-6025
Type: Parent Agency 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

County **BEXAR** Region 07 Date Licensed 05/04/2012
License # 014779 A BLISS HOSPICE CARE
Lic Expire 05/31/2022 140 E RIDGEWOOD CT.
Medicare 1: 741562 HOSPICE SAN ANTONIO, TX 78212
Medicare 2:
Phone (210) 822-0577 Fax (210) 822-0544
Type: Parent Agency Administrator AVELINA BRENNAN

Owner Information
A BLISS CARE INC
4007 MCCULLOUGH AVE. NO. 259
SAN ANTONIO, TEXAS 78212
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/03/2024

County **BEXAR** Region 07 Date Licensed 04/17/2019
License # 019331 A HOME SWEET HOME HEALTH CARE
Lic Expire 04/17/2021 239 BELMONT #B
Medicare 1: SAN ANTONIO, TX 78202
Medicare 2:
Phone (210) 385-9500 Fax na
Type: Parent Agency Administrator KIMBERLEY WINN

Owner Information
JADE DKR, LLC
26115 HIGH TIMBER PASS
SAN ANTONIO, TEXAS 78260
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 05/21/2009
License # 007529 A PLUS FAMILY CARE LLC
Lic Expire 01/31/2022 9514 CONSOLE DRIVE SUITE 205
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 706-9111 Fax (210) 308-9004
Type: Branch Agency Administrator MOHAMED GHANNAM

Owner Information
A PLUS FAMILY CARE LLC
9514 CONSOLE DR #201
SAN ANTONIO, TEXAS 78229
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 03/16/2005
License # 009636 A PLUS FAMILY CARE LLC
Lic Expire 03/31/2023 9514 CONSOLE DRIVE STE 201
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 342-2819 Fax (210) 348-7038
Type: Parent Agency Administrator MOHAMED GHANNAM

Owner Information
A PLUS FAMILY CARE LLC
9514 CONSOLE DR #201
SAN ANTONIO, TEXAS 78229
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 01/18/2001
License # 007529 A PLUS FAMILY CARE LLC
Lic Expire 01/31/2022 9514 CONSOLE DR # 205
Medicare 1: 679082 HHA-18 SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 530-9111 Fax (210) 366-9042
Type: Parent Agency Administrator MOHAMED GHANNAM

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** Region 07 Date Licensed
License # 015347 A* MED HOME HEALTH
Lic Expire 09/30/2022 4903 GOLDEN QUAIL STE 110
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (361) 933-0101 Fax
Type: Branch Agency Administrator THOMAS HERMANN

Owner Information
AMOR HOME HEALTH INC
8901 EF LOWRY EXPWY STE A
TEXAS CITY, TX 77591
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 12/30/2015
License # 017321 AA CARE SERVICES
Lic Expire 12/31/2021 8546 BROADWAY STE 109
Medicare 1: SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 236-5582 Fax (210) 501-0302
Type: Branch Agency Administrator HELEN TROWSDALE

Owner Information
AA SENIOR CARE SERVICES LLC
8546 BROADWAY SUITE#109
SAN ANTONIO, TX 78217
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 11/15/2017
License # 018451 AAA HOME PROVIDER SERVICES
Lic Expire 11/30/2021 7333 BARLITE BLVD SUITE 500
Medicare 1: SAN ANTONIO, TX 78224
Medicare 2:
Phone (210) 923-0055 Fax (210) 923-0027
Type: Parent Agency Administrator MAGOLI LEON

Owner Information
PASCO HEALTH SERVICES LLC
7333 BARLITE BLVD. SUITE 250
SAN ANTONIO, TEXAS
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/15/2014
License # 016567 ABIDING HOME HEALTH LLC
Lic Expire 09/30/2020 401 ISOM RD STE 140
Medicare 1: 679145 HHA-18 SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 403-0901 Fax (210) 403-3123
Type: Parent Agency Administrator MARTHA CASE BURGESS

Owner Information
ABIDING HOME HEALTH LLC
1011 WESTLAKE DRIVE STE#201
AUSTIN, TX 78746
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BEXAR** Region 07 Date Licensed 12/18/2009
License # 013050 ABILITY HOMECARE
Lic Expire 12/31/2021 10609 IH 10 WEST SUITE 105
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 344-5437 Fax (210) 340-1259
Type: Parent Agency Administrator PAMELA GOBLE

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

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County **BEXAR** Region 07 Date Licensed 06/18/2012
License # 014877 ABOVE AND BEYOND CAREGIVING INC
Lic Expire 06/30/2022 502 MARCHMONT LANE
Medicare 1: SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 320-3659 Fax (210) 320-1243
Type: Parent Agency Administrator YVETTE ALLAN

Owner Information
ABOVE AND BEYOND CAREGIVING INC
1100 NW LOOP 410 #700
SAN ANTONIO, TEXAS 78213
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 11/07/2019
License # 019687 ABUNDANT HOSPICE, LLC
Lic Expire 11/07/2021 400 N. LOOP 1604 E. SUITE 107
Medicare 1: 971593 Hospice SAN ANTONIO, TX 78261
Medicare 2:
Phone (210) 760-0892 Fax (210) 855-6118
Type: Parent Agency Administrator STACEY DENISE JAWORSKI

Owner Information
ABUNDANT HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/14/2023

County **BEXAR** Region 07 Date Licensed 04/08/2021
License # 020684 ACACIA HOSPICE LLC
Lic Expire 04/08/2024 8746 WURZBACH RD STE 201-H
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 729-6922 Fax (210) 729-7305
Type: Parent Agency Administrator VANESSA LUNA

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

County **BEXAR** Region 07 Date Licensed 10/03/2018
License # 019033 ACCESS HOME HEALTH AGENCY
Lic Expire 10/03/2020 8741 GRISSOM ROAD, SUITE 101
Medicare 1: SAN ANTONIO, TX 78251
Medicare 2:
Phone (210) 451-8940 Fax (210) 547-6867
Type: Parent Agency 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** Region 07 Date Licensed 11/18/2014
License # 016687 ACP PRIMARY HOME CARE INC
Lic Expire 02/26/2021 7038 ECKHERT ROAD SUITE B
Medicare 1: SAN ANTONIO, TX 78238
Medicare 2:
Phone (210) 558-9480 Fax (210) 680-1977
Type: Parent Agency 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** Region 07 Date Licensed 12/07/2018
License # 019137 ACTI-KARE RESPONSIVE IN-HOME CARE
Lic Expire 07/31/2021 19511 CLAY OAK
Medicare 1: SAN ANTONIO, TEXAS 78258
Medicare 2:
Phone (210) 473-0046 Fax (210) 497-6505
Type: Parent Agency Administrator NAZIA SOMJI

Owner Information
AAZAR ENTERPRISE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **BEXAR** Region 07 Date Licensed 10/30/2020
License # 020280 ACTIVE PROVIDER SERVICE LLC
Lic Expire 10/30/2022 215 N LOOP 1604 E APT 4106
Medicare 1: SAN ANTONIO, TEXAS 78232
Medicare 2:
Phone (210) 993-4000 Fax
Type: Parent Agency Administrator JO ANN GOMEZ

Owner Information
ACTIVE PROVIDER SERVICE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/27/2016
License # 017426 ACTS OF KINDNESS HOMECARE
Lic Expire 05/31/2022 8026 VANTAGE DR SUITE 125
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 417-4480 Fax (210) 384-2582
Type: Parent Agency Administrator BARBARA RODRIGUEZ

Owner Information
BARBARA ANN RODRIGUEZ
P. O BOX 592318
SAN ANTONIO, TX 78259
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/24/2009
License # 013014 ADAPTIVE HEALTH SERVICES LLC
Lic Expire 09/30/2021 8700 CROWNHILL BOULEVARD STE#300
Medicare 1: SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 824-5530 Fax (210) 824-5323
Type: Parent Agency Administrator JESSICA JACKSON

Owner Information
ADAPTIVE HEALTH SERVICES, LLC
8700 CROWNHILL BLVD., STE#300
SAN ANTONIO, TX 78209
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 05/29/2021

County **BEXAR** Region 07 Date Licensed 07/05/2012
License # 014912 ADAPTIVE HEALTHCARE SERVICES LLC
Lic Expire 07/31/2022 8700 CROWNHILL BLVD SUITE 300
Medicare 1: SAN ANTONIO, TEXAS 78209
Medicare 2:
Phone (281) 586-5000 Fax (210) 824-5323
Type: Parent Agency Administrator ERAYNA BRANCHE

Owner Information
ADAPTIVE HEALTHCARE SERVICES, LLC
700 LAVACA SUITE 1400-2321
AUSTIN, TX 78701
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 06/09/2014
License # 016251 ADEPT HOME HEALTH CARE INC.
Lic Expire 06/30/2022 9514 CONSOLE DR #101
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 593-4100 Fax (210) 593-4102
Type: Parent Agency Administrator MOHAMED GHANNAM

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

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County **BEXAR** Region 07 Date Licensed 01/08/2021
License # 020444 ADMT CARING HOSPICE LLC
Lic Expire 01/08/2023 8645 FREDERICKSBURG RD
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 325-2529 Fax
Type: Parent Agency Administrator RAQUEL ALVARADO

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

County **BEXAR** Region 07 Date Licensed 01/29/2019
License # 019555 ADMT SOLUTIONS LLC
Lic Expire 8645 FREDERICKSBURG RD
Medicare 1: 747988 SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 729-1252 Fax (210) 469-4026
Type: Parent Agency Administrator MINA WOODARD

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; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 06/23/2023

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

County **BEXAR** Region 07 Date Licensed 11/06/2017
License # 018542 ADVANCED HH LLC
Lic Expire 11/30/2021 1860 NACOGDOCHES RD
Medicare 1: 67Q7247002 SAN ANTONIO, TEXAS 78209
Medicare 2:
Phone (210) 444-2022 Fax (210) 610-5117
Type: Branch Agency Administrator KRISTEN SCHIEVELBEIN

Owner Information
ADVANCED HH, LLC
1212 CORPORATE DRIVE
IRVING, TX 78155
PHONE: FAX:
Services: Licensed and Certified Home Health Services

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

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

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County **BEXAR** Region 07 Date Licensed 02/19/2003
License # 008332 ADVOCATE HOME CARE
Lic Expire 02/28/2021 239 BELMONT
Medicare 1: 679312 HHA-18 SAN ANTONIO, TX 78202
Medicare 2:
Phone (210) 521-1244 Fax (210) 521-7324
Type: Parent Agency Administrator KIMBERLEY WINN

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

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County **BEXAR** Region 07 Date Licensed 06/28/2017
License # 018136 AFFINITY PEDIATRIC HOME HEALTHCARE
Lic Expire 06/30/2021 1600 NE LOOP 410, STE 104A
Medicare 1: SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 824-1140 Fax (210) 824-1170
Type: Parent Agency Administrator TERESA GUTIERREZ

Owner Information
CLJ HOME HEALTHCARE LLC
10336 SHADOWY DUSK
SCHERTZ, TX 78154
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 06/24/2023

County **BEXAR** Region 07 Date Licensed 08/18/2015
License # 016973 AFFORDABLE VENTURE HOME HEALTHCARE
Lic Expire 08/31/2021 8626 TESORO DRIVE SUITE 205G
Medicare 1: SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 290-9310 Fax (210) 562-3474
Type: Parent Agency Administrator ALICE ENYONG

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

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

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

County **BEXAR** Region 07 Date Licensed 04/16/2019
License # 019327 AIME HOME HEALTH
Lic Expire 04/16/2021 7614 BRISTON PARK DRIVE
Medicare 1: SAN ANTONIO, TEXAS 78249
Medicare 2:
Phone (210) 364-1994 Fax (210) 338-5664
Type: Parent Agency Administrator MARIA CASTORENO

Owner Information
AIME HOME HEALTH
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

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

County **BEXAR** Region 07 Date Licensed 08/21/2017
License # 018266 AIP HOSPICE LLC
Lic Expire 08/31/2021 5962 DANNY KAYE DRIVE BUILDING 4
Medicare 1: 74-1740 SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 260-0000 Fax (210) 463-9791
Type: Parent Agency Administrator ANN LOZANO

Owner Information
AIP HOSPICE LLC
10410 PARRIGIN RAOD
HELOTES, TX 78023-5221
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/04/2021

County **BEXAR** Region 07 Date Licensed 01/30/2008
License # 011848 ALAMO COMPANION SERVICES LLC
Lic Expire 01/31/2021 11218 WOODRIDGE PATH
Medicare 1: SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 558-0356 Fax (210) 558-0356
Type: Parent Agency Administrator JONATHAN STEINER

Owner Information
ALAMO COMPANION SERVICES LLC
11218 WOODRIDGE PATH
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/23/2007
License # 011485 ALAMO HOME HEALTHCARE INC
Lic Expire 07/31/2022 11411 RENDEZVOUS SUITE #106
Medicare 1: 747024 HHA-18 SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 541-8884 Fax (210) 541-8188
Type: Parent Agency Administrator CHARLES UKAEGBU

Owner Information
ALAMO HOME HEALTHCARE INC
11411 RENDEZVOUS DR.
SAN ANTONIO, TEXAS 78216
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 07/29/2008
License # 012175 ALAMO HOSPICE
Lic Expire 07/31/2022 3201 CHERRY RIDGE ST STE C313
Medicare 1: 671540 HOSPICE SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 444-2244 Fax (210) 444-1144
Type: Parent Agency Administrator GEORGETTE ROBBINS

Owner Information
ALAMO AREA HOME HOSPICE, LP
3021 LORNA RD., SUITE 200
BIRMINGHAM, AL 35216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 03/07/2023

County **BEXAR** Region 07 Date Licensed 04/24/2017
License # 011712 ALEGRE HOME HEALTH CARE LLC
Lic Expire 11/30/2022 4242 PIEDRAS DRIVE EAST SUITE 116
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 200-8781 Fax (210) 569-6366
Type: Branch Agency 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

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County **BEXAR** Region 07 Date Licensed 05/12/2020
License # 019931 ALL SAINTS HOSPICE CARE INC
Lic Expire 05/12/2022 12703 COAL MINE RISE
Medicare 1: SAN ANTONIO, TEXAS 78245
Medicare 2:
Phone (210) 642-4905 Fax (833) 898-4027
Type: Parent Agency Administrator DIANA ALMANZA

Owner Information
ALL SAINTS HOSPICE CARE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 02/07/2011
License # 013870 ALL SEASONS HOME HEALTH AND PALLIATIVE CARE
Lic Expire 02/28/2023 15420 NACOGDOCHES RD
Medicare 1: 747821 HHA-18 SAN ANTONIO, TEXAS 78247
Medicare 2:
Phone (210) 767-3867 Fax (210) 729-7616
Type: Parent Agency Administrator GEOFF COLACINO

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; Personal Assistance Services

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

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

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

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

Owner Information
WAGGONER & THOMAS ALL-CARE 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

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County **BEXAR** Region 07 Date Licensed 04/17/2020
License # 019881 ALLY HOSPICE LLC
Lic Expire 04/17/2022 6203 WELLES CREEK DR
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 857-5350 Fax (855) 436-7834
Type: Parent Agency Administrator VANESSA LUNA

Owner Information
ALLY HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/12/2024

County **BEXAR** Region 07 Date Licensed 05/13/2002
License # 007930 ALMAMIA HEALTH SERVICES INC
Lic Expire 05/31/2021 1825 W OLMOS
Medicare 1: SAN ANTONIO, TX 78201
Medicare 2:
Phone (210) 438-9151 Fax (210) 736-4486
Type: Parent Agency Administrator LISA LEAL

Owner Information
ALMAMIA HEALTH SERVICES INC
1300 WEST AVENUE
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

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

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

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** Region 07 Date Licensed 11/05/2009
License # 012963 ALPHA CARE HOME HEALTH
Lic Expire 06/30/2022 8632 FREDERICKSBURG SUITE 220
Medicare 1: 747435 HHA-18 SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 320-6417 Fax (210) 858-5459
Type: Parent Agency Administrator OLALEKAN R SANNI

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

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

County **BEXAR** Region 07 Date Licensed 06/22/2015
License # 016982 ALTIMA HOME HEALTH CARE INC
Lic Expire 06/30/2021 218 RENNER DRIVE
Medicare 1: 459049 HHA-18 SAN ANTONIO, TX 78201
Medicare 2:
Phone (210) 888-2625 Fax (210) 888-1399
Type: Parent Agency 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** Region 07 Date Licensed 02/01/2019
License # 019749 ALTUS HOSPICE
Lic Expire 10/25/2021 40 NE LOOP 410, SUITE 343
Medicare 1: 741642 (HOSPICE) SAN ANTONIO, TEXAS 78216
Medicare 2:
Phone 210?405?4742 Fax 855?723?4949
Type: Parent Agency Administrator ANDREW SILVA

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 06/29/2022

County **BEXAR** Region 07 Date Licensed 04/15/2020
License # 019877 ALTX PERSONAL CARE
Lic Expire 04/15/2022 120 N. MESQUITE ST
Medicare 1: SAN ANTONIO, TEXAS 78202
Medicare 2:
Phone (210) 633-6699 Fax (210) 600-4018
Type: Parent Agency Administrator XENIA BUENO

Owner Information
BYXA INC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/17/2017
License # 018060 ALWAYS BEST CARE SENIOR SERVICES NORTHERN SAN ANTONIO
Lic Expire 05/31/2021 14855 BLANCO RD SUITE 306
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 772-2277 Fax (210) 855-5620
Type: Parent Agency Administrator WENDY O'KANE

Owner Information
KRZ4BAMA LLC
18122 LISCUM HILL
SAN ANTONIO, TX 78258
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 07/28/2015
License # 016940 AMADA SENIOR CARE NORTH SAN ANTONIO
Lic Expire 07/31/2021 16607 BLANCO RD STE 801
Medicare 1: SAN ANTONIO, TX 78232
Medicare 2:
Phone (210) 960-4304 Fax (210) 960-4741
Type: Parent Agency Administrator JOHANNA R. PASCHAL

Owner Information
AGELESS HEARTS INC
16607 BLANCO RD STE 801
SAN ANTONIO, TX 78232
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/28/2016
License # 017329 AMADA SENIOR CARE SAN ANTONIO WEST
Lic Expire 03/31/2022 5034 NEWFOREST ST., APT# 8210
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 551-0355 Fax (210) 446-0046
Type: Parent Agency Administrator RICHARD STOCKTON

Owner Information
ASPIRE HEALTHCARE INC
25515 MESA RANCH
SAN ANTONIO, TX 78258
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 10/02/2015
License # 017064 AMAZING GRACE PRIMARY HOME CARE
Lic Expire 10/31/2021 266 MEADOW GLEN
Medicare 1: SAN ANTONIO, TX 78227
Medicare 2:
Phone (210) 455-2738 Fax (210) 375-3562
Type: Parent Agency 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** Region 07 Date Licensed 08/25/2015
License # 016997 AMEDIA HOSPICE LLC
Lic Expire 08/31/2021 1800 N.E. LOOP 410 SUITE 400
Medicare 1: 741632 HOSPICE SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 858-3384 Fax (210) 377-3447
Type: Parent Agency Administrator SYLVIA MUNIZ

Owner Information
AMEDIA HOSPICE LLC
6323 SOVEREIGN ROAD, SUITE#290
SAN ANTONIO, TX 78229-5138
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/24/2022

County **BEXAR** Region 07 Date Licensed 05/01/2017
License # 018046 AMEDISYS HOME HEALTH
Lic Expire 04/30/2021 5430 FREDERICKSBURG RD, STE 130
Medicare 1: 679002 HHA-18 SAN ANTONIO, TX 782293539
Medicare 2:
Phone (210) 558-9606 Fax (210) 558-6934
Type: Parent Agency Administrator VICKI LAYTON

Owner Information
AMEDISYS TEXAS, L.L.C.
3854 AMERICAN WAY, SUITE A
BATON ROUGE, LA 70816-4013
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BEXAR** Region 07 Date Licensed 12/31/2009
License # 013242 AMEDISYS HOSPICE OF SAN ANTONIO
Lic Expire 12/31/2021 5410 FREDRICKSBURG ROAD, BLDG. A, STE.310
Medicare 1: 451738 HOSPICE SAN ANTONIO, TX 782293576
Medicare 2:
Phone (210) 541-0922 Fax (210) 541-9118
Type: Parent Agency Administrator BERNADINE DAILEY

Owner Information
AMEDISYS HOSPICE, LLC
5410 FREDERICKSDBURG RD BLDG A SUITE 310
SAN ANTONIO, TX 78229-3576
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 10/25/2004
License # 009369 AMERICAN MEDICAL HOME HEALTH SERVICES - SAN ANTONIO LLC
Lic Expire 10/31/2021 4241 WOODCOCK DR. STE B101-A
Medicare 1: 457907 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 735-6225 Fax (210) 736-5379
Type: Parent Agency Administrator REBECCA CANEDO

Owner Information
AMERICAN MEDICAL HOME HEALTH SERVICES SAN ANTONIO LLC
506 VALLEY BROOK ROAD SUITE 201
MCMURRAY, PA 15317-9610
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 04/29/2022

County **BEXAR** Region 07 Date Licensed 06/12/2015
License # 016852 AMERICAN MEDICAL HOSPICE & PALLIATIVE CARE
Lic Expire 06/30/2021 4241 WOODCOCK DR. STE B101-B
Medicare 1: 741619 HOSPICE SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 812-5709 Fax (210) 812-5703
Type: Parent Agency Administrator ERICA SANDOVAL

Owner Information
AMERICAN MEDICAL HOSPICE CARE LLC
506 VALLEY BROOK ROAD, STE 201
MCMURRAY, PA 15317
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/26/2022

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

Owner Information
AMERICAN MEDICAL HOME HEALTH SERVICES - SAN ANTONIO LLC
506 VALLEY BROOK RD. STE 201
MCMURRAY, PA 15317
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 11/14/2001
License # 007791 AMERICARE IN HOME CARE INC
Lic Expire 11/30/2021 4730 SHAVANO OAK SUITE 201
Medicare 1: 679146 HHA-18 SAN ANTONIO, TX 782494029
Medicare 2:
Phone (210) 447-2273 Fax (210) 408-0699
Type: Parent Agency Administrator LINDA TRAINA

Owner Information
AMERICARE IN-HOME CARE INC
P O BOX 781327
SAN ANTONIO, TX 78278
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **BEXAR** Region 07 Date Licensed 12/27/2017
License # 015230 AMERICARE NURSING SERVICE
Lic Expire 05/31/2022 9033 AERO STREET SUITE #204B
Medicare 1: SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 332-5455 Fax (210) 369-9581
Type: Branch Agency Administrator JORGE ARANGO

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

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

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

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County **BEXAR** Region 07 Date Licensed 05/08/2017
License # 018044 AMERITA
Lic Expire 05/31/2021 6019 RANDOLPH BLVD
Medicare 1: SAN ANTONIO, TEXAS 78233
Medicare 2:
Phone (210) 930-7200 Fax (210) 930-7235
Type: Parent Agency Administrator HEATHER SHELTON

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

County **BEXAR** Region 07 Date Licensed 01/14/2003
License # 008287 AMISTAD HOMECARE INC
Lic Expire 04/30/2022 3519 PAESANOS PARKWAY SUITE 101
Medicare 1: 679307 HHA-18 SAN ANTONIO, TX 78231
Medicare 2:
Phone (210) 474-0037 Fax (210) 474-0067
Type: Parent Agency Administrator RAMONA DIEGO

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

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County **BEXAR** Region 07 Date Licensed 03/12/2018
License # 018650 AMOUR HEALTHCARE SERVICES LLC
Lic Expire 03/31/2022 3846 SWEET OLIVE
Medicare 1: SAN ANTONIO, TX 78261
Medicare 2:
Phone (830) 714-9292 Fax (830) 714-9293
Type: Parent Agency Administrator LYZETE TALLA

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

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

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

County **BEXAR** Region 07 Date Licensed 05/29/2019
License # 019395 ANCHORAGE HOSPICE, INC.
Lic Expire 05/29/2021 4402 VANCE JACKSON RD STE 235D
Medicare 1: 971545 (HOSPICE) SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 239-7519 Fax (210) 817-8616
Type: Parent Agency Administrator CARLOS GRAVES

Owner Information
ANCHORAGE HOSPICE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/16/2023

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

County **BEXAR** Region 07 Date Licensed 10/19/2012
License # 015144 ANEW HEALTHCARE INC
Lic Expire 01/29/2024 4606 CENTERVIEW DR #221B
Medicare 1: 457843 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 359-0251 Fax (210) 359-0251
Type: Parent Agency Administrator EUGENIA TORRES

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
Accreditation: ACH - Deemed, Expires: 08/20/2021

County **BEXAR** Region 03 Date Licensed 01/28/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2040 BABCOCK ROAD SUITE 304
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 731-9570 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 03 Date Licensed 01/28/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2040 BABCOCK ROAD SUITE 304
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 731-9570 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 03 Date Licensed 01/28/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2040 BABCOCK ROAD SUITE 304
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 731-9570 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 03 Date Licensed 01/28/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2040 BABCOCK ROAD SUITE 304
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 731-9570 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 03 Date Licensed 01/28/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2040 BABCOCK ROAD SUITE 304
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 731-9570 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 03 Date Licensed 01/28/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2040 BABCOCK ROAD SUITE 304
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 731-9570 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 06/27/2011
License # 014187 ANGELS OF COMFORT
Lic Expire 06/30/2021 5835 CALLAGHAN RD SUITE 325
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (956) 600-9341 Fax (210) 455-2027
Type: Parent Agency Administrator PEDRO ANDRES TREVINO

Owner Information
ANGELS OF COMFORT INC
605 W MAIN STREET #2
RIO GRANDE CITY, TX 78582
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 06/09/2020
License # 019988 ANGELS ON EARTH PRIMARY HOME CARE AGENCY
Lic Expire 06/09/2022 278 SHADY RILL
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (830) 513-8272 Fax (210) 783-9295
Type: Parent Agency Administrator LARIZA GARZA

Owner Information
LARIZA GARZA
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/11/2013
License # 015643 ANOINTED ANGELS CAREGIVERS INC.
Lic Expire 07/31/2021 3700 FREDERICKSBURG RD. SUITE 216
Medicare 1: SAN ANTONIO, TX 78201
Medicare 2:
Phone (210) 375-5589 Fax (210) 375-5588
Type: Parent Agency 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** Region 07 Date Licensed 12/16/2015
License # 017265 APEX HOME HEALTH
Lic Expire 03/31/2022 4910 GOLDEN QUAIL #170
Medicare 1: 673111 HHA-18 SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 541-0131 Fax (210) 541-0227
Type: Parent Agency 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

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County **BEXAR** Region 07 Date Licensed 05/01/2016
License # 017808 AQTS
Lic Expire 5253 PRUE RD. #230
Medicare 1: 679417 HHA-18 SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 349-0096 Fax (210) 349-0097
Type: Parent Agency 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

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County **BEXAR** Region 07 Date Licensed 01/01/2012
License # 014728 AQTS HOME HEALTH
Lic Expire 12/31/2021 5253 PRUE RD #230
Medicare 1: 679423 HHA-18 SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 349-0096 Fax (210) 349-0097
Type: Parent Agency Administrator MARY GARZA

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

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County **BEXAR** Region 07 Date Licensed 11/14/2014
License # 016527 ARAMIS HEALTH SERVICES
Lic Expire 11/30/2022 1128 BANDERA ROAD
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 530-4788 Fax (210) 281-4028
Type: Parent Agency Administrator LORENA ROIG

Owner Information
BLUE RIVER HEALTH SYSTEM LLC
8800 THATCH DRIVE
SAN ANTONIO, TEXAS 78240
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 02/17/2006
License # 010297 ASCENSIA HOME HEALTH
Lic Expire 02/28/2022 1633 W KINGS HWY
Medicare 1: 679559 HHA-18 SAN ANTONIO, TEXAS 78201
Medicare 2:
Phone (210) 521-0575 Fax (210) 521-0574
Type: Parent Agency Administrator ADRIANA BROWN

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

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County **BEXAR** Region 07 Date Licensed 04/08/2021
License # 020683 ASH HOSPICE LLC
Lic Expire 04/08/2024 8746 WURZBACH RD STE 201-G
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 729-6922 Fax (210) 729-7305
Type: Parent Agency Administrator VANESSA LUNA

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

County **BEXAR** Region 07 Date Licensed 04/25/2019
License # 019314 ASSISTANT HEALTHCARE
Lic Expire 04/25/2021 8034 CULEBRA ROAD, SUITE 510
Medicare 1: SAN ANTONIO, TX 78251
Medicare 2:
Phone 210 5385305 Fax 210 6931113
Type: Parent Agency Administrator MANSOOR BERENJI

Owner Information
ASSISTANT HEALTHCARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/18/2003
License # 008652 ASSOCIATES HOME HEALTH AGENCY
Lic Expire 09/30/2022 1600 NE LOOP 410 STE 104
Medicare 1: 453158 HHA-18 SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 541-8707 Fax (210) 541-8777
Type: Parent Agency Administrator TERESA GUTIERREZ

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

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County **BEXAR** Region 07 Date Licensed 06/13/2017
License # 013878 AVEANNA HEALTHCARE
Lic Expire 12/31/2022 4502 CENTERVEW DRIVE STE 150
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 377-3742 Fax (210) 377-3744
Type: Branch Agency Administrator CARLOS ORTIZ

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** Region 07 Date Licensed 04/22/2014
License # 013878 AVEANNA HEALTHCARE
Lic Expire 12/31/2022 98 BRIGGS AVE SUITE 990
Medicare 1: SAN ANTONIO, TX 78224
Medicare 2:
Phone (210) 226-9536 Fax (210) 924-3376
Type: Branch Agency Administrator CARLOS ORTIZ

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** Region 07 Date Licensed 07/20/2010
License # 013470 AVEANNA HEALTHCARE
Lic Expire 07/31/2022 1042 CENTRAL PARKWAY S SUITE 1042
Medicare 1: SAN ANTONIO, TEXAS 782325021
Medicare 2:
Phone (210) 348-7529 Fax (210) 348-7527
Type: Parent Agency Administrator SHARMAINE WORKMAN

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

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County **BEXAR** Region 07 Date Licensed 12/23/2010
License # 013878 AVEANNA HEALTHCARE
Lic Expire 12/31/2022 11900 CROWN POINTE SUITE 115
Medicare 1: SAN ANTONIO, TX 78233
Medicare 2:
Phone (210) 245-4701 Fax (210) 318-4096
Type: Parent Agency Administrator CARLOS ORTIZ

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** Region 07 Date Licensed 05/07/2007
License # 011314 AVIONN
Lic Expire 05/31/2021 8603 CROWNHILL BLVD. STE 7
Medicare 1: SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 826-2776 Fax (210) 826-2796
Type: Parent Agency Administrator VESTA FLAGGERT

Owner Information
AVIONN HOME HEALTH CARE LLC
8603 CROWNHILL BLVD STE 7
SAN ANTONIO, TX 78209
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 10/31/2013
License # 010629 AXIOM HOME HEALTH INC
Lic Expire 07/31/2022 9514 CONSOLE DRIVE STE. 202
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 366-1125 Fax (210) 366-1132
Type: Branch Agency Administrator TORRIE COMMERFORD

Owner Information
AXIOM HOME HEALTH INC
5002 WEST AVE
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 07/20/2006
License # 010629 AXIOM HOME HEALTH INC
Lic Expire 07/31/2022 9514 CONSOLE DR SUITE 203
Medicare 1: 747169 HHA-18 SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 366-1125 Fax (210) 366-1132
Type: Parent Agency Administrator MOHAMED GHANNAM

Owner Information
AXIOM HOME HEALTH INC
5002 WEST AVE
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 04/17/2020
License # 019880 AXIOM HOME HEALTH INC
Lic Expire 04/17/2022 9514 CONSOLE DRIVE #203
Medicare 1: 741568 HOSPICE SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 524-8111 Fax (210) 366-1132
Type: Parent Agency Administrator JUANITA LOZANO

Owner Information
AXIOM HOME HEALTH INC
5002 WEST AVE
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 06/26/2019
License # 019446 AXIOM HOME HEALTH INC
Lic Expire 06/26/2021 9514 CONSOLE DRIVE, STE. 202
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 366-1125 Fax (210) 366-1132
Type: Parent Agency Administrator MOHAMED GHANNAM

Owner Information
AXIOM HOME HEALTH INC
5002 WEST AVE
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 06/08/2007
License # 011379 AXIS HOME HEALTH
Lic Expire 06/30/2022 120 N MESQUITE ST
Medicare 1: 679774 HHA-18 SAN ANTONIO, TX 78202
Medicare 2:
Phone (210) 223-4933 Fax (210) 223-3788
Type: Parent Agency Administrator XENIA BUENO

Owner Information
AXYB INC
120 N. MESQUITE STREET
SAN ANTONIO, TX 78202
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 02/09/2023

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

County **BEXAR** Region 07 Date Licensed 10/03/2013
License # 015794 BEACON HOSPICE OF CENTRAL SAN ANTONIO
Lic Expire 10/31/2021 15714 HUEBNER ROAD, SUITE 2B3
Medicare 1: SAN ANTONIO, TEXAS 78248
Medicare 2:
Phone (210) 481-0500 Fax (210) 481-0504
Type: Parent Agency Administrator DARLEEN PARK

Owner Information
HARBOR HOSPICE OF CENTRAL SAN ANTONIO LP
3406 COLLEGE STREET, SUITE 200
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 10/06/2011
License # 014399 BEACON HOSPICE OF NEW BRAUNFELS
Lic Expire 10/31/2021 15714 HUEBNER ROAD, SUITE 2B1
Medicare 1: 671747 HOSPICE SAN ANTONIO, TEXAS 78248
Medicare 2:
Phone (210) 481-0500 Fax (210) 481-0504
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 02/23/2022

County **BEXAR** Region 07 Date Licensed 12/04/2012
License # 015252 BEACON HOSPICE OF NORTH SAN ANTONIO
Lic Expire 12/31/2022 15714 HUEBNER ROAD, SUITE 2B
Medicare 1: 741555 HOSPICE SAN ANTONIO, TX 782480997
Medicare 2:
Phone (210) 481-0500 Fax (210) 481-0504
Type: Parent Agency Administrator DARLEEN PARK

Owner Information
HARBOR HOSPICE OF NORTH SAN ANTONIO LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

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

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

County **BEXAR** Region 07 Date Licensed 06/07/2019
License # 019413 BEE AT HOME CARE
Lic Expire 06/07/2021 12521 NACOGDOCHES RD SUITE 202
Medicare 1: SAN ANTONIO, TEXAS 78217
Medicare 2:
Phone (210) 655-5500 Fax (210) 655-5400
Type: Parent Agency Administrator IRAJ JOHN GHANBAR

Owner Information
BEE AT HOME CARE LLC
21022 CACTUS CLIFF
SAN ANTONIO, TEXAS 78217
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 10/25/2016
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 06/30/2021 1635 S SOMERSET ROAD STE 104
Medicare 1: SAN ANTONIO, TX 78211
Medicare 2:
Phone (210) 853-5885 Fax (210) 298-0133
Type: Alternate Delivery Site Administrator MARCUS WILLIAMS WILLIAMS

Owner Information
FIRST PRIMARY HOME CARE, INC.
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 09/11/2013
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 06/30/2021 1635 SOMERSET RD
Medicare 1: SAN ANTONIO, TEXAS 78211
Medicare 2:
Phone (210) 853-5885 Fax
Type: Branch Agency Administrator MARCUS WILLIAMS WILLIAMS

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

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

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

Owner Information
BELOVED HOSPICE SERVICES, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/11/2022

County **BEXAR** Region 07 Date Licensed 01/17/2003
License # 008293 BEST CARE HOME HEALTH
Lic Expire 01/31/2022 104 SUNFLOWER
Medicare 1: SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 525-0179 Fax (210) 342-7477
Type: Parent Agency Administrator MARK D PINSON

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

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

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

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County **BEXAR** Region 07 Date Licensed 07/24/2019
License # 019492 BEXAR HOME HEALTH
Lic Expire 07/24/2021 902 ROLLING GROVE
Medicare 1: SAN ANTONIO, TEXAS 78253
Medicare 2:
Phone (210) 315-1172 Fax 210 4746057
Type: Parent Agency Administrator AVIS PERKINS

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

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

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

County **BEXAR** Region 07 Date Licensed 04/05/2019
License # 019315 BLUE HORIZONS HOSPICE OF NORTH SA
Lic Expire 04/05/2024 3201 CHERRY RIDGE SUITE 208-A
Medicare 1: 971540 SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 679-1476 Fax (210) 301-0996
Type: Parent Agency Administrator MELISSA ELDER

Owner Information
TXCARDREF INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/01/2023

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

Owner Information
HEXAGON ALLIANCE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/14/2022

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

County **BEXAR** Region 07 Date Licensed 06/08/2017
License # 018302 BRIDGE OF LIFE HOSPICE
Lic Expire 06/30/2021 7400 LOUIS PASTEUR DR. STE. 105
Medicare 1: 741713 HOSPICE SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 412-8875 Fax (210) 442-8089
Type: Parent Agency Administrator WINIFRED WALKER

Owner Information
ADVENT DIVINE, INC.
8618 KIRKHAM
SAN ANTONIO, TEXAS 78239
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/23/2024

County **BEXAR** Region 07 Date Licensed 07/05/2013
License # 015675 BRIGHTSTAR CARE
Lic Expire 07/31/2021 7710 WEST IH 10
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 377-3355 Fax (210) 377-3356
Type: Parent Agency Administrator MATTHEW WONG

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

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County **BEXAR** Region 07 Date Licensed
License # 019572 BRIGHTSTAR CARE
Lic Expire 07/18/2021 7710 W INTERSTATE 10
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (956) 712-9988 Fax
Type: Branch Agency Administrator MATTHEW WONG

Owner Information
TRUCARE HEALTH SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 09/25/2015
License # 017165 BRIT-TEX NURSING SERVICES INC
Lic Expire 09/30/2021 4204 GARDENDALE ST., SUITE 203
Medicare 1: 679016 HHA-18 SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone 22107333246 Fax (210) 733-6163
Type: Parent Agency Administrator CORINNE QUINTANILLA

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

County **BEXAR** Region 07 Date Licensed 09/25/2015
License # 017163 BRIT-TEX NURSING SERVICES INC
Lic Expire 09/30/2021 4204 GARDENDALE ST., SUITE 203
Medicare 1: SAN ANTONIO, TEXAS 782294304
Medicare 2:
Phone (210) 733-3246 Fax (210) 731-6151
Type: Parent Agency Administrator CORINNE QUINTANILLA

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

County **BEXAR** Region 07 Date Licensed 04/16/2009
License # 012547 BROOKDALE AT HOME SAN ANTONIO
Lic Expire 04/30/2021 5331 HAMILTON WOLFE ROAD
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 426-7406 Fax (414) 918-0952
Type: Parent Agency Administrator IVORY DARDEN

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

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

Owner Information
INNOVATIVE SENIOR CARE HOME HEALTH OF SAN ANTONIO LLC
111 WESTWOOD PLACE SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 02/19/2024

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

County **BEXAR** Region 07 Date Licensed 11/15/2010
License # 013710 BROOKDALE HOSPICE SAN ANTONIO
Lic Expire 11/30/2022 140 HEIMER ROAD STE 120B
Medicare 1: 671700 HOSPICE SAN ANTONIO, TX 78232
Medicare 2:
Phone (210) 998-2966 Fax (210) 499-0329
Type: Parent Agency Administrator LIZA DEL VLLAR

Owner Information
ARC THERAPY SERVICES LLC
111 WESTWOOD PLACE SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/01/2023

County **BEXAR** Region 07 Date Licensed 07/01/2007
License # 011522 BST HOME HEALTH AND HOSPICE
Lic Expire 06/30/2021 12455 FREEDOM WAY
Medicare 1: 671624 HOSPICE SAN ANTONIO, TX 78245
Medicare 2:
Phone (210) 838-6341 Fax (210) 838-6324
Type: Parent Agency Administrator KATIE BOGGS

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

County **BEXAR** Region 07 Date Licensed 08/23/2013
License # 015729 CAPITOL HOME HEALTH
Lic Expire 12/30/2021 7800 IH-10 WEST SUITE 800
Medicare 1: 747928 HHA-18 SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 538-9090 Fax (210) 538-9099
Type: Parent Agency Administrator LISA WELTER

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
Accreditation: ACHC, Expires: 05/23/2023

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

Owner Information
KTS HOSPICE INC
9015 MOUNTAIN RIDGE DR STE 250
AUSTIN, TX 78759
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 04/10/2022

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

Owner Information
CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 05/12/2009
License # 012595 CARDINAL SENIOR CARE
Lic Expire 05/31/2021 4402 VANCE JACKSON SUITE 202
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 684-7080 Fax (866) 702-1663
Type: Parent Agency Administrator HAMID MANGALJI

Owner Information
CARDINAL SENIOR CARE LLC
3355 CHERRY RIDGE STREET SUITE 104
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Personal Assistance Services

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

Owner Information
ALL- TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

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

Owner Information
ALL- TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

Owner Information
ALL- TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

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

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

Owner Information
CARING HANDS HOSPICE LLC
1840 LOCKHILL SELMA RD, STE 103D
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/15/2022

County **BEXAR** Region 07 Date Licensed 06/22/2017
License # 018124 CARING HEARTS PERSONALIZED LIVING
Lic Expire 06/30/2021 2 TOWERS PARK LANE
Medicare 1: SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 841-7563 Fax (210) 841-7741
Type: Parent Agency Administrator IRMA ORTIZ

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

County **BEXAR** Region 07 Date Licensed 10/01/2001
License # 007919 CARING SENIOR SERVICE OF SAN ANTONIO
Lic Expire 09/30/2021 201 E PARK AVE. SUITE 100
Medicare 1: SAN ANTONIO, TX 78212
Medicare 2:
Phone (210) 227-9494 Fax (866) 540-6179
Type: Parent Agency Administrator ASHELY CONNELL

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

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

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

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

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

County **BEXAR** Region 07 Date Licensed 11/26/1996
License # 005415 CASA LINDA HOMECARE INC
Lic Expire 11/30/2021 5555 FREDERICKSBURG ROAD SUITE # 200
Medicare 1: 458441 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 349-5515 Fax (210) 349-0444
Type: Parent Agency Administrator CYNTHIA FRANCO

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

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County **BEXAR** Region 07 Date Licensed 09/21/2009
License # 012862 CHAMPION CARE HEALTH SERVICES
Lic Expire 12/30/2021 4414 CENTERVIEW DRIVE SUITE #150
Medicare 1: SAN ANTONIO, TEXAS 78228
Medicare 2:
Phone 210 8486057 Fax 210 4550250
Type: Parent Agency Administrator JOSE LORENZO TREVINO III

Owner Information
CHAMPION CARE HEALTH SERVICES INC
702 HIDALGO BLVD
ZAPATA, TX 78076
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 05/10/2007
License # 004883 CHAMPION CARE INC
Lic Expire 09/30/2021 4414 CENTERVIEW DRIVE SUITE 150
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 455-0186 Fax (210) 455-0250
Type: Branch Agency Administrator YOLINDA TREVINO

Owner Information
CHAMPION CARE INC
1419 MARKET
LAREDO, TX 78040
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 07/29/2020
License # 020082 CHAMPION HOME HEALTHCARE
Lic Expire 07/29/2022 7903 CHERRY GLADE
Medicare 1: CONVERSE, TX 78109
Medicare 2:
Phone (210) 240-0259 Fax
Type: Parent Agency Administrator CAROLYN HURST

Owner Information
CLBRAND ENTERPRISE LLC
7903 CHERRY GLADE
CONVERSE, TX 78109
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/05/2021
License # 020669 CHESTNUT HOSPICE LLC
Lic Expire 04/05/2024 8746 WURZBACH RD STE 201
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 729-6922 Fax
Type: Parent Agency Administrator VANESSA LUNA

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

County **BEXAR** Region 03 Date Licensed 05/15/2013
License # 009937 CHILDRENS HOME HEALTHCARE
Lic Expire 09/30/2021 8418 FOUNTAIN CIRCLE
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 530-1098 Fax (210) 530-1161
Type: Branch Agency Administrator MELISSA BULLOCK

Owner Information
DJK HOME HEALTHCARE LLC
901 WATERFALL WAY SUITE 105
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **BEXAR** Region 07 Date Licensed 09/01/2017
License # 018414 CHRISTUS VNA COMMUNITY CARE SAN ANTONIO
Lic Expire 08/31/2021 5253 PRUE ROAD, SUITE 315B
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 785-5800 Fax (210) 785-5803
Type: Parent Agency Administrator DIANE FINCH

Owner Information
LHCG CXXIV LLC
PO BOX 51266
LAFAYETTE, LA 70505-1266
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/01/2017
License # 018437 CHRISTUS VNA HOMECARE SAN ANTONIO
Lic Expire 08/31/2021 5253 PRUE ROAD, SUITE 315D
Medicare 1: 457777 HHA-18 SAN ANTONIO, TEXAS 782401758
Medicare 2:
Phone 210 7855200 Fax 210 7855490
Type: Parent Agency Administrator LINDSAY BOYD

Owner Information
LHCG CXVI, LLC
PO BOX 51266
LAFAYETTE, TX 70505-1266
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BEXAR** Region 07 Date Licensed 09/01/2017
License # 018438 CHRISTUS VNA HOMECARE SAN ANTONIO
Lic Expire 08/31/2021 5253 PRUE ROAD, SUITE 315A
Medicare 1: SAN ANTONIO, TEXAS 782401758
Medicare 2:
Phone (210) 785-5200 Fax (210) 785-5490
Type: Parent Agency Administrator ELAINE DELEON

Owner Information
LHCG CXVI, LLC
PO BOX 51266
LAFAYETTE, TX 70505-1266
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 09/01/2017
License # 018394 CHRISTUS VNA HOSPICE SAN ANTONIO
Lic Expire 08/31/2021 5253 PRUE ROAD, SUITE 315C
Medicare 1: 451514 HOSPICE SAN ANTONIO, TEXAS 782401758
Medicare 2:
Phone (210) 785-5255 Fax (210) 785-5389
Type: Parent Agency Administrator HANNAH VAUGHN

Owner Information
LHCG CXVII, LLC
P.O. BOX 51266
LAFAYETTE, LA 70505-1266
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 09/17/2013
License # 015904 CIRCLE OF CARE
Lic Expire 09/30/2021 4553 N LOOP 1604 W STE 1119
Medicare 1: SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 698-9844 Fax (210) 698-3220
Type: Parent Agency Administrator CHARLOTTE CHANDLER

Owner Information
CTW HOME HEALTH INC
4553 N LOOP 1604 W STE#1119
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 12/18/2019
License # 019748 CIRCLE OF LIFE HOSPICE AND PALLIATIVE CARE
Lic Expire 12/18/2021 12042 BLANCO ROAD STE 307
Medicare 1: SAN ANTONIO, TEXAS 782165438
Medicare 2:
Phone (210) 890-2700 Fax (210) 890-2727
Type: Parent Agency Administrator LAURA CANTU

Owner Information
TRILATERAL CONSULTING LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 03/01/2021
License # 020183 CLARITY HOSPICE LLC
Lic Expire 09/18/2022 8746 WURZBACH ROAD SUITE 201
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 857-5350 Fax
Type: Parent Agency Administrator VANESSA LUNA

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

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

County **BEXAR** Region 07 Date Licensed 08/20/2008
License # 012190 CMS PRIMARY HOME CARE INC
Lic Expire 08/31/2021 1003 BECKETT SUITE 106
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (956) 424-9897 Fax (866) 800-3018
Type: Parent Agency 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 **BEXAR** Region 07 Date Licensed 12/11/2017
License # 016554 COASTAL HOME HEALTH CARE
Lic Expire 08/31/2022 6655 FIRST PARK TEN SUITE 210
Medicare 1: SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 907-7163 Fax (210) 600-9799
Type: Branch Agency Administrator CLARISSA NAVARRO

Owner Information
RESTORATIVE HEALTH SERVICES LLC
PO BOX 271476
CORPUS CHRISTI, TX 78427
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/31/2002
License # 007963 COLONIAL HOME HEALTH INC
Lic Expire 05/31/2022 2735 NACOGDOCHES RD
Medicare 1: SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 225-1115 Fax (210) 225-1114
Type: Parent Agency Administrator VICTOR CAMILO SANCHEZ

Owner Information
COLONIAL HOME HEALTH INC
2735 NACOGDOCHES RD
SAN ANTONIO, TX 78217
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 10/19/2016
License # 017683 COMFORCARE HOME CARE - SAN ANTONIO
Lic Expire 10/31/2022 2161 NW MILITARY HWY SUITE 214
Medicare 1: SAN ANTONIO, TX 782131875
Medicare 2:
Phone (210) 637-9283 Fax (210) 899-0959
Type: Parent Agency Administrator CARLOS G. VALENCIANO, SR.

Owner Information
CGV HOLDINGS LLC
211 SWITCH OAK
SHAVANO PARK, TX 78230-5621
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 08/15/2013
License # 015800 COMFORT KEEPERS
Lic Expire 08/31/2021 14310 NORTHBROOK DR STE 240
Medicare 1: SAN ANTONIO, TX 78232
Medicare 2:
Phone (210) 399-0202 Fax (210) 399-4840
Type: Parent Agency Administrator TESHESMA JACKSON-MANNING

Owner Information
SDX HOME CARE OPERATIONS LLC
6640 POE AVE STE 200
DAYTON, OH 45414
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/07/2012
License # 015056 COMMUNITY ASSISTANCE HEALTHCARE SERVICES LLC
Lic Expire 09/30/2022 3201 CHERRY RIDGE SUITE B-204
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 305-1772 Fax (210) 941-0071
Type: Parent Agency Administrator SANDRA HADLEY

Owner Information
COMMUNITY ASSISTANCE HEALTHCARE SERVICES LLC
15714 ROBIN VIEW
SAN ANTONIO, TX 78255
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/30/2020
License # 020206 COMMUNITY FIRST HOSPICE CARE, INC.
Lic Expire 09/30/2022 2819 NW LOOP 410
Medicare 1: SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 797-7326 Fax (210) 783-8236
Type: Parent Agency Administrator ALFRED PEREZ

Owner Information
COMMUNITY FIRST HOSPICE CARE, INC.
5426 LOCKHILL RD
SAN ANTONIO, TEXAS 78240
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/09/2024

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

County **BEXAR** Region 07 Date Licensed
License # 020703 COMPANION HOMECARE SERVICES, LLC
Lic Expire 04/15/2024 7206 BLUEMIST POINT
Medicare 1: SAN ANTONIO, TEXAS 78250
Medicare 2:
Phone (210) 551-5625 Fax
Type: Parent Agency Administrator LIZETTE RAMIREZ

Owner Information
COMPANION HOMECARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/03/2015
License # 017014 COMPANION HOSPICE AND PALLIATIVE CARE OF SOUTH TEXAS LLC
Lic Expire 09/30/2021 8207 CALLAGHAN RD, STE 400
Medicare 1: 741599 HOSPICE SAN ANTONIO, TX 782304799
Medicare 2:
Phone 855 3205552 Fax 855 3215552
Type: Parent Agency Administrator LORI SIEGEL

Owner Information
COMPANION HOSPICE AND PALLIATIVE CARE OF SOUTH TEXAS LLC
500 N STATE COLLEGE BLVD, #1250
ORANGE, CA 92868
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 03/08/2022

County **BEXAR** Region 07 Date Licensed 04/24/2020
License # 019894 COMPASSION CARE AT HOME, LLC
Lic Expire 04/24/2022 11826 PETAL DRIVE
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (830) 660-3040 Fax
Type: Parent Agency Administrator GAYLE KOPPEN

Owner Information
COMPASSION CARE AT HOME, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 06/12/2020
License # 019998 COMPASSION HEALTHCARE SERVICES
Lic Expire 06/12/2022 20826 BLUE TRINITY
Medicare 1: SAN ANTONIO, TX 78259
Medicare 2:
Phone (361) 980-7589 Fax
Type: Parent Agency Administrator GRACE BENEDICT

Owner Information
COMPASSION HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 02/01/2017
License # 018098 COMPASSUS - SAN ANTONIO
Lic Expire 01/31/2023 4242 PIEDRAS DRIVE SUITE 200
Medicare 1: 671550 HOSPICE SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 731-0505 Fax (210) 731-0223
Type: Parent Agency Administrator IDA PICHON

Owner Information
COMPASSUS OP OF TEXAS LLC
10 CADILLAC DRIVE SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/29/2022

County **BEXAR** Region 07 Date Licensed 12/31/2005
License # 010623 COMPLETECARE HOME HEALTH AND HOSPICE
Lic Expire 12/31/2021 1112 BLANCO RD
Medicare 1: 457901 HHA-18;74 SAN ANTONIO, TX 78212
Medicare 2:
Phone (210) 520-7977 Fax (210) 520-8114
Type: Parent Agency Administrator SARAH POVOLISH

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

County **BEXAR** Region 07 Date Licensed 05/09/2012
License # 014791 COMPREHENSIVE HOME HEALTH INC
Lic Expire 08/31/2022 9502 COMPUTER DR STE#102
Medicare 1: 747915 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 614-0200 Fax (210) 569-6497
Type: Parent Agency Administrator ANDRES F VILLA

Owner Information
COMPREHENSIVE HOME HEALTH, INC.
10004 WURZBACH RD. PMB 251
SAN ANTONIO, TEXAS 78230
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 10/11/2022

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

County **BEXAR** Region 07 Date Licensed 05/30/2019
License # 019401 COMPREHENSIVE HOSPICE CARE INC
Lic Expire 05/30/2021 9502 COMPUTER DR, STE 102
Medicare 1: 971551 SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone 210 6140200 Fax 210 5696497
Type: Parent Agency Administrator XIMENA PEREZ DE LEON

Owner Information
COMPREHENSIVE HOSPICE CARE, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/03/2023

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

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

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County **BEXAR** Region 07 Date Licensed 04/18/2019
License # 019332 CONTIGO INTEGRATED HOME CARE
Lic Expire 04/18/2021 9862 RED IRON CREEK
Medicare 1: CONVERSE, TEXAS 78109
Medicare 2:
Phone (210) 819-4077 Fax (210) 880-3298
Type: Parent Agency Administrator SARAH JIRINZU-CARRATALA

Owner Information
SARAH C JIRINZU-CARRATALA
PHONE: FAX:
Services: Personal Assistance Services

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

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

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

Owner Information
CORAM ALTERNATE SITE SERVICES INC
ONE CVS DRIVE, MC #1160
WOONSOCKET, RI 2895
PHONE: FAX:
Services: Licensed Home Health Services

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

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

County **BEXAR** Region 07 Date Licensed 12/03/2019
License # 019730 CORNERSTONE HC, LLC
Lic Expire 12/03/2021 16926 DARIEN WING
Medicare 1: SAN ANTONIO, TX 78247
Medicare 2:
Phone (210) 400-8900 Fax
Type: Parent Agency Administrator SCOTT PETRUCCIO

Owner Information
CORNERSTONE HC, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/26/2018
License # 018667 CREST PALLIATIVE CARE
Lic Expire 03/31/2022 8023 VANTAGE DRIVE STE 315
Medicare 1: 97-1501 (HOSPICE SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 469-3200 Fax (210) 642-4995
Type: Parent Agency Administrator STEVE SEPKO

Owner Information
BOERNE HOSPICE PARTNERS LLC
8023 VANTAGE DRIVE SUITE 315
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/19/2022

County **BEXAR** Region 07 Date Licensed 03/12/2019
License # 019298 CRITICAL NURSE STAFFING, LLC
Lic Expire 03/12/2021 9222 CULEBRA ROAD, SUITE 111
Medicare 1: SAN ANTONIO, TEXAS 78251
Medicare 2:
Phone (726) 888-6911 Fax (210) 530-1054
Type: Parent Agency Administrator KIMBERLY MARES

Owner Information
CRITICAL NURSE STAFFING, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 07/14/2016
License # 017522 DALASI'S HOUSE
Lic Expire 12/30/2022 2020 BABCOCK ROAD STE. 24
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 568-7344 Fax (210) 384-2581
Type: Parent Agency Administrator DALASI OWUSU

Owner Information
DALASI'S HOUSE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 08/15/2017
License # 018245 DELLA ROSA HEALTH CARE CORPORATION
Lic Expire 08/31/2021 7927 HIGHLAND PARK
Medicare 1: SAN ANTONIO, TX 78250
Medicare 2:
Phone (210) 549-0179 Fax
Type: Parent Agency Administrator GABRIEL OLUWAKOTANMI

Owner Information
DELLA ROSA HEALTH CARE CORPORATION
7927 HIGHLAND PARK
SAN ANTONIO, TX 78250
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/22/2021
License # 020621 DEVOTED CARE HOSPICE INC
Lic Expire 03/22/2024 2819 NW LOOP 410, SUITE J
Medicare 1: SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 797-7318 Fax (210) 783-8218
Type: Parent Agency Administrator ALFRED PEREZ

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

County **BEXAR** Region 07 Date Licensed 01/20/2021
License # 020472 DIGNIFIED CARE, LLC
Lic Expire 01/20/2023 6418 ECKHERT RD APT #3203
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 904-4475 Fax (210) 255-1131
Type: Parent Agency Administrator BRANDI WILLIAMS

Owner Information
DIGNIFIED CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 12/13/2013
License # 015918 DISABILITY SERVICES OF THE SOUTHWEST INC.
Lic Expire 12/31/2021 6243 IH 10 WEST STE. 114
Medicare 1: SAN ANTONIO, TX 78201
Medicare 2:
Phone (210) 798-0123 Fax (877) 463-1310
Type: Parent Agency Administrator TRICIA ROMERO

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

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County **BEXAR** Region 07 Date Licensed 07/20/2017
License # 018178 DISTINCT CARE HOME HEALTH
Lic Expire 07/31/2021 23635 VERDE RIVER
Medicare 1: SAN ANTONIO, TX 78255
Medicare 2:
Phone (210) 284-6509 Fax (210) 547-7807
Type: Parent Agency Administrator ADRIAN MARTINEZ

Owner Information
ENVISION HEALTH CARE SERVICES LLC
23635 VERDE RIVER
SAN ANTONIO, TX 78255-2033
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 11/25/2020
License # 020353 DIVINITY HOSPICE CARE, INC
Lic Expire 11/25/2022 5405 HURLEY DR
Medicare 1: SAN ANTONIO, TX 78238
Medicare 2:
Phone (210) 231-0435 Fax (210) 231-0440
Type: Parent Agency Administrator VANESSA RUSSELL

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

County **BEXAR** Region 07 Date Licensed 05/18/2017
License # 013979 DOGWOOD HOME HEALTH CARE LLC
Lic Expire 03/31/2023 6323 SOVEREIGN RD BLDG 3 STE 284
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (956) 580-3957 Fax (956) 580-8188
Type: Branch Agency Administrator JAVIER MONTELONGO

Owner Information
DOGWOOD HOME HEALTH CARE, LLC
720 WEST PALMA VISTA DRIVE SUITE 5
PALMVIEW, TX 78572
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 03/18/2021
License # 020614 DOGWOOD HOSPICE, LLC
Lic Expire 03/18/2024 8746 WURZBACH RD STE 201
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 729-6922 Fax (210) 729-7305
Type: Parent Agency Administrator VANESSA LUNA

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

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

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

County **BEXAR** Region 07 Date Licensed 02/24/1995
License # 003896 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
Lic Expire 02/28/2021 3700 BELGIUM LANE
Medicare 1: SAN ANTONIO, TX 78219
Medicare 2:
Phone (210) 979-7009 Fax (210) 979-6660
Type: Parent Agency Administrator VERONICA JOHNSON

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

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County **BEXAR** Region 07 Date Licensed 04/26/2017
License # 018189 ELARA CARING
Lic Expire 04/30/2023 12400 NETWORK BLVD, SUITE C
Medicare 1: SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 342-9929 Fax (210) 807-6556
Type: Branch Agency Administrator ROBERT CONTRERAS

Owner Information
COMPASSION CARE, INC.
1619 E. COMMON ST SUITE 702
NEW BRAUNFELS, TX 78130
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BEXAR** Region 07 Date Licensed 05/31/2006
License # 010496 ELARA CARING
Lic Expire 05/31/2021 12400 NETWORK BLVD.
Medicare 1: 451765 HOSPICE SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 561-5522 Fax (210) 561-5633
Type: Parent Agency Administrator SARAH HOOPER

Owner Information
CIMA HOSPICE OF SAN ANTONIO, LP
14295 MIDWAY RD STE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 04/01/2007
License # 011260 ELARA CARING
Lic Expire 03/31/2023 12400 NETWORK BLVD.
Medicare 1: SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 737-1700 Fax (210) 785-9908
Type: Parent Agency Administrator JACLYN SCHULTZ

Owner Information
CHARTWELL COMMUNITY SERVICES, INC.
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 05 Date Licensed 12/01/2015
License # 014052 ELDER HOMECARE INC
Lic Expire 04/30/2021 9501 CONSOLE DR STE 117
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 999-5971 Fax (512) 275-6411
Type: Branch Agency Administrator MIMI TRAN

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

County **BEXAR** Region 07 Date Licensed 05/28/2020
License # 019967 ELITE PROVIDERS HOME CARE AGENCY
Lic Expire 05/28/2022 5202 TEXANA DR #1124
Medicare 1: SAN ANTONIO, TEXAS 78249
Medicare 2:
Phone (210) 373-5233 Fax
Type: Parent Agency Administrator THELMA GARZA

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

County **BEXAR** Region 07 Date Licensed 08/01/2018
License # 019094 ELYSIAN HOSPICE
Lic Expire 08/01/2022 8122 DATAPOINT DRIVE, SUITE 410B
Medicare 1: 74-1671 SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 375-5016 Fax (254) 982-0212
Type: Parent Agency Administrator LATASHA HOLLIS

Owner Information
ELYSIAN HOSPICE SAN ANTONIO LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 08/01/2018
License # 019094 ELYSIAN HOSPICE
Lic Expire 08/01/2022 8122 DATAPOINT DRIVE, SUITE 410B
Medicare 1: 74-1671 SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 375-5016 Fax (254) 982-0212
Type: Parent Agency Administrator LATASHA HOLLIS

Owner Information
ELYSIAN HOSPICE SAN ANTONIO LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 09/01/2018
License # 019116 EMBRACE HOSPICE
Lic Expire 09/01/2022 5835 CALLAGHAN RD SUITE 500
Medicare 1: 671676 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 691-3600 Fax (210) 558-0888
Type: Parent Agency Administrator KEITH BECKER JR.

Owner Information
ADORATION HOSPICE CARE TEXAS, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **BEXAR** Region 07 Date Licensed 11/20/2015
License # 009908 EN SU CASA CAREGIVERS
Lic Expire 07/31/2021 503 E RAMSEY STE 103
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 495-2953 Fax (210) 403-3210
Type: Branch Agency Administrator LAUREN RAMON

Owner Information
EN SU CASA PRIMARY HOME CARE INC
401 S. PRESA ST.,
SAN ANTONIO, TX 78205
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 08/01/2005
License # 009908 EN SU CASA CAREGIVERS
Lic Expire 07/31/2021 2600 S W MILITARY DRIVE SUITE 207
Medicare 1: SAN ANTONIO, TX 78224
Medicare 2:
Phone (210) 403-3210 Fax (210) 403-0360
Type: Parent Agency Administrator LAUREN RAMON

Owner Information
EN SU CASA PRIMARY HOME CARE INC
401 S. PRESA ST.,
SAN ANTONIO, TX 78205
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/01/2015
License # 016931 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 06/30/2021 14800 SAN PEDRO AVENUE, SUITE 200
Medicare 1: 679678 HHA-18 SAN ANTONIO, TEXAS 78232
Medicare 2:
Phone 210 8240144 Fax 210 8240148
Type: Parent Agency Administrator BEAU POLLARO

Owner Information
HALLMARK HOMECARE, L.P.
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BEXAR** Region 07 Date Licensed 12/01/2004
License # 009490 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2022 14800 SAN PEDRO AVENUE, SUITE 200
Medicare 1: 679044 HHA-18 SAN ANTONIO, TEXAS 78232
Medicare 2:
Phone 210 8240144 Fax 210 8240148
Type: Parent Agency Administrator BEAU POLLARO

Owner Information
HALLMARK HOMECARE, L.P.
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BEXAR** Region 07 Date Licensed 11/04/2013
License # 015981 ENCOMPASS HEALTH HOSPICE
Lic Expire 11/30/2021 12500 SAN PEDRO AVENUE, SUITE 250
Medicare 1: 671746 HOSPICE SAN ANTONIO, TEXAS 78216
Medicare 2:
Phone 210 9017300 Fax 210 3083092
Type: Parent Agency Administrator JOSE LOPEZ

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 08/11/2017
License # 018243 ENLIGHTENED HEIGHTS HOSPICE AND PALLIATIVE CARE
Lic Expire 08/31/2021 8212 ITHACA W2
Medicare 1: 97-1510 (HOSPICE LUBBOCK, TX 79423
Medicare 2:
Phone (806) 993-3900 Fax (806) 993-3899
Type: Parent Agency Administrator TAMMIE WARE

Owner Information
ENLIGHTENED HEIGHTS HOSPICE LLC
8212 ITHACA W2
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/18/2022

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

Owner Information
ENTRUST HOSPICE OF SAN ANTONIO, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/12/2024

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

County **BEXAR** Region 07 Date Licensed 08/24/2017
License # 018275 ENTRUSTED PEDIATRIC HOME CARE LLC
Lic Expire 09/10/2021 111 W ANDERSON LANE, SUITE E322
Medicare 1: AUSTIN, TEXAS 78752
Medicare 2:
Phone (210) 777-8070 Fax (210) 963-7530
Type: Parent Agency Administrator NICHOLAS NORWOOD

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

County **BEXAR** Region 07 Date Licensed 08/24/2017
License # 018275 ENTRUSTED PEDIATRIC HOME CARE LLC
Lic Expire 09/10/2021 111 W ANDERSON LANE, SUITE E322
Medicare 1: AUSTIN, TEXAS 78752
Medicare 2:
Phone (210) 777-8070 Fax (210) 963-7530
Type: Parent Agency Administrator NICHOLAS NORWOOD

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

County **BEXAR** Region 05 Date Licensed
License # 018275 ENTRUSTED PEDIATRIC HOME CARE LLC
Lic Expire 08/31/2021 4502 CENTERVIEW DRIVE STE 233
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (512) 532-4800 Fax (512) 777-4072
Type: Branch Agency Administrator NICHOLAS NORWOOD

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

County **BEXAR** Region 05 Date Licensed
License # 018275 ENTRUSTED PEDIATRIC HOME CARE LLC
Lic Expire 08/31/2021 4502 CENTERVIEW DRIVE STE 233
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (512) 532-4800 Fax (512) 777-4072
Type: Branch Agency Administrator NICHOLAS NORWOOD

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

County **BEXAR** Region 07 Date Licensed 05/31/2018
License # 019478 EPIC 2
Lic Expire 07/10/2021 1840 LOCKHILL SELMA RD STE 103I
Medicare 1: 971555 SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 255-3105
Type: Parent Agency Administrator FELICA ACOSTA

Owner Information
EPIC HOSPICE CARE LLC #2
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/31/2023

County **BEXAR** Region 07 Date Licensed 08/18/2017
License # 018260 EPIC HOSPICE & PALLIATIVE CARE
Lic Expire 08/31/2021 1840 LOCKHILL SELMA RD STE 103A
Medicare 1: 74-1787 (HOSPICE SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 255-3105
Type: Parent Agency Administrator FELICA "LISA" ACOSTA

Owner Information
EPIC HOSPICE CARE LLC
1840 LOCKHILL SELMA RD STE 103A
SAN ANTONIO, TX 78213
PHONE: (210) 994-5388 FAX: (210) 255-3105
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/08/2022

County **BEXAR** Region 07 Date Licensed 07/15/2005
License # 009868 ESSY QUALITY HEALTHCARE INC
Lic Expire 07/31/2021 11103 SAN PEDRO AVENUE SUITE 100
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 979-6969 Fax (210) 545-7555
Type: Parent Agency Administrator ESTHER ONY

Owner Information
ESSY QUALITY HEALTHCARE LLC
11103 SAN PEDRO AVENUE, STE 100
SAN ANTONIO, TEXAS 78216
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/14/2006
License # 010344 ESTEEM HOME HEALTH CARE
Lic Expire 03/31/2024 6233 EVERS ROAD SUITE 1
Medicare 1: 679626 HHA-18 SAN ANTONIO, TX 78238
Medicare 2:
Phone (210) 366-3661 Fax (210) 647-4525
Type: Parent Agency Administrator AYOKUNLE OGUNFEITIMI

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

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County **BEXAR** Region 07 Date Licensed 12/17/2020
License # 020412 EUTOPIA HOSPICE AND PALLIATIVE CARE, INC.
Lic Expire 12/17/2022 1945 LOCKHILL SELMA RD. STE 203
Medicare 1: SAN ANTONIO, TEXAS 782131554
Medicare 2:
Phone (210) 699-7554 Fax
Type: Parent Agency Administrator ANDREA MONTES

Owner Information
EUTOPIA HOSPICE AND PALLIATIVE CARE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 03/26/1987
License # 000891 FAMILY SERVICE ASSOCIATION OF SAN ANTONIO INC
Lic Expire 03/31/2022 702 SAN PEDRO AVE
Medicare 1: SAN ANTONIO, TX 78212
Medicare 2:
Phone (210) 299-2400 Fax (210) 299-4498
Type: Parent Agency 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** Region 07 Date Licensed 03/30/2020
License # 019558 FAMILY TREE IN-HOME CARE
Lic Expire 07/01/2021 901 NE INTERSTATE 410 LOOP, STE 300
Medicare 1: SAN ANTONIO, TEXAS 78209
Medicare 2:
Phone (210) 764-8500 Fax (210) 764-8501
Type: Parent Agency Administrator ELLEN MCCLELLAN

Owner Information
ABSF, LLC
3600 S GESSNER, SUITE 150
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 03/05/2021
License # 020574 FIG TREE HOSPICE CARE LLC
Lic Expire 03/05/2023 8746 WURZBACK RD STE 201
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 857-5350 Fax
Type: Parent Agency Administrator VANESSA LUNA

Owner Information
FIG TREE HOSPICE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 09/19/2017
License # 018455 FIRST STEPS NURSING AND THERAPY SERVICES PLLC
Lic Expire 09/30/2021 105 S SEGUIN SUITE 104
Medicare 1: CONVERSE, TX 78109
Medicare 2:
Phone (210) 945-0000 Fax (210) 945-0002
Type: Parent Agency Administrator CELESTE BOYD

Owner Information
FIRST STEPS NURSING AND THERAPY SERVICES PLLC
105 S. SEGUIN STE#104
CONVERSE, TX 78109
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 08/30/2013
License # 015942 FORTE HEALTH SERVICES
Lic Expire 08/31/2021 4502 CENTERVIEW DRIVE SUITE #225
Medicare 1: 747361 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 590-8886 Fax (210) 590-8887
Type: Parent Agency Administrator SANDY QUINTERO

Owner Information
RIO VALLEY HEALTHCARE SERVICES LLC
4502 CENTERVIEW DRIVE STE#225
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 03/04/2022

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

County **BEXAR** Region 07 Date Licensed 03/22/2017
License # 018120 FOUR SEASONS HOSPICE
Lic Expire 03/31/2023 15420 NACOGDOCHES RD
Medicare 1: 741631 HOSPICE SAN ANTONIO, TX 78247
Medicare 2:
Phone (210) 767-3870 Fax (210) 714-4650
Type: Parent Agency Administrator GEOFF COLACINO

Owner Information
SHEPHERD LIVING HOSPICE LLC
1618 GREYSTIN RIDGE
SAN ANTONIO, TX 78258
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 01/10/2019
License # 019194 FOUR WINDS HOSPICE, INC.
Lic Expire 06/30/2021 4402 VANCE JACKSON RD STE 235B
Medicare 1: 971547 (HOSPICE) SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 239-7719 Fax (210) 817-8615
Type: Parent Agency Administrator CARLOS GRAVES

Owner Information
FOUR WINDS HOSPICE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/29/2022

County **BEXAR** Region 03 Date Licensed 04/03/2017
License # 015423 FREEDOM HOSPICE
Lic Expire 11/30/2020 10101 REUNION PLACE SUITE 570
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (800) 457-6910 Fax (817) 265-0145
Type: Alternate Delivery Site 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 07 Date Licensed 09/18/2015
License # 017037 FUSION HOME HEALTH LLC
Lic Expire 09/30/2021 10119 WILDHORSE PKWY
Medicare 1: SAN ANTONIO, TX 78254
Medicare 2:
Phone (210) 461-6189 Fax (210) 568-4879
Type: Parent Agency 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** Region 07 Date Licensed 08/07/2013
License # 015692 GENERATIONS HOSPICE CARE INC.
Lic Expire 08/31/2021 2819 NW LOOP 410 SUITE C
Medicare 1: 741510 HOSPICE SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 979-9933 Fax (210) 979-9932
Type: Parent Agency Administrator JAMES GRISMORE

Owner Information
GENERATIONS HOSPICE CARE, INC
2819 NW LOOP 410 SUITE C
SAN ANTONIO, TX 78230-3875
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/01/2023

County **BEXAR** Region 07 Date Licensed 04/17/2014
License # 016155 GENEROUS HOME CARE MANAGEMENT LLC
Lic Expire 04/30/2022 8600 WURZBACH RD STE. 802
Medicare 1: 747974 HHA-18;74 SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 239-5056 Fax (210) 267-9011
Type: Parent Agency Administrator JOSE AGUILAR

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
Accreditation: JCAHO - Deemed, Expires: 06/02/2021

County **BEXAR** Region 07 Date Licensed 08/08/2018
License # 018875 GENTLE PARTNERS IN HOME HEALTH LLC
Lic Expire 08/31/2022 1635 NE LOOP 410 STE 501
Medicare 1: SAN ANTONIO, TEXAS 78209
Medicare 2:
Phone (210) 908-9616 Fax (210) 908-9613
Type: Parent Agency Administrator NORMA LUNA

Owner Information
GENTLE PARTNERS IN HOME HEALTH LLC
510 WILDBERRY CT
SAN ANTONIO, TX 78258
PHONE: FAX:
Services: Personal Assistance Services

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

County **BEXAR** Region 07 Date Licensed 10/26/2018
License # 019612 GENTLE PARTNERS IN HOSPICE LLC
Lic Expire 03/21/2021 1635 NE LOOP 410 STE 501
Medicare 1: 741675 (HOSPICE) SAN ANTONIO, TEXAS 78209
Medicare 2:
Phone (210) 908-9616 Fax (210) 908-9613
Type: Parent Agency Administrator NORMA LUNA

Owner Information
GENTLE PARTNERS IN HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 11/30/2007
License # 011757 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2021 5282 MEDICAL DRIVE SUITE 420
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 616-0212 Fax (210) 615-8545
Type: Parent Agency Administrator GABRIEL DONIAS

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 06/10/2013
License # 015590 GOOD SHEPHERD HOSPICE OF SAN ANTONIO L.L.C.
Lic Expire 06/30/2021 15614 HUEBNER ROAD SUITE 109
Medicare 1: 671793 HOSPICE SAN ANTONIO, TX 78248
Medicare 2:
Phone (210) 733-3939 Fax 210 7333488
Type: Parent Agency Administrator STEPHANIE GILLIAM

Owner Information
GOOD SHEPHERD HOSPICE OF SAN ANTONIO, LLC
3450 WILL ROGERS PKWY SUITE 400
OKLAHOMA CITY, OK 73108
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

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

County **BEXAR** Region 07 Date Licensed 07/13/2020
License # 019951 GRACEFUL HOSPICE & PALLIATIVE CARE LLC
Lic Expire 05/19/2022 3700 FREDERICKSBURG RD STE 233
Medicare 1: SAN ANTONIO, TEXAS 78201
Medicare 2:
Phone (210) 371-5552 Fax (210) 571-1751
Type: Parent Agency Administrator DEBBIE ROBLES

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

County **BEXAR** Region 07 Date Licensed 11/02/2020
License # 019889 GRACIOUS HEARTS HOME CARE LLC
Lic Expire 04/22/2022 14614 MOUNTAIN WOOD
Medicare 1: SAN ANTONIO, TEXAS 78232
Medicare 2:
Phone (210) 660-7732 Fax
Type: Parent Agency Administrator CANDYCE SLUSHER

Owner Information
GRACIOUS HEARTS HOME CARE LLC
14614 MOUNTAIN WOOD
SAN ANTONIO, TEXAS 78232
PHONE: FAX:
Services: Personal Assistance Services

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

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

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

County **BEXAR** Region 07 Date Licensed 07/01/2014
License # 016295 GUARDIAN ANGELS HEALTHCARE
Lic Expire 06/30/2022 7461 CALLAGHAN RD STE 702
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 437-4119 Fax (210) 272-7795
Type: Parent Agency Administrator KENNETH VALENTE

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

County **BEXAR** Region 07 Date Licensed 12/22/2010
License # 013969 GUARDIAN HEALTHCARE
Lic Expire 12/31/2020 45 NE LOOP 410 #903 B
Medicare 1: 453152 HHA-18 SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 377-1033 Fax (210) 377-2560
Type: Parent Agency Administrator DANA HUBBARD

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

County **BEXAR** Region 07 Date Licensed 07/24/2013
License # 015665 GUIDING LIGHT HOSPICE
Lic Expire 07/31/2021 3218 NACOGDOCHES RD
Medicare 1: 741503 HOSPICE SAN ANTONIO, TEXAS 78217
Medicare 2:
Phone (210) 585-2335 Fax (210) 787-1962
Type: Parent Agency Administrator MONICA N. TRUST TRUST

Owner Information
GUIDING LIGHT HOSPICE INC
104 GALLERY CIRCLE # 108
SAN ANTONIO, TX 78258
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/10/2023

County **BEXAR** Region 07 Date Licensed 03/23/2021
License # 020632 HACIENDA HOSPICE LTD
Lic Expire 03/23/2023 101 W. SILVER SANDS DR
Medicare 1: SAN ANTONIO, TEXAS 78216
Medicare 2:
Phone (210) 908-9701 Fax (210) 455-1263
Type: Parent Agency Administrator BELINDA JO GALINDO

Owner Information
HACIENDA HOSPICE LTD
101 W SILVER SANDS DR
SAN ANTONIO, TEXAS 78216
PHONE: (210) 779-5040 FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 08/10/2017
License # 018237 HALLMARK HOSPICE AND PALLIATIVE CARE
Lic Expire 08/31/2021 1844 LOCKHILL SELMA RD., STE 101 B
Medicare 1: 74-1788 SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator SANDRA MALDONADO

Owner Information
HALLMARK HOSPICE CARE LLC
1840 LOCKHILL SELMA RD STE 103B
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/25/2022

County **BEXAR** Region 07 Date Licensed 09/05/2007
License # 011557 HARBOUR HOSPICE
Lic Expire 09/30/2021 12915 JONES MALTSBERGER SUITE #501
Medicare 1: 671593 HOSPICE SAN ANTONIO, TX 78247
Medicare 2:
Phone (210) 403-9911 Fax (210) 403-9926
Type: Parent Agency Administrator RUBY DAVISON

Owner Information
HARBOUR HOSPICE OF BEXAR COUNTY LLC
12915 JONES MALTSBERGER SUITE #501
SAN ANTONIO, TX 78247
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/05/2023

County **BEXAR** Region 07 Date Licensed 08/23/2006
License # 010694 HEALING HEARTS PERSONAL SERVICES
Lic Expire 08/31/2021 415 COUNTY ROAD 3823
Medicare 1: SAN ANTONIO, TX 78253
Medicare 2:
Phone (210) 738-9000 Fax (210) 738-9018
Type: Parent Agency Administrator CAROL GIBSON

Owner Information
GIBSON PERSONAL SERVICES LLC
415 CR 3823
SAN ANTONIO, TX 78253-6934
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/06/2013
License # 015756 HEALTH CARE PARTNERS OF SAN ANTONIO
Lic Expire 05/31/2021 7410 BLANCO ROAD SUITE 101
Medicare 1: 673146 HHA-18 SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 366-4272 Fax (210) 979-9953
Type: Parent Agency Administrator SANDRA JEAN LONGORIA

Owner Information
PRIDE HEALTH CARE SERVICES INC
7410 BLANCO RD., STE#101
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 07/08/2013
License # 016068 HEART TO HEART HOSPICE OF SAN ANTONIO LLC
Lic Expire 07/31/2021 1000 CENTRAL PARKWAY NORTH SUITE 110
Medicare 1: 671533 HOSPICE SAN ANTONIO, TX 78232
Medicare 2:
Phone (210) 824-4113 Fax (210) 824-4994
Type: Parent Agency Administrator SILVIA FRANKLIN

Owner Information
HEART TO HEART HOSPICE OF SAN ANTONIO, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/25/2022

County **BEXAR** Region 07 Date Licensed 07/08/2013
License # 016068 HEART TO HEART HOSPICE OF SAN ANTONIO LLC
Lic Expire 07/31/2021 1000 CENTRAL PARKWAY N, SUITE 110-A
Medicare 1: SAN ANTONIO, TX 78232
Medicare 2:
Phone (210) 922-0001 Fax (210) 922-0005
Type: Alternate Delivery Site Administrator SILVIA FRANKLIN

Owner Information
HEART TO HEART HOSPICE OF SAN ANTONIO, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 06/07/2017
License # 018157 HEAVENLY HOSPICE
Lic Expire 09/30/2021 4606 CENTERVIEW DR, STE 221B
Medicare 1: 671640 HOSPICE SAN ANTONIO, TEXAS 78228
Medicare 2:
Phone (210) 874-5005 Fax (210) 874-5006
Type: Parent Agency Administrator DANIEL CASTILLO CASTILLO

Owner Information
DSE ENTERPRISES, LLC
PO BOX 632
LEMING, TX 78050
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 04/01/2010
License # 013250 HELPING HANDS OF SAN ANTONIO HOME CARE
Lic Expire 03/31/2022 8603 N. NEW BRAUNFELS
Medicare 1: SAN ANTONIO, TEXAS 78217
Medicare 2:
Phone (210) 977-8273 Fax (210) 977-8274
Type: Parent Agency Administrator FRANCES BENITES

Owner Information
SA HELPING HANDS LLC
5655 PAN AM EXPWY S
SAN ANTONIO, TX 78211
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 01/14/2013
License # 015302 HELPING OUR SENIORS LLC
Lic Expire 05/31/2021 13774 GEORGE RD
Medicare 1: SAN ANTONIO, TX 78231
Medicare 2:
Phone (210) 492-8100 Fax (210) 493-7447
Type: Parent Agency Administrator MARTHA CAVE

Owner Information
HELPING OUR SENIORS LLC
13774 GEORGE ROAD
SAN ANTONIO, TX 78231
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 12/07/2020
License # 019918 HOLISTIC HOSPICE
Lic Expire 05/07/2022 4115 MEDICAL DRIVE, SUITE 5212
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 664-3901 Fax (210) 664-3909
Type: Parent Agency Administrator ERICA SANDOVAL

Owner Information
HOLISTIC HOSPICE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **BEXAR** Region 07 Date Licensed 02/24/2014
License # 016048 HOLY SAVIOR HOSPICE
Lic Expire 02/28/2022 3201 CHERRY RIDGE STE 205 B
Medicare 1: 741552 HOSPICE SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 375-5914 Fax (210) 375-5919
Type: Parent Agency Administrator LAURA CANTU

Owner Information
TJS MANAGEMENT LLC
3201 CHERRY RIDGE SUITE 205B
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 11/06/2023

County **BEXAR** Region 07 Date Licensed 11/21/2012
License # 015222 HOME CARE ASSISTANCE OF SAN ANTONIO
Lic Expire 11/30/2022 14329 SAN PEDRO AVE STE B
Medicare 1: SAN ANTONIO, TX 78232
Medicare 2:
Phone (210) 495-6300 Fax (210) 495-6301
Type: Parent Agency Administrator SARA MARROW

Owner Information
SAN ANTONIO HOME CARE ASSISTANCE, LLC
22016 SENNA HILLS DRIVE
SAN ANTONIO, TX 78266
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 10/21/2004
License # 009363 HOME CARING LLC
Lic Expire 10/31/2021 301 BLANCO ROAD SUITE #B
Medicare 1: SAN ANTONIO, TX 78212
Medicare 2:
Phone (210) 737-9230 Fax (210) 737-9644
Type: Parent Agency Administrator FELIPE VAZQUEZ

Owner Information
HOME CARING LLC
301 BLANCO ROAD SUITE B
SAN ANTONIO, TX 78212
PHONE: (210) 737-9230 FAX: (210) 737-9644
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/10/2020
License # 019873 HOME HEALTH M&R
Lic Expire 04/10/2022 734 MCCAULEY BLVD.
Medicare 1: SAN ANTONIO, TEXAS 78221
Medicare 2:
Phone (210) 350-4720 Fax NA
Type: Parent Agency Administrator MARIE ROSSELL

Owner Information
RENE & MARIE LANDERO ENTERPRISES LLC
734 MCCAULEY
SAN ANTONIO,
PHONE: (210) 350-4720 FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/08/2011
License # 014204 HOME HELPERS OF SAN ANTONIO # 58564
Lic Expire 07/31/2021 9984 ECHO PLAIN DR
Medicare 1: SAN ANTONIO, TX 78245
Medicare 2:
Phone (210) 627-7018 Fax (210) 757-3519
Type: Parent Agency Administrator ABIGAIL FIGUEROA

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

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

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

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

Owner Information
BROWN & BROWN RESOURCES INC
2608 N MAIN AVENUE, STE#3
SAN ANTONIO, TX 78212
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BEXAR** Region 07 Date Licensed 07/09/2004
License # 010116 HOME NURSING & THERAPY SERVICES
Lic Expire 07/31/2021 2018 AVENUE B STE 105
Medicare 1: SAN ANTONIO, TEXAS 78215
Medicare 2:
Phone (210) 822-8807 Fax (210) 822-8863
Type: Parent Agency Administrator MANDY TORRES

Owner Information
BROWN & BROWN RESOURCES INC
2608 N MAIN AVENUE, STE#3
SAN ANTONIO, TX 78212
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

Owner Information
HOMECARE DIMENSIONS, INC.
12500 NETWORK BLVD SUITE 210
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 02/02/2022

County **BEXAR** Region 07 Date Licensed 12/17/2009
License # 013040 HOMECARE SUPPORT GROUP INC
Lic Expire 12/31/2021 12770 CIMARRON PATH SUITE 134 B
Medicare 1: SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 324-1162 Fax (210) 340-4451
Type: Parent Agency Administrator PAMELA BALES

Owner Information
HOMECARE SUPPORT GROUP INC
8515 SAN JUANICO STREET
HOUSTON, TX 77044
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 09/14/2017
License # 018839 HOMEWATCH CAREGIVERS OF NORTH SAN ANTONIO
Lic Expire 09/30/2021 1802 NE LOOP 410 SUITE 515
Medicare 1: SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 263-3143 Fax (210) 263-3147
Type: Parent Agency Administrator KATIE WALKER

Owner Information
J AND P JONES PROPRIETORS LLC
487 CEDAR BRIDGE
SCHERTZ, TX 78154
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 11/05/2020
License # 020293 HOMEWATCH CAREGIVERS OF STONE OAK
Lic Expire 11/05/2022 19210 HUEBNER ROAD, SUITE 101
Medicare 1: SAN ANTONIO, TEXAS 78258
Medicare 2:
Phone (910) 583-4531 Fax
Type: Parent Agency Administrator MICHAEL ZENDEJAS

Owner Information
Z RESOURCING, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 06/25/2012
License # 015338 HONORCARE HOME HEALTH
Lic Expire 06/30/2020 7551 CALLAGHAN SUITE 102 A
Medicare 1: 457910 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 524-9889 Fax (210) 524-0099
Type: Parent Agency Administrator MARTHA LEWIS

Owner Information
HONORCARE HOME HEALTH INC
7551 CALLAGHAN SUITE 102A
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 08/16/2011
License # 014286 HOSPICE OF SAN ANTONIO
Lic Expire 08/31/2021 85 NE LOOP 410 SUITE 607
Medicare 1: 671767 HOSPICE SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 787-3343 Fax (210) 579-1023
Type: Parent Agency Administrator FRANK HART

Owner Information
SIXRSIG LLC
85 NE LOOP 410 STE 607
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **BEXAR** Region 07 Date Licensed 11/05/2020
License # 020295 HUMMINGBIRD HOSPICE LLC
Lic Expire 11/05/2022 8420 GREENBRIAR DR
Medicare 1: SAN ANTONIO, TEXAS 78209
Medicare 2:
Phone (210) 419-0749 Fax
Type: Parent Agency Administrator SASHA MONTEMAYOR

Owner Information
HUMMINGBIRD HOSPICE LLC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 08/21/2019
License # 019542 IJNA NURSING SERVICES
Lic Expire 08/21/2021 2379 NE LOOP 410 SUITE 115
Medicare 1: SAN ANTONIO, TEXAS 78217
Medicare 2:
Phone (210) 314-8919 Fax (210) 314-8135
Type: Parent Agency Administrator BRANDON DIXON

Owner Information
IJNA HOME HEALTH SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed
License # 009264 IN HOME HEALTH CARE SERVICES
Lic Expire 08/31/2021 1003 BECKETT AVE, SUITE 209
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 969-6866 Fax (210) 969-6962
Type: Branch Agency Administrator MARIA ALICIA MORENO

Owner Information
JAL HEALTH SERVICES INC
1005 E 10TH STREET, SUITE B
WESLACO, TEXAS 78596
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 08/30/2007
License # 011553 IN HOME SENIOR CARE
Lic Expire 08/31/2022 4241 E. PIEDRAS, SUITE #118
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 256-2273 Fax (210) 521-5980
Type: Parent Agency Administrator ISABEL LEIJA

Owner Information
VOTIVUS INC
5805 CALLAGHAN RD SUITE #300
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/16/2021
License # 020611 INNOVATIONS HOME HEALTH, LLC
Lic Expire 03/16/2024 12826 PERDIDO GRV
Medicare 1: SAN ANTONIO, TEXAS 78253
Medicare 2:
Phone (571) 612-0301 Fax (210) 507-7793
Type: Parent Agency Administrator OSMAN DEEN

Owner Information
INNOVATIONS HOME HEALTH, LLC
12826 PERDIDO GRV
SAN ANTONIO, TX 78253
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 06/15/2007
License # 011541 INTERIM HEALTHCARE
Lic Expire 06/30/2022 6800 PARK TEN BLVD, STE 270-W
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 614-8299 Fax (210) 615-8559
Type: Parent Agency Administrator VICKIE MCGIBONEY

Owner Information
BAYOU HOMECARE LP
3305 101ST STREET SUITE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 06/15/2007
License # 011574 INTERIM HEALTHCARE
Lic Expire 06/30/2021 6800 PARK TEN BLVD STE 270-W
Medicare 1: SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 979-0208 Fax (210) 340-0468
Type: Parent Agency Administrator VICKIE MCGIBONEY

Owner Information
BAYOU HOMECARE LP
3305 101ST STREET SUITE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **BEXAR** Region 07 Date Licensed 06/17/2015
License # 016860 JONSAN HOME HEALTH INCORPORATED
Lic Expire 06/30/2021 5355 BREWSTER STREET
Medicare 1: 74-7983 (HHA) SAN ANTONIO, TX 78233
Medicare 2:
Phone (210) 504-3608 Fax (210) 787-4145
Type: Parent Agency Administrator SANDRA CRADY

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
Accreditation: ACHC, Expires: 08/07/2022

County **BEXAR** Region 07 Date Licensed 07/16/2012
License # 015154 JORDAN HEALTH SERVICES
Lic Expire 07/31/2022 12400 NETWORK BLVD.
Medicare 1: 679275 HHA-18 SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 342-9922 Fax (210) 342-9929
Type: Parent Agency Administrator ROBERT CONTRERAS

Owner Information
DOMINION CARE MANAGEMENT GROUP, LLC
14295 MIDAWAY ROAD, STE#400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BEXAR** Region 07 Date Licensed 12/20/2018
License # 019164 JOURNEY HOSPICE LLC
Lic Expire 12/20/2022 10010 SAN PEDRO AVE STE 330
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 455-0101 Fax (210) 455-0208
Type: Parent Agency Administrator DENISE MATA

Owner Information
JOURNEY HOSPICE LLC
10010 SAN PEDRO AVE SUITE 330
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/24/2024

County **BEXAR** Region 07 Date Licensed 03/11/2019
License # 019295 JOURNEYS HOSPICE OF TEXAS LLC
Lic Expire 03/11/2024 4831 WHIRLWIND STE 1
Medicare 1: 971542 (HOSPICE) SAN ANTONIO, TEXAS 78217
Medicare 2:
Phone (833) 467-5468 Fax (833) 467-5468
Type: Parent Agency Administrator VANESSA LUNA

Owner Information
JOURNEYS HOSPICE OF TEXAS LLC
PO BOX 33472
SAN ANTONIO, TX 78265
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/11/2022

County **BEXAR** Region 07 Date Licensed 03/31/2021
License # 020662 JUNIPER HOSPICE LLC
Lic Expire 03/31/2024 8746 WURZBACH RD STE 201-B
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 729-1448 Fax (210) 729-6922
Type: Parent Agency Administrator VANESSA LUNA

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

County **BEXAR** Region 07 Date Licensed 04/29/2011
License # 014065 KIDS FIRST PEDIATRIC HOMECARE
Lic Expire 04/30/2024 121 INTERPARK BLVD SUITE 105
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 822-0475 Fax (210) 822-0485
Type: Parent Agency Administrator MARC PITROWSKI

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

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County **BEXAR** Region 07 Date Licensed 11/30/2007
License # 011737 KINDRED AT HOME
Lic Expire 11/30/2021 4335 WEST PIEDRAS DRIVE SUITE 100
Medicare 1: 679074 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 614-0473 Fax (210) 614-0746
Type: Parent Agency Administrator YOLANDA GONZALEZ

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BEXAR** Region 07 Date Licensed 07/01/2001
License # 007712 KINDRED HOSPICE
Lic Expire 06/30/2021 4440 S PIEDRAS DRIVE SUITE 125
Medicare 1: 451682 HOSPICE SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 733-1212 Fax (210) 733-1331
Type: Parent Agency Administrator DAWN KINDHART

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 **BEXAR** Region 07 Date Licensed 04/01/1995
License # 004072 KINDRED HOSPICE
Lic Expire 03/31/2023 4040 BROADWAY STREET SUITE 600
Medicare 1: 451563 HOSPICE SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 738-8141 Fax (210) 738-3507
Type: Parent Agency Administrator MATTHEW FLORES

Owner Information
FAMILY HOSPICE LTD
PO BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/27/2023

County **BEXAR** Region 07 Date Licensed 07/15/2016
License # 017528 LA DIFERENCIA HOSPICE
Lic Expire 07/31/2022 933 PLEASANTON ROAD, SUITE 109
Medicare 1: 74-1750 SAN ANTONIO, TEXAS 78214
Medicare 2:
Phone (210) 395-3395 Fax (210) 334-2882
Type: Parent Agency Administrator MARIO BARRIOS

Owner Information
ZOE HOSPICE LLC
7271 WURZACH RD STE. 187
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/25/2021

County **BEXAR** Region 07 Date Licensed 05/31/2001
License # 007638 LA ESTRELLA HOME CARE
Lic Expire 05/31/2022 1000 CINCINNATI SUITE 6
Medicare 1: SAN ANTONIO, TX 78201
Medicare 2:
Phone (210) 436-0533 Fax (210) 579-6765
Type: Parent Agency Administrator JOSEPH DAVILA

Owner Information
CHARLES S RAMON LLC
2307 SAN FERNANDO
SAN ANTONIO, TX 78207
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 11/20/2013
License # 015879 LA GLORIA HEALTH SERVICES INC.
Lic Expire 11/30/2021 1007 FAIR AVE STE B
Medicare 1: SAN ANTONIO, TX 78223
Medicare 2:
Phone (210) 257-6669 Fax (210) 257-6573
Type: Parent Agency Administrator BARBARA CANELA

Owner Information
LA GLORIA HEALTH SERVICES, INC.
PO BOX 33206
SAN ANTONIO, TEXAS 78265
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/17/2018
License # 018709 LACKLAND HOSPICE AND PALLIATIVE CARE
Lic Expire 04/30/2022 1844 LOCKHILL SELMA RD., STE 101 E
Medicare 1: 97-1503 (HOSPICE SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator SANDRA MALDONADO

Owner Information
LACKLAND HOSPICE LLC
1840 LOCKHILL SELMA RD STE 103E
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/28/2022

County **BEXAR** Region 07 Date Licensed 11/07/2011
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 02/28/2023 6655 FIRST PARK TEN SUITE 200
Medicare 1: SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 736-1855 Fax (210) 736-7120
Type: Branch Agency Administrator AMBROSE HERNANDEZ

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

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

County **BEXAR** Region 07 Date Licensed 05/07/2013
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 02/28/2023 6655 FIRST PARK TEN STE 200
Medicare 1: SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 736-1855 Fax (210) 736-7120
Type: Alternate Delivery Site Administrator AMBROSE HERNANDEZ

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

County **BEXAR** Region 07 Date Licensed 05/31/2018
License # 019677 LENITY LIGHT HOSPICE - FORT WORTH
Lic Expire 11/04/2021 1236 SOUTHRIDGE CT., SUITE 200
Medicare 1: 971571 (HOSPICE) HURST, TEXAS 76053
Medicare 2:
Phone (817) 406-1500 Fax
Type: Parent Agency Administrator MOHAMMED IQBAL

Owner Information
AMBER HOSPICE LLC
PHONE: (817) 406-1500 FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/27/2023

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

Owner Information
LIFE CARE HOSPICE AND PALLIATIVE SERVICES LLC
7271 WURZBACH RD STE 187
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/03/2022

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

Owner Information
ADVANCE HI-TECH NURSING INC
6243 IH 10 WEST, STE 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 03/02/2023

County **BEXAR** Region 07 Date Licensed 06/15/2005
License # 009962 LIVING TREE OF LIFE
Lic Expire 06/30/2021 1800 NE LOOP 410 SUITE 400
Medicare 1: 457918 HHA-18 SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 377-3444 Fax (210) 377-3447
Type: Parent Agency Administrator ELSIE CORTEZ

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

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

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

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

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

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

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

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

County **BEXAR** Region 07 Date Licensed 03/10/2020
License # 019750 LOVING ARMS HOSPICE LLC
Lic Expire 12/19/2021 5460 BABCOCK RD. STE. 120
Medicare 1: 971579 SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 281-8727 Fax (888) 369-9198
Type: Parent Agency Administrator BRANDY GOMEZ

Owner Information
MBG MANAGEMENT GROUP LLC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/13/2023

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

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

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County **BEXAR** Region 07 Date Licensed 06/25/2019
License # 019440 LOVING THE CARE GIVEN HOME HEALTH, LLC
Lic Expire 06/25/2021 7990 JETHRO LANE
Medicare 1: SAN ANTONIO, TX 78266
Medicare 2:
Phone (210) 552-4854 Fax
Type: Parent Agency Administrator CAROLINA GAMEZ

Owner Information
LOVING THE CARE GIVEN HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 04/15/2020
License # 019254 MAGNOLIA HOSPICE COMPANY
Lic Expire 07/31/2021 2819 NW LOOP 410, STE E
Medicare 1: 97-1535 (HOSPICE SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 239-7598 Fax (210) 817-8613
Type: Parent Agency Administrator ROSA SUMEGA

Owner Information
ESTANCIA, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/24/2022

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

Owner Information
MAXIM HEALTHCARE SERVICES INC
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 12/05/2022

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

Owner Information
THE HOME CARE TEAM, INC.
45 N.E. LOOP 410 SUITE 800
SAN ANTONIO, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

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

Owner Information
MERIDIAN HCS, LLC
8546 BROADWAY STREET STE 211
SAN ANTONIO, TX 78217
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 01/12/2020
License # 019982 MILESTONES PEDIATRIC HOME CARE, LLC
Lic Expire 01/12/2022 1003 BECKETT, STE. 201
Medicare 1: SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 254-4036 Fax 18887475261
Type: Parent Agency Administrator BRANT ZIMMERMAN

Owner Information
MILESTONES PEDIATRIC HOME CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services

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

Owner Information
MILLENNIUM HOME CARE, LLC
8219 CANTURA MLS
SAN ANTONIO, TEXAS 78109
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **BEXAR** Region 07 Date Licensed 12/01/2019
License # 019847 MISSION HOME HEALTH
Lic Expire 12/01/2021 1003 BECKETT ST, STE 203
Medicare 1: 743121 SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 524-2400 Fax (210) 524-2414
Type: Parent Agency Administrator JILL CASTILLO

Owner Information
MISSION HHH LLC
18568 FORTY SIX PKWY STE 3001
SPRING BRANCH, TEXAS 78070
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: JCAHO - Deemed, Expires: 08/21/2023

County **BEXAR** Region 07 Date Licensed 07/16/2020
License # 020058 MISSION HOSPICE CARE, LLC
Lic Expire 07/16/2022 4242 MEDICAL DRIVE, STE 6250B
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 384-9033 Fax (210) 783-1733
Type: Parent Agency Administrator JAKE WAGGONER

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

County **BEXAR** Region 07 Date Licensed 02/25/2016
License # 017293 MISSION ROAD DEVELOPMENTAL CENTER
Lic Expire 02/28/2022 4630 HAMILTON WOLFE ROAD
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 614-1161 Fax (210) 692-1524
Type: Parent Agency Administrator GAY BELLAMY

Owner Information
MISSION ROAD DEVELOPMENTAL CENTER
8706 MISSION RD
SAN ANTONIO, TX 78214
PHONE: (210) 334-2437 FAX: (210) 922-6006
Services: Licensed Home Health Services

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

Owner Information
MMCARE LLC
700 BABCOCK RD
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BEXAR** Region 07 Date Licensed 09/14/2018
License # 019196 NATIONAL NURSING AND REHAB-SAN ANTONIO
Lic Expire 09/14/2022 85 N.E. LOOP 410, SUITE 612
Medicare 1: 679395 SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 822-0477 Fax (210) 822-0485
Type: Parent Agency Administrator MELISSA NICHOLSON

Owner Information
REGENCY IHS HOME CARE SERVICES LLC
101 W GOODWIN AVE STE 600
VICTORIA, TEXAS 77901
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 01/19/2016
License # 017455 NEW CENTURY HOSPICE OF SAN ANTONIO
Lic Expire 01/31/2022 8207 CALLAGHAN RD #353
Medicare 1: 671612 HOSPICE SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 520-7734 Fax (210) 520-7737
Type: Parent Agency Administrator IRMA HERRERA

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
Accreditation: ACHC, Expires: 09/29/2023

County **BEXAR** Region 07 Date Licensed 09/30/2020
License # 020205 NIGHTINGALE HOSPICE CARE, INC.
Lic Expire 09/30/2022 2819 NW LOOP 410
Medicare 1: SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 797-7321 Fax (210) 783-8171
Type: Parent Agency Administrator ALFRED PEREZ

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

County **BEXAR** Region 07 Date Licensed
License # 010559 NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC
Lic Expire 06/30/2022 1003 BECKETT AVENUE, SUITE 209
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 969-6960 Fax (210) 969-6962
Type: Branch Agency Administrator ANA 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 **BEXAR** Region 07 Date Licensed 11/02/1994
License # 003245 NURSES IN TOUCH COMMUNITY HOSPICE
Lic Expire 11/30/2021 909 NE LOOP 410, SUITE 800E
Medicare 1: 451605 HOSPICE SAN ANTONIO, TEXAS 782091311
Medicare 2:
Phone 830 2166303 Fax 830 2166907
Type: Parent Agency Administrator CINDY RASNICK

Owner Information
NURSES IN TOUCH, INC.
909 NE LOOP 410, SUITE 800
SAN ANTONIO, TX
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 08/02/1990
License # 002137 NURSES IN TOUCH HOME HEALTH
Lic Expire 08/31/2022 909 NE LOOP 410, SUITE 800E
Medicare 1: 677271 HHA-18 SAN ANTONIO, TEXAS 782091311
Medicare 2:
Phone (830) 216-7111 Fax (830) 216-7115
Type: Parent Agency Administrator CINDY RASNICK

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

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County **BEXAR** Region 07 Date Licensed 12/16/2014
License # 016564 OHANA PEDIATRIC HOME HEALTH LLC
Lic Expire 12/31/2022 11550 IH 10 WEST
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 451-8555 Fax (210) 451-8554
Type: Parent Agency Administrator IAN WILEY-PETERSON

Owner Information
OHANA PEDIATRIC HOME HEALTH LLC
3201 CHERRY RIDGE STREET SUITE C-314
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 12/16/2014
License # 016563 ONCE UPON A TIME HOME HEALTH LLC
Lic Expire 12/31/2022 4211 GARDENDALE STE A202
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 432-6623 Fax (210) 432-2663
Type: Parent Agency Administrator NORMA VINTON

Owner Information
ONCE UPON A TIME HOME HEALTH LLC
11107 WURZBACH SUITE 302
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 04/11/2003
License # 008410 OPTION CARE
Lic Expire 04/30/2023 14220 NORTHBROOK DRIVE SUITE 100B
Medicare 1: SAN ANTONIO, TX 78232
Medicare 2:
Phone (210) 403-0429 Fax (210) 568-6144
Type: Parent Agency Administrator ROSEANNA LEAL

Owner Information
OPTION CARE ENTERPRISES INC
PO BOX 377
DEERFIELD, IL 60015
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/03/2022

County **BEXAR** Region 03 Date Licensed
License # 014646 OPTUM INFUSION SERVICES 305, LLC
Lic Expire 02/28/2022 5627 UNIVERSITY HEIGHTS SUITE 105
Medicare 1: SAN ANTONIO, TX 78249
Medicare 2:
Phone (844) 899-4461 Fax (844) 553-7131
Type: Branch Agency Administrator LAHILY HENDERSON-DAVIS

Owner Information
OPTUM INFUSION SERVICES 500, INC
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 12/07/2016
License # 018026 OPUSCARE OF TEXAS
Lic Expire 12/31/2020 2943 MOSSROCK DRIVE
Medicare 1: 741589 HOSPICE SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 988-1461 Fax (210) 404-9887
Type: Parent Agency Administrator SONIA VELEZ

Owner Information
MY OWN HOSPICE LLC
200 NAVARRO STREET SUITE 100
SAN ANTONIO, TX 78205
PHONE: (210) 988-1461 FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/03/2021

County **BEXAR** Region 07 Date Licensed 06/01/2000
License # 007332 OUTREACH HOME CARE
Lic Expire 05/31/2021 4242 MEDICAL DR STE 1100 BLDG 1
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 736-1812 Fax (210) 737-0843
Type: Parent Agency Administrator JULIA LERMA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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

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

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

Owner Information
PALLIATIVE PLUS, LLC
1227 WOODSEY CT
SOUTHLAKE, TX 76092
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/17/2022

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

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

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

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

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

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County **BEXAR** Region 07 Date Licensed 04/26/2005
License # 009936 PATIENCE HOME HEALTH CARE
Lic Expire 04/30/2021 12770 CIMARRON PATH STE 134
Medicare 1: 457891 HHA-18 SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 340-4445 Fax (210) 340-4451
Type: Parent Agency Administrator LISA LONG

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

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County **BEXAR** Region 07 Date Licensed 10/29/2019
License # 019672 PEACE HOSPICE AND PALLIATIVE CARE
Lic Expire 10/29/2021 12042 BLANCO RD STE 307
Medicare 1: SAN ANTONIO, TEXAS 782165438
Medicare 2:
Phone (210) 890-2700 Fax (210) 890-2727
Type: Parent Agency Administrator LAURA CANTU

Owner Information
TRILATERAL CONSULTING LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 05/15/2014
License # 016216 PEDIATRIC HEALTH THERAPY INC.
Lic Expire 05/31/2022 4207 GARDENDALE SUITE B102
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 251-2048 Fax (210) 248-9088
Type: Parent Agency Administrator TONY GARCIA

Owner Information
PEDIATRIC HEALTH THERAPY INC
SAME AS ABOVE
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 08/14/2019
License # 019529 PEDIATRIC HEALTHCARE CONNECTION
Lic Expire 08/14/2021 16607 BLANCO RD. STE 12202
Medicare 1: SAN ANTONIO, TEXAS 78232
Medicare 2:
Phone (855) 268-4098 Fax (866) 311-9885
Type: Parent Agency Administrator JULIE GAUT

Owner Information
TOTS IN TOW, LLC
12617 LEE PARK LANE
AUSTIN, TX 78732
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 02/12/2016
License # 017269 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 02/28/2022 6800 PARK TEN BOULEVARD STE 140-E
Medicare 1: SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 625-7452 Fax (210) 293-0512
Type: Parent Agency Administrator PAM HANSON-LONG

Owner Information
PEDIATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 05/23/2014
License # 016229 PEDIATRIC PRIVATE DUTY NURSING INC.
Lic Expire 05/31/2022 4207 GARDENDALE SUITE B103
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 251-4316 Fax (210) 251-4062
Type: Parent Agency 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 **BEXAR** Region 07 Date Licensed 02/28/2011
License # 013924 PENTEC HEALTH INC
Lic Expire 02/28/2024 18756 STONE OAK PARKWAY SUITE 200
Medicare 1: SAN ANTONIO, TX 78258
Medicare 2:
Phone (800) 223-4376 Fax (610) 494-6148
Type: Parent Agency Administrator LESLIE PICKARD

Owner Information
PENTEC HEALTH, INC.
4 CREEK PARKWAY, SUITE #A
BOOTHWYN, PA 19061
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 08/04/1998
License # 006603 PERSONAL CARE MANAGEMENT INC
Lic Expire 08/31/2022 3610 AVENUE B
Medicare 1: SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 829-1155 Fax (210) 829-1433
Type: Parent Agency Administrator BRENDA N. JAYE

Owner Information
PERSONAL CARE MANAGEMENT INC
3610 AVENUE B
SAN ANTONIO, TX 78209
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 08/07/2009
License # 012928 PINNACLE SENIOR CARE
Lic Expire 08/31/2021 5414 FREDERICKSBURG ROAD, SUITE B100-B
Medicare 1: 747021 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 832-8031 Fax (855) 618-6655
Type: Parent Agency Administrator MICHELLE DOMINGUEZ

Owner Information
R & C HEALTHCARE LLC
500 KIRTS BLVD
TROY, MI 48084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 04/24/2024

County **BEXAR** Region 07 Date Licensed 07/28/2017
License # 018211 PREFERRED CARE AT HOME OF NORTH SAN ANTONIO
Lic Expire 07/31/2021 401 EAST SONTERRA BLVD SUITE 375
Medicare 1: SAN ANTONIO, TX 78258
Medicare 2:
Phone (210) 634-1411 Fax (210) 634-1445
Type: Parent Agency Administrator FRANCISCO NINO

Owner Information
HIDALGO CARE LLC
4514 S. MCCOLL ROAD, SUITE 1
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/19/2017
License # 018127 PREMIER HOME HEALTH AGENCY
Lic Expire 05/31/2021 5405 HURLEY DR.
Medicare 1: 679655 HHA-18 SAN ANTONIO, TX 78238
Medicare 2:
Phone (210) 231-0435 Fax (210) 231-0440
Type: Parent Agency Administrator VANESSA RUSSELL

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

County **BEXAR** Region 07 Date Licensed 08/26/1999
License # 007102 PRIDE PHC SERVICES INC
Lic Expire 08/31/2021 12500 SAN PEDRO SUITE #315
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 949-1303 Fax (210) 949-1966
Type: Parent Agency Administrator LUCINDA CRUZ, RN

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

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County **BEXAR** Region 07 Date Licensed 01/26/2012
License # 014612 PRIMAVERA PHC
Lic Expire 01/31/2022 1007 FAIR AVENUE
Medicare 1: SAN ANTONIO, TX 78223
Medicare 2:
Phone (210) 334-0955 Fax (210) 334-0926
Type: Parent Agency Administrator BARBARA SALINAS

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

County **BEXAR** Region 07 Date Licensed 02/01/2019
License # 019774 PRIME HOME HEALTH, LLC
Lic Expire 10/19/2021 4400 PIEDRAS DRIVE SOUTH SUITE 219
Medicare 1: 453194 SAN ANTONIO, TEXAS 78228
Medicare 2:
Phone (210) 251-4973 Fax (210) 251-4467
Type: Parent Agency Administrator IVAN VARGAS

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

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

Owner Information
PRINCIPLE HOSPICE SERVICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/21/2023

County **BEXAR** Region 07 Date Licensed 06/12/1995
License # 003513 PROFESSIONAL CARE HOME HEALTH INC.
Lic Expire 06/30/2022 9516 CONTESSA
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 342-3464 Fax (210) 348-7074
Type: Parent Agency Administrator LARA PINSON

Owner Information
PROFESSIONAL CARE HOME HEALTH INC
9516 CONTESSA
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 08/02/1995
License # 003826 PROGRESSIVE HOME CARE INC
Lic Expire 11/30/2019 11031 WYE DRIVE, STE#110
Medicare 1: 678101 HHA-18 SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 543-9081 Fax (210) 521-1991
Type: Parent Agency Administrator STACEY R. NOWLIN

Owner Information
PROGRESSIVE HOME CARE INC
9258 CULEBRA RD SUITE 109
SAN ANTONIO, TX 78251
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 04/16/2018
License # 018706 PROMISE SENIOR SOLUTIONS
Lic Expire 5460 BABCOCK ROAD, SUITE 120-178
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 736-4677 Fax (844) 405-6984
Type: Parent Agency Administrator SHERRY AUGG BIGLER AUGG BIGLER

Owner Information
PROMISE SENIOR SOLUTIONS LLC
1042 COUNTY ROAD 4511
HONDO, TX 78861-6024
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 12/07/2017
License # 018494 PROVIDER CARE AT HOME
Lic Expire 12/31/2021 900 NE LOOP 410 SUITE D427
Medicare 1: SAN ANTONIO, TEXAS 78209
Medicare 2:
Phone (512) 212-1402 Fax (210) 504-7908
Type: Parent Agency Administrator SHANE MILLER

Owner Information
PROVIDER CARE AT HOME LLC
1714 FORTVIEW RD #106E
AUSTIN, TX 78704
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 11/20/2020
License # 020332 PURE HEART HOSPICE
Lic Expire 11/20/2022 4211 GARDENDALE STE A102
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 595-1146 Fax (210) 595-1148
Type: Parent Agency Administrator STACEY CROSS

Owner Information
ALLWELL CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

County **BEXAR** Region 07 Date Licensed 06/02/2003
License # 008669 QUALITY HOME HEALTH CARE SERVICES
Lic Expire 06/30/2022 4359 RITTMAN RD
Medicare 1: 459484 HHA-18 SAN ANTONIO, TX 78218
Medicare 2:
Phone (210) 229-9908 Fax (210) 229-9927
Type: Parent Agency Administrator EDWARD DAVIS

Owner Information
LEERS QUALITY HOME HEALTH CARE SVCS INC
4359 RITTIMAN RD
SAN ANTONIO, TX 78218
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BEXAR** Region 07 Date Licensed 08/07/2017
License # 018233 R & R HOME CAREGIVERS LLC
Lic Expire 08/31/2021 8103 NORTH HOLLOW
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 236-8955 Fax (888) 978-5038
Type: Parent Agency Administrator ROSANNA ROCHA

Owner Information
R & R HOME CAREGIVERS LLC
4414 CENTERVIEW DR STE 140
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/05/2021
License # 020672 REDWOOD HOSPICE LLC
Lic Expire 04/05/2024 8746 WURZBACH RD STE 201
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 729-6922 Fax
Type: Parent Agency Administrator VANESSA LUNA

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

County **BEXAR** Region 07 Date Licensed 11/09/2020
License # 020302 REHAB WITHOUT WALLS NEUROSOLUTIONS
Lic Expire 11/09/2022 814 ARION PARKWAY SUITE 434
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 499-0063 Fax 18336260667
Type: Parent Agency Administrator SHANNON OXTON

Owner Information
RWW HOME & COMMUNITY REHAB SERVICES, INC.
9901 LINN STATION ROAD
LOUISVILLE, KY 40223
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 05/28/2019
License # 019392 REHABCARE
Lic Expire 05/28/2021 ISLE AT WATERCREST DOMINION, 6906 HEUERMANN ROAD
Medicare 1: SAN ANTONIO, TX 78256
Medicare 2:
Phone 210 9477090 Fax 210 8409007
Type: Parent Agency Administrator ABLE ESCAMILLA

Owner Information
REHABCARE GROUP EAST LLC
SAME
KINGWOOD, TX 77339
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 08/29/2014
License # 016403 RESILIENT HOME HEALTH CARE INC
Lic Expire 08/31/2020 9650 DATAPOINT DR. SUITE 115
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 375-9460 Fax (210) 375-9459
Type: Parent Agency Administrator DADIRI JAMA

Owner Information
RESILIENT HOME HEALTH CARE INC
9650 DATAPOINT DRIVE, SUITE#106
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Personal Assistance Services

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

County **BEXAR** Region 06 Date Licensed 05/14/2009
License # 007241 RESOURCE HOME HEALTH SERVICES
Lic Expire 08/31/2020 7551 CALLAGHAN ROAD # 102
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 525-0820 Fax (210) 525-0830
Type: Branch Agency Administrator ROSE NWABUISI

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

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County **BEXAR** Region 07 Date Licensed 02/21/2005
License # 009828 RESTORATIVE HEALTH CARE
Lic Expire 02/28/2021 8600 WURZBACH ROAD, SUITE 700
Medicare 1: 679006 HHA SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 737-8090 Fax (866) 653-2907
Type: Parent Agency Administrator ROSE CHACON

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

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County **BEXAR** Region 07 Date Licensed 02/21/2005
License # 009828 RESTORATIVE HEALTH CARE
Lic Expire 02/28/2021 8600 WURZBACH ROAD, SUITE 700
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 737-8090 Fax (866) 653-2907
Type: Branch Agency Administrator BRENDA GARRETT

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

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

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

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County **BEXAR** Region 07 Date Licensed 09/15/2006
License # 010743 RESTORATIVE PEDIATRICS
Lic Expire 09/30/2021 8600 WURZBACH ROAD, BLDG 700, 2ND FLOOR
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 733-0524 Fax (866) 760-4570
Type: Parent Agency Administrator ROSE CHACON

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

County **BEXAR** Region 07 Date Licensed 09/30/2008
License # 010743 RESTORATIVE PEDIATRICS
Lic Expire 09/30/2021 8600 WURZBACH ROAD, SUITE 700, 2ND FLOOR
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (830) 625-1402 Fax (866) 630-6351
Type: Branch Agency Administrator BRENDA GARRETT

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

County **BEXAR** Region 07 Date Licensed 12/08/2017
License # 018533 RIGHT AT HOME SA
Lic Expire 12/31/2021 8700 CROWNHILL BLVD., SUITE 304
Medicare 1: SAN ANTONIO, TEXAS 78209
Medicare 2:
Phone (210) 308-9346 Fax (210) 308-9352
Type: Parent Agency Administrator SLOANE WENDELL

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

County **BEXAR** Region 07 Date Licensed 06/14/2012
License # 015062 RIVER CITY HOME CARE
Lic Expire 06/30/2022 10221 DESERT SANDS # 107
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 342-2273 Fax (210) 342-2278
Type: Parent Agency Administrator ARTHUR J. PIKE

Owner Information
G & A MANAGEMENT INC
10221 DESSERT SANDS #107
SAN ANTONIO, TX 78216
PHONE: (210) 843-7453 FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/18/2010
License # 013328 RIVER CITY HOSPICE
Lic Expire 05/31/2022 5109 MEDICAL DRIVE SUITE 101
Medicare 1: 671655 HOSPICE SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 858-9138 Fax (210) 568-4171
Type: Parent Agency Administrator MARY VARELA

Owner Information
REAL LIFE HEALTHCARE SERVICES LLC
PO BOX 20595
BEAUMONT, TEXAS 77720
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 09/28/2022

County **BEXAR** Region 07 Date Licensed 05/18/2011
License # 014112 RIVER CITY HOSPICE OF TEXAS LLC
Lic Expire 05/31/2021 5109 MEDICAL DRIVE SUITE 101
Medicare 1: 671716 HOSPICE SAN ANTONIO, TEXAS 782295068
Medicare 2:
Phone (210) 858-9138 Fax (210) 568-4171
Type: Parent Agency Administrator MARIO SALAS

Owner Information
RIVER CITY HOSPICE OF TEXAS, LLC
PO BOX 20595
BEAUMONT, TX 77720
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 05/04/2021

County **BEXAR** Region 07 Date Licensed 04/07/2016
License # 017453 S. A. NURSES HOME HEALTH AGENCY
Lic Expire 04/30/2022 4414 CENTERVIEW DRIVE SUITE 210
Medicare 1: 453135 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 798-2199 Fax (210) 270-8215
Type: Parent Agency Administrator VICKI LAYTON

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

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County **BEXAR** Region 07 Date Licensed 03/02/2021
License # 020554 SAFE HOMECARE
Lic Expire 03/02/2023 4414 CENTERVIEW DR., SUITE 126
Medicare 1: SAN ANTONIO, TEXAS 78228
Medicare 2:
Phone (210) 947-5701 Fax
Type: Parent Agency Administrator CHRISTINE MARTINEZ

Owner Information
JIMENEZ SENIOR CARE INC.
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/27/2012
License # 010616 SAINT BENEDICTS HOME HEALTH INC
Lic Expire 07/31/2021 1313 SE MILITARY DR STE 105
Medicare 1: SAN ANTONIO, TX 78214
Medicare 2:
Phone (210) 923-2285 Fax (210) 923-2286
Type: Branch Agency Administrator BRENDA RAMON

Owner Information
SAINT BENEDICTS HOME HEALTH INC
424 E MAIN
ROBSTOWN, TX 78380
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 11/28/2005
License # 009340 SALDIVAR HOME HEALTH INC
Lic Expire 09/30/2022 9842 LORENE LN.
Medicare 1: 45Q7865001 SAN ANTONIO, TEXAS 78216
Medicare 2:
Phone 361 396 1204 Fax 361 6645862
Type: Branch Agency Administrator OFELIA SALDIVAR

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

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

County **BEXAR** Region 07 Date Licensed 02/05/2003
License # 007114 SALDIVAR PRIMARY HOME CARE
Lic Expire 09/30/2022 9842 LORENE LANE
Medicare 1: SAN ANTONIO, TEXAS 78216
Medicare 2:
Phone (210) 384-0909 Fax (210) 384-0910
Type: Branch Agency Administrator MARGOT P. SALDIVAR

Owner Information
SALDIVAR COASTAL SERVICES INC
P. O. BOX 3504
ALICE, TEXAS 78332
PHONE: (361) 396-1200 FAX: (361) 396-1203
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 06/15/2009
License # 012658 SAN ANTONIO HOME HEALTH
Lic Expire 06/30/2021 85 NE LOOP 410 SUITE 607
Medicare 1: 747408 HHA-18 SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 787-3343 Fax (210) 579-1023
Type: Parent Agency Administrator FRANK HART

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

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

Owner Information
210 HOSPICE CARE LLC
PO BOX 692128
SAN ANTONIO, TX 78269
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 06/02/2023

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

Owner Information
SAN ANTONIO INSPIRE HOSPICE LLC
7271 WURZBACH RD., SUITE#187
SAN ANTONIO, TX 78240
PHONE: (210) 290-8159 FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/13/2022

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

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

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

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

County **BEXAR** Region 07 Date Licensed 10/31/2013
License # 015847 SAN RAFAEL HEALTHCARE INC.
Lic Expire 10/31/2021 400 NORTH LOOP 1604 EAST STE 350
Medicare 1: SAN ANTONIO, TX 78232
Medicare 2:
Phone (210) 255-1466 Fax (210) 255-1488
Type: Parent Agency Administrator WENDY RENTERIA

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

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County **BEXAR** Region 07 Date Licensed 02/27/1997
License # 005304 SANTA RITA HOME HEALTH SERVICES
Lic Expire 02/28/2021 10803 GULFDALE ST STE 250
Medicare 1: 459303 HHA-18 97 SAN ANTONIO, TEXAS 78216
Medicare 2:
Phone (210) 200-8502 Fax (210) 200-5161
Type: Parent Agency Administrator EDDIE ZUNIGA

Owner Information
DOS HERMANAS ORTIZ INC
501 MARINA STE 2
LAREDO, TX 78046
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/03/2023

County **BEXAR** Region 07 Date Licensed 01/01/2011
License # 013877 SANTANA PRIMARY HOME CARE INC
Lic Expire 12/31/2022 5419 BANDERA RD STE 703
Medicare 1: SAN ANTONIO, TX 78238
Medicare 2:
Phone (210) 438-9357 Fax (210) 438-8102
Type: Parent Agency 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
License # 020622 SBP HOME HEALTHCARE LLC
Lic Expire 03/22/2024 10227 ROBBINS CREEK
Medicare 1: SAN ANTONIO, TX 78245
Medicare 2:
Phone 210 457 9039 Fax
Type: Parent Agency Administrator SHIYAR POYRAZ

Owner Information
SBP HOME HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 11/18/2011
License # 014478 SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS-SAN ANTONIO LLC
Lic Expire 11/30/2021 300 E SONTERRA BOULEVARD SUITE 1260
Medicare 1: 671721 HOSPICE SAN ANTONIO, TX 78258
Medicare 2:
Phone (210) 471-2300 Fax (210) 471-2301
Type: Parent Agency Administrator HEATHER BOLTON

Owner Information
SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS HOLDING INC
300 E SONTERRA BLVD., STE#1260
SAN ANTONIO, TX 78258
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 05/18/2011
License # 014111 SENIOR BUDDIES LLC
Lic Expire 05/31/2021 24137 BOERNE STAGE ROAD
Medicare 1: SAN ANTONIO, TX 78255
Medicare 2:
Phone (210) 698-7772 Fax (210) 735-8271
Type: Parent Agency Administrator JACOB KITCHEN

Owner Information
SENIOR BUDDIES LLC
24137 BOERNE STAGE RD
SAN ANTONIO, TX 78255
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 09/23/2016
License # 017648 SENIOR HELPERS OF GREATER SAN ANTONIO
Lic Expire 09/30/2022 4837 FREDERICKSBURG ROAD
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 810-3535 Fax (210) 810-3545
Type: Parent Agency Administrator MARIA HOOPER

Owner Information
78 ENTERPRIZE LLC
12937 PARK FOREST
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/06/2012
License # 015064 SENIORBRIDGE
Lic Expire 07/31/2022 8123 DATA POINT DRIVE, SUITE 101
Medicare 1: 747965 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 822-9494 Fax (210) 804-0509
Type: Parent Agency Administrator SUSAN GREEN

Owner Information
HUMANA AT HOME SAN ANTONIO INC
404 BRAODWAY SUITE 200
SAN ATONIO, TX 78209
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **BEXAR** Region 07 Date Licensed 09/10/2019
License # 019592 SENT FROM ABOVE HOME HEALTH
Lic Expire 09/10/2021 8911 RAINBOW CREEK
Medicare 1: SAN ANTONIO, TEXAS 78245
Medicare 2:
Phone (256) 846-2401 Fax
Type: Parent Agency Administrator DAVID BURNETT

Owner Information
SENT FROM ABOVE HOME HEALTHCARE LLC
8911 RAINBOW CREEK
SAN ANTONIO, TX 78245
PHONE: FAX:
Services: Personal Assistance Services

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

Owner Information
SERENITY HOSPICE AND PALLIATIVE CARE OF TEXAS LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/24/2022

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

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

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County **BEXAR** Region 07 Date Licensed 05/26/2010
License # 013354 SIGNAL HOME HEALTH CARE LLC
Lic Expire 05/31/2022 4538 CENTERVIEW DR SUITE 170
Medicare 1: 747579 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 732-7600 Fax (210) 468-0537
Type: Parent Agency Administrator LINDA WHITAKER

Owner Information
SIGNAL HOME HEALTH CARE LLC
4538 CENTERVIEW DR SUITE 170
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACHC, Expires: 06/24/2023

County **BEXAR** Region 07 Date Licensed 09/29/2015
License # 017057 SIGNAL HOSPICE CARE LLC
Lic Expire 09/30/2021 4538 CENTERVIEW DR SUITE 170
Medicare 1: 741622 HOSPICE SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 732-7600 Fax (210) 855-8391
Type: Parent Agency Administrator PAMELA LERMA

Owner Information
SIGNAL HOSPICE CARE LLC
4538 CENTERVIEW DR SUITE 170
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 07/20/2022

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

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

County **BEXAR** Region 07 Date Licensed 01/01/2008
License # 011872 SISTERS CARE AT THE VILLAGE
Lic Expire 12/31/2020 4707 BROADWAY
Medicare 1: SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 733-9800 Fax (210) 733-8223
Type: Parent Agency Administrator FRANCES JACKSON

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

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

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

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

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

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

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County **BEXAR** Region 07 Date Licensed 10/18/2000
License # 007459 SPECIAL KIDS CARE
Lic Expire 10/31/2021 11124 WURZBACH RD SUITE 100
Medicare 1: 679026 SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 615-5242 Fax (210) 615-5280
Type: Parent Agency Administrator ANGELA PENA

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

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County **BEXAR** Region 07 Date Licensed 05/13/2019
License # 019374 SPECIALTY HOMECARE LLC
Lic Expire 05/13/2021 4203 GARDENDALE STE C256
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 352-5242 Fax (210) 352-5271
Type: Parent Agency Administrator MEGAN MORALES

Owner Information
SPECIALTY HOMECARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 11/04/2010
License # 013690 SPEECH WEB HOME CARE LLC
Lic Expire 11/30/2022 105 BILTMORE SUITE 205
Medicare 1: CASTLE HILLS, TX 78213
Medicare 2:
Phone (210) 525-1441 Fax (210) 525-0141
Type: Parent Agency Administrator LORRAINE ESQUIVEL

Owner Information
SPEECH WEB HOME CARE, LLC
105 BILTMORE #205
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 02/03/2021
License # 020507 ST JOSEPH'S ADULT HEALTHCARE, LLC
Lic Expire 02/03/2023 15801 CHASE HILL BLVD APT 705
Medicare 1: SAN ANTONIO, TX 782561039
Medicare 2:
Phone (210) 740-9780 Fax
Type: Parent Agency Administrator JOSEPHINE NLEKWA

Owner Information
ST JOSEPH'S ADULT HEALTHCARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 08/31/2009
License # 012830 ST MARK HOME HEALTH CARE LLC
Lic Expire 08/31/2021 5545 FREDERICKSBURG RD SUITE 205
Medicare 1: 747460 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 366-2352 Fax (210) 366-2350
Type: Parent Agency Administrator YVONNE V GONZALEZ

Owner Information
ST MARK HOME HEALTH CARE LLC
5545 FREDRICKSBURG ROAD STE#205
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/16/2022

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

County **BEXAR** Region 07 Date Licensed 08/14/2014
License # 016375 ST. GABRIEL'S HOSPICE AND PALLIATIVE CARE
Lic Expire 08/31/2022 1100 NE LOOP 410 SUITE 220
Medicare 1: 741596 HOSPICE SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 822-2992 Fax (210) 568-4859
Type: Parent Agency Administrator CESILIA PUENTE

Owner Information
SGHPC-SA LLC
2501 PARKVIEW DRIVE SUITE 105
FORT WORTH, TX 76102
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 08/14/2014
License # 016375 ST. GABRIEL'S HOSPICE AND PALLIATIVE CARE
Lic Expire 08/31/2022 1100 NE LOOP 410 SUITE 220
Medicare 1: 741596 HOSPICE SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 822-2992 Fax (210) 568-4859
Type: Parent Agency Administrator CESILIA PUENTE

Owner Information
SGHPC-SA LLC
2501 PARKVIEW DRIVE SUITE 105
FORT WORTH, TX 76102
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 11/20/2013
License # 015881 ST. MARY'S PHC
Lic Expire 11/30/2021 1007 FAIR AVENUE SUITE A
Medicare 1: SAN ANTONIO, TX 78223
Medicare 2:
Phone (210) 257-8458 Fax (210) 257-8533
Type: Parent Agency Administrator WILLIAM CANELA

Owner Information
SANTA MARIA MEDICAL GROUP INC
P. O. BOX 23067
SAN ANTONIO, TX 78223
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/27/2016
License # 017425 ST. MICHAEL PROVIDERS LLC
Lic Expire 08/31/2022 104 PARDO CIRCLE
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 960-2244 Fax (210) 960-2240
Type: Parent Agency Administrator ESTHER SAN MIGUEL

Owner Information
ST. MICHAEL PROVIDERS LLC
104 PARDO CIRCLE
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/15/2019
License # 019372 ST. MICHAEL'S HOME CARE
Lic Expire 05/09/2021 1100 NE LOOP 410, SUITE 220A
Medicare 1: SAN ANTONIO, TEXAS 78209
Medicare 2:
Phone (210) 882-6559 Fax (210) 579-8297
Type: Parent Agency Administrator DEANN FIERRO

Owner Information
ST. MICHAEL'S SENIOR CARE, LLC
1240 FOREST PARK DRIVE
WEATHERFORD, TEXAS 76087
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/01/2008
License # 012046 SUMMIT HOME HEALTH CARE
Lic Expire 02/28/2021 100 NE LOOP 410, STE 1500-A
Medicare 1: 45-7912 (HHA); 97- SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 615-3877 Fax (210) 615-3876
Type: Parent Agency Administrator ANDREA BARCAK

Owner Information
SUMMIT HOMECARE SERVICES LLC
7475 CALLAGAN RD SUITE 203
SAN ANTONIO, TX 78229-2934
PHONE: (210) 615-3877 FAX: (210) 615-3876
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/30/2022

County **BEXAR** Region 07 Date Licensed 10/01/2019
License # 019623 SUNCREST HOSPICE SAN ANTONIO LLC
Lic Expire 10/01/2021 14100 SAN PEDRO AVE STE 300
Medicare 1: 971590 SAN ANTONIO, TEXAS 78232
Medicare 2:
Phone (830) 637-2721 Fax (210) 978-5250
Type: Parent Agency Administrator NOEMI BETANCOURT

Owner Information
SUNCREST HOSPICE SAN ANTONIO LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/30/2023

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

County **BEXAR** Region 07 Date Licensed 02/21/2019
License # 019272 SUNRISE HOSPICE, INC.
Lic Expire 02/21/2023 4402 VANCE JACKSON RD STE 100
Medicare 1: 971550 (HOSPICE) SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 239-7802 Fax (210) 817-8614
Type: Parent Agency Administrator CARLOS GRAVES

Owner Information
SUNRISE HOSPICE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/05/2023

County **BEXAR** Region 07 Date Licensed 01/13/2014
License # 016017 SUPER HERO KIDS HOME HEALTH
Lic Expire 01/31/2022 8700 CROWNHILL BLVD. STE #105
Medicare 1: 677851 SAN ANTONIO, TEXAS 78209
Medicare 2:
Phone (210) 937-1104 Fax (210) 255-8772
Type: Parent Agency Administrator STEVAN ADAMS

Owner Information
SUPER HERO KIDS HOME HEALTH, LLC
8700 CROWNHILL BLVD. STE. #105
SAN ANTONIO, TX 78209
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 09/01/2010
License # 013689 SUPERIOR HOME HEALTH OF SAN ANTONIO LLC
Lic Expire 11/30/2020 8000 VANTAGE DRIVE
Medicare 1: 679504 HHA-18 SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 662-0004 Fax (210) 662-0619
Type: Parent Agency Administrator BELINDA JUAREZ

Owner Information
SUPERIOR HOME HEALTH OF SAN ANTONIO LLC
8000 VANTAGE DRIVE
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BEXAR** Region 07 Date Licensed 08/12/2020
License # 020102 SUPERIOR HOSPICE OF SA LLC
Lic Expire 08/12/2022 8000 VANTAGE DR
Medicare 1: SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 899-4517 Fax (210) 579-7349
Type: Parent Agency Administrator PATSY BISCAINO

Owner Information
SUPERIOR HOSPICE OF SA LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 08/22/2013
License # 019583 SYNERGY HOMECARE OF GREATER SAN ANTONIO
Lic Expire 09/06/2021 10715 GULFDALE STREET, SUITE 255
Medicare 1: SAN ANTONIO, TEXAS 78216
Medicare 2:
Phone 210 2671252 Fax 210 2675598
Type: Parent Agency Administrator BETTINA MCGRIGGLER

Owner Information
INDEPENDENT LIVING SOLUTIONS INC.
24719 CREEK LOOP
SAN ANTONIO, TX 78266
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 08/02/2018
License # 018866 TC CARE
Lic Expire 08/31/2022 10615 PERRIN BEITEL RD. SUITE 607
Medicare 1: SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 478-7906 Fax (210) 478-7906
Type: Parent Agency Administrator TAMMI WARD

Owner Information
TC CARE LLC
6922 CUTTING CREEK
SAN ANTONIO, TX 78244
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 03 Date Licensed
License # 012487 TEAM SELECT HOME CARE
Lic Expire 03/31/2023 4204 GARDENDALE SUITE 212
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 714-0688 Fax (830) 201-1550
Type: Branch Agency Administrator DANA TARRANT

Owner Information
VIVICARE HEALTH PARTNERS LLC
2999 N. 44TH STREET STE 100
PHOENIX, AZ 85018
PHONE: FAX:
Services: Licensed Home Health Services

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

County **BEXAR** Region 07 Date Licensed 12/11/2013
License # 015909 TENDER TOUCH HOSPICE LLC
Lic Expire 12/31/2021 4203 GARDENDALE ST. SUITE C112
Medicare 1: 741559 HOSPICE SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 585-6352 Fax (210) 994-9118
Type: Parent Agency Administrator SHEILA GALINDO-CAMPOS

Owner Information
TENDER TOUCH HOSPICE LLC
4203 GARDENDALE ST C-112
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 08/09/2021

County **BEXAR** Region 07 Date Licensed 10/10/2005
License # 008583 TEXAS HEALTH STAFFING SERVICES INC
Lic Expire 09/30/2021 539 N GENERAL MCMULLEN SUITE 106
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 433-3133 Fax (210) 433-3177
Type: Branch Agency Administrator EDNA VERNETTE RAETZSCH CARRANZA

Owner Information
TEXAS HEALTH STAFFING SERVICES INC
1115 CHIHUAHUA SUITE A
LAREDO, TX 78040
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 06/06/2005
License # 009956 TEXAS HEALTHCARE SOLUTIONS, INC.
Lic Expire 06/30/2021 11550 W. INTERSTATE 10 STE. 170
Medicare 1: 679298 HHA-18 SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 877-5222 Fax (210) 877-5228
Type: Parent Agency Administrator SHANNON BOWEN

Owner Information
TEXAS HEALTHCARE SOLUTIONS, INC.
11550 IH 35 10 WEST STE#170
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BEXAR** Region 07 Date Licensed 05/10/2016
License # 017592 TEXAS HEARTFELT PERSONAL CARE LLC
Lic Expire 02/28/2021 4203 GARDENDALE C207
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 616-9790 Fax (210) 616-9791
Type: Parent Agency Administrator DELORES W PATTERSON

Owner Information
TEXAS HEARTFELT PERSONAL CARE LLC
4203 GARDENDALE ST., C202
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/09/2001
License # 007592 TEXAS HOME HEALTH OF AMERICA
Lic Expire 03/31/2023 4242 WOODCOCK DRIVE SUITE 220
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 349-7240 Fax (210) 680-5554
Type: Parent Agency Administrator SANDRA GRANDLUND

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

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County **BEXAR** Region 07 Date Licensed 02/15/2005
License # 007949 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 05/31/2022 4801 NW LOOP 410 SUITE 115
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 349-7355 Fax (210) 349-7385
Type: Branch Agency Administrator CHRISTINA MAYA-CRUZ

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 05/09/2002
License # 007949 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 05/31/2022 4801 NW LOOP 410 SUITE #115
Medicare 1: 679174 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 349-7355 Fax (210) 349-7385
Type: Parent Agency Administrator CHRISTINA MAYA-CRUZ

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/17/2022

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

County **BEXAR** Region 07 Date Licensed 09/21/2009
License # 012864 TEXAS TELEHEALTH
Lic Expire 4414 CENTERVIEW DRIVE SUITE #150
Medicare 1: 747609 HHA-18 SAN ANTONIO, TEXAS 78228
Medicare 2:
Phone 210 9479550 Fax 210 4550250
Type: Parent Agency Administrator JOSE LORENZO TREVINO III

Owner Information
BRUSH COUNTRY HOME HEALTH INC
702 HIDALGO BOULEVARD SUITE # 2
ZAPATA, TX 78076
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 07/23/2014
License # 016333 TEXCARE HEALTHCARE SYSTEM LLC
Lic Expire 07/31/2022 1915 LA MANDA, SUITE#2
Medicare 1: SAN ANTONIO, TEXAS 78201
Medicare 2:
Phone (210) 541-8111 Fax (210) 541-8110
Type: Parent Agency Administrator LAWRENCE OSEGHAE, R.N., M.B.A.

Owner Information
TEXCARE HEALTHCARE SYSTEM LLC
1915 LA MANDA
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 08/10/2005
License # 009902 THANK YOU NURSES LTD
Lic Expire 08/31/2021 4242 WOODCOCK DRIVE STE 150
Medicare 1: 677911 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 767-9044 Fax (210) 767-9046
Type: Parent Agency Administrator JENNIFER FLORES

Owner Information
THANK YOU NURSES LTD
4242 WOODCOCK DR., STE. 150
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 06/22/2017
License # 018123 THE MEDICAL TEAM INC
Lic Expire 06/30/2021 45 N.E. LOOP 410 STE 800
Medicare 1: 741714 HOSPICE SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 270-1393 Fax (210) 270-1367
Type: Parent Agency Administrator LISA WITHAM

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

County **BEXAR** Region 07 Date Licensed 04/17/2018
License # 018707 THE MEDICAL TEAM INC
Lic Expire 08/01/2022 45 N.E. LOOP 410. SUITE 800
Medicare 1: SAN ANTONIO, TEXAS 78216
Medicare 2:
Phone (214) 373-1111 Fax (214) 238-8080
Type: Parent Agency Administrator LAURA BROWN

Owner Information
THE MEDICAL TEAM, INC.
1902 CAMPUS COMMONS DRIVE, SUITE 650
RESTON, VA 20191
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 08/02/2022

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

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

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County **BEXAR** Region 07 Date Licensed 09/27/2013
License # 015930 THERACARE HOME HEALTH
Lic Expire 09/30/2021 8122 DATAPOINT DRIVE, SUITE 410A
Medicare 1: 677248 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 616-3299 Fax (210) 616-3298
Type: Parent Agency Administrator NICOLETTE HERNANDEZ

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

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

County **BEXAR** Region 07 Date Licensed
License # 015930 THERACARE HOME HEALTH
Lic Expire 09/30/2021 6243 IH 10 WEST, SUITE 130-B
Medicare 1: 67Q7248003 SAN ANTONIO, TEXAS 78201
Medicare 2:
Phone 210 6163299 Fax 210 6163298
Type: Branch Agency Administrator NICOLETTE HERNANDEZ

Owner Information
CANTEX HOME HEALTH FORT WORTH LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

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

County **BEXAR** Region 03 Date Licensed
License # 007367 THERAPY 2000 INC
Lic Expire 07/31/2022 1635 NE LOOP 410; STE 600
Medicare 1: SAN ANTONIO, TX 78209
Medicare 2:
Phone 12144679787 Fax 14699165800
Type: Branch Agency Administrator VANESSA RICHARDSON

Owner Information
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 04/04/2017
License # 018144 THREE OAKS HOSPICE SAN ANTONIO
Lic Expire 04/30/2021 9830 COLONNADE BOULEVARD, SUITE 470
Medicare 1: 741626 HOSPICE SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 780-3003 Fax (888) 507-0660
Type: Parent Agency Administrator JOYCE SMITH

Owner Information
UNITY HOSPICE CARE LLC
10221 DESSERT SANDS SUITE 106A
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/27/2022

County **BEXAR** Region 05 Date Licensed 11/01/2016
License # 017864 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 8610 N. NEW BRAUNFELS AVE. SUITE 405
Medicare 1: SAN ANTONIO, TX 782176358
Medicare 2:
Phone (210) 804-0193 Fax (210) 610-8782
Type: Branch Agency Administrator IDALIA ARAGUZ, RN

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

County **BEXAR** Region 07 Date Licensed 06/02/2003
License # 008484 TITAN HEALTH SERVICES LLC
Lic Expire 06/30/2021 17042 BENTON CITY RD
Medicare 1: 679343 HHA-18 VON ORMY, TEXAS 78073
Medicare 2:
Phone (210) 736-6100 Fax (210) 736-6101
Type: Parent Agency Administrator RUBEN S. GARCIA

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

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County **BEXAR** Region 06 Date Licensed 09/01/2004
License # 009281 TOUCH OF CLASS
Lic Expire 08/31/2022 5413 BANDERA ROAD UNIT 401
Medicare 1: SAN ANTONIO, TX 78238
Medicare 2:
Phone (210) 653-8475 Fax (210) 653-8012
Type: Branch Agency Administrator JANET BOWLES

Owner Information
TOUCH OF CLASS
PHONE: (281) 858-1165 FAX: (281) 345-9790
Services: Licensed Home Health Services; Personal Assistance Services

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

County **BEXAR** Region 07 Date Licensed 10/01/2018
License # 019582 TOUCHING HEARTS AT HOME
Lic Expire 09/06/2021 8627 CINNAMON CREEK DRIVE, SUITE 601
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone 210 4216078 Fax
Type: Parent Agency Administrator ALAN BUMPUS

Owner Information
J & J INHOME CARE LLC
20079 STONE OAK PARKWAY
SAN ANTONIO, TX 78258
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/31/2018
License # 019772 TRANSCEND HOSPICE
Lic Expire 01/09/2022 1844 LOCKHILL SELMA RD., STE 101 K
Medicare 1: 971587 SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator SANDRA MALDONADO

Owner Information
CAYLOR HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/09/2023

County **BEXAR** Region 07 Date Licensed 05/25/2018
License # 018761 TRANSCEND HOSPICE
Lic Expire 05/31/2022 1844 LOCKHILL SELMA RD., STE 101 H
Medicare 1: 97-1536 (HOSPICE SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 12/05/2022

County **BEXAR** Region 07 Date Licensed 01/14/2019
License # 019197 TRANSCEND HOSPICE
Lic Expire 01/14/2023 1844 LOCKHILL SELMA RD., SUITE 102
Medicare 1: 74-1585 SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 679-1485 Fax (888) 696-3440
Type: Parent Agency Administrator FELICA ACOSTA- PETERS

Owner Information
TRANSITIONS HOSPICE LLC
1846 LOCKHILL SELMA RD SUITE 101
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/14/2021

County **BEXAR** Region 07 Date Licensed 05/31/2018
License # 019763 TRANSCEND HOSPICE
Lic Expire 01/08/2022 1844 LOCKHILL SELMA RD., STE 101 M
Medicare 1: 971596 Hospice SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator SANDRA MALDONADO

Owner Information
FELICA HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/18/2023

County **BEXAR** Region 07 Date Licensed 07/14/2017
License # 018166 TRANSCEND HOSPICE
Lic Expire 07/31/2021 1844 LOCKHILL SELMA RD., STE 101 F
Medicare 1: 74-1751 Hospice SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-4049
Type: Parent Agency Administrator HOLLY FOX

Owner Information
PEACE OF MIND HOSPICE LLC
1840 LOCKHILL SELMA RD STE 103I
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/09/2021

County **BEXAR** Region 07 Date Licensed 05/31/2018
License # 019732 TRANSCEND HOSPICE
Lic Expire 12/05/2021 1844 LOCKHILL SELMA RD., STE 101 L
Medicare 1: 971586 Hospice SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator HOLLY FOX

Owner Information
CADEN HOSPICE LLC
1840 LOCKHILL SELMA RD, SUITE 103 L
SAN ANTONIO, TEXAS 78213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/26/2023

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

County **BEXAR** Region 07 Date Licensed 05/04/2018
License # 018741 TRANSCEND HOSPICE
Lic Expire 05/31/2022 1844 LOCKHILL SELMA RD., STE 101 G
Medicare 1: 971546 (HOSPICE) SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator SANDRA MALDONADO

Owner Information
PEACE OF MIND HOSPICE 2, LLC
1840 LOCKHILL SELMA RD., STE. 103G
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/01/2022

County **BEXAR** Region 07 Date Licensed 09/01/2020
License # 020137 TRANSCEND HOSPICE
Lic Expire 09/01/2022 1844 LOCKHILL SELMA RD, SUITE 101Q
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator HOLLY FOX

Owner Information
TRANSCEND HOSPICE 15 LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/26/2024

County **BEXAR** Region 07 Date Licensed 11/23/2020
License # 020337 TRANSCEND HOSPICE
Lic Expire 11/23/2022 1844 LOCKHILL SELMA RD, SUITE 101 R
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator SANDRA MALDONADO

Owner Information
TRANSCEND HOSPICE 16 LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 11/23/2020
License # 020338 TRANSCEND HOSPICE
Lic Expire 11/23/2022 1844 LOCKHILL SELMA RD. SUITE 101 T
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator SANDRA MALDONADO

Owner Information
TRANSCEND HOSPICE 18 LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 11/23/2020
License # 020339 TRANSCEND HOSPICE
Lic Expire 11/23/2022 1844 LOCKHILL SELMA RD. SUITE 101 S
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator SANDRA MALDONADO

Owner Information
TRANSCEND HOSPICE 17 LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 06/30/2020
License # 019950 TRANSCEND HOSPICE
Lic Expire 05/18/2022 1844 LOCKHILL SELMA RD., STE 101 O
Medicare 1: 971621 Hospice SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator SANDRA MALDONADO

Owner Information
TRANSCEND HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/19/2023

County **BEXAR** Region 07 Date Licensed 06/15/2020
License # 019925 TRANSCEND HOSPICE
Lic Expire 05/11/2022 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
Type: Parent Agency Administrator SANDRA MALDONADO

Owner Information
TRANSCEND HOSPICE 13 LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/16/2023

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

County **BEXAR** Region 07 Date Licensed 11/23/2020
License # 020336 TRANSCEND HOSPICE
Lic Expire 11/23/2022 1844 LOCKHILL SELMA RD. SUITE 101 U
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator SANDRA MALDONADO

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

County **BEXAR** Region 07 Date Licensed 09/05/2020
License # 020081 TRANSCEND HOSPICE
Lic Expire 07/29/2022 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
Type: Parent Agency Administrator SANDRA MALDONADO

Owner Information
TRANSCEND HOSPICE 14 LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/03/2024

County **BEXAR** Region 07 Date Licensed 02/12/2015
License # 016723 TRIAGE HOME CARE
Lic Expire 02/28/2021 1603 BABCOCK SUITE 115
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 457-4444 Fax (210) 457-4446
Type: Parent Agency Administrator HAZEM MOHAMED

Owner Information
MOST CHOICE HEALTHCARE
1603 BABCOCK SUITE 115
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 11/06/2019
License # 019682 TRIBUTE HOSPICE AND PALLIATIVE CARE
Lic Expire 11/06/2021 12042 BLANCO ROAD STE 307
Medicare 1: SAN ANTONIO, TEXAS 78216
Medicare 2:
Phone (210) 890-2700 Fax (210) 890-2727
Type: Parent Agency Administrator LAURA CANTU

Owner Information
TRILATERAL CONSULTING LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 06/19/1996
License # 004624 TRICARE HOME HEALTH SERVICES INC
Lic Expire 06/30/2021 5724 KENWICK STREET
Medicare 1: 678422 HHA-18 SAN ANTONIO, TX 78238
Medicare 2:
Phone (210) 342-7777 Fax (210) 342-5030
Type: Parent Agency Administrator OKEY OKOYE

Owner Information
TRICARE HOME HEALTH SERVICES INC
5124 KENWICK STREET
SAN ANTONIO, TX 78238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 12/13/2017
License # 018502 TRIED AND TRUE HOME CARE SERVICES LLC
Lic Expire 12/31/2020 12451 STARCREST DR. SUITE 203
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 305-4961 Fax (210) 650-9271
Type: Parent Agency Administrator TANISHA FULLER-FELIX

Owner Information
TRIED AND TRUE HOME CARE SERVICES LLC
12451 STARCREST DRIVE, SUITE 203
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/23/2016
License # 017865 TRINITY HOSPICE
Lic Expire 09/30/2022 11122 WURZBACH STE 302
Medicare 1: 741591 HOSPICE SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 960-2223 Fax (888) 820-3402
Type: Parent Agency Administrator ALLURA REYNOLDS

Owner Information
ECHO HOSPICE LLC
7219 HORSE WHIP
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **BEXAR** Region 07 Date Licensed 02/15/2019
License # 019260 TWINKLE HEALTHCARE SERVICES LLC
Lic Expire 07/31/2021 5500 WALZEM RD.
Medicare 1: SAN ANTONIO, TEXAS 78218
Medicare 2:
Phone 832 6614528 Fax
Type: Parent Agency Administrator NNENNA AWAGU

Owner Information
TWINKLE HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 12/30/2006
License # 011026 UNIQUE HOME HEALTH
Lic Expire 12/31/2022 637 CHALMERS AVE
Medicare 1: 747015 HHA-18 SAN ANTONIO, TX 78214
Medicare 2:
Phone (210) 924-6077 Fax (210) 924-6106
Type: Parent Agency Administrator YOLANDA RODRIGUEZ

Owner Information
TWELVE LAC INC.
123 WALEETKA ST
SAN ANTONIO, TX 78210
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/28/2016
License # 002358 URESTI SENIOR ASSISTANCE
Lic Expire 07/31/2021 2406 COMMERCIAL AVE #135
Medicare 1: SAN ANTONIO, TX 78221
Medicare 2:
Phone (210) 592-6358 Fax (210) 592-6317
Type: Branch Agency Administrator PATRICIA PEREZ

Owner Information
E & O HOME HEALTH CARE INC
PO BOX 691
KINGSVILLE, TX 78363
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 10/17/2002
License # 008155 VISITING ANGELS
Lic Expire 05/31/2022 358 W SUNSET
Medicare 1: SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 826-9200 Fax (210) 826-9206
Type: Parent Agency Administrator MICHELLE FERGUSON

Owner Information
LAM SERVICES INC
358 W. SUNSET
SAN ANTONIO, TX 78209
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 11/05/2019
License # 019679 VISITING ANGELS OF NE SAN ANTONIO
Lic Expire 11/05/2021 12602 TOEPPERWEIN RD SUITE 210
Medicare 1: SAN ANTONIO, TX 78233
Medicare 2:
Phone (210) 378-2430 Fax
Type: Parent Agency Administrator LEE INABINET

Owner Information
L&L SENIOR HOME CARE, INC
20458 WAHL LANE
GARDEN RIDGE, TX 78266
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 12/01/1998
License # 007195 VITAS HEALTHCARE OF TEXAS LP
Lic Expire 11/30/2021 8401 DATAPOINT SUITE 300
Medicare 1: 451591 HOSPICE SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 348-4040 Fax (210) 348-4040
Type: Parent Agency Administrator JOSEPH BRICKNER

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 05/29/2003
License # 007195 VITAS HEALTHCARE OF TEXAS LP
Lic Expire 11/30/2021 5131 MEDICAL DRIVE, SUITE 310
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 961-4060 Fax (210) 961-4075
Type: Alternate Delivery Site Administrator JOSEPH BRICKNER

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

County **BEXAR** Region 07 Date Licensed 03/31/1997
License # 005412 WECARE HEALTH SERVICES INC
Lic Expire 03/31/2021 10306 CRYSTAL FIELD
Medicare 1: SAN ANTONIO, TX 78254
Medicare 2:
Phone (210) 682-1424 Fax (210) 684-5591
Type: Parent Agency Administrator JONAH OBASI

Owner Information
WECARE HEALTH SERVICES INC
10306 CRYSTAL FIELD
SAN ANTONIO, TX 78250
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BEXAR** Region 07 Date Licensed 09/13/2019
License # 019599 WECARE PRIMARY HOME CARE LLC
Lic Expire 09/13/2021 2379 NE LOOP 410, SUITE 5
Medicare 1: SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 783-0177 Fax (210) 783-0388
Type: Parent Agency Administrator MONICA TRAVESIO

Owner Information
WECARE PRIMARY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/30/2020
License # 020208 YELLOW ROSE HOSPICE CARE, INC.
Lic Expire 09/30/2022 2819 NW LOOP 410
Medicare 1: SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 797-7316 Fax (210) 783-8316
Type: Parent Agency Administrator ALFRED PEREZ

Owner Information
YELLOW ROSE HOSPICE CARE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BOSQUE** Region 05 Date Licensed 08/26/2019
License # 019715 GOODALL-WITCHER HOME HEALTH AGENCY
Lic Expire 08/26/2021 201 POSEY AVENUE
Medicare 1: 457688 CLIFTON, TEXAS 766341200
Medicare 2:
Phone (254) 675-4101 Fax (254) 675-6260
Type: Parent Agency Administrator JENNIFER SPEER

Owner Information
BOSQUE COUNTY HOSPITAL DISTRICT
PO BOX 549
CLIFTON, TX 76634
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **BOSQUE** Region 05 Date Licensed 07/07/2006
License # 010595 HOSPICE SUNSET
Lic Expire 07/31/2022 201 POSEY AVENUE
Medicare 1: 671557 HOSPICE CLIFTON, TX 76634
Medicare 2:
Phone (254) 675-3391 Fax (254) 675-3493
Type: Parent Agency Administrator REBECCA BIRD

Owner Information
LUTHERAN SUNSET MINISTRIES
PO BOX 71
CLIFTON, TX 76634
PHONE: (254) 675-8637 FAX: (254) 675-3044
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **BOWIE** Region 04 Date Licensed 01/22/2021
License # 020482 ABOVE ALL TX L.L.C.
Lic Expire 01/22/2023 901 N STATELINE AVE
Medicare 1: TEXARKANA, TEXAS 75501
Medicare 2:
Phone (903) 838-0394 Fax (903) 792-6553
Type: Parent Agency Administrator JENNY CHOI

Owner Information
ABOVE ALL TX LLC
835 MARGARET PLACE
SHREVEPORT, LA 71101
PHONE: FAX:
Services: Personal Assistance Services

County **BOWIE** Region 04 Date Licensed 12/15/2020
License # 020406 ALL AMERICAN SENIORCARE SERVICES LLC
Lic Expire 12/15/2022 2176 COUNTY ROAD 2001
Medicare 1: NEW BOSTON, TX 75570
Medicare 2:
Phone (903) 278-5942 Fax
Type: Parent Agency Administrator LINDA KAY GILDON

Owner Information
ALL AMERICAN SENIORCARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BOWIE** Region 04 Date Licensed 05/18/2009
License # 012602 CHAMBERS HOME HEALTH AGENCY
Lic Expire 05/31/2021 2405 MOORES LANE
Medicare 1: 747723 HHA-18 TEXARKANA, TEXAS 75503
Medicare 2:
Phone (903) 306-2333 Fax (903) 306-2324
Type: Parent Agency Administrator ANGIE BISHOP

Owner Information
HEALTHCARE ASSOCIATES LLC
3704 BEN HOGAN
LONGVIEW, TX 75605
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BOWIE** Region 04 Date Licensed 11/01/2017
License # 018555 CHRISTUS HOMECARE - ST MICHAEL
Lic Expire 10/31/2021 5495 SUMMERHILL ROAD, SUITE 5495
Medicare 1: 679372 HHA-18 TEXARKANA, TX 755034608
Medicare 2:
Phone (903) 255-5100 Fax (903) 255-5190
Type: Parent Agency Administrator HOLLY WINTERS

Owner Information
TEXAS HEALTH CARE GROUP OF TEXARKANA LLC
PO BOX 51266
LAFAYETTE, LA 70505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BOWIE** Region 04 Date Licensed 03/29/2005
License # 009660 CORNERSTONE HOME HEALTH SERVICES
Lic Expire 03/31/2021 5704 RICHMOND RD
Medicare 1: TEXARKANA, TX 75503
Medicare 2:
Phone (903) 831-2975 Fax (903) 334-9135
Type: Parent Agency Administrator KATRINA OTWELL

Owner Information
CORNERSTONE RETIREMENT COMMUNITY
SAME
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BOWIE** Region 04 Date Licensed 03/27/2018
License # 018669 CSI PHARMACY
Lic Expire 03/31/2022 811 NORTH KINGS HIGHWAY
Medicare 1: WAKE VILLAGE, TX 75501
Medicare 2:
Phone (833) 569-1005 Fax (430) 200-4870
Type: Parent Agency Administrator AMBER RECORD

Owner Information
CLINICAL SPECIALTY INFUSIONS OF DALLAS, LLC
811 NORTH KINGS HIGHWAY
WAKE VILLAGE, TX 75503
PHONE: FAX:
Services: Licensed Home Health Services

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

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

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

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

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County **BOWIE** Region 04 Date Licensed 07/01/2015
License # 017031 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 06/30/2021 2900 ST. MICHAEL DR., SUITE 400C
Medicare 1: 679641 TEXARKANA, TEXAS 75503
Medicare 2:
Phone (903) 793-0265 Fax (903) 832-0314
Type: Parent Agency Administrator KAREN ANNE ZITEK

Owner Information
AHM ACTION HOME HEALTH, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **BOWIE** Region 04 Date Licensed 12/01/2006
License # 011277 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2021 2900 ST. MICHAEL DRIVE, SUITE 400A
Medicare 1: TEXARKANA, TEXAS 75503
Medicare 2:
Phone 903 7930264 Fax 903 7930269
Type: Branch Agency Administrator APRIL ALEXANDER

Owner Information
AHM ACTION HOME HEALTH, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BOWIE** Region 04 Date Licensed 09/01/2016
License # 017794 ENCOMPASS HEALTH HOSPICE
Lic Expire 08/31/2022 2900 ST. MICHAEL DR., SUITE 400B
Medicare 1: 451785 HOSPICE TEXARKANA, TEXAS 75503
Medicare 2:
Phone 903 2550430 Fax 903 2550433
Type: Parent Agency Administrator LESIA SMITH

Owner Information
ENCOMPASS HOME HEALTH OF EAST TEXAS, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

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

County **BOWIE** Region 04 Date Licensed 06/05/2007
License # 011470 HERITAGE HOME HEALTH
Lic Expire 06/30/2021 4605 TEXAS BOULEVARD
Medicare 1: 458337 HHA-18 TEXARKANA, TX 75503
Medicare 2:
Phone (903) 793-4900 Fax (903) 792-8412
Type: Parent Agency Administrator JOHN COFFEE

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

County **BOWIE** Region 04 Date Licensed 03/29/1993
License # 002490 HOSPICE OF TEXARKANA INC
Lic Expire 06/30/2021 2407 GALLERIA OAKS
Medicare 1: 451578 HOSPICE TEXARKANA, TX 75503
Medicare 2:
Phone (903) 794-4263 Fax (430) 200-4677
Type: Parent Agency Administrator CYNTHIA MARSH

Owner Information
HOSPICE OF TEXARKANA INC
2407 GALERIA OAKS
TEXARKANA, TX 75503
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/20/2022

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

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

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

Owner Information
INTEGRACARE OF ATHENS HOSPICE LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 08/27/2023

County **BOWIE** Region 04 Date Licensed 12/31/2013
License # 016092 LESTER DIERKSEN MEMORIAL HOSPICE
Lic Expire 12/31/2021 5520 PLAZA DRIVE
Medicare 1: 671514 HOSPICE TEXARKANA, TX 75503
Medicare 2:
Phone (903) 793-6350 Fax (903) 793-6354
Type: Parent Agency Administrator ANNETTE MUGNO

Owner Information
HOSPICE CARE OF TEXAS, LLP
500 FAULCONER DRIVE SUITE 200
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 07/15/2022

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

Owner Information
MAYS HOME HEALTH OF PARIS TX, LLC
3310 LAMAR AVENUE SUITE A
PARIS, TX 75460
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BOWIE** Region 04 Date Licensed 08/07/2017
License # 018364 RETREAT HEALTH CARE SERVICES INC
Lic Expire 12/30/2021 4321 MCKNIGHT ROAD
Medicare 1: 677439 HHA-18 97 TEXARKANA, TEXAS 75503
Medicare 2:
Phone (903) 793-0282 Fax (903) 793-2586
Type: Parent Agency Administrator RICKEY RIEBESELL

Owner Information
RETREAT HEALTH CARE SERVICES INC
2501 SUMMERHILL ROAD
TEXARKANA, TX 75501
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/13/2024

County **BOWIE** Region 04 Date Licensed 11/02/2017
License # 018419 SENIORS 4 SENIOR CARE OF AMERICA
Lic Expire 02/26/2023 5415 COWHORN CREEK ROAD
Medicare 1: TEXARKANA, TX 75503
Medicare 2:
Phone (870) 216-2273 Fax (870) 330-3213
Type: Parent Agency 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** Region 06 Date Licensed
License # 017658 TGI BROOK HEALTHCARE
Lic Expire 09/30/2022 2605 TEXAS BLVD, STE 102
Medicare 1: TEXARKANA, TEXAS 75503
Medicare 2:
Phone (832) 491-7578 Fax (832) 201-7759
Type: Branch Agency 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** Region 06 Date Licensed 04/28/2015
License # 016773 1 DIVINE HOME CARE SERVICES
Lic Expire 04/30/2021 3045 BUSINESS CENTER DRIVE SUITE B001
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (832) 370-1143 Fax (832) 201-6935
Type: Parent Agency Administrator IRMA WILSON

Owner Information
E & W ASSOCIATES LLC
13300 IRIS VIEW LN
PEARLAND, TX 77584
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 05/05/2017
License # 018039 1 GOLDEN LIFE HOME CARE
Lic Expire 05/31/2023 11200 BROADWAY SUITE #2743
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (832) 664-9462 Fax (832) 533-9830
Type: Parent Agency Administrator KIBIBI SELLERS

Owner Information
KC3 & ASSOCIATES LLC
3004 INGLEWOOD LN
PEARLAND, TX 77584
PHONE: FAX:
Services: Personal Assistance Services

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

County **BRAZORIA** Region 06 Date Licensed 10/18/2012
License # 015409 A*MED HOME HEALTH
Lic Expire 10/31/2022 600 EAST CEDAR
Medicare 1: ANGLETON, TX 77515
Medicare 2:
Phone (979) 848-8925 Fax (979) 848-8565
Type: Branch Agency Administrator MARY DEAN

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

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County **BRAZORIA** Region 06 Date Licensed 08/14/2020
License # 020104 ABUNDANT HEART HOME CARE, LLC
Lic Expire 08/14/2022 3418 WHITMAN DR.
Medicare 1: IOWA COLONY, TEXAS 77583
Medicare 2:
Phone (281) 819-1888 Fax
Type: Parent Agency Administrator KATHERINE NUNN

Owner Information
ABUNDANT HEART HOME CARE, LLC
PO BOX 841501
PEARLAND, TX 77584
PHONE: (281) 819-1888 FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 06/16/2020
License # 020002 ALL INCLUSIVE HOME HEALTH CARE LLC
Lic Expire 06/16/2022 17512 HWY 6, STE#F002
Medicare 1: MANVEL, TX 77578
Medicare 2:
Phone (832) 282-1810 Fax (832) 426-7704
Type: Parent Agency Administrator DORIS ROBINSON

Owner Information
ALL INCLUSIVE HOME HEALTH CARE LLC
3830 AURORA MIST
HOUSTON, TEXAS 77578
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 10/08/2014
License # 016465 AMADA SENIOR CARE
Lic Expire 10/31/2022 2743 SMITH RANCH ROAD UNIT 503
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (281) 652-5492 Fax (281) 652-5507
Type: Parent Agency Administrator WILLIAM LONG

Owner Information
ORTHRUS INC
2600 S SHORE BLVD SUITE 300
LEAGUE CITY, TX 77573
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 10/08/2014
License # 016465 AMADA SENIOR CARE
Lic Expire 10/31/2022 2743 SMITH RANCH ROAD UNIT 503
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (281) 652-5492 Fax (281) 652-5507
Type: Parent Agency Administrator WILLIAM LONG

Owner Information
ORTHRUS INC
2600 S SHORE BLVD SUITE 300
LEAGUE CITY, TX 77573
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 09/28/2011
License # 014382 AMITY HOME HEALTH
Lic Expire 04/30/2022 3202 WAGON TRAIL RD
Medicare 1: 747838 HHA-18 PEARLAND, TX 77584
Medicare 2:
Phone (713) 480-6730 Fax (713) 436-7982
Type: Parent Agency Administrator ENRICO BELARGA

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
Accreditation: CHAP - Deemed, Expires: 04/03/2022

County **BRAZORIA** Region 06 Date Licensed 10/03/2017
License # 018356 AMOYE HEALTHCARE SERVICES INC
Lic Expire 10/31/2021 38 TERRA BELLA DR
Medicare 1: MANVEL, TX 77578
Medicare 2:
Phone (281) 656-1056 Fax (281) 656-1055
Type: Parent Agency Administrator LEKEYIA AMOYE

Owner Information
AMOYE HEALTHCARE SERVICES, INC
38 TERRA BELLA DR
MANVEL, TX 77578
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 11/14/2003
License # 008427 ANGELS CARE HOME HEALTH
Lic Expire 04/30/2022 113 ABNER JACKSON PARKWAY SUITE #A
Medicare 1: LAKE JACKSON, TX 77566
Medicare 2:
Phone (979) 297-3400 Fax (979) 297-3428
Type: Branch Agency Administrator ANGELA CRAWFORD

Owner Information
E MEDICAL GROUP INC
2803 7TH STREET
BAY CITY, TX 77414
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BRAZORIA** Region 06 Date Licensed 11/05/2004
License # 009583 ANGLETON VISITING NURSES
Lic Expire 11/30/2021 1212 N VELASCO SUITE #200
Medicare 1: 679109 HHA-18 ANGLETON, TX 77515
Medicare 2:
Phone (979) 848-0219 Fax (979) 848-2025
Type: Parent Agency Administrator ELVA GUTIERREZ

Owner Information
ANGLETON HOME HEALTH INC
1212 NORTH VELASCO SUITE 200
ANGLETON, TX 77515
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BRAZORIA** Region 06 Date Licensed 04/12/2021
License # 020691 A-NURSE HEALTH CARE PROVIDERS LLC
Lic Expire 04/12/2024 2909 PERDIDO BAY LN,
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (281) 919-6627 Fax
Type: Parent Agency Administrator MARIA DIAZ

Owner Information
A-NURSE HEALTH CARE PROVIDERS LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **BRAZORIA** Region 06 Date Licensed 01/20/2016
License # 017228 ASSISTING HANDS OF PEARLAND
Lic Expire 01/31/2022 1600 EAST HWY 6 STE 402
Medicare 1: ALVIN, TX 77511
Medicare 2:
Phone (281) 299-3151 Fax (281) 724-8254
Type: Parent Agency Administrator VANAE FLAKE

Owner Information
REVA VENTURES, INC.
1600 EAST HWY 6, STE #401
ALVIN, TX 77511
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 04/01/2021
License # 020413 BENEVOLENCE HOME CARE
Lic Expire 12/01/2022 11200 BROADWAY #1517 RESIDENCES AT PEARLAND TOWNCEN
Medicare 1: PEARLAND, TEXAS 77584
Medicare 2:
Phone (832) 672-5292 Fax (832) 672-3742
Type: Parent Agency Administrator MICHELLE BERNARD

Owner Information
BENEVOLENCE HEALTH SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 02/24/2016
License # 017289 BERNADETTE FIELDS HEALTHCARE
Lic Expire 02/28/2022 10606 WAGNER ST.
Medicare 1: ROSHARON, TX 77583
Medicare 2:
Phone (713) 438-8022 Fax (832) 569-5659
Type: Parent Agency Administrator BERNADETTE FIELDS

Owner Information
BERNADETTE FIELDS HEALTHCARE LLC
2101 KINGSLEY DR #8103
PEARLAND, TX 77584
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 03/01/2018
License # 018641 BESTWAY HEALTHCARE SERVICES LLC
Lic Expire 05/29/2022 12809 FLAT CREEK DR
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (214) 803-5452 Fax (713) 340-1252
Type: Parent Agency Administrator EDWIN NWOKEDI

Owner Information
BESTWAY HEALTHCARE SERVICES LLC
12809 FLAT CREEK DR
PEARLAND, TX 77584
PHONE: FAX:
Services: Licensed Home Health Services

County **BRAZORIA** Region 06 Date Licensed 02/21/2018
License # 018630 BOLAD HEALTHCARE SERVICES LLC
Lic Expire 02/28/2022 13828 SUTHERLAND SPRING LN
Medicare 1: ROSHARON, TX 77583
Medicare 2:
Phone (346) 715-6084 Fax (281) 595-7668
Type: Parent Agency 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

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County **BRAZORIA** Region 06 Date Licensed 01/14/2021
License # 020465 CANAAN LAND HOSPICE CARE LLC
Lic Expire 01/14/2023 11200 BROADWAY, SUITE 2743
Medicare 1: PEARLAND, TEXAS 77584
Medicare 2:
Phone 432 6980722 Fax (832) 895-6401
Type: Parent Agency Administrator OLUFUNKE AJAYI

Owner Information
CANAAN LAND HOSPICE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BRAZORIA** Region 06 Date Licensed 10/01/2020
License # 020629 CAREBUILDERS AT HOME-LAKE JACKSON
Lic Expire 10/01/2023 101 OYSTER CREEK DR
Medicare 1: LAKE JACKSON, TX 77566
Medicare 2:
Phone 979 2586728 Fax
Type: Parent Agency Administrator L'DONNA BERRYHILL

Owner Information
SUREFIRE HEALTH LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 02/01/2021
License # 020499 CARING HANDS HOME CARE AGENCY LLC
Lic Expire 02/01/2023 4707 PRAIRIE SPRINGS LANE
Medicare 1: ROSHARON, TX 775834112
Medicare 2:
Phone (409) 599-2228 Fax
Type: Parent Agency Administrator MALTINIKI JOLLY

Owner Information
CARING HANDS HOME CARE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 05/13/2014
License # 016203 CARING SENIOR SERVICE OF BRAZORIA COUNTY
Lic Expire 08/31/2022 122 WEST WAY SUITE 300
Medicare 1: LAKE JACKSON, TX 77566
Medicare 2:
Phone (979) 316-2965 Fax (979) 316-2970
Type: Parent Agency Administrator ADRIANNE WALLS

Owner Information
CNM HOMECARE LLC
53 PLANTATION CT
LAKE JACKSON, TX 77566
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 11/30/2010
License # 013731 CASA HEALTHCARE
Lic Expire 11/30/2022 1980 COUNTRY PLACE PARKWAY SUITE 100
Medicare 1: 747815 HHA-18 PEARLAND, TX 77584
Medicare 2:
Phone (281) 485-5775 Fax (281) 588-2416
Type: Parent Agency 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

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County **BRAZORIA** Region 06 Date Licensed 09/10/2020
License # 020163 CASA HOSPICE, LLC
Lic Expire 09/10/2022 1980 COUNTRY PLACE PARKWAY SUITE 100
Medicare 1: PEARLAND, TEXAS 77584
Medicare 2:
Phone (832) 878-5041 Fax (281) 485-5773
Type: Parent Agency Administrator RACHELLE BAUM

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

County **BRAZORIA** Region 06 Date Licensed 02/08/2005
License # 009576 COASTAL STAFF RELIEF INC
Lic Expire 02/28/2021 1029 DIXIE DR STE A
Medicare 1: 457995 HHA-18 CLUTE, TX 77531
Medicare 2:
Phone (979) 299-3006 Fax (979) 299-3113
Type: Parent Agency Administrator DONNA LAWRENCE

Owner Information
COASTAL STAFF RELIEF INC
1029 DIXIE DR STE A
CLUTE, TX 77531
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

Owner Information
CONTINUOUS HEALTHCARE SOLUTIONS LLC
4207 TWIN LAKES TRAIL
PEARLAND, TX 77584
PHONE: FAX:
Services: Personal Assistance Services

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

Owner Information
COZ FATE HOME HEALTH CARE
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BRAZORIA** Region 06 Date Licensed 08/20/2018
License # 018895 D & J HEALTH SERVICES, LLC
Lic Expire 08/31/2022 25 MORRO BAY DR
Medicare 1: MANVEL, TEXAS 775784280
Medicare 2:
Phone (832) 235-4712 Fax 9792002106 2nd fax# 9792677877
Type: Parent Agency Administrator JESSE BARRAGAN

Owner Information
D & J HEALTH SERVICES LLC
PO BOX 653
ANGLETON, TX 77516
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 01/22/2020
License # 019791 FIRST LIGHT HOME CARE OF PEARLAND
Lic Expire 01/22/2022 12506 EMERALD SPRINGS DR.
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (409) 454-5424 Fax (832) 895-7125
Type: Parent Agency Administrator FAIZA HAQUE

Owner Information
AA&E PROPERTY SOLUTIONS LLC
6713 BROADWAY ST SUITE H
PEARLAND, TX 77581
PHONE: FAX:
Services: Licensed Home Health Services

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

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

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

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

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County **BRAZORIA** Region 06 Date Licensed 12/02/2019
License # 019723 GREATGOLD CONCEPTS HEALTHCARE SERVICES
Lic Expire 12/02/2021 2722 NICKEL CANYON DR
Medicare 1: ROSHARON, TX 77583
Medicare 2:
Phone (443) 307-3595 Fax (281) 778-5489
Type: Parent Agency Administrator JOY ESIGHASIM

Owner Information
JOY A. ESIGHASIM
2722 NICKEL CANYON DR
ROSHARON, TX 77583
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **BRAZORIA** Region 06 Date Licensed 05/13/2003
License # 008456 GULF COAST PRIMARY HOME CARE INC
Lic Expire 05/31/2021 190 ABNER JACKSON PKWY STE 230
Medicare 1: LAKE JACKSON, TX 77566
Medicare 2:
Phone (979) 848-8500 Fax (979) 848-8548
Type: Parent Agency Administrator SUZELLE MARTIN

Owner Information
GULF COAST PRIMARY HOME CARE INC
190 ABNER JACKSON PKWY STE 230
LAKE JACKSON, TX 77566
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BRAZORIA** Region 06 Date Licensed 03/11/2021
License # 020594 HEALING PALM GLOBAL HEALTHCARE INC
Lic Expire 03/11/2024 4511 STONE RIDGE LANE
Medicare 1: MANVEL, TEXAS 77578
Medicare 2:
Phone (510) 563-9285 Fax (510) 563-9285
Type: Parent Agency 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

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County **BRAZORIA** Region 06 Date Licensed 02/23/2021
License # 020545 HEAVENLY TOUCH HOSPICE CARE, LLC
Lic Expire 02/23/2024 210 RABBIT TRAIL
Medicare 1: LAKE JACKSON, TEXAS 77566
Medicare 2:
Phone (979) 330-5096 Fax (979) 323-6484
Type: Parent Agency Administrator MARITZA CERVANTES

Owner Information
HEAVENLY TOUCH HOSPICE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BRAZORIA** Region 06 Date Licensed 08/28/2007
License # 011551 HELP INC
Lic Expire 08/31/2022 127 CIRCLE WAY
Medicare 1: LAKE JACKSON, TX 77566
Medicare 2:
Phone (979) 480-0197 Fax (979) 480-0332
Type: Parent Agency Administrator SIGIFREDO ORTIZ

Owner Information
HELP, INC.
127 CIRCLE WAY STREET
LAKE JACKSON, TX 77566
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 04/02/2007
License # 011217 HOME CARE OPTIONS
Lic Expire 04/30/2022 2401 S WASHINGTON ST
Medicare 1: 747036 HHA-18 PEARLAND, TX 77581
Medicare 2:
Phone (832) 328-0179 Fax (832) 218-7179
Type: Parent Agency Administrator CHRIS COWART

Owner Information
HOME CARE OPTIONS HOUSTON INC.
2401 S. WASHINGTON ST.
PEARLAND, TX 77581
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **BRAZORIA** Region 06 Date Licensed 07/16/2018
License # 019133 HOME HELPERS HOME CARE
Lic Expire 07/16/2022 2004 E BROADWAY ST., SUITE 113
Medicare 1: PEARLAND, TEXAS 77581
Medicare 2:
Phone (281) 557-4357 Fax (281) 484-1806
Type: Parent Agency Administrator LEO WALKER

Owner Information
EVERY DAY MATTERS LLC
10418 SAGEGLOW DR
HOUSTON, TX 77089-5202
PHONE: FAX:
Services: Personal Assistance Services

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

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

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

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

County **BRAZORIA** Region 06 Date Licensed 03/12/2019
License # 019297 IMAGINE FAITH BELIEVE HOME HEALTH
Lic Expire 03/12/2021 6106 RAINTREE DRIVE
Medicare 1: PEARLAND, TEXAS 77584
Medicare 2:
Phone (832) 230-1524 Fax (281) 809-7171
Type: Parent Agency Administrator JANIES DUNBAR

Owner Information
IMAGINE FAITH BELIEVE , LLC.
PHONE: FAX:
Services: Personal Assistance Services

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

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

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County **BRAZORIA** Region 06 Date Licensed 02/10/2009
License # 012561 IPH HOME HEALTH CARE
Lic Expire 02/28/2021 190 ABNER JACKSON PKWY STE 210
Medicare 1: LAKE JACKSON, TX 77566
Medicare 2:
Phone (979) 848-8151 Fax (979) 848-2028
Type: Branch Agency Administrator LISA CHARBULA

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

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County **BRAZORIA** Region 06 Date Licensed 02/10/2009
License # 012561 IPH HOME HEALTH CARE
Lic Expire 02/28/2021 190 ABNER JACKSON PKWY STE 210
Medicare 1: 458399 HHA-18 LAKE JACKSON, TX 77566
Medicare 2:
Phone (979) 848-8151 Fax (979) 848-2028
Type: Parent Agency Administrator LISA CHARBULA

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

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County **BRAZORIA** Region 05 Date Licensed 11/17/2004
License # 009412 IPH HOSPICE CARE INC
Lic Expire 11/30/2022 190 ABNER JACKSON PARKWAY SUITE 220
Medicare 1: 451784 HOSPICE LAKE JACKSON, TEXAS 77566
Medicare 2:
Phone (800) 574-5179 Fax (979) 848-2028
Type: Parent Agency Administrator LISA CHARBULA

Owner Information
IPH HOSPICE CARE INC
190 ABNER JACKSON PKWY STE #220
LAKE JACKSON, TX 77566
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **BRAZORIA** Region 06 Date Licensed 08/21/2020
License # 020117 JOMA HOME CARE SERVICES, LLC
Lic Expire 08/21/2022 2812 SOUTH GALVESTON AVE.
Medicare 1: PEARLAND, TX 77581
Medicare 2:
Phone (713) 366-9899 Fax
Type: Parent Agency Administrator CLAUDIA PENA

Owner Information
JOMA HOME CARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 03/03/2017
License # 017939 KERICO HEALTH CARE
Lic Expire 03/31/2023 11721 HEIGHTS TRAIL
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (281) 809-7245 Fax (281) 520-3519
Type: Parent Agency Administrator MICHAEL MORRIS

Owner Information
KERICO HOME CLINIC SERVICES LLC
11721 HEIGHTS TRAIL LN
PEARLAND, TX 77584
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed
License # 016867 LIVING & LOVING HOME CARE
Lic Expire 06/30/2021 11200 BROADWAY ST. SUITE 2743
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (346) 888-6210 Fax (832) 218-3732
Type: Branch Agency Administrator CREDESHA BROWN-BELLANGER

Owner Information
LIVING & LOVING HOME CARE, LLC
14615 CARMINE GLEN DR
HOUSTON, TX 77049
PHONE: (346) 888-6210 FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 09/20/2005
License # 010276 MARATHON HEALTH CARE
Lic Expire 09/30/2022 2421 ROY ROAD, SUITE 101
Medicare 1: 457952 PEARLAND, TX 775818601
Medicare 2:
Phone (281) 997-6272 Fax (281) 997-6275
Type: Parent Agency Administrator MERRILL MOHAN

Owner Information
PROVIDIAN HEALTH CARE, INC.
2421 ROY ROAD, SUITE 101
PEARLAND, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BRAZORIA** Region 06 Date Licensed 06/01/2009
License # 012657 MARATHON HEALTHCARE SERVICES LLC
Lic Expire 05/31/2021 2421 ROY ROAD
Medicare 1: 747627 HHA-18 PEARLAND, TX 77581
Medicare 2:
Phone (281) 997-6272 Fax (281) 997-6275
Type: Parent Agency Administrator JIJU ABRAHAM

Owner Information
MARATHON HEALTHCARE SERVICES LLC
3614 MIDLAND DR
MANVEL, TX 77578
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BRAZORIA** Region 06 Date Licensed 11/01/2013
License # 016011 MAXICARE INC
Lic Expire 10/31/2021 17512 HIGHWAY 6 SUITE F9
Medicare 1: MANVEL, TX 77578
Medicare 2:
Phone (281) 216-3049 Fax (832) 582-6780
Type: Parent Agency Administrator DIANE PHAM-HOANG

Owner Information
MAXICARE INC.
17512 HWY 6 SUITE #F9
MANVEL, TX 77578
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 03/19/2021
License # 020617 MERIDIANA HEALTH LLC
Lic Expire 03/19/2024 9330 ECKERT ROAD
Medicare 1: IOWA COLONY, TEXAS 77583
Medicare 2:
Phone (917) 841-3542 Fax
Type: Parent Agency Administrator JOHNSON DUQUE

Owner Information
MERIDIANA HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services

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

County **BRAZORIA** Region 06 Date Licensed 04/05/2007
License # 011234 MYNURSE HOME CARE INC
Lic Expire 04/30/2021 11601 SHADOW CREEK PKWY SUITE # 107
Medicare 1: 743112 HHA-18 PEARLAND, TX 77584
Medicare 2:
Phone (713) 436-0999 Fax (713) 340-0676
Type: Parent Agency Administrator MISTY BAYS

Owner Information
MYNURSE HOME CARE INC
11601 SHADOW CREEK PKWY SUITE # 107
PEARLAND, TX 77584
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BRAZORIA** Region 06 Date Licensed 02/03/2020
License # 019322 PLATINUM SENIOR CARE
Lic Expire 04/11/2021 77 SUGAR CREEK CENTER BLVD, SUITE 600
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (281) 306-6615 Fax (832) 793-7170
Type: Parent Agency Administrator JESSICA TAYLOR

Owner Information
PLATINUM SENIOR SOLUTIONS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 01/25/2013
License # 015341 RELIABLE HOME CARE
Lic Expire 01/31/2023 210 S. HOOD ST.
Medicare 1: ALVIN, TX 77511
Medicare 2:
Phone (281) 331-3670 Fax (281) 331-3824
Type: Parent Agency Administrator MINERVA GONZALES

Owner Information
RHC RELIABLE HOME CARE, INC.
1600 E HWY 6 SUITE 320
ALVIN, TX 77511
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 11/19/2007
License # 011868 REVIVAL TEXAS HOME HEALTH LLC
Lic Expire 11/30/2022 6713 BROADWAY STREET, SUITE H
Medicare 1: 677876 HHA-18 PEARLAND, TX 77581
Medicare 2:
Phone (713) 995-6266 Fax (713) 995-6265
Type: Parent Agency Administrator ASHRAF ABDELHALIM

Owner Information
SILVER-HAWK HEALTHCARE SYSTEMS, INC.
3727 GREENBRIAR DRIVE, SUITE 117
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BRAZORIA** Region 06 Date Licensed 08/28/2007
License # 011545 RIVERKIDS PEDIATRIC HOME HEALTH
Lic Expire 08/31/2023 2011 BROADWAY STREET STE 130
Medicare 1: PEARLAND, TX 77581
Medicare 2:
Phone (281) 997-8509 Fax (888) 449-0039
Type: Parent Agency Administrator LANCE MONTGOMERY

Owner Information
RIVERKIDS HOUSTON THERAPY, LLC
2540 E BROADWAY, SUITE K
PEARLAND, TX 77581
PHONE: FAX:
Services: Licensed Home Health Services

County **BRAZORIA** Region 06 Date Licensed 04/13/2020
License # 019875 SAFE AT HOME HOMECARE, INC
Lic Expire 04/13/2022 3705 PIN OAK DR E
Medicare 1: PEARLAND, TX 77581
Medicare 2:
Phone (713) 425-2533 Fax NA
Type: Parent Agency Administrator JACQUELINE COOK

Owner Information
SAFE AT HOME HOMECARE, INC
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 05/21/2019
License # 019386 SERENITY HOME AGENCY
Lic Expire 05/21/2021 3007 E BROADWAY ST
Medicare 1: PEARLAND, TEXAS 77581
Medicare 2:
Phone (504) 338-0618 Fax
Type: Parent Agency Administrator ARMONTE MCDOWELL

Owner Information
GIFTED BREED LLC
10223 BROADWAY ST STE P 313
PEARLAND, TEXAS 77584
PHONE: FAX:
Services: Personal Assistance Services

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

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

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

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

County **BRAZORIA** Region 06 Date Licensed 12/04/2013
License # 015988 STAT HOME HEALTH HOUSTON BELLAIRE LLC
Lic Expire 12/31/2021 9307 W BROADWAY SUITE 401
Medicare 1: 457537 HHA-18 PEARLAND, TX 77584
Medicare 2:
Phone (281) 997-7118 Fax (281) 997-7203
Type: Parent Agency Administrator BELINDA NORDEN

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

County **BRAZORIA** Region 06 Date Licensed 06/04/2007
License # 011364 TEXAS CHOICE HEALTHCARE SERVICES INC
Lic Expire 06/30/2021 5605 SPRING KNOLL CT
Medicare 1: 747010 ROSHARON, TX 77583
Medicare 2:
Phone (281) 969-8378 Fax (877) 849-6234
Type: Parent Agency Administrator NNENNAYA OJINGWA

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

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

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

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

County **BRAZORIA** Region 06 Date Licensed 11/29/2007
License # 011891 TWENTY FIRST CENTURY SOLUTIONS HOME HEALTH SERVICES INC
Lic Expire 02/28/2020 12234 SHADOWCREEK PKWY - BUILDING 4 SUITE 108
Medicare 1: 679314 HHA-18 PEARLAND, TX 77584
Medicare 2:
Phone (832) 328-7420 Fax (844) 272-2810
Type: Parent Agency Administrator BARBARA MCMURRAY

Owner Information
TWENTY FIRST CENTURY SOLUTIONS HOME HEALTH SERVICES INC
6125-B BROADWAY ST
PEARLAND, TX 77581
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **BRAZORIA** Region 06 Date Licensed
License # 020702 UPSCALE HOMECARE, INC.
Lic Expire 04/15/2024 10019 HUBBLE DR
Medicare 1: ROSHARON, TX 775833372
Medicare 2:
Phone (713) 569-5260 Fax
Type: Parent Agency Administrator ALEXANDRIA BRIGHT CARTER

Owner Information
UPSCALE HOMECARE, INC.
PHONE: FAX:
Services: Personal Assistance Services

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

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

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

Owner Information
INTEGRITY HEALTH GROUP INC
2734 SUNRISE BLVD SUITE 400
PEARLAND, TX 77584
PHONE: (832) 674-0423 FAX: (832) 674-0424
Services: Licensed Home Health Services; Personal Assistance Services

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County **BRAZOS** Region 05 Date Licensed 02/10/2012
License # 014635 A NURSES TOUCH HOME HEALTH
Lic Expire 02/28/2022 1121 BRIARCREST DR. SUITE 102
Medicare 1: 747824 HHA-18 BRYAN, TEXAS 77802
Medicare 2:
Phone (979) 693-3208 Fax (979) 314-9002
Type: Parent Agency Administrator REGINA ROBERTSON

Owner Information
REGINA V. ROBERTSON
1800 BROTHERS BLVD
COLLEGE STATION, TX 77845
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BRAZOS** Region 04 Date Licensed 10/25/2017
License # 007379 A PINEYWOODS HOME SERVICES INC
Lic Expire 08/31/2022 3608 EAST 29TH STREET STE 108
Medicare 1: BRYAN, TX 77802
Medicare 2:
Phone (979) 704-5044 Fax (979) 704-5048
Type: Branch Agency Administrator GEORGIE FARR

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

County **BRAZOS** Region 05 Date Licensed 03/09/2017
License # 017963 ALLUMINE HOME HEALTH
Lic Expire 03/31/2023 4030 STATE HWY 6 SOUTH STE: 350
Medicare 1: 747725 COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 704-6684 Fax (979) 704-6690
Type: Parent Agency Administrator CARLOS HERNANDEZ

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

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County **BRAZOS** Region 05 Date Licensed 04/29/2019
License # 019358 ALLUMINE HOSPICE
Lic Expire 04/29/2021 4030 HWY. 6 SOUTH, STE. 101
Medicare 1: 74-1660 COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 574-7175 Fax (979) 704-6690
Type: Parent Agency Administrator DANA ROWSE

Owner Information
SOLACE HOSPICE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/23/2023

County **BRAZOS** Region 05 Date Licensed 04/29/2019
License # 019358 ALLUMINE HOSPICE
Lic Expire 04/29/2021 4030 HWY. 6 SOUTH, STE. 101
Medicare 1: 74-1660 COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 574-7175 Fax (979) 704-6690
Type: Parent Agency Administrator DANA ROWSE

Owner Information
SOLACE HOSPICE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/23/2023

County **BRAZOS** Region 05 Date Licensed 04/24/2015
License # 016767 ALOMEGA HOME HEALTH CARE LLC
Lic Expire 06/30/2020 4064 STATE HWY 6 SOUTH
Medicare 1: COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 704-6252 Fax (979) 704-6254
Type: Parent Agency Administrator ALVERNA MCCULLOUGH

Owner Information
ALOMEGA HOME HEALTH CARE LLC
P O BOX 11304
COLLEGE STATION, TX 77845
PHONE: FAX:
Services: Licensed Home Health Services

County **BRAZOS** Region 05 Date Licensed 11/18/2010
License # 013721 AMEDISYS HOSPICE
Lic Expire 11/30/2022 3833 SOUTH TEXAS AVENUE, SUITE 200
Medicare 1: 671679 HOSPICE BRYAN, TX 778024015
Medicare 2:
Phone (979) 260-9700 Fax (979) 260-7711
Type: Parent Agency Administrator JOSHUA LASATER

Owner Information
COMPASSIONATE CARE HOSPICE OF BRYAN TEXAS, LLC
3833 S. TEXAS AVE., SUITE#200
BRYAN, TX 77802
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/31/2023

County **BRAZOS** Region 05 Date Licensed 10/26/2015
License # 017213 ANGELS CARE HOME HEALTH OF COLLEGE STATION
Lic Expire 10/31/2021 707 TEXAS AVE S 100 A
Medicare 1: 747080 HHA-18 COLLEGE STATION, TX 77840
Medicare 2:
Phone (979) 690-8399 Fax (979) 690-8355
Type: Parent Agency Administrator SERENA LEE

Owner Information
E MEDICAL GROUP OF COLLEGE STATION LLC
707 TEXAS AVENUE SUITE 100A
COLLEGE STATION, TX 77840
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BRAZOS** Region 05 Date Licensed 12/18/2013
License # 014927 AVEANNA HEALTHCARE
Lic Expire 01/31/2022 2700 EARL RUDDER FREEWAY STE 1200
Medicare 1: COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 307-5850 Fax (214) 466-1378
Type: Branch Agency Administrator ELAINE FOGG

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **BRAZOS** Region 05 Date Licensed 04/08/2021
License # 020103 CENTURY HOME CARE PARTNERS LLC
Lic Expire 08/13/2022 5412 CROSSWATER DR
Medicare 1: COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 330-4544 Fax
Type: Parent Agency Administrator LOY REED

Owner Information
CENTURY HOME CARE PARTNERS LLC
5412 CROSSWATER DR
COLLEGE STATION, TX 77845
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 03/04/2009
License # 012482 COMFORT KEEPERS #696
Lic Expire 03/31/2021 244 SOUTHWEST PKWY EAST
Medicare 1: COLLEGE STATION, TX 77840
Medicare 2:
Phone (979) 764-3076 Fax (979) 696-2061
Type: Parent Agency Administrator ARON W COLLINS

Owner Information
ARONCARE INC
244 SOUTHWEST PKWY EAST
COLLEGE STATION, TX 77840
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 05/05/2014
License # 016377 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2022 3600 HIGHWAY 6 SOUTH, SUITE 100
Medicare 1: 747505 HHA-18 COLLEGE STATION, TEXAS 77845
Medicare 2:
Phone 979 7649000 Fax 979 7649001
Type: Parent Agency Administrator LISA HILBURN

Owner Information
HALLMARK HOMECARE, L.P.
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BRAZOS** Region 05 Date Licensed 02/05/2014
License # 016142 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 02/28/2022 3600 HIGHWAY 6 SOUTH, SUITE 100
Medicare 1: 747020 HHA-18 COLLEGE STATION, TEXAS 77845
Medicare 2:
Phone 979 7649000 Fax 979 7649001
Type: Parent Agency Administrator LISA HILBURN

Owner Information
HALLMARK HOMECARE, L.P.
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BRAZOS** Region 05 Date Licensed 05/02/2014
License # 016303 ENCOMPASS HEALTH HOSPICE
Lic Expire 05/31/2022 3600 HIGHWAY 6 SOUTH, SUITE 100
Medicare 1: 671738 HOSPICE COLLEGE STATION, TEXAS 77845
Medicare 2:
Phone 979 2684710 Fax 979 2684726
Type: Parent Agency Administrator MARIAH NELSON

Owner Information
HALLMARK HOMECARE, L.P.
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BRAZOS** Region 05 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 1411 MEMORIAL DR., SUITE A
Medicare 1: 677153 HHA-18 BRYAN, TX 778025218
Medicare 2:
Phone (979) 774-7770 Fax (979) 778-9435
Type: Parent Agency 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** Region 05 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 1411 MEMORIAL DR., SUITE A
Medicare 1: 677153 HHA-18 BRYAN, TX 778025218
Medicare 2:
Phone (979) 774-7770 Fax (979) 778-9435
Type: Parent Agency 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** Region 06 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 1411 MEMORIAL DR., SUITE B
Medicare 1: 67Q7153009 BRYAN, TX 77802
Medicare 2:
Phone (512) 863-3842 Fax (512) 863-2018
Type: Branch Agency 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** Region 05 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 1411 MEMORIAL DR., SUITE A
Medicare 1: 677153 HHA-18 BRYAN, TX 778025218
Medicare 2:
Phone (979) 774-7770 Fax (979) 778-9435
Type: Parent Agency 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** Region 06 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 1411 MEMORIAL DR., SUITE B
Medicare 1: 67Q7153009 BRYAN, TX 77802
Medicare 2:
Phone (512) 863-3842 Fax (512) 863-2018
Type: Branch Agency 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** Region 06 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 1411 MEMORIAL DR., SUITE B
Medicare 1: 67Q7153009 BRYAN, TX 77802
Medicare 2:
Phone (512) 863-3842 Fax (512) 863-2018
Type: Branch Agency 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** Region 05 Date Licensed 07/26/2006
License # 010639 HEALTHQUEST
Lic Expire 07/31/2022 3800 STATE HWY 6 SOUTH SUITE 108-C
Medicare 1: 679685 HHA-18 COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 846-7870 Fax (979) 691-5781
Type: Parent Agency 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
Accreditation: ACHC, Expires: 11/01/2022

County **BRAZOS** Region 05 Date Licensed 05/24/2016
License # 017414 HEART TO HEART HOSPICE
Lic Expire 05/31/2022 3201 UNIVERSITY DRIVE EAST, SUITE 150
Medicare 1: 74-1758 BRYAN, TEXAS 77802
Medicare 2:
Phone (979) 267-2137 Fax (979) 267-2137
Type: Parent Agency Administrator CLAUDIA THOMAS

Owner Information
GENTLE HOSPICE CARE AND TRANSITION LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/27/2021

County **BRAZOS** Region 05 Date Licensed 10/05/2010
License # 013790 HOME INSTEAD SENIOR CARE
Lic Expire 10/31/2020 1908 GREENFIELD PLAZA
Medicare 1: BRYAN, TX 77802
Medicare 2:
Phone (979) 268-6880 Fax (979) 260-3900
Type: Parent Agency Administrator DAVID GEST

Owner Information
DC CARE INC
1908 GREENFIELD PLAZA
BRYAN, TX 77802-4344
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 12/20/2016
License # 017806 HOMESPARK LLC
Lic Expire 07/31/2021 2405 TEXAS AVENUE SOUTH SUITE 310
Medicare 1: COLLEGE STATION, TX 77840
Medicare 2:
Phone (979) 260-0320 Fax (979) 446-1473
Type: Parent Agency Administrator DONOVAN FRENCH

Owner Information
HOMESPARK, LLC
4311 VELENCIA CT
COLLEGE STATION, TX 77845
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 11/15/2011
License # 002186 HOSPICE BRAZOS VALLEY INC
Lic Expire 02/28/2024 1604 ROCK PRAIRIE ROAD, 2ND FLOOR
Medicare 1: COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 446-0740 Fax (979) 446-0963
Type: Alternate Delivery Site Administrator CRAIG BORCHARDT

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

County **BRAZOS** Region 05 Date Licensed 02/11/1991
License # 002186 HOSPICE BRAZOS VALLEY INC
Lic Expire 02/28/2024 502 W 26TH STREET
Medicare 1: 451547 HOSPICE BRYAN, TX 77803
Medicare 2:
Phone (979) 821-2266 Fax (979) 821-2763
Type: Parent Agency Administrator CRAIG BORCHARDT

Owner Information
HOSPICE BRAZOS VALLEY INC
502 WEST 26TH STREET
BRYAN, TX 77803
PHONE: ( ) - 512 FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/31/2021

County **BRAZOS** Region 05 Date Licensed 12/23/2006
License # 011181 INTERIM HEALTHCARE OF WACO
Lic Expire 12/31/2021 3030 E 29TH ST STE 116
Medicare 1: 67Q7694001 BRYAN, TX 77802
Medicare 2:
Phone (979) 260-1100 Fax (979) 268-4050
Type: Branch Agency Administrator LAURA WATERS

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

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

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

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

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

County **BRAZOS** Region 06 Date Licensed 06/29/2010
License # 012397 PATHFINDER PEDIATRIC HOME CARE INC
Lic Expire 01/31/2021 3330 LONGMIRE DR. SUITE 110
Medicare 1: COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 774-2244 Fax (281) 456-2479
Type: Branch Agency Administrator CHARLES M WILCOX

Owner Information
PATHFINDER PEDIATRIC HOME CARE INC
318 BRIAR ROCK RD
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Licensed Home Health Services

County **BRAZOS** Region 05 Date Licensed 06/05/2020
License # 020034 REMARKABLE HOSPICE
Lic Expire 1645 GREENS PRAIRIE RD SUITE 401B
Medicare 1: COLLEGE STATION, TEXAS 77845
Medicare 2:
Phone (979) 314-2620 Fax (979) 314-2920
Type: Parent Agency Administrator GRACE MILLS

Owner Information
EDITION HEALTH SERVICES INC
101 W RENNER RD
RICHARDSON, TEXAS 75082
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **BRAZOS** Region 05 Date Licensed 03/19/2021
License # 020616 REMARKABLE HOSPICE
Lic Expire 03/19/2023 1645 GREENS PRAIRIE RD. STE: 401B-2
Medicare 1: COLLEGE STATION, TEXAS 77845
Medicare 2:
Phone (979) 314-2620 Fax (979) 314-2920
Type: Parent Agency Administrator GRACE MILLS

Owner Information
REMARKABLE LTC PARTNERS OF BRAZOS VALLEY LP
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **BRAZOS** Region 05 Date Licensed 12/28/2016
License # 017824 RIGHT AT HOME
Lic Expire 12/31/2022 3644 COPPERCREST DR. #102
Medicare 1: BRYAN, TX 77802
Medicare 2:
Phone (979) 422-2284 Fax (979) 485-2817
Type: Parent Agency Administrator JEFFERSON CHRISTIAN

Owner Information
RAHBCS HOME CARE LLC
5104 GANTON CT
COLLEGE STATION, TX 77845
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 06/13/2018
License # 018783 SENIOR HELPERS
Lic Expire 08/30/2022 4001 E. 29TH ST SUITE 190
Medicare 1: BRYAN, TX 77802
Medicare 2:
Phone (979) 314-9771 Fax (979) 314-9762
Type: Parent Agency Administrator LAUREL GRIGGS

Owner Information
LAUREL CARE INC
9415 WHITNEY LANE
COLLEGE STATION, TX 77845
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 06/24/2014
License # 016278 SIGNATURE SELECT SERVICES
Lic Expire 06/30/2022 1135 N. EARL RUDDER FRWY, SUITE 102
Medicare 1: BRYAN, TX 77803
Medicare 2:
Phone (979) 704-6954 Fax (979) 704-6956
Type: Parent Agency Administrator ELENA BECKER

Owner Information
SHS-SIG SELECT, INC.
11200 BROADWAY, SUITE #2743
PEARLAND, TX 77584
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 06/27/2006
License # 010576 STANDARDS HOME HEALTH
Lic Expire 03/31/2024 3833 SOUTH TEXAS AVENUE SUITE 201
Medicare 1: 45Q3122001 BRYAN, TEXAS 77802
Medicare 2:
Phone (979) 776-0900 Fax (979) 776-5128
Type: Branch Agency Administrator ROBYN HURST

Owner Information
STANDARDS OF CARE INC
111 WEST 2ND STREET
CAMERON, TEXAS 76520
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BRAZOS** Region 05 Date Licensed 08/01/2017
License # 018330 TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC
Lic Expire 07/31/2021 1605 ROCK PRAIRIE ROAD SUITE #206
Medicare 1: 679189 HHA-18 COLLEGE STATION, TX 77845
Medicare 2:
Phone 979 8461283 Fax 979 6930459
Type: Parent Agency Administrator JAMES LANG

Owner Information
TEXAS HOME HEALTH GROUP OF COLLEGE STATION, LLC
1605 ROCK PRAIRIE ROAD SUITE 206
COLLEGE STATION, TX 77845
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 04/01/2022

County **BRAZOS** Region 05 Date Licensed 12/23/2014
License # 016579 TEXAS HOME HEALTH HOSPICE
Lic Expire 12/31/2022 1605 ROCK PRAIRIE ROAD SUITE 206
Medicare 1: 741588 HOSPICE COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 314-9235 Fax (979) 314-7240
Type: Parent Agency Administrator ANDREA RICHARDSON

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/12/2021

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

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

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

County **BRAZOS** Region 06 Date Licensed 03/16/2018
License # 017937 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 12/31/2022 4030 STATE HIGHWAY 6 SOUTH, SUITE 325
Medicare 1: COLLEGE STATION, TEXAS 778451803
Medicare 2:
Phone (979) 431-3380 Fax (979) 690-1008
Type: Branch Agency Administrator BRITNEY BRAZELL, RN

Owner Information
ADVOCATE PEDIATRIC HOME CARE, LLC
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA
PHONE: FAX:
Services: Licensed Home Health Services

County **BRAZOS** Region 05 Date Licensed 07/29/2011
License # 014288 TRADITIONS HEALTH
Lic Expire 07/31/2021 1103 ROCK PRAIRIE ROAD, SUITE 2051A
Medicare 1: 457877 HHA-18 COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 822-5511 Fax (866) 908-8704
Type: Parent Agency Administrator RUSSELL RIDENHOUR

Owner Information
TRADITIONS HHC ACQUISITION, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BRAZOS** Region 05 Date Licensed 07/29/2011
License # 014288 TRADITIONS HEALTH
Lic Expire 07/31/2021 1103 ROCK PRAIRIE ROAD, SUITE 2051C
Medicare 1: COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 822-5511 Fax (866) 908-8704
Type: Branch Agency Administrator RUSSELL RIDENHOUR

Owner Information
TRADITIONS HHC ACQUISITION, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Licensed Home Health Services

County **BRAZOS** Region 05 Date Licensed 07/29/2011
License # 014287 TRADITIONS HOSPICE
Lic Expire 07/31/2021 1862 ROCK PRAIRIE RD SUITE 204
Medicare 1: 451753 HOSPICE COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 822-5511 Fax (866) 908-8704
Type: Parent Agency Administrator RUSSELL RIDENHOUR

Owner Information
THC HOSPICE CARE ACQUISITION, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **BRAZOS** Region 05 Date Licensed 11/07/2012
License # 015187 VISITING ANGELS
Lic Expire 11/30/2022 707 TEXAS AVE SUITE 204-A
Medicare 1: COLLEGE STATION, TX 77840
Medicare 2:
Phone (979) 209-0027 Fax (979) 393-0003
Type: Parent Agency Administrator CLAUDIA MASSIE

Owner Information
REW HOMECARE INC
707 TEXAS AVE STE 204A
COLLEGE STATION, TX 77840
PHONE: FAX:
Services: Personal Assistance Services

County **BREWSTER** Region 02 Date Licensed 07/26/2013
License # 015776 AGAVE HOME HEALTH LLC
Lic Expire 07/31/2021 610 E HOLLAND AVE
Medicare 1: 747914 HHA-18 ALPINE, TX 79830
Medicare 2:
Phone (432) 837-5907 Fax (866) 523-1745
Type: Parent Agency Administrator ANGELA JUETT

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; Personal Assistance Services

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County **BREWSTER** Region 02 Date Licensed 06/01/2000
License # 007333 OUTREACH HOME CARE
Lic Expire 05/31/2022 802 W. HOLLAND
Medicare 1: ALPINE, TX 79830
Medicare 2:
Phone (432) 837-5451 Fax (432) 837-2901
Type: Branch Agency Administrator DEBORAH RODRIGUEZ

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **BROOKS** Region 07 Date Licensed 12/08/2000
License # 002164 HEALTH CARE UNLIMITED INC
Lic Expire 11/30/2022 333 N WILLIAMS
Medicare 1: FALFURRIAS, TX 78355
Medicare 2:
Phone (361) 325-1661 Fax (361) 325-4883
Type: Branch Agency Administrator JOSEPH RAMON III

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

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County **BROOKS** Region 07 Date Licensed 05/24/2006
License # 008584 PALM VALLEY HEALTH CARE II INC
Lic Expire 08/31/2021 641 N SAINT MARYS ST
Medicare 1: FALFURRIAS, TX 78355
Medicare 2:
Phone (361) 325-1201 Fax (361) 325-4732
Type: Branch Agency 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

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County **BROWN** Region 03 Date Licensed
License # 009222 ALPHA OMEGA HOSPICE LP
Lic Expire 07/31/2021 104 SOUTH BROADWAY
Medicare 1: BROWNWOOD, TX 76801
Medicare 2:
Phone NA Fax NA
Type: Alternate Delivery Site Administrator JACKIE HART

Owner Information
ALPHA-OMEGA HOSPICE LP
PO BOX 162041
FORT WORTH, TX 76161-2041
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BROWN** Region 01 Date Licensed 11/01/2013
License # 016067 CARTER HEALTHCARE
Lic Expire 02/28/2022 403 N MAIN
Medicare 1: BROWNWOOD, TX 76801
Medicare 2:
Phone (254) 893-5990 Fax (254) 893-5992
Type: Branch Agency 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 **BROWN** Region 01 Date Licensed 03/01/2010
License # 013273 CMS HEALTH CARE INC
Lic Expire 02/28/2022 1102 EARLY BLVD
Medicare 1: 677177 HHA-18 EARLY, TX 76802
Medicare 2:
Phone (325) 643-4900 Fax (325) 646-8605
Type: Parent Agency Administrator ELISHIA CALLIHAN

Owner Information
CMS HEALTH CARE INC
P. O. BOX 14
BROWNWOOD, TEXAS 76804
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BROWN** Region 01 Date Licensed 04/26/2017
License # 018129 ELARA CARING
Lic Expire 04/30/2023 3657 US HIGHWAY 377 SOUTH STE B
Medicare 1: BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 597-3994 Fax (325) 597-0325
Type: Branch Agency Administrator ELIZABETH DIANNE ELLIOTT

Owner Information
BRADY HEALTH CARE SERVICES, INC
3657 HIGHWAY 377 SOUTH, SUITE A
BROWNWOOD, TX 76801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BROWN** Region 01 Date Licensed 04/26/2017
License # 018129 ELARA CARING
Lic Expire 04/30/2023 3657 US HIGHWAY 377 SOUTH STE A
Medicare 1: 677455 HHA-18 BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 643-4999 Fax (325) 643-5538
Type: Parent Agency Administrator SUSAN GREENWAY

Owner Information
BRADY HEALTH CARE SERVICES, INC
3657 HIGHWAY 377 SOUTH, SUITE A
BROWNWOOD, TX 76801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **BROWN** Region 01 Date Licensed 06/01/2006
License # 010716 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2021 2510 CROCKETT DRIVE
Medicare 1: BROWNWOOD, TEXAS 76801
Medicare 2:
Phone 325 6465565 Fax 325 6412399
Type: Branch Agency Administrator KIM TRAWICK

Owner Information
ENCOMPASS OF WEST TEXAS, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **BROWN** Region 01 Date Licensed 11/12/2018
License # 019084 HILL COUNTRY HOME CARE
Lic Expire 11/12/2022 1000 NORTH COUNTRY ROAD 310
Medicare 1: EARLY, TEXAS 76802
Medicare 2:
Phone (325) 220-2273 Fax (325) 242-8045
Type: Parent Agency Administrator PATRICK BELL

Owner Information
PATRICK BELL
1000 NORTH COUNTY ROAD 310
EARLY, TX 76802
PHONE: FAX:
Services: Personal Assistance Services

County **BROWN** Region 01 Date Licensed 06/30/2015
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 06/30/2021 118 C SOUTH PARK DRIVE
Medicare 1: 671561 Hospice BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 643-1113 Fax (325) 643-1088
Type: Alternate Delivery Site Administrator BRANDI LARSON

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

County **BROWN** Region 01 Date Licensed 06/08/2006
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 06/30/2021 3305 101ST STREET, SUITE 200
Medicare 1: 671561 HOSPICE LUBBOCK, TEXAS 79423
Medicare 2:
Phone (325) 643-1113 Fax (325) 643-1088
Type: Parent Agency Administrator BRANDI LARSON

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

County **BROWN** Region 01 Date Licensed 07/01/2007
License # 011448 KINDRED AT HOME
Lic Expire 06/30/2021 118 SOUTH PARK DRIVE SUITE D
Medicare 1: 459371 HHA-18 BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 643-5525 Fax (325) 646-2158
Type: Parent Agency Administrator GINA YOUNG-HARPER

Owner Information
INTEGRACARE OF OLNEY HOME HEALTH, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BROWN** Region 01 Date Licensed 11/30/2007
License # 011763 KINDRED HOSPICE
Lic Expire 11/30/2021 2400 CROCKETT DRIVE SUITE 300
Medicare 1: 451707 HOSPICE BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 643-5718 Fax (325) 643-6249
Type: Parent Agency Administrator GAY MCNABB

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/11/2023

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

County **BROWN** Region 01 Date Licensed 04/12/2016
License # 018546 KLARUS HOME CARE
Lic Expire 04/30/2022 120 SOUTH PARK DRIVE, SUITE E
Medicare 1: BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 641-0272 Fax (325) 641-0271
Type: Parent Agency Administrator BEVERLY STUBBS

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

County **BROWN** Region 03 Date Licensed 04/01/2002
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 107 SOUTH PARK DRIVE SUITE D
Medicare 1: 45-1688 BROWNWOOD, TX 76801
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **BURNET** Region 05 Date Licensed
License # 019773 ALTUS HOSPICE
Lic Expire 10/25/2021 1002 MARBLE HEIGHTS DRIVE, SUITE 3
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (512) 614-2851 Fax (512) 614-2932
Type: Alternate Delivery Site Administrator HEATHER COURTNEY

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BURNET** Region 05 Date Licensed
License # 019773 ALTUS HOSPICE
Lic Expire 10/25/2021 1002 MARBLE HEIGHTS DRIVE, SUITE 3
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (512) 614-2851 Fax (512) 614-2932
Type: Alternate Delivery Site Administrator HEATHER COURTNEY

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BURNET** Region 05 Date Licensed 08/16/2013
License # 013472 CAPITOL HOME HEALTH
Lic Expire 07/31/2022 101 HWY 281 NORTH STE 204
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (830) 265-4209 Fax (830) 265-4213
Type: Branch Agency Administrator MELISA ARNETTE

Owner Information
CAPITOL HOME HEALTH INC
9015 MOUNTAIN RIDGE DRIVE STE#210
AUSTIN, TX 78759
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BURNET** Region 05 Date Licensed 10/16/2006
License # 010942 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2022 1002 MARBLE HEIGHTS DRIVE, SUITE B
Medicare 1: 679292 HHA-18 MARBLE FALLS, TEXAS 78654
Medicare 2:
Phone 830 6932657 Fax 830 6934085
Type: Parent Agency Administrator CATHERINE IVINS

Owner Information
HALLMARK HOMECARE, L.P.
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **BURNET** Region 07 Date Licensed 12/09/1999
License # 007156 HILL COUNTRY MEMORIAL HOSPICE
Lic Expire 06/30/2021 2511 HIGHWAY 281 STE 800
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (800) 859-3169 Fax (830) 997-3547
Type: Alternate Delivery Site Administrator KAREN O'ROURKE

Owner Information
GREATER HILL COUNTRY HOSPICE
P O BOX 835
FREDERICKSBURG, TEXAS 78624
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BURNET** Region 05 Date Licensed 02/21/2018
License # 018627 HOME INSTEAD
Lic Expire 02/28/2022 1800 MORMON MILL RD STE A-6
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (512) 234-4050 Fax (512) 234-4051
Type: Parent Agency Administrator MONICA MONASMITH

Owner Information
RIVER PHOENIX HEALTH, LLC
1800 MORMON MILL RD # A-6
MARBLE FALLS, TX 78654
PHONE: FAX:
Services: Personal Assistance Services

County **BURNET** Region 05 Date Licensed 02/20/2017
License # 017517 NEW CENTURY HOSPICE OF AUSTIN
Lic Expire 01/31/2022 1800 MORMON MILL SUITE A4
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (830) 693-4585 Fax (830) 693-4905
Type: Alternate Delivery Site Administrator ANDRES GONZALES

Owner Information
ANGEL HEART HOSPICE LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BURNET** Region 05 Date Licensed 01/23/2006
License # 007810 OUTREACH HOME CARE
Lic Expire 11/30/2022 503 FM 1431, SUITE 102
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (830) 693-1963 Fax (830) 693-6946
Type: Branch Agency Administrator ANDREA AGUILERA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **BURNET** Region 05 Date Licensed
License # 012568 RIGHT AT HOME 1202
Lic Expire 04/30/2023 1001 AVENUE E
Medicare 1: MARBLE FALLS, TEXAS 78654
Medicare 2:
Phone (830) 201-1844 Fax (512) 465-9901
Type: Branch Agency Administrator KATE VANBENTHUYSEN

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

County **BURNET** Region 05 Date Licensed 03/04/2015
License # 016739 SETON HOME CARE
Lic Expire 03/31/2021 407 NORTH WATER ST
Medicare 1: 677154 HHA-18 BURNET, TX 786112450
Medicare 2:
Phone (512) 756-7511 Fax (844) 809-2238
Type: Parent Agency Administrator KATHLEEN CLOYD

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** Region 05 Date Licensed
License # 010520 STANDARDS HOME HEALTH
Lic Expire 07/30/2023 705 HIGHWAY 281
Medicare 1: MARBLE FALLS, TEXAS 76520
Medicare 2:
Phone (830) 265-4274 Fax (830) 265-4273
Type: Branch Agency Administrator RICKY GARCIA

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

County **BURNET** Region 05 Date Licensed 08/01/2017
License # 018353 TEXAS HOME HEALTH GROUP OF MARBLE FALLS LLC
Lic Expire 07/31/2021 1100 MISSION HILLS DRIVE SUITE 100
Medicare 1: 679520 HHA-18 MARBLE FALLS, TX 78654
Medicare 2:
Phone (830) 798-8272 Fax (830) 798-7025
Type: Parent Agency Administrator CHRISTINE MORGAN

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
Accreditation: CHAP - Deemed, Expires: 12/16/2021

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

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

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

County **BURNET** Region 05 Date Licensed 08/24/2004
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2022 1100 MISSION HILLS STE 100
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (830) 798-8272 Fax (830) 798-1025
Type: Branch Agency Administrator CASSIE MITCHELL

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BURNET** Region 05 Date Licensed 08/24/2004
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2022 1100 MISSION HILLS STE 100
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (830) 798-8272 Fax (830) 798-1025
Type: Branch Agency Administrator CASSIE MITCHELL

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **BURNET** Region 05 Date Licensed 07/11/2011
License # 014453 VISITING ANGELS
Lic Expire 07/31/2021 706 4TH STREET
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (830) 637-7118 Fax (830) 637-7116
Type: Parent Agency Administrator CRISTAL REVEN

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

County **BURNET** Region 05 Date Licensed 12/22/2017
License # 018529 YOUR DAYTIME DAUGHTER
Lic Expire 02/22/2024 17630 F.M 963
Medicare 1: BERTRAM, TEXAS 78605
Medicare 2:
Phone (512) 234-0803 Fax (512) 715-9659
Type: Parent Agency Administrator LEE ANN GROVES

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

County **CALHOUN** Region 07 Date Licensed 08/23/2010
License # 013682 CALHOUN HOME HEALTH LLC
Lic Expire 08/31/2022 1300 N VIRGINIA STREET STE 111
Medicare 1: 457762 HHA-18 PORT LAVACA, TX 77979
Medicare 2:
Phone (361) 552-6367 Fax (361) 552-3182
Type: Parent Agency Administrator BARRY WATSON

Owner Information
CALHOUN HOME HEALTH LLC
P. O BOX 7126
VICTORIA, TX 77903-7126
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **CAMERON** Region 07 Date Licensed 03/13/2006
License # 010343 A & M NURSING SERVICES LLC
Lic Expire 03/31/2022 302 W ADAMS AVE
Medicare 1: 679777 HHA-18 HARLINGEN, TX 78550
Medicare 2:
Phone (956) 421-3999 Fax (956) 421-3902
Type: Parent Agency Administrator MARY FLORES

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

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

County **CAMERON** Region 07 Date Licensed 08/31/2016
License # 017716 A BETTER CHOICE HOME HEALTH SERVICES INC
Lic Expire 08/31/2022 2501 PAREDES LINE RD, STE B1
Medicare 1: BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 554-9995 Fax (956) 554-9994
Type: Parent Agency Administrator NANCY BOTELLO

Owner Information
A BETTER CHOICE HOME HEALTH SERVICES INC.
1725 BOCA CHICA BLVD SUITE E
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 08/06/2012
License # 014979 A ONE HEALTH SERVICE AGENCY
Lic Expire 08/31/2022 3670 BOCA CHICA BLVD STE 3
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 574-0596 Fax (956) 574-0086
Type: Parent Agency Administrator MARIA BARRERA

Owner Information
MARIA BARRERA
PO BOX 4352
BROWNSVILLE, TEXAS 78523
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 05/30/1997
License # 005661 ABUNDANT LIFE HOME HEALTH INC
Lic Expire 05/31/2022 1900 PECAN STREET
Medicare 1: 747457 HHA-18 BROWNSVILLE, TX 78520
Medicare 2:
Phone 956 5447714 Fax 956 5441033
Type: Parent Agency Administrator FREDERICK GONZALES

Owner Information
ABUNDANT LIFE HOME HEALTH INC
45 FIRESIDE DRIVE
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 11/03/2022

County **CAMERON** Region 07 Date Licensed 09/14/2000
License # 007432 ACCLAIM HEALTH SERVICES INC
Lic Expire 09/30/2022 1076 E LOS EBANOS BLVD
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 986-0942 Fax (956) 986-0961
Type: Parent Agency 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** Region 07 Date Licensed 02/21/2020
License # 019838 ACE ATTENDANT SERVICES, LLC.
Lic Expire 02/21/2022 2106 N. MINNESOTA AVE.
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 908-5900 Fax (956) 554-7829
Type: Parent Agency Administrator DORA ZAVALA

Owner Information
ACE ATTENDANT SERVICES, LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 05/01/2001
License # 007610 ADVANCE PLUS HOME HEALTH
Lic Expire 04/30/2021 17 BOCA CHICA BLVD SUITE C
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 546-9444 Fax (956) 546-9477
Type: Parent Agency Administrator EMIL PANCIERA

Owner Information
E L PANCIERA INC
17 BOCA CHICA BLVD SUITE C
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 11/01/2014
License # 016535 AGUA CRISTALINA HOME CARE LLC
Lic Expire 10/31/2022 105 EAST JACKSON STE C
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 365-3095 Fax (956) 230-8180
Type: Parent Agency Administrator NANCY ECHAVARRIA

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

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County **CAMERON** Region 07 Date Licensed 12/07/2020
License # 020383 ALABARE HOME HEALTH LLC
Lic Expire 12/07/2022 3906 LOS ALAMOS
Medicare 1: HARLINGEN, TX 785527826
Medicare 2:
Phone (956) 230-4751 Fax (956) 230-4751
Type: Parent Agency Administrator IFEANYI EZEH

Owner Information
ALABARE HOME HEALTH LLC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 09/21/2016
License # 017643 ALAS DE AMOR PHC INC
Lic Expire 09/30/2022 9801 KINGBIRD DRIVE
Medicare 1: HARLINGEN, TX 78552
Medicare 2:
Phone (956) 800-1698 Fax (956) 800-1690
Type: Parent Agency Administrator MARICELA LOPEZ MATOS

Owner Information
ALAS DE AMOR PHC INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 08/28/2003
License # 008620 ALIVIO HOME CARE
Lic Expire 08/31/2021 3505 BOCA CHICA BLVD STE 107
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 541-3484 Fax (956) 541-3036
Type: Parent Agency Administrator CLAUDIA VALENCIA

Owner Information
CLAUDIA I VALENCIA
1875 TAXCO DR
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 10/27/2004
License # 009377 ALIVIO HOME HEALTH INC
Lic Expire 10/31/2021 715 W JEFFERSON ST
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 504-6779 Fax (956) 986-2624
Type: Parent Agency Administrator MARIA NEWTON

Owner Information
ALIVIO HOME HEALTH INC
715 W JEFFERSON ST
BROWNSVILLE, TEXAS 78520
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 05/22/2007
License # 011456 ALL ABOUT KIDS HOME HEALTH
Lic Expire 05/31/2021 2102 W TEEGE AVENUE
Medicare 1: 673110 HARLINGEN, TX 78550
Medicare 2:
Phone (956) 412-3337 Fax (956) 412-3338
Type: Parent Agency Administrator ANTONIO S. ALVIAR, JR RN

Owner Information
SANTA CRUZ HEALTH SERVICES INC
2102 W TEEGE AVENUE
HARLINGEN, TX 78550
PHONE: (956) 412-3337 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **CAMERON** Region 07 Date Licensed
License # 010852 ALL SEASONS HOME CARE
Lic Expire 10/31/2022 222 N. EXPRESSWAY, SUITE 201A
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 295-3233 Fax (956) 295-3259
Type: Branch Agency Administrator AMBROSE HERNANDEZ

Owner Information
LEGACY HOME CARE SERVICES INC
PO BOX 61180
CORPUS CHRISTI, TX 78466
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 05/05/2000
License # 007328 ALL TEXAS HEALTH CARE INC
Lic Expire 05/31/2023 302 E. TYLER AVE. # 2
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 425-2273 Fax (956) 425-2218
Type: Parent Agency 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** Region 06 Date Licensed
License # 012478 ALLHEAL HOME HEALTH, INC.
Lic Expire 03/31/2023 1821 SESAME SQ, SUITE 16
Medicare 1: HARLINGEN, TX 785507941
Medicare 2:
Phone (936) 756-2277 Fax
Type: Branch Agency Administrator LINDSEY GROTHE

Owner Information
ALLHEAL HOME HEALTH, INC.
3305 WEST DAVIS, SUITE #100
CONROE, TX 77304
PHONE: FAX:
Services: Licensed Home Health Services

County **CAMERON** Region 07 Date Licensed 02/26/2018
License # 018635 ALORA HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 02/28/2022 513 E JACKSON STREET STE 317
Medicare 1: 74-1752 HARLINGEN, TX 78550
Medicare 2:
Phone (956) 216-0013 Fax (956) 216-0014
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 10/03/2021

County **CAMERON** Region 07 Date Licensed 11/12/2019
License # 019693 ALPHA MED, LLC
Lic Expire 11/12/2021 745 E. SAINT CHARLES ST. STE. A
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 459-7133 Fax
Type: Parent Agency Administrator KRYSTINA GIL

Owner Information
ALPHA MED, LLC
6724 GEORGIA PINE
BROWNSVILLE, TEXAS 78526
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 03/03/2015
License # 016664 AMABLE HOME CARE LLC
Lic Expire 03/31/2024 615 NORTH MAIN STREET
Medicare 1: 971612 Hospice LA FERIA, TX 78559
Medicare 2:
Phone (956) 277-0351 Fax (956) 277-0446
Type: Parent Agency Administrator AMY PONCE

Owner Information
AMABLE HOME CARE LLC
PO BOX 432
SANTA ROSA, TX 78593
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 12/02/2023

County **CAMERON** Region 07 Date Licensed 11/27/2012
License # 015231 AMAZING GRACE PRIMARY HOME CARE LLC
Lic Expire 11/30/2020 220 E OCEAN BLVD
Medicare 1: LOS FRESNOS, TX 78566
Medicare 2:
Phone (956) 233-1718 Fax (866) 677-8911
Type: Parent Agency Administrator TIANA COLVILLE

Owner Information
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/01/2009
License # 013021 AMBIENTE ALEGRE HOME HEALTH
Lic Expire 11/30/2021 700 PAREDES AVENUE SUITE 109
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 459-2073 Fax (956) 621-2884
Type: Parent Agency Administrator FERNANDO SALAZAR

Owner Information
AMBIENTE ALEGRE INC
347 RENFRO BLVD
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 05/15/2018
License # 019792 AMBROSE ETERNITY HOME SERVICES, LLC.
Lic Expire 01/24/2022 3505 BOCA CHICA BLVD., STE 205
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 454-7501 Fax 18664759389
Type: Parent Agency Administrator ADAM ARREDONDO

Owner Information
AMBROSE ETERNITY HOME SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 01/17/2020
License # 019788 AMEDISYS HOSPICE
Lic Expire 01/17/2022 512 VICTORIA LANE, STE 16B
Medicare 1: 971583 HARLINGEN, TX 785503226
Medicare 2:
Phone (956) 300-0865 Fax (888) 562-0818
Type: Parent Agency Administrator MIRIAM VALDIVIEZ

Owner Information
AMEDISYS HOSPICE, LLC
5410 FREDERICKSDBURG RD BLDG A SUITE 310
SAN ANTONIO, TX 78229-3576
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 07/27/2023

County **CAMERON** Region 07 Date Licensed
License # 003177 AMERICAN MEDICAL HOME HEALTH SERVICES
Lic Expire 11/30/2021 1409 N. STUART PLACE ROAD, SUITE C,
Medicare 1: 67Q7522004 HARLINGEN, TX 78552
Medicare 2:
Phone (956) 567-0421 Fax (956) 567-0421
Type: Branch Agency Administrator ERICA SANDOVAL

Owner Information
HUB CITY HOME HEALTH INC
506 VALLEY BROOK ROAD, STE 201
MCMURRAY, PA 15317
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/03/2024

County **CAMERON** Region 07 Date Licensed 07/09/2018
License # 009369 AMERICAN MEDICAL HOME HEALTH SERVICES - SAN ANTONIO LLC
Lic Expire 10/31/2021 1042 GARNER FIELD RD STE A
Medicare 1: 45Q7907001 UVALDE, TX 78801
Medicare 2:
Phone (830) 460-3013 Fax (830) 460-3411
Type: Branch Agency Administrator REBECCA CANEDO

Owner Information
AMERICAN MEDICAL HOME HEALTH SERVICES SAN ANTONIO LLC
506 VALLEY BROOK ROAD SUITE 201
MCMURRAY, PA 15317-9610
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 08/01/2006
License # 010645 AMIGO HEALTH SERVICES CORP
Lic Expire 07/31/2022 2414 E PRICE RD STE B103
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 982-8500 Fax (956) 982-8501
Type: Parent Agency Administrator CELINA MARTINEZ

Owner Information
AMIGO HEATH SERVICES CORP
2394 E PRICE RD
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 08/22/2018
License # 018897 AMIGOS HEALTH CARE INC.
Lic Expire 08/31/2022 2024 N MINNESOTA AVE.
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 621-3139 Fax (956) 621-1588
Type: Parent Agency Administrator DAVID ZAVALA

Owner Information
AMIGOS HEALTH CARE INC
2106 N. MINNESOTA AVENUE
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/16/1999
License # 007200 AMOR HEALTH SERVICES INC
Lic Expire 12/31/2022 1150 EAST 13TH STREET, SUITE B
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 986-6030 Fax (956) 541-8445
Type: Parent Agency Administrator MARIA TORRE-CONLEY

Owner Information
AMOR HEALTH SERVICES INC
1150 EAST 13TH STREET OFFICE B
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 08/30/2016
License # 017602 ANGELES DIVINOS HOME HEALTH CARE INC
Lic Expire 08/31/2022 1724 ED CAREY DRIVE SUITE B
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone 956 3898000 Fax 956 4357228
Type: Parent Agency Administrator OSCAR C BURKHOLDER

Owner Information
ANGELES DIVINOS HOME HEALTH CARE INC
SAME AS PHYSICAL ADDRESS
HARLINGEN, TX 78550
PHONE: FAX:
Services: Personal Assistance Services

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

County **CAMERON** Region 07 Date Licensed 03/22/2007
License # 011177 ANGELES GUARDIANES HOME HEALTH INC.
Lic Expire 03/31/2022 55 WEST ELIZABETH ST
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 574-9423 Fax (956) 574-0155
Type: Parent Agency Administrator MARIO RENE CAMPOS

Owner Information
ANGELES GUARDIANES HOME HEALTH INC
SAME
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 06/30/1999
License # 007069 ANGELES HOME HEALTH INC
Lic Expire 06/30/2022 414 E ELIZABETH ST
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 541-1975 Fax (956) 504-9091
Type: Parent Agency Administrator NORA M GARZA

Owner Information
ANGELES HOME HEALTH, INC.
1635 W SAN MARCELO BLVD
BROWNSVILLE, TX 78526-1967
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 09/11/2013
License # 006460 ANGELITOS PRIMARY HOME CARE INC
Lic Expire 04/30/2021 134 SOUTH SHORE DRIVE SUITE #110
Medicare 1: PORT ISABEL, TX 78578
Medicare 2:
Phone (956) 943-3000 Fax (956) 943-3002
Type: Branch Agency Administrator JUAN PEREZ

Owner Information
ANGELITOS PRIMARY HOME CARE INC
704 E GRIFFIN PKWY SUITE 110
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 09/13/2011
License # 014397 APC HOME HEALTH SERVICES
Lic Expire 09/30/2021 1659 SAM HOUSTON DR.
Medicare 1: 457193 HHA-18 HARLINGEN, TX 785508123
Medicare 2:
Phone (956) 428-8301 Fax (956) 428-5291
Type: Parent Agency Administrator ANDREW PAINTER

Owner Information
APC HOME HEALTH SERVICE, INC.
1805 BELL STREET
HARLINGEN, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **CAMERON** Region 07 Date Licensed 09/13/2011
License # 014398 APC HOMEMAKER SERVICES
Lic Expire 09/30/2021 1805 BELL STREET
Medicare 1: HARLINGEN, TX 785508208
Medicare 2:
Phone 956 4287334 Fax 956 4283336
Type: Parent Agency Administrator JOVIE CANTU

Owner Information
APC HOME HEALTH SERVICE, INC.
1805 BELL STREET
HARLINGEN, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 06/23/2015
License # 016872 AQUARIO PRIMARY HOME CARE
Lic Expire 06/30/2021 950 E ALTON GLOOR BLVD.
Medicare 1: BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 544-7730 Fax (956) 621-0700
Type: Parent Agency Administrator BRENDA CANO SAN MARTIN

Owner Information
AQUARIO PRIMARY HOME CARE
3116 EAST 14TH STREET
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 10/13/1999
License # 007137 ATHC PROVIDER SERVICES INC
Lic Expire 10/31/2021 302 E TYLER AVE, # 2
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 425-2220 Fax (956) 425-2218
Type: Parent Agency Administrator LISA A WELLS

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
License # 019941 ATZ PRIMARY CARE, INC.
Lic Expire 05/15/2022 2024 N MINNESOTA AVE. B
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 579-7881 Fax (956) 621-1588
Type: Parent Agency Administrator DAVID ZAVALA

Owner Information
ATZ PRIMARY CARE, INC.
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 09/09/2015
License # 014807 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 7097 N EXPRESSWAY 77 SUITE 8 & 9
Medicare 1: OLMITO, TX 78575
Medicare 2:
Phone (956) 435-7638 Fax (956) 854-4338
Type: Branch Agency Administrator EDUARDO HINOJOSA

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **CAMERON** Region 07 Date Licensed 01/08/2020
License # 019765 AYUDA HOME HEALTH INC
Lic Expire 01/08/2022 522 S TEXAS BLVD STE 105
Medicare 1: WESLACO, TEXAS 78596
Medicare 2:
Phone (956) 291-0522 Fax (956) 513-0727
Type: Parent Agency Administrator EDWIN B NEWTON

Owner Information
AYUDA HOME HEALTH INC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 06/21/2018
License # 018794 B & T ATTENDANT SERVICES
Lic Expire 06/30/2022 2226 ATHENS ST.
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 455-8081 Fax (956) 443-0912
Type: Parent Agency Administrator BLANCA TORRE

Owner Information
T & B ESPINO INC
2226 ATHENS ST
BROWNSVILLE, TEXAS 78520
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 03/02/2005
License # 009611 BEACON HARBOR HOME HEALTH INC
Lic Expire 03/31/2022 292 KINGS HIGHWAY SUITE 9
Medicare 1: 677897 HHA-18 BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 548-0016 Fax (956) 548-0024
Type: Parent Agency Administrator MARY FRANCES LOPEZ

Owner Information
BEACON HARBOR HOME HEALTH INC
292 KINGS HIGHWAY SUITE 9
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 09/28/2015
License # 017151 BEE FIRST HOME HEALTH
Lic Expire 09/30/2021 2809 S EXPRESSWAY 83 STE F
Medicare 1: 453108 HHA-18 HARLINGEN, TX 78550
Medicare 2:
Phone (956) 664-9667 Fax (956) 664-2190
Type: Parent Agency Administrator NOEMI OLIVO

Owner Information
BEATRICE MESQUIAS
2809 S. EXPRESSWAY 83 SUITE F
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 06/27/1997
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 06/30/2021 2809 SOUTH EXPRESSWAY 83
Medicare 1: 741522 HOSPICE HARLINGEN, TX 78550
Medicare 2:
Phone (888) 224-9897 Fax (956) 423-2027
Type: Parent Agency Administrator MARCUS WILLIAMS

Owner Information
FIRST PRIMARY HOME CARE, INC.
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/28/2023

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

County **CAMERON** Region 07 Date Licensed 01/30/2006
License # 010266 BELIEVE IN US PRIMARY HOME CARE INC
Lic Expire 01/31/2023 2416 WEST BUSINESS HIGHWAY 77
Medicare 1: SAN BENITO, TX 78586
Medicare 2:
Phone (956) 399-1511 Fax (956) 399-1561
Type: Parent Agency Administrator REBECCA VALDEZ

Owner Information
BELIEVE IN US PRIMARY HOME CARE INC
2416 WEST BUSINESS HIGHWAY 77
SAN BENITO, TX 78586
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 01/05/2021
License # 020433 BENDICION DIVINA PERSONAL ASSISTANCE SERVICES, LLC.
Lic Expire 01/05/2023 7601 PECAN AVE.
Medicare 1: BROWNSVILLE, TEXAS 78526
Medicare 2:
Phone (956) 466-5008 Fax 18668118644
Type: Parent Agency Administrator FRANCES ELIAS

Owner Information
BENDICION DIVINA PERSONAL ASSISTANCE SERVICES, LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 11/06/2018
License # 019498 BEYOND DREAMS PRIMARY HOME CARE, INC
Lic Expire 07/26/2021 31532 STATE HIGHWAY 100
Medicare 1: LOS FRESNOS, TX 78566
Medicare 2:
Phone (956) 254-8075 Fax (956) 435-0253
Type: Parent Agency Administrator JULI GONZALEZ

Owner Information
BEYOND DREAMS PRIMARY HOME CARE, INC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 10/01/2019
License # 019628 BLUEBONNET PRIMARY HOME CARE LLC
Lic Expire 10/01/2021 1342 SQUAW VALLEY DR UNIT B
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 517-6260 Fax
Type: Parent Agency Administrator VANESSA TREVINO

Owner Information
BLUEBONNET PRIMARY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 06/23/2015
License # 016871 BUENA VIDA PRIMARY HOME CARE
Lic Expire 06/30/2021 4035 BOCA CHICA BLVD. STE 3
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 546-1115 Fax (956) 546-1104
Type: Parent Agency Administrator JAZMIN MARTINEZ

Owner Information
ROSA ELIA MARTINEZ
3116 E 14TH ST
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 10/17/2006
License # 010809 CALIDAD HOME HEALTH
Lic Expire 10/31/2021 1600 E EXPRESSWAY 83
Medicare 1: 747168 HHA-18;74 LA FERIA, TX 78559
Medicare 2:
Phone (956) 797-4290 Fax (956) 797-4287
Type: Parent Agency Administrator IDA NORIEGA

Owner Information
FABIAN SILGUERO
1600 E EXPRESSWAY 83
LA FERIA, TX 78559
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 06/27/2023

County **CAMERON** Region 07 Date Licensed
License # 020726 CARDINAL HOSPICE LLC
Lic Expire 04/29/2024 20534 SAM HOUSTON BLVD.
Medicare 1: RIO HONDO, TEXAS 78583
Medicare 2:
Phone (956) 793-3227 Fax
Type: Parent Agency Administrator HEATHER KENON

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

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

County **CAMERON** Region 07 Date Licensed 10/01/1994
License # 003165 CARING FOR YOU HOME HEALTH INC
Lic Expire 09/30/2021 441 EAST WASHINGTON STREET
Medicare 1: 677594 HHA-18 BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 546-1361 Fax (956) 542-3365
Type: Parent Agency Administrator NOEMI TORRE

Owner Information
CARING FOR YOU HOME HEALTH INC
PO BOX 6218
BROWNSVILLE, TX 78523
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 12/13/2018
License # 019155 CARING HANDS HEALTHCARE AGENCY
Lic Expire 12/13/2022 6810 E. RUBEN M. TORRES BLVD SUITE E
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 372-1060 Fax (956) 372-1068
Type: Parent Agency Administrator AIDE RUIZ

Owner Information
CARING HANDS HEALTHCARE AGENCY, LLC.
1405 N ILLINOIS AVE
BROWNSVILLE, TEXAS 78521
PHONE: 956 3721060 FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/17/2003
License # 008815 CHRISTIAN QUALITY HOME HEALTH CARE INC
Lic Expire 12/31/2021 113 E PORTE COURT
Medicare 1: 679438 HHA-18 HARLINGEN, TX 78550
Medicare 2:
Phone (956) 425-9494 Fax (956) 425-9492
Type: Parent Agency Administrator CAZANDRA DELOSSANTOS

Owner Information
CHRISTIAN QUALITY HOME HEALTH CARE INC
113 EAST PORTE COURT
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 10/31/2017
License # 018416 CME HOMEMAKER SERVICES LLC
Lic Expire 10/31/2021 301 MEXICO BLVD, STE. G4
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 466-8022 Fax (956) 504-9945
Type: Parent Agency Administrator HERLINDA VASQUEZ

Owner Information
CME HOMEMAKER SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed
License # 012190 CMS PRIMARY HOME CARE INC
Lic Expire 08/31/2021 222 N EXPRESSWAY 77 SUITE 104
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 424-9897 Fax (866) 800-3018
Type: Branch Agency 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** Region 07 Date Licensed 03/23/2021
License # 020631 COMFORCARE RIO GRANDE VALLEY EAST
Lic Expire 03/23/2024 6710 W EXPRESSWAY 83 STE A250
Medicare 1: HARLINGEN, TEXAS 78552
Medicare 2:
Phone (956) 357-7802 Fax
Type: Parent Agency Administrator MICAH GIBBS

Owner Information
MBG HOME CARE
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 08/05/2020
License # 020096 COSTA HOME CARE, LLC
Lic Expire 08/05/2022 2740 W. ALTON GLOOR BLVD. SUITE A
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 982-8578 Fax (956) 982-8741
Type: Parent Agency Administrator CYNTHIA GONZALEZ

Owner Information
COSTA HOME CARE, LLC
5238 LOS ARBOLES AVE.
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 10/21/2013
License # 015820 DELCO HEALTH CARE LLC
Lic Expire 10/31/2021 35 BUSINESS DR SUITE A
Medicare 1: 747941 HHA-18 BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 312-9530 Fax (956) 284-0759
Type: Parent Agency Administrator LILY DELLOTA

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

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County **CAMERON** Region 07 Date Licensed 02/19/2014
License # 016165 DREAM CARE LLC
Lic Expire 02/28/2022 2501 PAREDES LINE RD, SUITE B1
Medicare 1: 679503 HHA-18 BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 548-2915 Fax (956) 548-2901
Type: Parent Agency Administrator NANCY BOTELLO

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
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 10/24/2016
License # 017705 EL BUEN CAMINO HOME HEALTH CARE
Lic Expire 10/31/2022 206 PAREDES LINE RD. SUITE A
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 621-1772 Fax (956) 443-0472
Type: Parent Agency Administrator LUIS PEREZ

Owner Information
EL BUEN CAMINO HOME HEALTH CARE LLC
305 CALLE AMISTOSA R202
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 07/21/2020
License # 020065 EL SINAI HOMECARE, LLC
Lic Expire 07/21/2022 6921 BONHAM RD. STE. A
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 431-0460 Fax (956) 431-0461
Type: Parent Agency Administrator ISABEL ALANIZ

Owner Information
EL SINAI HOME CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 10/26/2020
License # 020264 EL SINAI HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 10/26/2022 6921 BONHAM RD STE B
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 431-0462 Fax (956) 431-0461
Type: Parent Agency Administrator ISABEL ALANIZ

Owner Information
EL SINAI HOSPICE AND PALLIATIVE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 02/02/2017
License # 017898 ETERNAL LOVE HEALTH CARE INC
Lic Expire 02/28/2023 208 N ARROYO BLVD STE A
Medicare 1: LOS FRESNOS, TEXAS 78566
Medicare 2:
Phone (956) 368-5079 Fax (956) 516-3580
Type: Parent Agency 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

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County **CAMERON** Region 07 Date Licensed 10/15/2020
License # 020239 EXCELLENCE HEALTH CARE
Lic Expire 10/15/2022 423 CHAMPIONS DR
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 280-5586 Fax (956) 280-5586
Type: Parent Agency Administrator SERGIO JESUS ARRIAGA

Owner Information
CJ SERVICES TEXAS LLC
423 CHAMPIONS DR
BROWNSVILLE, TEXAS 78520
PHONE: (956) 280-5586 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 03/16/2021
License # 020609 EXCEPTIONAL HEALTH SERVICES, LLC.
Lic Expire 03/16/2024 6857 WHITE PINE ST
Medicare 1: BROWNSVILLE, TEXAS 78526
Medicare 2:
Phone (956) 567-9763 Fax (956) 253-3760
Type: Parent Agency Administrator MAURICIO ARREDONDO

Owner Information
EXCEPTIONAL HEALTH SERVICES, LLC.
SAME
,
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 02/06/2013
License # 015355 EXECUTIVE HOME HEALTH LLC
Lic Expire 02/28/2021 860 WEST PRICE RD SUITE B
Medicare 1: 747978 HHA-18 BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 465-0557 Fax (956) 435-0085
Type: Parent Agency Administrator CARLOS ALBERTO ELIZONDO

Owner Information
EXECUTIVE HOME HEALTH LLC
860 WEST PRICE ROAD
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 01/08/2021
License # 020443 FAITH FAMILY FRIENDS PHC, LLC
Lic Expire 01/08/2023 17827 ABD RD
Medicare 1: HARLINGEN, TEXAS 78552
Medicare 2:
Phone (956) 336-7125 Fax
Type: Parent Agency Administrator MERCEDES SAUCEDA

Owner Information
FAITH FAMILY FRIENDS PHC, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 02/23/2017
License # 017930 FIRST LIGHT PRIMARY HOME CARE LLC
Lic Expire 02/28/2023 23067 ROYAL PALM DRIVE
Medicare 1: HARLINGEN, TX 78552
Medicare 2:
Phone (956) 230-3892 Fax (956) 230-2292
Type: Parent Agency Administrator MARIA DEL ROSARIO FERNANDEZ

Owner Information
FIRST LIGHT PRIMARY HOME CARE, LLC
23067 ROYAL PALM DRIVE
HARLINGEN, TX 78552
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed
License # 020696 FLAMINGO PRIMARY HOME CARE, LLC.
Lic Expire 04/14/2024 24 CUBA ST
Medicare 1: BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 538-3664 Fax 18009672518
Type: Parent Agency Administrator MONICA FUENTES

Owner Information
FLAMINGO PRIMARY HOME CARE, LLC.
SAME
,
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 01/15/2021
License # 020468 FLOR DE LA FE HOME HEALTH LLC
Lic Expire 01/15/2023 4804 BEAVER POND DR
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 466-8862 Fax (855) 761-1439
Type: Parent Agency Administrator JOSEFINA MEDINA

Owner Information
FLOR DE LA FE HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **CAMERON** Region 07 Date Licensed 06/21/2013
License # 015613 GENESIS HEALTH CARE
Lic Expire 06/30/2021 1213 E ALTON GLOOR BLVD SUITE E
Medicare 1: BROWNSVILLE, TEXAS 78526
Medicare 2:
Phone (956) 350-2300 Fax (956) 350-2185
Type: Parent Agency Administrator ADRIANA ZAMORA

Owner Information
DAZ & ASSOCIATES LLC
5686 BUCKEYE CT.
BROWNSVILLE, TX 78526
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 01/23/2019
License # 019220 GL HOSPICE CARE LLC
Lic Expire 05/31/2021 1313 E ALTON GLOOR STE I-4
Medicare 1: BROWNSVILLE, TEXAS 78526
Medicare 2:
Phone 956 5614413 Fax 956 6212301
Type: Parent Agency Administrator XYLINA GUTIERREZ

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

County **CAMERON** Region 07 Date Licensed 01/01/2014
License # 015968 GRANDPA & GRANDMA PRIMARY HOME CARE
Lic Expire 12/31/2021 123 OLD PORT ISABEL RD. SUITE A5
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 589-6813 Fax (956) 554-7336
Type: Parent Agency Administrator JUAN DELEON

Owner Information
GRANDPA & GRANDMA PRIMARY HOME CARE
123 OLD PORT ISABEL RD ST A5
BROWNSVILLE, TEXAS 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 08/15/2008
License # 012169 GREATER VALLEY HOSPICE ALLIANCE LP
Lic Expire 08/31/2022 605 MACO DRIVE
Medicare 1: 671629 HOSPICE HARLINGEN, TX 78550
Medicare 2:
Phone (956) 428-2386 Fax (956) 428-2541
Type: Parent Agency Administrator DANIELLE MARTINEZ

Owner Information
GREATER VALLEY HOSPICE ALLIANCE LP
605 MACO DRIVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 08/04/2021

County **CAMERON** Region 07 Date Licensed
License # 012169 GREATER VALLEY HOSPICE ALLIANCE LP
Lic Expire 06/30/2021 302 LORENALY DR SUITE E-108
Medicare 1: BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 541-6100 Fax (956) 428-2541
Type: Alternate Delivery Site Administrator DANIELLE MARTINEZ

Owner Information
GREATER VALLEY HOSPICE ALLIANCE LP
605 MACO DRIVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 04/22/2019
License # 019336 GREYSTAR HEALTHCARE SERVICES LLC
Lic Expire 04/22/2021 23329 FM 1847
Medicare 1: RIO HONDO, TEXAS 78583
Medicare 2:
Phone (956) 462-2049 Fax (956) 462-2035
Type: Parent Agency Administrator MIGUEL LEIJA

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

County **CAMERON** Region 07 Date Licensed 08/25/2004
License # 009266 HALO HOME HEALTH LLC
Lic Expire 08/31/2021 425 E LOS EBANOS, SUITE 103
Medicare 1: 673104 HHA-18 BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 541-2449 Fax (956) 546-6163
Type: Parent Agency Administrator TAMMY RANGEL

Owner Information
HALO HOME HEALTH LLC
1473 E. ALTON GLOOR SUITE D
BROWNSVILLE, TX 78526
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **CAMERON** Region 07 Date Licensed 01/12/2007
License # 010995 HANDS OF ANGELS HOME CARE
Lic Expire 01/31/2022 1724 ED CAREY DR STE C
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 423-5900 Fax (956) 440-1287
Type: Parent Agency Administrator ELSA NELLY BURKHOLDER

Owner Information
HANDS OF ANGELS HOME HEALTH CARE INC
1617 PALM VALLEY DRIVE EAST
HARLINGEN, TX 78552
PHONE: FAX:
Services: Personal Assistance Services

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

County **CAMERON** Region 07 Date Licensed 05/30/2018
License # 018764 HAPPY FAMILY PRIMARY HOME CARE LLC
Lic Expire 05/31/2022 2331 E. 13TH STREET
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 639-7201 Fax (866) 249-6129
Type: Parent Agency 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** Region 07 Date Licensed 07/19/1994
License # 003014 HARLINGEN ACUTE CARE INC
Lic Expire 07/31/2021 8369 W BUSINESS 83
Medicare 1: 747943 HHA-18 HARLINGEN, TX 78552
Medicare 2:
Phone (956) 412-2002 Fax (956) 412-2879
Type: Parent Agency Administrator MARIA RUIZ

Owner Information
HARLINGEN ACUTE CARE INC
8369 WEST BUSINESS 83
HARLINGEN, TX 78552
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 04/04/2001
License # 002164 HEALTH CARE UNLIMITED INC
Lic Expire 11/30/2022 702 ED CAREY DRIVE SUITE B
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 428-7878 Fax (956) 428-8882
Type: Branch Agency Administrator JOSEPH RAMON III

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

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County **CAMERON** Region 07 Date Licensed 05/31/2017
License # 018085 HEART OF AN ANGEL PRIMARY HOME CARE AGENCY LLC
Lic Expire 05/31/2021 2776 W ALTON GLOOR BLVD, SUITE 7
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone 956 6211002 Fax 956 3297972
Type: Parent Agency Administrator JEHU LEDEZMA

Owner Information
HEART OF AN ANGEL PRIMARY HOME CARE AGENCY, LLC
6758 TENAZA DR
BROWNSVILLE, TX 78526
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 03/17/2021
License # 020612 HEROES HOME CARE LLC
Lic Expire 03/17/2024 625 N EXPRESSWAY, SUITE B
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 620-6589 Fax
Type: Parent Agency Administrator APRIL GONZALEZ

Owner Information
HEROES HOME CARE, LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 07/23/2012
License # 014945 HOME HEALTH CHECK LLC
Lic Expire 07/31/2022 14693 PALIS ROAD
Medicare 1: 747911 HHA-18 LA FERIA, TX 78559
Medicare 2:
Phone (956) 440-8023 Fax (956) 440-8190
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 08/22/2022

County **CAMERON** Region 07 Date Licensed 06/27/2003
License # 008530 HOME HEALTH SOLUTIONS PLLC
Lic Expire 06/30/2021 2810 N 77 SUNSHINE STRIP
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 425-8300 Fax (956) 425-8355
Type: Parent Agency 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** Region 07 Date Licensed 12/01/2004
License # 009456 INFINITY CARE PROVIDERS INC
Lic Expire 11/30/2022 3505 BOCA CHICA STE 148
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 542-7232 Fax (956) 542-5993
Type: Parent Agency Administrator VIRGINIA RUIZ

Owner Information
INFINITY CARE PROVIDERS INC
3505 BOCA CHICA
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 05/18/1994
License # 002897 INTERIM HEALTHCARE
Lic Expire 05/31/2022 26 S. CORIA ST SUITE E
Medicare 1: 458093 HHA-18 BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 541-4410 Fax (956) 541-4434
Type: Parent Agency Administrator HARIGOVINDAN NAMPOOTHIRI

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; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 07/08/2016
License # 017509 J&M GUARDIANS PRIMARY HOME CARE LLC
Lic Expire 07/31/2022 2680 W. ALTON GLOOR STE.#1
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 281-4686 Fax (956) 545-0462
Type: Parent Agency 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

County **CAMERON** Region 07 Date Licensed 08/20/2018
License # 019045 J&M HOME HEALTH LLC
Lic Expire 08/20/2022 1575 US MILITARY HWY 281 STE #110
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 561-4209 Fax (956) 561-4398
Type: Parent Agency Administrator BRIANNA YZAGUIRRE

Owner Information
J&M HOME HEALTH LLC
183 KLEBERG AVE
BROWNSVILLE, TEXAS 78526
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 11/26/2019
License # 019719 JADA HOME HEALTH LLC
Lic Expire 11/26/2021 222 NORTH EXPRESSWAY 77/83, SUITE #163
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 639-9727 Fax (956) 435-0137
Type: Parent Agency Administrator ISABEL RODRIGUEZ

Owner Information
JADA HOME HEALTH LLC
401 WINNIPEG AVENUE
BROWNSVILLE, TEXAS 78526
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 08/31/2004
License # 009279 JERICHO HEALTH SERVICES INC
Lic Expire 08/31/2022 255 MORNINGSIDE RD
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 546-7500 Fax (956) 546-3245
Type: Parent Agency 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** Region 07 Date Licensed 09/10/2014
License # 014065 KIDS FIRST PEDIATRIC HOMECARE
Lic Expire 04/30/2024 1720 E HARRISON AVENUE SUITE D
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (954) 440-0551 Fax (954) 440-1942
Type: Branch Agency Administrator MARC PICTROWSKI

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

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County **CAMERON** Region 07 Date Licensed 07/31/2008
License # 012130 KINDRED HOSPICE
Lic Expire 07/31/2021 410-A N. ED CAREY DRIVE
Medicare 1: 451667 HOSPICE HARLINGEN, TX 785507960
Medicare 2:
Phone (956) 423-1101 Fax (956) 423-1318
Type: Parent Agency Administrator JUDY PARISER

Owner Information
ODYSSEY HEALTHCARE OF SOUTH TEXAS LLC
PO BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 11/23/2023

County **CAMERON** Region 07 Date Licensed 03/25/2003
License # 008379 LA FAMILIA HOME CARE
Lic Expire 03/31/2022 910 EAST GRIMES AVENUE
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 365-3646 Fax (956) 365-3651
Type: Parent Agency Administrator MINERVA RANGEL

Owner Information
MIZPAH RESIDENTIAL CARE INC
910 EAST GRIMES AVENUE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 11/19/2009
License # 013049 LA GUADALUPANA PRIMARY HOME CARE
Lic Expire 11/30/2021 913 E HARRISON ST STE 7
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (830) 428-0147 Fax (956) 428-0651
Type: Branch Agency Administrator RICHARD GARZA

Owner Information
LA GUADALUPANA PRIMARY HOME CARE LLC
338 N MONROE STREET
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 02/09/2021
License # 020521 LA PLAZA HOME HEALTH SERVICES
Lic Expire 02/09/2023 1244 E. 14TH ST.
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 266-1855 Fax (956) 542-5648
Type: Parent Agency Administrator WENDOLYN ZAMORA

Owner Information
LA PLAZA HOME HEALTH SERVICES
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 04/21/2020
License # 019884 LA VIDA DIVINA LLC
Lic Expire 04/21/2022 4652 BEAVER POND DR.
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (512) 696-7417 Fax (956) 396-0555
Type: Parent Agency Administrator PRISCILLA TORRE

Owner Information
LA VIDA DIVINA LLC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 08/25/2011
License # 014304 LAS JACARANDAS HEALTHCARE SERVICES
Lic Expire 08/31/2021 707 VILLA MARIA BLVD
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 550-0999 Fax (956) 550-0993
Type: Parent Agency Administrator ABRAHAM BARRIENTES

Owner Information
LAS JACARANDAS ASSISTED LIVING LLC
1024 BELTHAIR ST.
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 02/28/2023 222 N. EXPRESSWAY, SUITE 201B
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 295-3233 Fax (956) 295-3259
Type: Branch Agency Administrator AMBROSE HERNANDEZ

Owner Information
LEGACY HOME HEALTH AGENCY INC
6655 FIRST PARK TEN BLVD, SUITE 200
SAN ANTONIO, TEXAS 78213
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 03/30/2021
License # 020660 LEGENDS PRIMARY HOME CARE, LLC.
Lic Expire 03/30/2024 3 CONQUISTADOR DRIVE
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 561-4155 Fax (956) 561-4045
Type: Parent Agency Administrator ARGELIO VELASQUEZ

Owner Information
LEGENDS PRIMARY HOME CARE, LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/04/2020
License # 020374 LIBERTY HOME CARE, INC.
Lic Expire 12/04/2022 18779 KILBOURN ROAD
Medicare 1: HARLINGEN, TX 785501956
Medicare 2:
Phone (956) 421-1111 Fax (956) 421-2222
Type: Parent Agency Administrator NORA ESTRADA

Owner Information
LIBERTY HOME CARE, INC.
P.O. BOX 3361
HARLINGEN, TX 78551
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 07/30/2020
License # 020086 LINDENWOOD HOSPICE & PALLIATIVE CARE
Lic Expire 07/30/2022 2026 E. TYLER AVENUE
Medicare 1: HARLINGEN, TEXAS 78550
Medicare 2:
Phone (956) 423-6100 Fax (956) 365-3387
Type: Parent Agency Administrator AMAELI 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** Region 07 Date Licensed 02/12/2020
License # 019827 LITTLE HAVEN HOME HEALTH
Lic Expire 02/12/2022 2350 CENTRAL BLVD
Medicare 1: BROWNSVILLE, TX 785208714
Medicare 2:
Phone (956) 525-7014 Fax (956) 544-2780
Type: Parent Agency Administrator SHUBHRA SHARMA

Owner Information
LITTLE HAVEN PEDIATRIC HOME HEALTH LLC
2350 CENTRAL BLVD
BROWNSVILLE, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 07/22/2014
License # 016330 LITTLE LIGHTHOUSE REHAB AT HOME LLC
Lic Expire 07/31/2022 313 W HIGHWAY 83
Medicare 1: LA FERIA, TX 78559
Medicare 2:
Phone (956) 797-2300 Fax (956) 797-0000
Type: Parent Agency 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** Region 07 Date Licensed 01/14/2014
License # 015976 LITTLE MIRACLES HOME HEALTH
Lic Expire 01/31/2022 720 E HARRISON AVE
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone 956 4250606 Fax 956 4250620
Type: Parent Agency Administrator JENNIFER WHITE

Owner Information
JLW HOME HEALTH INC
21271 VISTA DRIVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 12/14/2011
License # 014526 LONE STAR HOME HEALTH
Lic Expire 12/31/2021 1409 TESORO AVE
Medicare 1: RANCHO VIEJO, TX 78575
Medicare 2:
Phone (956) 203-3212 Fax (956) 550-8999
Type: Parent Agency Administrator DIANA L. GONZALEZ

Owner Information
LONE STAR HOME HEALTH
2815 CENTRAL BLVD. STE #D
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 03/03/2021
License # 020567 LOS GIRASOLES HOME CARE AGENCY, LLP
Lic Expire 03/03/2023 1575 US HWY 281 STE.113
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 312-6878 Fax
Type: Parent Agency Administrator MARIBEL AGUILAR

Owner Information
LOS GIRASOLES HOME CARE AGENCY, LLP
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/31/2020
License # 020427 MAGNOLIA HOME CARE
Lic Expire 12/31/2022 1905 S. ARDEN ST
Medicare 1: HARLINGEN, TEXAS 78552
Medicare 2:
Phone (956) 428-4911 Fax (956) 428-4911
Type: Parent Agency Administrator DAFFNE BUENO LOPEZ

Owner Information
LRV GROUP LLC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 01/13/2021
License # 020453 MED GUARD HOME CARE, LLC
Lic Expire 01/13/2023 33990 MESQUITE BEAN DRIVE
Medicare 1: LOS FRESNOS, TEXAS 78566
Medicare 2:
Phone (956) 801-6319 Fax (956) 477-5559
Type: Parent Agency Administrator EDNA CANTU

Owner Information
MED GUARD HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 01/31/2013
License # 015421 MED TEAM INC
Lic Expire 01/31/2021 147 E. PRICE ROAD
Medicare 1: BROWNSVILLE, TEXAS 785213527
Medicare 2:
Phone (956) 565-9228 Fax (956) 565-9149
Type: Parent Agency Administrator ADEMAR GARZA

Owner Information
THE HOME CARE TEAM, INC.
45 N.E. LOOP 410 SUITE 800
SAN ANTONIO, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 05/30/2002
License # 007958 MED TEAM INC
Lic Expire 05/31/2021 147 E PRICE ROAD
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 504-9000 Fax (956) 504-9040
Type: Parent Agency Administrator DIANA REYNA

Owner Information
THE HOME CARE TEAM, INC.
45 N.E. LOOP 410 SUITE 800
SAN ANTONIO, TX
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 08/23/2000
License # 007400 MEDIC HOME CARE INCORPORATED
Lic Expire 08/31/2021 9001 WEST BUSINESS 83
Medicare 1: HARLINGEN, TX 785524359
Medicare 2:
Phone (956) 423-5424 Fax (956) 423-0450
Type: Parent Agency Administrator VICENTA HADDAD

Owner Information
MEDIC HOME CARE INCORPORATED
9001WEST BUSINESS 83
HARLINGEN, TX 78552
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 07/12/2013
License # 015862 MEDICAL CALLS HOME CARE LLC
Lic Expire 10/31/2021 5109 MORRISON RD.
Medicare 1: 747445 HHA-18 BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 550-1100 Fax (956) 550-1135
Type: Parent Agency Administrator CAROLINA LEDEZMA

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

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County **CAMERON** Region 07 Date Licensed 12/17/2015
License # 017186 MEDICAL CHOICE HOME HEALTH LLC
Lic Expire 12/31/2021 2604 CARLOS AVE
Medicare 1: BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 372-1742 Fax (956) 372-1748
Type: Parent Agency Administrator MAYRA RODRIGUEZ

Owner Information
MEDICAL CHOICE HOME HEALTH LLC
2604 CARLOS AVENUE
BROWNSVILLE, TX 78526
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 03/31/2003
License # 008396 MERCY HOME HEALTH
Lic Expire 03/31/2024 34 SOUTH PRICE RD.
Medicare 1: 679289 HHA-18 BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 554-0006 Fax (956) 554-0007
Type: Parent Agency Administrator GEORGE CANO

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

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County **CAMERON** Region 07 Date Licensed 09/18/2017
License # 018366 MESQUITE HOME HEALTH LLC
Lic Expire 09/30/2021 594 JOSE MARTI BLVD
Medicare 1: 747425 HHA-18 BROWNSVILLE, TEXAS 78526
Medicare 2:
Phone (956) 361-5558 Fax (956) 361-5559
Type: Parent Agency Administrator SUSAN RUVALCABA

Owner Information
MESQUITE HOME HEALTH LLC
724 N SAM HOUSTON BLVD
SAN BENITO, TX 78586-5265
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 06/01/2022

County **CAMERON** Region 07 Date Licensed
License # 020719 MONARCA HOME CARE CORP
Lic Expire 04/26/2024 3116 E 14TH ST
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 374-2525 Fax (956) 513-0685
Type: Parent Agency Administrator RICARDO MARTINEZ JR

Owner Information
MONARCA HOME CARE CORP
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 10/26/2017
License # 018404 MONTALVO HOME CARE COMPANY
Lic Expire 10/31/2021 844 W. PRICE RD UNIT 844 WP
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 551-6826 Fax (956) 621-0044
Type: Parent Agency Administrator MELISSA MONTALVO

Owner Information
MONTALVO HOME CARE COMPANY
6604 GARDEN WOODS APT #B
BROWNSVILLE, TX 78526
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 09/15/2018
License # 019486 MT. SINAI HOSPICE
Lic Expire 07/19/2021 513 E JACKSON ST STE 201
Medicare 1: 971622 Hospice HARLINGEN, TEXAS 785506877
Medicare 2:
Phone (956) 230-1627 Fax
Type: Parent Agency Administrator SARA MARIE AGUILERA

Owner Information
MT. SINAI LLC DBA MT. SINAI HOSPICE
8006 WASHINGTONIA COURT
HARLINGEN, TEXAS 78552
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/19/2024

County **CAMERON** Region 07 Date Licensed 06/17/2015
License # 016862 MY SAFE HEAVEN CORPORATION
Lic Expire 06/30/2021 355 W. ELIZABETH ST SUITE 117
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 542-3600 Fax (956) 542-3600
Type: Parent Agency Administrator VIOLA ESPARZA

Owner Information
MY SAFE HEAVEN CORPORATION
3642 E 27TH ST
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/01/2016
License # 017763 NCR HOME CARE SERVICES LLC
Lic Expire 11/30/2022 3744 MAGALI CIRCLE
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 554-9068 Fax (956) 554-9068
Type: Parent Agency Administrator NORA CECILIA ROSAS

Owner Information
NCR HOME CARE SERVICES, LLC
3744 MAGALI CIRCLE
BROWNSVILLE, TX 78521
PHONE: (956) 554-9068 FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 11/17/2020
License # 020324 NOVAK PRIMARY HOME CARE
Lic Expire 11/17/2022 3536 MONTCLAIR ST.
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone 956 8013100 Fax 956 8013101
Type: Parent Agency Administrator ARNOLDO PENA

Owner Information
NOVAK PRIMARY HOME CARE LLC
PHONE: 956 8013100 FAX: (956) 801-3101
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 02/08/2018
License # 018605 NUESTRA CASA HOMECARE SERVICES LLC
Lic Expire 07/01/2022 3535 OVIEDO DR
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 904-5105 Fax (956) 904-5104
Type: Parent Agency Administrator PATRICIO CARRANCO

Owner Information
NUESTRA CASA HOMECARE SERVICES, LLC
339 RANCHO VIEJO BLVD
BROWNSVILLE, TX 78526
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 02/15/2021
License # 019960 NUEVO DESTINO PRIMARY HOME CARE LLC
Lic Expire 05/27/2022 722 MORGAN BLVD STE V
Medicare 1: HARLINGEN, TEXAS 78550
Medicare 2:
Phone (956) 496-2755 Fax (956) 496-2756
Type: Parent Agency Administrator JULIO CESAR YANEZ

Owner Information
NUEVO DESTINO PRIMARY HOME CARE LLC
1132 CHAMPLAIN DR
BROWNSVILLE, TEXAS 78526
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 05/18/2011
License # 015566 NURSE PLACEMENT SERVICES
Lic Expire 05/31/2024 1805 BELL ST
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone 956 4288301 Fax 956 4285291
Type: Parent Agency Administrator JOVIE CANTU

Owner Information
NURSE PLACEMENT OF HARLINGEN, INC
1805 BELL STREET
HARLINGEN, TEXAS
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 09/23/1995
License # 002388 NURSES THAT CARE
Lic Expire 09/30/2022 1301 S US HIGHWAY 83
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 412-0888 Fax (956) 412-0890
Type: Branch Agency Administrator ANDY SANCHEZ

Owner Information
AMS A MEDICAL SERVICE, INC.
PO BOX 338
MCALLEN, TX 78505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 09/23/1995
License # 002388 NURSES THAT CARE
Lic Expire 09/30/2022 1301 S US HIGHWAY 83
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 412-0888 Fax (956) 412-0890
Type: Branch Agency Administrator ANDY SANCHEZ

Owner Information
AMS A MEDICAL SERVICE, INC.
PO BOX 338
MCALLEN, TX 78505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 04/05/1996
License # 004672 NURSES THAT CARE SITTER SERVICES INC
Lic Expire 04/30/2023 1301 S US HIGHWAY 83
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 364-2270 Fax (956) 412-5942
Type: Branch Agency 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

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County **CAMERON** Region 07 Date Licensed 10/08/2020
License # 020219 ONE MEDICAL HOME CARE, LLC
Lic Expire 10/08/2022 30832 FM 510
Medicare 1: SAN BENITO, TEXAS 78586
Medicare 2:
Phone (956) 801-6319 Fax (956) 477-5559
Type: Parent Agency Administrator YESENIA CAMARILLO

Owner Information
ONE MEDICAL HOME CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 11/03/2020
License # 020284 OPTIMUM HOSPICE LLC
Lic Expire 11/03/2022 20534 SAM HOUSTON BLVD
Medicare 1: RIO HONDO, TEXAS 78583
Medicare 2:
Phone (956) 793-3227 Fax
Type: Parent Agency Administrator HEATHER KENON

Owner Information
OPTIMUM HOSPICE LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 05/01/2018
License # 018732 OUR CARING HANDS HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 04/30/2022 355 W ELIZABETH STREET SUITE 130
Medicare 1: 74-1793 (HOSPICE BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 280-5339 Fax (956) 280-5655
Type: Parent Agency Administrator ISABEL MEDELEZ

Owner Information
OUR CARING HANDS HOSPICE AND PALLIATIVE CARE LLC
355 W ELIZABETH ST SUITE 130
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/31/2022

County **CAMERON** Region 07 Date Licensed 04/28/2004
License # 009058 PARA NINOS DEL VALLE PEDIATRIC HOME HEALTH PLLC
Lic Expire 04/30/2021 1213 E ALTON GLOOR BLVD SUITE D
Medicare 1: 453136 HHA-18 BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 542-9130 Fax (956) 542-9135
Type: Parent Agency Administrator CAROLINA GONZALEZ

Owner Information
PARA NINOS DEL VALLE PEDIATRIC HOME HEALTH PLLC
1213 E ALTON GLOOR BLVD SUITE D
BROWNSVILLE, TX 78526
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 07/01/2018
License # 019596 PATRIOT PRIMARY HOME CARE, LLC.
Lic Expire 09/12/2021 874 W. PRICE RD.
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone 956 4551869 Fax 956 5442569
Type: Parent Agency Administrator DAVID TOBIAS

Owner Information
PATRIOT PRIMARY HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 04/24/2019
License # 019345 PRESENCIA PRIMARY HOME CARE SERVICES LLC
Lic Expire 04/24/2021 1001 CHAMPLAIN DR.
Medicare 1: BROWNSVILLE, TEXAS 78526
Medicare 2:
Phone 956 6211412 Fax 956 6211435
Type: Parent Agency Administrator DAVE GUERRERO

Owner Information
PRESENCIA PRIMARY HOME CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **CAMERON** Region 07 Date Licensed 08/08/2019
License # 019518 PRIME HOME CARE INC.
Lic Expire 08/08/2021 805 W. PRICE RD. STE. C-5
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 579-4587 Fax
Type: Parent Agency Administrator ASHA VARGHESE

Owner Information
PRIME HOME CARE INC.
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 07/06/2017
License # 018145 PROTON PROVIDERS AT HOME LLC
Lic Expire 07/31/2021 2325 E. BOWIE AVENUE
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone 956 2308383956592015 Fax (956) 364-2615
Type: Parent Agency Administrator MARIA MENDEZ

Owner Information
PROTON PROVIDERS AT HOME, LLC
2325 E BOWIE AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 05/09/2006
License # 010912 PTL HEALTH CARE INC
Lic Expire 05/31/2021 150 UPTOWN AVE
Medicare 1: 677859 HHA-18 BROWNSVILLE, TX 78520
Medicare 2:
Phone 956 8381801 Fax 956 8380170
Type: Parent Agency Administrator ROSAURA CANTU

Owner Information
PTL HEALTH CARE, INC
150 UPTOWN AVE
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **CAMERON** Region 07 Date Licensed 02/11/2014
License # 016031 PURE VIP HEALTH CARE LLC
Lic Expire 02/28/2022 1873 APOLLO AVE.
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 203-8773 Fax (956) 443-0006
Type: Parent Agency Administrator JOSE ANGEL PEREZ

Owner Information
PURE VIP HEALTH CARE LLC
1873 APOLLO AVE.
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 08/15/2011
License # 014283 R GARCIA HEALTH SERVICES LLC
Lic Expire 08/31/2021 2115 BOCA CHICA BLVD SUITE C
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 465-5293 Fax (956) 504-0383
Type: Parent Agency Administrator RICHARD GARCIA

Owner Information
R. GARCIA HEALTH SERVICES LLC
2115 BOCA CHICA BLVD SUITE C
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 01/21/1980
License # 003055 RIO GRANDE HOME HEALTH AGENCY INC
Lic Expire 05/31/2020 630 N. ED CAREY DRIVE
Medicare 1: 457089 HHA-18 HARLINGEN, TX 78550
Medicare 2:
Phone (956) 423-7100 Fax (956) 423-7241
Type: Parent Agency Administrator SHIRLEY A BYRD

Owner Information
RIO GRANDE HOME HEALTH AGENCY INC
1713 E TYLER SUITE A
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 04/08/1999
License # 006957 S H A L O M HOME CARE INC
Lic Expire 04/30/2022 2701 EAST PRICE ROAD SUITE F
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 504-9321 Fax (956) 504-9377
Type: Parent Agency Administrator PATRICIA COLUNGA

Owner Information
SHALOM HOME CARE INC
PO BOX 5567
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 08/24/2009
License # 012803 SAFEHAVEN HOSPICE
Lic Expire 08/31/2021 2340 CENTRAL BLVD
Medicare 1: 671641 HOSPICE BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 504-2780 Fax (956) 544-2780
Type: Parent Agency Administrator SHUBHRA SHARMA

Owner Information
SAFEHAVEN HEALTHCARE LLC
5453 RUSTIC MANOR DR
BROWNSVILLE, TX 78526
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/08/2021

County **CAMERON** Region 07 Date Licensed 08/04/2010
License # 010616 SAINT BENEDICTS HOME HEALTH INC
Lic Expire 07/31/2021 1830 W JEFFERSON AVE
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 364-2706 Fax (956) 364-2743
Type: Branch Agency Administrator BRENDA RAMON

Owner Information
SAINT BENEDICTS HOME HEALTH INC
424 E MAIN
ROBSTOWN, TX 78380
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 10/26/2017
License # 018402 SAN ANGEL PRIMARY HOME CARE LLC
Lic Expire 10/31/2021 860 W. PRICE ROAD
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 621-0556 Fax (956) 443-0755
Type: Parent Agency Administrator JOSE DE LA O

Owner Information
SAN ANGEL PRIMARY HOME CARE LLC
2214 EL CIELO ST
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 10/09/1995
License # 004014 SAN MARTIN HOME HEALTH INC
Lic Expire 10/31/2022 700 PAREDES AVENUE SUITE 300
Medicare 1: 678233 HHA-18 BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 544-6385 Fax (956) 544-6536
Type: Parent Agency Administrator FRANCISCO LOYA

Owner Information
SAN MARTIN HOME HEALTH INC
700 PAREDES AVENUE SUITE 300
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 07/23/2010
License # 013482 SANTA FE PRIMARY HOME CARE SERVICES
Lic Expire 07/31/2022 3465 E. RUBEN TORRES BLVD. STE B
Medicare 1: BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 550-9901 Fax (956) 550-8383
Type: Parent Agency Administrator ESTRELLA FRAIRE

Owner Information
SANTA FE PRIMARY HOME CARE SERVICES CORPORATION
3465 E RUBEN TORRES BLVD STE B
BROWNSVILLE, TX 78526
PHONE: 956 550 9901 FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 09/05/2007
License # 011559 SEASONS PRIMARY HOME CARE
Lic Expire 09/30/2021 5460 PAREDES LINE RD STE. 205
Medicare 1: BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 621-0949 Fax (888) 844-4752
Type: Parent Agency 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** Region 07 Date Licensed 10/04/2012
License # 015115 SINCERITY HEALTH SERVICES LLC
Lic Expire 10/31/2022 6820 N. EXPRESSWAY 77/83 SUITE A
Medicare 1: 747908 HHA-18 BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 350-9707 Fax 18008789860
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 09/13/2022

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

County **CAMERON** Region 07 Date Licensed 07/23/2010
License # 013481 SONRISA HOME CARE LLC
Lic Expire 07/31/2022 216 SOUTH 10TH STREET
Medicare 1: 747779 HHA-18 SANTA ROSA, TX 78593
Medicare 2:
Phone (956) 412-1870 Fax (956) 412-0773
Type: Parent Agency 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
Accreditation: JCAHO, Expires: 03/01/2022

County **CAMERON** Region 07 Date Licensed 10/04/1993
License # 002649 SOUTH TEXAS NURSING CARE INC
Lic Expire 10/31/2021 509 WEST HARRISON AVE
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 423-7477 Fax (956) 423-7240
Type: Parent Agency Administrator JOSEPH SAUCEDA

Owner Information
SOUTH TEXAS NURSING CARE INC
509 WEST HARRISON
HARLINGEN, TX 78550
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/01/2005
License # 010168 STAT NURSING HOME HEALTH CARE INC
Lic Expire 11/30/2022 2100 N. MINNESOTA AVE
Medicare 1: 743155 HHA-18 BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 554-7828 Fax (956) 554-7829
Type: Parent Agency Administrator DORA ZAVALA

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

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County **CAMERON** Region 07 Date Licensed 07/12/2006
License # 010603 STAY HEALTHY HOMECARE INC
Lic Expire 07/31/2022 1835 S SAM HOUSTON BLVD
Medicare 1: 747078 HHA-18 SAN BENITO, TX 78586
Medicare 2:
Phone (956) 361-4407 Fax (956) 361-4451
Type: Parent Agency Administrator SABRINA LARA

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

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County **CAMERON** Region 07 Date Licensed 05/02/1991
License # 002231 SUNGLO HOME HEALTH SERVICES INC
Lic Expire 05/31/2022 2026 E. TYLER AVE
Medicare 1: 677238 HHA-18 HARLINGEN, TX 78550
Medicare 2:
Phone (956) 423-6100 Fax (956) 365-3387
Type: Parent Agency Administrator MARICELA ALVAREZ

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

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County **CAMERON** Region 07 Date Licensed 04/04/2007
License # 011422 SUPERIOR HOME HEALTH SERVICES LLC
Lic Expire 04/30/2019 5020 IBC CIRCLE
Medicare 1: BROWNSVILLE, TX 78526
Medicare 2:
Phone (866) 971-0037 Fax (956) 971-0106
Type: Branch Agency Administrator BELINDA JO JUAREZ

Owner Information
SUPERIOR HOME HEALTH SERVICES LLC
8000 VANTAGE DRIVE
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **CAMERON** Region 07 Date Licensed 06/01/2017
License # 014420 SUPERIOR HOSPICE OF MCALLEN LLC
Lic Expire 10/31/2019 5020 IBC CIRCLE
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 878-1636 Fax (956) 878-1638
Type: Alternate Delivery Site Administrator BELINDA JUAREZ

Owner Information
SUPERIOR HOSPICE OF MCALLEN LLC
8000 VANTAGE DR.
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **CAMERON** Region 07 Date Licensed 06/24/2011
License # 014183 TESOROS DE LA FE HOME HEALTH LLC
Lic Expire 06/30/2021 1247 LAKESIDE BLVD
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 545-9718 Fax (956) 621-4312
Type: Parent Agency Administrator GRISELDA RENDON

Owner Information
TESOROS DE LA FE HOME HEALTH LLC
903 HONEYDALE ROAD
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/29/2011
License # 014554 TEXAS NURSE CARE HOME HEALTH AGENCY LLC
Lic Expire 12/31/2021 1313 E ALTON GLOOR BLVD STE 1-2
Medicare 1: 747831 HHA-18 BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 621-3203 Fax (956) 621-3201
Type: Parent Agency Administrator JESSICA GUERRERO

Owner Information
TEXAS NURSE CARE HOME HEALTH AGENCY LLC
1313 E. ALTON GLOOR STE I-2
BROWNSVILLE, TEXAS 78526
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/09/2022

County **CAMERON** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 06/30/2022 422 E ELIZABETH STREET
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 548-1067 Fax (956) 548-1508
Type: Branch Agency Administrator VANESSA SANDOVAL SANDOVAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 06/30/2022 814 E. TYLER
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 412-1401 Fax (956) 412-7952
Type: Parent Agency Administrator VANESSA SANDOVAL SANDOAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 12/16/2020
License # 020409 THE LIGHTHOUSE PRIMARY HOME CARE, INC
Lic Expire 12/16/2022 36326 DODDS RD
Medicare 1: LOS FRESNOS, TEXAS 78566
Medicare 2:
Phone (956) 559-1627 Fax (888) 357-1380
Type: Parent Agency Administrator CONCEPCION YBARRA

Owner Information
THE LIGHTHOUSE PRIMARY HOME CARE, INC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 10/04/2017
License # 018357 THE MEDICAL TEAM INC
Lic Expire 10/31/2021 2401 HAINE DRIVE
Medicare 1: 74-1765 HARLINGEN, TEXAS 78550
Medicare 2:
Phone (956) 504-9000 Fax (956) 504-9040
Type: Parent Agency Administrator PATRICIA CARDOZA

Owner Information
THE MEDICAL TEAM, INC.
1902 CAMPUS COMMONS DRIVE, SUITE 650
RESTON, VA 20191
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 08/17/2021

County **CAMERON** Region 07 Date Licensed 04/24/2017
License # 018016 TORRE HEALTH SERVICES INC
Lic Expire 04/30/2021 2414 E. PRICE RD. STE. A-103
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 280-5458 Fax (956) 992-1092
Type: Parent Agency Administrator PRISCILLA TORRE

Owner Information
TORRE HEALTH SERVICES INC
2414 E. PRICE RD. STE. A-103
BROWNSVILLE, TX 78521
PHONE: (956) 280-5458 FAX: (956) 992-1092
Services: Personal Assistance Services

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

County **CAMERON** Region 07 Date Licensed 02/09/2010
License # 013090 TRI-COUNTY HEALTHCARE
Lic Expire 02/28/2022 613 W. SESAME DRIVE
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 399-4500 Fax (956) 399-4505
Type: Parent Agency Administrator HENRY FERNANDEZ

Owner Information
TRI-COUNTY KIDS CARE, LLC
613 W SESAME DR
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 03/03/2010
License # 013146 TRINIDAD PHC
Lic Expire 03/31/2022 102 E COLORADO
Medicare 1: RIO HONDO, TX 78583
Medicare 2:
Phone (956) 748-4711 Fax (956) 748-2667
Type: Parent Agency Administrator IRAZEMA ROBERTS

Owner Information
IRAZEMA ROBERTS
P O BOX 247 RIO HONDO, TX 78583
RIO HONDO, TEXAS 78583
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 07/30/1999
License # 007302 TRINITY HOME HEALTH CARE SERVICES
Lic Expire 07/31/2021 10300 NORTH EXPRESSWAY
Medicare 1: 678034 HHA-18 OLMITO, TX 78575
Medicare 2:
Phone (956) 361-3568 Fax (956) 350-4122
Type: Parent Agency Administrator LEAH THEYS

Owner Information
TRINITY HOME CARE INC
PO BOX 1118
SANTA ROSA, TEXAS 78593
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 11/10/2016
License # 017915 UNIDOS PRIMARY HOME CARE LLC
Lic Expire 11/30/2022 3305 SOUTH EXPRESSWAY 83
Medicare 1: HARLINGEN, TEXAS 78550
Medicare 2:
Phone (956) 423-1164 Fax (866) 789-7010
Type: Parent Agency Administrator MARY ANN VILLAFANA

Owner Information
UNIDOS PRIMARY HOME CARE LLC
16770 PRIMERA ROAD
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 02/07/1997
License # 005268 UNIQUE HOME HEALTH
Lic Expire 02/28/2023 3505 BOCA CHICA BLVD SUITE 410
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 550-9001 Fax (956) 550-9042
Type: Parent Agency Administrator MARTHA GARCIA

Owner Information
MARTHA LETICIA GARCIA
1935 CORDOBA DRIVE
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/01/1998
License # 006851 UNITED HOME CARE
Lic Expire 11/30/2021 2405 E HARRISON AVE
Medicare 1: 459309 HHA-18 HARLINGEN, TX 78550
Medicare 2:
Phone (956) 423-4747 Fax (956) 423-4167
Type: Parent Agency Administrator ANNA JAMES

Owner Information
PARADIGM HEALTH MANAGEMENT CORPORATION
2405 E HARRISON AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/26/2023

County **CAMERON** Region 07 Date Licensed 01/10/2011
License # 014056 VALLEY ANGELS HOME HEALTH LLC
Lic Expire 01/31/2024 315 JOSE MARTI SUITE A
Medicare 1: 673170 HHA-18 BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 541-4400 Fax (956) 541-4924
Type: Parent Agency Administrator GRACIELA CHONG

Owner Information
VALLEY ANGELS HOME HEALTH LLC
26 SOUTH CORIA STREET SUITE D
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **CAMERON** Region 07 Date Licensed 07/15/2006
License # 010693 VALLEY CARE HOME HEALTH SERVICES LLC
Lic Expire 07/31/2022 435 PAREDES LINE RD SUITE B
Medicare 1: 679181 HHA-18 BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 542-1987 Fax (956) 542-7123
Type: Parent Agency Administrator URANIA SORIA

Owner Information
VALLEY CARE HOME HEALTH SERVICES LLC
435 PAREDES LINE RD SUITE B
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 05/19/1998
License # 006515 VALLEY VIEW PRIMARY HOME CARE
Lic Expire 05/31/2022 609 W. VAN BUREN
Medicare 1: HARLINGEN, TEXAS 78550
Medicare 2:
Phone (956) 440-9605 Fax (956) 440-9612
Type: Parent Agency Administrator LUZ ELIZARDE

Owner Information
VALLEY VIEW PRIMARY HOME CARE
609 WEST VAN BUREN
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 01/26/2006
License # 010261 VALLEYWIDE HOME CARE
Lic Expire 01/31/2022 805 WEST PRICE ROAD STE B4
Medicare 1: 679781 HHA-18 BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 544-3234 Fax (956) 544-3274
Type: Parent Agency Administrator CHUTEI VARKEY

Owner Information
CAREWELL INC
805 WEST PRICE ROAD STE B4
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/17/2022

County **CAMERON** Region 07 Date Licensed 12/06/1995
License # 004119 VICKI ROY HOME HEALTH CARE INC
Lic Expire 12/31/2021 606 E LELA STREET SUITE A
Medicare 1: 678165 HHA-18 HARLINGEN, TX 78550
Medicare 2:
Phone (956) 412-7733 Fax (956) 412-8717
Type: Parent Agency Administrator YOLANDA ANZALDUA

Owner Information
VICKI ROY HOME HEALTH CARE INC.
606 LELA STREET
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 01/01/2003
License # 008271 VICKI ROY HOME HEALTH SERVICE LP
Lic Expire 12/31/2021 606 LELA STREET SUITE B
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 412-9400 Fax (956) 412-9407
Type: Parent Agency Administrator SULEMA OLIVARES CATANO

Owner Information
VICKI ROY HOME HEALTH SERVICE LP
606 LELA STREET STE B
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 08/05/2019
License # 019510 VIRGINIA'S HOME CARE, INC
Lic Expire 08/05/2021 1607 ZAMORA DR
Medicare 1: BROWNSVILLE, TEXAS 78526
Medicare 2:
Phone (956) 544-1963 Fax (956) 544-1963
Type: Parent Agency Administrator VIRGINIA RUIZ

Owner Information
VIRGINIA'S HOME CARE, INC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 11/08/2018
License # 019078 VIVE HOME AND HEALTH SERVICES, LLC
Lic Expire 11/08/2022 1284 PAREDES LINE RD. STE. 2
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 525-7555 Fax (956) 525-7071
Type: Parent Agency Administrator MIGUEL GUTIERREZ-SALINAS

Owner Information
VIVE HOME AND HEALTH SERVICES, LLC
2404 EL GUSTO ST
BROWNSVILLE, TEXAS 78520
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 02/27/2012
License # 014661 VON'D KIDS
Lic Expire 02/28/2022 3505 BOCA CHICA BLVD STE 204
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 544-8300 Fax (956) 544-8301
Type: Parent Agency Administrator NORMA GRACIA

Owner Information
VON'D KIDS LLC
3505 BOCA CHICA BLVD SUITE 204
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **CAMERON** Region 07 Date Licensed 01/17/2017
License # 017861 WALK IN FAITH PHC LLC
Lic Expire 01/31/2023 111 GIL DR
Medicare 1: SAN BENITO, TX 78586
Medicare 2:
Phone (956) 626-1422 Fax (844) 315-7635
Type: Parent Agency Administrator JOSIE RODRIGUEZ

Owner Information
WALK IN FAITH PHC LLC
6604 CAROLINA PINE
BROWNSVILLE, TX 78526
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 04/12/2007
License # 011253 ZADKIEL THE ANGEL HOME HEALTH LLC
Lic Expire 04/30/2022 857 E WASHINGTON SUITE A
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 541-3775 Fax (956) 542-3582
Type: Parent Agency Administrator VIOLA ESPARZA

Owner Information
ZADKIEL THE ANGEL HOME HEALTH LLC
857 E WASHINGTON SUITE A
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Personal Assistance Services

County **CAMP** Region 04 Date Licensed
License # 018375 HERITAGE HOSPICE OF TEXARKANA LLC
Lic Expire 10/31/2021 150 QUITMAN ST.
Medicare 1: PITTSBURG, TX. 75686
Medicare 2:
Phone (903) 792-0716 Fax (903) 792-0719
Type: Alternate Delivery Site Administrator CHRISTOPHER CLEMENS

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

County **CAMP** Region 04 Date Licensed 03/19/2014
License # 016257 PURPLE HEARTS HOME HEALTH
Lic Expire 03/31/2022 504 N. GREER BLVD.
Medicare 1: 679696 HHA-18 PITTSBURG, TEXAS 75686
Medicare 2:
Phone (888) 763-3274 Fax (877) 667-0881
Type: Parent Agency Administrator HOLLYE ROSEWELL

Owner Information
PREMIER HOME CARE INC.
SAME
PITTSBURG, TX 75686
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CAMP** Region 04 Date Licensed 03/01/2018
License # 018735 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 02/28/2022 19 COUNTY ROAD 4114 SUITE 2
Medicare 1: 677037 HHA-18 PITTSBURG, TX 75686
Medicare 2:
Phone 9037477696; 88862342 Fax (866) 981-3081
Type: Parent Agency Administrator KIMBRA BOGUE

Owner Information
EAST TEXAS HOME HEALTH SERVICES LLC
ONE BURTON HILLS BOULEVARD, STE#250
NASHVILLE, TN 37215-6195
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 10/24/2023

County **CASS** Region 04 Date Licensed 04/23/2013
License # 015636 ADVANTAGECARE HOME HEALTH INC
Lic Expire 04/30/2024 35 FARM ROAD 250 SOUTH
Medicare 1: 679741 HHA-18 HUGHES SPRINGS, TX 75656
Medicare 2:
Phone (903) 639-1011 Fax (903) 639-1012
Type: Parent Agency Administrator TERRY WIMBERLY

Owner Information
HUGHES SPRINGS ADVANTAGECARE HOME HEALTH INC
P. O. BOX 552
HUGHES SPRINGS, TEXAS 75656
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/20/2022

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

County **CASS** Region 04 Date Licensed 10/03/2001
License # 002875 AT HOME HEALTHCARE
Lic Expire 05/31/2022 215 PINECREST DRIVE
Medicare 1: ATLANTA, TX 75551
Medicare 2:
Phone (903) 650-9444 Fax (903) 650-9965
Type: Branch Agency Administrator RHONDA KELLY

Owner Information
NORTHEAST TEXAS HOME HEALTH AGENCY LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **CASS** Region 04 Date Licensed 10/13/2017
License # 018375 HERITAGE HOSPICE OF TEXARKANA LLC
Lic Expire 10/31/2021 307 G NORTH LOUISE ST.
Medicare 1: ATLANTA, TEXAS 75551
Medicare 2:
Phone (903) 799-7736 Fax
Type: Alternate Delivery Site Administrator CHRISTOPHER CLEMENS

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

County **CASS** Region 04 Date Licensed 10/06/2004
License # 009349 KELTON HOME HEALTH CARE
Lic Expire 10/31/2021 301 WEST MAIN STREET
Medicare 1: 673148 HHA-18 ATLANTA, TX 75551
Medicare 2:
Phone (903) 796-4040 Fax (903) 796-4043
Type: Parent Agency Administrator RYON KELTON

Owner Information
KELTON HOME HEALTH CARE INC
301 W MAIN ST
ATLANTA, TX 75551
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **CHAMBERS** Region 04 Date Licensed 04/10/2014
License # 016431 INNOVATIVE HEALTH SERVICES INC
Lic Expire 04/30/2022 203 SOUTH MAIN ST
Medicare 1: 677914 HHA-18 ANAHUAC, TX 77514
Medicare 2:
Phone (409) 267-6194 Fax (409) 299-3440
Type: Parent Agency Administrator MELIZA CHAVEZ

Owner Information
INNOVATIVE HEALTH SERVICES INC
P.O. BOX 530
ANAHUAC, TEXAS 77514
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CHEROKEE** Region 04 Date Licensed 09/07/2004
License # 009294 HEALTH CONCEPTS HOME HEALTH INC
Lic Expire 09/30/2022 1520 E. RUSK STREET
Medicare 1: 673120 HHA-18 JACKSONVILLE, TEXAS 757665504
Medicare 2:
Phone (903) 586-8847 Fax (903) 586-8865
Type: Parent Agency Administrator GEORGE ANN WALKER

Owner Information
HEALTH CONCEPTS HOME HEALTH INC
1623 S JACKSON
JACKSONVILLE, TX 75766
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **CHEROKEE** Region 04 Date Licensed 03/01/2018
License # 018716 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 02/28/2022 1325 NORTH DICKINSON
Medicare 1: RUSK, TX 75785
Medicare 2:
Phone (903) 675-8882 Fax (903) 675-8832
Type: Branch Agency Administrator KIMBRA BOGUE

Owner Information
EAST TEXAS HOME HEALTH SERVICES LLC
ONE BURTON HILLS BOULEVARD, STE#250
NASHVILLE, TN 37215-6195
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 10/24/2023

County **CHILDRESS** Region 01 Date Licensed 07/13/1983
License # 003085 CHILDRESS REGIONAL MEDICAL CENTER HOME HEALTH SERVICES
Lic Expire 07/31/2022 901 HIGHWAY 83 NORTH
Medicare 1: 457489 HHA-18 CHILDRESS, TX 79201
Medicare 2:
Phone (940) 937-2500 Fax (940) 937-9626
Type: Parent Agency Administrator HOLLY HOLCOMB

Owner Information
CHILDRESS COUNTY HOSPITAL DISTRICT
PO BOX 1030
CHILDRESS, TEXAS 79201
PHONE: (940) 937-9178 FAX: (940) 937-9128
Services: Licensed and Certified Home Health Services

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

County **CHILDRESS** Region 01 Date Licensed 06/14/1996
License # 004642 CHILDRESS REGIONAL MEDICAL CENTER HOSPICE
Lic Expire 06/30/2021 901 HIGHWAY 83 NORTH
Medicare 1: 451658 HOSPICE CHILDRESS, TX 79201
Medicare 2:
Phone (940) 937-2500 Fax (940) 937-9626
Type: Parent Agency Administrator HOLLY HOLCOMB

Owner Information
CHILDRESS COUNTY HOSPITAL DISTRICT
PO BOX 1030
CHILDRESS, TEXAS 79201
PHONE: (940) 937-9178 FAX: (940) 937-9128
Services: Hospice
In-Patient Hospice: NO

County **CLAY** Region 01 Date Licensed 06/29/1990
License # 002151 CLAY COUNTY HOME HEALTH CARE
Lic Expire 03/30/2021 310 WEST SOUTH STREET
Medicare 1: 677277 HHA-18 HENRIETTA, TEXAS 76365
Medicare 2:
Phone (940) 538-5621 Fax (940) 235-1280
Type: Parent Agency Administrator DIANA MARTIN

Owner Information
COUNTY OF CLAY CLAY COUNTY MEMORIAL HOSPITAL
310 WEST SOUTH STREET
HENRIETTA, TX 76365
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COLEMAN** Region 01 Date Licensed 03/01/2010
License # 013273 CMS HEALTH CARE INC
Lic Expire 02/28/2022 108 WEST WALNUT
Medicare 1: 67Q7177001 COLEMAN, TX 76834
Medicare 2:
Phone (325) 625-2186 Fax (325) 625-3397
Type: Branch Agency Administrator ELISHIA CALLIHAN

Owner Information
CMS HEALTH CARE INC
P. O. BOX 14
BROWNWOOD, TEXAS 76804
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLEMAN** Region 01 Date Licensed 01/08/2014
License # 015960 COLEMAN HOME HEALTH AND HOSPICE INC
Lic Expire 01/31/2022 406 WEST ELM STREET
Medicare 1: 747956 HHA-18;74 COLEMAN, TEXAS 76834
Medicare 2:
Phone (325) 625-3222 Fax (325) 625-2333
Type: Parent Agency Administrator PENNY PHILLIPS

Owner Information
COLEMAN HOME HEALTH AND HOSPICE INC
206 W PECAN STREET
COLEMAN, TX 76834-4148
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 10/27/2005
License # 010077 1ST GENTLECARE HOME HEALTH LLC
Lic Expire 10/31/2021 4525 CLEVELAND DRIVE
Medicare 1: 679542 HHA-18 PLANO, TX 75093
Medicare 2:
Phone (214) 905-1414 Fax (214) 905-3441
Type: Parent Agency Administrator HENRY FOFANG

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

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County **COLLIN** Region 03 Date Licensed 02/10/2021
License # 020635 2ND FAMILY HOME CARE AND SUPPORT SERVICES
Lic Expire 02/10/2023 6600 CHASE OAKS BLVD SUITE 150
Medicare 1: PLANO, TX 75023
Medicare 2:
Phone (469) 759-0248 Fax (469) 759-0248
Type: Parent Agency Administrator CHERYL BEVINGTON

Owner Information
CARERITE HOME HEALTH PARTNERS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/10/2011
License # 014469 A NEWDAY HOMEHEALTH INC
Lic Expire 11/30/2019 17822 DAVENPORT SUITE B
Medicare 1: 747804 DALLAS, TX 75252
Medicare 2:
Phone (469) 547-5310 Fax (469) 424-2875
Type: Parent Agency Administrator BEENA KURUP

Owner Information
A NEWDAY HOMEHEALTH INC
17822 DAVENPORT STE B
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **COLLIN** Region 03 Date Licensed 09/30/2019
License # 019619 A PLACE AT HOME
Lic Expire 09/30/2021 400 MISTY MEADOW DR
Medicare 1: ALLEN, TX 75013
Medicare 2:
Phone (972) 839-5074 Fax
Type: Parent Agency Administrator JOSEPH CHRISTIE

Owner Information
TRANSITIONAL CARE RESOURCES INC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 04/25/2008
License # 011975 A&S HOME HEALTH CARE
Lic Expire 04/30/2022 17822 DAVENPORT ROAD SUITE D
Medicare 1: 747089 HHA-18 DALLAS, TX 75252
Medicare 2:
Phone (972) 386-7744 Fax (972) 386-7747
Type: Parent Agency Administrator SATHYAJITH NAIR

Owner Information
VINAYAKA ASSOCIATES LLC
17822 DAVENPORT ROAD SUITE D
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 06/28/2021

County **COLLIN** Region 03 Date Licensed 03/25/2015
License # 016700 ABC CARING HEALTH SERVICES INC
Lic Expire 03/31/2021 2102 PARKHURST COURT
Medicare 1: WYLIE, TX 75098
Medicare 2:
Phone (469) 215-9961 Fax (972) 429-8648
Type: Parent Agency Administrator UKACHI AKOGU

Owner Information
ABC CARING HEALTH SERVICES INC
2102 PARKHURST COURT
WYLIE, TX 75098
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 04/25/2013
License # 015506 ABSOLUTE CARE HOME HEALTHCARE LLC
Lic Expire 04/30/2021 2601 MCKINNEY RANCH PARKWAY #6304
Medicare 1: MCKINNEY, TEXAS 75070
Medicare 2:
Phone (214) 600-0039 Fax (214) 227-2028
Type: Parent Agency Administrator OMOWUNMI ELIZABETH FAGBILE

Owner Information
ABSOLUTE CARE HOME HEALTHCARE LLC
2616 ASPEN DRIVE
MCKINNEY, TX 75070
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/14/2014
License # 015973 ACCORDPHC
Lic Expire 01/31/2022 17400 N. DALLAS PARKWAY SUITE 240
Medicare 1: 741528 HOSPICE DALLAS, TX 75287
Medicare 2:
Phone 4698281107 97275006 Fax 8008617750 4698281020
Type: Parent Agency Administrator BINDU CHOWRITMOOTOO

Owner Information
ACCORD PALLIATIVE AND HOSPICE CARE INC
17400 N. DALLAS PARKWAY, SUITE 240
DALLAS, TX 75287
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/22/2023

County **COLLIN** Region 03 Date Licensed 02/13/2018
License # 018613 ACOM LIVING HOME
Lic Expire 02/28/2022 5900 S. LAKE FOREST DR. SUITE 300
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone (972) 595-7233 Fax (972) 894-7896
Type: Parent Agency 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** Region 03 Date Licensed 11/15/2016
License # 017938 ACTIVE HOME HEALTH
Lic Expire 11/30/2022 201 S PRESTON RD SUITE 103
Medicare 1: CELINA, TEXAS 75009
Medicare 2:
Phone (972) 382-2014 Fax (940) 686-0146
Type: Branch Agency Administrator STEPHEN CIULLA

Owner Information
ACTIVE HOME CARE SERVICES, INC.
246 N HIGHWAY 377 SUITE A
PILOT POINT, TX 76258-4422
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **COLLIN** Region 03 Date Licensed 09/18/2017
License # 018481 ADELAIDE HOME HEALTH LLC
Lic Expire 09/30/2021 2000 N CENTRAL EXPRESSWAY SUITE 120
Medicare 1: 677854 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (972) 424-4024 Fax (972) 424-2244
Type: Parent Agency Administrator JOHNSON JACOB

Owner Information
ADELAIDE HOME HEALTH LLC
2000 N CENTRAL EXPWY, SUITE #120
PLANO, TX 75074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 06/22/2018
License # 018800 ADEPT CARE SERVICES PLLC
Lic Expire 08/31/2020 700 CENTRAL EXPY S STE 400
Medicare 1: ALLEN, TX 75013
Medicare 2:
Phone (469) 684-9777 Fax (469) 533-1788
Type: Parent Agency Administrator BRENDA SOWAH

Owner Information
ADEPT CARE SERVICES PLLC
1833 SHOELBILLE DRIVE
LITTLE ELM, TX 75068
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 11/21/2018
License # 019113 ADEQUATE HEALTHCARE SERVICES
Lic Expire 11/21/2020 926 OAKCREST DRIVE
Medicare 1: WYLIE, TX 75098
Medicare 2:
Phone (469) 554-5423 Fax (972) 597-0008
Type: Parent Agency Administrator ELIZABETH MUCHORI

Owner Information
ADEQUATE SERVICES INC
926 OAKCREST DRIVE
WYLIE, TX 75098
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 03/30/2015
License # 016715 ADVANCED MEDICAL PEDIATRIC
Lic Expire 03/31/2023 205 W. LOUISIANA ST STE 201
Medicare 1: MCKINNEY, TEXAS 75069
Medicare 2:
Phone (844) 267-5437 Fax (844) 543-7329
Type: Parent Agency Administrator ROBIN WORNHOR

Owner Information
AMP, LLC
206 S KENTUCKY STREET SUITE 302
MCKINNEY, TX 75069-5439
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 06/20/2018
License # 018792 ADVANCED NURSING SOLUTIONS
Lic Expire 06/30/2022 18451 DALLAS PARKWAY STE 150
Medicare 1: DALLAS, TX 75287
Medicare 2:
Phone (833) 619-1642 Fax (888) 298-2220
Type: Parent Agency Administrator ELIZABETH SARACELLI

Owner Information
INTRATHECAL CARE SOLUTIONS LLC
623 HIGHLAND COLONY PKWY SUITE 100
RIDGELAND, MS 39157
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 06/23/2023

County **COLLIN** Region 03 Date Licensed 12/03/2013
License # 016395 ADVANCED SENIOR CARE HOME HEALTH
Lic Expire 12/31/2021 17822 DAVENPORT ROAD
Medicare 1: 679517 HHA-18 DALLAS, TX 75252
Medicare 2:
Phone (469) 587-7940 Fax (972) 838-9204
Type: Parent Agency Administrator SURESH KUMAR, RN

Owner Information
MARTIN GRAHAM ENTERPRISES LLC
17826 DAVENPORT ROAD, SUITE A
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: ACH - Deemed, Expires: 08/09/2021

County **COLLIN** Region 03 Date Licensed 03/10/2004
License # 008958 ALBERT HOME HEALTH AGENCY INC
Lic Expire 03/31/2021 1309 LEEWARD LANE
Medicare 1: 673184 HHA-18 WYLIE, TX 75098
Medicare 2:
Phone (972) 429-0057 Fax (972) 575-8926
Type: Parent Agency Administrator IMAOBONG UDOH

Owner Information
ALBERT HOME HEALTH AGENCY INC
2801 W FM 544 SUITE 104
WYLIE, TX 75098
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 12/01/2011
License # 014506 ALEXIAN HOME HEALTH LLC
Lic Expire 11/30/2021 1101 W PLANO PARKWAY SUITE 100
Medicare 1: PLANO, TX 75075
Medicare 2:
Phone (469) 888-9141 Fax (972) 664-0139
Type: Parent Agency Administrator FESTUS MADUBUIKE

Owner Information
ALEXIAN HOME HEALTH LLC
1485 RICHARDSON DR STE 140
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 03/03/2014
License # 016057 ALL ABOUT YOU PAS LLC
Lic Expire 03/31/2022 100 ALLENTOWN PKWY STE 214B
Medicare 1: ALLEN, TX 75002
Medicare 2:
Phone (972) 382-1111 Fax (972) 382-1114
Type: Parent Agency Administrator AARON BURKETT

Owner Information
ALL ABOUT YOU PAS, LLC
P.O. BOX 1492
ALLEN, TX 75009
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/14/2019
License # 019528 ALL CARE HOME HEALTH, LLC.
Lic Expire 08/14/2021 5232 VILLAGE CREEK DRIVE, #201
Medicare 1: PLANO, TEXAS 75093
Medicare 2:
Phone (469) 304-9656 Fax (469) 304-9659
Type: Parent Agency Administrator ANUJ BHATNAGAR

Owner Information
ALL CARE HOME HEALTH, LLC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 07/13/2016
License # 017520 ALLIANCE UNITED HOSPICE CARE LLC
Lic Expire 01/31/2021 17776 PRESTON ROAD #250
Medicare 1: 74-1736 DALLAS, TX 75252
Medicare 2:
Phone (972) 474-8266 Fax (972) 692-5851
Type: Parent Agency Administrator RENJITH FINNEY

Owner Information
ALLIANCE UNITED HOSPICE CARE LLC
4230 LBJ FREEWAY SUITE 200G
DALLAS, TX 75244
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 03/20/2013
License # 015611 ALLIED HOME HEALTH CARE SERVICES INC.
Lic Expire 03/31/2021 1925 E BELTLINE RD, STE 284
Medicare 1: 679273 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (972) 620-2006 Fax (972) 476-1093
Type: Parent Agency Administrator SUNO SAM 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

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County **COLLIN** Region 03 Date Licensed 04/01/2019
License # 019311 ALMAZ PERSONAL HOME CARE SERVICES LLC
Lic Expire 04/01/2021 2419 MACKINAC DR.
Medicare 1: FRISCO, TEXAS 75033
Medicare 2:
Phone 18773036146 Fax (972) 292-9087
Type: Parent Agency Administrator HIWOT ABEBE

Owner Information
ALMAZ PERSONAL HOME CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/01/2016
License # 017761 ALMIGHTY HOME HEALTH
Lic Expire 11/30/2022 9300 JOHN HICKMAN PKWY BLDG 2 SUITE 205B
Medicare 1: 677928 HHA-18 FRISCO, TX 75035
Medicare 2:
Phone (214) 618-1396 Fax (214) 618-1397
Type: Parent Agency Administrator UMA GUMMADI

Owner Information
DJ HOME CARE INC
9300 JOHN HICKMAN PKWY BLG 2 SUITE #205B
FRISCO, TX 75035-5711
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 01/31/2017
License # 017895 ALTA HOSPICE
Lic Expire 01/31/2023 6600 CHASE OAKS BLVD., STE. 150
Medicare 1: 741727 HOSPICE PLANO, TEXAS 75023
Medicare 2:
Phone (469) 327-5590 Fax (469) 327-5557
Type: Parent Agency Administrator SUNDAN BRYSON

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
Accreditation: CHAP - Deemed, Expires: 06/01/2024

County **COLLIN** Region 03 Date Licensed 06/18/2019
License # 019429 ALTHEA HOME CARE LLC
Lic Expire 06/18/2021 825 WATTER'S CREEK BLVD. SUITE 250
Medicare 1: ALLEN, TEXAS 75013
Medicare 2:
Phone (972) 245-4458 Fax (469) 521-1204
Type: Parent Agency Administrator CHUKWUMA OSUAGWU

Owner Information
ALTHEA HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 07/20/2011
License # 014225 ALWAYS WITH YOU HOMECARE LLC
Lic Expire 07/31/2021 5232 VILLAGE CREEK DRIVE SUITE 201
Medicare 1: PLANO, TX 75093
Medicare 2:
Phone (214) 550-0755 Fax (214) 432-4230
Type: Parent Agency Administrator AARTI MATHUR

Owner Information
ALWAYS WTH YOU HOMECARE LLC
5232 VILLAGE CREEK DRIVE SUITE 201
PLANO, TX 75093
PHONE: (214) 550-0755 FAX: (214) 432-4230
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 07/13/2018
License # 018831 AM & PM NURSE
Lic Expire 07/31/2020 9320 FENWAY DRIVE
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone (954) 260-8090 Fax (972) 886-8004
Type: Parent Agency Administrator IMAFIDON OSAGIE

Owner Information
AM & PM HEALTHCARE INC
9320 FENWAY DRUVE
MCKINNEY, TX 75070
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 08/15/2018
License # 018888 AMEDICUS HOSPICE INC
Lic Expire 08/31/2022 2712 CHARTER OAK DRIVE
Medicare 1: 741799 PLANO, TX 75074
Medicare 2:
Phone (469) 389-1028 Fax (469) 606-0835
Type: Parent Agency Administrator LAKEITHA HESTER

Owner Information
AMEDICUS HOSPICE INC
2712 CHARTER OAK DR.
PLANO, TX 75074
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 05/17/2022

County **COLLIN** Region 03 Date Licensed 10/17/2008
License # 012515 AMERICAN CHOICE HEALTHCARE INC
Lic Expire 10/31/2020 502 WATERS EDGE WAY
Medicare 1: 747297 HHA-18 MURPHY, TX 75094
Medicare 2:
Phone (214) 918-9972 Fax 972 9416965
Type: Parent Agency Administrator MOCHUMBE MEROKA

Owner Information
AMERICAN CHOICE HEALTHCARE INC
502 WATERS EDGE WAY
MURPHY, TEXAS 75094
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 10/30/2009
License # 012934 AMERICAN FAMILY HEALTH SERVICES INC
Lic Expire 10/31/2021 707 BUSINESS WAY
Medicare 1: 747577 HHA-18 WYLIE, TX 75098
Medicare 2:
Phone (972) 429-3902 Fax (972) 429-3903
Type: Parent Agency Administrator DIRISU MUSA

Owner Information
AMERICAN FAMILY HEALTH SERVICES INC
707 BUSINESS WAY
WYLIE, TX 75098
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **COLLIN** Region 03 Date Licensed 12/16/2014
License # 016565 AMERISTARS BEST CARE INC
Lic Expire 12/31/2022 2301 OHIO DRIVE SUITE # 285
Medicare 1: 971577 (HOSPICE) PLANO, TX 75093
Medicare 2:
Phone (972) 468-8281 Fax (972) 468-8282
Type: Parent Agency Administrator NATALIE SPENCER

Owner Information
AMERISTARS BEST CARE INC
4505 TORINO PLACE
PLANO, TX 75093
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 05/19/2023

County **COLLIN** Region 03 Date Licensed 03/19/2010
License # 013181 AMY HOME HEALTH
Lic Expire 03/31/2022 2905 REATA DRIVE
Medicare 1: 747536 HHA-18 WYLIE, TX 750987518
Medicare 2:
Phone (972) 784-4248 Fax (972) 782-4209
Type: Parent Agency Administrator PRECIOUS EZEOMA

Owner Information
AMY HOME HEALTH SERVICES INC
2905 REATA DRIVE
WYLIE, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 12/16/2014
License # 016566 ANCHOR OF HOPE HOSPICE
Lic Expire 12/31/2022 7708 SAN JACINTO PLACE STE 100
Medicare 1: 741566 HOSPICE PLANO, TX 75024
Medicare 2:
Phone (469) 351-4466 Fax (469) 327-3071
Type: Parent Agency Administrator HEATHER CLARK

Owner Information
ANCHOR OF HOPE HOSPICE LLC
7708 SAN JACINTO PLACE STE 100
PLANO, TX 75024-3206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 08/31/2021

County **COLLIN** Region 03 Date Licensed 08/16/2006
License # 010684 APPLECARE HOME HEALTH SERVICES INC
Lic Expire 08/31/2021 1141 ROCHESTER WAY
Medicare 1: 743103 HHA-18 PLANO, TX 75094
Medicare 2:
Phone (972) 384-1476 Fax (972) 202-0244
Type: Parent Agency Administrator CHISOM OCHULOR

Owner Information
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

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County **COLLIN** Region 03 Date Licensed 10/13/2017
License # 018377 ARABELLA PALLIATIVE AND HOSPICE CARE LLC
Lic Expire 10/31/2021 309 S. JUPITER RD, SUITE 100
Medicare 1: 74-1745 ALLEN, TEXAS 75002
Medicare 2:
Phone (469) 545-1995 Fax (214) 785-7195
Type: Parent Agency Administrator FINA BOWIE

Owner Information
ARABELLA PALLIATIVE AND HOSPICE CAR
3424 TEMPEST LANE
OAK POINT, TX 75068
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/23/2021

County **COLLIN** Region 03 Date Licensed 10/01/2017
License # 018569 ARC HOME HEALTHCARE
Lic Expire 09/30/2021 4220 COTTON GIN RD, 2ND FLOOR, SUITE A
Medicare 1: FRISCO, TX 75034
Medicare 2:
Phone (940) 565-6338 Fax (866) 565-6247
Type: Branch Agency Administrator EVA MILLER

Owner Information
GOOD SAMARITAN SOCIETY HCBS-TX, LLC
700 NORTH TOWN EAST BLVD., SUITE 159
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COLLIN** Region 03 Date Licensed 12/11/2020
License # 020397 ARIETELLA HEALTHCARE LLC
Lic Expire 12/11/2022 7405 RIVER PARK DRIVE
Medicare 1: MCKINNEY, TX 75071
Medicare 2:
Phone (704) 293-3984 Fax (469) 815-7804
Type: Parent Agency Administrator NDOHNWI MOMA

Owner Information
ARIETELLA HEALTHCARE LLC
7405 RIVER PARK DRIVE
MCKINNEY, TX 75071
PHONE: FAX:
Services: Personal Assistance Services

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

County **COLLIN** Region 03 Date Licensed 08/08/2007
License # 011508 ASSURANCE AT HOME
Lic Expire 08/31/2019 100 ALLENTOWN PKWY SUITE 206
Medicare 1: ALLEN, TX 75002
Medicare 2:
Phone (469) 310-2992 Fax (469) 713-2878
Type: Parent Agency Administrator ROB WYLEY

Owner Information
ASSURASOURCE LTD
100 ALLENTOWN PARKWAY, SUITE 206
ALLEN, TX 75002
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 04/09/2021
License # 020686 ASSURED HOSPICE LLC
Lic Expire 04/09/2023 504 TWIN KNOLL DR
Medicare 1: MCKINNEY, TX 75071
Medicare 2:
Phone (469) 844-5286 Fax (469) 452-6018
Type: Parent Agency Administrator MA LILIBETH BERGONIO

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** Region 06 Date Licensed 11/20/2014
License # 008994 ASTROCARE CLASS INC
Lic Expire 01/31/2024 5055 W. PARK BLVD SUITE 400
Medicare 1: PLANO, TX 75093
Medicare 2:
Phone (469) 815-9933 Fax (469) 718-0359
Type: Branch Agency Administrator GLADYS WADE

Owner Information
ASTROCARE CLASS, INC.
14950 HEATHROW FOREST PARKWAY SUITE 300
HOUSTON, TX 77032
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 05/13/2005
License # 009758 AUNT MAES HOME CARE INC
Lic Expire 05/31/2021 2570 ELDORADO PARKWAY #120
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone (469) 742-0700 Fax (469) 519-0223
Type: Parent Agency Administrator SOMNATH BANERJEE

Owner Information
AUNT MAES HOME CARE INC
2908 CHEVERNY
MCKINNEY, TX 75070
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/18/2014
License # 016571 AUSTIN HOME HEALTHCARE
Lic Expire 12/31/2020 1932 HIGHLAND OAKS DRIVE
Medicare 1: WYLIE, TX 75098
Medicare 2:
Phone (972) 212-4144 Fax (972) 212-4562
Type: Parent Agency 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

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County **COLLIN** Region 03 Date Licensed 03/28/2012
License # 015029 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 17480 NORTH DALLAS PARKWAY SUITE 221
Medicare 1: DALLAS, TX 75287
Medicare 2:
Phone (214) 623-5900 Fax (214) 623-5901
Type: Parent Agency Administrator ERIK MILLER

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: CHAP, Expires: 05/09/2022

County **COLLIN** Region 03 Date Licensed 07/09/2019
License # 019471 BAYADA HOME HEALTH CARE, INC.
Lic Expire 07/09/2021 5851 LEGACY CIRCLE, 6TH FLOOR STE 6052
Medicare 1: PLANO, TX 75024
Medicare 2:
Phone (972) 378-9688 Fax (972) 378-9699
Type: Parent Agency 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
Accreditation: CHAP, Expires: 10/10/2023

County **COLLIN** Region 03 Date Licensed 06/21/2005
License # 009826 BLEDKOB HOME HEALTH AGENCY INC
Lic Expire 06/30/2021 1314 WINECUP COURT
Medicare 1: 677944 HHA-18 ALLEN, TX 75002
Medicare 2:
Phone (214) 547-0736 Fax (214) 383-0241
Type: Parent Agency 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

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County **COLLIN** Region 03 Date Licensed 04/06/2021
License # 020676 BLOSSOM HOME HEALTH CARE LLC
Lic Expire 04/06/2024 9930 BUCKINGHAM ROAD SUITE 401
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (972) 781-8098 Fax
Type: Parent Agency Administrator ALFREADA NYONEE

Owner Information
BLOSSOM HOME HEALTH CARE LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 11/12/2020
License # 020314 BLUECARE HOMEHEALTH SERVICES LLC
Lic Expire 11/12/2022 15298 SEA EAGLE LANE
Medicare 1: FRISCO, TEXAS 75035
Medicare 2:
Phone (214) 548-5538 Fax (214) 548-5538
Type: Parent Agency Administrator SAMKEAH TITANJI

Owner Information
BLUECARE HOMEHEALTH SERVICES LLC
15298 SEA EAGLE LANE
FRISCO, TEXAS 75035
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 10/16/2020
License # 020242 BNS HOME HEALTHCARE
Lic Expire 10/16/2022 1210 WILSHIRE CT
Medicare 1: ALLEN, TEXAS 75002
Medicare 2:
Phone (469) 969-8664 Fax
Type: Parent Agency Administrator CONNIE SCOTT

Owner Information
BNS LEGACY LLC
190 E STACY RD SUITE 306 #342
,
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 09/22/2020
License # 020189 BONAFIDE STEADY HOME HEALTHCARE
Lic Expire 09/22/2022 7620 VINEYARD DR
Medicare 1: PLANO, TEXAS 75025
Medicare 2:
Phone (469) 500-9197 Fax
Type: Parent Agency Administrator GERTRUDE BAKASA

Owner Information
BONAFIDE STEADY HOME HEALTHCARE
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/15/2020
License # 020404 BRIDGECARE HEALTH GROUP
Lic Expire 12/15/2022 5830 GRANITE PKWY STE 100,
Medicare 1: PLANO, TX 75024
Medicare 2:
Phone 214 6122712 Fax 877 7555741
Type: Parent Agency Administrator DONALD ANDERSON

Owner Information
BRIDGECARE HEALTH GROUP LLC
1408 DUDLEY DRIVE
CARROLLTON, TX 75007
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 07/28/2017
License # 018214 BRIGHT HORIZONS HOME HEALTHCARE INC
Lic Expire 07/31/2021 2620 BLUFFS CT
Medicare 1: MCKINNEY, TX 75071
Medicare 2:
Phone (972) 302-4826 Fax (972) 369-7622
Type: Parent Agency Administrator MOSES ROP

Owner Information
BRIGHT HORIZONS HOME HEALTHCARE INC
2620 BLUFFS CT
MCKINNEY, TX 75071
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 04/17/2017
License # 018065 BRIGHTSTAR CARE OF PLANO
Lic Expire 04/30/2024 660 N CENTRAL EXPRESSWAY, SUITE 250
Medicare 1: PLANO, TEXAS 75074
Medicare 2:
Phone (214) 295-4667 Fax (972) 379-0555
Type: Parent Agency Administrator JENNIFER HELAL

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
Accreditation: JCAHO, Expires: 05/05/2021

County **COLLIN** Region 03 Date Licensed 05/17/2017
License # 015360 BROOKDALE HOSPICE DFW
Lic Expire 02/28/2023 6404 INTERNATIONAL PARKWAY SUITE 2020
Medicare 1: PLANO, TX 75093
Medicare 2:
Phone (469) 872-4642 Fax (469) 872-4643
Type: Alternate Delivery Site Administrator JOSEPH FRED VUKSAN

Owner Information
ARC THERAPY SERVICES LLC
111 WESTWOOD PLACE SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 01/20/2021
License # 020471 CAM'S CARE LLC
Lic Expire 01/20/2023 344 E LOUISIANA ST
Medicare 1: MCKINNEY, TX 750694334
Medicare 2:
Phone (469) 734-3805 Fax (469) 562-0176
Type: Parent Agency Administrator TOWANDA CRAWFORD

Owner Information
CAM'S CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 01 Date Licensed 07/15/1999
License # 002242 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 09/30/2022 2222 WEST SPRING CREEK PARKWAY STE 103
Medicare 1: PLANO, TX 75023
Medicare 2:
Phone (972) 943-5706 Fax (972) 943-5727
Type: Branch Agency Administrator SHANNON STEIGLEDER

Owner Information
CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 02/18/2008
License # 011993 CARDINAL HOME HEALTH CARE
Lic Expire 02/28/2022 4500 PORTRAIT LANE SUITE 100
Medicare 1: 679025 HHA-18 PLANO, TX 75024
Medicare 2:
Phone (972) 801-2011 Fax (972) 801-2019
Type: Parent Agency Administrator MARLENE D. PUENTE

Owner Information
CARDINAL MEDHEALTH SERVICES, INCORPORATED
SAME
HURST, TX 76054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 09/28/2005
License # 009998 CARE MOUNTAIN INC
Lic Expire 09/30/2022 2433 LIVE OAK ROAD
Medicare 1: PRINCETON, TX 75407
Medicare 2:
Phone (972) 266-8978 Fax 14693272784
Type: Parent Agency Administrator RICK PUTCHIO

Owner Information
CARE MOUNTAIN INC
814 SHARPSHIRE
GRAND PRAIRIE, TX 75050
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 07/09/2007
License # 011465 CAREFUL CARE SERVICES LLC
Lic Expire 07/31/2022 4237 LAVACA DRIVE
Medicare 1: 747026 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (214) 501-2113 Fax (972) 422-8626
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 11/03/2023

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

County **COLLIN** Region 03 Date Licensed 08/20/2019
License # 019540 CARING HEART HOME HEALTH AGENCY INC
Lic Expire 08/20/2021 1808 BROWN STONE DRIVE
Medicare 1: PLANO, TEXAS 75074
Medicare 2:
Phone (646) 413-5680 Fax
Type: Parent Agency Administrator OKECHUKWU IMOH

Owner Information
CARING HEART HOME HEALTH AGENCY INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 02/23/2010
License # 013264 CARMEL HEALTH CARE SERVICES PLLC
Lic Expire 02/28/2022 1309 URSULA COURT
Medicare 1: 677949 HHA-18 PLANO, TEXAS 75075
Medicare 2:
Phone 972 871 8100 Fax 972 8718104
Type: Parent Agency 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

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County **COLLIN** Region 04 Date Licensed
License # 017401 CENTRIC HOME HEALTH
Lic Expire 11/30/2021 730 E. PARK BLVD SUITE 208
Medicare 1: PLANO, TEXAS 75074
Medicare 2:
Phone (903) 458-9012 Fax
Type: Branch Agency 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** Region 04 Date Licensed
License # 017401 CENTRIC HOME HEALTH
Lic Expire 11/30/2021 730 E. PARK BLVD SUITE 208
Medicare 1: PLANO, TEXAS 75074
Medicare 2:
Phone (903) 458-9012 Fax
Type: Branch Agency 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** Region 04 Date Licensed
License # 017401 CENTRIC HOME HEALTH
Lic Expire 11/30/2021 730 E. PARK BLVD SUITE 208
Medicare 1: PLANO, TEXAS 75074
Medicare 2:
Phone (903) 458-9012 Fax
Type: Branch Agency 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** Region 03 Date Licensed 11/24/2015
License # 017444 CENTRIC HOSPICE
Lic Expire 11/30/2021 730 E. PARK BLVD
Medicare 1: 671583 HOSPICE PLANO, TX 75074
Medicare 2:
Phone (903) 458-9012 Fax (855) 710-7022
Type: Parent Agency Administrator DAVID OCHOA

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

County **COLLIN** Region 03 Date Licensed 11/19/2009
License # 013013 CENTRUM HEALTH CARE SERVICE INC
Lic Expire 11/30/2021 17740 PRESTON RD SUITE 200
Medicare 1: 747398 HHA-18 DALLAS, TX 75252
Medicare 2:
Phone (214) 909-1815 Fax (972) 852-1185
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 04/26/2022

County **COLLIN** Region 03 Date Licensed 11/10/2011
License # 014468 CERNA HEALTHCARE OF TEXAS LLC
Lic Expire 11/30/2021 1013 EAST 15TH PLACE #145
Medicare 1: PLANO, TX 75074
Medicare 2:
Phone (949) 298-3200 Fax (877) 593-0964
Type: Parent Agency 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** Region 03 Date Licensed 11/17/2003
License # 008759 CHARLIN HEALTHCARE SERVICES INC
Lic Expire 11/30/2021 400 CHISHOLM PLACE SUITE 400
Medicare 1: 453150 HHA-18 PLANO, TX 75075
Medicare 2:
Phone (972) 424-3200 Fax (972) 578-7803
Type: Parent Agency 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

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County **COLLIN** Region 03 Date Licensed 11/18/2014
License # 016531 CHARLIN HOSPICE
Lic Expire 11/30/2022 400 CHISHOLM PLACE SUITE 400
Medicare 1: 741578 HOSPICE PLANO, TX 75075
Medicare 2:
Phone (972) 423-4170 Fax (469) 368-0999
Type: Parent Agency Administrator CHARLES BRYCE

Owner Information
CHARLIN HOSPICE LLC
400 CHISHOLM PL STE 400
PLANO, TX 75075
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/04/2021

County **COLLIN** Region 03 Date Licensed 06/10/2015
License # 017061 CHOSEN HOME HEALTH SERVICES INC
Lic Expire 06/30/2023 17290 PRESTON ROAD SUITE 210 D
Medicare 1: 747717 HHA-18 DALLAS, TX 75252
Medicare 2:
Phone (972) 590-0237 Fax (972) 584-6073
Type: Parent Agency 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
Accreditation: ACHC, Expires: 08/02/2022

County **COLLIN** Region 03 Date Licensed 11/06/2018
License # 019063 CHOSEN HOSPICE OF NORTH TEXAS
Lic Expire 11/06/2022 1445 HERITAGE DR SUITE B
Medicare 1: 971556 MCKINNEY, TX 75069
Medicare 2:
Phone (469) 625-1030 Fax (469) 562-0218
Type: Parent Agency Administrator LORI GUERRERO

Owner Information
CHOSEN HEALTHCARE HOLDINGS LLC
1445 HERITAGE DRIVE
MCKINNEY, TEXAS 75069
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/10/2023

County **COLLIN** Region 03 Date Licensed 04/25/1994
License # 002860 CIFCA COMMUNITY INTEGRATED FAMILY CARE ADVOCATES
Lic Expire 04/30/2021 700 CENTRAL EXPRESSWAY SOUTH SUITE 400
Medicare 1: 458160 HHA-18 ALLEN, TEXAS 75013
Medicare 2:
Phone (972) 633-5273 Fax (214) 383-7554
Type: Parent Agency 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

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County **COLLIN** Region 03 Date Licensed 04/10/2021
License # 020689 COLLIN HOME HEALTH
Lic Expire 04/10/2024 1300 N CUSTER RD APT 3115
Medicare 1: ALLEN, TX 75013
Medicare 2:
Phone 862 485 3204 Fax
Type: Parent Agency Administrator CHIRAG CHAVDA

Owner Information
CHAVDA HOLDINGS LLC
PHONE: FAX:
Services: Licensed Home Health Services

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

County **COLLIN** Region 03 Date Licensed 05/18/2015
License # 016809 COMFORCARE HOME CARE NORTH DALLAS
Lic Expire 05/31/2021 1836 W VIRGINIA SUITE 104-A
Medicare 1: MCKINNEY, TX 75069
Medicare 2:
Phone (214) 592-0840 Fax (214) 592-0842
Type: Parent Agency Administrator RAMONCITO MOLINA

Owner Information
PICACHE-MOLINA WWJD LLC
2016 RED ROCK DRIVE
MCKINNEY, TX 75070
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/16/2019
License # 019842 COMFORT KEEPERS
Lic Expire 12/16/2021 111 S. KENTUCKY STREET, SUITE 208
Medicare 1: MCKINNEY, TEXAS 75069
Medicare 2:
Phone (972) 548-7333 Fax (972) 548-7351
Type: Parent Agency 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** Region 03 Date Licensed 12/02/2008
License # 012328 CORNERSTONE HOSPICE CARE LLC
Lic Expire 12/31/2022 17776 PRESTON ROAD SUITE 210B
Medicare 1: 671658 HOSPICE DALLAS, TX 75252
Medicare 2:
Phone (972) 200-7225 Fax (888) 977-3370
Type: Parent Agency 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
License # 014396 CRESCENT HOME HEALTH
Lic Expire 06/30/2021 4085 OHIO DR SUITE 500
Medicare 1: 679426 FRISCO, TX 75035
Medicare 2:
Phone (214) 375-0101 Fax (214) 375-0099
Type: Parent Agency Administrator ASSIA MAHMOOD

Owner Information
ARISE TODAY INC
4220 S LANCASTER ROAD
DALLAS, TX 75216-6459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COLLIN** Region 03 Date Licensed 08/28/2020
License # 020129 DAYSPRING AT HOME
Lic Expire 08/28/2022 3701 W. SPRING CREEK PKWY
Medicare 1: PLANO, TX 75023
Medicare 2:
Phone (972) 769-1109 Fax NA
Type: Parent Agency Administrator COREY VAILLANT

Owner Information
COLLIN CREEK ASSISTED LIVING CENTER, INC
6400 CHEYENNE TR
PLANO, TX 75023
PHONE: (972) 769-1109 FAX: (972) 769-1113
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/20/2017
License # 017958 DEGUARDIAN HEALTH AGENCY INC
Lic Expire 01/31/2021 751 EAGLE LAKE CT
Medicare 1: ALLEN, TX 75002
Medicare 2:
Phone (469) 688-3631 Fax (469) 656-9128
Type: Parent Agency Administrator IFEOMA NWAOGU

Owner Information
DEGUARDIAN HEALTH AGENCY INC
751 EAGLE LAKE CT
ALLEN, TX 75002
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 01/01/2006
License # 010222 DISCOVERY AT HOME IN TEXAS, INC.
Lic Expire 12/31/2020 6401 OHIO DRIVE SUITE #1107
Medicare 1: 679350 HHA-18 PLANO, TX 75024
Medicare 2:
Phone (972) 968-0297 Fax (972) 968-0405
Type: Parent Agency Administrator MICHELE MARTINEZ

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

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

County **COLLIN** Region 03 Date Licensed 09/11/2020
License # 020170 DIVINE HEALTH CARE, LLC
Lic Expire 09/11/2022 5851 LEGACY CIRCLE SUITE 600
Medicare 1: PLANO, TX 75024
Medicare 2:
Phone (501) 353-5392 Fax
Type: Parent Agency Administrator LATOYAL ROBINSON

Owner Information
DIVINE HEALTH CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 09/08/2020
License # 020153 DOMINION HOME HEALTHCARE SERVICES, LLC
Lic Expire 09/08/2022 733 EDINBURGH DRIVE
Medicare 1: ANNA, TEXAS 75409
Medicare 2:
Phone (469) 657-2183 Fax (214) 831-4032
Type: Parent Agency Administrator ADEREMILEKUN JUNAID

Owner Information
DOMINION HOME HEALTHCARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 02/12/2004
License # 008907 DOVE HOME CARE LLC
Lic Expire 02/28/2022 4105 W SPRING CREEK PRKWY SUITE#612 LB#13
Medicare 1: 453112 HHA-18 PLANO, TX 75024
Medicare 2:
Phone (972) 864-0473 Fax (972) 864-0479
Type: Parent Agency Administrator LETTY JOHN

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

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County **COLLIN** Region 03 Date Licensed 03/02/2007
License # 011119 DOVER HEALTHCARE SERVICES LLC
Lic Expire 2516 SHADY GROVE LANE
Medicare 1: 679693 HHA-18 MCKINNEY, TX 75071
Medicare 2:
Phone (214) 351-3360 Fax (214) 988-1488
Type: Parent Agency Administrator OLASENI OBASANYA

Owner Information
DOVER HEALTHCARE SERVICES LLC
2516 SHADY GROVE LANE
MCKINNEY, TX 75071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 02/25/2009
License # 012463 ECINA HOME HEALTH CARE SERVICES INC
Lic Expire 02/28/2021 2600 K AVENUE SUITE 235
Medicare 1: PLANO, TX 75074
Medicare 2:
Phone (469) 964-5238 Fax (972) 801-6877
Type: Parent Agency Administrator MARIE-FRANTZ RENE

Owner Information
ECINA HOME HEALTH CARE SERVICES INC
4201 MIDPARK LANE
PLANO, TX 75074
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 06 Date Licensed 06/03/2016
License # 018515 ELIK DIALYSIS HOME THERAPY - MEMORIAL INC
Lic Expire 06/30/2022 500 NORTH COIT ROAD, SUITE 2085
Medicare 1: RICHARDSON, TEXAS 75080
Medicare 2:
Phone (972) 238-7788 Fax (972) 238-7699
Type: Branch Agency Administrator MONICA BROOKS

Owner Information
ELIK DIALYSIS HOME THERAPY MEMORIAL INC
1445 NORTH LOOP WEST SUITE #720
HOUSTON, TX 77008
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **COLLIN** Region 03 Date Licensed 06/21/2017
License # 018117 EMERALD CHOICE HOME CARE SOLUTIONS
Lic Expire 06/30/2021 704 EAST 15TH ST, SUITE 107
Medicare 1: PLANO, TEXAS 75074
Medicare 2:
Phone (469) 914-0029 Fax
Type: Parent Agency Administrator TAMIRAT BEKELE

Owner Information
EMERALD CHOICE HOME CARE SOLUTIONS LLC
1500 FLINTWOOD DR
RICHARDSON, TX 75081
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 07/01/2015
License # 016948 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 06/30/2021 780 NORTH WATTERS ROAD, SUITE 160
Medicare 1: 677952 HHA-18 ALLEN, TEXAS 75013
Medicare 2:
Phone 972 5294340 Fax 972 5294335
Type: Parent Agency Administrator KRISTI PHILLIPS

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

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County **COLLIN** Region 03 Date Licensed 12/01/2004
License # 009527 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2021 780 NORTH WATTERS ROAD, SUITE 160
Medicare 1: 457789 HHA-18 ALLEN, TEXAS 75013
Medicare 2:
Phone 214 3839880 Fax 214 3839875
Type: Parent Agency Administrator KRISTI PHILLIPS

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

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County **COLLIN** Region 03 Date Licensed 11/15/2017
License # 018449 ENCOMPASS PREMIER HEALTH CARE
Lic Expire 11/30/2021 5501 LEBEAU LN
Medicare 1: FRISCO, TX 75035
Medicare 2:
Phone (972) 425-0287 Fax (972) 425-0367
Type: Parent Agency Administrator VERA BERGMAN

Owner Information
ENCOMPASS PREMIER HEALTH CARE LIMITED LIABILITY COMPANY
5501 LEBEAU LN
FRISCO, TX 75035
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 06/27/2019
License # 019448 ENVITAL HEALTHCARE INC
Lic Expire 06/27/2021 1609 WARM SPRINGS DRIVE
Medicare 1: ALLEN, TX 75002
Medicare 2:
Phone (214) 697-0023 Fax (214) 509-9452
Type: Parent Agency Administrator DOROTHY EFFANGA

Owner Information
ENVITAL HEALTHCARE INC
1609 WARM SPRINGS DRIVE
ALLEN, TX 75002
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 03/11/2020
License # 019852 EPIC HOME HEALTHCARE
Lic Expire 03/11/2022 8111 LBJ FREEWAY SUITE 795
Medicare 1: DALLAS, TX 75251
Medicare 2:
Phone (469) 540-0266 Fax (469) 409-4060
Type: Parent Agency Administrator FAISAL MALIK

Owner Information
SABA INTERNATIONAL INC
9229 BLUE WATER DRIVE
PLANO, TX 75025
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/19/2019
License # 019533 EVIDENCE HOME CARE
Lic Expire 08/19/2021 21501 S CENTRAL EXPRESSWAY, SUITE200
Medicare 1: MCKINNEY, TEXAS 75070
Medicare 2:
Phone 2143105872 97237063 Fax
Type: Parent Agency Administrator LYLIAN APONO

Owner Information
EVIDENCE HOME CARE LLC
818 BLACKHAWK DR
PRINCETON, TEXAS 75407
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 10/21/2014
License # 016795 EXCEL PLUS HOME HEALTH INC
Lic Expire 10/31/2022 17822 DAVENPORT ROAD STE C & D
Medicare 1: 677847 HHA-18 DALLAS, TX 75252
Medicare 2:
Phone (469) 547-5311 Fax (214) 367-5887
Type: Parent Agency Administrator SATHYAJITH NAIR

Owner Information
EXCEL PLUS HOME HEALTH INC
17822 DAVENPORT RD STE D
DALLAS, TX 75252
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 06/29/2021

County **COLLIN** Region 03 Date Licensed 05/12/2016
License # 017397 EXECUTIVE CARE
Lic Expire 05/31/2020 1721 WEST PLANO PKWY SUITE #104
Medicare 1: PLANO, TX 75075
Medicare 2:
Phone (972) 379-1100 Fax (972) 379-1103
Type: Parent Agency Administrator STEPHANIE HAMMONDS

Owner Information
CONSILIO ET ANIMIS LLC
1716 COUNTRY BEND
ALLEN, TX 75002
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 03/30/2021
License # 020656 F & N CARE SERVICES, LLC.
Lic Expire 03/30/2024 716 GOLDEN NUGGET DR.
Medicare 1: MCKINNEY, TX 75069
Medicare 2:
Phone (405) 371-1734 Fax
Type: Parent Agency Administrator NGYE-SOH SAMA

Owner Information
F & N CARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/02/2004
License # 008845 FAVORITE HOME HEALTH CARE LLC
Lic Expire 01/31/2022 9555 LEBANON SUITE # 504
Medicare 1: 679487 HHA-18 FRISCO, TX 75035
Medicare 2:
Phone (972) 335-0410 Fax (972) 335-0420
Type: Parent Agency Administrator CATHERINE ISIOFIA-OKOYE

Owner Information
FAVORITE HOME HEALTH CARE LLC
9555 LEBANON ROAD # 504
FRISCO, TX 75035
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 05/16/2019
License # 019382 FIRST CALL HOME HEALTH AGENCY INC
Lic Expire 05/16/2021 6937 HICKORY CREEK
Medicare 1: PLANO, TX 75023
Medicare 2:
Phone (214) 783-3191 Fax (469) 543-0689
Type: Parent Agency Administrator SHEILA HIMANJE-KALINDA

Owner Information
FIRST CALL HOME HEALTH AGENCY INC
6937 HICKORY CREEK
PLANO, TX 75023
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 09/30/2019
License # 019620 FIRST PHYSICIANS HOME HEALTH SERVICE LLC
Lic Expire 09/30/2021 600 LEGACY DR, APT 1913
Medicare 1: PLANO, TEXAS 75023
Medicare 2:
Phone (214) 929-0469 Fax
Type: Parent Agency Administrator PERLA CRUZ

Owner Information
FIRST PHYSICIANS HOME HEALTH SERVICE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 01/30/2020
License # 019675 FIRSTLIGHT HOME CARE OF NORTH EAST DALLAS
Lic Expire 10/31/2021 888 S. GREENVILLE AVE. SUITE 207
Medicare 1: RICHARDSON, TEXAS 75081
Medicare 2:
Phone (972) 863-2273 Fax (972) 217-8588
Type: Parent Agency Administrator STEPHANIE JOHNSON

Owner Information
INDEPENDENT CARE AGENCY, LLC
3521 WILSHIRE WAY, APT. 3110
RICHARDSON, TEXAS 75082
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 09/01/2011
License # 014423 GENUINE HOME HEALTH SERVICES
Lic Expire 08/31/2021 2828 W PARKER RD SUITE 106
Medicare 1: 679631 HHA-18 PLANO, TX 75075
Medicare 2:
Phone (972) 867-8700 Fax (972) 867-8777
Type: Parent Agency Administrator TOM KORUTHU

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; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 02/25/2009
License # 012466 GLAD HOME HEALTH CARE
Lic Expire 02/28/2021 600 HANOVER DRIVE
Medicare 1: 747656 HHA-18 ALLEN, TX 75002
Medicare 2:
Phone (214) 383-5815 Fax (214) 495-0337
Type: Parent Agency Administrator GLADYS TAMBONG

Owner Information
GLAD HOME HEALTH CARE , INC
600 HANOVER DRIVE
ALLEN, TX 75002-4774
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COLLIN** Region 03 Date Licensed 07/03/2019
License # 019468 GLOBAL HOME CARE SERVICES
Lic Expire 07/03/2021 1311 MARKETING PLACE DR. SUITE 180
Medicare 1: GARLAND, TEXAS 75041
Medicare 2:
Phone (972) 987-9020 Fax (972) 698-7794
Type: Parent Agency Administrator TOLULOPE LABEODAN

Owner Information
LABET CONSULTING LLC
921 SPRING FALLS DR.
MCKINNEY, TX 75071
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 02/23/1996
License # 004312 GOODWIN HOME HEALTH CARE SERVICES INC
Lic Expire 02/28/2021 17822 DAVENPORT RD SUITE D
Medicare 1: 678308 HHA-18 DALLAS, TX 75252
Medicare 2:
Phone (214) 342-1119 Fax (214) 342-1580
Type: Parent Agency 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
Accreditation: ACH - Deemed, Expires: 06/28/2021

County **COLLIN** Region 03 Date Licensed 01/10/2003
License # 008284 GRACE HOME HEALTH INC
Lic Expire 01/31/2023 5045 LORIMAR DRIVE STE 260
Medicare 1: 679309 HHA-18 PLANO, TX 75093
Medicare 2:
Phone (469) 326-1700 Fax (469) 326-1704
Type: Parent Agency Administrator GRACY ZACHARIAH

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

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County **COLLIN** Region 03 Date Licensed 07/23/2014
License # 016334 GRANNY NANNIES DALLAS
Lic Expire 07/31/2020 17290 PRESTON ROAD SUITE 210 C
Medicare 1: DALLAS, TX 75252
Medicare 2:
Phone (972) 544-1169 Fax
Type: Parent Agency Administrator CHARENE CROSBY

Owner Information
GRANNY NANNIES DALLAS, LLC
17290 PRESTON ROAD SUITE 210-C
DALLAS, TX 75252
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 10/29/2020
License # 020277 GREATER JOY HOME HEALTHCARE SERVICES LLC
Lic Expire 10/29/2022 207 TRENTON DRIVE
Medicare 1: WYLIE, TX 75098
Medicare 2:
Phone (832) 990-2432 Fax (832) 905-0233
Type: Parent Agency Administrator JOY IWEH

Owner Information
GREATER JOY HOME HEALTHCARE SERVICES LLC
207 TRENTON DRIVE
WYLIE, TX 75098
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 10/20/2014
License # 016493 GREEN HILLS HOSPICE LLC
Lic Expire 10/31/2020 2665 VILLA CREEK DRIVE SUITE A120
Medicare 1: 741636 HOSPICE DALLAS, TEXAS 75234
Medicare 2:
Phone (972) 803-3990 Fax (972) 803-3988
Type: Parent Agency Administrator NIEVA CUA

Owner Information
GREEN HILLS HOSPICE LLC
2665 VILLA CREEK DRIVE, SUITE 254
DALLAS, TX 75234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 08/08/2011
License # 014269 GRISWOLD HOME CARE
Lic Expire 08/31/2021 3308 PRESTON RD., SUITE 350-200
Medicare 1: PLANO, TX 75093
Medicare 2:
Phone (469) 277-3540 Fax (469) 277-3820
Type: Parent Agency Administrator DOUGLAS DECOURSIN

Owner Information
DECOURSIN SPECIAL CARE INC
3308 PRESTON RD., SUITE 350-200
PLANO, TX 75093
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/29/2013
License # 015344 GRISWOLD HOME CARE GARLAND
Lic Expire 01/31/2024 7720 GLENWOOD SPRINGS LANE
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone (469) 301-2227 Fax (469) 301-2227
Type: Parent Agency Administrator MARSHALL ODEN

Owner Information
MKKC CORP
6841 VIRGINIA PARKWAY #103-168
MCKINNEY, TX 75071
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 09/21/2006
License # 011216 GUARDIAN HEALTHCARE
Lic Expire 09/30/2022 13737 NOEL RD, SUITE 1300
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (214) 678-9500 Fax (214) 678-0900
Type: Branch Agency Administrator AMANDA PRUETT

Owner Information
GUARDIAN HEALTH CARE INC
13737 NOEL ROAD SUITE 1400
DALLAS, TX 75240
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **COLLIN** Region 03 Date Licensed 08/15/2008
License # 012167 HEALTHY CHOICE HOMECARE LLC
Lic Expire 08/31/2022 4601 OLD SHEPARD PLACE SUITE 401
Medicare 1: 747118 HHA-18 PLANO, TX 75093
Medicare 2:
Phone (972) 612-5370 Fax (972) 767-1820
Type: Parent Agency 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

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County **COLLIN** Region 03 Date Licensed 01/05/2017
License # 017834 HEART TO HEART HOSPICE OF SUGAR LAND
Lic Expire 01/31/2021 13017 JESS PIRTLE BLVD., SUITE 175
Medicare 1: 74-1785 (HOSPICE SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 881-6763 Fax (281) 626-1011
Type: Parent Agency Administrator CAROLINE ROSE

Owner Information
CARING HOSPICE, LLC
315 W ALABAMA ST STE 206
HOUSTON, TX 77006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 06/15/2021

County **COLLIN** Region 03 Date Licensed 07/01/2020
License # 020029 HELGA HEALTHCARE, PLLC
Lic Expire 07/01/2022 4507 OLIVE LANE
Medicare 1: MELISSA, TX 754540792
Medicare 2:
Phone (267) 288-8751 Fax (469) 533-9583
Type: Parent Agency Administrator CELESTINE ORONDO

Owner Information
HELGA HEALTHCARE, PLLC
4507 OLIVE LANE
MELISSA, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 06/21/2012
License # 014884 HELPING HANDS HOME SERVICES
Lic Expire 06/30/2020 2000 N CENTRAL EXPRESSWAY SUITE 102
Medicare 1: PLANO, TX 75074
Medicare 2:
Phone (972) 422-0444 Fax (972) 422-8144
Type: Parent Agency Administrator ALTON E BLAKELY

Owner Information
A N D HOME HEALTHCARE LLC
2000 N CENTRAL EXPRESSWAY STE 102
PLANO, TX 75074
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 11/11/2020
License # 020308 HELPING HANDS SERVICES-TEXAS, LLC
Lic Expire 11/11/2022 5916 FOSSIL RIDGE DR
Medicare 1: PLANO, TEXAS 75093
Medicare 2:
Phone (972) 904-2593 Fax
Type: Parent Agency Administrator MICHAEL ELKIN

Owner Information
HELPING HANDS SERVICES-TEXAS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/15/2011
License # 014533 HERITAGE KEEPERS LLC
Lic Expire 12/31/2021 17766 PRESTON ROAD
Medicare 1: DALLAS, TX 75252
Medicare 2:
Phone (214) 432-5451 Fax (888) 811-8916
Type: Parent Agency Administrator MARY KASINGER

Owner Information
HERITAGE KEEPERS LLC
6505 WEST PARK BLVD.
PLANO, TEXAS 75093
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 09/13/2007
License # 011581 HIGHLAND SPRINGS HOME CARE LLC
Lic Expire 09/30/2021 8000 FRANKFORD ROAD
Medicare 1: DALLAS, TX 75252
Medicare 2:
Phone (972) 232-8086 Fax (800) 281-9558
Type: Parent Agency 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

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County **COLLIN** Region 03 Date Licensed 12/13/2018
License # 019154 HOLISTIC PLUS HOME CARE SERVICES LLC
Lic Expire 12/13/2022 2532 SLALOM DRIVE
Medicare 1: MCKINNEY, TEXAS 75071
Medicare 2:
Phone (972) 369-7383 Fax
Type: Parent Agency Administrator TABETH MASENDA

Owner Information
HOLISTIC PLUS HOME CARE SERVICES LLC
SAME AS ABOVE
,
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 07/24/2017
License # 018410 HOME CARE ASSISTANCE
Lic Expire 07/31/2021 4709 W PARKER ROAD SUITE 470
Medicare 1: PLANO, TX 75093
Medicare 2:
Phone (214) 586-0120 Fax (214) 586-0119
Type: Parent Agency Administrator MENDY NDEWEMAAN

Owner Information
MD FRIEND MEDICALBILLING SOLUTIONS LLC
8825 SMOKEY DR
PLANO, TX 75025
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/24/2016
License # 017593 HOME CARE ASSISTANCE OF NORTH COLLIN COUNTY
Lic Expire 08/31/2022 906 W MCDERMOTT DR, STE 128
Medicare 1: ALLEN, TX 75013
Medicare 2:
Phone (972) 548-0392 Fax (972) 782-4664
Type: Parent Agency Administrator MATTHEW PRINCIOTTO

Owner Information
TEP PRODUCTIONS INC
4265 CHEVY CHASE LANE
FRISCO, TX 75033
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/30/2020
License # 020422 HOME CARE FOR THE 21ST CENTURY - ALLEN TX
Lic Expire 12/30/2022 850 CENTRAL PARKWAY EAST #250
Medicare 1: PLANO, TX 75074
Medicare 2:
Phone (682) 307-0116 Fax
Type: Parent Agency Administrator YI XIONG

Owner Information
APF HEALTH CARE ENTERPRISE LLC
1813 TRUSCOTT LANE
ALLEN, TX 78013
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/20/2020
License # 020334 HOME CARE FOR THE 21ST CENTURY - HH ALLEN TX
Lic Expire 11/20/2022 850 CENTRAL PARKWAY EAST #250
Medicare 1: PLANO, TX 750745545
Medicare 2:
Phone (682) 370-0116 Fax
Type: Parent Agency Administrator YI XIONG

Owner Information
APF HEALTH CARE ENTERPRISE LLC
1813 TRUSCOTT LANE
ALLEN, TX 78013
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 08/19/2009
License # 012791 HOME HEALTH & BEYOND SERVICES LLC
Lic Expire 08/31/2021 2300 WEST WHITE AVENUE SUITE 110
Medicare 1: 747410 HHA-18 MCKINNEY, TEXAS 75071
Medicare 2:
Phone 2144176418972369730 Fax (972) 369-7193
Type: Parent Agency Administrator FATMATA SACCOH

Owner Information
HOME HEALTH & BEYOND SERVICES LLC
6408 OAKMONT DR
MCKINNEY, TX 75070-9408
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 06/15/2018
License # 018787 HOME HELPERS & DIRECT LINK #58909
Lic Expire 06/30/2022 1613 JOURNEY FORTH TRAIL
Medicare 1: WYLIE, TX 75098
Medicare 2:
Phone (206) 245-6582 Fax
Type: Parent Agency Administrator JOANNE KAHL

Owner Information
HOUSEKAHLS COMPASSIONATE IN HOME CARE, LLC
300 CAMINO REAL W
WYLIE, TX 75098
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/01/2015
License # 016614 HOME INSTEAD SENIOR CARE
Lic Expire 12/31/2022 520 CENTRAL PARKWAY E. SUITE 200
Medicare 1: PLANO, TX 75074
Medicare 2:
Phone (972) 744-9898 Fax (972) 744-9890
Type: Parent Agency Administrator TODD FELKER

Owner Information
T A FELKER ENTERPRISES LLC
6316 WALLING LN
PLANO, TX 75093
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/16/2015
License # 017182 HOMEWELL CARE SERVICES OF COLLIN COUNTY
Lic Expire 12/31/2021 101 E PARK BLVD SUITE 457
Medicare 1: PLANO, TEXAS 75074
Medicare 2:
Phone (469) 519-1014 Fax (469) 519-1009
Type: Parent Agency Administrator STEVE WHATLEY

Owner Information
BUTLER-WHATLEY ENTPERPRISES INC
1333 WEST MCDERMOTT DR SUITE 200
ALLEN, TX 75013
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 05/20/2009
License # 012773 HOSPICE COMPASSUS MCKINNEY
Lic Expire 07/31/2021 2530 ELDORADO PARKWAY SUITE 110
Medicare 1: 451758 HOSPICE MCKINNEY, TX 75070
Medicare 2:
Phone 972 5481600 Fax 972 5481711
Type: Parent Agency Administrator JACQUELYNN HARRIS

Owner Information
THI OF TEXAS AT SAMARITAN HOSPICE LLC
10 CADILLAC DR SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/16/2023

County **COLLIN** Region 03 Date Licensed
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 1575 REDBUD BLVD., STE 201
Medicare 1: 451780 MCKINNEY, TX 750693226
Medicare 2:
Phone (469) 225-9562 Fax (469) 712-2673
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **COLLIN** Region 03 Date Licensed
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 1575 REDBUD BLVD., STE 201
Medicare 1: 451780 MCKINNEY, TX 750693226
Medicare 2:
Phone (469) 225-9562 Fax (469) 712-2673
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 1575 REDBUD BLVD., STE 201
Medicare 1: 451780 MCKINNEY, TX 750693226
Medicare 2:
Phone (469) 225-9562 Fax (469) 712-2673
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 04/27/2020
License # 019899 I AM EQUALL
Lic Expire 04/27/2022 8055 WINDROSE AVENUE APT 4143
Medicare 1: PLANO, TX 75024
Medicare 2:
Phone (214) 210-8477 Fax
Type: Parent Agency Administrator CHRISTIN BRADLEY

Owner Information
INCLUSIVE COMMUNITY HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 03/23/2015
License # 016696 IMPLANTED PUMP MANAGEMENT LLC
Lic Expire 03/31/2021 17304 PRESTON ROAD SUITE 800 OFFICE 806B
Medicare 1: DALLAS, TX 75252
Medicare 2:
Phone (201) 475-9635 Fax (201) 475-9630
Type: Parent Agency Administrator MARISSA AMARI

Owner Information
IMPLANTED PUMP MANAGEMENT, LLC
1401 VALLEY ROAD
WAYNE, NJ 7470
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 08/13/2008
License # 012159 JOAB HOMEHEALTH SERVICES
Lic Expire 08/31/2022 2600 AVENUE K SUITE 214
Medicare 1: 747207 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (972) 423-5606 Fax (972) 423-5610
Type: Parent Agency Administrator SAFURATU OSAMEDE SALAMI

Owner Information
JOAB HOMEHEALTH AGENCY LLC
2600 AVENUE K SUITE 214
PLANO, TX 75074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 01/02/2006
License # 010221 KBS HOME HEALTH AGENCY INC
Lic Expire 01/31/2022 7214 HIGHWAY 78, SUITE 18
Medicare 1: 679535 HHA-18 SACHSE, TX 75048
Medicare 2:
Phone (214) 227-5800 Fax (214) 227-5844
Type: Parent Agency Administrator BOB OCHULO

Owner Information
KBS HOME HEALTH AGENCY INC
1008 STONEWALL ST SUITE F
GARLAND, TX 75043
PHONE: (214) 227-5800 FAX: (214) 227-5844
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 08/31/2006
License # 010715 KOC HEALTHCARE SERVICES INC
Lic Expire 08/31/2022 3200 14TH STREET SUITE 504
Medicare 1: 677836 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (972) 384-1039 Fax (972) 202-3055
Type: Parent Agency Administrator ADAORA NWORA

Owner Information
KOC HEALTHCARE SERVICES INC.
3200 14TH STREET STE 504
PLANO, TX 75074
PHONE: (97) 238-4139 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **COLLIN** Region 03 Date Licensed 08/31/2017
License # 018326 LIFECARE HOME CARE
Lic Expire 08/31/2021 604 OAK STREET #102
Medicare 1: 677917 HHA-18 GRAHAM, TX 76450
Medicare 2:
Phone (940) 521-0300 Fax (940) 521-0323
Type: Parent Agency Administrator ROBIN SCHERIGER

Owner Information
BEYONDFAITH HOMECARE & REHAB OF GRAHAM LLC
5340 LEGACY DRIVE, SUITE 150
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COLLIN** Region 03 Date Licensed 08/31/2017
License # 018386 LIFECARE HOME CARE
Lic Expire 08/31/2021 3010 BUCHANAN ST
Medicare 1: 743162 HHA-18 WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 696-8004 Fax (940) 696-8009
Type: Parent Agency Administrator ELIZABETH KERR

Owner Information
27 HHA INC
5340 LEGACY DRIVE STE 150
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 08/31/2017
License # 018372 LIFECARE HOME CARE
Lic Expire 08/31/2021 4511 UNIVERSITY AVE
Medicare 1: 679374 HHA-18 LUBBOCK, TX 79413
Medicare 2:
Phone (806) 798-5683 Fax (806) 798-2443
Type: Parent Agency Administrator VERONICA ESQUEDA

Owner Information
BEYONDFAITH HOMECARE & REHAB LLC
5340 LEGACY DRIVE SUITE 150
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COLLIN** Region 03 Date Licensed 08/31/2017
License # 018389 LIFECARE HOME CARE
Lic Expire 08/31/2021 1905 W. ENNIS AVENUE, SUITE 502
Medicare 1: 747625 HHA-18 ENNIS, TX 75119
Medicare 2:
Phone (972) 878-0303 Fax (972) 878-0055
Type: Parent Agency Administrator MERIAN NICHOLS

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

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County **COLLIN** Region 03 Date Licensed 09/15/2004
License # 009311 LIFELINE HEALTHCARE SERVICES INC
Lic Expire 09/30/2021 2600 K AVENUE SUITE 101
Medicare 1: 457804 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (972) 423-8500 Fax (972) 423-6600
Type: Parent Agency Administrator MERCY ALAO

Owner Information
LIFELINE HEALTHCARE SERVICES INC
P O BOX 740788
DALLAS, TX 75374
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 02/04/2020
License # 019801 LIZ AND MEG HOME HEALTH CARE
Lic Expire 02/04/2022 217 LAMONT ROAD
Medicare 1: ANNA, TX 75409
Medicare 2:
Phone (469) 878-9490 Fax (469) 425-1239
Type: Parent Agency Administrator MACDONALD JEGEDE

Owner Information
MACFIT&SONS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 05/21/2004
License # 009109 LOTUS HOME HEALTHCARE SERVICES PC
Lic Expire 05/31/2020 17826 DAVENPORT ROAD SUITE A
Medicare 1: 673175 DALLAS, TX 75252
Medicare 2:
Phone (817) 528-1832 Fax (817) 549-5863
Type: Parent Agency Administrator SYAMALA NAIR

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

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

County **COLLIN** Region 03 Date Licensed 09/13/2016
License # 017719 LOVING HEALTH CARE SERVICES LLC
Lic Expire 09/30/2022 820 IDLEWOOD DRIVE
Medicare 1: ALLEN, TX 75002
Medicare 2:
Phone (972) 752-3214 Fax (972) 924-5713
Type: Parent Agency Administrator CONSTANCE NAMBUH

Owner Information
LOVING HEALTH CARE SERVICES LLC
820 IDLEWOOD DRIVE
ALLEN, TX 75002
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/21/2007
License # 011703 LUCENT HOME HEALTH LLC
Lic Expire 11/30/2021 1101 W PLANO PKWY STE 101
Medicare 1: 743191 HHA-18 PLANO, TX 75075
Medicare 2:
Phone (972) 664-0945 Fax (972) 664-0139
Type: Parent Agency 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

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County **COLLIN** Region 03 Date Licensed 01/31/2005
License # 009562 MAM UNIQUE HEALTH SERVICES INC
Lic Expire 01/31/2021 424 ST ANDREWS DRIVE
Medicare 1: 747283 HHA-18 ALLEN, TX 75002
Medicare 2:
Phone (972) 678-1410 Fax (972) 678-1295
Type: Parent Agency Administrator MARIANA A MBAH

Owner Information
MAM UNIQUE HEALTH SERVICES INC
424 ST ANDREWS DRIVE
ALLEN, TX 75002
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COLLIN** Region 03 Date Licensed 05/10/2016
License # 017390 MDJ HEALTH CARE SERVICES
Lic Expire 05/31/2022 1721 W PLANO PKWY SUITE 217
Medicare 1: PLANO, TX 75075
Medicare 2:
Phone (214) 341-6201 Fax (214) 540-6621
Type: Parent Agency Administrator SYLVIA OSINLOYE

Owner Information
MDJ MEDICAL SUPPLIES & SERVICES INC
1721 WEST PLANO PARKWAY STE 217
PLANO, TX 75075
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 06/24/2016
License # 017481 MEGAMAX HOME HEALTH LLC
Lic Expire 06/30/2022 2301 PEBBLE VALE DR #913
Medicare 1: PLANO, TEXAS 75075
Medicare 2:
Phone (877) 358-7766 Fax (877) 428-8288
Type: Parent Agency Administrator JUSTUS MBOGO

Owner Information
MEGAMAX HOME HEALTH LLC
2024 TESTAMENT TRL
PLANO, TX 75074-2029
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/16/2019
License # 019532 MENSA HEALTH CARE SERVICE
Lic Expire 08/16/2021 5301 CROSSVINE LANE
Medicare 1: MCKINNEY, TEXAS 75070
Medicare 2:
Phone (214) 865-6885 Fax (214) 865-6815
Type: Parent Agency Administrator FELICIA MANU

Owner Information
MENSA HEALTH CARE SERVICE
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 09/22/2016
License # 017664 MERIDIAN HOME HEALTH CARE
Lic Expire 09/30/2022 307 S. JUPITER RD., SUITE 110
Medicare 1: 679250 HHA-18 ALLEN, TEXAS 75002
Medicare 2:
Phone (214) 491-1777 Fax (469) 453-3338
Type: Parent Agency Administrator BENECIA HERNANDEZ

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

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County **COLLIN** Region 03 Date Licensed 01/08/2021
License # 020446 MOMENTUS HEALTH SERVICES LLC
Lic Expire 01/08/2023 6860 DALLAS PARKWAY #200/209
Medicare 1: PLANO, TEXAS 75025
Medicare 2:
Phone (469) 613-5300 Fax (214) 310-0609
Type: Parent Agency Administrator MICHELLE BRILL, RN

Owner Information
MOMENTUS HEALTH SERVICES, LLC
6860 DALLAS PARKWAY #200/209
PLANO, TEXAS 75025
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 08/23/2017
License # 018273 MONARCH SENIOR SOLUTIONS LLC
Lic Expire 08/31/2021 7708 SAN JACINTO PLACE SUITE #100
Medicare 1: PLANO, TX 75024
Medicare 2:
Phone (469) 300-2288 Fax (972) 767-5069
Type: Parent Agency Administrator MARY GILLIAM

Owner Information
MONARCH SENIOR SOLUTIONS LLC
7708 SAN JACINTO PLACE UNIT #100
PLANO, TX 75024
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 07/01/2019
License # 019364 NIK HOME CARE LLC
Lic Expire 05/07/2021 1408 SUMMIT AVE. SUITE # 7
Medicare 1: PLANO, TX 75074
Medicare 2:
Phone (972) 633-8910 Fax (972) 633-8912
Type: Parent Agency Administrator AFSAR ATASHZAMZAM

Owner Information
NIK HOME CARE LLC
SAME
,
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 06/01/2010
License # 013364 NOBLE CHOICE HOME HEALTHCARE INC
Lic Expire 08/31/2022 605 BLUE FLUMAR CT
Medicare 1: 747742 HHA-18 MURPHY, TX 75094
Medicare 2:
Phone (469) 867-1149 Fax (888) 459-7903
Type: Parent Agency Administrator JOE MADU

Owner Information
NOBLE CHOICE HOME HEALTHCARE INC
605 BLUE FLUMAR COURT
MURPHY, TX 75094
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 03/02/2021
License # 020556 NOEL HOME HEALTH AGENCY
Lic Expire 03/02/2023 719 WHITE OAK ST
Medicare 1: ALLEN, TEXAS 75002
Medicare 2:
Phone (214) 772-8416 Fax
Type: Parent Agency Administrator MICHAEL MUKORA

Owner Information
MICHAEL MUKORA
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 05/24/2011
License # 014124 NORTH TEXAS HOME HEALTH CARE INC
Lic Expire 05/31/2021 5501 INDEPENDENCE PKWY SUITE #211
Medicare 1: 747851 HHA-18 PLANO, TX 75023
Medicare 2:
Phone (972) 612-4800 Fax (214) 299-8667
Type: Parent Agency Administrator ASHOK CHANDRA

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

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County **COLLIN** Region 03 Date Licensed 12/29/2017
License # 018691 NTS SENIOR SERVICES LLC
Lic Expire 06/30/2022 1617 ROLLINS DR.
Medicare 1: ALLEN, TX 75013
Medicare 2:
Phone (214) 434-8793 Fax (972) 767-4612
Type: Parent Agency Administrator ANDREA BRITTON

Owner Information
NTS SENIOR SERVICES LLC
2828 W PARKER RD #22H
PLANO, TX 75075
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/15/2017
License # 018448 NURSE NEXT DOOR
Lic Expire 07/03/2022 6600 CHASE OAKS BLVD #150
Medicare 1: PLANO, TX 75023
Medicare 2:
Phone (469) 718-7296 Fax (469) 718-7296
Type: Parent Agency Administrator HEATHER GREEN

Owner Information
R & H SERVICES LLC
5201 CEDAR MOUNTAIN DRIVE
MCKINNEY, TX 75071
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 05/15/2018
License # 019560 NURSE NEXT DOOR DALLAS NORTHWEST
Lic Expire 08/28/2021 5717 LEGACY DR, SUITE 250
Medicare 1: PLANO, TEXAS 75024
Medicare 2:
Phone 214 8383613 Fax
Type: Parent Agency Administrator CHRISTY BRONOLD

Owner Information
SKPK 2000 GROUP LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 12/30/2010
License # 014070 NYS HOME HEALTH LLC
Lic Expire 12/31/2022 5550 GRANITE PARKWAY, SUITE 265
Medicare 1: 677822 HHA-18 PLANO, TX 75024
Medicare 2:
Phone 9729347060; 86693470 Fax 2145752777; 8445752777
Type: Parent Agency Administrator ZAUR GASANOV

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

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County **COLLIN** Region 03 Date Licensed 06/06/2016
License # 017442 ON SITE HOME HEALTH CARE LLC
Lic Expire 06/30/2022 1120 FIREWHEEL PLACE
Medicare 1: MCKINNEY, TX 75069
Medicare 2:
Phone (469) 951-0477 Fax (214) 865-6648
Type: Parent Agency Administrator SALOME SUTTER

Owner Information
ON SITE HOME HEALTH CARE LLC
1120 FIREWHEEL PLACE
MCKINNEY, TX 75069
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 12/07/2020
License # 020377 ONE YOU LOVE HOMECARE
Lic Expire 12/07/2022 825 WATTER'S CREEK BLVD., BUILDING M, SUITE 250
Medicare 1: ALLEN, TEXAS 75013
Medicare 2:
Phone (972) 996-4540 Fax
Type: Parent Agency Administrator GREG SOULE

Owner Information
SOULE HAVEN, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/15/2020
License # 020405 ONE YOU LOVE HOMECARE
Lic Expire 12/15/2022 5 COWBOYS WAY, SUITE 300
Medicare 1: FRISCO, TX 75034
Medicare 2:
Phone (214) 335-3737 Fax
Type: Parent Agency Administrator DONNA CANTRELL

Owner Information
EV SENIOR CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 10/19/2020
License # 020249 OPTASIA GRACE LLC
Lic Expire 10/19/2022 1908 TRANSCENDENCE DRIVE
Medicare 1: WYLIE, TEXAS 75098
Medicare 2:
Phone (214) 229-1962 Fax
Type: Parent Agency Administrator CLEOPAS SIMBI

Owner Information
OPTASIA GRACE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 01/24/1996
License # 004423 OPTIMA HOME HEALTH SERVICES
Lic Expire 01/31/2022 1217 WILLOW POINT DRIVE
Medicare 1: 458486 HHA-18 MURPHY, TX 75094
Medicare 2:
Phone (469) 367-0097 Fax (469) 367-4909
Type: Parent Agency Administrator JULIANA ASONYE

Owner Information
OPTIMA PROFESSIONAL SERVICES INC
1217 WILLOW POINT DRIVE
MURPHY, TX 75041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 09/08/2004
License # 009300 OPTIMUM HOME HEALTH CARE INC
Lic Expire 09/30/2022 5501 INDEPENDENCE PKWY SUITE 304
Medicare 1: 457978 HHA-18 PLANO, TX 75023
Medicare 2:
Phone (972) 596-6442 Fax (972) 596-9047
Type: Parent Agency Administrator SUMA MATHEW

Owner Information
OPTIMUM HOME HEALTH CARE INC
5501 INDEPENDENCE PKWY STE 304
PLANO, TX 75023
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 06/01/2000
License # 007339 OUTREACH HOME CARE
Lic Expire 05/31/2022 251 RENNER PARKWAY SUITE 100
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 840-7200 Fax (972) 840-7201
Type: Parent Agency Administrator SHANNON EARLY

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 06/10/2011
License # 014152 PARADIGM HOMECARE
Lic Expire 06/30/2021 2000 N CENTRAL EXPRESSWAY SUITE 209
Medicare 1: 747818 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (972) 422-0033 Fax (469) 736-0068
Type: Parent Agency Administrator SARAH SMITH

Owner Information
PARADIGM REHAB & HEALTHCARE LLC
PO BOX 130010
TYLER, TX 75713
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COLLIN** Region 03 Date Licensed 07/02/2020
License # 020032 PARADISE CARE SERVICES, LLC
Lic Expire 07/02/2022 801 LEGACY DRIVE APT #811
Medicare 1: PLANO, TEXAS 75023
Medicare 2:
Phone (469) 685-2655 Fax
Type: Parent Agency Administrator SHERYL HARDMAN

Owner Information
PARADISE CARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 03/22/2021
License # 020410 PARAGON INFUSION CARE, INC.
Lic Expire 12/16/2022 3033 W PRESIDENT GEORGE BUSH HIGHWAY, SUITE 100
Medicare 1: PLANO, TX 75075
Medicare 2:
Phone (972) 588-1000 Fax (972) 588-1001
Type: Parent Agency Administrator CYNTHIA SUMRALL

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

County **COLLIN** Region 03 Date Licensed 02/02/2021
License # 020501 PASSIONATE HELPERS LLC
Lic Expire 02/02/2023 9779 GAYLORD PARKWAY APT 432
Medicare 1: FRISCO, TX 75035
Medicare 2:
Phone (469) 720-3517 Fax
Type: Parent Agency Administrator OGHENETEGA OBRUTSE

Owner Information
PASSIONATE HELPERS LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **COLLIN** Region 03 Date Licensed 07/31/1999
License # 007109 PATHFINDER HOME HEALTH
Lic Expire 07/31/2022 4025 E. UNIVERSITY DRIVE, SUITE E-500
Medicare 1: 677569 HHA-18 MCKINNEY, TEXAS 75069
Medicare 2:
Phone (817) 294-8105 Fax (817) 346-0169
Type: Parent Agency Administrator STEPHANIE MARTIN

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

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County **COLLIN** Region 03 Date Licensed 09/12/1994
License # 003264 PATIENT CENTERED SERVICES INC
Lic Expire 09/30/2022 3415 CUSTER ROAD SUITE 190
Medicare 1: 458277 HHA-18 PLANO, TX 75023
Medicare 2:
Phone (972) 424-4454 Fax (972) 423-7906
Type: Parent Agency Administrator SUZANNE ALEX

Owner Information
PATIENT CENTERED SERVICES INC
321 N. CENTRAL EXPRESSWAY SUITE 350
MCKINNEY, TX 75070
PHONE: (972) 424-4454 FAX: (972) 423-7906
Services: Licensed and Certified Home Health Services

County **COLLIN** Region 03 Date Licensed 06/11/2014
License # 016256 PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 06/30/2022 1721 WEST PLANO PARKWAY SUITE 216
Medicare 1: 741567 HOSPICE PLANO, TX 75075
Medicare 2:
Phone (972) 578-1502 Fax (972) 578-1500
Type: Parent Agency Administrator PAMELA EYAMBE

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

County **COLLIN** Region 03 Date Licensed 07/15/2020
License # 020055 PECULIAR HOMECARE AGENCY LLC
Lic Expire 07/15/2022 509 KELVINGTON DR.
Medicare 1: ANNA, TX 75409
Medicare 2:
Phone (469) 325-9217 Fax
Type: Parent Agency Administrator ALBERTINA NYANTEE

Owner Information
PECULIAR HOMECARE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 07/16/2014
License # 016313 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 07/31/2022 17950 PRESTON ROAD SUITE 370
Medicare 1: DALLAS, TX 75252
Medicare 2:
Phone (214) 347-4611 Fax (214) 206-9314
Type: Parent Agency Administrator JULIE GOLIGHTLY

Owner Information
PEDIATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 01/01/2003
License # 008297 PINNACLE HEALTH SERVICES INCORPORATED
Lic Expire 12/31/2021 910 FALCON TRAIL
Medicare 1: 679131 HHA-18 MURPHY, TX 75094
Medicare 2:
Phone (214) 340-4000 Fax (214) 340-4097
Type: Parent Agency Administrator ADETOKUNBO BROOKS

Owner Information
PINNACLE HEALTH SERVICES, INC
910 FALCON TRL
MURPHY, TEXAS 75094
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed
License # 020711 PISTISCARE PEDIATRICS HOME HEALTH LLC
Lic Expire 04/21/2024 2525 APPALOOSA LANE
Medicare 1: CELINA, TX 75009
Medicare 2:
Phone (469) 202-3045 Fax (469) 202-3045
Type: Parent Agency Administrator REBECCA HORTON

Owner Information
PISTISCARE PEDIATRICS HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services

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

County **COLLIN** Region 03 Date Licensed 07/20/2005
License # 009873 POSITIVE HOME HEALTH AGENCY
Lic Expire 07/31/2022 2600 K AVENUE SUITE 264
Medicare 1: 677915 PLANO, TX 75074
Medicare 2:
Phone (972) 398-0643 Fax (972) 398-6044
Type: Parent Agency Administrator MAUREEN ANYIAM

Owner Information
POSITIVE HOME HEALTH SERVICES INC
2600 AVENUE K SUITE 264
PLANO, TX 75074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 06/13/2019
License # 019420 PREFERRED HOME HEALTH CARE AGENCY
Lic Expire 06/13/2021 319 CRIPPLE CREEK DR
Medicare 1: CELINA, TX 75009
Medicare 2:
Phone (936) 442-8283 Fax (682) 223-9349
Type: Parent Agency Administrator HAZZEL TAGUTA

Owner Information
HAZZEL RUVIMBO TAGUTA
319 CRIPPLE CREEK DR
CELINA, TX 75009
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/29/2017
License # 018473 PREMIER CARE SERVICES
Lic Expire 11/30/2019 17740 PRESTON RD SUITE 200D
Medicare 1: DALLAS, TX 75252
Medicare 2:
Phone (214) 200-5267 Fax (972) 930-0525
Type: Parent Agency Administrator STEPHEN LARRY

Owner Information
S J LARRY PROPERTIES LLC
17740 PRESTON ROAD SUITE 200D
DALLAS, TX 75252
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/01/2005
License # 010294 PRESTIGE HEALTH SERVICES
Lic Expire 11/30/2022 303 S. JUPITER ROAD #200
Medicare 1: 679371 ALLEN, TX 75002
Medicare 2:
Phone (972) 747-0821 Fax (972) 747-9215
Type: Parent Agency Administrator CHINYERE OKONKWO

Owner Information
PRESTIGE-PLUS 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

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County **COLLIN** Region 03 Date Licensed 03/16/2020
License # 019449 PRIM PALLIATIVE & HOSPICE CARE INC
Lic Expire 06/27/2021 5048 TENNYSON PARKWAY STE 250
Medicare 1: PLANO, TX 75024
Medicare 2:
Phone (469) 328-7219 Fax (469) 277-8468
Type: Parent Agency Administrator PRISCILLA KALESOI

Owner Information
PRIM PALLIATIVE & HOSPICE CARE INC
1708 AZURITE TRAIL
PLANO, TX 75075
PHONE: (469) 328-7219 FAX: (469) 277-8468
Services: Hospice
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 07/09/2009
License # 012696 PRINCEWILL HEALTHCARE SERVICES INC
Lic Expire 07/31/2021 974 SHADDOCK PARK LANE
Medicare 1: 747490 HHA-18 ALLEN, TX 75013
Medicare 2:
Phone (972) 727-0784 Fax (972) 727-0792
Type: Parent Agency Administrator SYLVIA OGBOGU-NWANKWO

Owner Information
PRINCEWILL HEALTHCARE SERVICES INC
974 SHADDOCK PARK LANE
ALLEN, TEXAS 75013
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 11/04/2009
License # 012950 PRISTINE HOME HEALTH SERVICES INC
Lic Expire 11/30/2021 3913 ROCKWOOD DRIVE
Medicare 1: 747631 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (972) 881-5551 Fax (972) 881-5553
Type: Parent Agency Administrator AKOUETE JONATHAN ADJETEY

Owner Information
PRISTINE HOME HEALTH SERVICES INC
3913 ROCKWOOD DR
PLANO, TX 75074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **COLLIN** Region 03 Date Licensed 10/15/2001
License # 007756 PROCARE HOME CARE AGENCY
Lic Expire 10/31/2022 7924 PRESTON ROAD SUITE 100A
Medicare 1: 679143 HHA-18 PLANO, TX 75024
Medicare 2:
Phone (972) 712-6956 Fax (972) 712-4454
Type: Parent Agency Administrator OLUFEMI OWOSENI

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

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County **COLLIN** Region 03 Date Licensed 12/21/2018
License # 019165 PWK LOGISTICS LLC
Lic Expire 07/31/2021 15234 BULL RUN DRIVE
Medicare 1: FRISCO, TEXAS 75035
Medicare 2:
Phone (205) 844-0358 Fax (425) 920-5462
Type: Parent Agency Administrator OLANREWAJU OLUKOLUJO

Owner Information
PWK LOGISTICS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/01/2007
License # 011151 REHABCARE
Lic Expire 12/31/2021 4300 COTTON GIN ROAD, SUITE 100
Medicare 1: FRISCO, TX 75034
Medicare 2:
Phone (972) 808-2351 Fax (800) 790-7956
Type: Parent Agency Administrator ELEANOR JOHNSON

Owner Information
REHABCARE GROUP EAST LLC
SAME
KINGWOOD, TX 77339
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 11/18/2020
License # 020325 RELIABLE ALTERNATIVE HOME CARE, INC.
Lic Expire 11/18/2022 5309 SPICEWOOD DR.
Medicare 1: MCKINNEY, TEXAS 75070
Medicare 2:
Phone (214) 856-4364 Fax (469) 625-2444
Type: Parent Agency Administrator CASSANDRA JOHNSON

Owner Information
RELIABLE ALTERNATIVE HOME CARE, INC.
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 08/17/2017
License # 018611 RELIANT AT HOME
Lic Expire 08/31/2021 1101 RAINTREE CIRCLE SUITE #180
Medicare 1: 679352 HHA-18 ALLEN, TX 75013
Medicare 2:
Phone (972) 390-7733 Fax (972) 390-7738
Type: Parent Agency Administrator LANELL BOAZ

Owner Information
HOME CARE PATIENT SERVICES, LLC
1101 RAINTREE CIRCLE SUITE 180
ALLEN, TX 75013
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **COLLIN** Region 03 Date Licensed 08/17/2017
License # 018496 RELIANT AT HOME CONCIERGE CARE
Lic Expire 08/31/2021 1101 RAINTREE CIRCLE SUITE 180
Medicare 1: ALLEN, TX 75013
Medicare 2:
Phone (972) 390-7699 Fax (972) 390-7738
Type: Parent Agency Administrator LANELL BOAZ

Owner Information
RELIANT CONCIERGE CARE LLC
1101 RAINTREE CIR STE 180
ALLEN, TX 75013
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/17/2017
License # 018474 RELIANT AT HOME HOSPICE
Lic Expire 08/31/2021 1101 RAINTREE CIRCLE SUITE #130
Medicare 1: 741594 HOSPICE ALLEN, TX 75013
Medicare 2:
Phone (214) 667-8040 Fax (214) 667-8045
Type: Parent Agency Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/17/2021

County **COLLIN** Region 03 Date Licensed 08/17/2017
License # 018474 RELIANT AT HOME HOSPICE
Lic Expire 08/31/2021 1101 RAINTREE CIRCLE SUITE #130
Medicare 1: 741594 HOSPICE ALLEN, TX 75013
Medicare 2:
Phone (214) 667-8040 Fax (214) 667-8045
Type: Parent Agency Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/17/2021

County **COLLIN** Region 03 Date Licensed 02/11/2005
License # 009432 RESILIENT HOME HEALTH AGENCY
Lic Expire 02/28/2021 5700 GRANITE PARKWAY, SUITE#370
Medicare 1: 677898 HHA-18 PLANO, TX 75024
Medicare 2:
Phone (972) 758-1000 Fax (972) 758-1001
Type: Parent Agency Administrator BEN BRADLEY

Owner Information
HEALTHCARE CORPORATION OF AMERICA INC
4404 BRINKER COURT
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services with Dialysis

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County **COLLIN** Region 03 Date Licensed 04/29/2008
License # 011982 REVIVAL HOME HEALTHCARE SERVICES INC
Lic Expire 04/30/2021 8717 SMOKEY CANYON WAY
Medicare 1: 747219 HHA-18 PLANO, TX 75024
Medicare 2:
Phone (469) 633-9557 Fax (469) 633-9555
Type: Parent Agency Administrator CHRISTIANA UDEZE

Owner Information
REVIVAL HOME HEALTHCARE SERVICES INC
8717 SMOKEY CANYON WAY
PLANO, TX 75024-7369
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 12/20/2019
License # 019479 ROCKET PEDIATRIC THERAPY
Lic Expire 07/11/2021 700 CENTRAL EXPRESSWAY S STE 400
Medicare 1: ALLEN, TEXAS 75013
Medicare 2:
Phone (214) 218-3680 Fax (888) 270-1301
Type: Parent Agency Administrator AMELIA GANNAWAY

Owner Information
ROCKET PT, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 08/19/2019
License # 019535 ROPHE HOME HEALTH LLC
Lic Expire 08/19/2021 6304 RED STONE DRIVE
Medicare 1: FRISCO, TX 75035
Medicare 2:
Phone (469) 325-1525 Fax (469) 325-1525
Type: Parent Agency Administrator BOBY GEORGE

Owner Information
ROPHE HOME HEALTH LLC
6304 RED STONE DRIVE
FRISCO, TX 75035
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 02/12/2021
License # 020542 ROYAL CHOICE HOME HEALTH CARE INC
Lic Expire 02/12/2024 1346 SPIRIT FALLS DRIVE
Medicare 1: FRISCO, TX 75033
Medicare 2:
Phone (214) 394-3939 Fax (214) 975-1083
Type: Parent Agency 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

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County **COLLIN** Region 03 Date Licensed 10/30/2020
License # 020278 ROYAL PASSION HOMEHEALTH CARE SERVICES INC
Lic Expire 10/30/2022 1001 MERCURY DRIVE
Medicare 1: LAVON, TX 75166
Medicare 2:
Phone (832) 758-9253 Fax (972) 637-8402
Type: Parent Agency Administrator SALVADO ABUMBI

Owner Information
ROYAL PASSION HOMEHEALTH CARE SERVICES INC
1001 MERCURY DRIVE
LAVON, TX 75166
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 06/28/2017
License # 018379 RUBY HOME HEALTH CARE LLC
Lic Expire 06/30/2021 1255 W 15TH STREET, SUITE 450
Medicare 1: 747857 PLANO, TX 75075
Medicare 2:
Phone (214) 708-0420 Fax (214) 594-8428
Type: Parent Agency Administrator SATHYAJITH NAIR

Owner Information
RUBY HOME HEALTH CARE LLC
17950 PRESTON ROAD SUITE 440
DALLAS, TX 75252-5793
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 09/19/2016
License # 017634 SAINTS HOSPICE INC
Lic Expire 09/30/2022 502 WATERS EDGE WAY SUITE B
Medicare 1: 97-1511 (HOSPICE MURPHY, TX 75094
Medicare 2:
Phone (214) 918-9976 Fax (972) 442-7179
Type: Parent Agency Administrator MARY MOCHUMBE

Owner Information
SAINTS HOSPICE INC
502 WATERS EDGE WAY SUITE B
MURPHY, TX 75094
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 02/18/2022

County **COLLIN** Region 03 Date Licensed 07/07/2014
License # 016300 SECOND FAMILY HOME CARE LLC
Lic Expire 07/31/2022 8105 RASOR BLVD SUITE 275
Medicare 1: PLANO, TX 75024
Medicare 2:
Phone 9723470700 Ext 1 Fax (972) 347-0716
Type: Parent Agency Administrator BECCA METOYER

Owner Information
SECOND FAMILY HOME CARE, LLC
8105 RASOR BLVD STE 244
PLANO, TX 75024
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 03/06/2009
License # 012495 SELECT HOME CARE
Lic Expire 03/31/2021 10305 RASPBERRY RD
Medicare 1: MCKINNEY, TX 75072
Medicare 2:
Phone (469) 362-5290 Fax (469) 362-5593
Type: Parent Agency Administrator WENDY PERRY

Owner Information
SELECT HOME CARE DALLAS LLC
10305 RASPBERRY RD
MCKINNEY, TX 75070
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 03/10/2021
License # 020580 SENGY, LLC.
Lic Expire 03/10/2024 5324 WILLOW WOOD LN.
Medicare 1: DALLAS, TEXAS 75252
Medicare 2:
Phone (214) 457-4476 Fax
Type: Parent Agency Administrator GALINA NAROSOV

Owner Information
SENGY, LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 03/16/2020
License # 019665 SENIOR HELPERS MCKINNEY
Lic Expire 10/28/2021 1720 W VIRGINIA STREET
Medicare 1: MCKINNEY, TX 75069
Medicare 2:
Phone (832) 276-9739 Fax
Type: Parent Agency Administrator YVONNE ADEUGA

Owner Information
RIVERSTONE CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 02/20/2020
License # 019616 SENIOR SHIELD HOME CARE, LLC
Lic Expire 09/25/2021 1333 W MCDERMOTT DR. SUITE 236
Medicare 1: ALLEN, TEXAS 75013
Medicare 2:
Phone (972) 454-1938 Fax
Type: Parent Agency Administrator VINCENT THOMPSON JR

Owner Information
SENIOR SHIELD HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/08/2019
License # 019191 SENIORADE
Lic Expire 07/31/2021 205 CREEKSIDE DR.
Medicare 1: MURPHY, TEXAS 75094
Medicare 2:
Phone (214) 892-9082 Fax
Type: Parent Agency Administrator HANIEH MARENGO

Owner Information
SENIORADE LIMITED LIABILITY COMPANY
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 02/15/2017
License # 017922 SENIORS COMFORT HOME CARE LLC
Lic Expire 02/28/2021 4309 CARMEL MOUNTAIN DR
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone (469) 714-0222 Fax NA
Type: Parent Agency Administrator JAMES OGOLA

Owner Information
SENIORS COMFORT HOME CARE LLC
4309 CARMEL MOUNTAIN DR
MCKINNEY, TX 75070
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 10/28/2019
License # 019664 SHELTER HEALTHCARE INC
Lic Expire 10/28/2021 9831 VICKIE LN
Medicare 1: FRISCO, TEXAS 75035
Medicare 2:
Phone (469) 235-3173 Fax
Type: Parent Agency Administrator VALSAMMA THOMAS

Owner Information
SHELTER HEALTHCARE INC
9831 VICKIE LN
FRISCO, TEXAS 75035
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 12/01/2016
License # 017867 SINCERE HOME HEALTH CARE INC
Lic Expire 11/30/2020 801 S HWY 78 SUITE #202
Medicare 1: 673187 HHA-18 WYLIE, TX 75098
Medicare 2:
Phone (972) 429-1072 Fax (972) 729-1430
Type: Parent Agency Administrator VIMALKUMAR SHUKLA

Owner Information
SINCERE HOME HEALTH CARE INC
2217 CIMMARON DRIVE
PLANO, TX 75025
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 03/25/2021
License # 020647 SOLACE HOME HEALTHCARE AGENCY LLC
Lic Expire 03/25/2023 8492 CHAPOTE RD
Medicare 1: FRISCO, TEXAS 75035
Medicare 2:
Phone (469) 579-4711 Fax (469) 579-4712
Type: Parent Agency Administrator ANJEH SIMAZE CHO

Owner Information
SOLACE HOME HEALTHCARE AGENCY LLC
5827 CHARLOTTE DR APT 451
SAN JOSE, CA 95123
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 11/04/2020
License # 020287 SPECTRUM HEALTH SERVICES INC
Lic Expire 11/04/2022 1606 WAGON WHEEL DRIVE
Medicare 1: ALLEN, TX 75002
Medicare 2:
Phone (214) 995-6186 Fax (972) 212-6927
Type: Parent Agency Administrator CHARLES ASEMOTA

Owner Information
SPECTRUM HEALTH SERVICES INC
1060 WAGON WHEEL DRIVE
ALLEN, TX 75002
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/30/2019
License # 019573 SPRING OF LIFE HEALTHCARE LLC
Lic Expire 08/30/2021 3700 MAPLESHADE LN #2072
Medicare 1: PLANO, TEXAS 75075
Medicare 2:
Phone (469) 647-0228 Fax
Type: Parent Agency Administrator CLEMENCIA MABUYA

Owner Information
SPRING OF LIFE HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 02/21/2019
License # 019274 ST PETER HEALTH CARE, LLC.
Lic Expire 02/21/2023 5809 COLDCREEK CT.
Medicare 1: PLANO, TEXAS 75093
Medicare 2:
Phone (469) 203-3878 Fax (877) 710-7898
Type: Parent Agency Administrator ANZOA ROSOUR

Owner Information
ST PETER HEALTH CARE, LLC
PO BOX
DALLAS, TEXAS 75274
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 07/23/2014
License # 016331 STELINA COMPANION AND PERSONAL CARE SERVICES LLC
Lic Expire 11/30/2023 1333 WILDFLOWER LANE
Medicare 1: WYLIE, TX 75098
Medicare 2:
Phone (860) 655-6910 Fax NA
Type: Parent Agency Administrator STELLA SQUIRE

Owner Information
STELINA COMPANION AND PERSONAL CARE SERVICES LLC
1333 WILDFLOWER LANE
WYLIE, TX 75098
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 09/12/2013
License # 015765 STN HOME HEALTH SERVICES LLC
Lic Expire 09/30/2021 3001 LAKE TERRACE DRIVE
Medicare 1: WYLIE, TX 75098
Medicare 2:
Phone (214) 677-5488 Fax (469) 893-5359
Type: Parent Agency Administrator SUNDAY NWAJAGU

Owner Information
STN HOME HEALTH SERVICES LLC
3001 LAKE TERRACE DR
WYLIE, TX 75098
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 07/21/2017
License # 018185 SUNLIFE HOME CARE LLC
Lic Expire 02/01/2023 2007 N. COLLING BLVD, SUITE #305
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (214) 693-4678 Fax (214) 440-1250
Type: Parent Agency Administrator ROBERT MURPHY

Owner Information
SUNLIFE HOME CARE LLC
627 N 6TH AVE
TUCSON, AZ 85705
PHONE: (214) 693-4678 FAX: (888) 908-6830
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/22/2002
License # 008219 SUPERIOR HOME HEALTH CARE
Lic Expire 11/30/2021 5405 KEATING COURT
Medicare 1: 679285 HHA-18 RICHARDSON, TX 75082
Medicare 2:
Phone (972) 994-9993 Fax (972) 994-0253
Type: Parent Agency 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

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County **COLLIN** Region 03 Date Licensed
License # 020699 SUPPORTIVE IN HOME CARE LLC
Lic Expire 04/14/2024 670 W ARAPAHO RD STE. 5
Medicare 1: RICHARDSON, TEXAS 75080
Medicare 2:
Phone (469) 600-4161 Fax 18004195441
Type: Parent Agency 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** Region 03 Date Licensed 11/30/2018
License # 019086 SYNERGY HOMECARE
Lic Expire 11/30/2022 100 ALLENTOWN PARKWAY SUITE 102
Medicare 1: ALLEN, TEXAS 75002
Medicare 2:
Phone (972) 390-7579 Fax (972) 364-1203
Type: Parent Agency Administrator MICHELLE MINNICH

Owner Information
FRANK AND REES LIMITED LIABILITY COMPANY
PHONE: FAX:
Services: Personal Assistance Services

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

County **COLLIN** Region 03 Date Licensed 07/03/2014
License # 016297 SYNERGY HOMECARE
Lic Expire 07/31/2022 1212 COIT ROAD SUITE 109
Medicare 1: PLANO, TX 75075
Medicare 2:
Phone (972) 596-0124 Fax (214) 396-1184
Type: Parent Agency Administrator FILEMON DELFINO

Owner Information
FILHEART ENTERPRISES INC.
1212 COIT ROAD SUITE 109
PLANO, TX 75075
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 09/12/2008
License # 012314 TEMPLE HOME HEALTHCARE SERVICES INC
Lic Expire 09/30/2022 5913 CHEYENNE WAY
Medicare 1: 677987 FRISCO, TX 75034
Medicare 2:
Phone (214) 912-1284 Fax (214) 618-2440
Type: Parent Agency Administrator LUCY NZE

Owner Information
TEMPLE HOME HEALTHCARE SERVICES INC
5913 CHEYENNE WAY
FRISCO, TX 75034
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 07/20/2018
License # 018841 TEXAS BEST CARE HOSPICE INC
Lic Expire 07/31/2022 2600 K AVENUE, SUITE 262
Medicare 1: 971566 (HOSPICE) PLANO, TEXAS 75074
Medicare 2:
Phone (972) 424-4401 Fax (972) 424-4402
Type: Parent Agency Administrator SHERRY MARTIN

Owner Information
TEXAS BEST CARE HOSPICE INC
1933 E FRANKFORD RD SUITE 160
CARROLLTON, TX 75007
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/04/2022

County **COLLIN** Region 03 Date Licensed 08/01/2017
License # 018485 TEXAS HOME HEALTH GROUP OF MCKINNEY LLC
Lic Expire 07/31/2021 6800 WEISKOPF AVENUE SUITE 110
Medicare 1: 679236 HHA-18 MCKINNEY, TX 75070
Medicare 2:
Phone (972) 569-8157 Fax (972) 529-5646
Type: Parent Agency Administrator JENNIFER LEEDER

Owner Information
TEXAS HOME HEALTH GROUP OF MCKINNEY, LLC
6800 WEISKOPF AVENUE SUITE 110
MCKINNEY, TX 75070-5241
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 10/25/2022

County **COLLIN** Region 03 Date Licensed 08/31/2017
License # 018363 TEXAS HOME HEALTH HOSPICE
Lic Expire 08/31/2021 6800 WEISKOPF AVENUE STE 105
Medicare 1: 741652 HOSPICE MCKINNEY, TX 75070
Medicare 2:
Phone (214) 307-7048 Fax (214) 383-9114
Type: Parent Agency Administrator JOSEPH MORANDA

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/09/2023

County **COLLIN** Region 03 Date Licensed 01/20/2021
License # 020476 TEXAS PRO HOMECARE INC
Lic Expire 01/20/2023 2706 SEABISCUIT ROAD
Medicare 1: CELINA, TEXAS 75009
Medicare 2:
Phone (832) 385-1341 Fax 972 8484073
Type: Parent Agency Administrator GIMA MUDOH

Owner Information
TEXAS PRO HOMECARE INC.
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 06/07/2018
License # 018775 THE LEGACY AT HOME INC
Lic Expire 06/30/2022 6101 OHIO DRIVE, SUITE 100
Medicare 1: 74-1795 (HOSPICE PLANO, TX 750242722
Medicare 2:
Phone (972) 244-7700 Fax (972) 244-7701
Type: Parent Agency Administrator JESSICA HAECKER

Owner Information
THE LEGACY AT HOME, INC.
6101 OHIO DR STE 100
PLANO, TX 75024
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 04/12/2022

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

County **COLLIN** Region 03 Date Licensed 11/14/2016
License # 013810 THE LEGACY AT HOME, INC.
Lic Expire 01/31/2023 8240 MANDERVILLE LANE STE. 100
Medicare 1: DALLAS, TX 75231
Medicare 2:
Phone (972) 244-7700 Fax (972) 244-7701
Type: Branch Agency Administrator JESSICA HAECKER

Owner Information
THE LEGACY AT HOME, INC.
6101 OHIO DR STE 100
PLANO, TX 75024
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/10/2011
License # 013810 THE LEGACY AT HOME, INC.
Lic Expire 01/31/2023 6101 OHIO DRIVE, SUITE 100
Medicare 1: 747734 HHA-18 PLANO, TX 75024
Medicare 2:
Phone (972) 244-7700 Fax (972) 244-7701
Type: Parent Agency Administrator JESSICA HAECKER

Owner Information
THE LEGACY AT HOME, INC.
6101 OHIO DR STE 100
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 11/01/2016
License # 017833 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 1255 W 15TH STREET SUITE 1025
Medicare 1: PLANO, TX 750757253
Medicare 2:
Phone (972) 673-0404 Fax (469) 626-9670
Type: Parent Agency Administrator MARCO HERNANDEZ

Owner Information
FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/09/2023

County **COLLIN** Region 03 Date Licensed 11/01/2016
License # 017833 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 1255 W 15TH STREET SUITE 1025
Medicare 1: PLANO, TX 750757253
Medicare 2:
Phone (972) 673-0404 Fax (469) 626-9670
Type: Parent Agency Administrator MARCO HERNANDEZ

Owner Information
FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/09/2023

County **COLLIN** Region 03 Date Licensed 04/26/2018
License # 018734 TOUCHING HEARTS AT HOME
Lic Expire 04/30/2022 5900 LAKE FOREST DR STE 300
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone (469) 342-8750 Fax (469) 342-8751
Type: Parent Agency Administrator TERRI VAN STAVERN

Owner Information
BANT HOLDINGS, LLC
2804 MEADOWSIDE DR.
MCKINNEY, TX 75071
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/04/2014
License # 016747 TRADITIONS HOME HEALTHCARE
Lic Expire 11/30/2020 5045 LORIMAR DR SUITE 230
Medicare 1: 747337 HHA-18 PLANO, TX 75093
Medicare 2:
Phone (972) 378-7902 Fax (972) 378-7909
Type: Parent Agency Administrator BLESSY Z. SIMON

Owner Information
TRADITIONS CARE TEAM INC
5045 LORIMAR DR., SUITE 230
PLANO, TEXAS 75093
PHONE: (972) 378-7902 FAX: (972) 378-7909
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 04 Date Licensed
License # 019280 TRADITIONS HOSPICE
Lic Expire 333 EAST BETHANY DRIVE, SUITE K120
Medicare 1: ALLEN, TEXAS 75002
Medicare 2:
Phone (903) 787-5897 Fax (903) 787-5912
Type: Alternate Delivery Site Administrator TOMMIE FULLER

Owner Information
TRADITIONS HOSPICE OF TYLER, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **COLLIN** Region 03 Date Licensed 01/28/2021
License # 020495 TRAN HOMECARE LLC
Lic Expire 01/28/2023 3426 MEADOWSIDE DR
Medicare 1: SACHSE, TEXAS 75048
Medicare 2:
Phone (714) 878-1813 Fax
Type: Parent Agency Administrator SYNDY NGUYEN

Owner Information
TRAN HOMECARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 04/28/2020
License # 019900 TRICORD IN-HOME CARE LLC
Lic Expire 04/28/2022 101 E. PARK BLVD, SUITE 600
Medicare 1: PLANO, TX 75074
Medicare 2:
Phone (214) 727-0300 Fax
Type: Parent Agency Administrator GLORIA OGBONNA

Owner Information
TRICORD IN-HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/18/2019
License # 019706 TRUE HARMONY HOME HEALTH LLC
Lic Expire 11/18/2021 700 CENTRAL EXPY S., SUITE 400
Medicare 1: ALLEN, TEXAS 75013
Medicare 2:
Phone (972) 372-0400 Fax
Type: Parent Agency Administrator LESLIE JENKINS

Owner Information
TRUE HARMONY HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 06/25/2020
License # 020018 TRULY LOVING HOME CARE
Lic Expire 06/25/2022 832 ROYAL CREST CT
Medicare 1: MCKINNEY, TX 75072
Medicare 2:
Phone 562 965 4220 Fax (972) 767-4220
Type: Parent Agency Administrator SUNIL SHAH

Owner Information
AFFORD HOME PROPERTIES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/29/2020
License # 019797 TX NEWLIFE HOME HEALTH CARE LLC
Lic Expire 01/29/2022 3411 CEDAR LANE
Medicare 1: MELISSA, TX 75454
Medicare 2:
Phone (214) 989-5762 Fax (972) 369-7949
Type: Parent Agency Administrator SANDRA MADUBUIKE

Owner Information
TX NEWLIFE HOME HEALTH CARE LLC
3411 CEDAR LANE
MELISSA, TX 75454
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 06/15/2020
License # 019999 UNCONDITIONAL LOVE HOME CARE
Lic Expire 06/15/2022 1302 CEDAR BRANCH DR.
Medicare 1: WYLIE, TX 75098
Medicare 2:
Phone (601) 810-4101 Fax
Type: Parent Agency Administrator TYDESHEAIA POOL

Owner Information
BIG HEART COMPANION LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/12/2021
License # 020449 UNIQUE HOSPICE CARE INC
Lic Expire 01/12/2023 1012 HIDDEN CREEK DR
Medicare 1: ALLEN, TEXAS 75002
Medicare 2:
Phone (630) 862-9057 Fax (469) 421-8626
Type: Parent Agency Administrator FUHRER NDOKOH

Owner Information
UNIQUE HOSPICE CARE INC
1012 HIDDEN CREEK DR
ALLEN, TEXAS 75002
PHONE: (630) 862-9057 FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **COLLIN** Region 03 Date Licensed 05/26/2020
License # 019959 VENARKS HOSPICE INC
Lic Expire 815 BLUEWOOD STREET
Medicare 1: PRINCETON, TX 75407
Medicare 2:
Phone (469) 703-5093 Fax
Type: Parent Agency Administrator REGINALD NWORKA

Owner Information
VENARKS HOSPICE INC
1618 BLACKBURN WAY
PRINCETON, TX 75407
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 03/14/2014
License # 016080 VENUS HEALTHCARE INCORPORATED
Lic Expire 03/31/2022 4304 NARBERTH DRIVE
Medicare 1: PLANO, TEXAS 75024
Medicare 2:
Phone (469) 353-8070 Fax (817) 466-7273
Type: Parent Agency Administrator INNOCENT MORGAN

Owner Information
VENUS HEALTHCARE INCORPORATED
5409 S COLLINS ST STE 101
ARLINGTON, TX 76002
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 06/08/2005
License # 009798 VERITAS HOME HEALTH
Lic Expire 06/30/2021 2825 REGAL ROAD SUITE 105
Medicare 1: 677811 HHA-18 PLANO, TX 75075
Medicare 2:
Phone (972) 519-0308 Fax (972) 519-8331
Type: Parent Agency Administrator OLGA LEVIT

Owner Information
VERITAS HOME HEALTH LLC
2825 REGAL ROAD SUITE 105
PLANO, TX 75075
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 04/11/2012
License # 014915 VISITING ANGELS
Lic Expire 04/30/2022 1400 PRESTON ROAD SUITE 400
Medicare 1: PLANO, TX 75093
Medicare 2:
Phone (972) 665-9946 Fax (469) 948-4851
Type: Parent Agency Administrator BRITT HOLLINGSWORTH

Owner Information
BRIGHT GOLD LLC
1400 PRESTON ROAD, SUITE 400
PLANO, TX 75093
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 03/11/2009
License # 012500 VISITING ANGELS
Lic Expire 03/31/2021 4500 W. ELDORADO PKWY., SUITE 1500
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone (214) 491-1999 Fax (469) 617-7863
Type: Parent Agency Administrator THERESA KOLP

Owner Information
EXRAD LLC
804 DONELSON DR
MCKINNEY, TX 75071
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 10/02/2009
License # 012887 VITA HOME HEALTH CARE LLC
Lic Expire 10/31/2021 3302 ELKHART DRIVE
Medicare 1: SACHSE, TX 75048
Medicare 2:
Phone (469) 298-2327 Fax (469) 298-2328
Type: Parent Agency Administrator IFEANYI UZOWULU

Owner Information
VITA HOME HEALTH CARE LLC
PO BOX 831922
RICHARDSON, TX 75083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 11/13/2020
License # 020317 VITALITY PEDIATRIC HEALTHCARE , LLC
Lic Expire 11/13/2022 3822 BASTROP STREET
Medicare 1: MELISSA, TEXAS 75454
Medicare 2:
Phone (469) 346-0097 Fax
Type: Parent Agency Administrator GEORGE EYAKOH

Owner Information
VITALITY PEDIATRIC HEALTHCARE,LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 01/17/1995
License # 003625 VNA
Lic Expire 01/31/2021 7290 VIRGINIA PARKWAY, SUITE 2300
Medicare 1: MCKINNEY, TEXAS 75071
Medicare 2:
Phone (972) 562-0140 Fax (972) 562-6539
Type: Branch Agency Administrator KATHERINE KRAUSE

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** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 09/30/2021 7290 VIRGINIA PARKWAY SUITE 2300
Medicare 1: MCKINNEY, TX 75071
Medicare 2:
Phone (972) 562-0140 Fax (972) 562-6539
Type: Alternate Delivery Site Administrator KATHERINE KRAUSE

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** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 09/30/2021 7290 VIRGINIA PARKWAY SUITE 2300
Medicare 1: MCKINNEY, TX 75071
Medicare 2:
Phone (972) 562-0140 Fax (972) 562-6539
Type: Alternate Delivery Site Administrator KATHERINE KRAUSE

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** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 09/30/2021 7290 VIRGINIA PARKWAY SUITE 2300
Medicare 1: MCKINNEY, TX 75071
Medicare 2:
Phone (972) 562-0140 Fax (972) 562-6539
Type: Alternate Delivery Site Administrator KATHERINE KRAUSE

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** Region 03 Date Licensed 05/11/2009
License # 012592 WE CARE 4 YOU HOME HEALTH CARE SERVICES INC
Lic Expire 05/31/2021 3908 SENNEN COURT
Medicare 1: PLANO, TX 75025
Medicare 2:
Phone (214) 923-1201 Fax (972) 618-0260
Type: Parent Agency Administrator BOLANLE ABE

Owner Information
WE CARE 4 YOU HOME HEALTH CARE SERVICES INC
3908 SENNEN COURT
PLANO, TX 75025
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 11/12/2018
License # 019085 WELLNESS PROXY RESOURCES LLC
Lic Expire 11/12/2022 1833 W HUNT ST., BLDG. B, STE. 203-9
Medicare 1: 971569 (HOSPICE) MCKINNEY, TX 75069
Medicare 2:
Phone (469) 907-1099 Fax (469) 907-1055
Type: Parent Agency Administrator MICHELLO BROWN

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
Accreditation: ACH - Deemed, Expires: 05/11/2023

County **COLLIN** Region 03 Date Licensed 05/28/2020
License # 019964 WILLOW HOSPICE LLC
Lic Expire 05/28/2022 202 FISHERMAN TRAIL
Medicare 1: MELISSA, TEXAS 75454
Medicare 2:
Phone (469) 667-4787 Fax
Type: Parent Agency Administrator SHERRY MARTIN

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

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

County **COLLIN** Region 03 Date Licensed 09/11/2020
License # 020168 YONA HOME CARE LLC
Lic Expire 09/11/2022 2403 MASTON DRIVE
Medicare 1: ANNA, TEXAS 75409
Medicare 2:
Phone (214) 303-7914 Fax
Type: Parent Agency Administrator JACOB TOFA

Owner Information
YONA HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 02/19/2008
License # 011890 ZIONROCK HEALTHCARE SERVICES
Lic Expire 02/28/2021 2000 N CENTRAL EXPY SUITE 113
Medicare 1: 747151 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (469) 661-8170 Fax (469) 661-8641
Type: Parent Agency Administrator ABIGAIL DEZOLLER

Owner Information
ZION ROCK SERVICES LLC
1107 SAVAGE DRIVE
DENTON, TX 76207-8147
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **COLLIN** Region 03 Date Licensed 02/13/2018
License # 018614 ZUVA HEALTHCARE SERVICES LLC
Lic Expire 02/28/2022 5225 PINEWOOD DR
Medicare 1: MCKINNEY, TX 75071
Medicare 2:
Phone (469) 662-7759 Fax
Type: Parent Agency Administrator JOHANNES MHEMBERE

Owner Information
ZUVA HEALTHCARE SERVICES LLC
5225 PINEWOOD DR
MCKINNEY, TX 75071
PHONE: FAX:
Services: Personal Assistance Services

County **COLLINGSWORTH** Region 01 Date Licensed 07/19/2010
License # 013610 BLUEBONNET HOME HEALTH & HOSPICE COMPANY
Lic Expire 07/31/2022 1613 AMARILLO STREET
Medicare 1: 457550 HHA-18;74 WELLINGTON, TX 79095
Medicare 2:
Phone (806) 447-2541 Fax (806) 447-1264
Type: Parent Agency Administrator PENNY PHILLIPS

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

County **COLORADO** Region 06 Date Licensed 10/25/2015
License # 017190 1ST TEXAS HOME HEALTH
Lic Expire 10/31/2021 121 EAST MAIN
Medicare 1: WEIMAR, TX 78962
Medicare 2:
Phone (979) 725-6647 Fax (979) 725-6977
Type: Branch Agency Administrator SUZANNE BOZEMAN

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

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County **COLORADO** Region 06 Date Licensed 02/12/2021
License # 020537 HELPING HANDS HOME CARE AGENCY LLC
Lic Expire 02/12/2023 1722 FANNIN STREET
Medicare 1: COLUMBUS, TEXAS 78934
Medicare 2:
Phone (979) 234-0896 Fax
Type: Parent Agency Administrator STACY CARTER

Owner Information
HELPING HANDS HOME CARE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COMAL** Region 07 Date Licensed 12/30/2015
License # 017321 AA CARE SERVICES
Lic Expire 12/31/2021 1106 NORTH WALNUT
Medicare 1: NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 609-9128 Fax (830) 609-9138
Type: Parent Agency Administrator HELEN TROWSDALE

Owner Information
AA SENIOR CARE SERVICES LLC
8546 BROADWAY SUITE#109
SAN ANTONIO, TX 78217
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COMAL** Region 07 Date Licensed 11/06/2017
License # 018542 ADVANCED HH LLC
Lic Expire 11/30/2021 215 COURTYARD
Medicare 1: 67Q7247004 NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 625-4144 Fax (830) 625-9250
Type: Branch Agency Administrator KRISTEN SCHIEVELBEIN

Owner Information
ADVANCED HH, LLC
1212 CORPORATE DRIVE
IRVING, TX 78155
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COMAL** Region 07 Date Licensed 11/04/2016
License # 017723 ALAMO HOSPICE
Lic Expire 11/30/2022 1423 N. WALNUT AVENUE SUITE 101
Medicare 1: 741665 HOSPICE NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 387-2209 Fax (830) 500-3595
Type: Parent Agency Administrator GEORGETTE ROBBINS

Owner Information
ALAMO AREA HOME HOSPICE, LP
3021 LORNA RD., SUITE 200
BIRMINGHAM, AL 35216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 05/31/2023

County **COMAL** Region 07 Date Licensed 11/06/2018
License # 019062 CANYON LAKE SENIOR HOME CARE
Lic Expire 11/06/2020 1215 HIGHLAND TERRACE DR
Medicare 1: CANYON LAKE, TX 78133
Medicare 2:
Phone (830) 743-5388 Fax
Type: Parent Agency Administrator THOMAS ANDERSON

Owner Information
CANYON LAKE SENIOR HOME CARE INC
PHONE: FAX:
Services: Personal Assistance Services

County **COMAL** Region 07 Date Licensed 04/18/2005
License # 009707 CARING SENIOR SERVICE NEW BRAUNFELS PLUS
Lic Expire 04/30/2022 779 LOOP 337
Medicare 1: NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 629-0509 Fax (830) 629-0832
Type: Parent Agency Administrator CATHERINE TRLICA

Owner Information
TLC SENIOR CARE INC
779 LOOP 337
NEW BRAUNFELS, TX 78130
PHONE: FAX:
Services: Personal Assistance Services

County **COMAL** Region 07 Date Licensed 06/03/2017
License # 018346 CARTER HEALTHCARE
Lic Expire 06/30/2021 2163 STEPHENS PLACE SUITE 100
Medicare 1: 747685 HHA-18 NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (281) 379-7052 Fax (281) 376-4357
Type: Parent Agency Administrator JAMES CARTER

Owner Information
EMOSS HEALTHCARE INC
3105 S MERIDIAN AVE
OKLAHOMA CITY, OK 73119
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: JCAHO - Deemed, Expires: 05/19/2021

County **COMAL** Region 07 Date Licensed 09/01/2017
License # 018423 CHRISTUS HOMECARE
Lic Expire 08/31/2021 750 LANDA STREET SUITE #B
Medicare 1: 677544 HHA-18 NEW BRAUNFELS, TX 78130
Medicare 2:
Phone 830 6297568 Fax 830 6290615
Type: Parent Agency Administrator

Owner Information
LHCG CXV LLC
PO BOX 51266
LAFAYETTE, LA 70505-1266
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COMAL** Region 07 Date Licensed 11/10/2009
License # 012989 CIMA HOSPICE A PART OF THE ELARA CARING NETWORK
Lic Expire 11/30/2021 300 LANDA
Medicare 1: 671650 HOSPICE NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 643-1971 Fax (830) 643-1964
Type: Parent Agency Administrator SARAH HOPPER

Owner Information
CIMA HOSPICE OF CENTRAL TEXAS, LP
14295 MIDWAY ROAD STE#400
DALLAS, TX 75001
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **COMAL** Region 07 Date Licensed 03/23/2016
License # 017323 COMFORCARE HOME CARE - NEW BRAUNFELS
Lic Expire 03/31/2022 1281 COMMON STREET
Medicare 1: NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 632-5887 Fax (830) 631-8048
Type: Parent Agency Administrator MATTHEW BLANTON

Owner Information
FINARI CORPORATION
425 LOCH LOMOND DRIVE
CIBOLO, TX 78108
PHONE: FAX:
Services: Personal Assistance Services

County **COMAL** Region 07 Date Licensed 07/01/2020
License # 020030 EDENCARE PERSONAL ASSISTANCE SERVICES
Lic Expire 07/01/2022 631 LAKEVIEW BLVD.
Medicare 1: NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 302-4888 Fax (830) 625-1328
Type: Parent Agency Administrator TERESA LOPEZ

Owner Information
EDENCARE PERSONAL ASSISTANCE SERVICES
PHONE: FAX:
Services: Personal Assistance Services

County **COMAL** Region 07 Date Licensed 04/26/2017
License # 018189 ELARA CARING
Lic Expire 04/30/2023 300 LANDA STREET SUITE B
Medicare 1: 677681 HHA-18 NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 627-7111 Fax (830) 627-7118
Type: Parent Agency Administrator ROBERT CONTRERAS

Owner Information
COMPASSION CARE, INC.
1619 E. COMMON ST SUITE 702
NEW BRAUNFELS, TX 78130
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COMAL** Region 07 Date Licensed 01/02/2015
License # 016590 EQUALITY HOMECARE INC
Lic Expire 01/31/2021 297 W. SAN ANTONIO ST.
Medicare 1: NEW BRAUNFELS, TEXAS 78130
Medicare 2:
Phone (830) 500-2384 Fax (888) 879-9559
Type: Parent Agency Administrator TERESA LOPEZ

Owner Information
EQUALITY HOMECARE INC.
SAME
NEW BRAUNFELS, TX 78130
PHONE: FAX:
Services: Personal Assistance Services

County **COMAL** Region 07 Date Licensed 02/26/2018
License # 018637 HEART OF TEXAS HOSPICE
Lic Expire 06/15/2023 18568 FORTY SIX PKWY, SUITE 3001
Medicare 1: 97-1519 (HOSPICE SPRING BRANCH, TEXAS 78070
Medicare 2:
Phone (830) 730-7711 Fax (210) 568-6524
Type: Parent Agency Administrator DARRAN DOLLARHIDE

Owner Information
MMCARE - HOSPICE, LLC
18568 FORTY SIX PARKWAY STE 3001B
SPRING BRANCH, TX 78070
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/15/2022

County **COMAL** Region 07 Date Licensed 01/29/2016
License # 017462 HEART OF TEXAS HOSPICE
Lic Expire 01/31/2022 18568 FORTY SIX PARKWAY, SUITE 3001A
Medicare 1: 451712 HOSPICE SPRING BRANCH, TX 78070
Medicare 2:
Phone (830) 730-7711 Fax (210) 568-6524
Type: Parent Agency Administrator DARRAN DOLLARHIDE

Owner Information
HEART OF TEXAS HOSPICE LONESTAR LLC
18568 FORTY SIX PARKWAY 3001A
BULVERDE, TX 78070
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **COMAL** Region 07 Date Licensed 06/15/2007
License # 011399 HIMMEL HOME HEALTH LLC
Lic Expire 06/30/2022 1004 MISSION DR
Medicare 1: NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 625-8338 Fax (830) 214-1842
Type: Parent Agency Administrator MARY KATHERINE ARELLANO

Owner Information
HIMMEL HOME HEALTH LLC
PO BOX 310030
NEW BRAUNFELS, TX 78131
PHONE: FAX:
Services: Licensed Home Health Services

County **COMAL** Region 07 Date Licensed 03/15/2013
License # 015430 HOME INSTEAD SENIOR CARE
Lic Expire 03/31/2023 910 GRUENE RD BLDG#5A
Medicare 1: NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 624-8380 Fax (830) 620-5381
Type: Parent Agency Administrator JEAN-MARC MIRA

Owner Information
HILL COUNTRY SENIOR SERVICES LLC
910 GRUENE RD BLDG#5A
NEW BRAUNFELS, TX 78130
PHONE: FAX:
Services: Personal Assistance Services

County **COMAL** Region 05 Date Licensed 03/08/2021
License # 020577 HOMESTEAD FAMILY HEALTH LLC
Lic Expire 03/08/2024 1619 E COMMON ST SUITE 701
Medicare 1: NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 217-6711 Fax
Type: Parent Agency Administrator DECONTE COOPER

Owner Information
HOMESTEAD FAMILY HEALTH LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COMAL** Region 07 Date Licensed 11/13/2017
License # 001917 HOPE HOSPICE
Lic Expire 03/31/2022 29710 US 281 NORTH SUITE 200
Medicare 1: BULVERDE, TX 78163
Medicare 2:
Phone (210) 686-3131 Fax (830) 438-0271
Type: Alternate Delivery Site 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** Region 07 Date Licensed 04/01/1988
License # 001917 HOPE HOSPICE
Lic Expire 03/31/2022 611 NORTH WALNUT
Medicare 1: 451522 HOSPICE NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 625-7500 Fax (830) 606-1388
Type: Parent Agency Administrator AUDRIE (NICKIE) DRUMMOND

Owner Information
HOPE HOSPICE
611 NORTH WALNUT
NEW BRAUNFELS, TX 78130
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/13/2021

County **COMAL** Region 07 Date Licensed 06/15/2007
License # 011575 INTERIM HEALTHCARE
Lic Expire 06/30/2022 164 SOUTH UNION AVENUE, STE 101
Medicare 1: 677504 HHA-18 NEW BRAUNFELS, TEXAS 78130
Medicare 2:
Phone (830) 214-0039 Fax (830) 214-0318
Type: Parent Agency 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

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County **COMAL** Region 07 Date Licensed 02/06/2007
License # 011059 LITTLE ENGINE HOMECARE INC
Lic Expire 02/28/2022 3201 CHERRY RIDGE DR. STE D-400
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 692-0222 Fax (210) 692-0223
Type: Parent Agency Administrator BELINDA SEGURA

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

County **COMAL** Region 07 Date Licensed 10/02/2000
License # 004137 MED TEAM INC
Lic Expire 719 LANDA STREET SUITE B
Medicare 1: NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 626-3525 Fax (830) 629-2465
Type: Branch Agency Administrator TRACIE CLEMONS

Owner Information
THE HOME CARE TEAM, INC.
45 N.E. LOOP 410 SUITE 800
SAN ANTONIO, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **COMAL** Region 07 Date Licensed 05/04/2018
License # 019436 MISSION HOMECARE
Lic Expire 06/24/2021 18568 FORTY SIX PKWY, SUITE 2001
Medicare 1: SPRING BRANCH, TEXAS 78070
Medicare 2:
Phone (830) 730-7711 Fax (210) 568-6524
Type: Parent Agency Administrator JASON BOOTZ

Owner Information
MISSION HOMECARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COMAL** Region 07 Date Licensed 04/01/2011
License # 013997 MKARE MANAGEMENT INC
Lic Expire 03/31/2023 147 AUBURN RIDGE
Medicare 1: SPRING BRANCH, TX 78070
Medicare 2:
Phone (210) 663-0169 Fax (210) 579-7277
Type: Parent Agency Administrator LAURIE MAYHUGH

Owner Information
MKARE MANAGEMENT, INC
20540 HWY 46 W. STE. 115 PMB 409
SPRING BRANCH, TX 78070
PHONE: FAX:
Services: Licensed Home Health Services

County **COMAL** Region 07 Date Licensed 07/25/2019
License # 019497 SENIOR HELPERS
Lic Expire 07/25/2021 2075 FM 2673 SUITE E
Medicare 1: CANYON LAKE, TEXAS 78133
Medicare 2:
Phone (830) 358-6715 Fax
Type: Parent Agency Administrator BRIAN ARCHER

Owner Information
RIVERSIDE HEALTHCARE PARTNERS INC.
PHONE: FAX:
Services: Personal Assistance Services

County **COMAL** Region 07 Date Licensed 09/23/2020
License # 020195 SOAR HOME CARE LLC
Lic Expire 09/23/2022 285 N CASTELL AVE
Medicare 1: NEW BRAUNFELS, TEXAS 78130
Medicare 2:
Phone (214) 412-4408 Fax
Type: Parent Agency Administrator NICOLE STUART

Owner Information
SOAR HOME CARE LLC
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACH - Deemed, Expires: 04/12/2024

County **COMAL** Region 05 Date Licensed 10/06/2005
License # 009343 TEXAS HOME HEALTH
Lic Expire 10/31/2021 1111 N INTERSTATE 35 #204 NWB
Medicare 1: 45Q7821001 ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 238-6000 Fax (512) 238-9559
Type: Branch Agency Administrator CONNIE MILLER

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
Accreditation: CHAP - Deemed, Expires: 12/31/2023

County **COMAL** Region 07 Date Licensed 10/13/2015
License # 017225 VISITING ANGELS
Lic Expire 10/31/2021 451 S. CASTELL AVE.
Medicare 1: NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 625-5414 Fax (830) 625-5395
Type: Branch Agency Administrator JON MILLER

Owner Information
JMILL ENTERPRISES INC
1491 S. MAIN STREET
BOERNE, TX 78006
PHONE: FAX:
Services: Personal Assistance Services

County **COOKE** Region 03 Date Licensed 03/20/2006
License # 010041 ANGELS CARE HOME HEALTH
Lic Expire 10/31/2021 106 W MAIN STREET
Medicare 1: GAINESVILLE, TX 76240
Medicare 2:
Phone (940) 665-0944 Fax (940) 665-0984
Type: Branch Agency Administrator SHANNON HIEGEL

Owner Information
E MEDICAL GROUP OF NORTH TEXAS INC
106 S WASHBURN STREET
DECATUR, TX 76234
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **COOKE** Region 03 Date Licensed 11/26/2018
License # 019115 HOME HELPERS HOME CARE
Lic Expire 11/26/2020 122 KIOWA DRIVE N
Medicare 1: LAKE KIOWA, TX 76240
Medicare 2:
Phone (940) 736-8904 Fax (940) 665-7123
Type: Parent Agency Administrator GWEN POTZ-NIELSEN

Owner Information
HH4U LLC
122 KIOWA DR N
LAKE KIOWA, TX 76240
PHONE: FAX:
Services: Personal Assistance Services

County **COOKE** Region 03 Date Licensed 08/21/1994
License # 001861 HOME HOSPICE
Lic Expire 08/31/2022 316 S CHESTNUT
Medicare 1: GAINESVILLE, TX 76240
Medicare 2:
Phone 940 6659891 Fax 940 6658607
Type: Alternate Delivery Site 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** Region 03 Date Licensed 08/21/1994
License # 001861 HOME HOSPICE
Lic Expire 08/31/2022 316 S CHESTNUT
Medicare 1: GAINESVILLE, TX 76240
Medicare 2:
Phone 940 6659891 Fax 940 6658607
Type: Alternate Delivery Site 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** Region 03 Date Licensed 03/09/2020
License # 019548 LOCAL HEARTS, LLC
Lic Expire 08/26/2021 117 E MAIN ST STE B
Medicare 1: LINDSAY, TEXAS 76250
Medicare 2:
Phone (940) 736-0496 Fax
Type: Parent Agency Administrator GINA BEZNER

Owner Information
LOCAL HEARTS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COOKE** Region 03 Date Licensed 12/20/2018
License # 019262 NTMC HOME HEALTH
Lic Expire 12/20/2020 1615 HOSPITAL BLVD STE B
Medicare 1: 457497 GAINESVILLE, TX 76240
Medicare 2:
Phone (940) 668-2094 Fax (940) 668-2445
Type: Parent Agency Administrator BARBARA HEEREN-ROHRBOUGH

Owner Information
GAINESVILLE COMMUNITY HOSPITAL INC
7800 DALLAS PARKWAY, STE 200
PLANO, TX 75024
PHONE: (940) 943-6400 FAX:
Services: Licensed and Certified Home Health Services

County **COOKE** Region 03 Date Licensed 01/15/2021
License # 020448 SENIOR CARE OF NORTH TEXAS LLC
Lic Expire 01/15/2023 113 N. COMMERCE STREET, OFFICE B
Medicare 1: GAINESVILLE, TX 76240
Medicare 2:
Phone (940) 665-2999 Fax (940) 665-8228
Type: Parent Agency Administrator CAROL OKUSOLUBO

Owner Information
SENIOR CARE OF NORTH TEXAS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COOKE** Region 03 Date Licensed 12/21/2011
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 101 E CALIFORNIA STREET
Medicare 1: 45-1688 GAINESVILLE, TX 762404001
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **CORYELL** Region 05 Date Licensed 11/12/2019
License # 019694 CHARIS HEALTH AND HOSPICE LLC
Lic Expire 11/12/2021 303 S. MAIN STREET
Medicare 1: COPPERAS COVE, TEXAS 76522
Medicare 2:
Phone (512) 489-4449 Fax (512) 379-7876
Type: Parent Agency Administrator EBELE OKEKE

Owner Information
CHARIS HEALTH AND HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **CORYELL** Region 05 Date Licensed 07/24/1984
License # 001525 CORYELL HOME HEALTH
Lic Expire 07/31/2022 402 EAST MAIN STREET
Medicare 1: 457668 HHA-18 GATESVILLE, TX 76528
Medicare 2:
Phone (254) 865-9233 Fax (254) 865-8605
Type: Parent Agency Administrator REBECCA TERRELL

Owner Information
CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY
1507 W MAIN ST
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

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County **CORYELL** Region 03 Date Licensed
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 606 E LEON STREET
Medicare 1: GATESVILLE, TX 765282070
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-1011
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **CORYELL** Region 05 Date Licensed 09/16/2017
License # 018521 TRINITY HOME HEALTHCARE SERVICES
Lic Expire 09/30/2021 110 SADDLE DRIVE
Medicare 1: 679420 HHA-18 COPPERAS COVE, TEXAS 76522
Medicare 2:
Phone (469) 463-4302 Fax (214) 242-2233
Type: Parent Agency Administrator UCHENNA ONYEKWELU

Owner Information
MEP AND FAMILY HEALTH CARE AGENCY INC
330 SOUTH MAIN STREET
COPPERAS COVE, TX 76522
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **CROCKETT** Region 07 Date Licensed 12/17/2013
License # 016133 CARTER HEALTHCARE
Lic Expire 12/31/2021 1205 AVENUE E
Medicare 1: OZONA, TX 76943
Medicare 2:
Phone (325) 392-8200 Fax (325) 392-8202
Type: Branch Agency Administrator DAVID BERNARD

Owner Information
CARTER HEALTHCARE OF DEL RIO, LLC
3105 S MERIDIAN AVE
OKLAHOMA CITY, OK 73119
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **CROSBY** Region 01 Date Licensed 10/04/2008
License # 012273 CALVERT HOME HEALTH CARE
Lic Expire 10/31/2022 131 N GRAIN
Medicare 1: 677078 HHA-18 CROSBYTON, TX 79322
Medicare 2:
Phone (806) 894-2375 Fax (806) 894-4743
Type: Parent Agency Administrator JULIE STACY

Owner Information
CORDOVA BAY LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 09/22/2015
License # 017043 1 GUARDIAN ANGELS SERVICES
Lic Expire 12/30/2021 426 BIRCH LANE
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (469) 401-7301 Fax (972) 234-4041
Type: Parent Agency Administrator JOSHUA KARIUKI

Owner Information
GUARDIAN ANGELS GROUP HOME LLC
426 BIRCH LANE
RICHARDSON, TX 75081
PHONE: (972) 234-4041 FAX: (972) 234-4041
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 10/09/2020
License # 020222 1 PERSONAL ASSISTANCE SERVICES
Lic Expire 10/09/2022 9550 SKILLMAN STREET #340
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (214) 597-1035 Fax (972) 546-2767
Type: Parent Agency Administrator JOYCE BRANCH

Owner Information
1 PERSONAL ASSISTANCE SERVICES
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/15/2018
License # 019102 123 HOME CARE
Lic Expire 07/31/2021 1111 W. MOCKINGBIRD LN SUITE 690
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone 214 8882281 Fax 310 3888745
Type: Parent Agency Administrator KURT DAVIS

Owner Information
DUCIMUS, LLC
1111 W. MOCKINGBIRD LN SUITE 690
DALLAS, TEXAS 75247
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/21/2014
License # 015989 1ADVOCATE HOME HEALTH
Lic Expire 01/31/2022 1138 HOLLAND DR
Medicare 1: GARLAND, TX 75040
Medicare 2:
Phone (214) 235-1986 Fax (214) 594-8302
Type: Parent Agency Administrator DOMINIQUE BECK

Owner Information
DOMINQUE BECK
1138 HOLLAND DR
GARLAND, TX 75040
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed
License # 020724 1ST AIDE HEALTHCARE, CORP
Lic Expire 11/01/2022 2011 N COLLINS BLVD SUITE 607
Medicare 1: RICHARDSON, TEXAS 75080
Medicare 2:
Phone (972) 618-8001 Fax (972) 692-8080
Type: Parent Agency Administrator BRIAN HAMMOND

Owner Information
HAMMOND HOME HEALTH CARE, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/15/2021
License # 020603 1ST NOVA HEALTHCARE INC
Lic Expire 03/15/2024 1404 W. WALNUT HILL LN #118
Medicare 1: IRVING, TEXAS 75038
Medicare 2:
Phone (312) 478-5661 Fax
Type: Parent Agency 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** Region 03 Date Licensed 10/17/2006
License # 010811 1ST PRECIOUS HOME HEALTHCARE AGENCY
Lic Expire 10/31/2021 5928 SUMMERWOOD DR
Medicare 1: 679770 HHA-18 GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (972) 464-7036 Fax (972) 475-4269
Type: Parent Agency Administrator VICTORINE TEBONG

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

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County **DALLAS** Region 03 Date Licensed 04/22/2019
License # 019335 5 STAR HOME HEALTH CARE LLC
Lic Expire 04/22/2021 501 PHEASANT LANE
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (903) 424-5879 Fax
Type: Parent Agency Administrator JULIA WHEAT

Owner Information
5 STAR HOME HEALTH CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 07/09/2018
License # 018822 7 DAWN CLIENT CARE SERVICES
Lic Expire 07/31/2022 550 NORTH MAIN ST SUITE 207C
Medicare 1: DUNCANVILLE, TX 75116
Medicare 2:
Phone (469) 868-6017 Fax (469) 868-6051
Type: Parent Agency Administrator TAKIIA WILSON

Owner Information
7DAWN ENTERPRISE LLC
3131 MCKINNEY AVE STE 600
DALLAS, TX 75204
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/30/2015
License # 017231 A - FRIENDLY HOME HEALTH CARE LLC
Lic Expire 04/30/2021 100 N CENTRAL EXPY STE 190 ROOM 112
Medicare 1: 677875 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 248-8282 Fax (972) 248-9077
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 10/15/2020
License # 020238 A & D HOME HEALTH CARE LLC
Lic Expire 10/15/2022 1718 HOLLOW CREEK COURT
Medicare 1: GARLAND, TX 75040
Medicare 2:
Phone (469) 863-1004 Fax (469) 466-6785
Type: Parent Agency 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** Region 03 Date Licensed 01/31/2007
License # 011047 A & D HOME HEALTH SERVICES INC
Lic Expire 01/31/2022 750 COLONEL DRIVE SUITE #2A
Medicare 1: 743122 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 703-9665 Fax (214) 703-6663
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 04/07/2015
License # 016816 A 1 HOME CARE
Lic Expire 04/30/2021 1910 PACIFIC AVE, SUITE 11800
Medicare 1: 679326 HHA-18 DALLAS, TX 75201
Medicare 2:
Phone (972) 221-2273 Fax (972) 221-2201
Type: Parent Agency Administrator SONDRA SKELLY, RN

Owner Information
A 1 CARE CORPORATION
751 HEBRON PARKWAY SUITE 140
LEWISVILLE, TX 75057
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 04/11/2014
License # 016279 A 1 HOME HEALTH SERVICES LLC
Lic Expire 04/30/2022 1304 W WALNUT HILL LANE SUITE 380
Medicare 1: 747572 HHA-18 IRVING, TX 75038
Medicare 2:
Phone (214) 591-0110 Fax (214) 591-0106
Type: Parent Agency Administrator MARIE DAISY LOU ONG

Owner Information
A-1 HOME HEALTH SERVICES LLC
17822 DAVENPORT STE #B
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/13/2020
License # 019933 A BRIGHTER DAY HEALTHCARE SERVICES
Lic Expire 05/13/2022 3960 BROADWAY BLVD SUITE 120
Medicare 1: GARLAND, TEXAS 75043
Medicare 2:
Phone (678) 674-9996 Fax (214) 723-7016
Type: Parent Agency Administrator CYNTHIA SMITH

Owner Information
A FAMILY CHOICE CDS LLC
7104 MIDDLEBURG DR
PLANO, TX 75074
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/23/2020
License # 020070 A GRADE HOME HEALTH
Lic Expire 07/23/2022 5601 NAAMAN FOREST BLVD #1736
Medicare 1: GARLAND, TEXAS 75044
Medicare 2:
Phone 214 6242931 Fax
Type: Parent Agency Administrator CHARLES JOMO

Owner Information
A GRADE HOME HEALTH, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/09/2019
License # 019149 A MARVELOUS HOME COMMUNITY SUPPORT SERVICES
Lic Expire 12/13/2022 8500 N. STEMMONS FRWY # 5011
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone (972) 685-0644 Fax (214) 677-6954
Type: Parent Agency Administrator MARVA JAY

Owner Information
MARVA JAY
119 PHEASANT LN
SEAGOVILLE, TX 75159
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/01/1998
License # 006886 A ONE PLUS HOME HEALTH CARE AGENCY LLC
Lic Expire 06/30/2021 107 NORTH CEDAR RIDGE DRIVE SUITE 112
Medicare 1: 459323 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 283-9499 Fax (972) 283-3310
Type: Parent Agency Administrator SHIRLEY LINDSEY

Owner Information
A ONE PLUS HOME HEALTH CARE AGENCY LLC
412 MAPLE GROVE DR
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/13/2013
License # 016045 A SENSITIVE TOUCH HOME HEALTHCARE LLC
Lic Expire 12/31/2021 331 MELROSE DR, SUITE 150
Medicare 1: 747111 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (817) 868-7100 Fax (817) 284-2431
Type: Parent Agency Administrator BEENA KURUP

Owner Information
A SENSITIVE TOUCH HOME HEALTHCARE LLC
17826 DAVENPORT RD STE A
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 06/22/2021

County **DALLAS** Region 03 Date Licensed 05/01/2002
License # 008010 A UNIFIED HOME HEALTH AGENCY INC
Lic Expire 07/30/2021 2033 MILITARY PARKWAY STE 400 D
Medicare 1: 679110 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone (972) 216-7311 Fax (972) 290-4722
Type: Parent Agency Administrator AUGUSTINE UKE

Owner Information
A UNIFIED HOME HEALTH AGENCY INC
2033 MILITARY PARKWAY SUITE 400D
MESQUITE, TX 75149
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/29/2020
License # 020420 AADL HEALTHCARE SERVICES, LLC
Lic Expire 12/29/2022 3801 VITRUVIAN WAY, STE 362
Medicare 1: ADDISON, TX 75001
Medicare 2:
Phone (214) 470-0470 Fax (469) 574-7964
Type: Parent Agency Administrator AKINYEMI LADITI

Owner Information
AADL HEALTHCARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/14/2005
License # 009587 AARON HOME HEALTH CARE SERVICES INC
Lic Expire 11/30/2020 4575 S WESTMORELAND ROAD
Medicare 1: 673168 HHA-18 DALLAS, TX 75237
Medicare 2:
Phone (214) 467-3880 Fax (214) 467-3886
Type: Parent Agency Administrator PENINNAH IHEMELU

Owner Information
AARON HOME HEALTH CARE SERVICES INC
4575 SOUTH WESTMORELAND RD
DALLAS, TX 75237
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **DALLAS** Region 03 Date Licensed 10/01/2020
License # 020211 ABASAP HOME HEALTH CARE LLC
Lic Expire 10/01/2022 2000 E ARAPAHO RD APT 22207
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (972) 670-6238 Fax (469) 519-0858
Type: Parent Agency Administrator MIRIAN KIMA

Owner Information
ABASAP HOME HEALTH CARE LLC
2000 E ARAPAHO RD APT 22207
RICHARDSON, TX 75081
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/15/2013
License # 015943 ABASI HOME HEALTHCARE INC
Lic Expire 07/31/2021 11110 PETAL STREET SUITE 500
Medicare 1: 747472 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (214) 553-5587 Fax (214) 553-1679
Type: Parent Agency Administrator CHRISTIE ECHIKWA

Owner Information
ABASI HOME HEALTHCARE INC
11110 PETAL ST SUITE 500
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 07/15/2022

County **DALLAS** Region 03 Date Licensed 05/12/2010
License # 013310 ABB HEALTHCARE SERVICES LLC
Lic Expire 05/31/2022 6102 SKILLMAN STREET SUITE 110
Medicare 1: 747524 HHA-18 DALLAS, TX 75231
Medicare 2:
Phone (214) 340-4444 Fax (866) 904-2927
Type: Parent Agency Administrator WILLIAM AIYEOJENKU

Owner Information
ABB HEALTHCARE SERVICES LLC
6102 SLILLMAN STREET SUITE 110
DALLAS, TX 75231
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/22/2019
License # 019487 ABBA HOME HEALTH AGENCY GP
Lic Expire 07/22/2021 12516 AUDELIA ROAD, APT 1703
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (469) 685-5756 Fax
Type: Parent Agency Administrator JOHN KOOMSON

Owner Information
ABBA HOME HEALTH AGENCY
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/19/2009
License # 012455 ABBACARE HOME HEALTH INCORPORATED
Lic Expire 02/28/2021 610 UPTOWN BLVD STE 2000
Medicare 1: 747432 HHA-18 CEDAR HILL, TX 75104
Medicare 2:
Phone (469) 523-1373 Fax (469) 523-1374
Type: Parent Agency Administrator ROFINA ANOSIKE

Owner Information
ABBACARE HOME HEALTH INCORPORATED
610 UPTOWN BLVD STE 2000
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/07/2008
License # 011865 ABIDING CARE SERVICES INC
Lic Expire 02/28/2022 3019 RUBY DR
Medicare 1: 747317 HHA-18 WYLIE, TEXAS 750988925
Medicare 2:
Phone (469) 814-0426 Fax (469) 519-0249
Type: Parent Agency Administrator JOSEPH UKUKU

Owner Information
ABIDING CARE SERVICES, INC.
2121 W SPRING CREEK PARKWAY SUITE 205
PLANO, TX 75023
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/12/2010
License # 013104 ABOUNDING HOME HEALTH CARE INC
Lic Expire 02/28/2022 310 EAST I 30 SUITE B108
Medicare 1: 747474 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 327-3783 Fax (888) 567-4172
Type: Parent Agency Administrator SHAWN CHACKO

Owner Information
ABOUNDING HOME HEALTH CARE INC
4569 DONEGAL DRIVE
FRISCO, TX 75034
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 11/26/2022

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

County **DALLAS** Region 03 Date Licensed 06/23/2017
License # 018130 ABOUNDING HOSPICE CARE INC
Lic Expire 06/30/2021 310 EAST I-30 # B 108
Medicare 1: 74-1731 GARLAND, TX 75043
Medicare 2:
Phone (972) 746-8428 Fax (888) 567-4172
Type: Parent Agency Administrator SHAWN CHACKO

Owner Information
ABOUNDING HOSPICE CARE, INC.
310 EAST I-30 #B 108
GARLAND, TX 75043
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/18/2021

County **DALLAS** Region 03 Date Licensed 07/12/2019
License # 019290 ABRAMS HEALTHCARE SERVICES LLC
Lic Expire 07/31/2021 9696 SKILLMAN STREET STE 150
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (972) 310-6070 Fax (972) 982-2519
Type: Parent Agency Administrator CHRISTIAN EWELIKE

Owner Information
ABRAMS HEALTHCARE SERVICES LLC
10925 ESTATE LANE STE 240
DALLAS, TX 75238
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/22/2016
License # 017475 ABSOLUTE HEALTHCARE
Lic Expire 06/30/2020 1721 TENDERFOOT LANE
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (469) 879-4046 Fax (469) 297-4334
Type: Parent Agency Administrator LAVONDA DAVISON

Owner Information
LEJ ENTERPRISES INC
1721 TENDERFOOT LANE
DESOTO, TX 75115
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/22/2020
License # 019890 ACACIA COMMUNITY ASSISTANCE SERVICES, LLC
Lic Expire 04/22/2022 2325 BONNYWOOD DR
Medicare 1: LANCASTER, TEXAS 75134
Medicare 2:
Phone (214) 395-4140 Fax
Type: Parent Agency Administrator AUBRANEE ROBISON

Owner Information
ACACIA COMMUNITY ASSISTANCE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/13/2020
License # 019905 ACAPPELLA IN HOME CARE
Lic Expire 03/13/2022 7920 BELT LINE RD, STE 380
Medicare 1: DALLAS, TX 75254
Medicare 2:
Phone 214 8660085 Fax
Type: Parent Agency Administrator THOMAS IVES

Owner Information
CARING PEOPLE TX OPERATING, LLC
4450 S TIFFANY DR S
WEST PALM, FL 33407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/06/2019
License # 019512 ACCEPTANCE HOME HEALTH, LLC
Lic Expire 08/06/2021 11060 A WALLBROOK DRIVE
Medicare 1: 747995 HHA DALLAS, TX 75238
Medicare 2:
Phone 214 2578585 Fax 214 3039986
Type: Parent Agency 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; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 01/13/2024

County **DALLAS** Region 03 Date Licensed 06/21/2016
License # 017470 ACCESS HOME HEALTH CARE INC
Lic Expire 06/30/2022 3637 US HWY 80E
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (972) 289-1000 Fax (972) 289-1002
Type: Parent Agency 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** Region 03 Date Licensed 07/10/2008
License # 012381 ACCESS PRIMARY HOME CARE INC
Lic Expire 07/31/2022 350 OAKS TRAIL SUITE 201
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (972) 203-2300 Fax (972) 203-2303
Type: Parent Agency Administrator DARLENE TITUS

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

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County **DALLAS** Region 03 Date Licensed 06/14/2002
License # 008037 ACCREDO HEALTH GROUP INC
Lic Expire 06/30/2022 4343 WEST ROYAL LANE SUITE #124
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (877) 315-6140 Fax 866 4358451
Type: Parent Agency Administrator GLORIA CARR

Owner Information
ACCREDO HEALTH GROUP INC
ONE EXPRESS WAY
ST LOUIS, MO 63121
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/19/2014
License # 016547 ACCURATECARE HOME HEALTH AGENCY
Lic Expire 08/31/2020 2111 NORTH BELTLINE RD STE 2
Medicare 1: 677816 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (214) 377-9183 Fax (214) 377-7521
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 04/05/2013
License # 015468 ACHIEVE HOME HEALTH CARE SERVICES LLC
Lic Expire 04/30/2021 4516 MILL CREEK ROAD
Medicare 1: DALLAS, TX 75244
Medicare 2:
Phone (214) 444-6820 Fax (972) 591-2147
Type: Parent Agency 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** Region 03 Date Licensed 10/30/2014
License # 016701 ACME HEALTHCARE, INC.
Lic Expire 10/31/2022 350 OAK TRAIL SUITE #202
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (972) 240-4099 Fax (214) 602-3949
Type: Parent Agency Administrator JOHNSON OOMMEN

Owner Information
ACME HEALTHCARE, INC.
350 OAKS TRAIL SUITE 202
GARLAND, TX 75043
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/23/2018
License # 018843 ACROSS HEALTH HOMECARE
Lic Expire 07/31/2022 640 E MAIN STREET
Medicare 1: LANCASTER, TX 75146
Medicare 2:
Phone (972) 544-1112 Fax (972) 474-6902
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 11/06/2019
License # 019683 ACTI-KARE RESPONSIVE IN-HOME CARE
Lic Expire 11/06/2021 11601 AUDELIA ROAD APT 210
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (601) 541-2729 Fax
Type: Parent Agency Administrator JAQUARIOUS WILLIAMS

Owner Information
PARAMOUNT HEALTH GROUP
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/13/2020
License # 020296 ACUTE HOME HEALTH CARE SERVICES
Lic Expire 06/13/2022 1605 NORTH GARLAND AVENUE, STE. A
Medicare 1: 679768 GARLAND, TEXAS 75040
Medicare 2:
Phone (214) 371-8888 Fax (972) 722-8449
Type: Parent Agency Administrator RONALD BARONA

Owner Information
DYNAMIX ADULT DAY CARE SERVICES, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 02/05/1997
License # 005253 ADA LIGHT HOME HEALTH LLC
Lic Expire 06/30/2020 3200 BROADWAY BLVD STE 274
Medicare 1: 459317 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 926-4558 Fax (972) 926-4919
Type: Parent Agency Administrator CHRIS NWANERI

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

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County **DALLAS** Region 03 Date Licensed 05/27/2016
License # 017427 ADELE HEALTH CARE
Lic Expire 05/31/2022 1410 HORTON DRIVE
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (972) 293-8155 Fax (972) 293-8157
Type: Parent Agency Administrator DIAMOND VAUGHN

Owner Information
ESTARR GROUP LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/18/2011
License # 014297 ADF HOMECARE SERVICES LLC
Lic Expire 08/31/2021 1015 E DALLAS STE B
Medicare 1: MANSFIELD, TX 76063
Medicare 2:
Phone (817) 539-9485 Fax (682) 292-9330
Type: Parent Agency Administrator CHIKETA KELLY

Owner Information
ADF HOMECARE SERVICES LLC
2306 OAKLANE SUIT 10
GRAND PRAIRIE, TEXAS 75052
PHONE: (817) 539-9485 FAX: (682) 292-9330
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/26/2008
License # 011942 ADONAI OF LEGACY HOMEHEALTH CARE
Lic Expire 03/31/2023 11615 FOREST CENTRAL, SUITE 203
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (972) 491-2077 Fax (972) 801-2078
Type: Parent Agency Administrator MARIBEL TURNEY

Owner Information
ADONAI MEDHEALTH SERVICES INC
4500 LEGACY DRIVE SUITE #400
DALLAS, TX 75024
PHONE: (972) 491-2077 FAX: (972) 801-2078
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/06/2020
License # 020097 ADONIA PROVIDER HOME CARE LLC
Lic Expire 08/06/2022 11615 FOREST CENTRAL SUITE 203
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (972) 491-2077 Fax (972) 801-2078
Type: Parent Agency 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
License # 015471 ADORATION HOMECARE INC
Lic Expire 04/30/2021 8611 STRATHMORE DRIVE
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (214) 951-5488 Fax (214) 351-5559
Type: Parent Agency Administrator CLIVE ANYANNA

Owner Information
ADORATION HOMECARE, INC
P O BOX 542222
DALLAS, TX 75354
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/01/2014
License # 016052 ADVANCE HEALTH CARE
Lic Expire 12/31/2021 125 W WHEATLAND ROAD
Medicare 1: DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 780-5525 Fax (972) 780-5653
Type: Parent Agency Administrator FELICIA VAUGHN

Owner Information
ADVANCE ALLIANCE INC
125 W WHEATLAND RD
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/02/2001
License # 007562 ADVANCE HOSPICE CARE OF AMERICA INC
Lic Expire 03/31/2021 1177 ROCKINGHAM DRIVE SUITE 200
Medicare 1: 451752 HOSPICE RICHARDSON, TX 75080
Medicare 2:
Phone (972) 248-8829 Fax (972) 818-9489
Type: Parent Agency Administrator WING CHUN

Owner Information
ADVANCE HOSPICE CARE OF AMERICA INC
1177 ROCKINGHAM DRIVE #200
RICHARDSON, TX 75080
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/28/2019
License # 019562 ADVANCED CARE & HOME SUPPORT INC
Lic Expire 08/28/2021 2880 CLAREMONT DRIVE
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (972) 292-7255 Fax (972) 292-7251
Type: Parent Agency Administrator MBECHA TONGWA

Owner Information
ADVANCED CARE & HOME SUPPORT INC
2880 CLAREMONT DRIVE
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/07/2017
License # 018805 ADVANCED HOME HEALTH SERVICES
Lic Expire 11/30/2021 1212 CORPORATE DRIVE SUITE 125
Medicare 1: 679671 HHA-18 IRVING, TEXAS 75038
Medicare 2:
Phone (972) 445-9117 Fax (469) 524-8613
Type: Parent Agency Administrator MELISSA CERECERES

Owner Information
ADVANCED HH, LLC
1212 CORPORATE DRIVE
IRVING, TX 78155
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 07/08/2008
License # 012089 ADVANT HOME HEALTH SERVICES INC
Lic Expire 07/31/2020 11615 FOREST CENTRAL DRIVE SUITE 205
Medicare 1: 747284 DALLAS, TX 75243
Medicare 2:
Phone (214) 553-9712 Fax (214) 553-9713
Type: Parent Agency Administrator HELEN UMOCHE

Owner Information
ADVANT HOME HEALTH SERVICES INC
11615 FOREST CENTRAL DRIVE SUITE 205
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/27/2009
License # 012416 ADVENT HOME CARE
Lic Expire 01/31/2024 3635 BROADWAY BLVD STE. C
Medicare 1: 747412 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 642-2400 Fax (972) 642-2402
Type: Parent Agency Administrator FAITH ONYILIMBA

Owner Information
ADVENT HOME CARE INCORPORATED
2306 OAK LANE STE 206
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/09/2011
License # 014275 ADVENT ONE HOME CARE AGENCY INC
Lic Expire 08/31/2021 10925 ESTATE LANE SUITE 216
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (214) 503-6854 Fax (214) 503-6853
Type: Parent Agency Administrator STEPHEN NYAGABONA

Owner Information
ADVENT ONE HOME CARE AGENCY INC
10925 ESTATE LANE SUITE 216
DALLAS, TX 75238
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/18/2017
License # 018486 AFFLUENS HOME HEALTH LLC
Lic Expire 08/31/2021 2655 VILLA CREEK DR STE 110
Medicare 1: 747839 HHA-18 FARMERS BRANCH, TX 75234
Medicare 2:
Phone (469) 904-8364 Fax (469) 904-8378
Type: Parent Agency Administrator MYRNA G BERRY

Owner Information
AFFLUENS HOME HEALTH LLC
2655 VILLA CREEK DR SUITE 110
FARMERS BRANCH, TX 75234
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 07/31/1999
License # 007146 AFFORDABLE ELDER CARE INC
Lic Expire 07/31/2021 12115 SELF PLAZA DRIVE
Medicare 1: DALLAS, TX 75218
Medicare 2:
Phone (972) 216-3500 Fax (972) 216-3511
Type: Parent Agency Administrator THOMAS VARUGHESE

Owner Information
AFFORDABLE ELDER CARE INC
12115 SELF PLAZA DRIVE
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/09/2005
License # 008557 AFFORDABLE HOME HEALTH
Lic Expire 05/31/2021 12115 SELF PLAZA DR
Medicare 1: DALLAS, TX 75218
Medicare 2:
Phone (972) 285-2500 Fax (972) 285-2503
Type: Branch Agency Administrator THOMAS VARUGHESE

Owner Information
VICTORY INSTITUTE INC
12115 SELF PLAZA DR.
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 08/04/2005
License # 008557 AFFORDABLE HOME HEALTH
Lic Expire 07/31/2022 12115 SELF PLAZA DR
Medicare 1: DALLAS, TX 75218
Medicare 2:
Phone (972) 285-2500 Fax (972) 285-2500
Type: Branch Agency Administrator THOMAS VARUGHESE

Owner Information
VICTORY INSTITUTE INC
12115 SELF PLAZA DR.
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/17/2003
License # 008557 AFFORDABLE HOME HEALTH
Lic Expire 07/31/2022 12115 SELF PLAZA DR
Medicare 1: 679481 HHA-18 DALLAS, TX 75218
Medicare 2:
Phone (972) 285-2500 Fax (972) 285-2503
Type: Parent Agency Administrator THOMAS VARUGHESE

Owner Information
VICTORY INSTITUTE INC
12115 SELF PLAZA DR.
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 04/30/2022

County **DALLAS** Region 03 Date Licensed 10/01/1995
License # 004681 AGAPE HOME HEALTHCARE
Lic Expire 09/30/2021 18770 LYNDON B JOHNSON FREEWAY SUITE 100
Medicare 1: 458154 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 681-2247 Fax (972) 681-8425
Type: Parent Agency Administrator SHINEY DANIEL

Owner Information
AGAPE GROUP INC.
PO BOX 870180
MESQUITE, TX 75187
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/30/2010
License # 013593 AGAPE HOSPICE CARE
Lic Expire 09/30/2022 3030 TOWNE CENTRE DRIVE SUITE 200
Medicare 1: 671683 HOSPICE MESQUITE, TX 75150
Medicare 2:
Phone (972) 279-1000 Fax (972) 279-1014
Type: Parent Agency Administrator SHAJI DANIEL

Owner Information
AGAPE GROUP INC.
PO BOX 870180
MESQUITE, TX 75187
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DALLAS** Region 03 Date Licensed 07/23/2002
License # 008015 AHEALTHSTAR MEDICAL SERVICES INC
Lic Expire 07/31/2022 1417 NORTH COCKRELL HILL ROAD SUITE 101A
Medicare 1: 679202 HHA-18 DALLAS, TEXAS 75211
Medicare 2:
Phone (469) 778-0124 Fax (469) 778-0118
Type: Parent Agency Administrator EBERECHI AGBARA

Owner Information
HEALTHSTAR MEDICAL SERVICES INC
4402 BROADWAY BLVD SUITE 6F
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/20/2008
License # 012192 AJ HOME HEALTH SERVICES INC
Lic Expire 08/31/2021 123 EXECUTIVE WAY SUITE 209
Medicare 1: 747213 DESOTO, TX 75115
Medicare 2:
Phone (214) 217-0131 Fax (214) 217-0132
Type: Parent Agency Administrator JUDE UGBOMOH

Owner Information
AJ HOME HEALTH SERVICES INC
123 EXECUTIVE WAY #209
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/16/2017
License # 017934 AJ HOMECARE CONNECTION INC
Lic Expire 01/31/2021 1925 E. BELT LINE ROAD SUITE 253
Medicare 1: 747797 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (972) 412-5683 Fax (469) 574-7954
Type: Parent Agency Administrator SUJA JOHN

Owner Information
AJ HOMECARE CONNECTION INC
1925 E BELT LINE RD
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/21/2020
License # 019789 AL2GETHER HOME CARE SERVICES
Lic Expire 01/21/2022 1019 GROVER CT
Medicare 1: CEDAR HILL, TEXAS 75104
Medicare 2:
Phone (682) 292-8131 Fax
Type: Parent Agency Administrator ANGELA MORRIS

Owner Information
ANGELA MORRIS
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/15/2008
License # 012090 ALCOMED HOMEHEALTH SERVICES INC
Lic Expire 02/28/2021 11615 FOREST CENTRAL DRIVE SUITE 322
Medicare 1: 457990 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 442-5443 Fax (214) 570-8335
Type: Parent Agency Administrator LAWRENCE ARUM

Owner Information
ALCOMED HOMEHEALTH SERVICES INC
9330 AMBERTON PKWY STE 2220
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/19/2004
License # 009209 ALFRED HEALTHCARE SERVICES INC.
Lic Expire 07/31/2022 115 EXECUTIVE WAY, SUITE 208
Medicare 1: 457849 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (817) 548-8500 Fax (817) 548-8505
Type: Parent Agency Administrator ALFRED AKINOLA

Owner Information
ALFRED HEALTHCARE SERVICES INC
1601 E LAMAR BLVD STE 117
ARLINGTON, TX 76011
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/12/2012
License # 016190 ALINE HOME HEALTH CARE OF TEXAS INC
Lic Expire 07/31/2022 1140 EMPIRE CENTRAL DRIVE STE 625
Medicare 1: 459472 DALLAS, TX 75247
Medicare 2:
Phone (214) 267-1707 Fax (214) 267-1720
Type: Parent Agency Administrator SIMON ODUEZE

Owner Information
ALINE HOME HEALTH CARE OF TEXAS INC
1140 EMPIRE CENTRAL DRIVE STE 625
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/01/2010
License # 013791 ALIVE HOME HEALTH CARE INC
Lic Expire 10/31/2022 350 OAKS TRL STE 140
Medicare 1: 747048 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 230-2332 Fax (972) 274-6756
Type: Parent Agency Administrator JOHNSON OOMMEN

Owner Information
ALIVE HOME HEALTHCARE INC
350 OAKS TRL STE 140
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/15/2006
License # 010939 ALL BY GRACE HOME HEALTH CARE INC
Lic Expire 12/31/2017 8035 EAST R.L. THORNTON FREEWAY, SUITE 130
Medicare 1: 747377 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 550-0215 Fax (214) 550-0885
Type: Parent Agency Administrator JENNIFER SAMUELS

Owner Information
ALL BY GRACE HOME HEALTH CARE INC
1910 PACIFIC AVENUE, SUITE 10300
DALLAS, TX 75201
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/22/2018
License # 018799 ALL CARE HOSPICE LLC
Lic Expire 06/30/2022 2121 W. AIRPORT FREEWAY #320B
Medicare 1: 971567 (HOSPICE) IRVING, TX 75062
Medicare 2:
Phone (469) 226-5440 Fax (972) 584-9292
Type: Parent Agency Administrator RAYMOND ONYEKWERE

Owner Information
ALL CARE HOSPICE LLC
2121 W AIRPORT FREEWAY 320
IRVING, TX 75062-6028
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/13/2022

County **DALLAS** Region 03 Date Licensed 07/12/2010
License # 013454 ALL STAR HOME HEALTH SERVICES INC
Lic Expire 07/31/2022 2410 LUNA ROAD STE 206
Medicare 1: 747571 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (972) 740-3417 Fax (972) 200-0542
Type: Parent Agency Administrator LANCY KURUVILA

Owner Information
ALL STAR HOME HEALTH SERVICES INC
2410 LUNA ROAD STE 206 CARROLLTON TX 75006
CARROLLTON, TX 75006
PHONE: (972) 791-8920 FAX: (972) 791-8920
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 02/12/2018
License # 018610 ALL WEATHER FRIENDS FOR SENIORS
Lic Expire 02/29/2020 2351 W NORTHWEST HWY SUITE 3237
Medicare 1: DALLAS, TX 75220
Medicare 2:
Phone (469) 345-9551 Fax (469) 519-0620
Type: Parent Agency Administrator MOLIN KADIRIRE

Owner Information
MOLIN KADIRIRE
901 LAKESIDE CIRCLE, APT 901
LEWISVILLE, TX 75057
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/06/2003
License # 008631 ALLIANCE A-PLUS HOME HEALTH CARE INC
Lic Expire 03/31/2020 7125 MARVIN D LOVE FREEWAY SUITE 320
Medicare 1: 453183 HHA-18 DALLAS, TX 75237
Medicare 2:
Phone (214) 596-9357 Fax (214) 596-0463
Type: Parent Agency Administrator DARCY WILLIAMS DONELSON

Owner Information
ALLIANCE A-PLUS 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

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County **DALLAS** Region 03 Date Licensed 04/08/2020
License # 019870 ALLOW US HOME CARE AGENCY LLC
Lic Expire 04/08/2022 953 ABIGALE LANE
Medicare 1: DALLAS, TX 75253
Medicare 2:
Phone (601) 493-6412 Fax
Type: Parent Agency Administrator SHEREDA WOODS

Owner Information
ALLOW US HOME CARE AGENCY LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 12/08/2020
License # 020385 ALLSTATE HEALTHCARE SERVICES
Lic Expire 12/08/2022 10007 WHITE LN
Medicare 1: IRVING, TEXAS 75063
Medicare 2:
Phone (214) 680-5186 Fax (214) 224-0506
Type: Parent Agency Administrator MABEL MINGATE

Owner Information
ALLSTATE HEALTHCARE SERVICES LLC
10007 WHITE LN
IRVING, TEXAS 75063
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/12/2014
License # 016378 ALLY HOME HEALTH
Lic Expire 06/30/2022 899 PRESIDENTIAL DRIVE STE 117
Medicare 1: 747538 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (241) 363-2559 Fax (866) 540-1396
Type: Parent Agency Administrator RITA JASSO

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
Accreditation: CHAP - Deemed, Expires: 03/22/2023

County **DALLAS** Region 03 Date Licensed 05/06/2009
License # 012582 ALPHA HOME HEALTH SERVICES
Lic Expire 05/31/2023 3256 SOUTHERN DRIVE SUITE 462
Medicare 1: 747618 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 278-9588 Fax (972) 278-9203
Type: Parent Agency Administrator JIJI JOHN

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
Accreditation: CHAP - Deemed, Expires: 09/21/2023

County **DALLAS** Region 03 Date Licensed 12/31/2020
License # 020426 ALPHA HOSPICE PLUS
Lic Expire 12/31/2022 284 GRINDSTONE ST
Medicare 1: SUNNYVALE, TEXAS 75182
Medicare 2:
Phone (469) 925-8199 Fax (469) 200-5892
Type: Parent Agency Administrator BOBEN THOMAS

Owner Information
ALPHA HOSPICE PLUS INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/16/2006
License # 010462 ALPHA MK HEALTHCARE INC
Lic Expire 05/31/2021 2351 W NORTHWEST HWY SUITE 1215
Medicare 1: 679676 HHA-18 DALLAS, TX 75220
Medicare 2:
Phone (214) 351-5558 Fax (214) 351-5559
Type: Parent Agency Administrator PATIENCE ANYANNA

Owner Information
ALPHA MK HEALTHCARE INC
509 CREEK COURT
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/28/2015
License # 016998 ALPHASTAR HOME HEALTH CARE
Lic Expire 05/31/2021 331 MELROSE DR, SUITE 150
Medicare 1: 679425 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (214) 349-5973 Fax (866) 776-8470
Type: Parent Agency Administrator ROBERT BARKER

Owner Information
PRECIOUS HEALTH CORP
SAME
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/30/2018
License # 019243 ALPINE PLUS
Lic Expire 11/30/2022 903 N BOWSER ROAD SUITE 156
Medicare 1: 747397 RICHARDSON, TEXAS 75081
Medicare 2:
Phone (214) 440-1004 Fax (214) 440-2334
Type: Parent Agency Administrator MARIA CRISTINA BACUD

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

County **DALLAS** Region 03 Date Licensed 11/09/2009
License # 012982 ALTRUIST HOME HEALTH CARE INC
Lic Expire 11/30/2021 12660 COIT ROAD SUITE 200
Medicare 1: 747470 HHA-18 DALLAS, TEXAS 75251
Medicare 2:
Phone (214) 328-8600 Fax (214) 328-8601
Type: Parent Agency Administrator LALANII JONES

Owner Information
ALTRUIST HOME HEALTH CARE, INC.
PO BOX 570869
DALLAS, TEXAS 75357
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/27/2017
License # 018531 ALTRUIST HOSPICE INC
Lic Expire 12/15/2022 12660 COIT ROAD, SUITE 200
Medicare 1: 74-1778 DALLAS, TEXAS 75251
Medicare 2:
Phone (972) 685-2400 Fax (972) 692-8888
Type: Parent Agency Administrator NEASA BARNES

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
Accreditation: ACH - Deemed, Expires: 12/27/2021

County **DALLAS** Region 03 Date Licensed 12/17/2008
License # 012356 ALWAYS BEST CARE SENIOR SERVICES
Lic Expire 12/31/2022 13101 PRESTON RD STE 515
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 739-8886 Fax (972) 767-4209
Type: Parent Agency Administrator MARCUS GARDNER

Owner Information
PROVIDENCE SENIOR SERVICES LLC
13101 PRESTON RD STE 515
DALLAS, TX 75240
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/21/2019
License # 019655 ALWAYS FOCUSED HOMECARE LLC
Lic Expire 10/21/2021 4007 KENTSHIRE LANE
Medicare 1: DALLAS, TEXAS 75287
Medicare 2:
Phone (972) 978-2955 Fax
Type: Parent Agency Administrator SEDI ALIAN

Owner Information
ALWAYS FOCUSED HOMECARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/24/2017
License # 018073 ALWAYS PATIENT'S CHOICE HOME HEALTH LLC
Lic Expire 05/31/2021 4101 MCEWEN RD, STE 527
Medicare 1: DALLAS, TEXAS 75244
Medicare 2:
Phone (214) 971-1925 Fax (214) 594-8862
Type: Parent Agency Administrator TERRY MATTHEW-TIJANI

Owner Information
ALWAYS PATIENT'S CHOICE HOME HEALTH LLC
1501 DORIS DR
MESQUITE, TX 75149
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/10/2018
License # 018693 AMADA SENIOR CARE OF CENTRAL DALLAS
Lic Expire 04/30/2022 14330 MIDWAY RD, SUITE 100
Medicare 1: DALLAS, TX 75244
Medicare 2:
Phone (214) 550-5040 Fax (214) 310-1507
Type: Parent Agency Administrator STACEY ROBINSON

Owner Information
EVG VENTURES, LLC
311 BOWIE ST APT. 2713
AUSTIN, TX 78703
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/10/2013
License # 015807 AMARIS HEALTH CARE INC.
Lic Expire 10/31/2021 13140 COIT RD SUITE 220
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 925-0766 Fax (972) 925-0761
Type: Parent Agency Administrator LILIANE DJILO OMGBA

Owner Information
AMARIS HEALTH CARE, INC.
13140 COIT ROAD STE 220
DALLAS, TX 75240
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/20/2014
License # 016315 AMATUS HEALTH CARE LLC
Lic Expire 02/28/2022 2735 VILLA CREEK DR STE 240
Medicare 1: 747682 HHA-18 DALLAS, TX 75234
Medicare 2:
Phone (972) 249-4999 Fax (972) 468-6991
Type: Parent Agency Administrator SAJI RAJU

Owner Information
AMATUS HEALTH CARE LLC
2735 VILLA CREEK DR STE 240
DALLAS, TX 75234
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 11/02/2023

County **DALLAS** Region 03 Date Licensed 09/29/2017
License # 018351 AMATUS HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 09/30/2021 2735 VILLA CREEK DRIVE STE 286
Medicare 1: 74-1737 DALLAS, TX 75234
Medicare 2:
Phone (972) 249-4999 Fax (972) 468-6991
Type: Parent Agency Administrator SAJI RAJU

Owner Information
AMATUS HOSPICE AND PALLIATIVE CARE LLC
2735 VILLA CREEK DRIVE STE 286
DALLAS, TX 75234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/14/2021

County **DALLAS** Region 03 Date Licensed 01/04/2016
License # 017550 AMAZING HEALTH SERVICES
Lic Expire 01/31/2022 1908 ROYAL LANE SUITE 750
Medicare 1: 679651 HHA-18 DALLAS, TX 75229
Medicare 2:
Phone (972) 638-8053 Fax (972) 755-4906
Type: Parent Agency Administrator LINH ATKINS

Owner Information
CARELIFE HEALTH SERVICES INC
1908 ROYAL LANE SUITE 750
DALLAS, TX 75229-3128
PHONE: (972) 638-8053 FAX: (972) 755-4906
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/21/2022

County **DALLAS** Region 03 Date Licensed 07/24/2018
License # 018845 AMAZING HOME CARE LLC
Lic Expire 07/31/2022 218 E TAYLOR DR
Medicare 1: GARLAND, TX 75040
Medicare 2:
Phone (469) 229-7142 Fax (469) 443-0093
Type: Parent Agency Administrator CATHERINE NCUBE

Owner Information
AMAZING HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/08/2017
License # 017846 AMCARE PRO HOME HEALTH
Lic Expire 01/31/2021 1222 E. ARAPAHO RD #305
Medicare 1: 747770 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (214) 987-2100 Fax (214) 987-2104
Type: Parent Agency Administrator MUFADDAL BOOTWALA

Owner Information
IZEN HEALTHCARE SERVICES, INC.
1202 E ARAPAHO RD. STE #147
RICHARDSON, TX 75081
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/31/2020
License # 020130 AMEDICUS HOME HEALTH INC.
Lic Expire 08/31/2022 9550 FOREST LANE, STE 125
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone 469 3891028 Fax 469 6060835
Type: Parent Agency Administrator CATHERINE MCCOY

Owner Information
AMEDICUS HOME HEALTH INC.
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACH - Deemed, Expires: 03/08/2024

County **DALLAS** Region 03 Date Licensed 08/02/2010
License # 013503 AMEDISYS HOSPICE
Lic Expire 08/31/2022 13612 MIDWAY RD STE 294
Medicare 1: 671674 HOSPICE DALLAS, TX 752443407
Medicare 2:
Phone (972) 547-3600 Fax (972) 547-3890
Type: Parent Agency Administrator DENISE DODSON

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
Accreditation: CHAP - Deemed, Expires: 03/03/2023

County **DALLAS** Region 03 Date Licensed 09/22/2015
License # 017046 AMERI HOSPICE
Lic Expire 09/30/2021 50 BUSINESS PARKWAY SUITE F-2
Medicare 1: 741651 HOSPICE RICHARDSON, TX 75081
Medicare 2:
Phone (877) 786-0099 Fax (877) 512-6442
Type: Parent Agency Administrator MANSOOR KAZI

Owner Information
AMERIHEALTH GROUP INC
50 BUSINESS PARKWAY, SUITE F-2
RICHARDSON, TEXAS
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/23/2022

County **DALLAS** Region 03 Date Licensed 10/31/2018
License # 019039 AMERICA HEALTH CARE CAPITAL
Lic Expire 610 UPTOWN BLVD. STE. 267
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (318) 209-0204 Fax (318) 300-4774
Type: Parent Agency Administrator JOSHLAN RAYMO

Owner Information
AMERICA HEALTH CARE CAPITAL LLC
610 UPTOWN BLVDE
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/14/2010
License # 013320 AMERICAN BEST CARE HOSPICE INC
Lic Expire 05/31/2022 12655 N CENTRAL EXPY, SUITE # 350
Medicare 1: 671678 HOSPICE DALLAS, TEXAS 75243
Medicare 2:
Phone 972 661 9911 Fax 972 661 9913
Type: Parent Agency Administrator GARY WAYNE GONZALES

Owner Information
AMERICAN BEST CARE HOSPICE INC
301 W SAM RAYBURN DRIVE
BONHAM, TX 75418-4237
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/01/2023

County **DALLAS** Region 04 Date Licensed 10/01/2001
License # 007525 AMERICAN HOME CARE
Lic Expire 01/31/2022 2944 MOTLEY DRIVE SUITE 410
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (972) 686-6447 Fax (972) 686-6485
Type: Branch Agency Administrator CHORLECIA PRITCHETT

Owner Information
TBHL INC
211 WEST MOORE AVE
TERRELL, TX 75160
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/01/2004
License # 009063 AMERICAN PILGRIMS HEALTH SERVICES LTD CO
Lic Expire 02/28/2022 2500 TEXAS DRIVE SUITE 101
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (972) 255-2600 Fax (972) 255-2700
Type: Parent Agency Administrator ISIOMA EHIOBU

Owner Information
AMERICAN PILGRIMS HEALTH SERVICES LTD CO
2500 TEXAS DR. STE. 101
IRVING, TX 75062
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/09/2014
License # 015964 AMERICAN STAR HOME HEALTH CARE DFW INC
Lic Expire 01/31/2022 2050 N COLLINS BLVD SUITE 102
Medicare 1: 747968 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 685-3185 Fax (972) 685-3187
Type: Parent Agency Administrator ASIF QAMAR

Owner Information
AMERICAN STAR HOME HEALTH CARE DFW INC
2050 N COLLINS BLVD SUITE 104
RICHARDSON, TX 75080-9998
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/18/1996
License # 004828 AMERICANSENIOR
Lic Expire 08/31/2021 1177 ROCKINGHAM DRIVE SUITE 200
Medicare 1: 459021 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 818-9488 Fax (972) 818-9489
Type: Parent Agency Administrator WING CHUN

Owner Information
WINGHING CHUN INC
1177 ROCKINGHAM DRIVE SUITE 200
RICHARDSON, TX 75093
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 08/19/2019
License # 019760 AMERICARE HOME HEALTH SYSTEM INC
Lic Expire 08/19/2021 12989 JUPITER ROAD STE 103
Medicare 1: 747722 (HHA) DALLAS, TX 75238
Medicare 2:
Phone (214) 221-8603 Fax (214) 221-8609
Type: Parent Agency Administrator PATIENCE AKPANDEM

Owner Information
AMERICARE HOME HEALTH SYSTEM INC
12989 JUPITER ROAD STE 103
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/29/2021
License # 020654 AMERICARE NORTH DALLAS LLC
Lic Expire 03/29/2024 4925 GREENVILLE AVE SUITE 200
Medicare 1: DALLAS, TEXAS 75206
Medicare 2:
Phone 972 7689671 Fax
Type: Parent Agency Administrator STEPHEN WARNER

Owner Information
AMERICARE NORTH DALLAS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/20/2014
License # 016384 AMERIPRIME HOSPICE LLC
Lic Expire 08/31/2022 50 BUSINESS PARKWAY SUITE B
Medicare 1: 741551 HOSPICE RICHARDSON, TX 75081
Medicare 2:
Phone (800) 899-9790 Fax (877) 512-6442
Type: Parent Agency Administrator MANSOOR KAZI

Owner Information
AMERIPRIME HOSPICE LLC
50 BUSINESS PARKWAY SUITE B
RICHARDSON, TX 75081-5047
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/07/2024

County **DALLAS** Region 03 Date Licensed 09/02/2020
License # 020024 AMERITOUCH HOME HEALTH SERVICES INC
Lic Expire 06/30/2022 1705 N GREENVILLE AVE APT 360
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (469) 324-8225 Fax (469) 676-6500
Type: Parent Agency Administrator GRACE EGANZA

Owner Information
AMERITOUCH HOME HEALTH SERVICES INC
1705 N GREENVILLE AVE APT 231
RICHARDSON, TX 75081
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/19/2015
License # 016757 AMITY HEALTH CARE SERVICES
Lic Expire 02/28/2021 17311 N DALLAS PARKWAY SUITE # 245
Medicare 1: 747539 HHA-18 DALLAS, TX 75248
Medicare 2:
Phone (972) 931-5400 Fax (972) 931-5403
Type: Parent Agency Administrator SAIRA HASAN

Owner Information
HERALD HOME HEALTH CARE LLC
17311 N DALLAS PKWY
DALLAS, TX 75248
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 09/16/2011
License # 014355 AMITY HOSPICE
Lic Expire 09/30/2021 17311 N DALLAS PARKWAY SUITE #240
Medicare 1: 671707 HOSPICE DALLAS, TX 75248
Medicare 2:
Phone (972) 931-5400 Fax (972) 931-5403
Type: Parent Agency Administrator CANDACE ROBSON

Owner Information
NSN GROUP LLC
17311 N DALLAS PARKWAY SUITE # 125
DALLAS, TX 75248-1131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/14/2020
License # 019936 AMTRUST HOME HEALTH LLC
Lic Expire 05/14/2022 4101 MCEWEN RD STE 527
Medicare 1: DALLAS, TEXAS 75244
Medicare 2:
Phone (214) 662-0982 Fax (214) 594-8862
Type: Parent Agency Administrator EVELIN HERNANDEZ

Owner Information
AMTRUST HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services

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

County **DALLAS** Region 03 Date Licensed 03/24/2021
License # 020637 ANDI'S ANGELS HOME CARE, LLC
Lic Expire 03/24/2023 1360 PRESIDENTIAL DR, SUITE 150
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (650) 630-1668 Fax
Type: Parent Agency Administrator ANDREA TAUBMAN

Owner Information
ANDI'S ANGELS HOME CARE, LLC
PHONE: (650) 630-1668 FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/17/1997
License # 005225 ANGEL CARE HOME HEALTH SERVICES INC
Lic Expire 01/31/2022 1839 SOUTH CARRIER PARKWAY
Medicare 1: 459412 HHA-18 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 262-6435 Fax (972) 237-1495
Type: Parent Agency Administrator ANNAMMA MALIYIL

Owner Information
ANGEL CARE HOME HEALTH SERVICES, INC.
1839 S CARRIER PARKWAY
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/01/2012
License # 014778 ANGEL CARE HOSPICE
Lic Expire 03/31/2022 1350 E. ARAPAHO RD., STE # 207
Medicare 1: 671675 HOSPICE RICHARDSON, TEXAS 75081
Medicare 2:
Phone (972) 301-5600 Fax (972) 301-5606
Type: Parent Agency Administrator SUMA JACOB

Owner Information
ANGEL CARE PLUS HOSPICE LLC
1701 N GREENVILLE AVENUE SUITE # 1109
RICHARDSON, TX 75081-1850
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/18/2020
License # 020110 ANGEL CARE TEAM LLC
Lic Expire 08/18/2022 1821 SANTA ANNA DRIVE
Medicare 1: GARLAND, TEXAS 75042
Medicare 2:
Phone (469) 363-9953 Fax (650) 489-3138
Type: Parent Agency Administrator DIANE MOSLEY

Owner Information
ANGEL CARE TEAM LLC
1821 SANTA ANNA DRIVE
GARLAND, TEXAS 75042
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/01/2020
License # 020312 ANGEL HANDS HOSPICE
Lic Expire 01/01/2022 8330 LYNDON B JOHNSON FREEWAY, SUITE 280
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 267-1800 Fax (214) 260-0757
Type: Parent Agency Administrator LAURIE STOKES-BELL

Owner Information
STAR HEARTS INC, DBA ANGEL HANDS HOSPICE
8330 LBJ FREEWAY, SUITE 280
DALLAS, TEXAS 75243
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 02/03/2016
License # 017256 ANGEL HANDS HOSPICE-DENTON
Lic Expire 02/28/2022 3600 FM 2181, SUITE 300B
Medicare 1: 741689 HOSPICE HICKORY CREEK, TX 750657636
Medicare 2:
Phone (972) 848-3572 Fax (972) 848-3573
Type: Parent Agency Administrator LAURIE STOKES-BELL

Owner Information
CITY HOSPICE INC
SAME
SUNNYVALE, TX 75182-4032
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/18/2023

County **DALLAS** Region 03 Date Licensed 08/28/2008
License # 012212 ANGEL HOME HEALTHCARE SERVICES
Lic Expire 08/31/2021 208 W KEARNEY ST SUITE 101
Medicare 1: 747214 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone (972) 346-6502 Fax (972) 303-5723
Type: Parent Agency Administrator PHEBA DANIEL

Owner Information
GIDEON HEALTHCARE GROUP INC
208 W KEARNEY ST SUITE 101
MESQUITE, TX 75149-3476
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 09/19/2012
License # 015074 ANGEL HOSPICE CORP
Lic Expire 09/30/2022 208 W KEARNEY STREET SUITE 103
Medicare 1: 671794 HOSPICE MESQUITE, TX 75149
Medicare 2:
Phone (214) 432-2636 Fax (214) 432-6570
Type: Parent Agency Administrator TOBIN DANIEL

Owner Information
ANGEL HOSPICE CORP
208 W KEARNEY ST 103
MESQUITE, TX 75149
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/26/2017
License # 018079 ANGEL VALLEY HOSPICE LLC
Lic Expire 2665 VILLA CREEK DR ., SUITE 129 A
Medicare 1: 741796 DALLAS, TX 75234
Medicare 2:
Phone (469) 249-8440 Fax (469) 249-8444
Type: Parent Agency Administrator IRISH BANKS BANKS

Owner Information
ANGEL VALLEY HOSPICE LLC
346 OAKS TRAIL SUITE 203
GARLAND, TX 75043
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/29/2022

County **DALLAS** Region 03 Date Licensed 04/01/2019
License # 019425 ANGELS FROM HEAVEN LLC
Lic Expire 06/17/2021 2137 DIANE DR
Medicare 1: MESQUITE, TEXAS 75149
Medicare 2:
Phone 214 3779436 Fax 214 3779542
Type: Parent Agency Administrator MORYA JACKSON

Owner Information
ANGELS FROM HEAVEN LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/20/2001
License # 008103 ANGELS HOME HEALTH AGENCY
Lic Expire 07/31/2021 415 WEAVER ST
Medicare 1: 679045 HHA-18 CEDAR HILL, TX 75104
Medicare 2:
Phone (469) 454-6826 Fax (877) 850-5030
Type: Parent Agency Administrator SHIRLEY ASONIBE

Owner Information
ANGELS HOME HEALTH AGENCY
P O BOX 622
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/29/2014
License # 016680 ANGELS OF CARE HOME HEALTH INCORPORATED
Lic Expire 12/31/2022 12200 FORD ROAD SUITE 350
Medicare 1: 747640 HHA-18 DALLAS, TX 75234
Medicare 2:
Phone (214) 484-1362 Fax (214) 432-6161
Type: Parent Agency Administrator RENJI PHILIPOSE

Owner Information
ANGELS OF CARE HOME HEALTH INCORPORATED
12200 FORD ROAD SUITE # 350
DALLAS, TX 75243-8118
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/19/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13601 PRESTON ROAD SUITE 210W
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 702-0300 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/19/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13601 PRESTON ROAD SUITE 210W
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 702-0300 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/19/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13601 PRESTON ROAD SUITE 210W
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 702-0300 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/19/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13601 PRESTON ROAD SUITE 210W
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 702-0300 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/19/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13601 PRESTON ROAD SUITE 210W
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 702-0300 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/19/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13601 PRESTON ROAD SUITE 210W
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 702-0300 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/16/2003
License # 008812 ANGELS OF HANDS HOME HEALTH AGENCY CORP
Lic Expire 12/31/2020 2401 N HOUSTON SCHOOL ROAD
Medicare 1: 453103 HHA-18 LANCASTER, TX 75134
Medicare 2:
Phone (972) 572-1873 Fax (972) 572-1890
Type: Parent Agency Administrator EMILY BERRY BARNES

Owner Information
ANGELS OF HANDS HOME HEALTH AGENCY CORP
PO BOX 181
DESOTO, TEXAS 75123
PHONE: (972) 572-1873 FAX: (972) 572-1890
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/09/2002
License # 007896 ANI HOME HEALTH AGENCY LTD CO
Lic Expire 04/30/2024 215A EXECUTIVE WAY #120
Medicare 1: 679342 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (972) 228-4100 Fax (972) 283-6198
Type: Parent Agency Administrator ORITSEBEMIGHO EDEGBELE

Owner Information
ANI HOME HEALTH AGENCY LTD CO
215A EXECUTIVE WAY #120
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/08/2013
License # 015703 ANI PERSONAL ASSISTANCE SERVICES AGENCY LTD CO
Lic Expire 12/30/2020 215A EXECUTIVE WAY #120
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (972) 228-4100 Fax (972) 283-6198
Type: Parent Agency Administrator ORITSEBEMIGHO EDEGBELE

Owner Information
ANI PERSONAL ASSISTANCE SERVICES AGENCY LTD CO
1145 RANCH VALLEY DR
DESOTO, TX 75115
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed
License # 020698 ANITALIAMS FIRST-CLASS CARE LLC
Lic Expire 04/14/2023 1667 W CAMPBELL ROAD APT 5213
Medicare 1: GARLAND, TX 75044
Medicare 2:
Phone (214) 785-8385 Fax (469) 722-5465
Type: Parent Agency Administrator ANTIA WILLIAMS

Owner Information
ANITALIAMS FIRST-CLASS CARE LLC
1667 W CAMPBELL ROAD APT 5213
GARLAND, TX 75044
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/24/2009
License # 012734 ANOINTED HOME HEALTH CARE
Lic Expire 04/30/2021 100 N CENTRAL EXPY, SUITE NO 190, ROOM # 116
Medicare 1: 747399 HHA-18 RICHARDSON, TEXAS 75080
Medicare 2:
Phone (972) 329-1777 Fax (214) 306-5794
Type: Parent Agency Administrator JOHN THOMAS

Owner Information
ANOINTED HHC INC
1001 W PLEASANT RUN ROAD
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/05/2016
License # 017476 APEX HOME CARE
Lic Expire 04/30/2022 2840 KELLER SPRINGS ROAD SUITE 901
Medicare 1: 747548 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (972) 416-0078 Fax (972) 416-0079
Type: Parent Agency Administrator SANTHI KUMAR

Owner Information
BETHANYA HOME HEALTH INC
12300 FORD ROAD SUITE 322 B
DALLAS, TX 75234
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/20/2016
License # 017729 APEX HOMECARE INC
Lic Expire 06/30/2022 610 N O'CONNOR RD
Medicare 1: 743104 HHA-18 IRVING, TX 75061
Medicare 2:
Phone (972) 602-0896 Fax (972) 602-1084
Type: Parent Agency Administrator JERALD ABRAHAM

Owner Information
APEX HOMECARE INC
610 N O'CONNOR
IRVING, TX 75061
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/26/2006
License # 010766 APPLE CARE AND COMPANION
Lic Expire 09/30/2020 2201 MIDWAY RD SUITE 108A
Medicare 1: CARROLLTON, TEXAS 75006
Medicare 2:
Phone (469) 619-5474 Fax (469) 619-5475
Type: Parent Agency Administrator LAURIE MILLER

Owner Information
AIP GROUP LLC
2201 MIDWAY RD SUITE 112
CARROLLTON, TX 75006
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/25/2018
License # 018762 APPLE RENAL CARE LLC
Lic Expire 05/31/2020 5784 JILLIAN WAY
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (817) 449-7705 Fax
Type: Parent Agency Administrator JOSEPHAT KIROCHI

Owner Information
APPLE RENAL CARE, LLC
5784 JILLIAN WAY
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **DALLAS** Region 03 Date Licensed 03/30/2009
License # 012528 AQUINAI HOME HEALTHCARE INC
Lic Expire 03/31/2021 8330 LBJ FREEWAY STE 475
Medicare 1: 747348 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 792-9761 Fax (214) 954-7384
Type: Parent Agency Administrator MICHAEL UDOESSIEN

Owner Information
AQUINAI HOME HEALTHCARE INC
8330 LBJ FREEWAY STE 475
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 02/24/2015
License # 016798 ARBOR TRINITY HOME HEALTH LLC
Lic Expire 02/28/2021 2625 W. PIONEER PKWY STE. 803
Medicare 1: 747624 HHA-18 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (214) 872-2733 Fax (214) 872-2703
Type: Parent Agency Administrator DARWIN NOLASCO

Owner Information
ARBOR TRINITY HOME HEALTH LLC
4324 N BELT LINE ROAD SUITE 205C
IRVING, TX 75038-3584
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/29/2008
License # 012034 ARIEL AMANA HEALTHCARE INC
Lic Expire 05/31/2021 8111 LBJ FREEWAY, SUITE 1365.
Medicare 1: 747318 DALLAS, TEXAS 75251
Medicare 2:
Phone (469) 200-4471 Fax (469) 200-4472
Type: Parent Agency Administrator ELVIS NOGHAYIN

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

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County **DALLAS** Region 03 Date Licensed 09/24/2017
License # 018393 ARIEL HEALTHCARE SYSTEM INC
Lic Expire 09/30/2021 12225 GREENVILLE AVE STE 1060
Medicare 1: 747692 DALLAS, TX 75243
Medicare 2:
Phone (214) 221-8136 Fax (214) 221-6933
Type: Parent Agency Administrator OGECHI EYI

Owner Information
ARIEL HEALTHCARE SYSTEM INC
12225 GREENVILLE AVE, SUITE 1060
DALLAS, TEXAS 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/09/2014
License # 014100 ARK HOME HEALTH CARE PEDIATRIC SERVICES
Lic Expire 05/31/2021 400 E ROYAL LANE BLDG 3, SUITE 290
Medicare 1: IRVING, TX 75039
Medicare 2:
Phone (817) 952-3093 Fax (817) 952-3095
Type: Branch Agency Administrator CATHY WILLIAMSON

Owner Information
HEALING ARK HOME HEALTH PEDIATRIC SERVICES INC
1240 SOUTHRIDGE COURT
HURST, TEXAS 76053
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/28/2004
License # 009163 ASCEND HOME CARE LLC
Lic Expire 06/30/2022 2611 NORTH BELTLINE ROAD SUITE 105
Medicare 1: 673192 HHA-18 SUNNYVALE, TX 75182
Medicare 2:
Phone (972) 226-5884 Fax (972) 203-8766
Type: Parent Agency Administrator MOLLY MATHEW

Owner Information
ASCEND HOME CARE LLC
2611 NORTH BELTLINE ROAD SUITE 105
SUNNYVALE, TX 75182
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/02/2016
License # 017250 ASSISTING HANDS OF PRESTON HOLLOW
Lic Expire 02/29/2020 6600 LBJ FREEWAY SUITE 188
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (214) 420-1212 Fax (214) 420-1215
Type: Parent Agency Administrator ROBERT MCCULLOUGH

Owner Information
NPLH, INC
6600 LBJ FREEWAY SUITE 188
DALLAS, TEXAS 75240
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/15/2010
License # 013246 ASSURANCE HOME CARE SOLUTIONS
Lic Expire 04/30/2020 1919 S SHILOH RD STE 430
Medicare 1: 747791 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (972) 698-8758 Fax (972) 349-9813
Type: Parent Agency Administrator OBIOMA OGBONNA

Owner Information
ASSURANCE HOME CARE SOLUTIONS LLC
1919 SOUTH SHILOH ROAD, SUITE#430
GARLAND, TX 75042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/14/2020
License # 020235 ASSURANCE HOME HEALTH SERVICES INC
Lic Expire 10/14/2022 1219 SAINT REGIS DRIVE
Medicare 1: IRVING, TEXAS 75038
Medicare 2:
Phone (773) 966-8793 Fax
Type: Parent Agency Administrator AKARAKA DESTINY NWANGUMA

Owner Information
ASSURANCE HOME HEALTH SERVICES INC
SAME
,
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 12/03/2009
License # 013027 ASTER HOME HEALTHCARE LLC
Lic Expire 12/31/2021 112 KINGSRIDGE DR
Medicare 1: 747522 HHA-18 COPPELL, TX 75019
Medicare 2:
Phone (972) 360-7482 Fax (972) 906-7229
Type: Parent Agency Administrator THOMAS MATHEW

Owner Information
ASTER HOME HEALTHCARE LLC
112 KINGSRIDGE DR
COPPELL, TEXAS 75019
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/01/2020
License # 020138 ASTONISHING HOSPICE CARE OF TEXAS LLC
Lic Expire 09/01/2022 614 TREES CT.
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (214) 744-3509 Fax
Type: Parent Agency Administrator TRACY KING

Owner Information
ASTONISHING HOSPICE CARE OF TEXAS LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/25/2009
License # 012525 AT HOME HEALTHCARE
Lic Expire 03/31/2024 2736 TOWNE CENTRE DRIVE STE A
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (214) 484-4236 Fax (903) 525-3855
Type: Parent Agency 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

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County **DALLAS** Region 04 Date Licensed 02/19/2002
License # 007685 AT HOME HEALTHCARE
Lic Expire 07/31/2022 2736 TOWNE CENTRE DRIVE SUITE A
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (214) 484-3332 Fax (214) 484-2578
Type: Branch Agency 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

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County **DALLAS** Region 03 Date Licensed 05/26/2006
License # 010489 AT HOME PERSONAL CARE
Lic Expire 08/31/2020 1910 PACIFIC AVE SUITE #9500
Medicare 1: DALLAS, TX 75201
Medicare 2:
Phone (214) 540-4940 Fax (214) 540-4941
Type: Parent Agency Administrator LATONYA RICHARDSON

Owner Information
AHPC2 LLC
7557 RAMBLER RD # 758
DALLAS, TX 75231
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/03/2020
License # 020116 AT TWILIGHT HOSPICE & PALLIATIVE CARE OF TX LLC
Lic Expire 08/21/2022 4441 W AIRPORT FWY, STE 230
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (214) 543-6581 Fax
Type: Parent Agency Administrator BRUCE DAVIS

Owner Information
AT TWILIGHT HOSPICE & PALLIATIVE CARE OF TX LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/01/2023

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

County **DALLAS** Region 03 Date Licensed 08/14/2012
License # 015008 AUGUSTINE AT EDGEMERE
Lic Expire 08/31/2022 8523 THACKERY STREET
Medicare 1: DALLAS, TX 75225
Medicare 2:
Phone (214) 265-5055 Fax (214) 265-5995
Type: Parent Agency Administrator SHERITA GLANVILLE

Owner Information
AUGUSTINE HOME HEALTH TEXAS LLC
PO BOX 2058
GARNER, NC 27529
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/17/2007
License # 011457 AUGUSTINE HOME HEALTH CARE
Lic Expire 01/31/2022 8523 THACKERY ST
Medicare 1: DALLAS, TX 75225
Medicare 2:
Phone (214) 265-5055 Fax (214) 265-5995
Type: Parent Agency Administrator SHERITA GLANVILLE

Owner Information
THIRTEEN LAC, INC
PO BOX 2058
GARNER, NC 27529
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/02/1994
License # 003322 AUTISM TREATMENT CENTER INC
Lic Expire 05/31/2023 10503 METRIC DRIVE
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (972) 644-2076 Fax (972) 644-5650
Type: Parent Agency Administrator ANNA P HUNDLEY

Owner Information
AUTISTIC TREATMENT CENTER INC
15911 NACOGDOCHES ROAD
SAN ANTONIO, TEXAS 78247
PHONE: (972) 644-2076 FAX: (972) 644-5650
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/31/2015
License # 016834 AUTUMN WOODS HOSPICE
Lic Expire 03/31/2021 310 EAST INTERSTATE 30 SUITE#110
Medicare 1: 671567 HOSPICE GARLAND, TEXAS 75043
Medicare 2:
Phone (903) 962-7597 Fax (903) 962-3406
Type: Parent Agency Administrator RITA MOORE

Owner Information
DIERKSEN HOSPICE LLC
2703 SHILLING
TEXARKANA, TX 75503
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 08/24/2021

County **DALLAS** Region 03 Date Licensed 02/28/2014
License # 016056 AUXIEGOLDIE HOME HEALTH SERVICES INC
Lic Expire 02/28/2022 10818 WATERVIEW PARKWAY
Medicare 1: ROWLETT, TX 75089
Medicare 2:
Phone (214) 674-5990 Fax (469) 298-0591
Type: Parent Agency Administrator AUGUSTINE OPARAJI OPARAJI

Owner Information
AUXIEGOLDIE HOME HEALTH SERVICES INC
10818 WATERVIEW PKWAY
ROWLETT, TX 75089
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/13/2008
License # 012156 AVAIL HOME HEALTH SERVICES LLC
Lic Expire 08/31/2021 15060 E BELTWOOD PARKWAY
Medicare 1: 747175 HHA-18 ADDISON, TX 75001
Medicare 2:
Phone (214) 966-0466 Fax (214) 751-3663
Type: Parent Agency Administrator MAHROSH NAWAZ

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** Region 03 Date Licensed 01/15/2019
License # 019199 AVE MARIA HOME CARE
Lic Expire 07/31/2021 1723 CARRIAGE CREEK DRIVE
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (214) 875-6961 Fax (972) 780-5579
Type: Parent Agency Administrator KOJO ANEBO

Owner Information
AVE MARIA HOME CARE SERVICES LLC
1723 CARRIAGE CREEK DRIVE
DESOTO, TX 75115
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/23/2014
License # 015022 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 2400 EMPIRE CENTRAL DRIVE, SUITE B
Medicare 1: DALLAS, TEXAS 752354390
Medicare 2:
Phone (214) 265-0420 Fax (214) 265-0737
Type: Branch Agency 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** Region 03 Date Licensed 12/19/2013
License # 015022 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 18640 LBJ FREEWAY SUITE 200
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (469) 518-7762 Fax (469) 518-7769
Type: Branch Agency 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** Region 03 Date Licensed 06/23/2014
License # 015022 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 2400 EMPIRE CENTRAL DRIVE, SUITE B
Medicare 1: DALLAS, TEXAS 752354390
Medicare 2:
Phone (214) 265-0420 Fax (214) 265-0737
Type: Branch Agency 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** Region 03 Date Licensed 12/19/2013
License # 015022 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 18640 LBJ FREEWAY SUITE 200
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (469) 518-7762 Fax (469) 518-7769
Type: Branch Agency 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** Region 03 Date Licensed 12/19/2013
License # 015022 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 18640 LBJ FREEWAY SUITE 200
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (469) 518-7762 Fax (469) 518-7769
Type: Branch Agency 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** Region 03 Date Licensed 06/23/2014
License # 015022 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 2400 EMPIRE CENTRAL DRIVE, SUITE B
Medicare 1: DALLAS, TEXAS 752354390
Medicare 2:
Phone (214) 265-0420 Fax (214) 265-0737
Type: Branch Agency 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** Region 03 Date Licensed 03/28/2012
License # 015022 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 1349 EMPIRE CENTRAL DRIVE STE 516
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (469) 364-8600 Fax (855) 275-2406
Type: Parent Agency Administrator STEPHANIE RUSSELL

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: CHAP, Expires: 05/09/2022

County **DALLAS** Region 03 Date Licensed 03/28/2012
License # 015022 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 1349 EMPIRE CENTRAL DRIVE STE 516
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (469) 364-8600 Fax (855) 275-2406
Type: Parent Agency Administrator STEPHANIE RUSSELL

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: CHAP, Expires: 05/09/2022

County **DALLAS** Region 03 Date Licensed 03/28/2012
License # 015022 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 1349 EMPIRE CENTRAL DRIVE STE 516
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (469) 364-8600 Fax (855) 275-2406
Type: Parent Agency Administrator STEPHANIE RUSSELL

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: CHAP, Expires: 05/09/2022

County **DALLAS** Region 03 Date Licensed 01/14/2014
License # 015977 AVENUE HOME HEALTH SERVICES INC
Lic Expire 01/31/2022 1111 BELT LINE RD STE 201
Medicare 1: GARLAND, TX 75040
Medicare 2:
Phone (469) 786-6755 Fax (469) 786-6794
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 07/02/2013
License # 015626 AXEL HEALTHCARE INC.
Lic Expire 07/31/2021 1349 EMPIRE CENTRAL DRIVE SUITE 640
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (972) 308-6627 Fax (972) 308-6628
Type: Parent Agency Administrator FRANCIS DEKU

Owner Information
AXEL HEALTHCARE INC.
P.O BOX 182526
DALLAS, TX 76096
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/08/2016
License # 017561 AXEL HOSPICE CARE LLC
Lic Expire 08/31/2022 1350 E. ARAPAHO RD., STE # 207A
Medicare 1: 74-1743 RICHARDSON, TEXAS 75081
Medicare 2:
Phone (214) 396-6565 Fax (214) 396-6555
Type: Parent Agency 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
Accreditation: ACH - Deemed, Expires: 07/11/2021

County **DALLAS** Region 03 Date Licensed 11/04/2009
License # 012947 A-Z HEALTHCARE AGENCIES AND HOMECARE LLC
Lic Expire 11/30/2021 PARC OAK PLAZA 2304-3A OAKLANE SUITE 11
Medicare 1: 747694 HHA-18 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 264-1121 Fax (866) 827-3933
Type: Parent Agency Administrator OLUFUNKE ALADEYELU

Owner Information
A-Z HEALTHCARE AGENCIES AND HOMECARE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/13/2020
License # 019855 AZORA HEALTHCARE LLC
Lic Expire 03/13/2022 4425 W. AIRPORT FREEWAY SUITE 305
Medicare 1: IRVING, TEXAS 75062
Medicare 2:
Phone (469) 565-2353 Fax (469) 565-2452
Type: Parent Agency Administrator ADERONKE AKANDE

Owner Information
AZORA HEALTHCARE, LLC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/05/2019
License # 019681 BALI HEALTH LLC
Lic Expire 11/05/2021 1605 CHACON CANYON
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (214) 514-9497 Fax
Type: Parent Agency Administrator KENDRA FANTROY

Owner Information
BALI HEALTH LLC
PO BOX 2382
DESOTO, TEXAS 75123
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 04/07/2011
License # 014021 BARRY & BRIGHT HEALTHCARE SERVICES INC
Lic Expire 04/30/2021 2804 SONORA LN
Medicare 1: MESQUITE, TX 75181
Medicare 2:
Phone (214) 566-0919 Fax (972) 222-3744
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 06/17/2010
License # 013395 BEGINNING "N" THE END HOME HEALTH SERVICES INC
Lic Expire 06/30/2022 5787 SOUTH HAMPTON ROAD SUITE 270
Medicare 1: DALLAS, TX 752322255
Medicare 2:
Phone (972) 262-4455 Fax (866) 929-4853
Type: Parent Agency Administrator MONTUNRAYO ARIYO

Owner Information
BEGINNING N THE END HOME HEALTH SERVICES INC
3120 LONGBOW DRIVE
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/01/2015
License # 017047 BELLA HOSPICE AND HEALTHCARE LLC
Lic Expire 04/30/2021 4120 GUS THOMASSON ROAD
Medicare 1: 741517 HOSPICE MESQUITE, TX 75150
Medicare 2:
Phone (214) 535-3731 Fax (214) 203-1399
Type: Parent Agency Administrator LEELAMMA ISSAC

Owner Information
BELLA HOSPICE AND HEALTHCARE LLC
2093 COLLINS BLVD SUITE A
RICHARDSON, TX 75080
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/07/2009
License # 012585 BENEDAL HEALTHCARE SERVICES INC
Lic Expire 05/31/2021 14822 BRIDLE BEND DR
Medicare 1: 747800 HHA-18 BALCH SPRINGS, TEXAS 751803638
Medicare 2:
Phone (972) 200-4467 Fax (972) 200-3934
Type: Parent Agency Administrator ALVINE METOHO-EKE

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

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County **DALLAS** Region 03 Date Licensed 05/07/2004
License # 009081 BENEFICIAL HOME HEALTH CARE SERVICES INC
Lic Expire 05/31/2022 5787 SOUTH HAMPTON ROAD SUITE 455
Medicare 1: DALLAS, TX 75232
Medicare 2:
Phone (214) 330-7030 Fax (214) 330-7073
Type: Parent Agency Administrator JAMES HALL

Owner Information
BENEFICIAL HOME HEALTH CARE SERVICES INC
5787 SOUTH HAMPTON ROAD SUITE 255
DALLAS, TX 75232
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/16/2010
License # 013175 BERITER HEALTHCARE LLC
Lic Expire 03/31/2022 1618 SKYLINE DRIVE
Medicare 1: 747671 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 886-9106 Fax (214) 440-1033
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 02/06/2018
License # 018594 BEST CARE
Lic Expire 02/28/2022 2828 FOREST LANE SUITE 1102
Medicare 1: DALLAS, TEXAS 75234
Medicare 2:
Phone (214) 629-2815 Fax (888) 205-0443
Type: Parent Agency Administrator JUDITH JOHNSON

Owner Information
JUDITH JOHNSON
9428 WOODHURST DRIVE
MCKINNEY, TX 75070
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/02/2008
License # 012040 BEST CHOICE HOME CARE INC
Lic Expire 06/30/2021 12160 ABRAMS ROAD STE 210
Medicare 1: 747533 DALLAS, TX 75243
Medicare 2:
Phone (214) 613-2763 Fax (214) 231-2829
Type: Parent Agency Administrator REMIGUS IHEKWABA

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

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County **DALLAS** Region 03 Date Licensed 10/11/2005
License # 010038 BEST HEALTHCARE SERVICES
Lic Expire 10/31/2020 329 OAKS TRAIL SUITE 145
Medicare 1: 679563 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 203-1414 Fax (972) 203-8140
Type: Parent Agency Administrator OGBEYALU UKPAI

Owner Information
BEST PROVIDER CARE SERVICES INC
121 LANSHIRE DRIVE
ROCKWALL, TX 75032
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/20/2009
License # 012821 BEST SHEPHERD HOME HEALTH SERVICES OF DALLAS INC
Lic Expire 05/31/2021 9535 FOREST LANE SUITE 204
Medicare 1: 747417 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 217-4005 Fax (214) 217-4006
Type: Parent Agency Administrator EUCHARIA OKEREKE

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; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/07/2001
License # 008100 BEST STAR HOME HEALTH INC
Lic Expire 11/30/2018 2840 KELLER SPRINGS ROAD SUITE 601
Medicare 1: 459476 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (214) 631-7827 Fax (214) 631-3185
Type: Parent Agency Administrator JOY STAN

Owner Information
BEST STAR HOME HEALTH INC
2840 KELLER SPRINGS RD SUITE 601
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/12/2005
License # 009861 BETHEL HOME CARE
Lic Expire 07/31/2018 1709 LAKE BLUFF DR
Medicare 1: 677818 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 279-9700 Fax (972) 279-9710
Type: Parent Agency Administrator JOEY BETHEL

Owner Information
LEANZA INC
1709 LAKE BLUFF DRIVE
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/15/2009
License # 012898 BETHSAIDA HOME HEALTHCARE SERVICES INC
Lic Expire 10/31/2021 3727 DILIDO ROAD # 136
Medicare 1: DALLAS, TX 75228
Medicare 2:
Phone (214) 445-0742 Fax (214) 445-6307
Type: Parent Agency Administrator COMFORT EKPENYONG

Owner Information
BETHSAIDA HOME HEALTHCARE SERVICES INC
3727 DILIDO ROAD # 136
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed
License # 020697 BETTER HOME HEALTH SERVICES LLC
Lic Expire 04/14/2023 325 N. SAINT PAUL STREET STE. 3100
Medicare 1: DALLAS, TEXAS 75201
Medicare 2:
Phone (972) 476-0304 Fax (972) 476-0310
Type: Parent Agency Administrator DESIREE' DIGGS

Owner Information
BETTER HOME HEALTH SERVICES LLC.
1815 SHANNA DR.
LANCASTER, TEXAS 75134
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/13/2008
License # 012254 BETTER OPTIONS HOMECARE SERVICES INC
Lic Expire 06/30/2022 310 EAST IH 30 SUITE 103
Medicare 1: 747108 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 203-8517 Fax (972) 203-8518
Type: Parent Agency Administrator LUCY T KANYANGI

Owner Information
BETTER OPTIONS HOMECARE SERVICES INC
310 E IH 30 SUITE 103
GARLAND, TX 75043-4070
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/22/2019
License # 019276 BIENESTAR CARE SERVICES LLC
Lic Expire 02/22/2021 1933 PROCTOR DRIVE
Medicare 1: GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 891-1914 Fax (972) 730-9238
Type: Parent Agency Administrator LETICIA BARRAGAN

Owner Information
BIENESTAR CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/14/2014
License # 016084 BLESSING U WITH LOVING CARE INC
Lic Expire 03/31/2022 875 STRAUS ROAD, SUITE 500
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (972) 293-8701 Fax (972) 293-8752
Type: Parent Agency Administrator ROSELYN KINGSBURY

Owner Information
BLESSING U WITH LOVING CARE INC
PO BOX 485
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/25/2003
License # 008774 BLESSINGS HOME HEALTH AGENCY
Lic Expire 11/30/2022 3149 INTERSTATE 30, SUITE C
Medicare 1: 679482 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 698-7451 Fax (972) 698-7453
Type: Parent Agency Administrator LOVELINE IHEME

Owner Information
WESTAR HEALTH MANAGEMENT INC
PO BOX 461702
GARLAND, TEXAS 75046
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/17/2017
License # 017858 BLISSFUL HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 01/31/2021 2665 VILLA CREEK DR, STE 261
Medicare 1: 741717 HOSPICE DALLAS, TX 75234
Medicare 2:
Phone (214) 556-4996 Fax (214) 556-4580
Type: Parent Agency Administrator JOSEPHINE DEVADOSS

Owner Information
BLISSFUL HOSPICE AND PALLIATIVE CARE LLC
2625 N JOSEY LANE STE 328
CARROLLTON, TX 75007
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/23/2018
License # 018695 BLOSSOM HOME HEALTHCARE SERVICES
Lic Expire 03/31/2022 12959 JUPITER ROAD SUITE 253
Medicare 1: 677807 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (469) 906-6359 Fax (469) 906-6385
Type: Parent Agency Administrator UKACHI AKOGU

Owner Information
BLOSSOM GROUPS CORPORATION
12959 JUPITER ROAD STE 253
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed
License # 018474 BLUE HAVEN HOSPICE, LLC
Lic Expire 08/31/2021 2601 GUS THOMASSON ROAD, SUITE 300A
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (214) 867-8040 Fax (214) 667-8045
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed
License # 018474 BLUE HAVEN HOSPICE, LLC
Lic Expire 08/31/2021 2601 GUS THOMASSON ROAD, SUITE 300A
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (214) 867-8040 Fax (214) 667-8045
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 12/08/2020
License # 020388 BLUE STAR HOSPICE
Lic Expire 12/08/2022 1140 EMPIRE CENTRAL DR STE 630
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone 972 4086409 Fax 214 2532655
Type: Parent Agency Administrator ALERO OKUNDIA

Owner Information
BLUE STAR HOMEHEALTH AGENCY INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 07/24/2003
License # 008568 BLUEBONNET HOME CARE
Lic Expire 07/31/2021 6400 MAPLE AVE STE 850
Medicare 1: 679361 HHA-18 DALLAS, TX 752355521
Medicare 2:
Phone (214) 828-9991 Fax (214) 828-9011
Type: Parent Agency Administrator DEIDRA FETTINGER

Owner Information
TEXAS BLUEBONNET HOLDINGS, INC.
3613-B WEST PIONEER SUITE B
ARLINGTON, TX 76013
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/02/2006
License # 010273 BLUEBONNET HOSPICE OF EAST TEXAS INC
Lic Expire 02/29/2020 6400 MAPLE AVE STE 850
Medicare 1: 671544 HOSPICE DALLAS, TX 752355521
Medicare 2:
Phone (214) 828-9997 Fax (214) 828-9011
Type: Parent Agency Administrator GEORGE FETTINGER

Owner Information
BLUEBONNET HOSPICE OF EAST TEXAS INC
3613-B WEST PIONEER PKWY
ARLINGTON, TX 76013
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/10/2008
License # 011919 BONYL HEALTHCARE SERVICES INC
Lic Expire 03/31/2022 2351 WEST NORTHWEST HWY SUITE 2135
Medicare 1: 747161 HHA-18 DALLAS, TX 75220
Medicare 2:
Phone (214) 350-0075 Fax (214) 350-0095
Type: Parent Agency Administrator GODLING ONYEGBUNWA

Owner Information
BONYL HEALTHCARE SERVICES INC
400 RED CASTLE DR
LEWISVILLE, TX 75056
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/09/2012
License # 015126 BOTAG HOME HEALTHCARE SERVICES INC
Lic Expire 10/31/2020 8035 E R L THORNTON FWY #560
Medicare 1: DALLAS, TX 75228
Medicare 2:
Phone (214) 442-3081 Fax (972) 499-0018
Type: Parent Agency Administrator GERTRUDE AKANNA

Owner Information
BOTAG HOME HEALTHCARE SERVICES INC
8035 E RL THORNTON FWY STE 586
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 08/27/2009
License # 012822 BREEZE HOME HEALTHCARE LLC
Lic Expire 08/31/2021 346 OAKS TRL, STE 212
Medicare 1: 747555 HHA-18 GARLAND, TEXAS 75043
Medicare 2:
Phone (469) 321-1603 Fax (972) 591-5582
Type: Parent Agency Administrator LISSY MATHEW

Owner Information
BREEZE HOME HEALTHCARE LLC
5226 ALEC DR
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/14/2009
License # 012401 BREMA HEALTHCARE INC
Lic Expire 01/31/2023 401 S. SHERMAN ST., STE. 309
Medicare 1: 747205 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (214) 339-9466 Fax (214) 339-2733
Type: Parent Agency Administrator VAISHALI PATEL

Owner Information
BREMA HEALTHCARE INC
PO BOX 346
DESOTO, TX 75123
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 06/15/2021

County **DALLAS** Region 03 Date Licensed 01/27/2012
License # 014989 BRIDGEWAY HEALTH SERVICES INC
Lic Expire 2601 GUS THOMASSON ROAD, SUITE 300A
Medicare 1: 45Q8178002 MESQUITE, TX 75150
Medicare 2:
Phone (972) 938-1000 Fax (972) 938-1005
Type: Branch Agency Administrator DEBORAH ELLIS

Owner Information
BRIDGEWAY HEALTH SERVICES LLC
3880 HULEN SUITE #670
FORT WORTH, TX 76107
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 09/16/2016
License # 017631 BRIGHT STAR HOSPICE CARE
Lic Expire 12/31/2020 5045 LORIMAR DRIVE SUITE #240
Medicare 1: 741725 HOSPICE PLANO, TX 75093
Medicare 2:
Phone (972) 403-0448 Fax
Type: Parent Agency Administrator MIKE WHATLEY

Owner Information
FOREST GATE HOSPICE INC
10935 ESTATE LANE #475 A
DALLAS, TX 75238
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 06/02/2008
License # 012043 BROOKDALE AT HOME DALLAS-FORT WORTH
Lic Expire 06/30/2022 1245 COLONEL DRIVE
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (972) 278-8500 Fax (972) 271-9931
Type: Parent Agency Administrator JULIA HOLOKAI

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/26/2002
License # 008028 BROOKDALE HOME HEALTH DFW
Lic Expire 1255 CORPORATE DRIVE
Medicare 1: 679606 HHA-18 IRVING, TX 75038
Medicare 2:
Phone (817) 916-2101 Fax (817) 346-6949
Type: Parent Agency Administrator COLIN HUGHES 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
Accreditation: CHAP - Deemed, Expires: 11/18/2022

County **DALLAS** Region 03 Date Licensed 02/17/2009
License # 012452 BROOKS HOME CARE SERVICES INC
Lic Expire 02/28/2021 9304 FOREST LANE SUITE N165 A
Medicare 1: 747488 HHA-18 DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 774-9643 Fax (972) 382-5999
Type: Parent Agency Administrator LILLIAN ODIACHI

Owner Information
BROOKS HOME CARE SERVICES INC
709 GOLDWOOD DRIVE
DALLAS, TX 75232
PHONE: (214) 774-9463 FAX: (972) 228-1628
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 04/06/2020
License # 019866 BUGG US HOME HEALTHCARE SERVICES
Lic Expire 04/06/2022 9715 KERRVILLE ST.
Medicare 1: DALLAS, TX 75227
Medicare 2:
Phone (214) 416-6877 Fax
Type: Parent Agency Administrator NATASHA BUGGS-HILL

Owner Information
BUGG US HOME HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/25/2007
License # 011605 CALVARY HEALTH CARE INC
Lic Expire 09/30/2021 2840 KELLER SPRINGS SUITE 801
Medicare 1: 747092 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (214) 678-1950 Fax (214) 678-1940
Type: Parent Agency Administrator FABIAN OGALA

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

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County **DALLAS** Region 03 Date Licensed 08/12/2020
License # 020101 CAMBRIAN HOMECARE
Lic Expire 08/12/2022 1220 RIVER BEND DRIVE, #134
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone (214) 493-2339 Fax
Type: Parent Agency Administrator PAUL QUIROZ

Owner Information
CAMBRIAN HOMECARE
P.O. BOX 90158
LONG BEACH, CA 90809
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/19/2014
License # 016438 CAMBRIDGE CAREGIVERS LLC
Lic Expire 12/30/2020 12770 COIT RD SUITE 1020
Medicare 1: DALLAS, TX 75251
Medicare 2:
Phone (972) 423-3600 Fax (972) 423-5889
Type: Parent Agency Administrator VADIM KRASOVITSKY

Owner Information
CAMBRIDGE CAREGIVERS LLC
5720 LBJ FREEWAY SUITE #630
DALLAS, TX 75075
PHONE: (972) 423-3600 FAX: (972) 423-5889
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/18/2010
License # 013115 CANAAN HOME HEALTHCARE AGENCY LLC
Lic Expire 02/28/2022 9550 SKILLMAN STREET SUITE 107
Medicare 1: 747567 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 253-2244 Fax (214) 253-2245
Type: Parent Agency Administrator ESTHER OKORONKWO

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; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/06/2004
License # 009183 CANDID HOME HEALTH CARE SERVICES LLC
Lic Expire 07/31/2022 9319 LBJ FREEWAY SUITE # 205
Medicare 1: 457811 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 879-0343 Fax (214) 879-0373
Type: Parent Agency Administrator THEOPHILUS OKORO

Owner Information
CANDID HOME HEALTH CARE SERVICES LLC
9319 LBJ FREEWAY SUITE # 205
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/23/2021
License # 020544 CARE HOSPICE LLC
Lic Expire 02/23/2024 2735 VILLA CREEK DRIVE SUITE 130C
Medicare 1: DALLAS, TEXAS 752347454
Medicare 2:
Phone 1 214 7022790 Fax 1 214 3076071
Type: Parent Agency Administrator VARGHESE ZACHARIA

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

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

County **DALLAS** Region 03 Date Licensed 10/01/2008
License # 012311 CARE OPTIONS FOR KIDS
Lic Expire 09/30/2022 12770 COIT ROAD SUITE 870
Medicare 1: 677454 HHA-18 DALLAS, TEXAS 75243
Medicare 2:
Phone (972) 756-0500 Fax (972) 756-0448
Type: Parent Agency Administrator BARBARA MENEFEE

Owner Information
OCI ACQUISTION, LLC
4300 SIGMA ROAD SUITE 130
DALLAS, TX 75244
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 09/18/2020
License # 020185 CAREAID HOME HEALTH AGENCY LLC
Lic Expire 09/18/2022 1675 W CAMPBELL RD # 3311
Medicare 1: GARLAND, TEXAS 75044
Medicare 2:
Phone (386) 717-1200 Fax (682) 223-9349
Type: Parent Agency Administrator KUDZANAYI MUSHAURWI

Owner Information
CAREAID HOME HEALTH AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/15/2011
License # 014284 CARE-A-LOT HOME HEALTH AGENCY INC
Lic Expire 08/31/2021 605 CHAPMAN DRIVE
Medicare 1: LANCASTER, TX 75146
Medicare 2:
Phone (903) 874-2273 Fax (888) 777-4809
Type: Parent Agency Administrator LAVERNE MOORE

Owner Information
CARE-A-LOT HOME HEALTH AGENCY INC
605 CHAPMAN DR
LANCASTER, TX 75146
PHONE: (903) 874-2273 FAX: (888) 777-4809
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/04/2009
License # 012943 CAREPLUS HEALTH SERVICES INC
Lic Expire 11/30/2021 1039 N INTERSTATE 35 E #304
Medicare 1: 747535 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (214) 234-1612 Fax (214) 261-9942
Type: Parent Agency Administrator GRACEY WEERESINGHE

Owner Information
CAREPLUS HEALTH SERVICES INC
1039 INTERSTATE 35-E, SUITE #304
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/03/1998
License # 006740 CARESTAF OF DALLAS LP
Lic Expire 05/31/2023 1341 WEST MOCKINGBIRD SUITE 115W
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (214) 630-8844 Fax (214) 630-5115
Type: Parent Agency Administrator STEVE TIPS

Owner Information
CARESTAF OF DALLAS, LP
1341 WEST MOCKINGBIRD LN SUITE 242W
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/16/2007
License # 011076 CARETOUCH SERVICES INC
Lic Expire 02/28/2021 12000 FORD ROAD SUITE 479
Medicare 1: 743189 HHA-18 DALLAS, TX 752347249
Medicare 2:
Phone (972) 442-1616 Fax (972) 442-6464
Type: Parent Agency Administrator MIHIR PATEL

Owner Information
CARETOUCH SERVICES INC
12000 FOARD ROADM SUITE#479
DALLAS, TX 75234
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/20/1996
License # 004589 CAREWORKS HOME HEALTH SERVICES INC
Lic Expire 05/31/2022 13612 MIDWAY ROAD SUITE 103
Medicare 1: 678363 HHA-18 DALLAS, TX 75244
Medicare 2:
Phone (972) 991-9966 Fax (972) 991-5577
Type: Parent Agency Administrator NGAN LE PANGILINAN

Owner Information
CAREWORKS HOME HEALTH SERVICES INC
13612 MIDWAY ROAD SUITE 103
DALLAS, TX 75244
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/02/2007
License # 011717 CARING HANDS HOME HEALTH AGENCY
Lic Expire 11/30/2022 415 WEAVER STREET
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (469) 454-6826 Fax (877) 850-5030
Type: Parent Agency 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** Region 03 Date Licensed 11/26/2018
License # 019114 CARING HANDS NURSING LLC
Lic Expire 11/26/2022 13727 NOEL ROAD SUITE 200
Medicare 1: DALLAS, TEXAS 75077
Medicare 2:
Phone (469) 379-8500 Fax (469) 333-7999
Type: Parent Agency Administrator TERESA SAYLES

Owner Information
CARING HANDS NURSING LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 05/14/2004
License # 009100 CARING HOME HEALTH INC
Lic Expire 05/31/2021 2515 NORTH BELT LINE ROAD
Medicare 1: 457895 HHA-18 SUNNYVALE, TX 75182
Medicare 2:
Phone (972) 226-2929 Fax (972) 226-1141
Type: Parent Agency Administrator SHAJI DANIEL

Owner Information
CARING HOME HEALTH INC
2515 NORTH BELT LINE ROAD
SUNNYVALE, TX 75182
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/13/2012
License # 014581 CARING SENIOR SERVICE OF NE DALLAS
Lic Expire 01/31/2022 801 E CAMPBELL ROAD SUITE 380
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (214) 327-5100 Fax (214) 279-0001
Type: Parent Agency Administrator DELIA SOUSA

Owner Information
JANE KELLEY ENTERPRISES LLC
801 E CAMPBELL ROAD STE 160
RICHARDSON, TX 75081
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/06/2021
License # 020675 CARISMA'S CARE HOME HEALTH AGENCY LLC
Lic Expire 04/06/2024 4976 PRAIRIE RANCH DRIVE APT 122
Medicare 1: GRAND PRAIRIE, TEXAS 75052
Medicare 2:
Phone (214) 429-9577 Fax (469) 460-9031
Type: Parent Agency Administrator CARISMA JOLLIFF

Owner Information
CARISMA'S CARE HOME HEALTH AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/06/2017
License # 017969 CARJO HOME HEALTH AGENCY LLC
Lic Expire 01/31/2019 13601 PRESTON ROAD SUITE 527W
Medicare 1: 747174 HHA-18 DALLAS, TX 75240
Medicare 2:
Phone (214) 348-4500 Fax (866) 490-8109
Type: Parent Agency Administrator IVYONNE GARRETT

Owner Information
CARJO HOME HEALTH AGENCY LLC
13601 PRESTON ROAD SUITE 527W
DALLAS, TX 75240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/16/2018
License # 018834 CAROLYN'S LOVING HOMECARE
Lic Expire 07/31/2020 14934 WEBB CHAPEL RD STE 16 B
Medicare 1: FARMERS BRANCH, TX 75234
Medicare 2:
Phone (972) 292-7399 Fax
Type: Parent Agency Administrator RI-CHARDRIANNE POWELL

Owner Information
CAROLYN'S LOVING HOMECARE LLC
139 S. CLARK ROAD APT 25
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/28/2011
License # 014181 CARTER HEALTHCARE
Lic Expire 02/28/2021 4425 W. AIRPORT FREEWAY SUITE 100
Medicare 1: 679724 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (972) 255-3840 Fax (972) 255-3879
Type: Parent Agency Administrator JAMES CARTER

Owner Information
CARTER HEALTHCARE OF NORTH TEXAS LLC
4425 WEST AIRPORT FREEWAY SUITE 100
IRVING, TX 75062
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: JCAHO - Deemed, Expires: 12/07/2022

County **DALLAS** Region 03 Date Licensed 02/10/2016
License # 017657 CATER 2 YOU HOME HEALTH CARE
Lic Expire 02/28/2022 318 THISTLE DRIVE
Medicare 1: 747803 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 235-7100 Fax (972) 235-7101
Type: Parent Agency Administrator SHAJU POTTAKKATTIL JOHN

Owner Information
MEGASTAR HOME HEALTH SERVICES INC
318 THISTLE DRIVE
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/18/1993
License # 003140 CC YOUNG HOME HEALTH AND HOSPICE
Lic Expire 08/31/2021 4849 WEST LAWTHER DRIVE
Medicare 1: 747252 HHA-18;45 DALLAS, TX 75214
Medicare 2:
Phone (214) 841-2825 Fax (214) 370-2830
Type: Parent Agency Administrator CATHERINE THOMAS

Owner Information
C C YOUNG MEMORIAL HOME
4847 W LAWTHER DRSTE 100
DALLAS, TX 75214
PHONE: (214) 827-8080 FAX: (214) 841-2890
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/16/2024

County **DALLAS** Region 03 Date Licensed 03/23/2006
License # 010353 CENTURY HOME HEALTHCARE SERVICES LLC
Lic Expire 03/31/2022 1601 RAINBOW DRIVE
Medicare 1: 679670 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 235-6700 Fax (972) 699-7598
Type: Parent Agency Administrator COLLETTE ADEYEMI

Owner Information
CENTURY HOME HEALTHCARE SERVICES LLC
11615 FOREST CENTRAL DRIVE SUITE 315
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/30/2004
License # 008997 CHARISMA HOME HEALTHCARE
Lic Expire 03/31/2020 415 WEAVER STREET
Medicare 1: 457831 CEDAR HILL, TX 75104
Medicare 2:
Phone (469) 454-6826 Fax (877) 850-5030
Type: Parent Agency Administrator SHIRLEY ASONIBE

Owner Information
CAROL NZERIBE
PO BOX 622
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/25/2001
License # 007740 CHEMANA HOME HEALTH SERVICES INC
Lic Expire 09/30/2022 5913 NORTHWEST DRIVE
Medicare 1: 673189 MESQUITE, TX 75150
Medicare 2:
Phone (214) 503-1700 Fax (214) 503-1716
Type: Parent Agency Administrator EMILY ANUKEM

Owner Information
CHEMANA CHILDRENS HEALTH CARE SERVICES INC
5913 NORTHWEST DR
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/22/2020
License # 019957 CHERISHED CARE HOMECARE LLC
Lic Expire 05/22/2022 1204 PARKVIEW TRL
Medicare 1: GLENN HEIGHTS, TEXAS 75154
Medicare 2:
Phone (214) 881-3000 Fax
Type: Parent Agency Administrator SHAMONICA KELLEY

Owner Information
CHERISHED CARE HOMECARE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 07/24/2009
License # 012740 CHESTHER HOME HEALTH SERVICES INC
Lic Expire 07/31/2021 3024 LOIS LANE
Medicare 1: 747626 HHA-18 ROWLETT, TX 75088
Medicare 2:
Phone 469 2982764 Fax 469 3612435
Type: Parent Agency Administrator ESTHER ANYANWU

Owner Information
CHESTHER HOME HEALTH SERVICES INC
3024 LOIS LN
ROWLETT, TX 75088
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/05/2009
License # 009937 CHILDRENS HOME HEALTHCARE
Lic Expire 09/30/2021 901 WATERFALL WAY STE 105
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 661-3737 Fax (972) 661-3721
Type: Branch Agency Administrator MELISSA BULLOCK

Owner Information
DJK HOME HEALTHCARE LLC
901 WATERFALL WAY SUITE 105
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/02/2010
License # 013144 CHRIST ARMS HOME HEALTH CARE INC
Lic Expire 03/31/2022 1115 W MAIN ST
Medicare 1: LANCASTER, TX 75146
Medicare 2:
Phone (214) 315-0130 Fax (972) 224-8317
Type: Parent Agency Administrator ADEYINKA ADEOYE

Owner Information
CHRIST ARMS HOME HEALTH CARE INC
1115 W MAIN STREET
LANCASTER, TX 75146
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/27/1993
License # 001565 CHRISTIAN CARE HOME HEALTH
Lic Expire 12/31/2021 900 WIGGINS PARKWAY
Medicare 1: 678148 MESQUITE, TX 75150
Medicare 2:
Phone (972) 613-7945 Fax (972) 682-7947
Type: Parent Agency Administrator KRISTEN MAZZA

Owner Information
CHRISTIAN CARE CENTERS INC
900 WIGGINS PKWY
MESQUITE, TX 75150
PHONE: (972) 686-2460 FAX: (866) 216-7525
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/22/2006
License # 010470 CHRISTIAN CARE HOSPICE
Lic Expire 05/31/2021 900 WIGGINS PARKWAY
Medicare 1: 671548 HOSPICE MESQUITE, TEXAS 75150
Medicare 2:
Phone (972) 686-3753 Fax (972) 682-7947
Type: Parent Agency Administrator SUSANNE ISRAEL

Owner Information
CHRISTIAN CARE CENTERS INC
900 WIGGINS PKWY
MESQUITE, TX 75150
PHONE: (972) 686-2460 FAX: (866) 216-7525
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/30/2011
License # 014369 CHRISTIAN COMPANION SENIOR CARE
Lic Expire 03/31/2021 3705 LAKEVIEW PKWY SUITE 210
Medicare 1: ROWLETT, TX 75088
Medicare 2:
Phone (972) 572-5700 Fax (972) 572-5701
Type: Parent Agency Administrator RONNIE HOWELL

Owner Information
ZOE CHRISTIAN SENIOR CARE LLC
3705 LAKEVIEW PKWY SUITE 210
ROWLETT, TX 75088
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/13/2016
License # 017784 CHRISTIAN FAITH HOMECARE SERVICES LLC
Lic Expire 12/31/2022 10935 ESTATE LANE SUITE 221
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (214) 843-5403 Fax (877) 233-3611
Type: Parent Agency Administrator ANGELA TAYLOR

Owner Information
CHRISTIAN FAITH HOMECARE SERVICES LLC
3504 SPRUCE STREET
ROYSE CITY, TX 75189
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 09/20/2018
License # 019040 CHRISTIAN HEIGHTS ADULT DAY & HEALTH CARE
Lic Expire 09/20/2020 4710 WADSWORTH DR
Medicare 1: DALLAS, TX 75216
Medicare 2:
Phone (214) 371-4285 Fax (972) 492-5402
Type: Parent Agency Administrator CAROLYN F. GREER

Owner Information
CHRISTIAN HEIGHTS COMMUNITY CARE
1432 INDIAN SPRINGS
CARROLLTON, TX 75007
PHONE: (972) 492-5313 FAX: (972) 492-5402
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/10/2021
License # 020529 CHRISTWAY HOME HEALTHCARE
Lic Expire 02/10/2024 1327 EMPIRE CENTRAL DR. SUITE 114
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone (972) 982-2227 Fax 855 7951957
Type: Parent Agency Administrator HANIEL CHRISTSON

Owner Information
CHRISTWAY HOME HEALTHCARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/31/2010
License # 019175 CIMOIC PERSONAL ASSISTANCE SERVICES
Lic Expire 10/16/2021 2305 OAK LN STE 211
Medicare 1: GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (214) 350-8833 Fax (214) 357-7127
Type: Parent Agency Administrator OLUWATOYIN OLUWASOLA

Owner Information
SOLAR HOMECARE INC.
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 07 Date Licensed 09/17/2013
License # 015904 CIRCLE OF CARE
Lic Expire 09/30/2021 8585 N STEMMONS FREEWAY STE M21
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (972) 331-9100 Fax (972) 331-9102
Type: Branch Agency Administrator CHARLOTTE CHANDLER

Owner Information
CTW HOME HEALTH INC
4553 N LOOP 1604 W STE#1119
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 03/10/2011
License # 013947 CITIZENS HEALTHCARE SERVICES LLC
Lic Expire 03/31/2021 1701 GATEWAY BLVD STE 447
Medicare 1: 747808 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (469) 778-0099 Fax (469) 778-0109
Type: Parent Agency Administrator FEMI AIYEJUTO

Owner Information
CITIZENS HEALTHCARE SERVICES LLC
1401 N.CENTRAL EXPRESSWAY SUITE 390
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/24/2021
License # 020642 CJ HEALTH AND HOSPICE, INC
Lic Expire 03/24/2024 5730 BENTLEY DRIVE/ SUITE B
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (469) 867-6999 Fax (214) 328-6210
Type: Parent Agency Administrator CHRISTIANA NWAMUO

Owner Information
CJ HEALTH AND HOSPICE INC
5730 BENTLEY DRIVE SUITE B
GARLAND, TX 75043
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/16/2012
License # 014784 CJ PRIMARY HOME CARE
Lic Expire 01/31/2022 4121 MARVIN D LOVE FRWY BLD 200 STE 2020
Medicare 1: DALLAS, TX 75224
Medicare 2:
Phone (214) 375-2323 Fax (214) 375-2411
Type: Parent Agency Administrator KAZEEM OYEWALE

Owner Information
TRUE VINE HEALTHCARE SERVICES INC.
4121 MARVIN D LOVE FREEWAY SUITE 2020
DALLAS, TEXAS 75224
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 01/28/2019
License # 019229 CLASSIC HOME HEALTHCARE LLC
Lic Expire 07/31/2021 777 S CENTRAL EXPRESSWAY STE 1-K
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 365-8224 Fax 972 7674004
Type: Parent Agency Administrator DICKSON ALAO

Owner Information
CLASSIC HOME HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/11/2013
License # 015813 CLASSIC LIFE HOME HEALTH CARE LLC
Lic Expire 10/31/2021 5317 VIEWSIDE DRIVE
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (214) 336-1885 Fax (972) 240-8899
Type: Parent Agency Administrator MODUPE A ALI OKE

Owner Information
CLASSIC LIFE HOME HEALTH CARE LLC
5317 VIEWSIDE DRIVE
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/31/2010
License # 013205 CLEAR CHOICE SENIOR CARE
Lic Expire 03/31/2022 4514 ROWLETT RD STE 102
Medicare 1: ROWLETT, TX 75088
Medicare 2:
Phone (469) 549-4785 Fax (972) 219-5371
Type: Parent Agency Administrator PATSY BALEY

Owner Information
PAT-BAR LLC
4514 ROWLETT RD STE 102
ROWLETT, TX 75088
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/20/2017
License # 018180 CLEARVIEW HEALTHCARE INC
Lic Expire 07/31/2021 10935 ESTATE LN S305
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (214) 382-3811 Fax (214) 231-9072
Type: Parent Agency Administrator GABRIEL NWACHUKWU

Owner Information
CLEARVIEW HEALTHCARE INC
12959 JUPITER RD STE 155
DALLAS, TX 75238
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/02/2016
License # 017640 CLOVER HEALTH LLC
Lic Expire 06/30/2022 100 N CENTRAL EXPY, SUITE NO 190, ROOM # 109
Medicare 1: 747469 HHA-18 RICHARDSON, TEXAS 75080
Medicare 2:
Phone (214) 484-2013 Fax (214) 774-9309
Type: Parent Agency Administrator JOHN THOMAS

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
Accreditation: JCAHO - Deemed, Expires: 10/19/2022

County **DALLAS** Region 03 Date Licensed 04/05/2021
License # 020674 CMS PRIMARY HOME HEALTH CARE LLC
Lic Expire 04/05/2024 1110 E WINTERGREEN RD # 501
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (972) 703-3448 Fax 800 8670804
Type: Parent Agency Administrator TAMAKA GRAHAM

Owner Information
CMS PRIMARY HOME HEALTH CARE LLC
1110 E WINTERGREEN RD APT 501
DESOTO, TEXAS 75115
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/02/2021
License # 020557 CMSP HOSPICE CARE INC
Lic Expire 03/02/2023 2100 NORTH HWY 360 STE 1105B
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (817) 902-5959 Fax (940) 233-1049
Type: Parent Agency Administrator DONATUS BENSON

Owner Information
CMSP HOSPICE CARE INC
2100 NORTH HWY 360 STE 1105B
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DALLAS** Region 03 Date Licensed 10/16/2001
License # 007763 CNC HOME CARE
Lic Expire 10/31/2021 8111 PRESTON ROAD SUITE 415
Medicare 1: DALLAS, TX 75225
Medicare 2:
Phone (214) 540-5942 Fax (214) 540-5947
Type: Parent Agency Administrator CHRISTIAN CLAUSEN

Owner Information
AT HOME CARE SERVICES INC
520 HIGHLAND BLVD
RICHARDSON, TX 75081
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/01/2019
License # 019419 COMFORCARE - DALLAS-UPTOWN
Lic Expire 06/12/2021 10405 E. NORTHWEST HIGHWAY, SUITE 318
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (214) 681-1138 Fax
Type: Parent Agency Administrator DAVID SMITHEN

Owner Information
SMITHEN GROUP, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/25/2015
License # 016992 COMFORCARE HOME CARE - CARROLLTON
Lic Expire 08/31/2019 2351 W NORTHWEST HWY SUITE 1302
Medicare 1: DALLAS, TX 75220
Medicare 2:
Phone (972) 514-1405 Fax (469) 778-1409
Type: Parent Agency Administrator JOSE EDWIN VILLARREAL GONZALEZ

Owner Information
LVG INTERNATIONAL LLC
2300 VALLEY VIEW LN SUITE 222
IRVING, TX 75062-1721
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/09/2015
License # 016901 COMFORT CARE PROVIDER SERVICES
Lic Expire 07/31/2021 206 OAK MEADOW LANE
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (972) 293-9631 Fax (214) 292-8843
Type: Parent Agency Administrator JUDY ROSS

Owner Information
COMFORT CARE PROVIDER SERVICES, LLC
206 OAK MEADOW LANE
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/15/2003
License # 008288 COMFORT HOME HEALTH CARE INC
Lic Expire 01/31/2021 6133 ALDWICK DRIVE
Medicare 1: 679252 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 203-1010 Fax (972) 203-1011
Type: Parent Agency Administrator SABU JOSEPH

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

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County **DALLAS** Region 03 Date Licensed 09/07/2010
License # 013951 COMFORT HOSPICE
Lic Expire 09/30/2022 4545 FULLER DRIVE, SUITE #330
Medicare 1: 671633 HOSPICE IRVING, TX 75038
Medicare 2:
Phone (972) 871-0100 Fax (972) 871-0110
Type: Parent Agency Administrator CAROL HRDWICK

Owner Information
COMFORT HOSPICE OF TEXAS, LLC
PO BOX 99278
TROY, MI 48099
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/14/2024

County **DALLAS** Region 03 Date Licensed 09/07/2010
License # 013951 COMFORT HOSPICE
Lic Expire 09/30/2022 4545 FULLER DRIVE, SUITE #330
Medicare 1: 671633 HOSPICE IRVING, TX 75038
Medicare 2:
Phone (972) 871-0100 Fax (972) 871-0110
Type: Parent Agency Administrator CAROL HRDWICK

Owner Information
COMFORT HOSPICE OF TEXAS, LLC
PO BOX 99278
TROY, MI 48099
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/14/2024

County **DALLAS** Region 03 Date Licensed 06/04/2003
License # 008489 COMFORT KEEPERS
Lic Expire 06/30/2022 13140 COIT RD STE 202
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 303-4599 Fax (214) 553-0045
Type: Parent Agency Administrator LORI NESLER

Owner Information
LJN SOLUTIONS INC
13140 COIT RD STE 202
DALLAS, TX 75240
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/26/2007
License # 011443 COMMITTED HOME HEALTH CARE INC
Lic Expire 02/28/2022 17776 PRESTON RD SUITE 210A
Medicare 1: 677809 HHA-18 DALLAS, TX 75252
Medicare 2:
Phone (972) 306-5060 Fax (972) 307-6699
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 04/27/2016
License # 017740 COMMUNITY BRIDGE HEALTH CARE SERVICES LLC
Lic Expire 04/30/2022 1425 W PIONEER DRIVE SUITE 142
Medicare 1: IRVING, TX 75061
Medicare 2:
Phone (972) 259-2097 Fax (972) 259-2064
Type: Parent Agency Administrator JEFFERY AKHAROH

Owner Information
COMMUNITY BRIDGE HEALTH CARE SERVICES, LLC
P O BOX 172992
ARLINGTON, TX 76003
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/01/1997
License # 005692 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 12/31/2022 1341 W MOCKINGBIRD LANE # 210E
Medicare 1: 451622 HOSPICE DALLAS, TX 75247
Medicare 2:
Phone (214) 920-8450 Fax (214) 920-8436
Type: Parent Agency Administrator AMY WOOD

Owner Information
COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/27/2024

County **DALLAS** Region 03 Date Licensed 08/08/2011
License # 014270 COMPANION CARE FOR SENIORS
Lic Expire 08/31/2021 7119 SUGAR MAPLE DR
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (214) 642-8283 Fax (972) 432-0350
Type: Parent Agency Administrator SHOGHER AINSWORTH

Owner Information
LOS COLINAS COMPANION CARE FOR SENIORS INC
400 GINKGO CIRCLE
IRVING, TX 75063
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/07/2021
License # 020437 COMPASSIONATE CARE, LLC
Lic Expire 01/07/2023 2617 LAGO VISTA LOOP
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (952) 594-0846 Fax
Type: Parent Agency Administrator RAKIYA MOHAMED

Owner Information
COMPASSIONATE CARE, LLC
P.O.BOX 154053
IRVING, TX 75015
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/01/2018
License # 018863 COMPASSIONATE HOSPICE CARE LLC
Lic Expire 07/31/2020 2665 VILLA CREEK DR STE 245D
Medicare 1: DALLAS, TX 75234
Medicare 2:
Phone (214) 735-6622 Fax (972) 681-7779
Type: Parent Agency Administrator NASIRA SATTAR

Owner Information
COMPASSIONATE HOSPICE CARE LLC
2665 VILLA CREEK DR. STE 245D
DALLAS, TX 75234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 10/22/2019
License # 019658 COMPASSIONATE PERSONAL CARE SERVICES TX, LLC
Lic Expire 10/22/2021 8330 LYNDON B JOHNSON FWY, SUITE B415
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 892-9662 Fax
Type: Parent Agency Administrator FRANCESCA HOSKINS

Owner Information
COMPASSIONATE PERSONAL CARE SERVICES TX, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/21/2019
License # 019713 COMPLETE HOME HEALTHCARE, LLC
Lic Expire 11/21/2021 938 MARISA LN
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (214) 707-8701 Fax
Type: Parent Agency Administrator TAMIKA JOHNSON

Owner Information
COMPLETE HOME HEALTHCARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/03/2021
License # 020562 COMPLETE INTEGRATIVE HEALTHCARE
Lic Expire 03/03/2023 600 EAST CARPENTER FREEWAY, STE 248
Medicare 1: IRVING, TEXAS 75062
Medicare 2:
Phone (469) 833-9950 Fax (469) 830-1683
Type: Parent Agency Administrator KWASIH JOHNSON

Owner Information
COMPLETE INTEGRATIVE HEALTHCARE LLC
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 12/01/1995
License # 004402 CORAM CVS SPECIALTY INFUSION SERVICES
Lic Expire 11/30/2022 10105 TECHNOLOGY BLVD SUITE 102
Medicare 1: DALLAS, TX 75220
Medicare 2:
Phone (214) 351-8300 Fax (214) 351-8344
Type: Parent Agency Administrator JAMES RANKIN

Owner Information
CORAM HEALTHCARE CORPORATION OF NORTH TEXAS
ONE CVS DRIVE MC # 1160
WOONSOCKET, RI 2895
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 07/29/2010
License # 013502 CORDIAL CARE HOME HEALTH SERVICES INC
Lic Expire 11/30/2020 10935 ESTATE LANE SUITE 182
Medicare 1: 747747 HHA-18 DALLAS, TEXAS 75238
Medicare 2:
Phone (972) 603-6676 Fax (214) 377-9919
Type: Parent Agency Administrator LAWRENCE JAMES-OSONDU

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

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County **DALLAS** Region 03 Date Licensed 09/17/2008
License # 012256 CORNERSTONE HOME HEALTH AGENCY
Lic Expire 09/30/2020 2201 MIDWAY RD, STE 112
Medicare 1: 679716 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (469) 464-2296 Fax (469) 464-2298
Type: Parent Agency Administrator OLANIKE OLUWOLE

Owner Information
CORNERSTONE HOME HEALTH SERVICES INC
13614 GAMMA ROAD STE 150
DALLAS, TX 75244
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/14/2011
License # 013952 CORNERSTONE PEDIATRIC THERAPY
Lic Expire 03/31/2023 1000 W CROSBY ROAD SUITE 136
Medicare 1: CARROLLTON, TX 75006
Medicare 2:
Phone (972) 237-0100 Fax (972) 237-0101
Type: Parent Agency Administrator CRAIG PORTER

Owner Information
CKC HOLDINGS LLC
1000 W CROSBY LANE SUITE 136
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 02/20/2018
License # 018622 COSMETIC COMPANIONS LLC
Lic Expire 02/28/2022 222 WEST LAS COLINAS BLVD. SUITE 1650
Medicare 1: IRVING, TEXAS 75039
Medicare 2:
Phone (214) 210-9699 Fax (972) 719-2545
Type: Parent Agency Administrator DIANE GIBSON

Owner Information
COSMETIC COMPANIONS LLC
6812 DAVID LN
COLLEYVILLE, TEXAS 76034
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/02/2011
License # 014337 COUNTY HOME HEALTH
Lic Expire 03/31/2021 12115 SELF PLAZA DR SUITE 101
Medicare 1: 743105 HHA-18 DALLAS, TX 75218
Medicare 2:
Phone (972) 216-3530 Fax (972) 421-6585
Type: Parent Agency Administrator THOMAS VARUGHESE

Owner Information
ALL ABOUT CARE HOME HEALTH SERVICES, INC
12115 SELF PLAZA DR SUITE 101
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 12/31/2013
License # 016310 COURAGE HEALTH CARE SERVICES INC.
Lic Expire 12/31/2021 9304 FOREST LANE, SUITE N 165B
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (972) 437-0099 Fax (972) 437-1199
Type: Parent Agency Administrator LILLIAN ODIACHI

Owner Information
COURAGE HEALTH CARE SERVICES, INC.
777 S. CENTRAL EXPRESSWAY SUITE Q7
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/24/2006
License # 010825 CREDENCE HOME HEALTH SERVICES INC
Lic Expire 10/31/2021 9319 LBJ FREEWAY SUITE 203
Medicare 1: 679703 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 994-9200 Fax (972) 994-9201
Type: Parent Agency Administrator AGATHA ASONGANYI

Owner Information
CREDENCE HOME HEALTH SERVICES INC
9319 LBJ FREEWAY, SUITE 203
DALLAS, TEXAS 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/01/2017
License # 018161 CREST HEALTHCARE SERVICES INC
Lic Expire 06/30/2021 1111 BELT LINE RD SUITE 201B
Medicare 1: 457933 HHA-18 GARLAND, TX 75040
Medicare 2:
Phone 972 496 5252 Fax 844 705 0153
Type: Parent Agency Administrator MARY ERINGO

Owner Information
CREST HEALTHCARE SERVICES INC
1111 BELT LINES RD., SUITE 201B
GARLAND, TX 75040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/05/2016
License # 017460 CRITERION HEALTH CARE INC
Lic Expire 04/30/2022 1202 E. ARAPAHO ROAD SUITE 147
Medicare 1: 679179 RICHARDSON, TEXAS 75081
Medicare 2:
Phone (956) 583-4520 Fax (956) 583-4521
Type: Parent Agency Administrator CHRISTINA HALL

Owner Information
CRITERION HEALTH CARE INC
900 S STEWART RD SUITE 14
MISSION, TX 78572
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 09/23/2013
License # 016012 CRYSTAL CARE HOME HEALTH SERVICES INC
Lic Expire 09/30/2021 1675 REPUBLIC PARKWAY SUITE 200
Medicare 1: 459369 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 203-2121 Fax (972) 203-8384
Type: Parent Agency Administrator KEYNA OMENUKOR

Owner Information
CRYSTAL CARE HOME HEALTH SERVICES, INC
1675 REPUBLIC PARKWAY SUITE 200
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 08/18/2010
License # 013708 CUDDLE ME HOME CARE
Lic Expire 08/31/2022 10935 ESTATE LN STE 190
Medicare 1: 457970 HHA-18 DALLAS, TEXAS 75238
Medicare 2:
Phone (214) 272-8824 Fax (214) 272-9206
Type: Parent Agency Administrator CORINE NGAHA

Owner Information
CUDDLE ME HOME CARE PLLC
6830 HOMINY RIDGE
ROWLETT, TX 75030
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/28/2011
License # 014084 CUSTOM CAREGIVERS
Lic Expire 02/28/2021 16660 DALLAS PKWY STE 2500
Medicare 1: DALLAS, TX 75248
Medicare 2:
Phone (972) 938-0703 Fax (469) 548-6872
Type: Parent Agency Administrator DAVID STANLEY

Owner Information
HOME TELEHEALTH LLC
3330 EARHART DR STE 210
CARROLLTON, TX 75006
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/06/2021
License # 020436 DALLAS HOME HEALTH CARE, INC.
Lic Expire 01/06/2023 4501 GRANTHAM DR.
Medicare 1: GARLAND, TEXAS 75043
Medicare 2:
Phone (214) 227-4577 Fax
Type: Parent Agency Administrator MATHEW CHACKO

Owner Information
DALLAS HOME HEALTH CARE INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/04/2013
License # 015697 DALLAS HORIZON HOME HEALTH AGENCY LLC
Lic Expire 04/30/2021 2775 VILLA CREEK DR. SUITE 123
Medicare 1: 453162 HHA-18 DALLAS, TX 75234
Medicare 2:
Phone (972) 241-8633 Fax (972) 243-5482
Type: Parent Agency Administrator VICTOR UGWA

Owner Information
DALLAS HORIZON HOME HEALTH AGENCY LLC
2775 VILLA CREEK DRIVE STE 123
DALLAS, TX 75234
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/26/2019
License # 019447 DALLAS PLUS HOMECARE SERVICES LLC
Lic Expire 06/26/2021 2612 TEXAS DR
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (972) 255-6009 Fax (972) 257-3193
Type: Parent Agency Administrator THAZHATHA PARADIYIL CHACKO

Owner Information
DALLAS PLUS HOMECARE SERVICES LLC
2612 TEXAS DRIVE
IRVING, TX 75062-7058
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/14/2020
License # 020233 DALLAS TEXAS CAREGIVERS LLC
Lic Expire 10/14/2022 13155 NOEL RD SUITE 900
Medicare 1: DALLAS, TEXAS 75240
Medicare 2:
Phone (469) 430-3642 Fax (469) 430-3642
Type: Parent Agency Administrator NICODEMUS OBUYA

Owner Information
DALLAS TEXAS CAREGIVERS LLC
8811 TEEL PARKWAY STE 100-5234
FRISCO, TX 75036
PHONE: (469) 430-3642 FAX: (469) 519-1915
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/11/2010
License # 013623 DANIELLA HOME HEALTH SERVICES INC
Lic Expire 10/31/2020 9550 FOREST LANE STE 635
Medicare 1: 747612 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 503-0335 Fax (214) 503-0433
Type: Parent Agency Administrator MELVIES EBEN

Owner Information
DANIELLA HOME HEALTH SERVICES INC
9550 FOREST LANE, STE#635
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 01/13/2017
License # 017399 DAYBREAK COMMUNITY SERVICES TEXAS LLC
Lic Expire 05/31/2022 1636 N. HAMPTON ROAD STE 270
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (972) 228-5830 Fax (972) 228-3103
Type: Branch Agency Administrator DEBBIE YOUNGBLOOD

Owner Information
DAYBREAK COMMUNITY SERVICES TEXAS LLC
4100 INTERNATIONAL PLAZA SUITE 800
FORT WORTH, TX 76109
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/21/2013
License # 015612 DE LOVELY HOME CARE INC.
Lic Expire 06/30/2021 4442 HANOVER STREET
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (214) 881-1888 Fax (469) 375-2476
Type: Parent Agency Administrator EVBU OSUNDE

Owner Information
DE - LOVELY HOME CARE INC
SAME
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/31/2014
License # 016550 DEBTAG HOME HEALTH SERVICES INC
Lic Expire 07/31/2022 3205 BENT OAK DRIVE
Medicare 1: 747396 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 572-6400 Fax (972) 572-6402
Type: Parent Agency Administrator DEBORAH FASORO

Owner Information
DEBTAG HOME HEALTH SERVICES INC
3205 BENT OAK DRIVE
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/09/2018
License # 018880 DEDICATED HOSPICE CARE LLC
Lic Expire 08/31/2020 2665 VILLA CREEK SUITE 256
Medicare 1: DALLAS, TEXAS 75234
Medicare 2:
Phone (214) 735-6622 Fax (972) 681-7779
Type: Parent Agency Administrator DANIEL GHIAS

Owner Information
DEDICATED HOSPICE CARE LLC
2665 VILLA CREEK DR
DALLAS, TX 75234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/17/2017
License # 018253 DEFAITH HOME HEALTH AGENCY INC
Lic Expire 08/31/2021 777. S CENTRAL EXPRESSWAY, SUITE 1-F
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 330-9214 Fax (972) 437-4199
Type: Parent Agency Administrator DEBORAH UGWA

Owner Information
DEFAITH HOME HEALTH AGENCY INC
2331 GUS THOMASSON ROAD SUITE 137
DALLAS, TX 75228
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/12/2004
License # 009249 DELTA HOME HEALTH CARE
Lic Expire 08/31/2022 10211 GARLAND ROAD
Medicare 1: 457817 HHA-18 DALLAS, TX 75218
Medicare 2:
Phone (214) 660-0685 Fax (214) 321-3598
Type: Parent Agency Administrator JOHN OYIBO

Owner Information
DELTA HOME HEALTH CARE
10211 GARLAND ROAD
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/14/2015
License # 016741 DELTA HOSPICE LLC
Lic Expire 04/30/2021 2410 LUNA ROAD, SUITE 140
Medicare 1: 741597 HOSPICE CARROLLTON, TEXAS 75006
Medicare 2:
Phone (214) 432-4358 Fax (214) 390-7994
Type: Parent Agency Administrator BIJILI VARANATH VARANATH

Owner Information
DELTA HOSPICE LLC
2410 LUNA RD SUITE 286
CARROLLTON, TX 75006-6538
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DALLAS** Region 03 Date Licensed 01/26/2004
License # 009062 DELTACARE HOME HEALTH SERVICES LLC
Lic Expire 01/31/2023 2608 TEXAS DRIVE
Medicare 1: 453195 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (972) 255-6171 Fax (972) 257-3193
Type: Parent Agency Administrator SOPHIAMMA CHACKO

Owner Information
DELTACARE HOME HEALTH SERVICE LLC
2121 W AIRPORT FREEWAY SUI TE 320
IRVING, TX 75062-6028
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/14/2017
License # 018027 DEPENDABLE HOME CARE INC
Lic Expire 04/30/2021 3617 BROADWAY BLVD STE A
Medicare 1: 679381 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 221-7900 Fax (214) 221-7911
Type: Parent Agency Administrator SAM VARGHESE

Owner Information
DEPENDABLE HOME CARE INC
3617 BROADWAY BLVD., SUITE A
GARLAND, TX 75043-1663
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 03/25/2009
License # 012731 DESTINY CARE HOME HEALTH
Lic Expire 03/31/2021 2930 LANDERSHIRE LANE
Medicare 1: 747240 GARLAND, TX 75044
Medicare 2:
Phone (972) 757-8914 Fax (972) 675-2104
Type: Parent Agency Administrator GERALDINE OKPARA

Owner Information
DESTINY FIRST HOME HEALTH CARE INC
2930 LANDERSHIRE LANE
GARLAND, TX 75044
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/13/2012
License # 019050 DESTINYS HOME HEALTH CARE LLC
Lic Expire 08/09/2022 337 OAKS TRAIL STE 104
Medicare 1: 679244 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 321-1323 Fax (214) 321-1326
Type: Parent Agency Administrator ANNIE SUNNY

Owner Information
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

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County **DALLAS** Region 03 Date Licensed 05/27/2003
License # 008474 DEVINE HOME HEALTH AGENCY INC
Lic Expire 05/31/2021 800 WEST AIRPORT FREEWAY SUITE 514
Medicare 1: 679453 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (972) 871-9152 Fax (972) 871-9172
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 04/14/2016
License # 017357 DEVOTED ASSISTANCE INC
Lic Expire 04/30/2022 1309 OAK MEADOWS DRIVE
Medicare 1: DALLAS, TX 75232
Medicare 2:
Phone (860) 880-0256 Fax (972) 476-0971
Type: Parent Agency Administrator HENRY YOUNG

Owner Information
DEVOTED ASSISTANCE INC
512 N HAMPTON ROAD #105
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/08/2008
License # 011892 DFW CONSOLIDATED HEALTHCARE SERVICES LLC
Lic Expire 02/28/2021 217 E. CAMP WISDOM RD. SUITE E
Medicare 1: 679136 HHA-18 DUNCANVILLE, TX 751162769
Medicare 2:
Phone (972) 287-8300 Fax (972) 287-1882
Type: Parent Agency Administrator PATRICIA MAZIE-KALU

Owner Information
DFW CONSOLIDATED HEALTHCARE SERVICES
1201 N KAUFMAN STREET
SEAGOVILLE, TX 75159
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 04/05/2021
License # 020673 DFW HOME CARE
Lic Expire 04/05/2024 2323 W ROCHELLE ROAD 7 STE #B1
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (682) 816-0324 Fax (682) 816-0325
Type: Parent Agency 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** Region 03 Date Licensed 07/01/2012
License # 015223 DFW HOME HEALTH
Lic Expire 06/30/2022 13140 COIT RD, SUITE 450
Medicare 1: 458444 HHA-18 DALLAS, TX 752405735
Medicare 2:
Phone (214) 891-8700 Fax (214) 891-8799
Type: Parent Agency Administrator JILLIAN BARRAGAN

Owner Information
LHCG XXXIII, LLC
PO BOX 51266
LAFAYETTE, LA
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 02/28/2019
License # 019283 DFW PALLIATIVE AND HOSPICE CARE LLC
Lic Expire 02/28/2021 10935 ESTATE LN. SUITE S221
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (214) 336-3683 Fax (877) 233-3611
Type: Parent Agency Administrator AQUA UMOREN

Owner Information
DFW PALLIATIVE AND HOSPICE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/02/2017
License # 018032 DIADEM HEARTS INC
Lic Expire 05/31/2021 111 EXECUTIVE WAY, SUITE 102,
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (469) 941-4022 Fax 18668038759
Type: Parent Agency Administrator SIMINIBE MONEKE

Owner Information
DIADEM HEARTS INC
7268 PORTILLO
GRAND PRAIRIE, TEXAS 75054
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/01/2004
License # 009433 DIAMOND CARE HEALTH SERVICES LLC
Lic Expire 11/30/2021 777 SOUTH CENTRAL EXPRESSWAY SUITE 7E
Medicare 1: 457997 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 479-1888 Fax (972) 479-1887
Type: Parent Agency Administrator STEVE NWOSE

Owner Information
DIAMOND CARE HEALTH SERVICES LLC
777 SOUTH CENTRAL EXPRESSWAY SUITE 7E
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/07/2018
License # 018598 DIAMOND HEALTHCARE SERVICES LLC
Lic Expire 02/28/2022 102 N SHILOH ROAD SUITE 212
Medicare 1: GARLAND, TX 75042
Medicare 2:
Phone (469) 626-0152 Fax (469) 626-0153
Type: Parent Agency Administrator IFEOMA EZENNIA

Owner Information
DIAMOND HEALTHCARE SERVICES LLC
102 N SHILOH RD, STE #212
GARLAND, TX 75042
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/09/2019
License # 019371 DIGNITY HOME HEALTHCARE LLC
Lic Expire 05/09/2021 1510 BLUE JAY RD
Medicare 1: GARLAND, TEXAS 75043
Medicare 2:
Phone (214) 892-3729 Fax (469) 782-0403
Type: Parent Agency Administrator ELVIS TAMIN

Owner Information
DIGNITY HOME HEALTHCARE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/31/2015
License # 017537 DIGNITY HOSPICE
Lic Expire 12/31/2021 13601 PRESTON ROAD SUITE E200
Medicare 1: 741529 HOSPICE DALLAS, TX 75240
Medicare 2:
Phone (972) 997-5941 Fax (972) 499-1864
Type: Parent Agency Administrator JOELLE MILSTEIN-WOMACK

Owner Information
HEBRON HOME HEALTH AND HOSPICE INC
8330 LBJ FREEWAY STE 720
DALLAS, TX 75243
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/30/2023

County **DALLAS** Region 03 Date Licensed 05/10/2018
License # 018743 DIRECT CARE SERVICES LLC
Lic Expire 05/31/2022 1412 MEADOW DRIVE
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (770) 837-4820 Fax (972) 598-0384
Type: Parent Agency Administrator JOY OHAKWE

Owner Information
DIRECT CARE SERVICES LLC
1412 MEADOW DRIVE
IRVING, TX 75248
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/17/2017
License # 017973 DIRECT HOME HEALTH SERVICES INC
Lic Expire 02/28/2023 9319 LBJ FREEWAY STE 210
Medicare 1: 747842 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (877) 551-6668 Fax (877) 247-2003
Type: Parent Agency Administrator COURAGE EHIMWONZEE

Owner Information
DIRECT HOME HEALTH SERVICES INC
9319 LBJ FREEWAY STE 210
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 05/06/2022

County **DALLAS** Region 03 Date Licensed 01/09/2017
License # 017842 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 01/31/2023 7929 BROOKRIVER DRIVE STE 600
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (214) 231-0425 Fax (877) 463-1310
Type: Parent Agency Administrator FRANKIE DAVIS

Owner Information
DISABILITY SERVICES OF THE SOUTHWEST INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/28/2019
License # 019455 DIVICARE HOME HEALTHCARE SERVICES LLC
Lic Expire 06/28/2021 8005 N. MACARTHUR BLVD., SUITE 2017
Medicare 1: IRVING, TEXAS 750637648
Medicare 2:
Phone (469) 990-2915 Fax (214) 889-7700
Type: Parent Agency Administrator EDITH MONTGOMERY

Owner Information
DIVICARE HOME HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/29/2008
License # 012225 DIVINE EDGE HEALTH SERVICES LLC
Lic Expire 08/31/2022 8330 LBJ FREEWAY SUITE 315
Medicare 1: 747372 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 999-3107 Fax (888) 958-2383
Type: Parent Agency Administrator OLUYEMISI AKINODE

Owner Information
DIVINE EDGE HEALTH SERVICES LLC
8330 LBJ FREEWAY SUITE 345
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/11/2017
License # 018470 DIVINE HOME HEALTH AGENCY LLC
Lic Expire 08/31/2021 2700 W PLEASANT RUN ROAD SUITE 380
Medicare 1: 679401 HHA-18 LANCASTER, TX 75146
Medicare 2:
Phone (214) 221-0790 Fax (972) 685-7898
Type: Parent Agency Administrator CORAZON PAULO

Owner Information
DIVINE HOME HEALTH AGENCY LLC
2700 W PLEASANT RUN ROAD SUITE 360
LANCASTER, TX 75146
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/29/2012
License # 014984 DIVINE HOME HEALTH CARE
Lic Expire 07/31/2022 4312 ONYX DR
Medicare 1: 673172 HHA-18 CARROLLTON, TEXAS 75010
Medicare 2:
Phone 972 939 1076, 214 789 Fax (972) 242-6925
Type: Parent Agency Administrator LEELAVATHI NAMPUTHIRI

Owner Information
AMRITA GROUP INC
4312 ONYX DR
CARROLLTON, TX 75010
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 10/19/2020
License # 020010 DIVINE ROSES HOSPICE
Lic Expire 06/23/2022 3000 KELLER SPRINGS RD 406 A
Medicare 1: CARROLLTON, TEXAS 75006
Medicare 2:
Phone (972) 695-6455 Fax (972) 984-7967
Type: Parent Agency Administrator AMINA SULTAN

Owner Information
INFINITE HEALTH CARE SERVICES LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/31/2013
License # 015633 DIVINEHEART HEALTHCARE INC
Lic Expire 08/31/2021 12959 JUPITER RD STE 115
Medicare 1: 677945 DALLAS, TEXAS 75238
Medicare 2:
Phone (214) 452-6253 Fax (214) 231-9072
Type: Parent Agency Administrator GABRIEL NWACHUKWU

Owner Information
DIVINEHEART HEALTHCARE INC
12959 JUPITER RD STE 180
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/20/2017
License # 018299 DIVINIS CARE HOSPICE
Lic Expire 07/31/2021 5050 QUORUM DRIVE, SUITE 700
Medicare 1: 741655 HOSPICE DALLAS, TX 75254
Medicare 2:
Phone (833) 348-4647 Fax (214) 530-2051
Type: Parent Agency Administrator NATALIE TAYLOR

Owner Information
SYNERHEALTH CARE LLC
1111 W MOCKINGBIRD LANE SUITE 950
DALLAS, TX 75247-5028
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 04/29/2010
License # 013277 DLS HOME HEALTH SERVICES
Lic Expire 04/30/2022 105 TERRACE DR
Medicare 1: 747591 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (214) 893-3531 Fax (972) 499-2458
Type: Parent Agency Administrator MELISSA GIPSON

Owner Information
DALLAS LENDING SOURCE LLC
P.O. BOX 4503
CEDAR HILL, TX 75106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/02/2016
License # 017298 DREAM LAND HEALTHCARE INC
Lic Expire 03/31/2020 3213 IH - 30 SUITE 304
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (469) 264-4376 Fax (214) 594-7679
Type: Parent Agency Administrator RITA AGU

Owner Information
DREAM LAND HEALTHCARE INC
3213 IH - 30 SUITE 304
MESQUITE, TX 75150
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/15/2013
License # 015310 E & C HOME HEALTHCARE CORPORATION
Lic Expire 06/30/2021 13339 N CENTRAL EXPY STE 100
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (214) 545-2738 Fax (214) 628-9599
Type: Parent Agency Administrator CHUCK OGBU

Owner Information
E & C HOME HEALTHCARE CORPORATION
1315 CHARDONNAY DRIVE
ALLEN, TX 75002
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/04/2011
License # 014538 E CARE HOME HEALTH SERVICES INC
Lic Expire 08/31/2021 3939 US HWY 80 E STE 326B
Medicare 1: 747182 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (214) 484-1644 Fax (214) 484-1200
Type: Parent Agency Administrator NNONYITUM EJESIEME

Owner Information
E-CARE 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

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County **DALLAS** Region 03 Date Licensed 05/12/2010
License # 013312 E E CORNERSTONE HOME HEALTH INC
Lic Expire 05/31/2022 203 LONGHORN TRAIL
Medicare 1: 747759 HHA-18 GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (214) 809-0449 Fax (972) 854-6632
Type: Parent Agency Administrator CAROLINE NWACHUKWU

Owner Information
E E CORNERSTONE HOME HEALTH INC
203 LONGHORN TRL
GRAND PRAIRE, TX 75052
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/01/2019
License # 019219 EARTHLY VESSEL SENIOR CARE LLC
Lic Expire 01/23/2021 17304 PRESTON RD SUITE 800
Medicare 1: DALLAS, TX 75252
Medicare 2:
Phone (214) 865-6165 Fax
Type: Parent Agency Administrator DEANDRA MITCHELL

Owner Information
EARTHLY VESSELS SENIOR CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/21/2020
License # 020186 EASY IN-HOMECARE
Lic Expire 09/21/2022 3213 INTERSTATE 30, SUITE 410
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (469) 558-8239 Fax (214) 484-3243
Type: Parent Agency Administrator CATHERINE EBUNE

Owner Information
EASY GLOBAL VENTURES, LLC
3213 I-30, STE #410
MESQUITE, TEXAS 75150
PHONE: (469) 558-8239 FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/24/2006
License # 010358 EBENEZER HOME HEALTH
Lic Expire 03/31/2023 1515 E KEARNEY ST SUITE 100
Medicare 1: 677948 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone (972) 289-9400 Fax (972) 289-9402
Type: Parent Agency Administrator THOMAS SAMUEL

Owner Information
EBENEZER HOME HEALTH CARE LLC
1515 E KEARNEY ST SUITE 100
MESQUITE, TX 75149
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 10/31/2005
License # 010094 ECLIPSE HOME HEALTH SERVICES INC
Lic Expire 10/31/2022 1452 JUNCTION RUN
Medicare 1: 677819 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 222-0322 Fax (972) 222-0396
Type: Parent Agency Administrator FLORENCE CHINWUBA

Owner Information
ECLIPSE HOME HEALTH SERVICES INC
2720 CAMERON WAY
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/15/2008
License # 012172 EFE HEALTHCARE SERVICES INC
Lic Expire 08/31/2021 888 SOUTH GREENVILLE AVENUE SUITE 111
Medicare 1: 747141 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 331-5703 Fax (972) 331-5704
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 04/01/2021
License # 020665 EFFORDABLE SERVICES LLC
Lic Expire 04/01/2024 15330 LYNDON B JOHNSON FWY SUITE 101
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (469) 709-8215 Fax (469) 709-8216
Type: Parent Agency Administrator MYKEL BOYD

Owner Information
EFFORDABLE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/16/2009
License # 012902 EGO HEALTH SERVICES
Lic Expire 10/31/2021 2912 NORTH MACARTHUR BLVD SUITE 104
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (972) 871-1818 Fax (972) 252-3300
Type: Parent Agency Administrator EBUBE G.O. EHIOBU

Owner Information
EGO GROUP, INC.
SAME AS ABOVE
IRVING, TX 75062
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/27/2010
License # 013359 EHS ENTERPRISE HOME HEALTH SOLUTIONS LLC
Lic Expire 05/31/2022 1420 W. MOCKINGBIRD LANE #575
Medicare 1: 747588 HHA-18 DALLAS, TX 75247
Medicare 2:
Phone (214) 637-1128 Fax (214) 637-2919
Type: Parent Agency Administrator JACKIE EUBANKS

Owner Information
EHS ENTERPRISE HOME HEALTH SOLUTIONS LLC
1420 W MOCKINGBIRD LANE #575
DALLAS, TX 75247
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 04/26/2017
License # 018128 ELARA CARING
Lic Expire 04/30/2021 1333 CORPORATE DR. STE. 350A
Medicare 1: 679013 HHA-18 IRVING, TX 75038
Medicare 2:
Phone (817) 336-3257 Fax 817 336 3267
Type: Parent Agency Administrator VINCENT BARRY

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

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County **DALLAS** Region 03 Date Licensed 01/06/2017
License # 017965 ELARA CARING
Lic Expire 12/31/2022 1333 CORPORATE DR. STE 350 C
Medicare 1: 671699 HOSPICE IRVING, TX 75038
Medicare 2:
Phone (866) 446-1067 Fax (855) 852-5141
Type: Parent Agency Administrator ROBERT PSENCIK

Owner Information
GRAPEVINE MISSION HOSPICE, LLC
14295 MIDWAY ROAD, SUITE #400
ADDISON, TX 75001
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/25/2012
License # 015098 ELARA CARING
Lic Expire 05/31/2020 1333 CORPORATE DR. STE. 350B
Medicare 1: 743142 HHA-18 IRVING, TX 75038
Medicare 2:
Phone (972) 756-1080 Fax (972) 756-1072
Type: Parent Agency Administrator KAREN TORTI

Owner Information
JORDAN ACQUISITIONS 13, LLC.
14295 MIDWAY RD. STE. 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/03/2017
License # 018501 ELI HOME HEALTH SERVICES INC
Lic Expire 08/31/2021 9550 FOREST LANE STE 319
Medicare 1: 747088 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 807-2727 Fax (972) 807-2790
Type: Parent Agency 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

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

County **DALLAS** Region 03 Date Licensed 01/31/2005
License # 009560 ELIM HOME HEALTH INC
Lic Expire 01/31/2023 18601 LYNDON B JOHNSON FWY STE 110
Medicare 1: 457962 HHA-18 MESQUITE, TEXAS 75150
Medicare 2:
Phone (972) 290-9721 Fax (972) 288-1764
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 01/05/2018
License # 018550 ELIM HOSPICE LLC
Lic Expire 01/31/2020 18601 LYNDON B JOHNSON FWY SUITE 110
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (469) 340-2149 Fax (972) 288-1764
Type: Parent Agency 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** Region 03 Date Licensed 10/25/2016
License # 017885 ELITE HOSPICE OF TEXAS
Lic Expire 02/26/2021 13601 PRESTON RD, SUITE E0600
Medicare 1: 741512 HOSPICE DALLAS, TX 75240
Medicare 2:
Phone (972) 770-0597 Fax (972) 770-0598
Type: Parent Agency Administrator LA'TAYA 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** Region 03 Date Licensed 02/09/2021
License # 020522 ELIZABETH HEALTHCARE SERVICES INC
Lic Expire 02/09/2023 115 EXECUTIVE WAY STE 214
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (469) 677-0098 Fax (469) 677-0118
Type: Parent Agency Administrator ALFRED AKINOLA

Owner Information
ELIZABETH HEALTHCARE SERVICES INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/06/2016
License # 017496 ELOQUENT HOME HEALTH
Lic Expire 07/31/2022 10945 ESTATE LANE SUITE E158
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (972) 807-6868 Fax (972) 807-6742
Type: Parent Agency Administrator JANE UWAGA

Owner Information
ELOQUENT HOME HEALTH INC.
10945 ESTATE LANE SUITE E158
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/25/2016
License # 017765 ELVIS HOME HEALTH CARE LLC
Lic Expire 07/31/2022 9535 FOREST LANE SUITE 246
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (469) 372-0947 Fax (469) 420-5373
Type: Parent Agency Administrator EMMANUEL EBEN

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

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County **DALLAS** Region 03 Date Licensed 07/01/2008
License # 012079 ELYSIAN HOSPICE LLC
Lic Expire 06/30/2022 16750 WESTGROVE SUITE 100
Medicare 1: 671613 HOSPICE ADDISON, TX 75001
Medicare 2:
Phone 972 2241876 Fax 972 2241494
Type: Parent Agency Administrator LATASHA HOLLIS

Owner Information
ELYSIAN HOSPICE LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DALLAS** Region 03 Date Licensed 12/31/2018
License # 019308 EMBRACE HOSPICE
Lic Expire 12/31/2022 102 DECKER CT., SUITE 220
Medicare 1: 74-1721 IRVING, TX 75062
Medicare 2:
Phone (469) 995-2456 Fax (469) 995-2809
Type: Parent Agency Administrator KIM HUTCHINSON, RN

Owner Information
ADORATION HOSPICE CARE TEXAS, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/15/2021
License # 020467 EMERALD HEALTHCARE SERVICES INC
Lic Expire 01/15/2023 1500 E BELT LINE RD
Medicare 1: CARROLLTON, TEXAS 75006
Medicare 2:
Phone (214) 517-1979 Fax
Type: Parent Agency Administrator VICTOR AGUMALU

Owner Information
EMERALD HEALTHCARE SERVICES INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/25/2019
License # 019277 EMERSON ON HARVEST HILL - PERSONAL ASSISTANCE SERVICES
Lic Expire 05/31/2021 5550 HARVEST HILL ROAD
Medicare 1: DALLAS, TEXAS 75230
Medicare 2:
Phone (972) 619-6250 Fax (469) 287-5892
Type: Parent Agency Administrator KARLA ORDUNA

Owner Information
5550 HARVEST HILL ROAD OPCO, LLC
4900 AIRPORT PARKWAY, BOX 13
ADDISON, TEXAS 75001
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/15/2005
License # 009960 EMINENT HOME HEALTHCARE LLC
Lic Expire 09/30/2022 10864 AUDELIA RD #100
Medicare 1: 677937 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (214) 660-4404 Fax (214) 660-4406
Type: Parent Agency Administrator VALSAMMA KOSHY

Owner Information
EMINENT HOME HEALTHCARE LLC
PO BOX 870446
MESQUITE, TX 75187
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/14/2018
License # 018886 EMMANUAL CURAE HOSPICE CARE LLC
Lic Expire 08/31/2022 4505 STIRLING DR
Medicare 1: 971615 GARLAND, TX 75043
Medicare 2:
Phone (682) 812-9294 Fax (972) 240-5523
Type: Parent Agency Administrator DELENE MARONEY (GEORGE)

Owner Information
EMMANUAL CURAE HOSPICE CARE LLC
4505 STIRLING DR
GARLAND, TX 75043
PHONE: FAX:
Services: Hospice; Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/23/2023

County **DALLAS** Region 03 Date Licensed 08/11/2006
License # 010679 EMRICK HOME HEALTH
Lic Expire 08/31/2020 2301 FOREST LANE SUITE 400
Medicare 1: 743125 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (972) 494-5444 Fax (972) 494-2331
Type: Parent Agency Administrator PATRICK JACKSON

Owner Information
EMRICK SERVICES INC
2301 FOREST LANE SUITE 400
GARLAND, TX 75042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/03/2011
License # 014255 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 06/30/2021 150 E. HIGHWAY 67, SUITE 250
Medicare 1: DUNCANVILLE, TEXAS 75137
Medicare 2:
Phone 972 2983400 Fax 972 2983408
Type: Branch Agency Administrator LINDA FARRIS

Owner Information
ENCOMPASS HOME HEALTH OF DFW, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **DALLAS** Region 03 Date Licensed 01/07/2008
License # 011957 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 01/31/2022 10300 NORTH CENTRAL EXPRESSWAY, SUITE 355
Medicare 1: 678243 HHA-18 DALLAS, TEXAS 75231
Medicare 2:
Phone 214 5037700 Fax 214 5031221
Type: Parent Agency Administrator KRISTI PHILLIPS

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

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County **DALLAS** Region 03 Date Licensed 12/20/2013
License # 015841 ENCOMPASS HEALTH HOSPICE
Lic Expire 09/30/2021 10300 N CENTRAL EXPRESSWAY, SUITE 358
Medicare 1: DALLAS, TEXAS 75231
Medicare 2:
Phone 469 6773100 Fax 214 3634348
Type: Alternate Delivery Site Administrator ADAM ALGER

Owner Information
APEX HOSPICE, LLC
6888 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 04/27/2019
License # 019189 ENTIRETY HOME HEALTH LLC
Lic Expire 07/31/2021 1229 E. PLEASANT RUN RD., SUITE 127
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (469) 552-6912 Fax (469) 552-6912
Type: Parent Agency Administrator JOANE GRISSETT

Owner Information
ENTIRETY HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/19/2008
License # 012183 ENVISION HOME HEALTH CARE LLC
Lic Expire 11/30/2020 310 E I-30 SUITE 314
Medicare 1: 747266 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 285-7286 Fax (972) 285-7296
Type: Parent Agency Administrator BOBBY KOSHY

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; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO, Expires: 10/13/2021

County **DALLAS** Region 03 Date Licensed 11/04/2020
License # 020289 ENVISION HOSPICE
Lic Expire 11/04/2022 310 E I 30 # 314
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (972) 285-7286 Fax (972) 285-7296
Type: Parent Agency Administrator BOBBY KOSHY

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

County **DALLAS** Region 03 Date Licensed 09/02/2015
License # 017149 ENVOY HOSPICE
Lic Expire 09/30/2019 400 SOUTH ZANG BLVD STE 1220
Medicare 1: 671623 HOSPICE DALLAS, TX 75208
Medicare 2:
Phone (214) 751-8980 Fax (217) 751-8986
Type: Parent Agency Administrator DONALD KING

Owner Information
DIVINE MERCY HOSPICE PLLC
400 SOUTH ZANG BLVD STE 1220
DALLAS, TX 75208
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 04/27/2016
License # 017869 ESPREE HEALTH SERVICES
Lic Expire 04/30/2022 3939 US HIGHWAY 80 E SUITE 239A
Medicare 1: 453176 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 394-0205 Fax (972) 394-0147
Type: Parent Agency Administrator NAINAN ANJILIMOOTHIL

Owner Information
CHANNEL HEALTH GROUP OF COMPANIES, INC
3939 US HWY 80 E, STE 239A
MESQUITE, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 11/19/2007
License # 011696 EVEREST HOME HEALTH CARE INC
Lic Expire 11/30/2022 611 N MACARTHUR BLVD SUITE 105
Medicare 1: 747042 HHA-18 IRVING, TX 75061
Medicare 2:
Phone (972) 790-9730 Fax (972) 790-9732
Type: Parent Agency Administrator KUSUMAM JACOB

Owner Information
EVEREST HOME HEALTH CARE INC.
611 N MACARTHUR BLVD STE 105
IRVING, TX 75061
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 06/12/2020
License # 019997 EXCEED HOME HEALTH CARE INC.
Lic Expire 06/12/2022 9550 FOREST LN SUITE 208-D
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (214) 613-2444 Fax (214) 580-2810
Type: Parent Agency Administrator DELIA YAKUBOV

Owner Information
EXCEED HOME HEALTH CARE INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/06/2016
License # 017471 EXCEL HOME HEALTH SERVICES LLC
Lic Expire 05/31/2022 12200 FORD ROAD SUITE 340
Medicare 1: 679215 HHA-18 DALLAS, TX 75234
Medicare 2:
Phone (214) 553-1205 Fax (972) 664-0572
Type: Parent Agency Administrator BABY GEORGE

Owner Information
EXCEL HOME HEALTH SERVICES LLC
12200 FORD ROAD SUITE 340
DALLAS, TX 75234-7286
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/10/2013
License # 015809 EXCELLENT CARE HOME HEALTH LLC
Lic Expire 10/31/2019 2410 LUNA ROAD SUITE #252
Medicare 1: 747937 CARROLLTON, TEXAS 750066538
Medicare 2:
Phone (817) 370-4653 Fax (817) 295-4445
Type: Parent Agency Administrator RODERICK C SATUITO

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

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County **DALLAS** Region 03 Date Licensed 10/01/2018
License # 019237 EXCEPTIONAL PATRIOTS HEALTHCARE, LLC
Lic Expire 05/31/2021 2655 VILLA CREEK DRIVE STE. 235
Medicare 1: 747638 HHA-18 FARMERS BRANCH, TX 75234
Medicare 2:
Phone (214) 628-5410 Fax (972) 476-1284
Type: Parent Agency Administrator DEREK HAAK

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

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County **DALLAS** Region 03 Date Licensed 04/01/2006
License # 010402 EXCLUSIVE HEALTH SERVICES INC
Lic Expire 03/31/2021 405 MAYFIELD AVE SUITE A
Medicare 1: 673122 HHA-18 GARLAND, TX 75041
Medicare 2:
Phone 972 2718646 Fax 972 2785750
Type: Parent Agency Administrator OFONIME DANIEL

Owner Information
EXCLUSIVE HEALTH SERVICES INC
112 WESTMINISTER AVE
MURPHY, TX 75094
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/19/2009
License # 013010 EXODUS HEALTHCARE SERVICES INC
Lic Expire 11/30/2021 1815 EDWARDS CHURCH ROAD
Medicare 1: 747495 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 222-5752 Fax (972) 222-5852
Type: Parent Agency Administrator SARAH FANKA

Owner Information
EXODUS HEALTHCARE SERVICES INC
1815 EDWARDS CHURCH RD
MESQUITE, TX 75181-1825
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 12/07/2020
License # 020382 EXPRESS HOMECARE SERVICES INC
Lic Expire 12/07/2022 124 GROSS RD STE F
Medicare 1: MESQUITE, TX 75149
Medicare 2:
Phone (214) 924-2474 Fax (214) 670-3305
Type: Parent Agency Administrator KRISTI JONES

Owner Information
EXPRESS HOMECARE SERVICES INC
124 GROSS RD STE F
MESQUITE, TX 75149
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/01/2017
License # 018293 EXTRAORDINARY HOMECARE SERVICES
Lic Expire 08/31/2021 811 S CENTRAL EXPRESSWAY STE. 303
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 427-4055 Fax (469) 914-0185
Type: Parent Agency Administrator MARGARET LAWAL

Owner Information
EXTRAORDINARY HOMECARE SERVICES LLC
3939 BRIARGROVE LN APT 2103
DALLAS, TX 75287
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/31/2005
License # 009934 F & F DEVOTED HOME HEALTH SERVICES INC
Lic Expire 08/31/2021 9304 FOREST LANE SUITE 275
Medicare 1: 679558 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 575-8565 Fax (214) 342-8566
Type: Parent Agency Administrator FLORENCE IGBINIGIE

Owner Information
F & F DEVOTED HOME HEALTH SERVICES INC
9304 FOREST LANE SUITE 275
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/24/2003
License # 008712 FAITH PRESBYTERIAN HOSPICE
Lic Expire 10/31/2022 12477 MERIT DR
Medicare 1: 451754 HOSPICE DALLAS, TX 75251
Medicare 2:
Phone (972) 239-5300 Fax (214) 413-1555
Type: Parent Agency Administrator JOHN MEZO

Owner Information
GRACE PRESBYTERIAN MINISTRIES INC
550 E ANN ARBOR AVE
S, TX 75216
PHONE: (214) 376-1701 FAX: (214) 376-8694
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 01/08/2024

County **DALLAS** Region 03 Date Licensed 06/01/2010
License # 013370 FAMILY CARE NURSING PLLC
Lic Expire 05/31/2022 2544 TARPLEY ROAD, SUITE 110
Medicare 1: CARROLLTON, TX 75006
Medicare 2:
Phone (972) 245-2273 Fax (972) 528-2085
Type: Parent Agency Administrator JAGANNATH CHITTIMOORI

Owner Information
FAMILY CARE NURSING, PLLC
2544 TARPLEY RD STE 3110
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/21/2014
License # 016661 FAMILY CONNECTIONS HOME HEALTH CARE
Lic Expire 11/30/2022 401 S SHERMAN ST, STE 309
Medicare 1: 679445 HHA-18 RICHARDSON, TX 750814005
Medicare 2:
Phone (214) 941-9522 Fax (469) 733-1877
Type: Parent Agency Administrator VAISHALI PATEL

Owner Information
AMERICAN FAMILY CONNECTIONS, INC
2321 S BELTLINE RD STE 101 BOX 22
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/03/2009
License # 012840 FAMILY NURSES HOME HEALTH AGENCY
Lic Expire 09/30/2021 777 SOUTH CENTRAL EXPRESSWAY SUITE 1-A
Medicare 1: 747468 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (214) 570-0022 Fax (214) 570-0002
Type: Parent Agency Administrator OMONO OMOKHODION

Owner Information
FAMILY NURSES HOME HEALTH SERVICES INC
777 SOUTH CENTRAL EXPRESS WAY SUITE 1-A
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/28/2005
License # 009557 FERRELL HOMECARE LLC
Lic Expire 12/30/2020 712 NORTH HAMPTON ROAD SUITE 140
Medicare 1: 457802 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (972) 274-4049 Fax (972) 274-0067
Type: Parent Agency Administrator EDITH COOPER HENDERSON

Owner Information
FERRELL HOME CARE LLC
712 N HAMPTON RD STE 140
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 09/18/2014
License # 016419 FHL HOME CARE LLC
Lic Expire 09/30/2022 4504 LIVINGSTON AVENUE
Medicare 1: DALLAS, TX 75205
Medicare 2:
Phone (214) 520-7571 Fax (214) 396-1904
Type: Parent Agency Administrator RUSSELL WOOLERY

Owner Information
FHL HOME CARE LLC
4504 LIVINGSTON AVE
DALLAS, TX 75205
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed
License # 020705 FIDELITY ENTRUST HOSPICE LLC
Lic Expire 04/15/2024 325 WEDGEWOOD LANE
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (817) 487-7378 Fax (817) 977-8889
Type: Parent Agency Administrator SHAVONDA FICKLIN

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

County **DALLAS** Region 03 Date Licensed 07/12/2010
License # 013451 FIRST CALL OF DALLAS INC
Lic Expire 07/31/2022 8010 N STEMMONS FREEWAY SUITE 101
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (214) 631-9200 Fax (214) 631-9202
Type: Parent Agency Administrator SUSAN HOGUE

Owner Information
FIRST CALL OF DALLAS INC
8010 N STEMMONS FREEWAY SUITE 101
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/31/1997
License # 006374 FIRST CHOICE HOME HEALTH CARE AGENCY
Lic Expire 08/31/2021 106 EAST FAIN
Medicare 1: 678475 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 780-1117 Fax (972) 780-1231
Type: Parent Agency 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

County **DALLAS** Region 03 Date Licensed 01/29/2010
License # 013087 FIRST CLASS CAREGIVERS INC
Lic Expire 01/31/2022 16415 ADDISON RD STE 150
Medicare 1: ADDISON, TX 75001
Medicare 2:
Phone (214) 377-1760 Fax (972) 408-3436
Type: Parent Agency Administrator BERNIE FRANCIS

Owner Information
FIRST CLASS CAREGIVERS, INC.
16415 ADDISON RD STE 150
ADDISON, TX 75001
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/08/2011
License # 014147 FIRST CRYSTALCARE INC
Lic Expire 06/30/2023 1675 REPUBLIC PARKWAY #200C
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (972) 279-0682 Fax (972) 279-0689
Type: Parent Agency Administrator SHANNON PROCK

Owner Information
FIRST CRYSTAL CARE INC
1675 REPUBLIC PARKWAY # 200
MESQUITE, TX 75150
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/29/2009
License # 012570 FIRST RAPHA HOME HEALTH INC
Lic Expire 04/30/2023 4402 BROADWAY BLVD SUITE 15
Medicare 1: 747418 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 240-5300 Fax (972) 240-5332
Type: Parent Agency Administrator DELENE GEORGE

Owner Information
FIRST RAPHA HOME HEALTH, LLC
4402 BROADWAY BLVD, STE #15
GARLAND, TX 75043
PHONE: (972) 240-5300 FAX: (972) 240-5332
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 07/26/2022

County **DALLAS** Region 03 Date Licensed 01/25/2011
License # 013843 FIRST STEPS PEDIATRIC THERAPY SPECIALISTS
Lic Expire 01/31/2023 1231 GREENWAY DRIVE SUITE 100
Medicare 1: IRVING, TX 75038
Medicare 2:
Phone (972) 871-1800 Fax (972) 871-1802
Type: Parent Agency Administrator JACK GABEHART

Owner Information
FST LLC
PO BOX 471459
FORT WORTH, TX 76147
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 12/04/2019
License # 019731 FIRST TEXAS HOSPICE LLC
Lic Expire 12/04/2021 2410 LUNA RD ,SUITE #254
Medicare 1: CARROLLTON, TEXAS 75006
Medicare 2:
Phone (214) 614-6744 Fax (214) 304-7279
Type: Parent Agency Administrator BIJILI VARANATH

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

County **DALLAS** Region 03 Date Licensed 10/13/2014
License # 016482 FMS NORTH TEXAS HOME STAFF ASSIST
Lic Expire 01/29/2021 8700 NORTH STEMMONS FWY SUITE 135
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (214) 951-7714 Fax (214) 951-7740
Type: Parent Agency Administrator MARIA VALERA

Owner Information
BIO MEDICAL APPLICATIONS OF TEXAS INC
8925 HIGHWAY 6 NORTH, SUITE #100
HOUSTON, TX 77095
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **DALLAS** Region 03 Date Licensed 04/24/2020
License # 019353 FOCUS HOME HEALTHCARE SERVICES, INC.
Lic Expire 04/29/2021 343 ASH BROOK LN
Medicare 1: SUNNYVALE, TX 75182
Medicare 2:
Phone (469) 703-9570 Fax
Type: Parent Agency Administrator ASHA DWUMFOUR-POKU

Owner Information
FOCUS HOME HEALTHCARE SERVICES, INC.
202 OXFORD PLACE
MESQUITE, TX 75149
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/22/2016
License # 017928 FORTRESS HOME HEALTH AGENCY INC
Lic Expire 11/30/2022 8330 LBJ FREEWAY SUITE 490
Medicare 1: 679790 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 283-9500 Fax (972) 283-9501
Type: Parent Agency Administrator MICHAEL UDOESSIEN

Owner Information
FORTRESS HOME HEALTH AGENCY INC
8330 LBJ FREEWAY STE 490
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/06/2009
License # 012971 FOUR SEASONS HOME HEALTH SERVICES INC
Lic Expire 11/30/2021 9304 FOREST LANE SUITE S201
Medicare 1: 747467 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 925-0735 Fax (972) 925-0482
Type: Parent Agency Administrator LAWRENCE OLIOBI

Owner Information
FOUR SEASONS HOME HEALTH SERVICES INC
531 CEDARBIRD TRAIL
MURPHY, TX 75094
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 05/30/2003
License # 008476 FRIENDLY HEALTHCARE SERVICES LLC
Lic Expire 05/31/2021 11325 PEGASUS STREET SUITE W 101
Medicare 1: 679404 DALLAS, TX 75238
Medicare 2:
Phone (214) 341-0741 Fax (214) 341-1312
Type: Parent Agency Administrator SYLVESTER AKUNNE

Owner Information
FRIENDLY HEALTHCARE SERVICES LLC
1105 REGAL DRIVE
GARLAND, TX 75040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/23/2016
License # 017871 FRONTVIEW HOME HEALTH
Lic Expire 09/30/2022 2323 W ROCHELLE RD, 7 SUITES # A
Medicare 1: 743188 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (972) 424-1691 Fax (972) 423-2610
Type: Parent Agency Administrator ASHRUF KHAN

Owner Information
FRONTVIEW PROVIDER SERVICES INC
2505 TEXAS DRIVE STE 113-A
IRVING, TX 75062
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/22/2010
License # 013262 FUNDAMENTAL CARE HOME HEALTH AGENCY INC
Lic Expire 04/30/2022 8330 LBJ FREEWAY SUITE 670
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (469) 403-7868 Fax (888) 551-3229
Type: Parent Agency Administrator JUDE OHUMAEGBULEM

Owner Information
FUNDAMENTAL CARE HOME HEALTH AGENCY INC
2741 SPRING RAIN DR.
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/10/2019
License # 019588 G & R COMMUNITY HEALTHCARE SERVICES
Lic Expire 09/10/2021 3939 US HIGHWAY 80 SUITE 390 D
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (972) 236-4126 Fax (972) 441-2496
Type: Parent Agency Administrator RAYMOND AGBADIBA

Owner Information
G & R COMMUNITY HEALTH SERVICES GP
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/30/2015
License # 017137 GARDENDALE HOSPICE LLC
Lic Expire 06/30/2021 4101 MCEWEN SUITE 260
Medicare 1: 671589 HOSPICE FARMERS BRANCH, TX 75244
Medicare 2:
Phone (214) 357-9200 Fax (214) 357-9202
Type: Parent Agency Administrator JESUS MANUEL BARRAGAN

Owner Information
GARDENDALE HOSPICE LLC
4101 MCEWEN SUITE 260
FARMERS BRANCH, TX 75244
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/23/2023

County **DALLAS** Region 03 Date Licensed 11/25/2003
License # 008773 GARLAND HOME HEALTHCARE AGENCY INC
Lic Expire 11/30/2019 3302 BLUE RIDGE LANE
Medicare 1: 453128 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (214) 876-9669 Fax (972) 276-3305
Type: Parent Agency Administrator LINUS N AYOZIE

Owner Information
GARLAND HOME HEALTHCARE AGENCY INC
3302 BLUE RIDGE LANE
GARLAND, TX 75042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/02/2020
License # 020141 GENCARE HEALTH SERVICES LLC
Lic Expire 09/02/2022 8620 SECRET FOREST DR
Medicare 1: DALLAS, TX 752494022
Medicare 2:
Phone (214) 882-8439 Fax
Type: Parent Agency Administrator SUE IKOMI

Owner Information
GENCARE HEALTH SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 09/09/2019
License # 019584 GENESIS MENTAL HEALTH & GROUP HOME SERVICES
Lic Expire 09/09/2021 10990 SWITZER AVENUE STE.301
Medicare 1: DALLAS, TEXAS 75238
Medicare 2:
Phone (214) 221-0277 Fax
Type: Parent Agency Administrator GREGORY BALOGUN

Owner Information
GENESIS MENTAL HEALTH SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/09/2020
License # 020158 GENIX HOME HEALTHCARE LLC.
Lic Expire 09/09/2022 1349 EMPIRE CENTRAL DR. #640
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone (469) 399-6489 Fax (214) 256-3028
Type: Parent Agency Administrator FRANCIS DEKU

Owner Information
GENIX HOME HEALTHCARE LLC
P.O BOX 182526
ARLINGTON, TX 76096
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/15/2008
License # 012165 GENTLE HANDS HOME HEALTH CARE
Lic Expire 08/31/2020 9304 FOREST LANE STE S200
Medicare 1: 747499 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 342-2600 Fax (214) 342-2601
Type: Parent Agency Administrator LAKESHIA EALY

Owner Information
LAKESHIA KIJUAN EALY
9304 FOREST LANE STE S200
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/03/2017
License # 018229 GERYN HOME HEALTH CARE AGENCY INC
Lic Expire 1825 MARKET CENTER BLVD SUITE #425
Medicare 1: 458496 DALLAS, TX 75207
Medicare 2:
Phone (972) 228-4960 Fax (972) 228-4994
Type: Parent Agency Administrator GARY D. HASTY

Owner Information
GERYN HOME HEALTH CARE INC
1825 MARKET CENTER BLVD SUITE 300
DALLAS, TX 75207
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/30/2013
License # 015999 GIFTED HEALTHCARE INC
Lic Expire 09/30/2021 811 S CENTRAL EXPRESSWAY SUITE 235G
Medicare 1: 747442 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 238-7191 Fax (972) 238-7192
Type: Parent Agency Administrator ROSELYN OKORIE

Owner Information
GIFTED HEALTHCARE INC
811 S. CENTRAL EXPRESSWAY STE 235G
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/26/2004
License # 008934 GILS HOME HEALTH CARE SERVICES INC
Lic Expire 02/28/2021 3960 BROADWAY BLVD SUITE 109
Medicare 1: 453179 GARLAND, TX 75043
Medicare 2:
Phone (214) 703-0699 Fax (214) 703-6899
Type: Parent Agency Administrator SUSAN EGWUAGU

Owner Information
GILS HOME HEALTH CARE SERVICES INC
SAME AS PHYSICAL ADDRESS
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/24/2010
License # 013727 GIODERK HOME HEALTH INC
Lic Expire 11/30/2022 3439 BELLVILLE DR
Medicare 1: 747663 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 603-2038 Fax (214) 321-0019
Type: Parent Agency Administrator EMMANUEL ONYIA

Owner Information
GIODERK HOME HEALTH INC
3439 BELLVILLE DR
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/30/2007
License # 011756 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 8131 LBJ FREEWAY SUITE 200
Medicare 1: DALLAS, TX 75251
Medicare 2:
Phone (214) 739-6900 Fax (214) 739-8075
Type: Parent Agency Administrator KATRINA JOHNSON

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/03/2019
License # 019177 GIVE ME A BREAK IN-HOME CAREGIVER SERVICES
Lic Expire 07/31/2021 3003 DRIFTWOOD LN
Medicare 1: LANCASTER, TX 75146
Medicare 2:
Phone (214) 530-1779 Fax
Type: Parent Agency Administrator OTHA WATSON

Owner Information
OTHA WATSON
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/25/2005
License # 009657 GLOBAL CARE HOME HEALTH AGENCY INC
Lic Expire 11/30/2020 1636 N HAMPTON RD STE 104
Medicare 1: 677806 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (972) 223-7400 Fax (972) 223-7407
Type: Parent Agency Administrator CLEMENT ADEWUNMI

Owner Information
GLOBAL CARE HOME HEALTH AGENCY INC
1636 N HAMPTON ROAD, STE#104
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/13/2015
License # 016602 GLOBAL HOSPICE CARE INC
Lic Expire 01/31/2023 10920 COMPOSITE DRIVE SUITE A
Medicare 1: 741681 HOSPICE DALLAS, TX 75220
Medicare 2:
Phone (469) 432-1997 Fax 18442464823
Type: Parent Agency Administrator SUJA KURIAN

Owner Information
GLOBAL HOSPICE CARE INC
10920 COMPOSITE DR STE A
DALLAS, TX 75220
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/01/2007
License # 011070 GLORIOUS HOME HEALTH CARE INC
Lic Expire 12/31/2022 329 OAKS TRAIL ENTRANCE A SUITE 95
Medicare 1: 457808 HHA-18 GARLAND, TEXAS 75043
Medicare 2:
Phone (214) 607-4027 Fax (214) 607-4028
Type: Parent Agency Administrator OWOT OWOT

Owner Information
GLORIOUS HOME HEALTH CARE INC
4501 ROWLETT ROAD SUITE 104
ROWLETT, TX 75088
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/29/2012
License # 014905 GLORIOUS HOME HEALTH SERVICES
Lic Expire 06/30/2022 9696 SKILLMAN STREET SUITE 254
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (214) 414-5929 Fax (214) 660-1106
Type: Parent Agency Administrator OKWUCHI UZOMA

Owner Information
WIPA CONSULTING INC
15048 US HWY 75 STE 1
VAN ALSTYNE, TX 75495
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/14/2016
License # 017618 GLOVIS HOME HEALTH SERVICES INC
Lic Expire 05/31/2022 13154 COIT ROAD SUITE 202
Medicare 1: 747806 HHA-18 DALLAS, TX 75240
Medicare 2:
Phone (972) 672-2899 Fax (972) 755-8720
Type: Parent Agency Administrator OMOBOLANLE NOGHAYIN

Owner Information
GLOVIS HOME HEALTH SERVICES INC
6060 VILLAGE BEND DR #504
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/09/2020
License # 020157 GODIA GROUP OF HOMES LLC
Lic Expire 09/09/2022 7050 ARAPAHO RD APT 2051
Medicare 1: DALLAS, TEXAS 75248
Medicare 2:
Phone (214) 245-2395 Fax
Type: Parent Agency Administrator YVONNE GODIA

Owner Information
GODIA GROUP OF HOMES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/13/2017
License # 018508 GODLY HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 12/31/2021 2735 VILLA CREEK DRIVE, SUITE A-260
Medicare 1: 74-1783 FARMERS BRANCH, TX 75234
Medicare 2:
Phone 214 6289090 Fax 214 6289091
Type: Parent Agency Administrator MELISSA MANSELL

Owner Information
GODLY HOSPICE AND PALLIATIVE CARE LLC
2105 LINCOLN CT
FLOWER MOUND, TX 75028
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/22/2022

County **DALLAS** Region 03 Date Licensed 03/29/2018
License # 018679 GOLDEN HOME CARE LLC
Lic Expire 03/31/2022 2130 WINDY RIDGE LN
Medicare 1: GARLAND, TX 75044
Medicare 2:
Phone (469) 888-1008 Fax (469) 284-0017
Type: Parent Agency Administrator TAMMIE TRAN

Owner Information
GOLDEN HOME CARE LLC
2130 WINDY RIDGE LN
GARLAND, TX 75044
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/12/2005
License # 009951 GOLDEN STAR HOME HEALTH AGENCY INC
Lic Expire 09/30/2021 8035 E. RL THORNTON FRWY. SUITE 247
Medicare 1: 677855 DALLAS, TX 75228
Medicare 2:
Phone (469) 726-0760 Fax (469) 726-0761
Type: Parent Agency Administrator CHIMATARA NWOKE

Owner Information
GOLDEN STAR HOME HEALTH AGENCY INC
8344 EAST R L THORNTON FRWY SUITE 410
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/23/2015
License # 016873 GOOD HEALTH SERVICES INC
Lic Expire 04/30/2023 9304 FOREST LN STE S228
Medicare 1: 679337 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 660-8828 Fax (214) 660-8083
Type: Parent Agency Administrator JULIUS NNANDILOBI

Owner Information
GOOD HEALTH SERVICES INC
9304 FOREST LANE SUITE S255
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/05/2011
License # 013805 GOOD LIVING HOMECARE LLC
Lic Expire 01/31/2021 5200 PAIGE ROAD, SUITE 700
Medicare 1: 747782 HHA-18 THE COLONY, TX 75056
Medicare 2:
Phone (469) 214-8925 Fax (469) 754-0352
Type: Parent Agency Administrator TIFFANEY BALLEW

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

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County **DALLAS** Region 03 Date Licensed 03/07/2016
License # 017375 GOOD SAMARITAN HOME HEALTH AGENCY
Lic Expire 03/31/2022 2510 TEXAS DRIVE SUITE 100
Medicare 1: 679191 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (972) 594-0646 Fax (972) 261-0166
Type: Parent Agency Administrator IFEANYI EHIOBU

Owner Information
GOOD SAMARITAN CAREGIVERS LLC
2510 TEXAS DRIVE 100
IRVING, TX 75062
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 12/16/2003
License # 008810 GOOD SAMARITAN HOME HEALTH CARE INC
Lic Expire 12/31/2022 9550 SKILLMAN ST SUITE #320
Medicare 1: 679478 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 222-1282 Fax (972) 222-1493
Type: Parent Agency Administrator FELICIA OKAFOR

Owner Information
GOOD SAMARITAN HOME HEALTH CARE INC
SAME
MESQUITE, TEXAS 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/01/2017
License # 018578 GOOD SAMARITAN SOCIETY - HOME HEALTH
Lic Expire 11/30/2021 700 NORTH TOWN EAST BOULEVARD SUITE 159
Medicare 1: 679113 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone 972 686 4366 Fax 972 686 4372
Type: Parent Agency Administrator TRACI WOOLFOLK

Owner Information
GOOD SAMARITAN SOCIETY HCBS-TX, LLC
700 NORTH TOWN EAST BLVD., SUITE 159
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 09/23/2011
License # 014670 GOOD SHEPHERD HEALTH CARE SERVICES
Lic Expire 12/03/2021 415 EAST AIRPORT FREEWAY #230
Medicare 1: 679114 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (469) 620-9028 Fax (972) 421-1881
Type: Parent Agency Administrator IKE NWOHA

Owner Information
ESHCOL HEALTH CARE SERVICES INC
415 EAST AIRPORT FREEWAY STE 230
IRVING, TX 75062
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/08/2005
License # 009686 GOOD SHEPHERD HOME HEALTHCARE AGENCY
Lic Expire 04/30/2021 811 S CENTRAL EXPRESSWAY SUITE #444
Medicare 1: 677817 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 470-0440 Fax (972) 470-0307
Type: Parent Agency Administrator FIDELIS SIMO

Owner Information
GOOD SHEPHERD HOME HEALTHCARE AGENCY INC
9421 ANNS WAY
PLANO, TX 75025
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/15/2005
License # 009630 GOOD SHEPHERD HOSPICE OF DALLAS LLC
Lic Expire 03/31/2023 7920 BELT LINE ROAD, SUITE 760
Medicare 1: 451799 HOSPICE DALLAS, TX 752548188
Medicare 2:
Phone (972) 870-9991 Fax (972) 870-9993
Type: Parent Agency Administrator KIMBERLY CODR

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

County **DALLAS** Region 03 Date Licensed 08/26/2013
License # 015732 GOODCARE HOME HEALTH AGENCY
Lic Expire 08/31/2021 11555 FERGUSON ROAD SUITE 400
Medicare 1: DALLAS, TX 75228
Medicare 2:
Phone (214) 772-7079 Fax (972) 279-1370
Type: Parent Agency Administrator ENOCK MUPOPERI

Owner Information
ENOCK MUPOPERI
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/03/2008
License # 012288 GOODWILL HEALTHCARE SERVICES
Lic Expire 11/30/2022 1140 EMPIRE CENTRAL PLACE STE 103
Medicare 1: 747291 HHA-18 DALLAS, TX 75247
Medicare 2:
Phone (214) 631-9900 Fax (214) 631-9902
Type: Parent Agency Administrator EMMANUEL UBANI

Owner Information
ALPHATRENDS, INC
2503 WHITETAIL DR
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/14/2011
License # 013832 GRACE COMPASSION HOME HEALTH AGENCY
Lic Expire 01/31/2023 8330 LBJ FREEWAY STE 915
Medicare 1: 747729 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 516-1069 Fax (888) 607-7023
Type: Parent Agency Administrator GRACE OPUNI-DARKO

Owner Information
GRADARK COMPASSION CARE INC
91230 CRESTWICK DRIV
MURPHY, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/01/2004
License # 009284 GRACE UNLIMITED
Lic Expire 08/31/2021 2401 GATEWAY DRIVE SUITE 110
Medicare 1: 457956 HHA-18 IRVING, TX 75063
Medicare 2:
Phone (214) 277-8800 Fax (214) 277-8899
Type: Parent Agency Administrator TRACY L DONAHUE

Owner Information
UNLIMITED GRACE HEALTHCARE LLC
2401 GATEWAY DR STE 110
IRVING, TX 75063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/07/2013
License # 015694 GRACIA HOME HEALTH AGENCY INC
Lic Expire 08/31/2021 10610 METRIC DRIVE STE 150
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (972) 925-0120 Fax (800) 901-4794
Type: Parent Agency 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** Region 03 Date Licensed 02/07/2020
License # 019812 GRACIA HOME HEALTH CARE INC
Lic Expire 02/07/2022 2314 WOODGLEN DRIVE
Medicare 1: GARLAND, TX 75040
Medicare 2:
Phone (972) 903-1965 Fax (800) 901-4794
Type: Parent Agency Administrator SOLOMON TOCHE

Owner Information
GRACIA HOME HEALTH CARE INC
2314 WOODGLEN DRIVE
GARLAND, TX 75040
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/06/2009
License # 012974 GRACIOUS CARE HEALTH SERVICES INC
Lic Expire 11/30/2021 777 S. CENTRAL EXPRESSWAY, SUITE 1-F
Medicare 1: 747599 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone 972 5980871 Fax 972 9189229
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 05/01/2015
License # 016883 GRANDCARE HOME HEALTH LLC
Lic Expire 04/30/2021 12100 FORD RD, STE 318
Medicare 1: 747394 HHA-18 FARMERS BRANCH, TX 75234
Medicare 2:
Phone (469) 779-3643 Fax (469) 333-8002
Type: Parent Agency Administrator SAMUEL PHILIPS

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

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County **DALLAS** Region 03 Date Licensed 02/26/2010
License # 013137 GREEN APPLE THERAPY
Lic Expire 02/28/2022 2535 LONE STAR DRIVE STE 200
Medicare 1: DALLAS, TX 75212
Medicare 2:
Phone (817) 550-5058 Fax (817) 509-8177
Type: Parent Agency 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** Region 03 Date Licensed 05/21/2013
License # 015552 GRISWOLD HOME CARE MESQUITE OFFICE
Lic Expire 05/31/2021 2833 BLUE RIDGE
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (972) 850-9945 Fax (866) 496-5016
Type: Parent Agency Administrator MICHAEL GIBSON

Owner Information
MILOC CORP.
3330 N. GALLOWAY AVE SUITE 304-119
MESQUITE, TEXAS 75150
PHONE: (972) 850-9945 FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/16/2017
License # 018454 GUARDIAN ANGELS ATHOME CARE INC
Lic Expire 06/30/2021 100 N CENTRAL EXPY SUITE 190 ROOM 110
Medicare 1: 679760 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 247-8203 Fax (972) 247-8805
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 12/19/2011
License # 014539 GUIDANCE HOME HEALTH SERVICES INC
Lic Expire 12/31/2021 602 WATERVIEW DRIVE
Medicare 1: 747875 HHA-18 COPPELL, TX 75019
Medicare 2:
Phone (972) 672-3050 Fax (972) 459-7759
Type: Parent Agency Administrator JUSTIN ULAHANNAN

Owner Information
GUIDANCE HOME HEALTH SERVICES INC
602 WATERVIEW DR
COPPELL, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 05/07/2022

County **DALLAS** Region 03 Date Licensed 02/07/2020
License # 019810 H AND M HEALTHCARE OF TEXAS INC
Lic Expire 02/07/2022 7413 KALLAN DRIVE
Medicare 1: ROWLETT, TX 75089
Medicare 2:
Phone (214) 282-4548 Fax (214) 282-4548
Type: Parent Agency Administrator HUMPHREY CHAMA

Owner Information
H AND M HEALTHCARE OF TEXAS INC
7413 KALLAN DRIVE
ROWLETT, TX 75089
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/27/2019
License # 019309 HAMACARE SERVICES INC
Lic Expire 03/27/2021 3809 SPIER CIRCLE
Medicare 1: BALCH SPRINGS, TEXAS 75180
Medicare 2:
Phone (214) 772-4133 Fax (214) 484-9096
Type: Parent Agency Administrator AMOS AGWE

Owner Information
HAMACARE SERVICES INC
3809 SPIER CIRCLE
BALCH SPRINGS, TX 75180
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/16/2021
License # 020605 HANDS OF GOD HOME & CARE LLC
Lic Expire 03/16/2023 10729 AUDELIA RD STE 112
Medicare 1: DALLAS, TEXAS 75238
Medicare 2:
Phone 214 2955265 Fax 214 4846572
Type: Parent Agency Administrator CRYSTAL SMITH

Owner Information
HANDS OF GOD HOME & CARE LLC
1030 CACTUS DRIVE
DUNCANVILLE, TEXAS 75137
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/08/2018
License # 018602 HANDS OF HEALING PROVIDER SERVICES PC
Lic Expire 02/28/2022 4444 W JEFFERSON SUITE 614
Medicare 1: DALLAS, TX 75211
Medicare 2:
Phone (713) 416-7187 Fax (214) 331-2021
Type: Parent Agency Administrator ADANNE LACY

Owner Information
HANDS OF HEALING PROVIDER SERVICES PC
2903 LAVANDA
GRAND PRAIRIE, TEXAS 75054
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/22/2021
License # 020543 HANNAH TOUCH
Lic Expire 02/22/2024 1341 W. MOCKINGBIRD LANE SUITE 600W
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone 469 8098488 Fax 469 2832689
Type: Parent Agency Administrator LARYSA ILLA

Owner Information
HANNAH TOUCH, INC
1341 W MOCKINGBIRD LANE 600 W
DALLAS, TX 75247
PHONE: (714) 463-6401 FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/01/2012
License # 015167 HARBOR HOSPICE OF EAST DALLAS - FORT WORTH LP
Lic Expire 10/31/2022 2617 BOLTON BOONE DRIVE SUITE C2
Medicare 1: 741663 HOSPICE DESOTO, TX 75115
Medicare 2:
Phone (469) 329-3321 Fax (972) 649-8915
Type: Parent Agency Administrator THERESA COUSINS

Owner Information
HARBOR HOSPICE OF EAST DALLAS-FORT WORTH LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 01/15/2024

County **DALLAS** Region 03 Date Licensed 11/01/2012
License # 015169 HARBOR HOSPICE OF NORTH DALLAS - FORT WORTH LP
Lic Expire 10/31/2022 2617 BOLTON BOONE DRIVE SUITE C1
Medicare 1: 741550 HOSPICE DESOTO, TX 75115
Medicare 2:
Phone (469) 329-3321 Fax (972) 649-8915
Type: Parent Agency Administrator THERESA COUSINS

Owner Information
HARBOR HOSPICE OF NORTH DALLAS-FORT WORTH LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/05/2024

County **DALLAS** Region 03 Date Licensed 11/08/2012
License # 015191 HARBOR HOSPICE OF SOUTH DALLAS - FORT WORTH LP
Lic Expire 11/30/2022 3500 W WHEATLAND RD EAST TOWER 5TH FLOOR
Medicare 1: 741571 HOSPICE DALLAS, TX 75237
Medicare 2:
Phone (972) 587-8400 Fax (972) 587-8395
Type: Parent Agency Administrator TAMMY CLARK

Owner Information
HARBOR HOSPICE OF SOUTH DALLAS-FORT WORTH, L.P.
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 06/01/2009
License # 012637 HEALING POOL INC
Lic Expire 05/31/2021 9696 SKILLMAN STREET SUITE 200A
Medicare 1: 747455 HHA-18 DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 440-7151 Fax (844) 837-1906
Type: Parent Agency Administrator REGINA IYAWE

Owner Information
HEALING POOL HOME HEALTHCARE AGENCY INC.
2230 COUNTRY HOLLOW LANE
GARLAND, TX 75040
PHONE: (214) 440-7151 FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/13/2018
License # 018884 HEALTH AT HOME
Lic Expire 08/31/2022 14785 PRESTON ROAD SUITE 460
Medicare 1: DALLAS, TX 75254
Medicare 2:
Phone (214) 424-6100 Fax (214) 424-6112
Type: Parent Agency Administrator KATINA KING

Owner Information
HOME HEALTH CARE SERVICES LLC
PO BOX 200
AUGUSTA, GA 30903-0200
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/29/2013
License # 015766 HEALTH AT HOME
Lic Expire 08/31/2021 14785 PRESTON RD., SUITE 460
Medicare 1: 747658 HHA-18 DALLAS, TEXAS 75254
Medicare 2:
Phone (214) 424-6100 Fax (214) 424-6112
Type: Parent Agency Administrator BRENDA HOLMES

Owner Information
HOME HEALTH CARE SERVICES LLC
PO BOX 200
AUGUSTA, GA 30903-0200
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 10/31/2013
License # 016065 HEALTH AT HOME
Lic Expire 10/31/2021 14785 PRESTON ROAD SUITE 460
Medicare 1: 457667 HHA-18 DALLAS, TX 75254
Medicare 2:
Phone (214) 424-6100 Fax (214) 424-6112
Type: Parent Agency Administrator KATINA KING

Owner Information
HOME HEALTH CARE SERVICES LLC
PO BOX 200
AUGUSTA, GA 30903-0200
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 09/23/2021

County **DALLAS** Region 03 Date Licensed 09/26/2002
License # 008123 HEALTH QUEST HOME HEALTH INC
Lic Expire 09/30/2021 9410 CHIMNEYWOOD DR
Medicare 1: 679218 HHA-18 ROWLETT, TX 75089
Medicare 2:
Phone (972) 412-1540 Fax (972) 475-4443
Type: Parent Agency Administrator LISA ANN FERINA

Owner Information
HEALTH QUEST HOME HEALTH INC
P.O. BOX 2706
ROWLETT, TEXAS 75030
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/03/2020
License # 019863 HEALTHCARE OPTIONS FOR YOU
Lic Expire 04/03/2022 1520 WYNDMERE
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (972) 375-8500 Fax
Type: Parent Agency Administrator CARLOS STRINGFELLOW

Owner Information
STRINGFELLOW & ASSOCIATES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed
License # 009773 HEALTHWATCH PROFESSIONALS
Lic Expire 04/30/2022 3200 W. PLEASANT RUN ROAD. SUITE 240
Medicare 1: LANCASTER, TX 75146
Medicare 2:
Phone 972 2740133 Fax 972 2740182
Type: Branch Agency Administrator MAURICE NICOL

Owner Information
2M HEALTHWATCH PROFESSIONALS INC
11520 N CENTRAL EXPY SUITE 220
DALLAS, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/05/2004
License # 009773 HEALTHWATCH PROFESSIONALS
Lic Expire 04/30/2022 1100 E. CAMPBELL ROAD, SUITE 215
Medicare 1: 679271 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 792-7770 Fax (972) 792-7448
Type: Parent Agency Administrator MAURICE NICOL

Owner Information
2M HEALTHWATCH PROFESSIONALS INC
11520 N CENTRAL EXPY SUITE 220
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/18/2017
License # 018138 HEART TO HEART HOSPICE OF DALLAS LLC
Lic Expire 05/31/2021 5787 SOUTH HAMPTON ROAD SUITE# 430
Medicare 1: 741531 HOSPICE DALLAS, TX 75232
Medicare 2:
Phone (214) 944-1453 Fax (214) 944-1458
Type: Parent Agency Administrator KIMBERLY HAMILTON

Owner Information
SGHPC-B LLC
7240 CHASE OAKS BLVD.,
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/06/2023

County **DALLAS** Region 03 Date Licensed 01/25/2017
License # 017872 HEARTS THAT CARE HOME CARE AGENCY LLC
Lic Expire 01/31/2023 12100 FORD ROAD SUITE 138
Medicare 1: FARMERS BRANCH, TX 75234
Medicare 2:
Phone (214) 458-3103 Fax (972) 292-7879
Type: Parent Agency Administrator VAISHALI SONI

Owner Information
HEARTS THAT CARE HOME CARE AGENCY
9304 FOREST LANE STE 230
DALLAS, TX 75243
PHONE: (248) 590-5045 FAX: (214) 614-4729
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 05/05/2011
License # 014365 HEAVEN GLORIOUS HOME HEALTH AGENCY INC
Lic Expire 05/31/2021 2665 VILLA CREEK DRIVE STE 248
Medicare 1: 747489 HHA-18 DALLAS, TX 75234
Medicare 2:
Phone (972) 331-4477 Fax (972) 488-9200
Type: Parent Agency Administrator BREAGET FUMUDOHS

Owner Information
HEAVEN GLORIOUS HOME HEALTH AGENCY INC.
2665 VILLA CREEK DRIVE SUITE 248
DALLAS, TX 75234
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/16/2009
License # 012900 HEAVENLY BLESSINGS HOME HEALTHCARE LLC
Lic Expire 10/31/2021 3939 E US HWY 80 SUITE 486
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (972) 270-9552 Fax (888) 790-4274
Type: Parent Agency Administrator CHERYL CHAPPELL

Owner Information
HEAVENLY BLESSINGS HOME HEALTHCARE LLC
3939 E US HWY 80 SUITE 486
MESQUITE, TX 75150
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/27/2006
License # 010838 HEAVENLY HOST HOME HEALTH
Lic Expire 10/31/2022 536 S BRYAN-BELT LINE ROAD
Medicare 1: 679778 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone (972) 289-3800 Fax (972) 289-3801
Type: Parent Agency Administrator VIJI ANTONY

Owner Information
HEAVENLY HOST, INC.
536 S. BRYAN-BELT LINE ROAD
MESQUITE, TX 75149-5031
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/30/2008
License # 012285 HEBRON HEALTH CARE SERVICES INC
Lic Expire 10/31/2020 9535 FOREST LN STE 290
Medicare 1: 747304 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 807-2541 Fax (972) 807-2542
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 10/22/2020
License # 020260 HELPING HANDS & HEALING HEARTS LLC
Lic Expire 10/22/2022 701 COMMERCE ST
Medicare 1: DALLAS, TX 75202
Medicare 2:
Phone 800 4701990 Fax 214 7719044
Type: Parent Agency Administrator KELISHIA WILLIAMS-NELSON

Owner Information
HELPING HANDS & HEALING HEARTS LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/10/1996
License # 004870 HERITAGE HOMECARE
Lic Expire 09/30/2022 402 WEST WHEATLAND SUITE 170
Medicare 1: 459027 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 283-8124 Fax (972) 283-8127
Type: Parent Agency Administrator STARLA TIMBERLAKE

Owner Information
GLENNWOOD ENTERPRISES INC
402 WEST WHEATLAND RD. STE 170
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/26/1997
License # 006074 HIGH QUALITY HOME HEALTH SERVICES INC
Lic Expire 07/31/2021 12484 ABRAMS ROAD SUITE 2202
Medicare 1: 459130 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 671-9393 Fax (972) 671-9396
Type: Parent Agency Administrator BLANKSON ASIAMA

Owner Information
HIGH QUALITY HOME HEALTH SERVICES INC
PO BOX 744224
DALLAS, TX 75374
PHONE: (972) 671-9393 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 09/30/2018
License # 019230 HIGHER STANDARDS HOME HEALTH LLC
Lic Expire 09/30/2022 17430 CAMPBELL ROAD STE 112
Medicare 1: 74-7267 DALLAS, TX 75252
Medicare 2:
Phone (214) 628-9047 Fax (214) 628-9049
Type: Parent Agency Administrator MARCUS ORLOWSKI

Owner Information
HIGHER STANDARDS HOME HEALTH LLC
17430 CAMPBELL ROAD STE 112
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/06/2017
License # 017903 HIGHLAND HOLLOW HOME HEALTH SOLUTIONS LP
Lic Expire 07/30/2021 THREE LINCOLN CENTER 5430 LBJ FREEWAY STE 1200
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (214) 724-0234 Fax (214) 613-3113
Type: Parent Agency Administrator MICHAEL MCMAHON

Owner Information
HIGHLAND HOLLOW HOME HEALTH SOLUTIONS LP
4164 SARANAC DRIVE
DALLAS, TX 75220
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/10/2010
License # 013165 HILFORD HOME HEALTHCARE LLC
Lic Expire 03/31/2022 10935 ESTATE LANE SUITE 109
Medicare 1: 747532 DALLAS, TX 75238
Medicare 2:
Phone (972) 329-0036 Fax (972) 692-7152
Type: Parent Agency Administrator FLORENCE DAVIES-COLE

Owner Information
HILFORD HOME HEALTHCARE LLC
1834 HILLWOOD DRIVE
MESQUITE, TX 75149
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/01/2011
License # 013929 HILLCREST HOME HEALTH
Lic Expire 02/28/2023 16910 DALLAS PARKWAY STE 210
Medicare 1: 747700 HHA-18 DALLAS, TX 75248
Medicare 2:
Phone (972) 930-7999 Fax (972) 930-7966
Type: Parent Agency Administrator VINIL PATEL

Owner Information
SENIOR PERSONAL CARE LLC
5301 VILLAGE CREEK STE A
PLANO, TX 75240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/09/2021
License # 020579 HILLPOINT HOMECARE INC
Lic Expire 03/09/2023 2245 KELLER WAY, STE 370
Medicare 1: CARROLLTON, TX 750062515
Medicare 2:
Phone (972) 220-9720 Fax
Type: Parent Agency Administrator SHIMYA JAMES

Owner Information
HILLPOINT HOMECARE INC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/25/2019
License # 019496 HIS EDGE, LLC.
Lic Expire 07/25/2021 8330 LBJ FWY. SUITE 315
Medicare 1: DALLAS, TX 752431166
Medicare 2:
Phone (214) 229-3485 Fax (877) 299-6288
Type: Parent Agency Administrator JUDE OHUMAEGBULEM

Owner Information
HIS EDGE, LLC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/19/2014
License # 016382 HOLDING HANDS HOSPICE
Lic Expire 08/31/2022 10935 ESTATE LANE #213
Medicare 1: 741587 HOSPICE DALLAS, TX 75238
Medicare 2:
Phone (214) 221-0070 Fax 18889071614
Type: Parent Agency Administrator AQUA UMOREN

Owner Information
HEALTHCOR CAPITAL LLC
10935 ESTATE LANE #213
DALLAS, TX 75238-2315
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/29/2021

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

County **DALLAS** Region 03 Date Licensed 01/08/2018
License # 018551 HOLY HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 01/31/2022 3939 US HIGHWAY 80 E SUITE 236-G
Medicare 1: 97-1509 (HOSPICE MESQUITE, TX 75150
Medicare 2:
Phone 214 5563300 Fax 214 5563361
Type: Parent Agency Administrator JORGE DECENA

Owner Information
HOLY HOSPICE AND PALLIATIVE CARE LLC
2665 VILLA CREEK DR. SUITE 206H
FARMERS BRANCH, TX 75234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/31/2022

County **DALLAS** Region 03 Date Licensed 06/10/2014
License # 016253 HOLY TRINITY ANGELS PALLIATIVE AND HOSPICE CARE INC
Lic Expire 06/30/2022 337 OAK TRAIL SUITE 250
Medicare 1: 74-1777 GARLAND, TX 75043
Medicare 2:
Phone (844) 914-2273 Fax (844) 914-2273
Type: Parent Agency Administrator THOMAS KUNJACHAN

Owner Information
HOLY TRINITY ANGELS PALLIATIVE AND HOSPICE CARE INC.
337 OAKS TRAIL SUITE 250
GARLAND, TEXAS 75043
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 06/01/2021

County **DALLAS** Region 03 Date Licensed 01/20/2012
License # 014598 HOMAGE HEALTHCARE SERVICES INC
Lic Expire 01/31/2022 102 NORTH SHILOH RD SUITE 114
Medicare 1: GARLAND, TX 75042
Medicare 2:
Phone (972) 736-8116 Fax (972) 736-8117
Type: Parent Agency Administrator SHARON OTWOMA

Owner Information
HOMAGE HEALTHCARE SERVICES INC
SAME AS ABOVE
GRAND PRAIRIE, TX 75054
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/26/2018
License # 018576 HOME CARE ASSISTANCE
Lic Expire 01/31/2022 6850 N SHILOH RD SUITE R
Medicare 1: GARLAND, TX 75044
Medicare 2:
Phone 469 5734213 Fax 469 2091637
Type: Parent Agency Administrator LUKEYSHA ISAAC

Owner Information
L & B HEALTH ANGELS INC.
6850 N. SHILOH ROAD SUITE R
GARLAND, TEXAS 75044
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/20/2015
License # 017091 HOME CARE ASSISTANCE OF DALLAS
Lic Expire 10/31/2021 5005 ADDISON CIRCLE
Medicare 1: ADDISON, TX 75001
Medicare 2:
Phone (214) 363-3400 Fax (214) 363-3401
Type: Parent Agency Administrator JARED CAPLAN

Owner Information
CAPLAN HOME CARE LLC
15750 SPECTRUM DRIVE #2227
ADDISON, TX 75001
PHONE: (214) 363-3400 FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/06/2015
License # 016637 HOME CARE BOOK
Lic Expire 02/28/2021 12770 MERIT DRIVE SUITE 925
Medicare 1: DALLAS, TX 75251
Medicare 2:
Phone (214) 377-0711 Fax (214) 390-3011
Type: Parent Agency Administrator NICHOLAS PAULEIT

Owner Information
STAYHOME ROCKS LLC
12770 MERIT DRIVE SUITE 925
DALLAS, TX 75251
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 04 Date Licensed 10/14/2013
License # 015975 HOME CARE NETWORK
Lic Expire 10/31/2021 1701 N HAMPTON ROAD SUITE G
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (972) 437-8974 Fax (972) 437-8975
Type: Branch Agency Administrator SAUNDRA HILL

Owner Information
HOME CARE NETWORK EAST INC
1701 N HAMPTON ROAD SUITE F
DESOTO, TEXAS 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 02/27/2004
License # 008936 HOME CARE PROVIDERS OF TEXAS
Lic Expire 02/28/2021 5339 ALPHA ROAD SUITE 200
Medicare 1: 453157 HHA-18 DALLAS, TX 75240
Medicare 2:
Phone (214) 435-2249 Fax (972) 735-0821
Type: Parent Agency Administrator SUZANNE RAWLINGS

Owner Information
DPP II INC
5339 ALPHA ROAD SUITE 200
DALLAS, TX 75240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 11/21/2011
License # 014481 HOME HEALTH COMPANIONS
Lic Expire 11/30/2021 8215 WESTCHESTER SUITE 213
Medicare 1: DALLAS, TX 75225
Medicare 2:
Phone (214) 295-8213 Fax (214) 295-8261
Type: Parent Agency Administrator LISA SHARDON

Owner Information
ANGARIA LLC
5015 W HANOVER AVE
DALLAS, TX 75209
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/30/2008
License # 012366 HOME HEALTH PLUS INC
Lic Expire 10/31/2022 12115 SELF PLAZA DR
Medicare 1: 457977 HHA-18 DALLAS, TX 75218
Medicare 2:
Phone (214) 341-6868 Fax (214) 341-6874
Type: Parent Agency Administrator THOMAS VARUGHESE

Owner Information
HOME HEALTH PLUS, INC
12115 SELF PLAZA DR
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/15/2014
License # 016702 HOME HEALTH PROFESSIONALS DALLAS
Lic Expire 12/31/2022 8150 N CENTRAL EXPRESSWAY # M2103
Medicare 1: 457812 HHA-18 DALLAS, TX 75206
Medicare 2:
Phone (214) 368-1100 Fax (214) 368-1106
Type: Parent Agency Administrator LAUREN PHILLIPS

Owner Information
DOCTORS APPROVED HOME HEALTH INC
4635 SOUTHWEST FREEWAY SUITE 540
HOUSTON, TX 77027
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 06/22/2022

County **DALLAS** Region 03 Date Licensed 09/23/2010
License # 013569 HOME HELPERS #58064
Lic Expire 09/30/2020 8111 LYNDON B JOHNSON FWY SUITE #465
Medicare 1: DALLAS, TX 75251
Medicare 2:
Phone (972) 233-6636 Fax (972) 239-8678
Type: Parent Agency Administrator SCOTT SUTHERLAND

Owner Information
TEXAS HELPERS INC
8111 LBJ FREEWAY SUITE 465
DALLAS, TX 75251
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/29/2014
License # 016452 HOME HELPERS & DIRECT LINK #58766
Lic Expire 09/30/2022 9441 LBJ FREEWAY SUITE 215
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (469) 269-0227 Fax (214) 444-7599
Type: Parent Agency Administrator JONATHAN NELSON

Owner Information
NGUYEN/NELSON ENTERPRISES, INC
3449 TIMBERVIEW RD
DALLAS, TX 75229
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/13/2019
License # 019375 HOME HELPERS HOME CARE
Lic Expire 05/13/2021 4300 SIGMA RD STE 120
Medicare 1: DALLAS, TEXAS 75244
Medicare 2:
Phone 214 4839933 Fax 214 4839944
Type: Parent Agency Administrator JASON PAPES

Owner Information
TEN20 LIVING ASSISTANCE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 06/16/2018
License # 018796 HOME INSTEAD SENIOR CARE
Lic Expire 06/30/2022 113 TX 121 STE 100
Medicare 1: COPPELL, TX 75019
Medicare 2:
Phone (972) 243-6100 Fax (972) 243-6116
Type: Parent Agency Administrator TEMI CHARRIER

Owner Information
JT4 SENIOR CARE LLC
3956 SUNSET LAKE DR
LAKELAND, FL 33810
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/16/2018
License # 018776 HOME INSTEAD SENIOR CARE
Lic Expire 04/30/2020 515 N CEDAR RIDGE DRIVE SUITE 8
Medicare 1: DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 709-8888 Fax
Type: Parent Agency Administrator SANDI ALLEN

Owner Information
MOLLIE'S HEART LLC
3530 PLEASANTVILLE ROAD
MIDLOTHIAN, TX 76065
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/27/2002
License # 008262 HOME INSTEAD SENIOR CARE
Lic Expire 12/31/2022 12850 SPURLING DRIVE SUITE 100
Medicare 1: DALLAS, TX 75230
Medicare 2:
Phone (972) 239-3934 Fax (972) 239-5958
Type: Parent Agency Administrator NANCY OPPENHEIMER-MARKS

Owner Information
OPPENHEIMER-MARKS SERVICES LLC
5720 LBJ FREEWAY SUITE 185
DALLAS, TX 75240
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/19/2001
License # 007678 HOME MEDICAL CARE INC
Lic Expire 07/31/2021 4004 BELT LINE ROAD, SUITE 230
Medicare 1: 679144 HHA-18 ADDISON, TX 75001
Medicare 2:
Phone (972) 406-0003 Fax (972) 406-9620
Type: Parent Agency Administrator PAUL CHACKO

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

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County **DALLAS** Region 03 Date Licensed 06/26/2007
License # 011588 HOMELAND HOME HEALTH AGENCY INC
Lic Expire 06/30/2021 1919 SOUTH SHILOH ROAD STE 515
Medicare 1: 677825 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (972) 278-7213 Fax (972) 278-7163
Type: Parent Agency Administrator JOSEPH KIMUNAI

Owner Information
HOMELAND HOME HEALTH AGENCY INC
1919 S SHILOH RD STE 515
GARLAND, TX 75042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/07/2019
License # 019516 HOMEWATCH CAREGIVERS OF NORTHEAST GARLAND
Lic Expire 08/07/2021 675 TOWN SQUARE BLVD., STE. 200, BLDG. 1A
Medicare 1: GARLAND, TEXAS 75040
Medicare 2:
Phone (214) 299-7600 Fax
Type: Parent Agency Administrator KERI OWENS

Owner Information
OWENS MANAGEMENT SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/12/2013
License # 015647 HOMEWATCH CAREGIVERS OF PLANO LEWISVILLE & GREATER NORTH DALLAS
Lic Expire 07/31/2021 5220 SPRING VALLEY ROAD SUITE 250
Medicare 1: DALLAS, TX 75254
Medicare 2:
Phone (972) 530-7145 Fax (972) 530-5131
Type: Parent Agency Administrator WENDY RANEY

Owner Information
RANEY FRANCHISES, LLC
3660 GUINN GATE DRIVE
FRISCO, TX 75034
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 06/06/2016
License # 017583 HOPE HEALTH CARE
Lic Expire 06/30/2022 3200 BROADWAY BLVD SUITE 220
Medicare 1: 741556 HOSPICE GARLAND, TX 75043
Medicare 2:
Phone (972) 366-5030 Fax (469) 391-9960
Type: Parent Agency Administrator CHAD HIGBEE

Owner Information
PEACEWAY HOSPICE LLC
4119 STONE HAVEN DRIVE
GARLAND, TX 75043-7293
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/12/2024

County **DALLAS** Region 03 Date Licensed 02/17/2021
License # 020050 HOPE HOME HEALTH CARE AGENCY
Lic Expire 07/13/2022 13140 COIT RD SUITE 204
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (214) 579-1811 Fax (469) 533-6918
Type: Parent Agency Administrator MUSSIE ABED

Owner Information
MUSSIE ABED
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/16/2011
License # 014356 HOPE HORIZON LLC
Lic Expire 09/30/2021 888 S GREENVILLE AVE SUITE 201
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (972) 234-9001 Fax (972) 234-9008
Type: Parent Agency Administrator LUKE LEOPOID KELLY

Owner Information
HOPE HORIZON LLC
888 S GREENVILLE AVE STE 201
RICHARDSON, TX 75081
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/03/2015
License # 017309 HOPE LAND HOME HEALTH CARE INC
Lic Expire 12/31/2021 650 N MACARTHUR BLVD
Medicare 1: 743129 HHA-18 COPPELL, TX 75019
Medicare 2:
Phone (972) 518-0100 Fax (972) 518-8444
Type: Parent Agency Administrator SHAJIMON ALAPATT

Owner Information
HOPE LAND HOME HEALTHCARE INC.
650 N MACARTHUR BLVD
COPPELL, TEXAS 75019
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 10/29/2013
License # 015840 HOPE PEDIATRICS LLC
Lic Expire 10/31/2021 1420 W MOCKINGBIRD LANE #550
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (214) 396-4673 Fax (214) 396-4678
Type: Parent Agency Administrator JACINDA LAWTON

Owner Information
HOPE PEDIATRICS LLC
1420 W MOCKINGBIRD LANE #550
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/30/2003
License # 008690 HOSPICE COMPASSUS - DFW
Lic Expire 08/31/2021 12001 NORTH CENTRAL EXPRESSWAY SUITE 550
Medicare 1: 451629 HOSPICE DALLAS, TX 75243
Medicare 2:
Phone (972) 690-6632 Fax (972) 690-0834
Type: Parent Agency Administrator NICOLE PATTERSON

Owner Information
THI OF TEXAS AT SAMARITAN HOSPICE LLC
10 CADILLAC DR SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/02/2023

County **DALLAS** Region 03 Date Licensed 01/19/2016
License # 017226 HOSPICE PROFESSIONALS INC
Lic Expire 01/31/2022 2505 N BELT LINE ROAD, SUITE 200
Medicare 1: 741723 HOSPICE SUNNYVALE, TEXAS 75182
Medicare 2:
Phone (972) 853-7704 Fax (877) 519-7473
Type: Parent Agency Administrator NEENA JOHNSON

Owner Information
HOSPICE PROFESSIONALS, INC.
2665 VILLA CREEK DR #245-C
DALLAS, TX 75234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DALLAS** Region 03 Date Licensed 01/21/2014
License # 015991 HOSPICE PROVIDERS INC
Lic Expire 01/31/2022 2925 SKYWAY CIRCLE N STE 120
Medicare 1: 741563 HOSPICE IRVING, TEXAS 750383510
Medicare 2:
Phone (972) 916-9063 Fax (888) 841-3657
Type: Parent Agency Administrator JOSEPHINE DEVADOSS

Owner Information
HOSPICE PROVIDERS INC
2665 VILLA CREEK DR # 245A
DALLAS, TX 75234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/15/2011
License # 014027 HOSPICE SELECT
Lic Expire 01/31/2021 8330 LYNDON B JOHNSON FWY, SUITE B840
Medicare 1: 671622 HOSPICE DALLAS, TEXAS 752431166
Medicare 2:
Phone (214) 221-9216 Fax (214) 221-9262
Type: Parent Agency Administrator PATRICIA WESTFALL

Owner Information
KMS HEALTH INC
12068 FORESTGATE DRIVE., SUITE B
DALLAS, TX 75238-5411
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/05/2024

County **DALLAS** Region 03 Date Licensed 03/02/2017
License # 018093 HOSPICE SELECT EAST
Lic Expire 03/31/2023 3939 US 80 E HIGHWAY SUITE 202
Medicare 1: 671799 HOSPICE MESQUITE, TX 75150
Medicare 2:
Phone (972) 270-0048 Fax (972) 270-0049
Type: Parent Agency Administrator SANTHOSH THOMAS

Owner Information
PEGASUS HOSPICE LLC
3939 US HIGHWAY 80 SUITE 202
MESQUITE, TX 75150-3359
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/21/2022

County **DALLAS** Region 03 Date Licensed 03/03/2020
License # 019845 HOSPICE SERVICES INC
Lic Expire 03/03/2022 2925 SKYWAY CIR N STE 100
Medicare 1: IRVING, TEXAS 750383510
Medicare 2:
Phone (214) 296-9623 Fax (972) 791-8211
Type: Parent Agency Administrator JOSEPHINE DEVADOSS

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

County **DALLAS** Region 03 Date Licensed 08/21/2000
License # 007404 HUMAN TOUCH HOME HEALTH INC
Lic Expire 08/31/2021 3727 DILIDO ROAD SUITE 138
Medicare 1: 679037 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 275-8898 Fax (214) 275-9986
Type: Parent Agency Administrator COMFORT EKPENYONG

Owner Information
HUMAN TOUCH HOME HEALTH INC
3727 DILIDO ROAD #138
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 11/07/2008
License # 012295 HUMANE HOME HEALTH SERVICES INCORPORATED
Lic Expire 11/30/2022 9241 LYNDON B JOHNSON FRWY STE 209
Medicare 1: 747540 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 234-4100 Fax (972) 692-7026
Type: Parent Agency Administrator JACOB UDEME

Owner Information
HUMANE HOME HEALTH SERVICES INCORPORATED
P.O. BOX 740634
DALLAS, TEXAS 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/15/2016
License # 017854 HUNTER MEDICAL SERVICES INC
Lic Expire 11/30/2022 1231 E. PLEASANT RUN RD., STE 113
Medicare 1: 677605 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (972) 780-9233 Fax (972) 780-8690
Type: Parent Agency Administrator THOMAS VARUGHESE

Owner Information
TV & MK VARUGHESE FAMILY TRUST
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 01/22/2021
License # 020483 I-CARE HOME HEALTH SERVICES INC
Lic Expire 01/22/2024 2306 GUTHRIE ROAD,SUITE # 260-F2
Medicare 1: GARLAND, TEXAS 75043
Medicare 2:
Phone (469) 673-8139 Fax 214 377 7127
Type: Parent Agency Administrator JOBI ABRAHAM

Owner Information
I-CARE HOME HEALTH SERVICES INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/28/2015
License # 016969 ICON HOSPICE
Lic Expire 05/31/2021 10925 ESTATE LANE, SUITE 304
Medicare 1: 671698 HOSPICE DALLAS, TX 75238
Medicare 2:
Phone (214) 553-5675 Fax (214) 553-5676
Type: Parent Agency Administrator KOMAL SANDHU

Owner Information
DELTACARE HOSPICE LLC
10935 ESTATE LANE SUITE 475
DALLAS, TX 75238-2354
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 03/23/2022

County **DALLAS** Region 03 Date Licensed 03/20/2007
License # 011169 IMANUEL HEALTH SERVICES
Lic Expire 03/31/2022 10717 SPYGLASS HILL
Medicare 1: 747496 HHA-18 ROWLETT, TX 75089
Medicare 2:
Phone (214) 663-3175 Fax (972) 475-4269
Type: Parent Agency Administrator AMAKA ALINTAH NWAKIBU

Owner Information
IMANUEL HEALTH SERVICES LLC
10717 SPYGLASS HILL
ROWLETT, TX 75089
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/31/2017
License # 018083 IMPRINT HEALTHCARE SERVICES
Lic Expire 05/31/2019 514 SAN PEDRO DR
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (214) 336-9417 Fax (214) 336-9417
Type: Parent Agency Administrator WILLIE MCELROY

Owner Information
IMPRINT HEALTHCARE SERVICES LLC
514 SAN PEDRO DR.
GARLAND, TX 75043
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/04/2020
License # 020147 IN LOVING HANDS OF BRANDY LLC
Lic Expire 09/04/2022 9707 WALNUT HILL LANE APT 234
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (469) 687-0075 Fax
Type: Parent Agency Administrator SHARNICE MCGEE

Owner Information
IN LOVING HANDS OF BRANDY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/08/2010
License # 013071 INSPIRED TO CARE HOME HEALTH AGENCY
Lic Expire 01/31/2022 1927 CREPE MYRTLE DRIVE
Medicare 1: LANCASTER, TX 75146
Medicare 2:
Phone (972) 227-0362 Fax (972) 275-1511
Type: Parent Agency Administrator NOLAN AKINOLA AKINOLA

Owner Information
INSPIRING CARE HEALTH SERVICES INC
1927 CREPE MYRTLE DRIVE
LANCASTER, TX 75146
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/01/2007
License # 011298 INTEGRITY HOME HEALTH CARE SERVICES
Lic Expire 12/31/2022 1106 N HIGHWAY 360 SUITE 220
Medicare 1: 677956 HHA-18 GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (972) 522-0044 Fax (972) 522-0088
Type: Parent Agency Administrator CHINEDU OKAFOR

Owner Information
LIVINGWELL HOME HEALTH AGENCY INC
1106 N HIGHWAY 360 SUITE 220
GRAND PRAIRIE, TX 75050
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/05/2006
License # 010917 INTEGRITY HOME HEALTH CARE SERVICES
Lic Expire 12/31/2021 1118 CAVALCADE DR
Medicare 1: 747120 HHA-18 GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (817) 803-5884 Fax (469) 520-5801
Type: Parent Agency Administrator REBECCA MWONGA

Owner Information
REBECCA MWONGA
2300 VALLEY VIEW LANE SUITE 870
IRVING, TX 75062
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 01 Date Licensed 06/11/2013
License # 010782 INTERIM HEALTHCARE
Lic Expire 05/31/2021 14465 WEB CHAPEL ROAD STE 209
Medicare 1: DALLAS, TX 75234
Medicare 2:
Phone (214) 360-9090 Fax (214) 987-4384
Type: Branch Agency Administrator SUZANNE CHILDERS

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/02/2016
License # 017688 INTOUCH HEALTH SERVICES LLC
Lic Expire 08/31/2022 606 ORIOLE BLVD SUITE 102
Medicare 1: DUNCANVILLE, TX 75116
Medicare 2:
Phone (469) 776-5444 Fax (972) 708-9292
Type: Parent Agency Administrator ROSEMARY EHIOGUH

Owner Information
IN TOUCH HEALTH SERVICES-LLC
606 ORIOLE BLVD., SUITE 102
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 05/02/2007
License # 011304 INTOUCH HOME HEALTH INC
Lic Expire 05/31/2024 329 OAKS TRAIL ENTRANCE A SUITE 115
Medicare 1: 743187 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (469) 326-2100 Fax (469) 326-2105
Type: Parent Agency Administrator FELICIA EKWEREKWU

Owner Information
INTOUCH HOME HEALTH INC
4506 VAUGHAN DR SUITE 101
ROWLETT, TX 75088
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/01/2003
License # 008790 INTREPID USA HEALTHCARE SERVICES
Lic Expire 3220 KELLER SPRINGS ROAD, SUITE 108
Medicare 1: 677267 HHA-18 CARROLLTON, TEXAS 750065911
Medicare 2:
Phone (214) 688-0330 Fax (214) 630-6061
Type: Parent Agency Administrator BLAKE ERDELY

Owner Information
F C OF TEXAS INC
3220 KELLER SPRINGS ROAD, SUITE 108
CARROLLTON, TEXAS 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/28/2019
License # 019310 ISERVE HEALTHCARE
Lic Expire 03/28/2021 904 WATER GARDEN CIR
Medicare 1: LITTLE ELM, TX 75068
Medicare 2:
Phone (844) 473-2667 Fax (469) 379-2681
Type: Parent Agency Administrator NICHOLAS ATUMAH

Owner Information
I SERVE HEALTHCARE SERVICES LLC
904 WATER GARDEN CIRCLE
LITTLE ELM, TX 75068
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/30/2019
License # 019398 ISOBERRY HOMEHEALTH CARE SERVICES, LLC
Lic Expire 05/30/2021 4561 S WESTMORELAND STREET
Medicare 1: DALLAS, TEXAS 75237
Medicare 2:
Phone (214) 404-6132 Fax (855) 880-9311
Type: Parent Agency Administrator ISOKEN ENO

Owner Information
ISOBERRY HOMEHEALTH CARE SERVICES, LLC
4561 S WESTMORELAND RD
DALLAS, TX 75237
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 12/07/2016
License # 017769 J & J HOMELY HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 12/31/2020 1111 S MAIN ST, SUITE 113
Medicare 1: 741695 HOSPICE GRAPEVINE, TX 76051
Medicare 2:
Phone (214) 385-4398 Fax (214) 385-4368
Type: Parent Agency Administrator ANTHONY FLORES

Owner Information
J & J HOMELY HOSPICE AND PALLIATIVE CARE LLC
2735 VILLA CREEK DRIVE SUITE 165C
FARMERS BRANCH, TX 75234
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 09/27/2010
License # 013581 JACOP HEALTHCARE SERVICES INC
Lic Expire 09/30/2022 3560 QUANNAH DRIVE
Medicare 1: 747598 HHA-18 GRAND PRAIRIE, TEXAS 75052
Medicare 2:
Phone (972) 325-1598 Fax 97275270879726742923
Type: Parent Agency Administrator ANGELA ANANTI

Owner Information
JACOP HEALTHCARE SERVICES, INC
3560 QUANNAH DR
GRAND PRAIRIE, TX 75052
PHONE: (972) 388-4437 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/29/2010
License # 013591 JAICSTAR HOME CARE INC
Lic Expire 09/30/2022 3617 BROADWAY BLVD, SUITE B
Medicare 1: 747633 GARLAND, TX 75043
Medicare 2:
Phone (469) 304-1130 Fax (469) 304-1133
Type: Parent Agency Administrator ABEY JOHN

Owner Information
JAICSTAR HOME CARE INC
346 OAKS TRAIL SUITE 213
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/23/2015
License # 016763 JAMBO HEALTH CARE SERVICES
Lic Expire 04/30/2019 2727 LBJ FREEWAY SUITE 820
Medicare 1: DALLAS, TEXAS 75234
Medicare 2:
Phone (214) 643-2964 Fax (817) 518-9320
Type: Parent Agency Administrator DENIS MWANGI

Owner Information
ANTHONY NGARUIYA & DENIS MWANGI
2665 VILLA CREEK DR SUITE #A 121
DALLAS, TX 75234
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/02/2020
License # 020143 JAP CARE, INC
Lic Expire 09/02/2022 601 S GREAT SOUTHWEST PKWY, SUITE 106
Medicare 1: GRAND PRAIRIE, TEXAS 75051
Medicare 2:
Phone (214) 412-2528 Fax (214) 518-6186
Type: Parent Agency Administrator AUGUSTINE FOMBON

Owner Information
JAP CARE, INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/22/2004
License # 009321 JCARE HOME HEALTH AGENCY LLC
Lic Expire 09/30/2021 12100 FORD ROAD,SUITE B115
Medicare 1: 673197 HHA-18 FARMERS BRANCH, TEXAS 75234
Medicare 2:
Phone (972) 264-2737 Fax (972) 692-8228
Type: Parent Agency Administrator MRUGESH SONI

Owner Information
JCARE HOME HEALTH AGENCY LLC
2305 OAK LANE SUITE 229
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/10/2020
License # 020306 JCB HOME HEALTH CARE INC
Lic Expire 11/10/2022 1772 PRESCOTT PL
Medicare 1: FARMERS BRANCH, TEXAS 75234
Medicare 2:
Phone (214) 347-9447 Fax (214) 764-1877
Type: Parent Agency Administrator REBECCA ROBLES

Owner Information
JCB HOME HEALTH CARE INC
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 03/28/2005
License # 009658 JCP & P HOME HEALTHCARE AGENCY
Lic Expire 03/31/2023 3605 BROADWAY BLVD SUITE B
Medicare 1: 677877 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 638-4500 Fax (214) 389-4356
Type: Parent Agency Administrator JANE EKWONYE

Owner Information
JCP & P HEALTHCARE SERVICES INC
3605 BROADWAY BLVD STE B
GARLAND, TEXAS 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/20/2018
License # 018840 JEANNETTE'S JOYFUL HANDS LLC
Lic Expire 07/31/2020 416 RED RIVER TRAIL APT 2050
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (414) 218-2283 Fax
Type: Parent Agency Administrator BIANCA JACKSON

Owner Information
JEANNETTE'S JOYFUL HANDS, LLC
416 RED RIVER TRAIL APT 2050
IRVING, TX 75063
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/23/2016
License # 017744 JEFTONS HEALTH CARE SERVICES INC
Lic Expire 08/31/2022 337 OAKS TRAIL STE 105
Medicare 1: 747642 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (469) 677-0086 Fax (469) 677-0119
Type: Parent Agency Administrator CAREN JEPKSOGEI

Owner Information
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

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County **DALLAS** Region 03 Date Licensed 09/12/2005
License # 009952 JENMERIT HOME HEALTH INC
Lic Expire 09/30/2022 1913 MESA COURT
Medicare 1: 677831 HHA-18 GARLAND, TX 75040
Medicare 2:
Phone (214) 703-9444 Fax (972) 278-4606
Type: Parent Agency Administrator EMMANUEL ONYIA

Owner Information
JENMERIT HOME HEALTH INC
1913 MESA COURT
GARLAND, TX 75040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/11/2017
License # 018154 JESSE HEALTHCARE SERVICES LLC
Lic Expire 07/31/2021 746 COLONEL DRIVE E1
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (469) 661-9249 Fax (972) 495-0367
Type: Parent Agency Administrator WINIFRED NWAOKOLO

Owner Information
JESSE HEALTHCARE SERVICES,LLC
746 COLONEL DRIVE E1
GARLAND, TX 75043
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/01/1998
License # 006779 JESSNIC HOME HEALTH AGENCY INC
Lic Expire 06/30/2022 1111 SOUTH IRVING HEIGHTS DR, SUITE 105
Medicare 1: 678208 HHA-18 IRVING, TX 75060
Medicare 2:
Phone (972) 871-1988 Fax (972) 871-1819
Type: Parent Agency Administrator JOHN OMOILE

Owner Information
JESSNIC HOME HEALTH AGENCY, INC
111 SOUTH IRVING HEIGHTS DR SUITE 105
IRVING, TX 75060
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 06/08/2012
License # 014860 JESSY EFFECTIVE HOME HEALTH CARE
Lic Expire 06/30/2022 8410 S. WESTMORELAND ROAD, APT 602
Medicare 1: DALLAS, TX 75237
Medicare 2:
Phone (469) 735-6843 Fax 9726855406, EFAX;18773117858
Type: Parent Agency Administrator JESSY OGBU

Owner Information
JESSY EFFECTIVE HOME HEALTHCARE INC
8410 S WESTMORELAND ROAD #602
DALLAS, TX 75237
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 03/07/2024

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

County **DALLAS** Region 03 Date Licensed 06/17/2019
License # 019426 JJ HOME HEALTH SERVICES, INC
Lic Expire 06/17/2021 346 OAKS TRL STE 200
Medicare 1: 747990 GARLAND, TX 75043
Medicare 2:
Phone 469 2063041 Fax 469 2060051
Type: Parent Agency Administrator JONATHAN JOSEPH

Owner Information
JJ HOME HEALTH SERVICES, INC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: ACH - Deemed, Expires: 07/19/2023

County **DALLAS** Region 03 Date Licensed 07/10/2019
License # 019475 JJ PRIMARY CARE SERVICES INC.
Lic Expire 07/10/2021 346 OAKS TRL STE 200
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone 469 2063041 Fax 469 2060051
Type: Parent Agency Administrator JONATHAN JOSEPH

Owner Information
JJ PRIMARY CARE SERVICES, INC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/10/2009
License # 012649 J-JIREH HEALTHCARE SERVICES LLC
Lic Expire 09/30/2021 1140 EMPIRE CENTRAL DR STE 645
Medicare 1: 747378 HHA-18 DALLAS, TX 75247
Medicare 2:
Phone (972) 861-5540 Fax (972) 861-5542
Type: Parent Agency Administrator FLORENCE O. NGWU

Owner Information
J-JIREH 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

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County **DALLAS** Region 03 Date Licensed 10/26/2004
License # 009373 JK HOME HEALTH SERVICE
Lic Expire 10/31/2021 609 NORTH EBRITE STREET SUITE 103
Medicare 1: 457980 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone (972) 329-3900 Fax (972) 329-3903
Type: Parent Agency Administrator ZACHARY CRISS

Owner Information
AMERICAN HEALTHCARE CONCEPTS, INC.
609 NORTH EBRITE STREET SUITE 103
MESQUITE, TX 75149
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/24/2020
License # 020352 JOHNDAVID HOME HEALTH CARE SERVICES, LLC
Lic Expire 11/24/2022 8330 LBJ FREEWAY SUITE 670
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 229-3485 Fax (888) 958-2383
Type: Parent Agency Administrator OLUYEMISI AKINODE

Owner Information
JOHNDAVID HOME HEALTH CARE SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/10/2021
License # 020583 JOHNSON HEALTH SERVICES LLC
Lic Expire 03/10/2023 19002 DALLAS PARKWAY APT.1838
Medicare 1: DALLAS, TEXAS 75287
Medicare 2:
Phone (214) 931-4595 Fax
Type: Parent Agency Administrator YETTA JOHNSON

Owner Information
JOHNSON HEALTH SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/01/1996
License # 005184 JOHNSON HOME HEALTH CARE NURSING INC
Lic Expire 10/31/2021 1130 SOUTH EWING
Medicare 1: 459445 HHA-18 DALLAS, TX 75216
Medicare 2:
Phone (214) 941-8585 Fax (214) 948-1631
Type: Parent Agency Administrator LEE V TAYLOR

Owner Information
JOHNSON HOME HEALTH CARE NURSING INC
1130 SOUTH EWING AVENUE
DALLAS, TX 75216
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **DALLAS** Region 03 Date Licensed 12/13/2016
License # 017789 JOVIAL ANGELS AT HOME CARE SERVICES LLC
Lic Expire 12/31/2022 2300 VALLEY VIEW LANE SUITE 342
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (469) 680-3816 Fax (469) 680-3817
Type: Parent Agency Administrator HELLEN MURAGE

Owner Information
JOVIAL ANGELS AT HOME CARE SERVICES LLC
4127 WEST PIONEER DRIVE
IRVING, TX 75061
PHONE: (469) 855-7196 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/02/2012
License # 014799 JP AND P HEALTHCARE AGENCY INC
Lic Expire 01/31/2022 11551 FOREST CENTRAL DRIVE SUITE 101
Medicare 1: 747513 HHA-18 DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 772-6422 Fax (469) 519-6240
Type: Parent Agency Administrator JOY FLETCHER

Owner Information
JP AND P HEALTHCARE AGENCY INC
11551 FOREST CENTRAL DRIVE STE 101
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/06/2018
License # 018643 JSGA HEALTHCARE MANAGEMENT SERVICES LLC
Lic Expire 03/31/2022 2307 OAK LANE SUITE 211
Medicare 1: GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (210) 401-0111 Fax (469) 533-0332
Type: Parent Agency Administrator PATIENCE AZUNNA

Owner Information
JSGA HEALTHCARE MANAGEMENT SERVICES LLC
2307 OAK LANE, SUITE #211
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/10/2009
License # 012702 J-SHALOM HOME HEALTH SERVICES INC
Lic Expire 07/31/2021 1325 JUNCTION RUN
Medicare 1: 747393 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 423-4145 Fax (972) 423-4584
Type: Parent Agency Administrator FELICIA OMO-IYAMU

Owner Information
J-SHALOM HOME HEALTH SERVICES INC
1325 JUNCTION RUN
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/06/2020
License # 019865 JUBILEE HOME HEALTH INC
Lic Expire 04/06/2022 5828 SOMERTON DR
Medicare 1: GRAND PRAIRIE, TX 750528590
Medicare 2:
Phone (817) 983-9986 Fax NA
Type: Parent Agency Administrator GRACE UWAGBAI

Owner Information
JUBILEE HOME HEALTH INC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/24/2018
License # 019042 K MONIE CARE LLC
Lic Expire 11/30/2020 2004 PINENUT DRIVE
Medicare 1: MESQUITE, TX 75181
Medicare 2:
Phone (469) 442-5170 Fax (469) 442-5170
Type: Parent Agency Administrator LILIAN MONIE

Owner Information
K MONIE CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/01/2017
License # 018535 K S HOME HEALTHCARE INC
Lic Expire 09/30/2021 1430 VALWOOD PARKWAY STE 160
Medicare 1: 747781 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (972) 649-6400 Fax (972) 649-4604
Type: Parent Agency Administrator ISOBEL CUPPAN

Owner Information
K S HOME HEALTHCARE INC
1430 VALWOOD PARKWAY STE 160
CARROLLTON, TX 75006
PHONE: (972) 649-6400 FAX: (972) 649-6404
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 06/27/2018
License # 018810 KABAFUSION TX
Lic Expire 06/30/2022 4950 WESTGROVE DR. #100
Medicare 1: DALLAS, TX 75248
Medicare 2:
Phone (800) 333-0660 Fax (888) 837-2716
Type: Parent Agency Administrator JEAN BREMER

Owner Information
IVEDCO, LLC
4950 WESTGROVE DR., # 100
DALLAS, TX 75248
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/12/2022

County **DALLAS** Region 03 Date Licensed 07/28/2017
License # 018210 KALIBRA HOME CARE LLC
Lic Expire 07/31/2021 275 W CAMPBELL RD #230
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (614) 746-5160 Fax (614) 746-5160
Type: Parent Agency 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** Region 03 Date Licensed 03/29/2010
License # 013199 KASODEL HOME HEALTH SERVICES LLC
Lic Expire 03/31/2022 809 WOODWAY LANE
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (972) 352-7845 Fax (972) 744-0366
Type: Parent Agency 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** Region 03 Date Licensed 04/30/2001
License # 007799 KC HOME HEALTH AGENCY INC
Lic Expire 07/28/2020 346 OAKS TRAIL #204
Medicare 1: 459473 GARLAND, TEXAS 75043
Medicare 2:
Phone (972) 289-2211 Fax (972) 289-2237
Type: Parent Agency 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** Region 03 Date Licensed 12/20/2017
License # 018523 KDB HOSPICE
Lic Expire 12/31/2021 1510 NORTH HAMPTON ROAD STE 260
Medicare 1: 45-1772 DESOTO, TX 75115
Medicare 2:
Phone (214) 919-5797 Fax (888) 414-5160
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 01/28/2022

County **DALLAS** Region 03 Date Licensed 02/20/2007
License # 011359 KEMG HOME HEALTH CARE INC
Lic Expire 02/28/2022 810 A DALWORTH STREET
Medicare 1: 457999 GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (972) 262-4300 Fax (972) 262-4302
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 02/13/2019
License # 019257 KEYS TO LOVE, LLC
Lic Expire 02/13/2021 3906 W CAMP WISDOM RD STE 108
Medicare 1: DALLAS, TX 75237
Medicare 2:
Phone (214) 875-6842 Fax NA
Type: Parent Agency Administrator LASHONDRA BOLLIN

Owner Information
KEYS TO LOVE, LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 05/30/2016
License # 017508 KEYSTONE HEALTHCARE INC
Lic Expire 05/31/2022 777 S CENTRAL EXPRESSWAY STE I-H
Medicare 1: 747319 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 262-9501 Fax (972) 767-4004
Type: Parent Agency Administrator DICKSON ALAO

Owner Information
KEYSTONE HEALTHCARE INC
777 S CENTRAL EXPRESSWAY STE I-H
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/10/2020
License # 020162 KHARIS HEALTH SERVICES, LLC
Lic Expire 09/10/2022 1246 BETHEL CT,
Medicare 1: COPPELL, TX 75019
Medicare 2:
Phone 952 807 3480 Fax
Type: Parent Agency Administrator ETTA PAASEWE

Owner Information
KHARIS HEALTH SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/05/2013
License # 015467 KIDS THERAPY BY DESIGN
Lic Expire 04/30/2021 2001 BRYAN STREET SUITE 3135
Medicare 1: DALLAS, TX 75201
Medicare 2:
Phone (469) 206-7349 Fax (469) 206-7531
Type: Parent Agency Administrator AMANDA CARTER

Owner Information
THERAPY BY DESIGN LLC
2001 BRYAN ST SUITE 3125
DALLAS, TX 75201
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 05/16/2003
License # 008464 KIDSCARE HOME HEALTH
Lic Expire 05/31/2021 15820 ADDISON ROAD
Medicare 1: 679341 ADDISON, TX 75001
Medicare 2:
Phone (866) 919-3240 Fax (877) 300-7450
Type: Parent Agency Administrator MICKI ROGET

Owner Information
THERAPY MANAGEMENT SERVICES LLC
15820 ADDISON RD
DALLAS, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 04/01/1995
License # 004059 KINDRED HOSPICE
Lic Expire 03/31/2022 7557 RAMBLER RD STE 510
Medicare 1: 451527 HOSPICE DALLAS, TX 75231
Medicare 2:
Phone (214) 231-3914 Fax (214) 630-4032
Type: Parent Agency Administrator WENDI MARTINEZ

Owner Information
FAMILY HOSPICE, LTD.
655 BRAWLEY SCHOOL ROAD, SUITE 200
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/20/2024

County **DALLAS** Region 03 Date Licensed 10/06/2020
License # 020214 KING VISION OF FORT WORTH LLC
Lic Expire 10/06/2022 5863 FOXGLOVE LN
Medicare 1: DALLAS, TEXAS 75249
Medicare 2:
Phone (214) 476-2448 Fax (877) 257-3774
Type: Parent Agency Administrator TRACY KING

Owner Information
KING VISION OF FORT WORTH, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 09/20/2005
License # 009978 KINGLY HOME HEALTH CARE INCORPORATED
Lic Expire 09/30/2022 1219 STEWART DRIVE
Medicare 1: 677982 HHA-18 IRVING, TX 75061
Medicare 2:
Phone (469) 586-4560 Fax (469) 586-4561
Type: Parent Agency Administrator RACHEL PHILIP

Owner Information
KINGLY HOME HEALTH CARE INCORPORATED
1219 STEWARD DRIVE
IRVING, TX 75061
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **DALLAS** Region 03 Date Licensed 08/13/2009
License # 012781 KINGS HEALTH CARE LLC
Lic Expire 08/31/2021 9550 SKILLMAN STREET SUITE 102
Medicare 1: 747476 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 221-0147 Fax (214) 221-0175
Type: Parent Agency Administrator ADEKUNLE AKINWOLE

Owner Information
KINGS HEALTH CARE LLC
9550 SKILLMAN STREET STE 102
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/27/2008
License # 012077 KOREAN HOME HEALTH
Lic Expire 06/30/2022 1908 ROYAL LANE SUITE 100
Medicare 1: 747139 HHA-18 DALLAS, TX 75229
Medicare 2:
Phone (972) 241-9996 Fax (972) 241-9997
Type: Parent Agency Administrator LINH ATKINS

Owner Information
KOREAN HOME HEALTH CARE INC
1908 ROYAL LANE, SUITE 100
DALLAS, TEXAS 75229
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 08/13/2021

County **DALLAS** Region 03 Date Licensed 09/11/2019
License # 019593 LAKEHOUSE HOME HEALTH AGENCY, LLC
Lic Expire 09/11/2021 10935 ESTATE LN STE 119
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (469) 206-0395 Fax (469) 206-0395
Type: Parent Agency Administrator CORINE NGAHA

Owner Information
LAKEHOUSE HOME HEALTH AGENCY, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/07/2008
License # 012259 LAKESHORE HEALTHCARE SERVICES INC
Lic Expire 10/31/2022 9550 FOREST LANE SUITE 102
Medicare 1: 747320 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 348-9700 Fax (214) 348-9701
Type: Parent Agency Administrator ANTHONY NWEDO

Owner Information
LAKESHORE HEALTHCARE SERVICES INC
9550 FOREST LANE SUITE 102
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/05/2014
License # 016016 LALA HEALTHCARE SOLUTIONS LLC
Lic Expire 02/28/2022 1341 W. MOCKINGBIRD LANE, SUITE 214W
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone (214) 310-0610 Fax (866) 740-7952
Type: Parent Agency Administrator MICHELLE BRILL

Owner Information
LALA HEALTHCARE SOLUTIONS LLC
4713 PARKHAVEN DR
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/12/2021
License # 020536 LAZON HOME HEALTH INC
Lic Expire 02/12/2023 10701 WESTERN HILLS DRIVE
Medicare 1: ROWLETT, TEXAS 75089
Medicare 2:
Phone (214) 597-4512 Fax (214) 731-7861
Type: Parent Agency Administrator SAM ODILI

Owner Information
LAZON HOME HEALTH INC
10701 WESTERN HILLS DRIVE
ROWLETT, TEXAS 75089
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/16/2015
License # 016858 LEGACY HOME HEALTH CARE
Lic Expire 06/30/2021 1229 EAST PLEASANT RUN ROAD STE. 222
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (214) 755-0806 Fax (972) 227-5087
Type: Parent Agency Administrator BRIDGET WILLIAMS

Owner Information
KHBW INC
518 BRANCHWOOD DR
LANCASTER, TX 75146
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/11/2003
License # 008359 LEGEND HOME HEALTHCARE INC
Lic Expire 03/31/2022 5730 BENTLEY DRIVE
Medicare 1: 679323 GARLAND, TX 750435460
Medicare 2:
Phone (214) 328-6200 Fax (214) 328-6210
Type: Parent Agency Administrator CHRISTIAN NWAMUO

Owner Information
LEGEND HOME HEALTHCARE INC
2214 LORETTA LANE
ROWLETT, TX 75088
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/09/2007
License # 011143 LEONE HOMEHEALTH CARE AGENCY INC
Lic Expire 03/31/2022 3334 BROADWAY BLVD. SUITE 422
Medicare 1: 747050 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 227-2510 Fax (214) 227-2410
Type: Parent Agency Administrator ALIE PATRICK KOROMA

Owner Information
LEONE HOMEHEALTH CARE AGENCY INC
3129 INTERSTATE 30 SUITE H
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/13/2016
License # 017487 LIBERTY AT HOME DIALYSIS LLC
Lic Expire 05/31/2022 5535 RED BIRD CENTER DRIVE SUITE 150
Medicare 1: DALLAS, TX 75237
Medicare 2:
Phone (214) 331-1112 Fax (214) 259-9216
Type: Parent Agency Administrator JOAN TRAVIS

Owner Information
LIBERTY AT HOME DIALYSIS LLC
5535 RED BIRD CENTER DRIVE, SUITE#150
DALLAS, TX 75237
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **DALLAS** Region 03 Date Licensed 08/12/2019
License # 019069 LIBERTY HOSPICE CARE INC
Lic Expire 9304 FOREST LANE, SUITE N266
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 682-9299 Fax (214) 593-4700
Type: Parent Agency Administrator LILLIAN ODIACHI

Owner Information
LIBERTY HOSPICE CARE INC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 02/12/2021
License # 020539 LIFE VIEW HOMECARE SERVICES
Lic Expire 02/12/2024 18949 MARSH LANE UNIT 714
Medicare 1: DALLAS, TEXAS 75287
Medicare 2:
Phone (313) 978-4561 Fax
Type: Parent Agency Administrator ANGEL JALLICE

Owner Information
LIFE VIEW HOMECARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/31/2017
License # 018391 LIFECARE HOME CARE
Lic Expire 08/31/2021 1221 ABRAMS ROAD, SUITE 107
Medicare 1: 679335 HHA-18 RICHARDSON, TEXAS 75081
Medicare 2:
Phone (972) 644-3000 Fax (972) 644-3040
Type: Parent Agency Administrator MICHAEL MCGIBBON

Owner Information
BEYONDFAITH HOMECARE & REHAB LLC
5340 LEGACY DRIVE SUITE 150
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/31/2017
License # 018391 LIFECARE HOME CARE
Lic Expire 11/30/2022 1221 ABRAMS ROAD, SUITE 109A
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (972) 943-0952 Fax (972) 943-3841
Type: Branch Agency Administrator MICHAEL MCGIBBON

Owner Information
BEYONDFAITH HOMECARE & REHAB LLC
5340 LEGACY DRIVE SUITE 150
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 04/22/2016
License # 017364 LIFECARE HOME CARE
Lic Expire 04/30/2022 1221 ABRAMS RD., SUITE 109
Medicare 1: 679291 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 644-3000 Fax (972) 644-3040
Type: Parent Agency Administrator ELIZABETH KERR

Owner Information
HAVEN HOME HEALTH LLC
12160 NORTH ABRAMS RD SUITE 100
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 04/22/2016
License # 017364 LIFECARE HOME CARE
Lic Expire 04/30/2022 1221 ABRAMS ROAD, SUITE 136
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (972) 878-0303 Fax (972) 878-0055
Type: Branch Agency Administrator MICHAEL MCGIBBON

Owner Information
HAVEN HOME HEALTH LLC
12160 NORTH ABRAMS RD SUITE 100
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 12/12/2018
License # 019148 LIFECARE HOSPICE
Lic Expire 12/12/2022 9550 FOREST LANE STE. 325
Medicare 1: 97-1524 (HOSPICE DALLAS, TEXAS 75243
Medicare 2:
Phone 214 3906700 Fax 734 4481950
Type: Parent Agency Administrator TEFFANY ODIE

Owner Information
LIFECARE HEALTH VENTURES, LLC
928 DIANN CIRCLE
LANCASTER, TX 75146
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/30/2022

County **DALLAS** Region 03 Date Licensed 08/23/2016
License # 017823 LIFEGATE HEALTH CARE SERVICES INC
Lic Expire 08/31/2022 310 E I30 STE B105
Medicare 1: 679279 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (469) 554-5482 Fax (972) 925-0891
Type: Parent Agency Administrator STEPHANIE CHUKWUKELU

Owner Information
LIFEGATE HEALTH CARE SERVICES INC
310 E I30 STE B105
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/17/2016
License # 017748 LIFEPOINTE HOSPICE DALLAS METROPLEX LLC
Lic Expire 11/30/2022 12810 HILLCREST RD STE B-127
Medicare 1: 671691 HOSPICE DALLAS, TX 75230
Medicare 2:
Phone (214) 420-4014 Fax (214) 420-4016
Type: Parent Agency Administrator APRIL ALLEN

Owner Information
LIFEPOINTE HOSPICE DALLAS METROPLEX LLC
12425 ISLAND DRIVE
TOMBALL, TX 77377
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/12/2013
License # 015425 LIFESPAN HOME HEALTH
Lic Expire 03/31/2021 7929 BROOKRIVER DRIVE SUITE 600
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator FRANKIE DAVIS

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

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County **DALLAS** Region 03 Date Licensed 12/30/2019
License # 019756 LIFETIME CARE , LLC
Lic Expire 12/30/2021 5801 MARVIN D. LOVE FWY STE.309
Medicare 1: DALLAS, TEXAS 75237
Medicare 2:
Phone (214) 339-2266 Fax (214) 339-2216
Type: Parent Agency Administrator ELIZABETH ISAAC

Owner Information
LIFETIME CARE LLC
5801 MARVIN D LOVE FWY STE 309
DALLAS, TEXAS 75237
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/07/2020
License # 020378 LITHONIA HEALTHCARE DEVELOPMENT LLC
Lic Expire 12/07/2022 300 CARISSA CT
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (214) 603-3975 Fax (214) 602-4077
Type: Parent Agency Administrator ADRIAN TAYLOR

Owner Information
LITHONIA HEALTHCARE DEVELOPMENT LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 05/09/2008
License # 012006 LOGOS HEALTHCARE SERVICES
Lic Expire 05/31/2021 1701 GATEWAY BLVD SUITE 460
Medicare 1: 747152 RICHARDSON, TEXAS 75080
Medicare 2:
Phone (972) 234-5646 Fax (972) 234-5665
Type: Parent Agency Administrator MOBOLAJI IKUJENYO

Owner Information
SIMPLY T & T INCORPORATED
528 E MAIN STREET
RICHARDSON, TX 75081
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/18/2003
License # 008330 LONE STAR HOME HEALTH SERVICES
Lic Expire 02/28/2023 3129 ESTERS ROAD SUITE 101
Medicare 1: 679267 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (214) 441-0791 Fax (214) 441-0291
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 10/18/2006
License # 010814 LONE STAR LOVE AND CARE INC
Lic Expire 10/31/2022 13140 COIT ROAD SUITE 216
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (214) 575-7992 Fax (972) 644-7495
Type: Parent Agency Administrator GRACIELA NAVARRETE

Owner Information
LONE STAR LOVE AND CARE INC.
9850 WALNUT ST
DALLAS, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/10/2017
License # 018049 LONE STAR VISITING CAREGIVERS LLC
Lic Expire 05/31/2021 802 GREENVIEW DR STE 100
Medicare 1: GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (682) 203-4126 Fax
Type: Parent Agency Administrator ISATOU JAWARA

Owner Information
LONE STAR VISITING CAREGIVERS LLC
802 GREENVIEW DR, SUITE 100
GRAND PRAIRIE, TEXAS 75050
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/16/2020
License # 020319 LOVING HOME CARE LLC
Lic Expire 11/16/2022 8035 E R L THORNTON FWY SUITE 245
Medicare 1: DALLAS, TEXAS 75228
Medicare 2:
Phone (469) 267-2777 Fax (972) 677-7978
Type: Parent Agency Administrator EVANGELISTA ANUGWOM

Owner Information
LOVING HOME CARE LLC
4128 ARBOR CT
MESQUITE, TX 75150
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/26/2004
License # 009374 LYDIA HOME HEALTH CARE LLC
Lic Expire 01/30/2021 2805 CHAHA ROAD
Medicare 1: 457921 HHA-18 ROWLETT, TX 75088
Medicare 2:
Phone (972) 412-2379 Fax (972) 412-2977
Type: Parent Agency Administrator AJO JAMES

Owner Information
LYDIA HOME HEALTH CARE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **DALLAS** Region 03 Date Licensed 07/27/2018
License # 018851 LYXX CARE LLC
Lic Expire 07/31/2022 1713 WILLOW CREEK
Medicare 1: MESQUITE, TX 75181
Medicare 2:
Phone (469) 412-1778 Fax (469) 269-2352
Type: Parent Agency Administrator PRISCA WILLIAMS

Owner Information
LYXX CARE LLC
1713 WILLOW CREEK
MESQUITE, TX 75181
PHONE: (469) 412-1778 FAX: (469) 269-2352
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/13/2020
License # 020227 M & C HOME HEALTH CARE SOLUTIONS LLC
Lic Expire 10/13/2022 10410 BENT TREE DRIVE
Medicare 1: ROWLETT, TEXAS 75089
Medicare 2:
Phone (469) 735-0765 Fax (469) 519-2487
Type: Parent Agency Administrator BRIDGET UMUNNA

Owner Information
M & C HOME HEALTH CARE SOLUTIONS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/14/2013
License # 015303 M & L MEDICAL SERVICES HOSPICE INC
Lic Expire 01/31/2021 610 UPTOWN BLVD, SUITE 2000
Medicare 1: 741500 HOSPICE CEDAR HILL, TX 75104
Medicare 2:
Phone (972) 228-8500 Fax (972) 228-8812
Type: Parent Agency Administrator PATRICIA MOORE

Owner Information
M & L MEDICAL SERVICES HOSPICE INC
1801 N HAMPTON RD SUITE 333
DESOTO, TX 75115
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 09/15/2003
License # 008648 M & L MEDICAL SERVICES INC
Lic Expire 09/30/2022 610 UPTOWN, SUITE 2000
Medicare 1: 679405 HHA-18 CEDAR HILL, TX 75115
Medicare 2:
Phone (972) 228-8500 Fax (972) 228-8812
Type: Parent Agency Administrator PATRICIA MOORE

Owner Information
M & L MEDICAL SERVICES INC
1801 N. HAMPTON SUITE #333
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 01/01/2017
License # 017991 M&D HEALTHCARE SERVICES INC
Lic Expire 12/31/2022 1919 SOUTH SHILOH ROAD SUITE #215
Medicare 1: 747617 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (972) 677-7897 Fax (972) 677-7984
Type: Parent Agency Administrator EMMANUEL IGWE

Owner Information
M & D HEALTHCARE SERVICES INC
9535 FOREST LANE SUITE 214
DALLAS, TX 75243-0000
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/27/2006
License # 010578 MACHRIS HOME HEALTH SERVICES INC
Lic Expire 06/30/2021 9401 LBJ FREEWAY SUITE 107
Medicare 1: 743101 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 628-9065 Fax (214) 628-9070
Type: Parent Agency Administrator MARY MAWEN NGONG

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

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County **DALLAS** Region 03 Date Licensed 04/06/2018
License # 018688 MAGNET SPECIALTY NURSES PLLC
Lic Expire 04/30/2022 407 N CEDAR RIDGE SUITE 342
Medicare 1: DUNCANVILLE, TX 75116
Medicare 2:
Phone (469) 850-0093 Fax (214) 594-7999
Type: Parent Agency Administrator JULIET OTIENO

Owner Information
MAGNET SPECIALTY NURSES PLLC
P.O BOX 295
ROCKWALL, TX 75087
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 01/19/2021
License # 020469 MAIDECARE, LLC
Lic Expire 01/19/2023 3419 SPENCE ST
Medicare 1: DALLAS, TEXAS 75215
Medicare 2:
Phone (972) 994-6875 Fax
Type: Parent Agency Administrator KELVIN EDOKPOLO

Owner Information
MAIDECARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/28/2005
License # 009999 MAIN HOME HEALTH CARE
Lic Expire 09/30/2021 3435 HIGHLAND ROAD SUITE 120
Medicare 1: 677868 DALLAS, TX 75228
Medicare 2:
Phone (214) 256-4013 Fax (214) 256-4092
Type: Parent Agency Administrator MUSTAFA ARASAH

Owner Information
MAIN HOMEHEALTH SERVICES INC
3435 HIGHLAND ROAD SUITE 120
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/28/2015
License # 017515 MAKAVIC HOME HEALTH LLC
Lic Expire 12/31/2021 2307 OAK LANE SUITE 213
Medicare 1: 679723 HHA-18 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 639-3220 Fax 9726393313 9726967830
Type: Parent Agency Administrator OLUWATOYIN OLUWASOLA

Owner Information
MAKAVIC HOME HEALTH LLC
2307 OAK LANE STE 213
GRAND PRAIRIE, TEXAS 75051
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/13/2008
License # 012157 MANDATE HEALTH SERVICES LLC
Lic Expire 08/31/2022 2351 W NORTHWEST HIGHWAY SUITE 1306
Medicare 1: 747349 DALLAS, TX 75220
Medicare 2:
Phone (214) 353-9400 Fax (214) 353-9406
Type: Parent Agency Administrator EMEKA NNAJI

Owner Information
MANDATE HEALTH SERVICES LLC
2351 W. NORTHWEST HWY SUITE #1306
DALLAS, TEXAS 75220
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/30/2006
License # 010687 MARANATHA HOME HEALTH
Lic Expire 09/30/2020 2100 VIRGINA DR STE 100-A
Medicare 1: 743186 HHA-18 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 992-0190 Fax (972) 852-1682
Type: Parent Agency Administrator DAISY SARMIENTO

Owner Information
MHH INC
2100 VIRGINA DR STE 100-A
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/20/2007
License # 011933 MARVELOUS CHOICE HOME HEALTH INC
Lic Expire 12/31/2021 8035 E RL THORNTON FWY SUITE 452
Medicare 1: 677896 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 324-9099 Fax (214) 324-3090
Type: Parent Agency Administrator CHRISTIANA LEKWUWA

Owner Information
MARVELOUS CHOICE HOME HEALTH INC
8035 E RL THORNTON FWY STE 452
DALLAS, TX 75288
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/21/2009
License # 012920 MAXIM HEALTHCARE SERVICES INC
Lic Expire 01/31/2021 5001 LBJ FREEWAY, SUITE 200
Medicare 1: 458446 HHA-18 DALLAS, TEXAS 75244
Medicare 2:
Phone (214) 370-3385 Fax (877) 306-4574
Type: Parent Agency Administrator MELANIE BRISCOE

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

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

County **DALLAS** Region 03 Date Licensed 12/18/2019
License # 019747 MBKC CARE INC
Lic Expire 12/18/2021 1814 BLENHEIM DRIVE
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (214) 405-8523 Fax (469) 573-5081
Type: Parent Agency Administrator VICTORIA JOHNSON

Owner Information
MBKC CARE INC
1814 BLENHEIM DRIVE
GALAND, TX 75043
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/10/2008
License # 011809 MECARE HOME HEALTH INC
Lic Expire 01/31/2022 18601 LBJ FREEWAY SUITE 706
Medicare 1: 747212 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 331-8166 Fax (972) 331-8169
Type: Parent Agency Administrator EDITH ABENGOWE

Owner Information
MECARE HOME HEALTH INC
I8601 LBJ FREEWAY, SUITE 706
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 07/12/2021

County **DALLAS** Region 03 Date Licensed 05/14/2010
License # 013321 MED- CERT HOME CARE LLC
Lic Expire 05/31/2022 6550 NAAMAN FOREST BLVD SUITE 100
Medicare 1: 747507 HHA-18 GARLAND, TX 75044
Medicare 2:
Phone (972) 303-2424 Fax (972) 303-1620
Type: Parent Agency Administrator SUSAN MATHEW

Owner Information
MED-CERT 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
Accreditation: CHAP - Deemed, Expires: 02/08/2023

County **DALLAS** Region 03 Date Licensed 12/30/2003
License # 008832 MED GLOBAL HOME HEALTH CARE INC
Lic Expire 12/31/2020 18601 LYNDON B JOHNSON FWY # 330
Medicare 1: 453118 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 222-3870 Fax (972) 222-3871
Type: Parent Agency Administrator JAISON JOSEPH

Owner Information
MED GLOBAL HOME HEALTH CARE INC
802 ASHLEY PLACE
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/17/2011
License # 014295 MED PLUS HOME HEALTHCARE INC
Lic Expire 08/31/2021 4701 ALTAMESA BLVD STE 2H
Medicare 1: 747807 FORT WORTH, TX 76133
Medicare 2:
Phone (972) 803-4255 Fax (972) 329-3903
Type: Parent Agency Administrator ZACHARY CRISS

Owner Information
MED PLUS HOME HEALTHCARE INC
609 N EBRITE ST, STE 110
MESQUITE, TEXAS 75149
PHONE: (972) 329-3900 FAX: (972) 329-3903
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/21/2017
License # 018265 MED PLUS HOSPICE LLC
Lic Expire 08/31/2019 18601 LBJ FRWY # 330 B
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (214) 735-6622 Fax (972) 681-7779
Type: Parent Agency Administrator JOSEPHINE DEVADOSS

Owner Information
MED PLUS HOSPICE LLC
18601 LBJ FRWY #330B
MESQUITE, TX 75150
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/20/2011
License # 013838 MED TEAM INC
Lic Expire 01/31/2021 12200 FORD ROAD SUITE #A 330
Medicare 1: DALLAS, TX 75234
Medicare 2:
Phone (214) 373-1111 Fax (214) 238-8080
Type: Parent Agency Administrator KAMLA BEHARRYLAL

Owner Information
THE HOME CARE TEAM, INC.
45 N.E. LOOP 410 SUITE 800
SAN ANTONIO, TX
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 01/27/2021
License # 020491 MEDCONNECT HEALTHCARE LLC
Lic Expire 01/27/2023 3951 DECHMAN DR. APT 8206
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (214) 444-7406 Fax (469) 719-3685
Type: Parent Agency Administrator SAKWE BONGO MCDONALD

Owner Information
MEDCONNECT HEALTHCARE LLC
3951 DECHMAN DR
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/07/2009
License # 013029 MEDICAL CONNECTIONS HOME HEALTH SERVICES
Lic Expire 12/31/2021 1801 N HAMPTON RD SUITE 330
Medicare 1: 747508 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (972) 283-6634 Fax (972) 283-6892
Type: Parent Agency Administrator MARY BOYD

Owner Information
MARY ANNETTE BOYD
1801 N. HAMPTON RD. SUITE 330
6884, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/25/2015
License # 017009 MEDSOURCE HEALTH CARE SYSTEM
Lic Expire 07/31/2021 1350 E. ARAPAHO ROAD, SUITE 238
Medicare 1: 679551 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 572-9783 Fax (972) 572-9782
Type: Parent Agency Administrator JOCELYN GARCIA

Owner Information
MEDLINK NETWORK LLC
1701 ANALOG DRIVE
RICHARDSON, TX 75081-2443
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 05/19/2021

County **DALLAS** Region 03 Date Licensed 03/06/2008
License # 011916 MERIT HOME HEALTHCARE INC
Lic Expire 03/31/2021 1919 S SHILOH ROAD SUITE 525
Medicare 1: 747358 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (214) 575-4645 Fax (214) 575-9119
Type: Parent Agency Administrator CHUKWUMA E. UZOIGWE

Owner Information
MERIT HOME HEALTHCARE INC
1919 S. SHILOH ROAD SUITE #525
GARLAND, TX 75042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/21/2017
License # 018192 MERIT HOSPICE LLC
Lic Expire 07/31/2021 8150 N CENTRAL EXPRESSWAY SUITE M2060
Medicare 1: 74-1741 DALLAS, TX 75206
Medicare 2:
Phone (214) 368-1154 Fax (214) 368-1155
Type: Parent Agency Administrator JENNIFER BECKHAM

Owner Information
MERIT HOSPICE LLC
8150 N CENTRAL EXPRESSWAY SUITE #M2105
DALLAS, TX 75206-1815
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 07/20/2021

County **DALLAS** Region 03 Date Licensed 04/16/2015
License # 016746 MESQUITE HOSPICE INC
Lic Expire 04/30/2021 10925 ESTATE LANE ST SUITE W140B
Medicare 1: 74-1771 DALLAS, TX 75238
Medicare 2:
Phone (972) 288-2700 Fax (972) 288-2702
Type: Parent Agency Administrator KOMAL SANDHU

Owner Information
MESQUITE HOSPICE INC
10935 ESTATE LANE SUITE 475D
DALLAS, TX 75238
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/06/2021

County **DALLAS** Region 03 Date Licensed 07/17/2002
License # 008164 METRO HOME CARE SERVICES INCORPORATED
Lic Expire 07/31/2021 1301 NORTHWEST HIGHWAY SUITE 102
Medicare 1: 679243 HHA-18 GARLAND, TX 75041
Medicare 2:
Phone (214) 703-3756 Fax (214) 703-3760
Type: Parent Agency Administrator MARYCOLLET OKON

Owner Information
METRO HOME CARE SERVICES, INC
1301 NORTHWEST HIGHWAY STE 102
GARLAND, TX 75041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 01/30/2007
License # 011035 METROSTAR HEALTHCARE SERVICES LLC
Lic Expire 01/31/2022 12300 FORD ROAD SUITE 455
Medicare 1: 747246 HHA-18 DALLAS, TX 75234
Medicare 2:
Phone (972) 331-3133 Fax (972) 331-3135
Type: Parent Agency Administrator MARY EGWU

Owner Information
METROSTAR HEALTHCARE SERVICES LLC
12300 FORD RD. STE 455
DALLAS, TEXAS 75234
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/14/2008
License # 011882 MGA HOME HEALTH PLUS SERVICES INC
Lic Expire 02/28/2021 1109 N HWY 67 SUITE # 4
Medicare 1: 747321 HHA-18 CEDAR HILL, TX 75104
Medicare 2:
Phone (972) 293-8555 Fax (972) 293-2855
Type: Parent Agency Administrator MARCEL OSUJI

Owner Information
MGA HOME HEALTH PLUS SERVICES INC
1109 N HWY 67 SUITE 4
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 02/02/2022

County **DALLAS** Region 03 Date Licensed 07/03/2012
License # 015128 MGA HOMECARE
Lic Expire 07/31/2022 15601 DALLAS PARKWAY SUITE 100
Medicare 1: ADDISON, TX 75001
Medicare 2:
Phone (214) 292-9900 Fax (214) 292-9809
Type: Parent Agency Administrator OZIEL CUEVAS

Owner Information
MGA HEALTHCARE TEXAS, LLC
7025 N SCOTTSDALE ROAD, SUITE 200
SCOTTSDALE, AZ 85253
PHONE: (214) 292-9900 FAX: (214) 292-9809
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 03/09/2007
License # 011144 MILESTONE THERAPY SERVICES
Lic Expire 03/31/2024 718 NORTH BUCKNER BLVD SUITE 312
Medicare 1: DALLAS, TX 75218
Medicare 2:
Phone (214) 324-4431 Fax (214) 324-4664
Type: Parent Agency Administrator SARAH RUPP-BLANCHARD

Owner Information
PEDIATRIC ENTERPRISES OF TEXAS INC
PO BOX 181045
DALLAS, TEXAS 75218
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 10/09/2020
License # 020223 MILLENIA LLC
Lic Expire 10/09/2022 2727 BOLTON BOONE DRIVE SUITE 104 A
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (214) 223-2042 Fax
Type: Parent Agency Administrator CHUKWUDI UCHEGBU

Owner Information
MILLENIA HOSPICE LLC
752 NORTH MAIN STREET P.O.BOX 128
MANSFIELD, TX 76063
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/20/2018
License # 019120 MIRACLE CARE AGENCY LLC
Lic Expire 07/31/2021 6718 SCARLET DRIVE
Medicare 1: PLANO, TX 75023
Medicare 2:
Phone (469) 814-9669 Fax (469) 814-9669
Type: Parent Agency Administrator JEAN-ARNAUD DOUE

Owner Information
MIRACLE CARE AGENCY LLC
3020 COUNTRY SQUARE DRIVE APT 1229
CARROLLTON, TX 75006
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/02/2009
License # 012640 MIRACLE HEALTHCARE SERVICES INCORPORATED
Lic Expire 06/30/2021 1802 GARRISON WAY
Medicare 1: 747652 GARLAND, TX 75040
Medicare 2:
Phone (972) 271-5381 Fax (972) 271-5724
Type: Parent Agency Administrator SUNDAY OMENIHU

Owner Information
MIRACLE HEALTHCARE SERVICES INCORPORATED
1802 GARRISON WAY
GARLAND, TX 75040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/01/2006
License # 010587 MISSIONCARE HEALTH SERVICES
Lic Expire 06/30/2020 3435 HIGHLAND ROAD SUITE 115
Medicare 1: 673194 DALLAS, TX 75228
Medicare 2:
Phone (214) 321-7600 Fax (214) 321-7603
Type: Parent Agency Administrator SAMUEL E NWANKWO

Owner Information
MHS MISSIONCARE HEALTH SERVICES INC
3435 HIGHLAND RD STE 115
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/30/2007
License # 011725 MJ HOME HEALTH AGENCY INC
Lic Expire 09/30/2021 3939 EAST US HIGHWAY 80, SUITE 428
Medicare 1: 457981 MESQUITE, TX 75150
Medicare 2:
Phone (972) 216-4894 Fax (972) 285-5185
Type: Parent Agency Administrator JOHN OZO

Owner Information
MJ HOME HEALTH AGENCY INC
3939 EAST HIGHWAY 80 SUITE 428
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/04/2017
License # 018274 MJS HOME HEALTH CARE INC
Lic Expire 08/31/2021 362 OAKS TRAIL SUITE #150
Medicare 1: 747498 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (469) 733-7873 Fax (972) 674-2627
Type: Parent Agency Administrator JOSEPH KUTTIPARAMBIL

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

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County **DALLAS** Region 03 Date Licensed 06/26/2009
License # 012668 MOMS BEST FRIEND
Lic Expire 06/30/2021 2125 N. JOSEY LANE STE 100
Medicare 1: CARROLLTON, TX 75006
Medicare 2:
Phone (972) 446-0500 Fax (972) 820-5744
Type: Parent Agency Administrator JANET WILLIAMS

Owner Information
AUGUSTUS HOLDINGS INC
2125 N JOSEY LANE STE 100
CARROLLTON, TX 75006
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/18/2005
License # 010143 MONARCH HOME HEALTHCARE AGENCY
Lic Expire 11/30/2021 13405 FLOYD CIR STE 100
Medicare 1: 679591 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 629-6158 Fax (972) 629-6246
Type: Parent Agency Administrator ANTHONY NJUGOH

Owner Information
MONARCH HEALTHCARE INC
13405 FLOYD CIR, STE 100
DALLAS, TEXAS 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/10/2009
License # 012847 MORAS HOME CARE INC
Lic Expire 09/30/2021 3228 SOUTHERN DRIVE SUITE 204
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (972) 658-6756 Fax (972) 530-0503
Type: Parent Agency Administrator HALIMA MORA

Owner Information
MORA'S HOME CARE, INC
PO BOX 450878
GARLAND, TX 75045
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/07/2007
License # 011747 MORRIS INFINITE HEALTHCARE SERVICES INCORPORATED
Lic Expire 12/31/2021 7920 BELTLINE ROAD STE 710
Medicare 1: 747172 HHA-18;74 DALLAS, TX 75254
Medicare 2:
Phone (214) 342-0300 Fax (214) 342-0301
Type: Parent Agency Administrator HENRIETTA MORRIS

Owner Information
MORRIS INFINITE HEALTHCARE SERVICES INCORPORATED
11520 N CENTRAL EXPRESSWAY STE 166 - 168 - 169
DALLAS, TX 75243
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

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

County **DALLAS** Region 03 Date Licensed 05/31/2018
License # 018768 MOTHER EARTH HEALTHCARE SERVICES INC
Lic Expire 05/31/2022 9821 SUMMERWOOD CIRCLE #1701
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (469) 349-9828 Fax (833) 817-7159
Type: Parent Agency Administrator RENE ANDOH

Owner Information
MOTHER EARTH HEALTHCARE SERVICES INC
9821 SUMMERWOOD CIRCLE #1701
DALLAS, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/14/2020
License # 019935 MOVELCARE
Lic Expire 05/14/2022 5980 ARAPAHO RD #32A
Medicare 1: DALLAS, TEXAS 75248
Medicare 2:
Phone 469 859 8689 Fax
Type: Parent Agency Administrator OVIERHEYA OGBORU

Owner Information
MOVELCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/27/2005
License # 010196 MULTI CARE HOME HEALTH SERVICES LLC
Lic Expire 06/30/2021 211 W PLEASANT RUN RD STE 102
Medicare 1: 679227 HHA-18 LANCASTER, TX 75146
Medicare 2:
Phone (972) 227-9300 Fax (972) 227-9302
Type: Parent Agency Administrator BARBARA PIPKINS

Owner Information
MULTI CARE HOME HEALTH SERVICES LLC
211 WEST PLEASANT RUN ROAD #102
LANCASTER, TX 75146
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 10/01/2005
License # 010118 MY REDEEMER HEALTHCARE SERVICES AND CONSULT LLC
Lic Expire 09/30/2022 903 N BOWSER SUITE 170
Medicare 1: 459097 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 952-1478 Fax (972) 952-1479
Type: Parent Agency Administrator ADESOLA OSIBAMOWO

Owner Information
MY REDEEMER HEALTHCARE SERVICES AND CONSULT LLC
903 N BOWSER SUITE 170
RICHARDSON, TX 75081
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/11/1997
License # 005978 NAAMAN COMMUNITY HEALTH SERVICES INC
Lic Expire 08/31/2021 115 EXECUTIVE WAY
Medicare 1: 459441 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (972) 224-1633 Fax (972) 224-1647
Type: Parent Agency Administrator ALFRED AKINOLA

Owner Information
NAAMAN COMMUNITY HEALTH SERVICES INC
115 EXECUTIVE WAY
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/28/2001
License # 007558 NATIONAL HEALTH SERVICE CORPORATION
Lic Expire 02/28/2023 3129 ESTERS ROAD SUITE 103
Medicare 1: 679060 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (972) 790-3200 Fax (972) 870-1031
Type: Parent Agency Administrator SARA CHAMATHIL

Owner Information
NATIONAL HEALTH SERVICE CORPORATION
3129 ESTERS RD #103
IRVING, TX 75062
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/27/2019
License # 019281 NATURAL COMFORT HOSPICE, LLC
Lic Expire 02/27/2021 10925 ESTATE LANE # 140
Medicare 1: DALLAS, TEXAS 75238
Medicare 2:
Phone (214) 473-4790 Fax (469) 620-3137
Type: Parent Agency Administrator KOMAL SANDHU

Owner Information
NATURAL COMFORT HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DALLAS** Region 03 Date Licensed 01/05/2021
License # 020432 NEF HEALTHCARE SERVICES INC
Lic Expire 01/05/2023 3044 TREVINO
Medicare 1: GRAND PRAIRIE, TX 75054
Medicare 2:
Phone (443) 825-8835 Fax (703) 332-9608
Type: Parent Agency Administrator FRANK EGWU

Owner Information
NEF HEALTHCARE SERVICS INC
3044 TREVINO
GRAND PRAIRIE, TX 75054
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/23/2007
License # 011537 NESS HOME HEALTH SERVICE LLC
Lic Expire 08/31/2020 3225 IH 30 SUITE E
Medicare 1: 747293 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (214) 417-3529 Fax (972) 222-3196
Type: Parent Agency Administrator FINDA S KOROMA

Owner Information
NESS HOME HEALTH SERVICE LLC
3225 IH 30, SUITE E
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/19/2016
License # 017435 NEW CENTURY HOSPICE OF DALLAS
Lic Expire 01/31/2022 4101 MCEWEN RD #500
Medicare 1: 671588 HOSPICE DALLAS, TX 75244
Medicare 2:
Phone (972) 239-0907 Fax (972) 239-0908
Type: Parent Agency Administrator NARISSA ATTEBERRY

Owner Information
NEW CENTURY HOSPICE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 05/30/2023

County **DALLAS** Region 03 Date Licensed 02/07/2008
License # 011864 NEW DAWN HOSPICE
Lic Expire 02/28/2021 1005 E PLEASANT RUN
Medicare 1: 671627 HOSPICE DESOTO, TX 75115
Medicare 2:
Phone (972) 283-5590 Fax (972) 283-5656
Type: Parent Agency Administrator FEFI JAMES

Owner Information
NEW DAWN HEALTH AND HOSPICE INC
1005 E PLEASANT RUN
DESOTO, TX 75115
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 11/28/2011
License # 014489 NEW DIRECTION HOME HEALTHCARE INC
Lic Expire 11/30/2021 515 N CEDAR RIDGE SUITE 4
Medicare 1: DUNCANVILLE, TEXAS 75116
Medicare 2:
Phone 972 8034244 Fax 844 2703342
Type: Parent Agency Administrator CAROLYN SEPHUS

Owner Information
NEW DIRECTION HOME HEALTHCARE INC
6405 CLEAR POOL
ARLINGTON, TEXAS 76018
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/17/2003
License # 008757 NEW ERA HOME HEALTHCARE SERVICES INC
Lic Expire 11/30/2021 9221 LBJ FREEWAY SUITE 107
Medicare 1: 453131 DALLAS, TX 75243
Medicare 2:
Phone (972) 235-0009 Fax (972) 690-1644
Type: Parent Agency Administrator PAULINE ONYEKA

Owner Information
NEW ERA HOME HEALTHCARE SERVICES INC
9221 LBJ FREEWAY, SUITE#107
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/22/2008
License # 012115 NEW GRACE HOME HEALTH SERVICES INC
Lic Expire 07/31/2022 2622 WOODPARK DRIVE
Medicare 1: 747359 HHA-18 GARLAND, TX 75044
Medicare 2:
Phone (214) 431-6712 Fax (469) 298-3233
Type: Parent Agency Administrator WINIFRED UDEOGU-MOORE

Owner Information
NEW GRACE HOME HEALTH SERVICES, INC.
2622 WOODPARK DRIVE
GARLAND, TX 75044
PHONE: (214) 431-6712 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 06/09/2009
License # 012813 NEW HEIGHTS HEALTHCARE AGENCY
Lic Expire 06/30/2021 1341 W. MOCKINGBIRD LANE SUITE 500 W
Medicare 1: 457872 HHA-18 DALLAS, TX 75247
Medicare 2:
Phone (214) 631-2232 Fax (214) 594-9640
Type: Parent Agency Administrator ADRIAN TAYLOR

Owner Information
NEW HEIGHTS HOMECARE SOLUTIONS INC
2730 N STEMMONS FREEWAY #813
DALLAS, TX 75207
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/10/2015
License # 016921 NEW HOPE HOME HEALTH
Lic Expire 04/30/2021 18601 LYNDON B JOHNSON FREEWAY, SUITE 325
Medicare 1: 459483 HHA MESQUITE, TEXAS 75150
Medicare 2:
Phone (214) 654-9446 Fax (214) 654-9585
Type: Parent Agency Administrator KIMBERLY DUNN

Owner Information
CARING POINT LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/01/2015
License # 016759 NEW HORIZON HOME HEALTH
Lic Expire 12/31/2022 3939 EAST US HIGHWAY 80 STE 306
Medicare 1: 679165 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (214) 221-8585 Fax (214) 221-8586
Type: Parent Agency Administrator SHINOJ MATHEW

Owner Information
NEW HORIZON HOME HEALTH
3939 EAST US HIGHWAY 80
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/23/2010
License # 013265 NEW TIMES HOME CARE
Lic Expire 04/30/2022 205 E CAMP WISDOM RD SUITE B
Medicare 1: 747564 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 780-5521 Fax (972) 780-5579
Type: Parent Agency Administrator CONNIE ATTRAH

Owner Information
EXPEDIENT HOME HEALTH SERVICES LLC
205 E CAMP WISDOM ROAD SUITE #B
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/06/2004
License # 009442 NEW VISION HOME HEALTH SERVICES INC
Lic Expire 12/31/2020 1441 WARWICK DRIVE
Medicare 1: 457946 HHA-18 LANCASTER, TX 75134
Medicare 2:
Phone (972) 227-3000 Fax (972) 227-3001
Type: Parent Agency Administrator MYESHA HARRIS 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

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County **DALLAS** Region 03 Date Licensed 09/21/2006
License # 010754 NEWMETRIC HOME HEALTH CARE INCORPORATED
Lic Expire 09/30/2022 13339 N CENTRAL EXPY STE 102
Medicare 1: 679767 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 628-9600 Fax (214) 628-9599
Type: Parent Agency Administrator CHUCK OGBU

Owner Information
NEWMETRIC HOME HEALTH CARE INCORPORATED
1315 CHARDONNAY DRIVE
ALLEN, TX 75002
PHONE: (214) 628-9600 FAX: (214) 628-9599
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/07/2009
License # 012538 NEWPORT HOME HEALTH AGENCY
Lic Expire 04/30/2021 1106 N HWY 360 SUITE 204/209
Medicare 1: 747520 HHA-18 GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (972) 602-3500 Fax (972) 602-3503
Type: Parent Agency Administrator SIMON OGBEIDE

Owner Information
GREENWICH HEALTHCARE SERVICES INC
1106 N HWY 360 SUITE 204/209
GRAND PRAIRIE, TX 75050
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 12/18/2013
License # 016219 NEWWAY HEALTHCARE SERVICES INC
Lic Expire 12/31/2021 713 GATEWOOD ROAD SUITE A
Medicare 1: 747562 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 238-7548 Fax (972) 238-7545
Type: Parent Agency Administrator INEZ TOLLIVER

Owner Information
NEWWAY HEALTHCARE SERVICES INC
713 GATEWOOD ROAD, SUITE #A
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 09/14/2011
License # 014345 NICON HOME HEALTHCARE AGENCY
Lic Expire 09/30/2019 3002 CREEK VALLEY DRIVE
Medicare 1: GARLAND, TX 75040
Medicare 2:
Phone (214) 440-2085 Fax (972) 675-5421
Type: Parent Agency Administrator WILLIAM OKECHUKU IBE

Owner Information
NICON HEALTHCARE SERVICES INC
3002 CREEK VALLEY DR
GARLAND, TX 75040
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/29/2011
License # 014066 NIGHTINGALE FAMILY HEALTHCARE SERVICES INC
Lic Expire 04/30/2021 811 S. CENTRAL EXPRESSWAY SUITE 541
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 918-0223 Fax (972) 918-0228
Type: Parent Agency Administrator PHILLIPA ANUWE

Owner Information
NIGHTINGALE FAMILY HEALTHCARE SERVICES INC
811 S. CENTRAL EXPRESSWAY SUITE 541
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/15/2019
License # 019703 NOBLE HOME HEALTH SERVICES, LLC
Lic Expire 11/15/2021 8330 LBJ FREEWAY, SUITE 634
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 396-7589 Fax (210) 634-5342
Type: Parent Agency Administrator OLANREWAJU ABU

Owner Information
NOBLE HOME HEALTH SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/09/2004
License # 009189 NOBLECARE HOME HEALTH SERVICES INC
Lic Expire 07/31/2022 629 WEST CENTERVILLE ROAD SUITE 208
Medicare 1: 457800 HHA-18 GARLAND, TX 75041
Medicare 2:
Phone (972) 278-8700 Fax (972) 278-8723
Type: Parent Agency Administrator CHARITY EKPO

Owner Information
NOBLECARE HOME HEALTH SERVICES, INC.
2614 ROUGHLEAF LANE
ROWLETT, TX 75089
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/02/2017
License # 018418 NOLASHANDS LLC
Lic Expire 11/30/2021 1101 STONEWALL ST SUITE 601 D
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (469) 969-0187 Fax (469) 969-0197
Type: Parent Agency Administrator ELENA HINES

Owner Information
NOLASHANDS LLC
2918 REATA DRIVE
WYLIE, TX 75098
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/06/2017
License # 018424 NORTH STAR HOME HEALTH CARE INC
Lic Expire 04/30/2023 8355 WALNUT HILL LANE, SUITE#200
Medicare 1: DALLAS, TX 75231
Medicare 2:
Phone (214) 275-4667 Fax (855) 631-4080
Type: Parent Agency Administrator JEKAL PATEL

Owner Information
NORTH STAR HOME HEALTH CARE INC
1340 PRUDENTIAL DRIVE
DALLAS, TX 75235-4115
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/22/2009
License # 012616 NORTH TEXAS BEST HOME HEALTHCARE
Lic Expire 05/31/2024 3000 KELLER SPRINGS RD, #406
Medicare 1: 747405 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (214) 746-7300 Fax (214) 746-7301
Type: Parent Agency Administrator ROBERT BARKER

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
Accreditation: ACH - Deemed, Expires: 08/19/2021

County **DALLAS** Region 03 Date Licensed 10/11/2010
License # 013627 NORTH TEXAS THERAPY & HOME CARE
Lic Expire 10/31/2022 17060 DALLAS PARKWAY, SUITE 105
Medicare 1: DALLAS, TEXAS 75248
Medicare 2:
Phone (972) 385-0006 Fax (972) 385-0405
Type: Parent Agency Administrator NICOLE SALDIVAR

Owner Information
THERAPY & HOME CARE, LLC
14160 N DALLAS PKWY SUITE 415
DALLAS, TX 75254
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/25/2015
License # 016996 NOURISH HOMEHEALTH AND THERAPY SERVICES
Lic Expire 08/31/2021 331 MELROSE DR SUITE 200 #A
Medicare 1: 747699 RICHARSON, TX 75080
Medicare 2:
Phone (469) 714-0123 Fax (214) 548-5530
Type: Parent Agency Administrator SATHYAJITH NAIR

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

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County **DALLAS** Region 03 Date Licensed 02/18/1999
License # 006875 NOVEL HOME HEALTHCARE AGENCY
Lic Expire 02/28/2022 7920 BELT LINE ROAD SUITE 255
Medicare 1: 459465 HHA-18 DALLAS, TX 75254
Medicare 2:
Phone (972) 994-9395 Fax (972) 994-9398
Type: Parent Agency Administrator IVERT TAMBE

Owner Information
NOVEL HEALTHCARE SERVICES INC
7920 BELTLINE RD SUITE 255
DALLAS, TX 75254
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/22/2015
License # 016932 NOVEL HOSPICE CARE
Lic Expire 07/31/2021 7920 BELT LINE ROAD STE 255A
Medicare 1: 741666 HOSPICE DALLAS, TX 75254
Medicare 2:
Phone (972) 994-9395 Fax (972) 994-9398
Type: Parent Agency Administrator IVERT TAMBE

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
Accreditation: ACHC, Expires: 05/10/2023

County **DALLAS** Region 03 Date Licensed 05/16/2014
License # 016437 NULIF HOME HEALTHCARE SERVICES INC
Lic Expire 05/31/2022 100 N CENTRAL EXPY, SUITE NO 190, ROOM # 103
Medicare 1: 457973 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 492-3091 Fax (972) 394-4304
Type: Parent Agency Administrator JOHN THOMAS

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

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County **DALLAS** Region 03 Date Licensed 08/04/2010
License # 013876 NURSE CARE HOME HEALTH AGENCY
Lic Expire 08/31/2022 10925 ESTATE LANE STE 300
Medicare 1: 677929 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (214) 340-5577 Fax (214) 340-5588
Type: Parent Agency Administrator NWAYABUIFE OBIAGWU

Owner Information
NATIONWIDE MEDICAL & EQUIPMENT SUPPLY INC
10925 ESTATE LANE STE 300
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 10/01/2019
License # 019070 NURSECALL HEALTH CARE SERVICES INC.
Lic Expire 11/07/2022 777 S. CENTRAL EXPRESSWAY. SUITE 104
Medicare 1: RICHARDSON, TEXAS 75080
Medicare 2:
Phone (214) 682-9299 Fax (972) 382-5999
Type: Parent Agency Administrator ANTHONY ODIACHI

Owner Information
NURSECALL HEALTH CARE SERVICES INC.
777 SOUTH CENTRAL EXPRESSWAY SUITE 104
RICHARDSON, TEXAS 75080
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 12/21/2005
License # 010206 NURSES HEALTHCARE INC
Lic Expire 12/31/2020 2665 VILLA CREEK DRIVE SUITE 246
Medicare 1: 679575 HHA-18 FARMERS BRANCH, TX 75234
Medicare 2:
Phone (972) 481-1300 Fax (972) 481-1301
Type: Parent Agency Administrator KINGSLEY ENWERE

Owner Information
NURSES HEALTHCARE INC
2665 VILLA CREEK DRIVE SUITE 246
FARMERS BRANCH, TX 75234
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/26/2009
License # 012546 NURSING CARE OF TEXAS
Lic Expire 01/31/2024 1113 LAON LANE
Medicare 1: 457968 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (972) 296-2755 Fax (469) 533-1616
Type: Parent Agency Administrator LOLA OWENS

Owner Information
NCOT INC
1113 LAON LANE
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/17/2014
License # 016157 OCCUPATIONAL HOME HEALTHCARE LLC
Lic Expire 04/30/2022 7929 BROOKRIVER DRIVE SUITE 180
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (972) 349-6596 Fax (972) 349-6595
Type: Parent Agency Administrator SOFIA WEIGEL

Owner Information
OCCUPATIONAL HOME HEALTHCARE LLC
PO BOX 560702
DALLAS, TEXAS 75356
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/04/2020
License # 020090 OHANA HOME HEALTH AND HOSPICE SERVICES, LLC
Lic Expire 08/04/2022 1229 E. PLEASANT RUN STE. 208
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (972) 672-4236 Fax
Type: Parent Agency Administrator ESTAVION TROTTER

Owner Information
OHANA HOME HEALTH AND HOSPICE SERVICES, LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/26/2019
License # 019550 OLYMPUS HOME HEALTH INC.
Lic Expire 08/26/2021 701 STATE HIGHWAY 352 STE A, #300
Medicare 1: MESQUITE, TEXAS 75149
Medicare 2:
Phone (214) 263-7236 Fax
Type: Parent Agency Administrator JAISON KURUVILLA

Owner Information
OLYMPUS HOME HEALTH INC.
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 09/21/2020
License # 019952 OMEGA HOSPICE CARE, LLC
Lic Expire 05/19/2022 8330 LYNDON.B. JOHNSON FREEWAY, SUITE 634
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 974-4953 Fax (214) 983-1116
Type: Parent Agency Administrator OLUBUKOLA ABU

Owner Information
OMEGA HOSPICE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DALLAS** Region 03 Date Licensed 04/01/2004
License # 009026 OMNI HOME HEALTH CARE
Lic Expire 03/31/2021 819 NORTH O CONNOR ROAD SUITE #101
Medicare 1: 679197 HHA-18 IRVING, TX 75061
Medicare 2:
Phone 972 445 0300 Fax 972 445 0301
Type: Parent Agency Administrator GEORGE ALEX

Owner Information
OMNI HOME HEALTH CARE LLC
819 N. O'CONNOR ROAD, SUITE 101
IRVING, TX 75061
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/08/2018
License # 019098 OMNICURE PLUS HOME HEALTHCARE
Lic Expire 08/17/2022 331 MELROSE DR SUITE 150
Medicare 1: 67-3190 RICHARDSON, TX 75080
Medicare 2:
Phone 972 3313222 Fax (972) 331-3242
Type: Parent Agency Administrator SATHYAJITH NAIR

Owner Information
OMNICURE PLUS HOME HEALTHCARE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 12/01/2010
License # 013736 ON TIME HOME HEALTH SERVICES
Lic Expire 11/30/2022 1350 E ARAPAHO RD, STE 230
Medicare 1: 747841 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 352-2943 Fax (972) 352-2939
Type: Parent Agency Administrator EDWIN BACUD

Owner Information
ON TIME HOME HEALTH SERVICES LLC

-, - 75052
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 08/10/2021

County **DALLAS** Region 03 Date Licensed 05/09/2012
License # 014790 ONE POINT HOSPICE
Lic Expire 05/31/2022 13140 COIT ROAD, SUITE 405
Medicare 1: 741558 HOSPICE DALLAS, TX 75240
Medicare 2:
Phone (972) 784-4066 Fax (972) 777-9895
Type: Parent Agency Administrator SURESH KUMAR, RN

Owner Information
BEST CARE HOSPICE LLC
17826 DAVENPORT ROAD SUITE D
DALLAS, TX 75252
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 09/20/2021

County **DALLAS** Region 03 Date Licensed 08/24/2018
License # 018900 ONE POINT HOSPICE MCKINNEY
Lic Expire 08/31/2022 2150 S. CENTRAL EXPRESSWAY SUITE 200
Medicare 1: 971580 MCKINNEY, TEXAS 75070
Medicare 2:
Phone (972) 590-0231 Fax (972) 590-0232
Type: Parent Agency Administrator JAMES HOLLOMAN

Owner Information
NURSE CALL HOSPICE CARE INC
752 WILDWOOD LANE
ROCKWALL, TX 75087
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/05/2023

County **DALLAS** Region 03 Date Licensed 03/06/2008
License # 012091 OPTIMAL HOME HEALTH INC
Lic Expire 03/31/2022 8344 EAST R L THORNTON FRWY SUITE 214
Medicare 1: 679548 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 660-1055 Fax (214) 556-1374
Type: Parent Agency Administrator OSAZE EHIGIATOR

Owner Information
OPTIMAL HOME HEALTH INC
8344 EAST R L THRONTON STE 214
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/27/2014
License # 016290 OPTIMUM BASE SERVICES INC
Lic Expire 06/30/2022 10945 ESTATE LN STE E325
Medicare 1: 743177 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (214) 340-7900 Fax (214) 340-7902
Type: Parent Agency Administrator IFEANYI ONYIA

Owner Information
OPTIMUM BASE SERVICES, INC
10945 ESTATE LANE STE E325
DALLAS, TEXAS 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 12/28/2000
License # 007713 OPTION CARE
Lic Expire 12/31/2021 6611 N BELTLINE RD SUITE 100
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (972) 536-7355 Fax (972) 536-9886
Type: Parent Agency Administrator DEBRA HOOPER

Owner Information
OPTION CARE ENTERPRISES INC
PO BOX 377
DEERFIELD, IL 60015
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 02/21/2012
License # 014646 OPTUM INFUSION SERVICES 305, LLC
Lic Expire 02/28/2022 8400 ESTERS BLVD. SUITE 185
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (844) 386-2474 Fax (844) 825-9644
Type: Parent Agency Administrator LAHILY HENDERSON-DAVIS

Owner Information
OPTUM INFUSION SERVICES 500, INC
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 03/08/1996
License # 004803 OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC
Lic Expire 03/31/2022 1301 W. PRESIDENT GEORGE BUSH HWY. #200
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (800) 950-3963 Fax (678) 324-2297
Type: Parent Agency Administrator ALISSA KIELY

Owner Information
OPTUM WOMEN'S AND CHILDREN'S HEALTH, LLC
2100 RIVEREDGE PARKWAY SUITE 500
ATLANTA, GA 30328
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/31/2006
License # 010776 ORIENT HOME CARE SERVICES INC
Lic Expire 08/31/2021 606 ORIOLE BLVD SUITE 300 -07
Medicare 1: 457934 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 296-2000 Fax (972) 296-2001
Type: Parent Agency Administrator ETHELBERT ODO

Owner Information
ORIENT HOME CARE SERVICES INC
606 ORIOLE BLVD #300-7
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/15/2014
License # 016561 ORYX PEDIATRIC HOME HEALTHCARE AGENCY LLC
Lic Expire 12/31/2020 2132 ORYX LANE
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (972) 639-3753 Fax (972) 854-6215
Type: Parent Agency Administrator NORAH MOCHAMA

Owner Information
ORYX PEDIATRIC HOME HEALTHCARE AGENCY LLC
2132 ORYX LANE
GRAND PRAIRIE, TX 75052-8807
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 11/19/2009
License # 013011 OSGOOD HOME CARE
Lic Expire 11/30/2021 2652 WINDSWEPT LANE
Medicare 1: 673183 MESQUITE, TX 75181
Medicare 2:
Phone (469) 682-6340 Fax (972) 798-8962
Type: Parent Agency Administrator EMILIA OBODO

Owner Information
OSGOOD HEALTHCARE SERVICES INC
2652 WINDSWEPT LANE
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/06/2007
License # 011578 OUR HOME CARE INC
Lic Expire 06/30/2021 2636 WALNUT HILL LANE STE 265
Medicare 1: 459315 HHA-18 DALLAS, TX 75229
Medicare 2:
Phone (214) 350-4033 Fax (214) 350-4689
Type: Parent Agency Administrator RICHARD NKWANWO

Owner Information
OUR HOME CARE INC
2636 WALNUT HILL LANE SUITE 201
DALLAS, TX 75229
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 11/03/2009
License # 013140 OUR SAVIOUR HEALTHCARE SERVICES INC
Lic Expire 11/30/2021 9550 SKILLMAN ST SUITE 330
Medicare 1: 747641 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 238-3220 Fax (214) 553-5649
Type: Parent Agency Administrator GERTRUDE AKANNA

Owner Information
OUR SAVIOUR HEALTHCARE SERVICES INC
7205 HIGH POINT DR
SACHSE, TX 75048
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/23/2008
License # 012286 OUTREACH MEDICAL HOME HEALTH AGENCY
Lic Expire 07/31/2022 200 BRYAN PLACE
Medicare 1: 458288 HHA-18 CEDAR HILL, TEXAS 75104
Medicare 2:
Phone (972) 293-3500 Fax (972) 293-3514
Type: Parent Agency Administrator KAY CARRINGTON

Owner Information
KAY CARRINGTON
200 BRYAN PLACE
CEDAR HILL, TEXAS 75104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/18/2015
License # 016808 P G SERVICES
Lic Expire 05/31/2021 7007 RICHWOOD DR
Medicare 1: DALLAS, TX 75237
Medicare 2:
Phone (214) 882-0585 Fax (972) 224-6992
Type: Parent Agency Administrator ALICE PAIGE

Owner Information
P&G SERVICES, LLC
7702 LOS GATOS
DALLAS, TEXAS 75232
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/09/2019
License # 019319 PARADISE HOSPICE CARE, INC.
Lic Expire 04/09/2021 1100 BUSINESS PARKWAY STE 100
Medicare 1: 971616 RICHARDSON, TX 75081
Medicare 2:
Phone 469 372 035 Fax 469 3720304
Type: Parent Agency Administrator MOHAMMAD MASUD

Owner Information
PARADISE HOSPICE CARE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/05/2024

County **DALLAS** Region 03 Date Licensed 08/26/2019
License # 019549 PARAGON HEALTH CARE SERVICES INC
Lic Expire 08/26/2021 9254 FOREST LANE APT 501
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (469) 740-4482 Fax (972) 773-9771
Type: Parent Agency 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** Region 03 Date Licensed 01/06/2021
License # 020434 PARK CITIES HEALTH SERVICES LLC
Lic Expire 01/06/2023 14114 DALLAS PARKWAY SUITE 460
Medicare 1: DALLAS, TEXAS 75254
Medicare 2:
Phone (214) 718-2031 Fax (844) 929-1388
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 10/28/2016
License # 018244 PARKER HEALTH CARE SERVICES INC
Lic Expire 10/31/2022 2305 OAK LANE SUITE 211
Medicare 1: 747454 HHA-18 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (469) 610-5471 Fax 4696105475 9728728838
Type: Parent Agency 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

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

County **DALLAS** Region 03 Date Licensed 04/03/2006
License # 010373 PASSION 05 HEALTH SERVICES INC
Lic Expire 04/30/2022 1140 EMPIRE CENTRAL SUITE 630
Medicare 1: 679708 HHA-18 DALLAS, TX 75247
Medicare 2:
Phone 214 2532654 Fax 214 2532655
Type: Parent Agency Administrator ALERO OKUNDIA

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

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County **DALLAS** Region 03 Date Licensed 10/27/2005
License # 010082 PASSIONATE CARE HOME HEALTH SERVICES INC
Lic Expire 10/31/2020 9696 SKILLMAN STREET SUITE 385
Medicare 1: 677923 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 234-1600 Fax (972) 234-1601
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 08/27/2009
License # 012820 PASSIONATE HEALTHCARE SERVICES INC
Lic Expire 08/31/2021 1720 REGAL ROW SUITE 117
Medicare 1: 747553 HHA-18 DALLAS, TX 75235
Medicare 2:
Phone (972) 432-7866 Fax (214) 905-0809
Type: Parent Agency Administrator STELLA OMENIHU

Owner Information
PASSIONATE HEALTHCARE SERVICES INC
1720 REGAL ROW , SUITE 117
DALLAS, TX 75235
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/25/2012
License # 015129 PASSIONATE HOME HEALTH SERVICES INC
Lic Expire 11/30/2020 9550 SKILLMAN ST STE 310
Medicare 1: 747253 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 222-7060 Fax (972) 222-6577
Type: Parent Agency Administrator OBY NEBE

Owner Information
PASSIONATE HOME HEALTH SERVICES INC
9550 SKILLMAN STREET SUITE 310
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 06 Date Licensed 02/07/2014
License # 012397 PATHFINDER PEDIATRIC HOME CARE INC
Lic Expire 01/31/2021 15455 DALL PARKWAY, SUITE 600
Medicare 1: DALLAS, TX 75001
Medicare 2:
Phone (281) 364-9695 Fax (281) 456-2479
Type: Branch Agency Administrator CHARLES M WILCOX

Owner Information
PATHFINDER PEDIATRIC HOME CARE INC
318 BRIAR ROCK RD
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 04/10/2012
License # 014786 PATHWAY HOME HEALTH AGENCY INC
Lic Expire 04/30/2022 3960 BROADWAY BLVD SUITE 232
Medicare 1: 743143 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 278-2200 Fax (972) 278-2203
Type: Parent Agency Administrator OLUFEMI AINA

Owner Information
GMAC PATHWAY INC
3960 BROADWAY BLVD STE 232
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/18/2014
License # 016779 PATHWAY HOSPICE LLC
Lic Expire 12/31/2022 1021 HAMPSHIRE LN
Medicare 1: 671758 HOSPICE RICHARDSON, TX 75080
Medicare 2:
Phone (214) 377-9377 Fax (214) 292-9604
Type: Parent Agency Administrator ALECIA POWELL

Owner Information
PATHWAY HOSPICE, LLC
4849 GREENVILLE AVENUE SUITE 235
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 05/10/2022

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

County **DALLAS** Region 03 Date Licensed 04/24/2017
License # 018017 PC HOME HEALTH
Lic Expire 04/30/2021 4030 PASSAGE WAY
Medicare 1: LANCASTER, TX 75146
Medicare 2:
Phone (214) 991-5619 Fax (469) 779-6112
Type: Parent Agency Administrator ANTOINE MOURY'E BEACHUM

Owner Information
PC IN HOME SUPPORT, LLC
P.O. BOX 1114
LANCASTER, TX 75146
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/03/2004
License # 009229 PEACE HOME HEALTH INC
Lic Expire 08/31/2022 1401 N. CENTRAL EXPRESSWAY SUITE 373
Medicare 1: 457963 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 744-0133 Fax (972) 234-4915
Type: Parent Agency Administrator JANE UWAGA

Owner Information
PEACE HOME HEALTH INC
1200 CEDAR POINT DR
WYLIE, TX 75098
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/04/2009
License # 012816 PECULIAR CARE HOME HEALTH INC
Lic Expire 05/31/2021 3435 HIGHLAND RD STE 105
Medicare 1: 747004 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 321-7200 Fax (214) 321-7220
Type: Parent Agency Administrator LILIAN NWANKWO

Owner Information
PECULIAR CARE HOME HEALTH SERVICES INC
3435 HIGHLAND RD STE 105
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/08/2016
License # 017262 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 02/28/2022 18601 LBJ FREEWAY, SUITE 723
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (469) 552-2689 Fax (214) 915-8353
Type: Parent Agency Administrator JULIE GOLIGHTLY

Owner Information
PEDIATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 10/25/2010
License # 013674 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 10/31/2022 1341 W MOCKINGBIRD LANE SUITE 245E
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (972) 630-4810 Fax (214) 271-4590
Type: Parent Agency Administrator JULIE GOLIGHTLY

Owner Information
PEDIATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/30/2017
License # 018287 PERFECTION HOSPICE CARE INCORPORATED
Lic Expire 08/31/2021 407 NORTH CEDAR RIDGE DRIVE STE 237
Medicare 1: 97-1513 (HOSPICE DUNCANVILLE, TX 75116
Medicare 2:
Phone (817) 903-7723 Fax (877) 509-6626
Type: Parent Agency Administrator GAUDENSIA AWUOR

Owner Information
PERFECTION HOSPICE CARE INCORPORATED
2755 FURLONG DRIVE
GRAND PRAIRIE, TEXAS 75051
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 05/28/2022

County **DALLAS** Region 06 Date Licensed
License # 018021 PERSONAL CARE HEALTH SERVICES
Lic Expire 04/30/2021 1075 W GRIFFIN SUITE 109
Medicare 1: DALLAS, TEXAS 75215
Medicare 2:
Phone (214) 988-9288 Fax
Type: Branch Agency Administrator GEORGE SMITH

Owner Information
GEORGE H. SMITH, LLC
7447 HARWIN DR STE 102A
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 03/29/2011
License # 013988 PHYSICIANS CHOICE HOMECARE
Lic Expire 07/30/2021 200 E. MAIN ST.
Medicare 1: 747754 MESQUITE, TX 75149
Medicare 2:
Phone (972) 412-9916 Fax (972) 412-9971
Type: Parent Agency Administrator DELAUNTE' CRAWFORD

Owner Information
TARRANT COUNTY PHYSICIANS CHOICE HOMECARE LLC
6800 HERITAGE PKW STE 103
ROCKWALL, TX 75087
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/09/2004
License # 009451 PHYSICIANS CHOICE HOMECARE
Lic Expire 12/31/2021 200 E MAIN STREET
Medicare 1: 673182 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone 972 6867602 Fax 972 6867475
Type: Parent Agency Administrator DELAUNTE CRAWFORD

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

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County **DALLAS** Region 03 Date Licensed 03/26/2010
License # 013195 PHYSICIAN'S CHOICE HOMECARE
Lic Expire 03/31/2022 200 E. MAIN STREET
Medicare 1: 747537 MESQUITE, TX 75149
Medicare 2:
Phone (972) 686-7602 Fax (972) 686-7475
Type: Parent Agency Administrator DELAUNTE CRAWFORD

Owner Information
ENNIS TEXAS PHYSICIANS CHOICE HOMECARE LLC
6800 HERITAGE PARKWAY # 103
ROCKWALL, TX 75087
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/06/2017
License # 018272 PINNACLE HOME HEALTH CARE SERVICES
Lic Expire 07/31/2021 2302 GUTHRIE RD STE 140
Medicare 1: 677839 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 503-7400 Fax (214) 503-7460
Type: Parent Agency Administrator GLORY RAJU

Owner Information
ELUZAY LLC
2302 GUTHERIE ROAD
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/17/2009
License # 013018 PINNACLE SENIOR CARE
Lic Expire 07/31/2021 4545 FULLER DRIVE SUITE 335
Medicare 1: 678318 HHA-18 IRVING, TX 750386558
Medicare 2:
Phone (972) 871-7500 Fax (855) 618-6655
Type: Parent Agency Administrator JULIE GATTS

Owner Information
U.S. MEDICAL MANAGEMENT, LLC - DIRECT OWNER
PO BOX 99278
TROY, MI
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 10/25/2002
License # 008174 PLATINUM HEALTH SERVICES
Lic Expire 10/31/2020 2023 DEEPWOOD STREET
Medicare 1: 673108 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 982-0192 Fax (972) 784-5404
Type: Parent Agency Administrator CHRISTIANAH OKUNADE

Owner Information
CHRISTIANAH OKUNADE
2023 DEEPWOOD
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/03/2015
License # 017200 PLATINUM HEALTHCARE CORP
Lic Expire 09/30/2021 1431 GREENWAY DRIVE SUITE 834
Medicare 1: 453199 HHA-18 IRVING, TX 75038
Medicare 2:
Phone (972) 378-9700 Fax (972) 870-4454
Type: Parent Agency Administrator RAMI ALMUHTADI

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

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

County **DALLAS** Region 03 Date Licensed 09/01/2017
License # 018291 POPE HOME HEALTHCARE AGENCY
Lic Expire 08/31/2021 2236 AREBA STREET SUITE B
Medicare 1: DALLAS, TX 75203
Medicare 2:
Phone (972) 302-5250 Fax (855) 523-4048
Type: Parent Agency Administrator KATHRYN PITTS

Owner Information
POPE HEALTHCARE INC
P O BOX 4089
DALLAS, TX 75208
PHONE: (972) 302-5250 FAX: (855) 523-4048
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/20/2018
License # 018626 POWER HOME HEALTH LLC
Lic Expire 02/28/2022 4101 MCEWEN RD, STE 527
Medicare 1: DALLAS, TEXAS 75244
Medicare 2:
Phone (214) 242-0530 Fax (214) 237-4994
Type: Parent Agency Administrator EVELIN HERNANDEZ

Owner Information
POWER HOME HEALTH LLC
442 W. NORTHGATE DRIVE
IRVING, TX 75062
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/03/2008
License # 012049 PRAISE HOME HEALTH AGENCY
Lic Expire 06/30/2022 310 PARKER DR
Medicare 1: 747322 GARLAND, TX 75040
Medicare 2:
Phone (214) 694-6940 Fax (972) 202-6633
Type: Parent Agency Administrator FORTUNE EZEOHA

Owner Information
FORTUNE EZEOHA AND LINDA EZEOHA
1206 BAYSIDE DR
WYLIE, TX 75098
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/25/2021
License # 020549 PRAYFUL HOSPICE LLC
Lic Expire 02/25/2024 2735 VILLA CREEK DR. STE 130P
Medicare 1: DALLAS, TEXAS 752347454
Medicare 2:
Phone 1 972 6661172 Fax 1 214 3076023
Type: Parent Agency Administrator VARGHESE ZACHARIA

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

County **DALLAS** Region 03 Date Licensed 03/14/1997
License # 005944 PRECIOUS CARE HOME HEALTH INC
Lic Expire 03/31/2021 811 SOUTH CENTRAL EXPRESSWAY STE 304
Medicare 1: 678032 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 680-0096 Fax (972) 680-8318
Type: Parent Agency Administrator ONYEBUCHI ACHO

Owner Information
PRECIOUS CARE HOME HEALTH, INC.
811 SO CENTRAL EXPRESSWAY SUITE 304
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/24/2008
License # 011914 PRECIOUS HOME HEALTH CARE INC
Lic Expire 01/31/2023 3435 HIGHLAND DR SUITE 200
Medicare 1: 457969 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (972) 686-4209 Fax (972) 686-3825
Type: Parent Agency Administrator GLORIA NWEKE

Owner Information
PRECIOUS HOME HEALTH CARE INC
3435 HIGHLAND DR. SUITE 200
DALLAS, TEXAS 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/22/2017
License # 018723 PRECISE PERSONALIZED CARE HOSPICE LLC
Lic Expire 12/31/2021 6009 BELTLINE RD. SUITE 240
Medicare 1: 741679 HOSPICE DALLAS, TX 75254
Medicare 2:
Phone (469) 324-5650 Fax (469) 324-5634
Type: Parent Agency Administrator MONICA LEWIS-MCCOMMAS

Owner Information
PRECISE PERSONALIZED CARE HOSPICE LLC
777 S CENTRAL EXPWY SUITE 1- Z
RICHARDSON, TX 75080
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 08/04/2023

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

County **DALLAS** Region 03 Date Licensed 12/10/2004
License # 009454 PRECISION HOME HEALTH CARE
Lic Expire 12/31/2020 2307 OAK LANE # 116
Medicare 1: 457911 HHA-18 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 642-0181 Fax (972) 642-1211
Type: Parent Agency Administrator GRACE OMOLOJA

Owner Information
NEW STAR REALITY INC
1532 DREXEL DRIVE
IRVING, TX 75061
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/29/2012
License # 014671 PREMA HOME CARE AGENCY
Lic Expire 02/28/2022 9550 FOREST LANE SUITE 480
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 440-8698 Fax (972) 412-8901
Type: Parent Agency Administrator PRECIOUS ANYANWU

Owner Information
PREMA HOME CARE AGENCY INC
9550 FOREST LANE SUITE 478
DALLAS, TEXAS 75243
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/16/2015
License # 017183 PREMIER CHOICE HOME HEALTH CARE
Lic Expire 12/31/2021 610 UPTOWN BLVD STE 2000
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (214) 702-9513 Fax (972) 803-8086
Type: Parent Agency Administrator PATRICIA HERNANDEZ

Owner Information
YTB ENTERPRISE, LLC
PO BOX 383144
DUNCANVILLE, TX 75138
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/27/2020
License # 019843 PREMIER FAMILY SERVICES, LLC
Lic Expire 02/27/2022 9506 LINKS FAIRWAY DR
Medicare 1: ROWLETT, TEXAS 75089
Medicare 2:
Phone (469) 274-9860 Fax
Type: Parent Agency Administrator BERNARD MARFO

Owner Information
PREMIER FAMILY SERVICES, LLC
9506 LINKS FAIRWAY DR
ROWLETT, TEXAS 75089
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/27/2014
License # 016444 PREMIERE HOME HEALTH SERVICES
Lic Expire 11/30/2022 8262 ABRAMS RD
Medicare 1: 743152 HHA-18 DALLAS, TX 75231
Medicare 2:
Phone (214) 741-6191 Fax (214) 741-6192
Type: Parent Agency Administrator JERRY FREENY

Owner Information
PREMIERE PLUS HOME HEALTH SERVICES INC
8262 ABRAMS ROAD
DALLAS, TX 75231
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed
License # 020722 PRESTIGIOUS HEALTH SERVICES L.L.C.
Lic Expire 04/27/2023 1925 E. BELTLINE RD, SUITE 290
Medicare 1: CARROLLTON, TX 75006
Medicare 2:
Phone (903) 337-6055 Fax
Type: Parent Agency Administrator BRANDY JONES

Owner Information
PRESTIGIOUS HEALTH SERVICES L.L.C.
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/12/2013
License # 015866 PRESTON WOOD PEDIATRICS LLC
Lic Expire 11/30/2021 320 W BELT LINE ROAD SUITE 403
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (972) 349-1313 Fax (888) 371-6987
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 05/24/2012
License # 015044 PRESTONWOOD HOME HEALTHCARE LLC
Lic Expire 05/31/2022 134 EAST CHURCH STREET
Medicare 1: 747650 HHA-18 GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (469) 757-4217 Fax (972) 745-2390
Type: Parent Agency Administrator CELESTINA OGBOLUGO

Owner 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

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County **DALLAS** Region 03 Date Licensed 02/05/2021
License # 020511 PRESTONWOOD HOSPICE, LLC
Lic Expire 02/05/2024 16910 DALLAS PKWY SUITE 210
Medicare 1: DALLAS, TEXAS 752481934
Medicare 2:
Phone 972 9307999 Fax 972 9307966
Type: Parent Agency Administrator SHLIEA TABBYTITE

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

County **DALLAS** Region 03 Date Licensed 06/17/2015
License # 016865 PRILEO HOME CARE
Lic Expire 06/30/2021 9535 FOREST LANE, SUITE #209
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (214) 570-7655 Fax (214) 570-7654
Type: Parent Agency Administrator CAROLIN LEONG

Owner Information
PRILEO HOME CARE TX LLC
8883 W. FLAMINGO ROAD, SUITE 103
LAS VEGAS, NV 89147
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/15/2017
License # 018325 PRIMECARE LINK SERVICES LLC
Lic Expire 09/30/2021 10935 ESTATE LANE STE S245
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (214) 560-8247 Fax (214) 343-8554
Type: Parent Agency Administrator SARA MALANI BANDA

Owner Information
PRIMECARE LINK SERVICES LLC
10935 ESTATE LANE S-245
DALLAS, TX 75238
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/30/2002
License # 008343 PROFESSIONAL CARETAKERS INC
Lic Expire 03/31/2022 6350 LBJ FREEWAY, SUITE 250
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (214) 691-4411 Fax (214) 691-2394
Type: Branch Agency Administrator HOWARD PETERSEN

Owner Information
PROFESSIONAL CARETAKERS, INC
PO BOX 34659
FORT WORTH, TX 76162
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/01/2002
License # 007880 PROFESSIONAL HEALTHCARE SERVICES
Lic Expire 12/31/2020 811 SOUTH CENTRAL EXPRESSWAY SUITE 515
Medicare 1: 459430 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 918-0700 Fax (972) 918-0702
Type: Parent Agency Administrator IKE ANUWE

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

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County **DALLAS** Region 03 Date Licensed 06/10/2011
License # 014401 PROFICIENT HOME HEALTH CARE SERVICES INC
Lic Expire 06/30/2021 2305 OAK LN STE 225
Medicare 1: 457875 HHA-18 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 264-1043 Fax (972) 642-5071
Type: Parent Agency Administrator AMY RIDER

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

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

County **DALLAS** Region 03 Date Licensed 11/04/2020
License # 020286 PROLINE121 LLC
Lic Expire 11/04/2022 3702 DANDRIDGE CIR
Medicare 1: GARLAND, TEXAS 75040
Medicare 2:
Phone (469) 337-7622 Fax
Type: Parent Agency Administrator PEECEE CHARUMA

Owner Information
PROLINE121 LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/19/2005
License # 009767 PROLINK HOME HEALTH CORPORATION
Lic Expire 05/31/2022 8500 NORTH STEMMONS FREEWAY SUITE 3051
Medicare 1: 677805 HHA-18 DALLAS, TX 75247
Medicare 2:
Phone (214) 267-1985 Fax (214) 267-1983
Type: Parent Agency Administrator JOSEPHINE O CHIDI CHIDI

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

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County **DALLAS** Region 03 Date Licensed 12/16/2003
License # 008811 PROMED HOME HEALTH CARE LLC.
Lic Expire 12/31/2021 1106 NORTH HIGHWAY 360 SUITE #307
Medicare 1: 453127 HHA-18 GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (972) 602-0028 Fax (972) 641-1614
Type: Parent Agency Administrator DICKSON KUTEY

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

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County **DALLAS** Region 03 Date Licensed 02/16/2007
License # 011074 PROMISE HOMEHEALTH INC
Lic Expire 02/28/2021 10114 EKUKPE DRIVE
Medicare 1: 747041 HHA-18 DALLAS, TX 75217
Medicare 2:
Phone (972) 603-6939 Fax (469) 930-8897
Type: Parent Agency Administrator RAPHAEL ONYEDINMA

Owner Information
PROMISE HOMEHEALTH INC
3216 SILVER CREEK DR
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/29/2011
License # 014239 PROVIDENCE PERSONAL ASSISTANCE SERVICES INC
Lic Expire 07/31/2021 1349 EMPIRE CENTRAL DRIVE #640
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (469) 893-9616 Fax (214) 256-3028
Type: Parent Agency Administrator FRANCIS DEKU

Owner Information
PROVIDENCE PERSONAL ASSISTANCE SERVICES INC
P.O. BOX 182526
ARLINGTON, TX 76096
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/17/2017
License # 018164 PROVISTA HEALTHCARE
Lic Expire 04/30/2021 4849 GREENVILLE AVE STE 1124
Medicare 1: 453177 HHA-18 DALLAS, TX 75206
Medicare 2:
Phone (214) 965-0431 Fax (214) 965-0434
Type: Parent Agency Administrator BEATRIZ PUENTE

Owner Information
TRC HOME HEALTH SERVICES LLC
4849 GREENVILLE AVE SUITE 1124
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 07/15/2015
License # 016914 PROVISTA HOSPICE
Lic Expire 07/31/2021 4849 GREENVILLE AVENUE STE 1125
Medicare 1: 741625 HOSPICE DALLAS, TX 75206
Medicare 2:
Phone (214) 965-0431 Fax (214) 965-0434
Type: Parent Agency Administrator TRACY GALVAN

Owner Information
RENATUS CARE LLC
4849 GREENVILLE AVE STE 1125
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 05/31/2022

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

County **DALLAS** Region 03 Date Licensed 05/17/2011
License # 014107 PROXIMAL HOME HEALTHCARE INC
Lic Expire 05/31/2021 8111 LBJ FREEWAY, SUITE 1365.
Medicare 1: 747805 DALLAS, TEXAS 75251
Medicare 2:
Phone (214) 253-2558 Fax (214) 253-2559
Type: Parent Agency Administrator OLUFEMI OHOME

Owner Information
PROXIMAL HOME HEALTHCARE INC
8330 LYNDON B JOHNSON FWY SUITE 835
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/23/2007
License # 011653 PRUDENT CHOICE HOMECARE SERVICE INC
Lic Expire 10/31/2021 2304 OAK LANE SUITE # 221
Medicare 1: 747433 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 237-1000 Fax (972) 237-1003
Type: Parent Agency Administrator OLAWOLE SOYEBO

Owner Information
PRUDENT CHOICE HOMECARE SERVICE INC
2304 OAK LANE SUITE 221
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/11/2016
License # 017735 PRUDENT HEALTHCARE AGENCY
Lic Expire 07/31/2022 2100 NORTH HIGHWAY 360 SUITE 207B
Medicare 1: 747352 HHA-18 GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (469) 999-0861 Fax (469) 999-0860
Type: Parent Agency Administrator MONDDE IYAMAH

Owner Information
THE PRUDENT HEALTHCARE AGENCY INC
2100 N SATE HWY 360 SUITE 207B
GRAND PRAIRIE, TX 75050
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/07/2016
License # 017751 PURITY HOME HEALTHCARE INC
Lic Expire 09/30/2020 100 N CENTRAL EXPY, SUITE NO 190, ROOM # 129
Medicare 1: 747809 HHA-18 RICHARDSON, TEXAS 75080
Medicare 2:
Phone (903) 583-7040 Fax (903) 486-6115
Type: Parent Agency Administrator VALSAMMA THOMAS

Owner Information
PURITY HOME HEALTH CARE INC
301 W SAMRAYBURN DRIVE SUITE A
BONHAM, TEXAS 75418
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/17/2019
License # 019601 Q & A PERSONAL CARE SERVICES LLC
Lic Expire 09/17/2021 1615 OSPREY DR SUITE 101
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (972) 743-7689 Fax (972) 373-4557
Type: Parent Agency Administrator MERLE BOYCE

Owner Information
Q & A PERSONAL CARE SERVICES LLC
PO BOX 2946
CEDAR HILL, TX 75106
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/03/2007
License # 011719 QUALITY BASED HOME HEALTH LLC
Lic Expire 12/31/2021 1221 ABRAMS RD STE 120
Medicare 1: 747140 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 744-9719 Fax (972) 744-9751
Type: Parent Agency Administrator STELLA ALUKO

Owner Information
QUALITY BASED HOME HEALTH LLC
513 LANCASHIRE DRIVE
FLOWER MOUND, TX 75028
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/15/2017
License # 018239 QUALITY CARE HOSPICE INC
Lic Expire 07/31/2021 3635 US HWY 80 E
Medicare 1: 741519 HOSPICE MESQUITE, TX 75150
Medicare 2:
Phone (972) 681-1000 Fax (972) 289-1002
Type: Parent Agency Administrator DARLENE TITUS

Owner Information
QUALITY CARE HOSPICE INC
3635 US HWY 80E
MESQUITE, TX 75150
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DALLAS** Region 03 Date Licensed 12/31/2013
License # 016058 QUALITY CARE NURSING HOME HEALTH LLC
Lic Expire 12/31/2021 2655 VILLA CREEK SUITE #235
Medicare 1: FARMERS BRANCH, TX 75234
Medicare 2:
Phone (469) 248-2231 Fax (972) 354-4583
Type: Parent Agency 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** Region 03 Date Licensed 04/16/2009
License # 012548 QUALITY CONCEPT INC
Lic Expire 04/30/2021 11551 FOREST CENTRAL DRIVE SUITE 124
Medicare 1: 747471 DALLAS, TX 75243
Medicare 2:
Phone (214) 718-0308 Fax (214) 348-7601
Type: Parent Agency Administrator PETRONILLA O UDUMAEZE

Owner Information
QUALITY CONCEPT INC
2043 YUKON COURT
ALLEN, TX 75013
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/01/2011
License # 014259 REAL LIFE REHAB
Lic Expire 03/31/2021 909 N WASHINGTON AVE
Medicare 1: DALLAS, TX 75246
Medicare 2:
Phone (214) 820-9539 Fax (214) 820-9339
Type: Parent Agency Administrator KATHRYN H SCHOPFER

Owner Information
BIR JV LLP
4714 GETTYSBURG ROAD-LEGAL DEPARTMENT
MECHANICSBURG, PA 17055
PHONE: (717) 972-1100 FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 12/01/2016
License # 017762 RED OAK PALLIATIVE AND HOSPICE CARE LLC
Lic Expire 11/30/2020 1708 TIGRIS TRAIL
Medicare 1: MESQUITE, TX 75181
Medicare 2:
Phone (214) 288-5904 Fax (972) 584-1708
Type: Parent Agency Administrator DELENE GEORGE (MARONEY)

Owner Information
RED OAK PALLIATIVE AND HOSPICE CARE LLC
1708 TIGRIS TRAIL
MESQUITE, TX 75181
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/11/2007
License # 011327 REGENCY HOME HEALTHCARE
Lic Expire 05/31/2022 3939 EAST US HWY 80 SUITE # 273
Medicare 1: 747133 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (469) 547-1980 Fax (469) 547-1982
Type: Parent Agency Administrator EZIAKU OLIVER

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

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County **DALLAS** Region 03 Date Licensed 07/13/2010
License # 013455 REJOICE HEALTH LLC
Lic Expire 07/31/2022 2505 BELTLINE ROAD, STE. 200
Medicare 1: 747637 HHA-18 SUNNYVALE, TX 75182
Medicare 2:
Phone (972) 590-8891 Fax (877) 519-7473
Type: Parent Agency Administrator SIMON NELSON

Owner Information
REJOICE HEALTH LLC
1218 LUNA LANE
GARLAND, TX 75044-5231
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/15/2014
License # 016212 REJOICE HOSPICE INC
Lic Expire 05/31/2022 899 PRESIDENTIAL DRIVE, SUITE 112
Medicare 1: 741577 HOSPICE RICHARDSON, TX 75081
Medicare 2:
Phone (972) 234-1648 Fax (972) 234-1657
Type: Parent Agency Administrator TOMY VENGALIL

Owner Information
REJOICE HOSPICE, INC
1218 LUNA LANE
GARLAND, TX 75044-5231
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/11/2021

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

County **DALLAS** Region 03 Date Licensed 04/01/2021
License # 020664 RELEVANT CARE HOME HEALTH AGENCY LLC
Lic Expire 04/01/2024 433 LAKE HIGHLANDS DRIVE B
Medicare 1: LAKE DALLAS, TEXAS 75065
Medicare 2:
Phone (214) 223-1001 Fax (972) 534-1488
Type: Parent Agency Administrator SHEIRA NCUBE

Owner Information
RELEVANT CARE HOME HEALTH AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/16/2002
License # 008154 RELIABLE HOME HEALTH CARE SERVICES
Lic Expire 10/31/2022 409 EAST CENTERVILLE RD SUITE B
Medicare 1: 679251 HHA-18 GARLAND, TX 75041
Medicare 2:
Phone (214) 703-9423 Fax (214) 703-0893
Type: Parent Agency Administrator KUMAR AGRAWAL

Owner Information
RELIABLE GROUP INC
409 E CENTERVILLE RD, SUITE #B
GARLAND, TX 75041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/01/2007
License # 011296 RELIANT HEALTHCARE SERVICES
Lic Expire 04/30/2021 811 SOUTH CENTRAL EXPRESSWAY SUITE 518
Medicare 1: 747323 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 479-1500 Fax (972) 479-1501
Type: Parent Agency Administrator DIEUDONNE SOMO

Owner Information
RELIANT FIRST HEALTHCARE SERVICES INC
811 S CENTRAL EXPRESS WAY STE 518
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/30/2015
License # 016728 RELIANT HOME HEALTH CARE
Lic Expire 01/31/2023 1120 N GALLOWAY AVENUE
Medicare 1: 743151 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone (972) 288-3800 Fax (972) 288-3802
Type: Parent Agency Administrator VICTORIA PADUA

Owner Information
FAB 4 ALLIANCE LLC
1120 N GALLOWAY AVENUE
MESQUITE, TX 75149-2436
PHONE: (972) 288-3800 FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 08/08/2018
License # 018876 RELIANTCARE HOSPICE
Lic Expire 08/31/2022 929 W PIONEER PKWY, SUITE A
Medicare 1: GRAND PRAIRIE, TEXAS 75051
Medicare 2:
Phone (972) 544-7124 Fax (972) 646-8085
Type: Parent Agency Administrator DR. ELVIS NGYIA

Owner Information
Z & B HEALTHCARE INC
6951 SEASCAPE DRV
GRAND PRAIRIE, TX 75054
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 06/23/2008
License # 012068 RELIEF HOME HEALTHCARE SERVICES INC
Lic Expire 06/30/2021 10098 ROYAL LANE
Medicare 1: 747415 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (469) 298-0114 Fax (469) 298-0499
Type: Parent Agency Administrator MERCY MCKNIGHT

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

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County **DALLAS** Region 03 Date Licensed 04/11/2016
License # 017756 REMEDY HOME HEALTH AGENCY INC
Lic Expire 04/30/2022 7814 BORDEAUX LN
Medicare 1: ROWLETT, TX 75089
Medicare 2:
Phone (214) 607-9059 Fax (214) 607-1258
Type: Parent Agency Administrator HUMPHREY AMAECHI

Owner Information
REMEDY HOME HEALTH AGENCY INC
SAME
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 01/20/2015
License # 016609 RIG PERSONAL CARE SERVICES
Lic Expire 06/30/2021 623 MERCURY AVENUE
Medicare 1: DUNCANVILLE, TX 75137
Medicare 2:
Phone (832) 881-2800 Fax
Type: Parent Agency 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** Region 03 Date Licensed 03/25/2014
License # 016112 RIGHT AT HOME
Lic Expire 03/31/2022 4322 N. BELT LINE ROAD SUITE B105
Medicare 1: IRVING, TX 75038
Medicare 2:
Phone (972) 790-2699 Fax (972) 790-2695
Type: Parent Agency Administrator GREG CARSON

Owner Information
CAYDEE BLUE CORP
1511 E PETERS COLONY ROAD
CARROLLTON, TX 75007
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/20/2006
License # 010558 RIGHT AT HOME
Lic Expire 06/30/2021 11551 FOREST CENTRAL DRIVE SUITE 116
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (214) 340-9900 Fax (214) 340-9901
Type: Parent Agency 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** Region 03 Date Licensed 06/20/2017
License # 018114 RIGHT TIME HEALTHCARE INC
Lic Expire 01/13/2020 9304 FOREST LANE STE 219
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (214) 859-0269 Fax (214) 570-1753
Type: Parent Agency 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** Region 03 Date Licensed 09/14/2018
License # 019056 RIVER'S EDGE HOMECARE LLC
Lic Expire 09/14/2022 1910 PACIFIC AVE STE 6047
Medicare 1: DALLAS, TX 75201
Medicare 2:
Phone (682) 772-0900 Fax (682) 228-5838
Type: Parent Agency Administrator REGINA WREN

Owner Information
RIVER'S EDGE HOMECARE, LLC.
1910 PACIFIC AVE. STE. 6047
DALLAS, TEXAS 75201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/26/2009
License # 012625 RO PRIORITY HOME HEALTH AGENCY INC
Lic Expire 05/31/2021 2930 COUNTRY CIRCLE
Medicare 1: 747629 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 285-7977 Fax (972) 329-6848
Type: Parent Agency Administrator ROSE MARIE ONWUMEREE

Owner Information
RO PRIORITY HOME HEALTH AGENCY INC
2930 COUNTY CIRCLE
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/26/2011
License # 014341 ROCK OF AGES HOME HEALTH CARE INC
Lic Expire 05/31/2021 346 OAKS TRAIL #205
Medicare 1: 459468 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 840-2222 Fax (972) 840-3311
Type: Parent Agency Administrator JULIUS NNANDILOBI

Owner Information
ROCK OF AGES HOME HEALTH CARE INC
3615 BROADWAY BLVD STE C
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/22/2020
License # 020068 ROCKLIO HOLDINGS LLC DBA COMFORT KEEPERS
Lic Expire 07/22/2022 3740 N. JOSEY LANE SUITE 237
Medicare 1: CARROLLTON, TEXAS 75007
Medicare 2:
Phone (786) 859-9052 Fax
Type: Parent Agency Administrator SANDRA CHEN-WALTA

Owner Information
ROCKLIO HOLDINGS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/11/2010
License # 013528 ROG HOME HEALTH SERVICES LLC
Lic Expire 08/31/2020 6340 ASHFORD TRAIL
Medicare 1: MESQUITE, TX 75181
Medicare 2:
Phone (469) 703-5101 Fax (972) 692-7086
Type: Parent Agency Administrator ANDY OBASOHAN

Owner Information
ROG HOME HEALTH SERVICES LLC
10324 PONDWOOD DRIVE
DALLAS, TX 75217-3588
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 05 Date Licensed 10/27/2005
License # 008065 ROSY IN HOME SERVICES INC
Lic Expire 08/31/2022 5115 N GALLOWAY AVE SUITE 204 B
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (972) 613-2773 Fax (972) 354-7976
Type: Branch Agency Administrator ROSEMARY UZUH

Owner Information
ROSY IN HOME SERVICES INC
SAME
AUSTIN, TX 78722
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/22/2010
License # 013673 ROSYRAY HOME CARE SERVICES INC
Lic Expire 10/31/2022 2121 W AIRPORT FWY #320
Medicare 1: 747706 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (214) 529-6820 Fax (972) 584-9292
Type: Parent Agency Administrator RAYMOND ONYEKWERE

Owner Information
ROSYRAY HOME CARE SERVICES INC
1620 SECRETARIAT LANE
IRVING, TX 75060
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/22/2021
License # 020624 ROZZIKA HEALTHCARE LLC
Lic Expire 03/22/2023 2221 SAN SIMEON DR.
Medicare 1: MESQUITE, TX 75181
Medicare 2:
Phone (214) 434-6218 Fax
Type: Parent Agency Administrator EVALYNE NYANGAU

Owner Information
ROZZIKA HEALTHCARE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 11/23/2011
License # 014747 RWW HOME & COMMUNITY REHAB SERVICES INC
Lic Expire 11/30/2021 2401 GATEWAY DRIVE SUITE 109
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (888) 299-3998 Fax (855) 218-0205
Type: Parent Agency Administrator BRENDA DAVIS

Owner Information
RWW HOME & COMMUNITY REHAB SERVICES, INC.
9901 LINN STATION ROAD
LOUISVILLE, KY 40223
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/12/2009
License # 012771 SAFEWAY HEALTHCARE SERVICES INC
Lic Expire 08/31/2021 2321 S BELTLINE RD STE 110
Medicare 1: 747646 HHA-18 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 262-7662 Fax (972) 262-7663
Type: Parent Agency 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

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

County **DALLAS** Region 03 Date Licensed 08/01/2015
License # 017098 SAGE CARE THERAPY SERVICES
Lic Expire 07/31/2021 6301 GASTON AVENUE SUITE 750
Medicare 1: DALLAS, TX 75214
Medicare 2:
Phone (214) 295-5374 Fax (214) 245-5217
Type: Parent Agency Administrator AMANDA FINGER

Owner Information
MOCKINGBIRD CAPITAL, LLC
1321 MURFREESBORO PIKE #702
NASHVILLE, TN 37217
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 12/11/2015
License # 017172 SAINT ANDREW HOSPICE LLC
Lic Expire 12/31/2021 346 OAKS TRAIL SUITE 202
Medicare 1: 741630 HOSPICE GARLAND, TX 75043
Medicare 2:
Phone (972) 232-2241 Fax (972) 232-2241
Type: Parent Agency Administrator IRISH BANKS

Owner Information
SAINT ANDREW HOSPICE LLC
346 OAKS TRAIL SUITE 202
GARLAND, TX 75043
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/31/2015
License # 016719 SAINT CATHERINE HOSPICE INC
Lic Expire 03/31/2021 4229 GLENHAVEN DR
Medicare 1: 741690 HOSPICE GARLAND, TX 75042
Medicare 2:
Phone (214) 466-9501 Fax (972) 276-8759
Type: Parent Agency Administrator BENJAMIN MADUKA

Owner Information
SAINT CATHERINE HOSPICE INC
4229 GLENHAVEN DRIVE
GARLAND, TX 75042
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 09/26/2013
License # 015928 SALUS HOME HEALTH SOLUTIONS
Lic Expire 09/30/2021 8330 LBJ FREEWAY, SUITE 864
Medicare 1: 679588 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 238-7108 Fax (972) 238-7109
Type: Parent Agency Administrator FARHAN HUSAIN

Owner Information
EBEN & T INTERNATIONAL INC
5812 SILVER LEAF
MCKINNEY, TEXAS 75070
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/04/2015
License # 016675 SANA HEALTHCARE HOSPICE INC
Lic Expire 07/30/2021 13154 COIT ROAD SUITE 102 B
Medicare 1: 741623 HOSPICE DALLAS, TX 75240
Medicare 2:
Phone (214) 363-4993 Fax (866) 360-9969
Type: Parent Agency Administrator ARACELI DECANINI

Owner Information
SANA HEALTHCARE HOSPICE INC
4515 PRENTICE STREET SUITE 103
DALLAS, TX 75206-5046
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 06/01/2022

County **DALLAS** Region 03 Date Licensed 11/20/2018
License # 019096 SANCTUM HEALTH PARTNERS, PLLC
Lic Expire 11/14/2020 15305 DALLAS PKWY SUITE 1200
Medicare 1: ADDISON, TEXAS 75001
Medicare 2:
Phone (972) 851-1022 Fax (972) 532-3029
Type: Parent Agency Administrator JACOB JOHNSON

Owner Information
SANCTUM HEALTH PARTNERS, LLC
13727 NOEL ROAD TOWER 2 SUITE 200
DALLAS, TX
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 05/15/2017
License # 018259 SANTA MARIA HOME HEALTH AGENCY
Lic Expire 05/31/2021 11500 N. STEMMONS FREEWAY SUITE 133
Medicare 1: 747444 HHA-18 DALLAS, TX 75229
Medicare 2:
Phone (214) 503-8941 Fax (214) 503-8955
Type: Parent Agency Administrator YOUNG KANG

Owner Information
CANNULIF HEALTHCARE SERVICES INC
1500 N STEMONS FREEWA, SUITE 133
DALLAS, TX 75229
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/11/2009
License # 012652 SAS HOME HEALTH SERVICES INC
Lic Expire 06/30/2019 3939 US HWY 80E STE 305
Medicare 1: 747557 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 698-0404 Fax (972) 698-0844
Type: Parent Agency Administrator SAMUEL AZUBUIKE

Owner Information
SAS HOME HEALTH SERVICES INC
4593 MOUNTAIN LAUREL DRIVE
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services; Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/02/2014
License # 016191 SAVIOR HOME HEALTH INC
Lic Expire 01/31/2022 210 S MAIN STREET SUITE 23
Medicare 1: 677852 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (469) 759-6740 Fax (469) 759-6741
Type: Parent Agency Administrator KUNLE O'KERE

Owner Information
GLORY ABLE HOME HEALTHCARE INC
210 S MAIN STREET SUITE 23
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 10/10/2019
License # 019639 SCARLETT HOME HEALTH CARE, INC
Lic Expire 10/10/2021 1908 ROYAL LANE, SUITE 150
Medicare 1: DALLAS, TEXAS 75229
Medicare 2:
Phone 972 7070924 Fax 972 7070926
Type: Parent Agency Administrator LINH ATKINS

Owner Information
SCARLETT HOME HEALTH CARE, INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 02/22/2024

County **DALLAS** Region 03 Date Licensed 09/18/2015
License # 011037 SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS INC
Lic Expire 01/31/2022 8200 WALNUT HILL LN
Medicare 1: DALLAS, TX 75231
Medicare 2:
Phone (214) 345-7790 Fax (214) 355-4395
Type: Alternate Delivery Site Administrator JONATHAN HARRIS

Owner Information
SEASONS HOSPICE AND PALLIATIVE CARE OF TEXAS INC
6341 CAMPUS CIRCLE DRIVE EAST, SUITE 150
IRVING, TX 75063
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/30/2007
License # 011037 SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS INC
Lic Expire 01/31/2022 6341 CAMPUS CIRCLE DRIVE EAST, SUITE 150
Medicare 1: 671578 HOSPICE IRVING, TX 75063
Medicare 2:
Phone (817) 887-0017 Fax (817) 665-2145
Type: Parent Agency Administrator JONATHAN HARRIS

Owner Information
SEASONS HOSPICE AND PALLIATIVE CARE OF TEXAS INC
6341 CAMPUS CIRCLE DRIVE EAST, SUITE 150
IRVING, TX 75063
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 03/16/2022

County **DALLAS** Region 03 Date Licensed 04/20/2007
License # 011279 SENAI HOME HEALTH
Lic Expire 04/30/2022 100 N CENTRAL EXPY, SUITE NO 190, ROOM # 124
Medicare 1: 747419 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (214) 587-1000 Fax (214) 954-7077
Type: Parent Agency Administrator JOHN THOMAS

Owner Information
SENAI HOME HEALTH SERVICES INC
100 N CENTRAL EXPRESSWAY , SUITE 190, ROOM 124
RICHARDSON, TEXAS 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 03/13/2018
License # 018652 SENIOR HELPERS
Lic Expire 03/31/2022 1110 MAIN ST
Medicare 1: GARLAND, TX 75040
Medicare 2:
Phone (214) 712-4890 Fax (214) 712-4893
Type: Parent Agency Administrator JOANNA ARAIZA

Owner Information
JOOLA HOLDINGS LLC
3406 JUNIPER CT
ROWLETT, TX 75088
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 03/30/2009
License # 012845 SENIOR HELPERS GREATER DALLAS
Lic Expire 03/31/2024 1143 ROCKINGHAM DRIVE SUITE 114
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (214) 361-7943 Fax (214) 363-0697
Type: Parent Agency Administrator ROBIN TRENARY

Owner Information
SCHOELLHORN GROUP LLC
1143 ROCKINGHAM DRIVE SUITE 114
RICHARDSON, TX 75080
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/03/2016
License # 017754 SENIOR SOLUTIONS HOME HEALTH DFW
Lic Expire 09/30/2022 4841 KELLER SPRINGS RD.
Medicare 1: 747822 HHA-18 ADDISON, TEXAS 75001
Medicare 2:
Phone (214) 449-1450 Fax (214) 449-1416
Type: Parent Agency Administrator LESSLEY MORRIS

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
Accreditation: CHAP - Deemed, Expires: 02/28/2022

County **DALLAS** Region 03 Date Licensed 10/06/2014
License # 016484 SENIORBRIDGE
Lic Expire 10/31/2022 2001 W. JOHN CARPENTER FREEWAY, SUITE 142
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (972) 422-1375 Fax (972) 665-4790
Type: Parent Agency Administrator SUSAN GREEN

Owner Information
HUMANA AT HOME (TLC) INC
845 3RD AVE., 7TH FLOOR.
NEW YORK, NY 10022
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP, Expires: 07/16/2021

County **DALLAS** Region 03 Date Licensed 09/03/2020
License # 020144 SENIORS CARE SERVICES LLC
Lic Expire 09/03/2022 539 W.COMMERCE STREET STE 197
Medicare 1: DALLAS, TEXAS 75208
Medicare 2:
Phone (888) 567-2041 Fax (214) 594-4435
Type: Parent Agency Administrator SHARON JENKINS

Owner Information
SENIORS CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/21/2016
License # 017404 SERAPHIC TOUCH KIDS CARE INC
Lic Expire 01/31/2022 2410 LUNA ROAD STE 258
Medicare 1: CARROLLTON, TX 75006
Medicare 2:
Phone (972) 514-5107 Fax (972) 535-6993
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 09/14/2020
License # 020049 SERVICES OF LOVE LLC
Lic Expire 07/13/2022 1666 N. HAMPTON RD SUITE 104
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (504) 338-2126 Fax
Type: Parent Agency Administrator WALTER REED

Owner Information
SERVICES OF LOVE LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 07/30/2014
License # 016592 SHALEM HOME HEALTH CARE INC
Lic Expire 07/31/2020 2611 N BELTLINE ROAD SUITE #127
Medicare 1: 457984 HHA-18 SUNNYVALE, TX 75182
Medicare 2:
Phone (972) 290-4994 Fax (972) 285-2561
Type: Parent Agency Administrator SHERIL M JOHN

Owner Information
SHALEM HOME HEALTH CARE INC
2611 N BELTLINE ROAD SUITE # 127
SUNNYVALE, TX 75182-9357
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/22/2018
License # 018631 SHALEM HOSPICE CARE LLC
Lic Expire 02/28/2022 2611 BELTLINE RD STE 127A
Medicare 1: 97-1502 (HOSPICE SUNNYVALE, TX 75182
Medicare 2:
Phone (972) 803-4620 Fax
Type: Parent Agency 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
Accreditation: ACH - Deemed, Expires: 05/22/2022

County **DALLAS** Region 03 Date Licensed 03/19/2010
License # 013184 SHALOM HOME HEALTH SERVICES
Lic Expire 03/31/2022 811 S CENTRAL EXPY SUITE # 333
Medicare 1: 747714 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 925-0283 Fax (972) 925-0273
Type: Parent Agency Administrator CAROLTINA NWOKORIE

Owner Information
SANTEC INTERNATIONAL CORPORATION
811 S CENTRALO EXPRESSWAY SUITE#550
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/28/2018
License # 019171 SHELTER HOSPICE INC
Lic Expire 12/28/2022 8111 LBJ FREEWAY SUITE # 1340
Medicare 1: 971620 DALLAS, TEXAS 75251
Medicare 2:
Phone 469 778 0700 Fax 469 778 0707
Type: Parent Agency Administrator PRINCE SAMUEL

Owner Information
SHELTER HOSPICE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/06/2023

County **DALLAS** Region 03 Date Licensed 09/28/2017
License # 018347 SHINING HEARTS HOME HEALTH CARE LLC
Lic Expire 09/30/2019 7125 MARVIN D LOVE FRWY # 302
Medicare 1: DALLAS, TX 75237
Medicare 2:
Phone (214) 728-3569 Fax (972) 863-9108
Type: Parent Agency Administrator STEPHANIE CALLOWAY

Owner Information
SHINING HEARTS HOME HEALTH CARE LLC
7125 MARVIN D LOVE FRWY STE 302
DALLAS, TX 75237
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/07/2013
License # 015598 SHINING STAR HOME HEALTH CARE INC.
Lic Expire 02/28/2021 8344 EAST R L THORNTON FREEWAY SUITE 203
Medicare 1: 677894 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 320-6000 Fax (214) 320-6003
Type: Parent Agency Administrator SUSAN VATTACHACKAL

Owner Information
SHINING STAR HOME HEALTH CARE INC.
8344 EAST R L THORNTON FWY, SUITE # 203
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/21/2010
License # 013784 SIGNATURE HEALTH CARE INC
Lic Expire 12/31/2020 3213 INTERSTATE 30 SUITE 203
Medicare 1: 747829 MESQUITE, TX 75150
Medicare 2:
Phone (214) 299-9920 Fax (469) 298-0452
Type: Parent Agency Administrator SHIRLEY ABII

Owner Information
SIGNATURE HEALTH CARE INC
3213 INTERSTATE 30 SUITE #203
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/04/2010
License # 013821 SILVERADO HOSPICE-DALLAS/FORT WORTH
Lic Expire 10/31/2022 4500 BELTWAY DRIVE
Medicare 1: 671611 HOSPICE ADDISON, TX 75001
Medicare 2:
Phone (972) 409-9884 Fax (972) 385-8839
Type: Parent Agency Administrator JERIANNE RANIERI

Owner Information
SILVERADO HOSPICE OF HOUSTON, INC
6400 OAK CANYON #200
IRVINE, CA 92618
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/05/2024

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

County **DALLAS** Region 03 Date Licensed 02/01/2012
License # 014625 SILVERSTONE HOSPICE
Lic Expire 01/31/2022 4100 HARRY HINES BLVD SUITE 375
Medicare 1: 671754 HOSPICE DALLAS, TX 75219
Medicare 2:
Phone (888) 330-8483 Fax (866) 827-6094
Type: Parent Agency Administrator GLORIA FLACK

Owner Information
COMFORT CARE HOSPICE, LLC
5200 PAIGE RD STE 500
THE COLONY, TX 75056-2121
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 04/02/2018
License # 018680 SIMPLICITY HEALTH CARE SERVICES
Lic Expire 04/30/2022 1526 SHALFONT LANE
Medicare 1: GARLAND, TX 75040
Medicare 2:
Phone (469) 865-0855 Fax (469) 298-3156
Type: Parent Agency Administrator SHIRLEY SIMMONS

Owner Information
SHIRLEY SIMMONS
1526 SHALFONT LANE
GARLAND, TX 75040
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/11/2017
License # 018387 SKILLCARE HEALTH SERVICES INC
Lic Expire 07/31/2021 12225 GREENVILLE AVE STE 1060
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (972) 807-2292 Fax (972) 807-2291
Type: Parent Agency Administrator OGECHI EYI

Owner Information
SKILLCARE HEALTH SERVICES INC
12225 GREENVILLE AVE STE 1060
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/19/2017
License # 018392 SKILLFULHANDS HOSPICE INC.
Lic Expire 10/31/2021 2665 VILLA CREEK DR SUITE 201
Medicare 1: DALLAS, TEXAS 75234
Medicare 2:
Phone (214) 735-6622 Fax (214) 307-6023
Type: Parent Agency Administrator JOSEPHINE DEVADOSS DEVADOSS

Owner Information
SKILLFULHANDS HOSPICE INC
2665 VILLA CREEK DR SUITE 201
DALLAS, TEXAS 75234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/09/2010
License # 013158 SMARTCARE HEALTH SERVICES INC
Lic Expire 03/31/2022 811 SOUTH CENTRAL EXPWY SUITE 536
Medicare 1: 747565 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 437-9200 Fax (972) 408-0753
Type: Parent Agency Administrator STANLEY ATUMAH

Owner Information
SMARTCARE HEALTH SERVICES INC
811 S CENTRAL EXPY STE 536
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/18/2018
License # 019252 SOLACE PALLIATIVE AND HOSPICE CARE INC
Lic Expire 02/13/2021 401 S SHERMAN ST. SUITE #309
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (469) 666-9060 Fax (972) 502-9180
Type: Parent Agency Administrator VAISHALI PATEL

Owner Information
SOLACE PALLATIVE AND HOSPICE CARE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 09/23/2014
License # 016629 SOLID CARE HOME HEALTH AGENCY INC
Lic Expire 09/30/2022 1500 EAST BELT LINE ROAD SUITE 200
Medicare 1: 743150 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (972) 243-7017 Fax (972) 243-1400
Type: Parent Agency Administrator MICHAEL UMUNNA

Owner Information
SOLID CARE HOME HEALTH INC
1500 E BELTLINE ROAD SUITE 200
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 01/31/2019
License # 019236 SOUTHERN CARE HOME HEALTH LLC
Lic Expire 01/31/2024 417 SURREY PLACE
Medicare 1: MESQUITE, TX 75149
Medicare 2:
Phone (318) 527-9893 Fax (972) 349-8962
Type: Parent Agency Administrator LATRESHIA HARRIS

Owner Information
SOUTHERN CARE HOME HEALTH LLC
417 SURREY PLACE
MESQUITE, TX 75149
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/20/2014
License # 016383 SOUTHWEST PERSONAL ASSISTANCE SERVICES
Lic Expire 08/31/2022 610 UPTOWN BLVD STE 250
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (469) 523-1429 Fax (972) 201-9003
Type: Parent Agency Administrator SHERRY MCMULLEN

Owner Information
SOUTHWEST PERSONAL ASSISTANCE SERVICES LLC
610 UPTOWN BLVD STE 235
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/12/2018
License # 018560 SPECIALTY PHARMACY NURSING NETWORK INC
Lic Expire 15950 DALLAS PARKWAY SUITE 400 OFFICE # 497
Medicare 1: DALLAS, TX 75248
Medicare 2:
Phone (877) 330-7766 Fax (813) 342-7966
Type: Parent Agency Administrator HELEN APPLINGTON

Owner Information
SPECIALTY PHARMACY NURSING NETWORK, INC.
1626 BARBER ROAD SUITE B
SARASOTA, FL 34240
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/11/2016
License # 017571 SPERO HEALTHCARE SERVICES
Lic Expire 08/31/2020 9550 FOREST LANE # 456
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (469) 782-9157 Fax (972) 767-3396
Type: Parent Agency Administrator ANDREW MUSONZA

Owner Information
KDMEDLINK SERVICES LLC
9550 FOREST LANE #456
DALLAS, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/19/2011
License # 014115 SPIRIT HOMECARE
Lic Expire 05/31/2022 12959 JUPITER ROAD SUITE 239
Medicare 1: DALLAS, TEXAS 75238
Medicare 2:
Phone (972) 296-5959 Fax (972) 709-5152
Type: Parent Agency Administrator HARVEY BARHAM

Owner Information
RUTH'S CHOICE IN HOME CARE LLC
1521 SHARON DRIVE
DUNCANVILLE, TX 75137
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/03/2010
License # 013288 ST ANDREW HOME HEALTH LLC
Lic Expire 08/31/2020 346 OAKS TRAIL STE 201
Medicare 1: 747812 GARLAND, TX 75043
Medicare 2:
Phone (214) 295-8288 Fax (214) 295-5454
Type: Parent Agency Administrator IRISH BANKS

Owner Information
ST ANDREW HOME HEALTH LLC
346 OAKS TRAIL STE 201
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 08/30/2019
License # 019570 ST. JOHNS HOSPICE LLC
Lic Expire 08/30/2021 2665 VILLA CREEK DRIVE SUITE 206J
Medicare 1: FARMERS BRANCH, TX 752347337
Medicare 2:
Phone 1 2145068090 Fax
Type: Parent Agency Administrator VARGHESE ZACHARIA

Owner Information
ST. JOHNS HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DALLAS** Region 03 Date Licensed 08/30/2019
License # 019569 ST. MARYS HOSPICE LLC
Lic Expire 08/30/2021 2665 VILLA CREEK DRIVE SUITE 206M
Medicare 1: FARMERS BRANCH, TX 752347337
Medicare 2:
Phone 1 972 3167441 Fax 1 214 3076023
Type: Parent Agency Administrator VARGHESE ZACHARIA

Owner Information
ST. MARYS HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/12/2024

County **DALLAS** Region 03 Date Licensed 11/02/2017
License # 018420 STABILITY HEALTHCARE INC
Lic Expire 11/30/2021 1221 REEVES LANE
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (214) 228-3320 Fax (972) 293-7075
Type: Parent Agency Administrator EMMANUEL ASHILONU

Owner Information
STABILITY HEALTHCARE INC
1221 REEVES LANE CEDAR HILL, TX 75104
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/18/2015
License # 016974 STAIRWAYS HOSPICE INC
Lic Expire 08/31/2021 10925 ESTATE LANE # 305 C
Medicare 1: 971548 (HOSPICE) DALLAS, TX 75238
Medicare 2:
Phone (214) 909-2338 Fax (469) 620-3137
Type: Parent Agency Administrator KOMAL SANDHU

Owner Information
STAIRWAYS HOSPICE INC
10935 ESTATE LANE #S400E
DALLAS, TX 75238
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/07/2021

County **DALLAS** Region 03 Date Licensed 08/13/2009
License # 012777 STAR CHOICE HOME HEALTH INC
Lic Expire 08/31/2021 3605 BROADWAY BLVD STE A
Medicare 1: 747403 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 578-0044 Fax (214) 389-4356
Type: Parent Agency Administrator JANE EKWONYE

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

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County **DALLAS** Region 03 Date Licensed 12/01/2020
License # 020362 STAR HEALTHCARE OF TEXAS INC
Lic Expire 12/01/2022 2840 KELLER SPRINGS RD STE 601
Medicare 1: CARROLLTON, TEXAS 75006
Medicare 2:
Phone (214) 631-7827 Fax (214) 631-3185
Type: Parent Agency Administrator NNAEMEKA ONYEDEBELU

Owner Information
STAR HEALTHCARE OF TEXAS INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/30/2013
License # 015940 STARCREST HEALTHCARE SERVICES INC
Lic Expire 09/30/2021 13601 PRESTON ROAD STE W415
Medicare 1: 747546 HHA-18 DALLAS, TX 75240
Medicare 2:
Phone (972) 735-8683 Fax (972) 735-8767
Type: Parent Agency Administrator NCHANG BOMA

Owner Information
STARCREST HEALTHCARE SERVICES INC
13601 PRESTON ROAD, STE W415
DALLAS, TX 75240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/31/2005
License # 010092 STARLEX HOME HEALTH SERVICES
Lic Expire 12/04/2022 2834 JEREMY DRIVE
Medicare 1: 677845 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 222-7782 Fax (972) 222-9815
Type: Parent Agency Administrator CARMELLE DEVILME

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

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

County **DALLAS** Region 03 Date Licensed 11/06/2020
License # 020299 STARLIGHT HOSPICE, INC.
Lic Expire 11/06/2022 1106 SANTA FE TRAIL SUITE #4
Medicare 1: DUNCANVILLE, TEXAS 75137
Medicare 2:
Phone (469) 868-6402 Fax (469) 868-6403
Type: Parent Agency Administrator ROSIE JACKSON

Owner Information
STARLIGHT HOSPICE, INC.
P O BOX 380472
DUNCANVILLE, TEXAS 75137
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 02/06/2021
License # 020139 STARPLUS HEALTHCARE LLC
Lic Expire 09/02/2022 8505 WATSON DR
Medicare 1: ROWLETT, TEXAS 75089
Medicare 2:
Phone 469248 7964 Fax 469333 7904
Type: Parent Agency Administrator LIGY THOMAS

Owner Information
STARPLUS HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/20/2002
License # 008117 STATE HOME HEALTH CARE INC
Lic Expire 09/30/2021 303 EAST DANIELDALE ROAD
Medicare 1: 679235 HHA-18 DUNCANVILLE, TX 75137
Medicare 2:
Phone (214) 333-9087 Fax (214) 333-9089
Type: Parent Agency Administrator CHRISTIANA AGWAIFE AGWAIFE

Owner Information
STATE HOME HEALTH CARE INC
SAME
DUNCANVILLE, TX 75137
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 04/21/2020
License # 019887 STEADFAST GROUP LLC
Lic Expire 04/21/2022 10990 SWITZER AVE STE 303
Medicare 1: DALLAS, TEXAS 75238
Medicare 2:
Phone (214) 221-7575 Fax (214) 221-0858
Type: Parent Agency Administrator BIBIANA MORGAN

Owner Information
STEADFAST GROUP LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/09/2014
License # 016525 STERLING CARE HOME HEALTH AGENCY
Lic Expire 07/31/2022 12100 FORD RD STE 270
Medicare 1: 747090 HHA-18 DALLAS, TX 75234
Medicare 2:
Phone (469) 688-0414 Fax (817) 840-6406
Type: Parent Agency Administrator LAARNIE VINDUA

Owner Information
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

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County **DALLAS** Region 03 Date Licensed 08/01/1999
License # 007190 SUNRISE PRIMARY CARE SERVICES
Lic Expire 07/31/2021 3200 BROADWAY SUITE 260
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (972) 278-1414 Fax (972) 278-1399
Type: Parent Agency Administrator HANS SCHULZ

Owner Information
SUNRISE PRIMARY CARE SERVICES INC
1221 ARISTA LN
ROCKWALL, TX 75032
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/13/2017
License # 018503 SUPREME HOME HEALTH SERVICES INC
Lic Expire 12/31/2019 4575 S. WESTMORELAND RD.
Medicare 1: DALLAS, TX 75237
Medicare 2:
Phone (972) 228-3444 Fax (972) 228-3903
Type: Parent Agency Administrator PENNY IHEMELU

Owner Information
SUPREME HOME HEALTH SERVICES, INC
4575 S WESTMORELAND RD
DALLAS, TX 75237
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/09/2010
License # 013996 SURE HOME HEALTH SERVICES
Lic Expire 03/31/2021 12115 SELF PLAZA DR
Medicare 1: 459373 HHA-18 DALLAS, TX 75218
Medicare 2:
Phone (214) 221-1338 Fax (214) 221-1360
Type: Parent Agency Administrator THOMAS VARUGHESE

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

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County **DALLAS** Region 03 Date Licensed 07/24/2017
License # 018196 SWIFT PROVIDER INC
Lic Expire 06/30/2022 9205 SKILLMAN STREET SUITE 125
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (469) 230-0590 Fax (972) 692-7469
Type: Parent Agency Administrator IKEOKWU ONUOHA

Owner Information
SWIFT PROVIDER, INC
9205 SKILLMAN ST STE 125
DALLAS, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/15/2016
License # 018228 SYAM HOME HEALTHCARE LLC
Lic Expire 11/30/2022 191 S CORINTH STREET ROAD SUITE C
Medicare 1: 747512 DALLAS, TX 75203
Medicare 2:
Phone (214) 942-1464 Fax (214) 948-4985
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 03/18/2017
License # 018003 SYNERGY HOMECARE
Lic Expire 07/30/2021 8402 STERLING ST. SUITE #103
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (972) 514-1208 Fax (972) 476-1146
Type: Parent Agency Administrator HARI BALIJACHINNA

Owner Information
AUM HOMECARE SERVICES LLC
8402 STERLING ST. SUITE #103
IRVING, TX 75063
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/31/2019
License # 019406 SYNERGY HOMECARE OF NORTH DALLAS
Lic Expire 05/31/2021 8330 LYNDON B JOHNSON FWY, #B200
Medicare 1: DALLAS, TEXAS 75242
Medicare 2:
Phone (972) 215-7519 Fax
Type: Parent Agency Administrator SHANTHI ARUKKUTTI

Owner Information
SARJUN CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/24/2017
License # 012487 TEAM SELECT HOME CARE
Lic Expire 03/31/2023 3817 FAIRMOUNT STREET
Medicare 1: DALLAS, TX 75219
Medicare 2:
Phone (903) 306-1324 Fax (903) 705-4343
Type: Branch Agency Administrator DANA TARRANT

Owner Information
VIVICARE HEALTH PARTNERS LLC
2999 N. 44TH STREET STE 100
PHOENIX, AZ 85018
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/07/2009
License # 012767 TENDER CARE INC
Lic Expire 08/31/2021 4513 SUNNY BROOK DRIVE
Medicare 1: 747864 HHA-18 ROWLETT, TEXAS 750888990
Medicare 2:
Phone (903) 300-3350 Fax (214) 960-2866
Type: Parent Agency Administrator GODWIN ESENE

Owner Information
TENDER CARE INC
3013 LAKE VISTA DRIVE
WYLIE, TX 75098
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/17/2013
License # 015900 TENDER HANDS HOME HEALTHCARE LLC
Lic Expire 09/30/2021 5409 NORTH JIM MILLER ROAD, SUITE 205
Medicare 1: 679278 HHA-18 DALLAS, TX 75227
Medicare 2:
Phone (972) 686-6600 Fax (469) 607-1180
Type: Parent Agency Administrator LALANII JONES

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

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County **DALLAS** Region 03 Date Licensed 10/21/2013
License # 015823 TEXAN HOSPICE PROVIDER LLC
Lic Expire 10/31/2021 2410 LUNA ROAD STE 280
Medicare 1: 741548 HOSPICE CARROLLTON, TX 75006
Medicare 2:
Phone (972) 243-3033 Fax (972) 243-3083
Type: Parent Agency Administrator STAN THOMAS

Owner Information
TEXAN HOSPICE PROVIDER LLC
2410 LUNA ROAD STE 280
CARROLLTON, TX 75006
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 02/10/2017
License # 018118 TEXAN PLUS HOSPICE SERVICE
Lic Expire 06/30/2021 12100 FORD ROAD SUITE 275
Medicare 1: 741604 HOSPICE DALLAS, TX 75234
Medicare 2:
Phone (972) 528-6033 Fax (855) 850-8656
Type: Parent Agency Administrator OMAR DIZON

Owner Information
VNS HEALTHCARE, INC.
12100 FORD ROAD, STE. 275
DALLAS, TEXAS 75234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 07/01/2004
License # 009170 TEXAS BEST CARE HOME HEALTH INC
Lic Expire 06/30/2021 100 N CENTRAL EXPY, SUITE NO 190, ROOM # 115
Medicare 1: 673195 HHA-18 RICHARDSON, TEXAS 75080
Medicare 2:
Phone (972) 222-6746 Fax (972) 222-1997
Type: Parent Agency Administrator JOHN THOMAS

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; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/27/2012
License # 014663 TEXAS BEST HOSPICE SERVICES
Lic Expire 02/28/2022 100 N CENTRAL EXPY STE 190 ROOM 127
Medicare 1: 671751 HOSPICE RICHARDSON, TX 75080
Medicare 2:
Phone (972) 416-8500 Fax (972) 416-8533
Type: Parent Agency Administrator RAJU PAULOSE

Owner Information
NVS HEALTH INC
100 N CENTRAL EXPY STE 190, ROOM 127
RICHARDSON, TX 75080
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 03/22/2022

County **DALLAS** Region 03 Date Licensed 12/11/2015
License # 017169 TEXAS CARE ONE HOME HEALTH AGENCY
Lic Expire 12/31/2019 9550 FOREST LANE # 226 BLDG # 2
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone 2143779945 21422310 Fax (682) 223-9349
Type: Parent Agency Administrator RAYMOND MAZIVEYI

Owner Information
RAYMOND MAZIVEYI
9550 FOREST LANE #472
WYLIE, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/31/2020
License # 020136 TEXAS CARE ONE LLC
Lic Expire 08/31/2022 9550 FOREST LANE #226
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 377-9945 Fax (682) 223-9349
Type: Parent Agency Administrator MARTHA URAGU

Owner Information
TEXAS CARE ONE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 03/03/2020
License # 019958 TEXAS HOME HEALTH GROUP OF DESOTO, LLC
Lic Expire 03/03/2022 911 YORK DR. #203
Medicare 1: 679103 - (HHA) DESOTO, TX 751152064
Medicare 2:
Phone 214 3077300 Fax (214) 853-5885
Type: Parent Agency Administrator KAREN TORTI

Owner Information
TEXAS HOME HEALTH GROUP OF DESOTO, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 12/18/2023

County **DALLAS** Region 03 Date Licensed
License # 019958 TEXAS HOME HEALTH GROUP OF DESOTO, LLC
Lic Expire 03/03/2022 911 YORK DR. #203
Medicare 1: 67Q9103002 DESOTO, TX 751152064
Medicare 2:
Phone 214 3077300 Fax
Type: Branch Agency Administrator KAREN TORTI

Owner Information
TEXAS HOME HEALTH GROUP OF DESOTO, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 12/18/2023

County **DALLAS** Region 03 Date Licensed 03/31/2018
License # 018685 TEXAS HOME HEALTH OF AMERICA
Lic Expire 03/31/2022 1615 OSPREY DRIVE STE 101
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone 972 2248100 Fax 972 2243610
Type: Parent Agency Administrator SHONDA JOHNSON

Owner Information
TEXAS HOME HEALTH OF AMERICA, L.P.
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/06/2011
License # 014325 TEXAS HOME HEALTH OF AMERICA
Lic Expire 09/30/2021 1615 OSPREY DRIVE, SUITE 101
Medicare 1: DESOTO, TX 751152427
Medicare 2:
Phone (972) 201-3373 Fax 214 7261596
Type: Parent Agency Administrator SHONDA JOHNSON

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

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County **DALLAS** Region 03 Date Licensed 09/09/2020
License # 020160 TEXAS HOME HEALTH OF AMERICA
Lic Expire 09/09/2022 3939 BELTLINE ROAD, SUITE 120
Medicare 1: ADDISON, TX 750014323
Medicare 2:
Phone (972) 201-3373 Fax 214 7261596
Type: Parent Agency Administrator KEVIN SHIPMAN

Owner Information
TEXAS HOME HEALTH OF AMERICA, L.P.
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/16/2015
License # 017068 TEXAS HOME HEALTH PROVIDER LLC
Lic Expire 2735 VILLA CREEK DR. SUITE 115
Medicare 1: 747718 HHA-18 FARMERS BRANCH, TX 75234
Medicare 2:
Phone (972) 200-0481 Fax (972) 200-0542
Type: Parent Agency Administrator ELSY BENJAMIN

Owner Information
TEXAS HOME HEALTH PROVIDER LLC
2410 LUNA RD STE 140
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/31/2020
License # 020425 TEXAS HOSPICE SERVICES, LLC
Lic Expire 12/31/2022 2665 VILLA CREEK DR SUITE 260
Medicare 1: DALLAS, TEXAS 75234
Medicare 2:
Phone (214) 735-6622 Fax
Type: Parent Agency Administrator KAMRAN ANIS

Owner Information
TEXAS HOSPICE SERVICES, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DALLAS** Region 03 Date Licensed 01/26/2009
License # 012410 TEXAS PREMIER HOME HEALTHCARE INC
Lic Expire 01/31/2023 713 GATEWOOD ROAD SUITE C
Medicare 1: 747325 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 226-3300 Fax (972) 285-7444
Type: Parent Agency Administrator MATHEW PUTHENPURACKEL

Owner Information
TEXAS PREMIER HOME HEALTHCARE INC
713 GATEWOOD ROAD SUITE C
GARLAND, TX 75043
PHONE: (972) 226-3300 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 09/16/2014
License # 016427 TEXAS SIMBA HEALTHCARE INC
Lic Expire 09/30/2020 2922 COUNTRY CIRCLE
Medicare 1: MESQUITE, TX 75181
Medicare 2:
Phone (214) 732-2725 Fax (972) 285-5989
Type: Parent Agency Administrator JOB OCHOKI

Owner Information
TEXAS SIMBA HEALTHCARE INC
2922 COUNTRY CIRCLE
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/25/2011
License # 013923 THANK YOU NURSES LTD
Lic Expire 02/28/2023 2730 N STEMMONS FREEWAY STE 608
Medicare 1: DALLAS, TX 75207
Medicare 2:
Phone (214) 631-0071 Fax (214) 631-0073
Type: Parent Agency Administrator ROSE FLORES

Owner Information
THANK YOU NURSES LTD
4242 WOODCOCK DR., STE. 150
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/12/2013
License # 015911 THE BORROWED SISTER LLC
Lic Expire 12/31/2021 8707 VALLEY RANCH PARKWAY WEST
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (214) 766-5496 Fax (817) 886-2219
Type: Parent Agency Administrator DAWN JONES

Owner Information
IT'S GOOD TO BE HOME LLC
8707 VALLEY RANCH PKWY WEST
IRVING, TX 75063
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/26/2006
License # 010765 THE COMFORTER HEALTHCARE SERVICES
Lic Expire 12/30/2021 4121 MARVIN D LOVE FRWY BLD 200 STE 2020
Medicare 1: 747040 HHA-18 DALLAS, TX 75224
Medicare 2:
Phone (214) 375-0888 Fax (214) 375-0887
Type: Parent Agency Administrator JOY ISELOWO COMFORTERHEALTHCARE@YAHO

Owner Information
ADEOLA MUSTAPHA
7217 LIGHTHOUSE RD
ARLINGTON, TEXAS 76002
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/27/2008
License # 012208 THE HOME HEALTH TEAM
Lic Expire 08/31/2021 8330 LBJ FREEWAY SUITE B-1055
Medicare 1: 747573 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 613-0400 Fax (214) 666-8897
Type: Parent Agency Administrator ANN KLESMIT

Owner Information
STERLING HOME HEALTH CARE INC
10935 ESTATE LANE SUITE 335
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DALLAS** Region 03 Date Licensed 01/20/2011
License # 013839 THE MEDICAL TEAM INC
Lic Expire 01/31/2023 6230 BELTLINE ROAD SUITE 303
Medicare 1: 747750 IRVING, TX 75063
Medicare 2:
Phone (214) 373-1111 Fax (214) 238-8080
Type: Parent Agency Administrator KAMLA BEHARRYLAL

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

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

County **DALLAS** Region 03 Date Licensed 02/13/2012
License # 014770 THERACARE HOME HEALTH
Lic Expire 02/28/2022 16750 WESTGROVE SUITE 300
Medicare 1: 679407 HHA-18 ADDISON, TX 750015688
Medicare 2:
Phone (972) 434-9400 Fax (972) 434-9450
Type: Parent Agency Administrator KIMBERLY MOORE

Owner Information
CANTEX HOME HEALTH LEWISVILLE LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed
License # 014770 THERACARE HOME HEALTH
Lic Expire 02/28/2022 16750 WESTGROVE, SUITE 300-A
Medicare 1: 67Q4907002 - (Bra ADDISON, TEXAS 75001
Medicare 2:
Phone 972 4349400 Fax (972) 434-9450
Type: Branch Agency Administrator KIMBERLY MOORE

Owner Information
CANTEX HOME HEALTH LEWISVILLE LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TEXAS
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/17/2000
License # 007367 THERAPY 2000 INC
Lic Expire 07/31/2022 2535 LONE STAR DRIVE
Medicare 1: 679055 HHA-18 DALLAS, TX 75212
Medicare 2:
Phone (214) 467-9787 Fax (469) 961-5800
Type: Parent Agency Administrator VANESSA RICHARDSON

Owner Information
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 06/24/2003
License # 008523 THREE STAR HOME HEALTH AGENCY INC
Lic Expire 06/30/2022 407 N CEDAR RIDGE SUITE 325
Medicare 1: 679380 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (214) 339-5042 Fax (214) 339-2838
Type: Parent Agency Administrator STEPHEN OGBONNA

Owner Information
THREE STAR HOME HEALTH AGENCY INC
407 N CEDAR RIDGE DRIVE SUITE 325
DUNCANVILLE, TX 75116-3171
PHONE: (214) 339-5042 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/19/2020
License # 020247 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/19/2022 1111 W MOCKINGBIRD LANE, SUITE 1400
Medicare 1: DALLAS, TX 752475014
Medicare 2:
Phone (469) 619-0509 Fax (469) 949-9929
Type: Parent Agency Administrator SHARON JASSAR

Owner Information
FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/09/2023

County **DALLAS** Region 03 Date Licensed 09/01/2011
License # 014444 TIMELY CARE HOME HEALTH
Lic Expire 08/31/2021 1350 E. ARAPAHO RD., STE # 208
Medicare 1: 679789 HHA-18 RICHARDSON, TEXAS 75081
Medicare 2:
Phone (972) 699-7200 Fax (972) 699-7206
Type: Parent Agency Administrator SUMA JACOB

Owner Information
TIMELY CARE HOME HEALTH SERVICES LLC
1701 N GREENVILLE AVE SUITE 1105
RICHARDSON, TX 75081
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/17/2012
License # 015204 TOO CARE HOME HEALTH AGENCY INC
Lic Expire 08/31/2023 8330 MEADOW ROAD SUITE 222
Medicare 1: 747005 HHA-18 DALLAS, TX 75231
Medicare 2:
Phone (214) 221-8099 Fax (214) 221-8544
Type: Parent Agency Administrator REGINA HAITH

Owner Information
TOO CARE HOME HEALTH AGENCY INC.
8330 MEADOW RD SUITE 222
DALLAS, TEXAS 75231
PHONE: (214) 695-7320 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 03/23/2015
License # 016839 TOPMAK HEALTH CARE SERVICES INC
Lic Expire 03/31/2021 9696 SKILLMAN ST SUITE 225
Medicare 1: 679433 HHA-18 DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 664-9300 Fax (214) 664-9301
Type: Parent Agency Administrator FUNKE ADEFUYE

Owner Information
TOPMAK HEALTH CARE SERVICES INC
3939 US HWY 80 E SUITE 110
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/17/2012
License # 014804 TORO HOME HEALTH SERVICES INC
Lic Expire 05/31/2022 5920 NARAVISTA DRIVE
Medicare 1: 747772 HHA-18 DALLAS, TX 75249
Medicare 2:
Phone (972) 298-2222 Fax (972) 298-2277
Type: Parent Agency Administrator TAIWO GAJI

Owner Information
TORO HOME HEALTH SERVICES INC
5920 NARAVISTA DRIVE
DALLAS, TX 75249
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/24/2019
License # 019559 TOTAL HOSPICE AND PALLIATIVE CARE
Lic Expire 05/24/2023 331 MELROSE DRIVE, SUITE 230
Medicare 1: 671762 RICHARDSON, TEXAS 75080
Medicare 2:
Phone 214 6289090 Fax 214 6289091
Type: Parent Agency Administrator MELISSA MANSELL

Owner Information
THREE OAKS HOSPICE DALLAS, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/19/2024

County **DALLAS** Region 03 Date Licensed 12/09/2004
License # 009452 TOTAL PATIENT CARE HOME HEALTH
Lic Expire 12/31/2020 331 MELROSE DRIVE SUITE 150
Medicare 1: 457823 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (214) 547-7496 Fax (214) 547-7460
Type: Parent Agency Administrator SATHYAJITH NAIR

Owner Information
TOTAL PATIENT CARE HOME HEALTH LLC
PO BOX 902
ALLEN, TX 75013
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: ACH - Deemed, Expires: 02/05/2022

County **DALLAS** Region 06 Date Licensed 04/25/2008
License # 009281 TOUCH OF CLASS
Lic Expire 08/31/2022 800 E CAMPBELL RD SUITE 254
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (972) 918-0612 Fax (972) 918-0642
Type: Branch Agency Administrator JANET BOWLES

Owner Information
TOUCH OF CLASS
PHONE: (281) 858-1165 FAX: (281) 345-9790
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/30/2003
License # 008833 TRADITIONAL HEALTHCARE SERVICES
Lic Expire 12/31/2021 918 N DALLAS AVE
Medicare 1: 457869 HHA-18 LANCASTER, TX 75146
Medicare 2:
Phone (972) 218-2272 Fax (972) 218-8023
Type: Parent Agency Administrator NAKPANGI L. ATLEY

Owner Information
LATAURUS JOHNSON
918 N DALLAS AVE
LANCASTER, TX 75146
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed
License # 020709 TRANSITIONAL MEDICAL GROUP
Lic Expire 04/21/2024 10100 N CENTRAL EXPY STE 338
Medicare 1: DALLAS, TX 752314455
Medicare 2:
Phone (469) 886-8206 Fax (214) 722-0036
Type: Parent Agency Administrator SHEENA BOWIE

Owner Information
TRANSITIONAL HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 05/25/2011
License # 014125 TRAXX HEALTHCARE INC
Lic Expire 05/31/2021 5312 FREESTONE DR. SUITE #B
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (972) 310-9290 Fax (972) 206-0131
Type: Parent Agency Administrator COMFORT WILLIAMS

Owner Information
TRAXX HEALTHCARE INC
2844 CONRAD LANE
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/06/2012
License # 015114 TREASURE LIFE HEALTHCARE SERVICES INC
Lic Expire 06/30/2022 8111 LBJ FREEWAY SUITE # 1340A
Medicare 1: 457905 HHA-18 DALLAS, TEXAS 75251
Medicare 2:
Phone (214) 484-6084 Fax (214) 484-6554
Type: Parent Agency Administrator VALSAMMA THOMAS

Owner Information
TREASURE LIFE HEALTHCARE SERVICES INC
310 EAST INTERSTATE 30, SUITE B102
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/29/2020
License # 019904 TREASURED HANDS PERSONAL CARE LLC
Lic Expire 04/29/2022 3213 INTERSTATE 30, STE 206
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (682) 206-6627 Fax 18443167404
Type: Parent Agency Administrator CYLINDA JORDAN-RUBEN

Owner Information
TREASURED HANDS PERSONAL CARE LLC.
2007 LAKE TRAIL DR.
HEARTLAND, TX 75126
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/31/2017
License # 018516 TREND HEALTH CARE INC
Lic Expire 10/31/2021 915 SOUTH JUPITER ROAD
Medicare 1: 677889 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (214) 343-4600 Fax (214) 343-4601
Type: Parent Agency Administrator CHRISTIE ECHIKWA

Owner Information
TREND HEALTHCARE,INC.
915 SOUTH JUPITER ROAD
GARLAND, TX 75042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/08/2007
License # 011132 TRENDY CARE HOME HEALTH SERVICES
Lic Expire 03/31/2023 6413 COPANO BAY DRIVE
Medicare 1: 743161 HHA-18 ROWLETT, TX 750894118
Medicare 2:
Phone (214) 221-7727 Fax (972) 212-4636
Type: Parent Agency Administrator VIVIAN NSI

Owner Information
TRENDY CARE HOME HEALTH SERVICES INC
6413 COPANO BAY DRIVE
ROWLETT, TX
PHONE: (214) 221-7727 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 05/27/2015
License # 016826 TRIAD PEDIATRIC HOME HEALTH LLC
Lic Expire 05/31/2019 6111 SHOAL CREEK TRAIL
Medicare 1: GARLAND, TX 75044
Medicare 2:
Phone (972) 495-5150 Fax (972) 495-1806
Type: Parent Agency Administrator CORINNE BAYER SORENSON

Owner Information
TRIAD PEDIATRIC HOME HEALTH LLC
6111 SHOL CREEK TRAIL
GARLAND, TX 75044
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 07 Date Licensed 06/03/2016
License # 016723 TRIAGE HOME CARE
Lic Expire 02/28/2021 2300 VALLEY VIEW LN STE 880
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (972) 887-3084 Fax (972) 887-3046
Type: Branch Agency Administrator HAZEM MOHAMED

Owner Information
MOST CHOICE HEALTHCARE
1603 BABCOCK SUITE 115
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/04/2010
License # 013151 TRINITY ANGELS HEALTHCARE SERVICES INC
Lic Expire 03/31/2022 2306 GUTHRIE ROAD SUITE #260-F
Medicare 1: 747529 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 226-1600 Fax (214) 309-9207
Type: Parent Agency Administrator JOBI ABRAHAM

Owner Information
TRINITY ANGELS HEALTHCARE SERVICES INC
2306 GUTHRIE ROAD SUITE 260 F
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 02/17/2010
License # 013113 TRINITY HOME DIALYSIS INC
Lic Expire 02/28/2022 1414 WEST WHEATLAND ROAD SUITE 100
Medicare 1: DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 709-1950 Fax (972) 709-1949
Type: Parent Agency Administrator DENNIS JONES

Owner Information
TRINITY HOME DIALYSIS INC
1414 W WHEATLAND ROAD SUITE 100
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **DALLAS** Region 03 Date Licensed 03/30/2012
License # 014719 TRINITY HOSPICE
Lic Expire 03/31/2022 4425 W AIRPORT FREEWAY SUITE 450
Medicare 1: 741569 HOSPICE IRVING, TX 75062
Medicare 2:
Phone 469 7264402 Fax 888 8209310
Type: Parent Agency Administrator HOLLY POWELL

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** Region 03 Date Licensed 07/01/2005
License # 009878 TRINITY INSPIRED HOME HEALTH CARE AGENCY
Lic Expire 06/30/2021 8344 E R L THORNTON FWY SUITE 225
Medicare 1: 679472 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 421-0035 Fax (214) 321-1018
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 04/14/2006
License # 010392 TRIPLE AGI HOME HEALTH
Lic Expire 04/30/2023 1106 N HWY 360 SUITE 410
Medicare 1: 679743 HHA-18 GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (972) 522-5758 Fax (972) 552-5922
Type: Parent Agency 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

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County **DALLAS** Region 03 Date Licensed 09/12/2017
License # 018505 TRITRAX REHABILITATION
Lic Expire 09/30/2021 1901 N HWY 360 SUITE 410
Medicare 1: GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (817) 652-2924 Fax (855) 239-3636
Type: Parent Agency Administrator LAUREN VIELMA COBLER

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 **DALLAS** Region 03 Date Licensed 08/30/2016
License # 017600 TRUE PROVIDENCE HEALTHCARE SERVICES
Lic Expire 08/31/2022 1277 HIGHVIEW DRIVE
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (469) 434-1397 Fax (972) 759-9029
Type: Parent Agency 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** Region 03 Date Licensed 02/10/2020
License # 019820 TRUST IN GOD HOME HEALTHCARE LLC
Lic Expire 02/10/2022 6405 GENTLE RIVER DRIVE
Medicare 1: DALLAS, TEXAS 75241
Medicare 2:
Phone (469) 449-3802 Fax
Type: Parent Agency 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** Region 03 Date Licensed 08/04/2020
License # 020092 TWO CIRCLES HOME HEALTH CARE
Lic Expire 08/04/2022 1908 ROYAL LANE, SUITE 350
Medicare 1: DALLAS, TEXAS 75229
Medicare 2:
Phone (469) 661-1486 Fax (469) 828-2541
Type: Parent Agency Administrator LINH ATKINS

Owner Information
TWO CIRCLES HOME HEALTH CARE, INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/14/2020
License # 019876 TX PRESTIGE HOME HEALTH, INCORPORATED
Lic Expire 04/15/2022 2340 EAST TRINITY MILLS ROAD., SUITE 340
Medicare 1: CARROLLTON, TX 75006
Medicare 2:
Phone (972) 590-8504 Fax (972) 590-8513
Type: Parent Agency Administrator PEARL EBOSON

Owner Information
TX PRESTIGE HOME HEALTH, INCORPORATED
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 08/22/2008
License # 012199 U N N HOME HEALTH SERVICES LLC
Lic Expire 08/31/2022 9550 SKILLMAN STREET SUITE 314
Medicare 1: 747566 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 342-6100 Fax (214) 342-6101
Type: Parent Agency Administrator UCHE NWABUNWANNE

Owner Information
U N N HOME HEALTH SERVICES, LLC
9550 SKILLMAN STREET SUITE 314
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/22/2008
License # 012116 ULTIMATE CARING HOME HEALTH LLC
Lic Expire 07/31/2021 11300 N CENTRAL EXPRESSWAY SUITE 205
Medicare 1: 747326 HHA-18;74 DALLAS, TX 75243
Medicare 2:
Phone (214) 361-3551 Fax (214) 361-3558
Type: Parent Agency Administrator ANNE AYENI

Owner Information
ULTIMATE CARING HOME HEALTH LLC
11300 N CENTRAL EXPRESSWAY STE 418 A
DALLAS, TX 75243
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/23/2006
License # 010352 ULTIMATE HOME HEALTH CARE
Lic Expire 03/31/2023 4402 BROADWAY BLVD SUITE 14
Medicare 1: 679543 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 240-4700 Fax (972) 240-8700
Type: Parent Agency Administrator DELENE GEORGE

Owner Information
J & M COMMUNICATIONS, LLC
4402 BROADWAY BLVD STE 14
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/21/2017
License # 018057 ULTIMATE PLUS HOSPICE LLC
Lic Expire 03/31/2023 4402 BROADWAY BLVD SUITE 9A
Medicare 1: 741614 HOSPICE GARLAND, TX 75043
Medicare 2:
Phone (214) 427-8227 Fax (217) 427-8228
Type: Parent Agency Administrator DELENE GEORGE

Owner Information
ULTIMATE PLUS HOSPICE, LLC
4402 BROADWAY BLVD., SUTIE 9A
GARLAND, TX 75043
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/09/2022

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

County **DALLAS** Region 03 Date Licensed 11/30/2005
License # 010313 UNITED COMFORT HEALTHCARE INCORPORATED
Lic Expire 11/30/2021 5312 FREESTONE DRIVE
Medicare 1: 453134 HHA-18 GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (972) 206-0448 Fax (972) 206-0131
Type: Parent Agency Administrator COMFORT WILLIAMS

Owner Information
UNITED COMFORT HEALTHCARE INCORPORATED
5312 FREESTONE DRIVE
GRAND PRAIRIE, TX 75052
PHONE: (972) 206-0448 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 01/10/2015
License # 016732 UNITED PLUS HOME HEALTH LLC
Lic Expire 01/31/2023 17290 PRESTON ROAD SUITE 210D - ROOM A
Medicare 1: 747695 DALLAS, TX 75252
Medicare 2:
Phone 817 3824931 Fax 817 7179354
Type: Parent Agency Administrator BAIJU PILLAI

Owner Information
UNITED PLUS HOME HEALTH LLC
505 CLARIDEN RANCH RD
SOUTHLAKE, TX 76092
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 03/20/2014
License # 016235 UNITED PLUS HOSPICE INC
Lic Expire 03/31/2022 10925 ESTATE LANE #305 A
Medicare 1: 671736 HOSPICE DALLAS, TX 75238
Medicare 2:
Phone (214) 473-4790 Fax (469) 620-3137
Type: Parent Agency Administrator JOHNSON GEORGE

Owner Information
UNITED PLUS HOSPICE INC
10935 ESTATE LANE # 475 B
DALLAS, TX 75238
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/13/2021

County **DALLAS** Region 03 Date Licensed 12/07/2007
License # 011748 UNITED ROYALCARE HEALTHSERVICES INC
Lic Expire 12/31/2020 10935 E. ESTATE LANE SUITE 330
Medicare 1: 747353 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (972) 681-2521 Fax (972) 681-2921
Type: Parent Agency Administrator PATIENCE UKO UCHE

Owner Information
UNITED ROYALCARE HEALTHSERVICES INC
10935 E ESTATE LANE SUITE 330
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/01/2010
License # 013207 UNLIMITED HEALTHCARE PROVIDER LLC
Lic Expire 03/31/2022 3939 EAST US HWY 80 STE 143B
Medicare 1: 747519 MESQUITE, TX 75150
Medicare 2:
Phone (214) 375-8883 Fax (214) 375-8884
Type: Parent Agency Administrator KIM LAMOTTHE

Owner Information
UNLIMITED HEALTHCARE PROVIDER, LLC
PO BOX 763246
DALLAS, TEXAS 75376
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/14/2023

County **DALLAS** Region 03 Date Licensed 02/22/2012
License # 014647 US UNIVERSAL HEALTH CARE SERVICES LLC
Lic Expire 02/28/2022 423 W WHEATLAND RD #102
Medicare 1: 747826 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 780-5226 Fax (972) 780-4793
Type: Parent Agency Administrator ANTHONY IYAMAH

Owner Information
US UNIVERSAL HEALTH CARE SERVICES LLC
2955 BANDERA ST
GRAND PRAIRIE, TX 75054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 02/25/2022

County **DALLAS** Region 03 Date Licensed 01/01/2005
License # 009569 UT SOUTHWESTERN HOME HEALTH CARE
Lic Expire 12/31/2021 6363 FOREST PARK ROAD STE BL.B 304
Medicare 1: 678078 HHA-18 DALLAS, TX 753909279
Medicare 2:
Phone (214) 645-4570 Fax (214) 645-4578
Type: Parent Agency Administrator MELVA PORTEOUS

Owner Information
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS
5323 HARRY HINES BLVD
DALLAS, TX 75390
PHONE: FAX:
Services: Licensed and Certified Home Health Services

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

County **DALLAS** Region 03 Date Licensed 09/05/2019
License # 019580 UU HEALTHCARE INC
Lic Expire 2835 MARIPOSA DRIVE
Medicare 1: GRAND PRAIRIE, TX 75054
Medicare 2:
Phone (469) 982-3072 Fax (469) 999-0888
Type: Parent Agency Administrator MERCY OBIORAH

Owner Information
UU HEALTHCARE INC
5247 WEST COVE WAY
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 04/27/2005
License # 009717 VAP HOME HEALTH CARE INC
Lic Expire 04/30/2022 9304 FOREST LANE SUITE S 220
Medicare 1: 677856 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 553-9552 Fax (214) 553-9434
Type: Parent Agency Administrator PHILOMENA NWAOKOLO

Owner Information
VAP HOME HEALTH CARE INC
9304 FOREST LANE SUITE S 220
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/20/2006
License # 010556 VCM HEALTHCARE LLC
Lic Expire 06/30/2021 12300 FORD ROAD, STE 425
Medicare 1: 679616 HHA-18 FARMERS BRANCH, TX 75234
Medicare 2:
Phone (469) 491-0638 Fax (214) 367-4311
Type: Parent Agency Administrator KALU UWAKWE

Owner Information
VCM HEALTHCARE, LLC
300 ROLLING OAKS RIDGE
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/19/2002
License # 008011 VCP HOME HEALTH CARE AGENCY INC
Lic Expire 07/31/2022 607 N CEDAR RIDGE DR SUITE 102
Medicare 1: 679207 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (469) 868-6422 Fax (469) 868-6425
Type: Parent Agency Administrator PHINA EMUAKHAGBON

Owner Information
VCP HOME HEALTH CARE AGENCY INC
1425 W PIONEER SUITE # 159
IRVING, TX 75061
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/23/2020
License # 020419 VERA HOSPICE
Lic Expire 07/23/2022 14140 MIDWAY RD., STE 104
Medicare 1: 74-1763 FARMERS BRANCH, TEXAS 75244
Medicare 2:
Phone (214) 930-2386 Fax (469) 722-3622
Type: Parent Agency Administrator GARRETT SMITH

Owner Information
CRYSTAL HOSPICE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/09/2021

County **DALLAS** Region 04 Date Licensed 01/04/2008
License # 011792 VIBRANT HOME HEALTH CARE INC
Lic Expire 01/31/2023 3884 S. SHILOH RD. SUITE 118
Medicare 1: 743171 HHA-18 GARLAND, TEXAS 75041
Medicare 2:
Phone (903) 885-3975 Fax (903) 885-3978
Type: Parent Agency Administrator TANYA GRIFFIN

Owner Information
VIBRANT HOME HEALTH CARE INC
55 NOBLE CT STE 110
ROCKWALL, TEXAS 75032
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services with Dialysis

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County **DALLAS** Region 03 Date Licensed 06/01/2014
License # 016434 VICMORE HOME HEALTH SOLUTIONS INC
Lic Expire 05/31/2022 1020 LIGHTHOUSE CT
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (214) 247-7288 Fax (214) 247-7283
Type: Parent Agency Administrator DOROTHY OJIRIKA

Owner Information
VICMORE HOME HEALTH SOLUTIONS INC
1020 LIGHTHOUSE CT
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 01/27/2012
License # 014922 VICTORY FIVE HEALTHCARE INC
Lic Expire 01/31/2022 2505 TEXAS DRIVE SUITE 113B
Medicare 1: 747049 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (972) 258-0527 Fax (972) 258-0525
Type: Parent Agency Administrator ASHRUF ALI KHAN

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

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County **DALLAS** Region 03 Date Licensed 08/16/2006
License # 010683 VIETNAM HOME HEALTH CARE INC
Lic Expire 08/31/2022 3538 W. WALNUT STREET
Medicare 1: 747069 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (214) 221-5399 Fax (214) 221-0330
Type: Parent Agency Administrator JULIA DANG

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

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County **DALLAS** Region 03 Date Licensed 02/12/2014
License # 014136 VIGORCARE PEDIATRIC SERVICES
Lic Expire 06/30/2021 275 W CAMPBELL ROAD #410
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (469) 778-0221 Fax (469) 778-0224
Type: Branch Agency Administrator OKE OKOCHA

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

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County **DALLAS** Region 03 Date Licensed 06/03/2011
License # 014136 VIGORCARE PEDIATRIC SERVICES
Lic Expire 06/30/2021 1420 W. MOCKINGBIRD LANE #290
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (469) 429-2913 Fax (469) 429-2914
Type: Parent Agency Administrator OKE OKOCHA

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

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County **DALLAS** Region 03 Date Licensed 02/11/2011
License # 013885 VIKA MEDICAL SERVICES LLC
Lic Expire 02/28/2021 10300 NORTH CENTRAL EXPRESSWAY SUITE 190
Medicare 1: 747948 HHA-18 DALLAS, TX 75231
Medicare 2:
Phone (214) 772-6313 Fax 18887361274
Type: Parent Agency Administrator RUKHE AGHOMO

Owner Information
VIKA MEDICAL SERVICES LLC
3820 EVESHAM DRIVE
PLANO, TX 75025-5736
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 12/04/2020
License # 020373 VILLAGE HOSPICE LLC
Lic Expire 12/04/2022 3939 US HIGHWAY 80 E, SUITE 224
Medicare 1: MESQUITE, TX 751503359
Medicare 2:
Phone 972 2959383 Fax 1 800 6753203
Type: Parent Agency Administrator SANTHOSH THOMAS

Owner Information
VILLAGE HOSPICE LLC
127 E FORK RD
SUNNYVALE, TX
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 07/14/1997
License # 005847 VISION HOME HEALTH CARE INC
Lic Expire 07/31/2022 409 EAST CENTERVILLE ROAD SUITE#A
Medicare 1: 679023 HHA-18 GARLAND, TX 75041
Medicare 2:
Phone (214) 703-0767 Fax (214) 703-0765
Type: Parent Agency Administrator SURESH AGRAWAL

Owner Information
VISION HOME HEALTH CARE INC
409 EAST CENTERVILLE ROAD SUITE A
GARLAND, TX 75041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 09/18/2017
License # 018329 VISITING ANGELS
Lic Expire 09/30/2021 331 MELROSE DRIVE SUITE 240
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (469) 998-4544 Fax (459) 998-4545
Type: Parent Agency Administrator BEAU POLLEY

Owner Information
OMAHA NE HOMECARE-LLC
331 MELROSE DRIVE SUITE #240
RICHARDSON, TX 75080
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/18/2017
License # 018010 VISITING ANGELS
Lic Expire 04/30/2023 1229 E PLEASANT RUN RD #224
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (469) 356-2680 Fax (469) 356-2681
Type: Parent Agency Administrator KOBY SPEARS

Owner Information
LITTLE BEAR HOMECARE LLC
1666 N HAMPTON RD SUITE 101-A
DESOTO, TX 75115
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/02/2012
License # 014973 VISITING ANGELS
Lic Expire 08/31/2022 930 N BELT LINE ROAD SUITE 116
Medicare 1: IRVING, TX 75061
Medicare 2:
Phone (972) 313-2680 Fax (817) 622-8094
Type: Parent Agency Administrator SCOTT LUDWIG

Owner Information
LUDWIG DIVERSIFIED ENTERPRISES INC
6706 JOHNS CT.
ARLINGTON, TX 76016
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/09/2009
License # 012434 VISITING ANGELS
Lic Expire 02/28/2021 8350 N CENTRAL EXPRESSWAY SUITE M1018
Medicare 1: DALLAS, TEXAS 75206
Medicare 2:
Phone (214) 368-2225 Fax (214) 853-5328
Type: Parent Agency Administrator MICHAEL ASHY

Owner Information
JPMA ENTERPRISES INC
5646 MILTON ST. STE #500
DALLAS, TX 75206
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/30/2009
License # 012420 VISITING ANGELS
Lic Expire 01/31/2021 3631 BROADWAY BLVD
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (214) 703-8123 Fax (214) 975-8300
Type: Parent Agency Administrator RODNEY ROTHWELL

Owner Information
VERSA SALES LLC
82222 CLUB MEADOWS
DALLAS, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/01/2009
License # 012880 VITAL HOME HEALTH
Lic Expire 09/30/2021 3321 BROADWAY BLVD SUITE 201
Medicare 1: 747051 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 840-1010 Fax (972) 840-1011
Type: Parent Agency Administrator SABU JOSEPH

Owner Information
VITAL HOME HEALTH CARE INC
3321 BROADWAY SUITE 201
GARLAND, TX 75043-1590
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 06/19/2017
License # 018148 VITAL POINT CORPORATION
Lic Expire 06/30/2021 3939 E US HIGHWAY 80 STE 254
Medicare 1: 679241 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 235-6099 Fax (972) 690-9320
Type: Parent Agency Administrator ABDURRAHMAN DELANGE

Owner Information
VITAL POINT CORPORATION
3939 US HIGHWAY 80 E STE 254
MESQUITE, TX
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 02/21/2017
License # 018041 VITALIS HOME HEALTH LLC
Lic Expire 02/28/2021 951 ABRAMS RD SUITE 310
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (202) 390-6884 Fax (972) 476-0870
Type: Parent Agency Administrator DESMOND ARREY

Owner Information
VITALIS HOME HEALTH LLC
9821 SUMMERWOOD CIR. APT 1308
DALLAS, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/05/2016
License # 006983 VITAS HEALTHCARE OF TEXAS LP
Lic Expire 11/30/2021 2550 BECKLEYMEADE AVENUE BUILDING 1 SUITE 225
Medicare 1: DALLAS, TEXAS 75237
Medicare 2:
Phone (214) 424-5600 Fax (972) 283-6863
Type: Alternate Delivery Site Administrator MARILYN CONLEY

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 12/01/1998
License # 006983 VITAS HEALTHCARE OF TEXAS LP
Lic Expire 11/30/2021 14651 N. DALLAS PARKWAY SUITE 812
Medicare 1: 451504 HOSPICE DALLAS, TX 75254
Medicare 2:
Phone (214) 424-5600 Fax (972) 448-6542
Type: Parent Agency Administrator MARILYN CONLEY

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/01/2021

County **DALLAS** Region 03 Date Licensed
License # 006983 VITAS HEALTHCARE OF TEXAS LP
Lic Expire 11/30/2021 1441 N. BECKLEY AVE 5TH FLOOR SCHENKEL TOWER
Medicare 1: DALLAS, TEXAS 75203
Medicare 2:
Phone (469) 357-5584 Fax (469) 357-5590
Type: Alternate Delivery Site Administrator MARILYN CONLEY

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: YES

County **DALLAS** Region 03 Date Licensed 01/03/2011
License # 012429 VIVA PEDIATRICS
Lic Expire 04/30/2021 8150 N CENTRAL EXPRESSWAY, SUITE M1015
Medicare 1: DALLAS, TX 75206
Medicare 2:
Phone (972) 861-1000 Fax (972) 861-1111
Type: Branch Agency 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** Region 03 Date Licensed 02/05/2009
License # 012429 VIVA PEDIATRICS
Lic Expire 03/31/2021 275 W. CAMPBELL RD, STE 400
Medicare 1: RICHARDSON, TEXAS 75080
Medicare 2:
Phone (469) 341-7772 Fax (972) 378-2111
Type: Parent Agency 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** Region 03 Date Licensed 10/01/1984
License # 001531 VNA
Lic Expire 09/30/2021 1420 W. MOCKINGBIRD LANE, SUITE 700
Medicare 1: 451506 HOSPICE DALLAS, TEXAS 75247
Medicare 2:
Phone (214) 689-0000 Fax (214) 689-2300
Type: Parent Agency Administrator OLIVIA ROGERS

Owner Information
THE VISITING NURSE ASSOCIATION OF TEXAS
1420 W. MOCKINGBIRD LANE, SUITE 700
DALLAS, TX 75247
PHONE: (214) 689-0000 FAX: (214) 689-2300
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/07/2022

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

County **DALLAS** Region 03 Date Licensed 10/01/1984
License # 001531 VNA
Lic Expire 09/30/2021 1420 W. MOCKINGBIRD LANE, SUITE 700
Medicare 1: 451506 HOSPICE DALLAS, TEXAS 75247
Medicare 2:
Phone (214) 689-0000 Fax (214) 689-2300
Type: Parent Agency Administrator OLIVIA ROGERS

Owner Information
THE VISITING NURSE ASSOCIATION OF TEXAS
1420 W. MOCKINGBIRD LANE, SUITE 700
DALLAS, TX 75247
PHONE: (214) 689-0000 FAX: (214) 689-2300
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/07/2022

County **DALLAS** Region 03 Date Licensed 10/01/1984
License # 001531 VNA
Lic Expire 09/30/2021 1420 W. MOCKINGBIRD LANE, SUITE 700
Medicare 1: 451506 HOSPICE DALLAS, TEXAS 75247
Medicare 2:
Phone (214) 689-0000 Fax (214) 689-2300
Type: Parent Agency Administrator OLIVIA ROGERS

Owner Information
THE VISITING NURSE ASSOCIATION OF TEXAS
1420 W. MOCKINGBIRD LANE, SUITE 700
DALLAS, TX 75247
PHONE: (214) 689-0000 FAX: (214) 689-2300
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/07/2022

County **DALLAS** Region 03 Date Licensed 01/13/2020
License # 019776 WE CARE ABOUT YOU HOME HEALTH CARE AGENCY LLC
Lic Expire 01/13/2022 6139 COLLEGE WAY
Medicare 1: DALLAS, TX 75241
Medicare 2:
Phone (214) 717-2271 Fax
Type: Parent Agency Administrator DATOYA WILLIAMS JAMES

Owner Information
WE CARE ABOUT YOU HOME HEALTH CARE AGENCY LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/17/2020
License # 020106 WE CARE HEALTH, INC
Lic Expire 08/17/2022 2925 SKYWAY CIR N SUITE 150
Medicare 1: IRVING, TEXAS 75038
Medicare 2:
Phone (469) 789-6809 Fax (972) 499-9009
Type: Parent Agency Administrator PAVAN-KUMAR VANNAVA

Owner Information
WE CARE HEALTH, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/25/2005
License # 009774 WE CARE HOME HEALTH SERVICES INC
Lic Expire 05/31/2021 309 N GALLOWAY AVE STE 101
Medicare 1: 677808 HHA-18 MESQUITE, TEXAS 75149
Medicare 2:
Phone (972) 289-5800 Fax (972) 289-5804
Type: Parent Agency Administrator CYNTHIA SELL

Owner Information
WE CARE HOME HEALTH SERVICES INC
417 N BRYAN BELTLINE SUITE A
MESQUITE, TX 75149
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/05/2010
License # 013608 WEE-CARE PEDIATRIC HOME HEALTH LLC
Lic Expire 10/31/2022 100 N CENTRAL EXPRESSWAY SUITE 908
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 235-9155 Fax (972) 421-1833
Type: Parent Agency Administrator SHELLY LITCHFIELD

Owner Information
WEE-CARE PEDIATRIC HOME HEALTH LLC
100 NORTH CENTRAL EXPRESSWAY, SUITE 900
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/29/2008
License # 012221 WELLCARE GROUP HOME HEALTH INC
Lic Expire 08/31/2022 777 SOUTH CENTRAL EXPRESSWAY SUITE I-P
Medicare 1: 747327 RICHARDSON, TEXAS 75080
Medicare 2:
Phone 972907_3622 Fax (972) 907-3632
Type: Parent Agency Administrator GEORGE AGWAIFE

Owner Information
WELLCARE GROUP HOME HEALTH, INC.
777 S CENTRAL EXPWAT STE 1-S
RICHARDSON, TX 75080
PHONE: 972 4085527 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DALLAS** Region 03 Date Licensed 02/20/2019
License # 019269 WELLCARE HOSPICE LLC
Lic Expire 02/20/2023 2410 LUNA RD STE#286
Medicare 1: 971597 Hospice CARROLLTON, TEXAS 75006
Medicare 2:
Phone (972) 514-6630 Fax (972) 547-9925
Type: Parent Agency Administrator BIJILI VARANATH

Owner Information
WELLCARE HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/25/2023

County **DALLAS** Region 03 Date Licensed 01/16/2019
License # 019205 WELLCARE PEOPLE HOME HEALTH, INC.
Lic Expire 01/16/2021 777 SOUTH CENTRAL EXPRESSWAY, SUITE 1-S,
Medicare 1: RICHARDSON, TEXAS 75080
Medicare 2:
Phone 972 685 3451 Fax 972 685 3452
Type: Parent Agency Administrator GEORGE AGWAIFE

Owner Information
WELLCARE PEOPLE HOME HEALTH, INC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/01/2021
License # 020498 WHITES EXECUTIVE PATIENT HOME CARE LLC
Lic Expire 02/01/2024 1220 RIVER BEND DRIVE STE 116
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (214) 600-4081 Fax (866) 224-2441
Type: Parent Agency Administrator JAKIYA JENKINS

Owner Information
WHITES EXECUTIVE PATIENT HOME CARE LLC
1220 RIVER BEND DRIVE STE 116
DALLAS, TX 75247
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/12/2016
License # 017667 WILCARE HEALTHCARE INC
Lic Expire 07/31/2022 100 N CENTRAL EXPY SUITE 190 ROOM 111
Medicare 1: 747780 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 240-6200 Fax (972) 240-6255
Type: Parent Agency Administrator SHARMATHA RAJESH

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

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County **DALLAS** Region 03 Date Licensed 08/10/2018
License # 019093 WILCARE HOSPICE LLC
Lic Expire 11/30/2020 100 N. CENTRAL EXPRESSWAY STE 190 RM 105
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 416-8500 Fax (972) 416-8533
Type: Parent Agency Administrator RAJU PAULOSE

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

County **DALLAS** Region 03 Date Licensed 01/17/2012
License # 014585 WINNERS WELLNESS SERVICES INC
Lic Expire 01/31/2022 18601 LBJ FREEWAY STE 620
Medicare 1: 747879 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (469) 682-6532 Fax (972) 222-9226
Type: Parent Agency Administrator PATSY IROHA

Owner Information
WINNERS WELLNESS SERVICES INC
1810 CEDARS RIDGE DRIVE
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/12/2016
License # 017614 WKM HEALTHCARE INC
Lic Expire 07/31/2022 100 N CENTRAL EXPY SUITE 190 ROOM 114
Medicare 1: 747156 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 240-8600 Fax (972) 240-8607
Type: Parent Agency Administrator SHARMATHA RAJESH

Owner Information
WKM HEALTHCARE INC
551 BROADWAY COMMONS #300
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO, Expires: 06/16/2021

County **DALLAS** Region 03 Date Licensed 08/10/2018
License # 019095 WKM HOSPICE LLC
Lic Expire 08/10/2022 100 N. CENTRAL EXPRESSWAY STE 190 RM 106
Medicare 1: 97-1539 (HOSPICE RICHARDSON, TX 75080
Medicare 2:
Phone (972) 416-8500 Fax (972) 416-8533
Type: Parent Agency Administrator RAJU PAULOSE

Owner Information
WKM HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 08/09/2022

County **DALLAS** Region 03 Date Licensed 11/13/2020
License # 020318 WORK OF ART MEDICAL AND WELLNESS CARE, PLLC
Lic Expire 11/13/2022 2512 OAK LAWN AVE
Medicare 1: DALLAS, TEXAS 75219
Medicare 2:
Phone (972) 685-4268 Fax (469) 293-1102
Type: Parent Agency Administrator KELISHIA WILLIAMS-NELSON

Owner Information
WORK OF ART MEDICAL AND WELLNESS CARE, PLLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 07/17/2009
License # 012719 X-TRA HEALTH CARE SERVICES INC
Lic Expire 07/31/2021 777 SOUTH CENTRAL EXPRESSWAY SUITE 7 H
Medicare 1: 747554 HHA-18 RICHARDSON, TEXAS 75080
Medicare 2:
Phone (214) 388-0200 Fax (214) 388-0215
Type: Parent Agency Administrator GWENDOLYNE SERIKI

Owner Information
X-TRA HEALTH CARE SERVICES INC
11884 GREENVILLE AVE STE 107A
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DALLAS** Region 03 Date Licensed 10/12/2017
License # 018461 Y MEDICAL ASSOCIATES INC
Lic Expire 10/31/2021 8840 NORTH MACARTHUR
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (800) 447-7558 Fax (855) 838-0623
Type: Parent Agency Administrator MARY BROWN

Owner Information
Y MEDICAL ASSOCIATES INC
8840 N MACARTHUR BLVD
IRVING, TX 75063-7593
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: JCAHO, Expires: 10/04/2021

County **DALLAS** Region 03 Date Licensed 09/09/2020
License # 020156 ZETIS HEALTH SERVICES INC.
Lic Expire 09/09/2022 5769 BELTLINE ROAD, #708
Medicare 1: DALLAS, TEXAS 75254
Medicare 2:
Phone (214) 815-9187 Fax 18889773665
Type: Parent Agency Administrator CORNELIA ALINNOR

Owner Information
ZETIS HEALTH SERVICES INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DAWSON** Region 01 Date Licensed 06/10/2002
License # 007971 ANGELS CARE HOME HEALTH
Lic Expire 06/30/2022 1009 N 7TH STREET
Medicare 1: 679160 HHA-18 LAMESA, TX 79331
Medicare 2:
Phone (806) 200-0515 Fax (806) 200-3252
Type: Parent Agency Administrator JILL PHILLIPS

Owner Information
SU CASA HOME HEALTH SERVICES LLC
2301 FM 1187, SUITE 203
MANSFIELD, TX 76063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DAWSON** Region 01 Date Licensed 01/01/2005
License # 009509 CALVERT HOME HEALTH CARE LLC
Lic Expire 12/31/2021 1607 N BRYAN AVE
Medicare 1: LAMESA, TX 79331
Medicare 2:
Phone (806) 872-0540 Fax (806) 272-0315
Type: Branch Agency Administrator JULIE STACY

Owner Information
CALVERT HOME HEALTH CARE, LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DAWSON** Region 01 Date Licensed 02/14/2018
License # 001401 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 01/31/2022 225 N AUSTIN AVENUE
Medicare 1: LAMESA, TX 79331
Medicare 2:
Phone (806) 300-0626 Fax (806) 300-0627
Type: Branch Agency Administrator VICTORIA CAUGHRON

Owner Information
CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DEAF SMITH** Region 01 Date Licensed 03/16/2017
License # 017957 SAMARITAN HOSPICE
Lic Expire 03/31/2023 400 RANGER DR.
Medicare 1: 451782 HOSPICE HEREFORD, TEXAS 79045
Medicare 2:
Phone (806) 363-6085 Fax (806) 363-6038
Type: Parent Agency Administrator CHRISTINE BATENHORST

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** Region 03 Date Licensed 04/27/2005
License # 009716 A C T HOME HEALTH
Lic Expire 04/30/2021 4401 NORTH I 35 SUITE 208
Medicare 1: 457965 HHA-18 DENTON, TX 76207
Medicare 2:
Phone (940) 484-2900 Fax (940) 484-2903
Type: Parent Agency Administrator SCOTT SCHRAM

Owner Information
A C T HOME HEALTH INC
4401 IH 35 SUITE 208
DENTON, TX 76207
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 05/01/2024

County **DENTON** Region 03 Date Licensed 01/08/2014
License # 016277 A STEP ABOVE HOME HEALTH AND PALLIATIVE CARE
Lic Expire 05/31/2022 3712 OLD DENTON RD STE 120
Medicare 1: 679674 HHA-18 CARROLLTON, TX 75007
Medicare 2:
Phone (972) 238-8282 Fax (972) 238-7404
Type: Parent Agency Administrator DILENE VOCHOSKA

Owner Information
PADEZ HOME HEALTH INC
8111 LBJ FREEWAY STE 820
DALLAS, TX 75251
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 11/30/2015
License # 017275 A. K. M HOME HEALTHCARE
Lic Expire 11/30/2021 5200 PAIGE RD STE 501
Medicare 1: 747745 HHA-18 THE COLONY, TX 75056
Medicare 2:
Phone (972) 735-9394 Fax (972) 761-1906
Type: Parent Agency Administrator SMITHU RADHAKRISHNAN 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

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County **DENTON** Region 03 Date Licensed 10/07/2020
License # 020218 AAF HEALTHCARE LLC
Lic Expire 10/07/2022 1021 BIRD CREEK DRIVE
Medicare 1: LITTLE ELM, TEXAS 75068
Medicare 2:
Phone (203) 709-0346 Fax
Type: Parent Agency Administrator OLUFEMI OYEDELE

Owner Information
AAF HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 06/15/2017
License # 018151 ABSOLUTELY ANGELS INC
Lic Expire 06/30/2021 770 S HWY 377 STE 208
Medicare 1: 457848 HHA-18 PILOT POINT, TX 76258
Medicare 2:
Phone (940) 686-0324 Fax (877) 869-0097
Type: Parent Agency Administrator SUNIL RAI

Owner Information
ABSOLUTELY ANGELS INC
PO BOX 1203
PILOT POINT, TX 76258
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **DENTON** Region 03 Date Licensed 12/19/2017
License # 018518 ACCUAID CARE SERVICES LLC
Lic Expire 12/31/2021 1011 SURREY LANE BUILDING 200
Medicare 1: FLOWER MOUND, TX 75022
Medicare 2:
Phone (817) 754-0089 Fax (817) 382-1811
Type: Parent Agency Administrator AMBREEN MASOOD

Owner Information
ACCUAID CARE SERVICES LLC
1011 SURREY LANE BUILDING 200
FLOWER MOUND, TX 75022
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 11/15/2016
License # 017938 ACTIVE HOME HEALTH
Lic Expire 11/30/2022 1016 N. INDUSTRIAL BLVD.
Medicare 1: 679106 HHA-18 PILOT POINT, TX 76258
Medicare 2:
Phone (940) 686-4663 Fax (940) 686-0146
Type: Parent Agency Administrator STEPHEN CIULLA

Owner Information
ACTIVE HOME CARE SERVICES, INC.
246 N HIGHWAY 377 SUITE A
PILOT POINT, TX 76258-4422
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 06/17/2002
License # 007973 ADVANCED REHABTRUST HOME HEALTH
Lic Expire 06/30/2022 2433 FORT WORTH DR
Medicare 1: 679204 HHA-18 DENTON, TEXAS 76205
Medicare 2:
Phone (940) 384-0393 Fax (940) 384-0003
Type: Parent Agency Administrator HEIDI GILL

Owner Information
REHABTRUST INC
723 I-35 SUITE 224
DENTON, TX 76205
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DENTON** Region 03 Date Licensed 04/26/2018
License # 018724 AETNA HOME CARE & MANAGEMENT INC
Lic Expire 04/30/2022 300 CHESTER DRIVE
Medicare 1: LEWISVILLE, TX 75056
Medicare 2:
Phone (832) 709-7530 Fax (832) 709-7530
Type: Parent Agency Administrator JOAN ARREY

Owner Information
AETNA HOME CARE & MANAGEMENT INC
4527 BRITTANY LANE
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 07/28/2014
License # 016347 AFFABLE HEALTHCARE SERVICES INC
Lic Expire 07/31/2022 3730 E MCKINNEY ST. SUITE 105 ROOM 2
Medicare 1: DENTON, TEXAS 76208
Medicare 2:
Phone (940) 808-0183 Fax (469) 270-1515
Type: Parent Agency Administrator OMOLAYO AYENI

Owner Information
AFFABLE HEALTHCARE SERVICES INC.
10935 ESTATE LANE SUITE S-235
DALLAS, TX 75238
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 07/02/2008
License # 012082 AGATES HOME HEALTH AGENCY INC
Lic Expire 07/31/2021 1517 CAYMUS COURT
Medicare 1: 747268 HHA-18 LEWISVILLE, TX 75067
Medicare 2:
Phone (972) 221-3693 Fax (972) 221-3695
Type: Parent Agency Administrator OTILIA EFESOA

Owner Information
AGATES HOME HEALTH AGENCY INC
1517 CAYMUS COURT
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 07/24/2020
License # 020265 ALL SAINTS HOME HEALTH CARE INC
Lic Expire 07/24/2022 9916 BITTERROOT DR
Medicare 1: 747221 OAK POINT, TEXAS 75068
Medicare 2:
Phone (972) 573-4001 Fax (972) 573-4002
Type: Parent Agency Administrator OKENYE AGBOGHAI

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

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County **DENTON** Region 03 Date Licensed 11/30/2007
License # 011714 ALLIANCE HOMEHEALTH CARE
Lic Expire 11/30/2022 5205 AZTEC DRIVE
Medicare 1: 747269 HHA-18 THE COLONY, TX 750562371
Medicare 2:
Phone (972) 325-4492 Fax (469) 384-9658
Type: Parent Agency Administrator CATHERINE KARIUKI

Owner Information
ALLIANCE HOMEHEALTH CARE
5205 AZTEC DRIVE
THE COLONY, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DENTON** Region 03 Date Licensed 09/23/2019
License # 019611 ALVAREZ PERSONAL CARE
Lic Expire 09/23/2021 3009 OAKSHIRE ST.
Medicare 1: DENTON, TEXAS 76209
Medicare 2:
Phone (940) 243-7881 Fax (214) 889-5618
Type: Parent Agency Administrator GUADALUPE ALVAREZ

Owner Information
GUADALUPE ALVAREZ
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 05/25/2017
License # 018078 ALWAYS BEST CARE SOUTHLAKE DENTON
Lic Expire 05/31/2021 2650 FM 407 SUITE 255
Medicare 1: ARGYLE, TX 76226
Medicare 2:
Phone (940) 241-2273 Fax (940) 241-3322
Type: Parent Agency Administrator SHANE CARPENTER

Owner Information
LENDA LOU ENTERPRISES
9000 CEDAR RIDGE
LANTANA, TX 76226
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 07/16/2015
License # 016919 AMADA SENIOR CARE DENTON FRISCO
Lic Expire 07/31/2021 405 STATE HWY 121 BYPASS STE A250
Medicare 1: LEWISVILLE, TX 75067
Medicare 2:
Phone (469) 906-2399 Fax (469) 906-2367
Type: Parent Agency Administrator CHRISTINE CONNELLY

Owner Information
ANZIANO CORP.
104 ROSE CT
ARGYLE, TX 76226
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 04/01/2005
License # 009677 AMAZING GRACE HOME HEALTH AGENCY INC
Lic Expire 03/31/2022 383 PERRY AVENUE
Medicare 1: 679452 HHA-18 LEWISVILLE, TX 75057
Medicare 2:
Phone (972) 436-5241 Fax (972) 436-5709
Type: Parent Agency Administrator ALPHONSINE UGOCHUKWU

Owner Information
AMAZING GRACE HOME HEALTH AGENCY, INC.
383 PERRY AVENUE
LEWISVILLE, TX 75057
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 04/26/2004
License # 009047 AMBER HOME HEALTH CARE
Lic Expire 04/30/2022 1116 CRANE STREET
Medicare 1: 673142 HHA-18 CARROLLTON, TX 75007
Medicare 2:
Phone (972) 910-8898 Fax (972) 910-8897
Type: Parent Agency Administrator GEETHA SEKHER

Owner Information
ROMS GROUP INCORPORATED
17822 DAVENPORT STE B
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DENTON** Region 03 Date Licensed 10/26/2010
License # 013678 AMITA HOMECARE
Lic Expire 10/31/2022 3606 WINCHESTER COURT
Medicare 1: 747662 HHA-18 CORINTH, TX 76210
Medicare 2:
Phone (940) 497-4656 Fax (940) 321-4341
Type: Parent Agency Administrator KOLIMA WILLIAMS

Owner Information
AMITA HOME HEALTH INC
3606 WINCHESTER COURT
CORINTH, TX 76210-4160
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 05/08/2020
License # 019923 AMTHERE HOME HEALTH, INC
Lic Expire 05/08/2022 2591 DALLAS PARKWAY, SUITE 300
Medicare 1: FRISCO, TX 75034
Medicare 2:
Phone (314) 578-2393 Fax
Type: Parent Agency Administrator RESURRECCION MESINA

Owner Information
AMTHERE HOME HEALTH, INC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 01/13/2009
License # 012578 ANCHOR PULMONARY REHAB AND HOME HEALTH CARE SERVICES LLC
Lic Expire 01/31/2023 2001 FEATHER LANE
Medicare 1: 679700 LEWISVILLE, TX 75077
Medicare 2:
Phone (972) 317-7331 Fax (972) 317-3296
Type: Parent Agency Administrator JOEL EKPE

Owner Information
ANCHOR PULMONARY REHAB AND HOME HEALTHCARE SERVICES LLC
2001 FEATHER LANE
LEWISVILLE, TX 75077
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 11/06/2018
License # 019066 ANDOVER HOME HEALTH CARE LLC
Lic Expire 11/06/2020 2012 PIEDMONT DRIVE
Medicare 1: LEWISVILLE, TX 75067
Medicare 2:
Phone (469) 269-9456 Fax (469) 464-9971
Type: Parent Agency Administrator THOMAS BWISA

Owner Information
ANDOVER HOME HEALTH CARE LLC
2012 PIEDMONT DR
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 01/31/2020
License # 019798 ANGELS OF CARE HOSPICE LLC
Lic Expire 01/31/2022 2620 CASCADE COVE DR
Medicare 1: LITTLE ELM, TEXAS 75068
Medicare 2:
Phone (469) 463-4302 Fax (214) 242-2233
Type: Parent Agency Administrator CHIOMA ONYEKWELU

Owner Information
ANGELS OF CARE HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 02/11/2005
License # 009582 ANJI HOME HEALTH AGENCY INC
Lic Expire 02/28/2023 2700 LOON LAKE ROAD
Medicare 1: 677821 HHA-18 DENTON, TX 76210
Medicare 2:
Phone (940) 535-6036 Fax (940) 535-6031
Type: Parent Agency Administrator HONG ZHAO

Owner Information
ANJI HOME HEALTH AGENCY INC
2700 LOON LAKE ROAD
DENTON, TX 76210
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 10/01/2017
License # 018569 ARC HOME HEALTHCARE
Lic Expire 09/30/2021 3901 MONTECITO DRIVE, SUITE A
Medicare 1: 677843 HHA-18 DENTON, TX 76210
Medicare 2:
Phone (940) 585-6338 Fax (866) 565-6247
Type: Parent Agency Administrator EVA MILLER

Owner Information
GOOD SAMARITAN SOCIETY HCBS-TX, LLC
700 NORTH TOWN EAST BLVD., SUITE 159
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DENTON** Region 03 Date Licensed 02/23/2020
License # 020056 ARCHWAY HOME HEALTH
Lic Expire 02/23/2022 376 WEST MAIN STREET SUITE F
Medicare 1: 747827 LEWISVILLE, TEXAS 75057
Medicare 2:
Phone (940) 566-3145 Fax (940) 382-8132
Type: Parent Agency Administrator JAISON JOSEPH

Owner Information
GRACE POINT HEALTH SERVICES, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **DENTON** Region 03 Date Licensed 09/05/2017
License # 018458 ARCHWAY HOSPICE
Lic Expire 09/30/2021 4645 AVON LANE #225
Medicare 1: 74-1753 FRISCO, TX 75033
Medicare 2:
Phone (469) 290-6100 Fax (972) 576-9307
Type: Parent Agency Administrator TAMI HOUSTON

Owner Information
DFW TENDER TOUCH HOSPICE, LLC
2460 MARSH LANE
PLANO, TX 75093
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/27/2021

County **DENTON** Region 03 Date Licensed 07/20/2007
License # 011483 ARDENT HOSPICE
Lic Expire 07/31/2022 700 PARKER SQUARE SUITE 105
Medicare 1: 671603 HOSPICE FLOWER MOUND, TX 75028
Medicare 2:
Phone (469) 293-1515 Fax (469) 293-1530
Type: Parent Agency Administrator JIMMIE STAPLETON

Owner Information
ARDENT HOSPICE LLC
700 PARKER SQUARE SUITE 105
FLOWER MOUND, TX 75028-7448
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 01/21/2021
License # 020479 ASCENSION HOME CARE SOLUTIONS, LLC
Lic Expire 01/21/2024 1108 CYPRESS HILL DR
Medicare 1: LITTLE ELM, TX 75068
Medicare 2:
Phone (917) 601-7569 Fax (469) 777-3880
Type: Parent Agency Administrator RICHARD NGUMA

Owner Information
ASCENSION HOME CARE SOLUTIONS, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **DENTON** Region 03 Date Licensed 11/06/2018
License # 019065 A'SFRED CARE
Lic Expire 11/06/2020 1508 DAISY LANE
Medicare 1: FLOWER MOUND, TX 75028
Medicare 2:
Phone (972) 532-6948 Fax (469) 206-9035
Type: Parent Agency Administrator REBECCA EROMOSELE

Owner Information
HYGIEIA HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 03/02/2007
License # 011112 ASPEN HEALTHCARE SERVICES INC
Lic Expire 03/31/2023 314 W MAIN STREET
Medicare 1: 743181 HHA-18 LEWISVILLE, TX 75057
Medicare 2:
Phone (972) 316-2035 Fax (972) 315-1507
Type: Parent Agency Administrator SARA RIGSBY

Owner Information
ASPEN HEALTHCARE SERVICES INC
314 W MAIN STREET
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/11/2023

County **DENTON** Region 03 Date Licensed 06/15/2011
License # 014164 ASPEN HOSPICE CARE INC
Lic Expire 06/30/2024 314 W MAIN ST STE 700
Medicare 1: 671734 HOSPICE LEWISVILLE, TX 75057
Medicare 2:
Phone (972) 316-2035 Fax (972) 315-1507
Type: Parent Agency Administrator ANDREA PETE

Owner Information
ASPEN HOSPICE CARE INC
314 W MAIN ST STE 700
LEWISVILLE, TX 75057
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/27/2024

County **DENTON** Region 03 Date Licensed 09/18/2017
License # 018327 AUTUMN OF LIFE HOME CARE LLC
Lic Expire 09/30/2021 736 SUMMIT RDG
Medicare 1: LEWISVILLE, TX 75077
Medicare 2:
Phone (972) 375-3366 Fax (972) 436-1067
Type: Parent Agency Administrator NANCY BORO

Owner Information
AUTUMN OF LIFE HOME CARE LLC
736 SUMMIT RDG
LEWISVILLE, TX 75077
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 03/27/2014
License # 016505 BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATION-HOME HEALTH
Lic Expire 03/31/2022 1241 CROSS TIMBERS ROAD
Medicare 1: 457855 HHA-18 FLOWER MOUND, TX 75028
Medicare 2:
Phone (972) 691-3131 Fax (972) 691-3151
Type: Parent Agency Administrator NICOLE BRISCOE

Owner Information
SENIORCARE ASSOCIATES LP
4714 GETTYSBURG RD
MECHANICSBURG, PA 17055
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DENTON** Region 03 Date Licensed 10/30/2014
License # 016505 BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATION-HOME HEALTH
Lic Expire 03/31/2022 1241 CROSS TIMBERS ROAD
Medicare 1: FLOWER MOUND, TX 75028
Medicare 2:
Phone (972) 691-3131 Fax (972) 691-3151
Type: Branch Agency Administrator NICOLE BRISCOE

Owner Information
SENIORCARE ASSOCIATES LP
4714 GETTYSBURG RD
MECHANICSBURG, PA 17055
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DENTON** Region 03 Date Licensed 11/15/2002
License # 008194 BLESSING HEALTHCARE SERVICES LTD CO
Lic Expire 01/30/2023 101 EAST CORPORATE DRIVE SUITE #210
Medicare 1: 679297 LEWISVILLE, TX 75067
Medicare 2:
Phone (972) 315-8030 Fax (972) 459-7944
Type: Parent Agency Administrator BENSON MOMAH

Owner Information
BLESSING HEALTHCARE SERVICES LTD CO
2012 VISTA DRIVE
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 02/25/2016
License # 017356 BRIGHT HOME HEALTH
Lic Expire 02/28/2022 4100 MEDICAL PARKWAY ,SUITE 100
Medicare 1: 677867 HHA-18 CARROLLTON, TX 75007
Medicare 2:
Phone (972) 820-8240 Fax (972) 394-7327
Type: Parent Agency Administrator SAJAN MATHEW

Owner Information
BRIGHT HOME HEALTH CARE INC
1805 E BRANCH HOLLOW DR
CARROLLTON, TX 75007
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 03/29/2021
License # 020584 BRIGHTSTAR CARE DENTON
Lic Expire 03/29/2024 1300 FULTON ST STE 300B
Medicare 1: DENTON, TX 76201
Medicare 2:
Phone (940) 432-5555 Fax (940) 432-5550
Type: Parent Agency Administrator VAMSI DODLA

Owner Information
N3VISION HEALTHCARE ENTERPRISE INC
13175 ALLENWOOD AVE
FRISCO, TX 75035
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 02/29/2016
License # 017318 BRIGHTSTAR CARE OF FLOWER MOUND
Lic Expire 02/28/2022 2651 SAGEBRUSH DR, STE 100
Medicare 1: FLOWER MOUND, TX 75028
Medicare 2:
Phone (214) 800-5566 Fax (972) 691-8100
Type: Parent Agency Administrator TERI JONES

Owner Information
CURANTIS INC
204 BENTON DRIVE
ROANOKE, TX 76262
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 04/19/2016
License # 017359 BRIGHTSTAR CARE OF FRISCO AND CARROLLTON
Lic Expire 04/30/2022 1930 E. ROSEMEADE PARKWAY SUITE 220
Medicare 1: CARROLLTON, TX 75007
Medicare 2:
Phone (214) 396-1505 Fax (469) 331-7701
Type: Parent Agency Administrator ALISON RICHARDSON

Owner Information
VANGUARD TEXAS CARE LLC
1930 E. ROSEMEADE PKWY, SUITE 220
CARROLLTON, TX 75007
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 02/20/2015
License # 016652 CARE ONE PERSONAL HEALTH SERVICES INC.
Lic Expire 02/28/2021 5200 PAIGE RD SUITE #105
Medicare 1: THE COLONY, TX 75056
Medicare 2:
Phone (940) 453-7145 Fax (432) 219-2005
Type: Parent Agency Administrator DANIEL ENRIQUEZ

Owner Information
CARE ONE PERSONAL HEALTH SERVICES, INC.
PO BOX 110592
CARROLLTON, TX 75011
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 01/11/2021
License # 020447 CARENOW HOSPICE LLC
Lic Expire 01/11/2023 3620 N.JOSEY LANE,SUITE #220B
Medicare 1: CARROLLTON, TEXAS 75007
Medicare 2:
Phone (469) 758-0017 Fax (469) 758-0011
Type: Parent Agency Administrator BIJILI VARANATH

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

County **DENTON** Region 03 Date Licensed 04/16/2020
License # 019878 CARING HANDS TOUCH OF LOVE
Lic Expire 04/16/2022 2441 CREEKHAVEN DR
Medicare 1: FLOWER MOUND, TEXAS 75028
Medicare 2:
Phone (601) 573-9270 Fax
Type: Parent Agency Administrator KAWANDA JORDAN

Owner Information
CARING HANDS TOUCH OF LOVE
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 02/05/2020
License # 019806 CARING HEARTS HOMECARE SERVICES LLC
Lic Expire 02/05/2022 1710 SAM BASS BLVD APT 425
Medicare 1: DENTON, TX 76205
Medicare 2:
Phone (940) 514-1022 Fax (844) 265-8641
Type: Parent Agency Administrator EVEREST COMPTON

Owner Information
CARING HEARTS HOMECARE SERVICES LLC
1710 SAM BASS BLVD #425
DENTON, TX 76205
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 08/29/2016
License # 017598 CHILD CARE THERAPY LLC
Lic Expire 08/31/2022 1756 HALIFAX STREET
Medicare 1: ROANOKE, TX 76262
Medicare 2:
Phone (469) 993-8028 Fax (844) 269-9518
Type: Parent Agency Administrator LEAH AGUILAR

Owner Information
CHILD CARE THERAPY, LLC
1756 HALIFAX ST
ROANOKE, TX 76262-1388
PHONE: FAX:
Services: Licensed Home Health Services

County **DENTON** Region 03 Date Licensed 08/13/2007
License # 011521 CLASSIC HOME HEALTH CARE SERVICES INC
Lic Expire 11/30/2020 300 CHESTER DRIVE
Medicare 1: 747527 HHA-18 LEWISVILLE, TX 75056
Medicare 2:
Phone (972) 222-2098 Fax (972) 222-7982
Type: Parent Agency Administrator JOAN ARREY

Owner Information
CLASSIC HOME HEALTH CARE SERVICE INC.
4527 BRITTANY LANE
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 09/23/2020
License # 020194 COMPASSIONATE CARE & HOME HEALTH SERVICES, INC
Lic Expire 09/23/2022 704 SANDBOX DRIVE
Medicare 1: AUBREY, TEXAS 76227
Medicare 2:
Phone (469) 715-6964 Fax (469) 519-1542
Type: Parent Agency Administrator GISELLE WIRLEN

Owner Information
COMPASSIONATE CARE & HOME HEALTH SERVICES, INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 01/25/2016
License # 017238 CONCORD HOSPICE LLC
Lic Expire 2440 TIMBER RIDGE DRIVE, SUITE 105
Medicare 1: 741628 HOSPICE FRISCO, TEXAS 750345053
Medicare 2:
Phone (469) 906-2000 Fax (469) 906-2021
Type: Parent Agency Administrator CHRISTY TODD

Owner Information
CONCORD HOSPICE, LLC
1810 W US HIGHWAY 82
SHERMAN, TEXAS 75092
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 08/25/2022

County **DENTON** Region 03 Date Licensed 09/09/2008
License # 012230 CORINTH HOME HEALTH CARE SERVICES INC
Lic Expire 09/30/2020 2111 MEADOWVIEW DRIVE
Medicare 1: 747356 HHA-18 CORINTH, TX 76210
Medicare 2:
Phone (214) 998-7935 Fax (940) 279-1034
Type: Parent Agency 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

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County **DENTON** Region 03 Date Licensed 06/21/2018
License # 018795 CREST HOME CARE
Lic Expire 10/30/2022 2501 HEATHERDALE DRIVE
Medicare 1: LITTLE ELM, TX 75068
Medicare 2:
Phone (214) 329-6414 Fax (214) 329-6414
Type: Parent Agency Administrator CHUCK IJIOMA

Owner Information
HILLCREST DALLAS CLINICAL RESEARCH INCORPORATED
9550 FOREST LANE SUITE 222
DALLAS, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 06/16/2010
License # 013391 DATE HEALTHCARE SERVICES LLC
Lic Expire 06/30/2022 3201 CROSS TIMBERS ROAD SUITE 300
Medicare 1: FLOWER MOUND, TX 75028
Medicare 2:
Phone (972) 539-5311 Fax (972) 539-5310
Type: Parent Agency Administrator LAWRENCE AJAYI

Owner Information
DATE HEALTHCARE SERVICES LLC
3201 CROSS TIMBERS RD SUITE300
FLOWER MOUND, TX 75028
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 02/01/2018
License # 018636 DFW HOME HEALTH
Lic Expire 01/31/2022 1205 BENT OAKS SUITE 100
Medicare 1: 679657 HHA-18 DENTON, TX 762108080
Medicare 2:
Phone (940) 387-4594 Fax (940) 387-4915
Type: Parent Agency Administrator KERRY PLATT

Owner Information
LHCG CXXXVII, LLC
PO BOX 51266
LAFAYETTE, LOUISIANA 70505
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DENTON** Region 03 Date Licensed 01/12/2021
License # 020450 DFW PLUS HOSPICE CARE LLC
Lic Expire 01/12/2023 6704 VISITA TRAIL
Medicare 1: PLANO, TEXAS 75024
Medicare 2:
Phone (972) 468-1990 Fax (972) 528-7290
Type: Parent Agency Administrator SANTHI KUMAR

Owner Information
DFW PLUS HOSPICE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 08/27/2020
License # 020127 EGALITARIAN HOSPICE OF TEXAS INC
Lic Expire 08/27/2022 1917 FOXFIELD WAY
Medicare 1: JUSTIN, TX 76247
Medicare 2:
Phone (862) 849-7980 Fax (940) 233-1049
Type: Parent Agency Administrator MICHAEL NNADI

Owner Information
EGALITARIAN HOSPICE OF TEXAS INC
1917 FOXFIELD WAY
JUSTIN, TX 76247
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DENTON** Region 03 Date Licensed 07/15/2013
License # 015649 ELITE SERVICE HOME HEALTH AGENCY
Lic Expire 10/31/2019 7777 ADELAIDE STREET #2066
Medicare 1: FRISCO, TEXAS 75034
Medicare 2:
Phone (903) 436-1894 Fax (972) 502-9717
Type: Parent Agency 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

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County **DENTON** Region 03 Date Licensed 06/20/2017
License # 018112 EMMAUS HOMEHEALTH LLC
Lic Expire 06/30/2021 2417 GREAT BEAR LANE
Medicare 1: DENTON, TX 76210
Medicare 2:
Phone (940) 595-6958 Fax (940) 239-6776
Type: Parent Agency Administrator NELLY SANG

Owner Information
EMMAUS HOMEHEALTH LLC
2417 GREAT BEAR LANE
DENTON, TX 76210-2908
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 06/03/2011
License # 014255 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 06/30/2021 1809 HINKLE DRIVE, SUITE 150
Medicare 1: DENTON, TEXAS 76201
Medicare 2:
Phone 940 3822840 Fax 940 3825115
Type: Branch Agency Administrator LINDA FARRIS

Owner Information
ENCOMPASS HOME HEALTH OF DFW, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DENTON** Region 07 Date Licensed
License # 018275 ENTRUSTED PEDIATRIC HOME CARE LLC
Lic Expire 09/10/2021 8905 CYPRESS CREEK
Medicare 1: LANTANA, TEXAS 76226
Medicare 2:
Phone (214) 783-9457 Fax (512) 777-4072
Type: Branch Agency Administrator NICHOLAS NORWOOD

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

County **DENTON** Region 07 Date Licensed
License # 018275 ENTRUSTED PEDIATRIC HOME CARE LLC
Lic Expire 09/10/2021 8905 CYPRESS CREEK
Medicare 1: LANTANA, TEXAS 76226
Medicare 2:
Phone (214) 783-9457 Fax (512) 777-4072
Type: Branch Agency Administrator NICHOLAS NORWOOD

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

County **DENTON** Region 03 Date Licensed 03/09/2020
License # 019850 FIDELITY HOME AND HOSPICE LLC
Lic Expire 03/09/2022 2257 WHITE ROCK LANE
Medicare 1: LITTLE ELM, TEXAS 75068
Medicare 2:
Phone (972) 400-7073 Fax
Type: Parent Agency Administrator NNEKA OKOH GODWIN

Owner Information
FIDELITY HOME AND HOSPICE
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 06/07/2005
License # 009789 FRIENDSHIP HOME HEALTH AGENCY
Lic Expire 06/30/2022 550 S EDMONDS LANE SUITE 202
Medicare 1: 679605 HHA-18 LEWISVILLE, TX 75067
Medicare 2:
Phone (469) 441-1565 Fax (972) 219-1750
Type: Parent Agency 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

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

County **DENTON** Region 03 Date Licensed 11/13/2008
License # 012301 GLOW HEALTHCARE SOLUTIONS INCORPORATED
Lic Expire 11/30/2020 1400 PEREGRINE STREET
Medicare 1: 747149 HHA-18 LEWISVILLE, TX 75077
Medicare 2:
Phone (469) 464-3582 Fax (469) 464-3592
Type: Parent Agency 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

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County **DENTON** Region 03 Date Licensed 07/31/2008
License # 012334 GOOD HOPE HEALTHCARE SERVICES LLC
Lic Expire 07/31/2020 3202 DELAFORD DRIVE
Medicare 1: 679705 HHA-18 CARROLLTON, TX 75007
Medicare 2:
Phone (972) 394-4709 Fax (972) 894-4574
Type: Parent Agency 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

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County **DENTON** Region 03 Date Licensed 10/01/2017
License # 018525 GOOD SAMARITAN SOCIETY - HOSPICE
Lic Expire 09/30/2021 3901 MONTECITO DRIVE SUITE A
Medicare 1: DENTON, TX 76207
Medicare 2:
Phone (817) 268-2643 Fax (817) 282-1062
Type: Alternate Delivery Site Administrator TIFFANY CLARK

Owner Information
GOOD SAMARITAN SOCIETY HCBS-TX, LLC
700 NORTH TOWN EAST BLVD., SUITE 159
MESQUITE, TX 75150
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 12/29/2005
License # 010216 GOSHEN HEALTHCARE SERVICES LLC
Lic Expire 12/31/2020 1181 VALLEY RIDGE BLVD
Medicare 1: 677955 HHA-18 LEWISVILLE, TX 75077
Medicare 2:
Phone (972) 956-9771 Fax (972) 956-9976
Type: Parent Agency Administrator IFEABYI OJEMAYE

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

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County **DENTON** Region 03 Date Licensed 06/09/2016
License # 017452 GRACE FOCUS CARE SERVICES LLC
Lic Expire 06/30/2022 3525 PERIWINKLE DR
Medicare 1: AUBREY, TEXAS 76227
Medicare 2:
Phone (214) 750-4858 Fax (469) 548-6858
Type: Parent Agency Administrator HELLEN KIMATHI

Owner Information
GRACE FOCUS CARE SERVICES LLC
4236 LOVERS LANE
DALLAS, TX 75225
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 12/05/2018
License # 019134 HANDY CAREGIVERS LLC
Lic Expire 12/05/2022 4568 LAKESIDE HOLLOW ST
Medicare 1: ROANOKE, TX 76262
Medicare 2:
Phone (817) 360-1518 Fax
Type: Parent Agency Administrator ADRIANA HAIGHT

Owner Information
HANDY CAREGIVERS LLC
PO BOX 1517
ROANOKE, TX 76262
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 10/28/2010
License # 013693 HARRIS HOSPICE INC
Lic Expire 10/31/2022 522 S EDMONDS LANE SUITE 103
Medicare 1: 451777 HOSPICE LEWISVILLE, TX 75067
Medicare 2:
Phone (972) 353-0800 Fax (972) 353-0811
Type: Parent Agency Administrator JAY HARRIS

Owner Information
HARRIS HOSPICE INC
522 S EDMONDS LANE SUITE 103
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DENTON** Region 03 Date Licensed 09/08/2016
License # 017620 HEART TO HEART HOSPICE
Lic Expire 09/30/2022 1406 HALSEY WAY, SUITE 110-D
Medicare 1: CARROLLTON, TEXAS 75007
Medicare 2:
Phone (214) 295-2645 Fax (214) 295-2641
Type: Parent Agency 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** Region 03 Date Licensed 03/13/2015
License # 016091 HEART TO HEART HOSPICE OF TEXAS LTD
Lic Expire 10/31/2021 1406 HALSEY WAY SUITE 110 A
Medicare 1: CARROLLTON, TX 75007
Medicare 2:
Phone (214) 944-1443 Fax (214) 944-1453
Type: Alternate Delivery Site Administrator WENDI MARTINEZ

Owner Information
HEART TO HEART HOSPICE OF TEXAS LTD
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 10/25/2013
License # 016091 HEART TO HEART HOSPICE OF TEXAS LTD
Lic Expire 10/31/2021 1406 HALSEY WAY STE 110
Medicare 1: 451741 HOSPICE CARROLLTON, TX 75007
Medicare 2:
Phone (972) 479-0766 Fax (972) 479-0365
Type: Parent Agency Administrator WENDI MARTINEZ

Owner Information
HEART TO HEART HOSPICE OF TEXAS LTD
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/22/2022

County **DENTON** Region 03 Date Licensed 08/23/2002
License # 008072 HEAVEN AT HOME
Lic Expire 08/31/2021 623 LONDONDERRY LN
Medicare 1: DENTON, TX 76205
Medicare 2:
Phone (940) 380-0500 Fax (940) 380-0700
Type: Parent Agency Administrator SCOTT VANDERHOEF

Owner Information
HEAVEN AT HOME INC
PO BOX 51455
DENTON, TX 76206
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 02/06/2014
License # 016021 HOFMEIR HOME CARE & MANAGEMENT INC
Lic Expire 02/28/2022 300 CHESTER DRIVE
Medicare 1: LEWISVILLE, TX 75056
Medicare 2:
Phone (214) 694-4117 Fax (214) 292-9769
Type: Parent Agency Administrator JOAN ARREY

Owner Information
HOFMEIR HOME CARE & MANAGEMENT INC
1201 N WATSON ROAD STE 244
ARLINGTON, TX 76006
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 12/11/2006
License # 010929 HOME CARE 4 SENIORS LLC
Lic Expire 12/31/2021 2785 ROCKBROOK DRIVE #305
Medicare 1: LEWISVILLE, TX 75067
Medicare 2:
Phone (214) 621-1969 Fax (214) 295-8827
Type: Parent Agency 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** Region 03 Date Licensed 06/07/2013
License # 015587 HOME CARE ASSISTANCE
Lic Expire 06/30/2021 2570 FM 407 SUITE 125
Medicare 1: HIGHLAND VILLAGE, TX 75077
Medicare 2:
Phone (972) 468-6010 Fax (972) 317-2534
Type: Parent Agency Administrator TAMIKA JACKSON

Owner Information
HOME CARE ASSISTANCE OF DENTON CTY, TX LLC
2570 FM 407, SUITE 125
HIGHLAND VILLAGE, TX 75077
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 11/21/2016
License # 017816 HOME HEALTH SPECIALISTS LLC
Lic Expire 11/30/2022 2140 JUSTIN RD, #200
Medicare 1: 677961 HHA-18 HIGHLAND VILLAGE, TX 75077
Medicare 2:
Phone (972) 472-2006 Fax (972) 472-2007
Type: Parent Agency 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** Region 03 Date Licensed 03/02/2021
License # 020553 HOME HELPERS HOME CARE
Lic Expire 03/02/2024 2770 MAIN STREET, SUITE 128
Medicare 1: FRISCO, TX 75033
Medicare 2:
Phone (469) 269-5855 Fax
Type: Parent Agency Administrator THERESA HELGREN

Owner Information
JTD LEGACY, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 10/13/2006
License # 010803 HOME HELPERS/DIRECT LINK #58073
Lic Expire 10/31/2021 2300 HIGHLAND VILLAGE RD BLDG 2 STE 2221
Medicare 1: HIGHLAND VILLAGE, TX 75077
Medicare 2:
Phone (972) 318-5054 Fax (972) 317-5014
Type: Parent Agency 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
License # 011934 HOME INSTEAD SENIOR CARE #685
Lic Expire 03/31/2024 829 N. LOCUST ST.
Medicare 1: DENTON, TX 76201
Medicare 2:
Phone (972) 317-0900 Fax (972) 317-0919
Type: Parent Agency Administrator GIANNA LOFTIS

Owner Information
PERSONAL NEIGHBOR CARE LLC
1992 JUSTIN RD STE 200
HIGHLAND VILLAGE, TX 75077
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 01/17/2020
License # 019666 HOMEWELL CARE SERVICES
Lic Expire 10/28/2021 509 FM 156 SUITE C
Medicare 1: JUSTIN, TX 76247
Medicare 2:
Phone (817) 662-6433 Fax
Type: Parent Agency Administrator JENNIFER BARNETT

Owner Information
UPWARD WORX, INC
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 07 Date Licensed 10/28/2016
License # 014286 HOSPICE OF SAN ANTONIO
Lic Expire 08/31/2021 3020 BROADMOOR LN SUITE 300
Medicare 1: 4655454 Hospice FLOWER MOUND, TX 75022
Medicare 2:
Phone (214) 383-8188 Fax (214) 383-8188
Type: Alternate Delivery Site Administrator FRANK HART

Owner Information
SIXRSIG LLC
85 NE LOOP 410 STE 607
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 06/09/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 571 W MAIN ST STE 240
Medicare 1: LEWISVILLE, TX 750573628
Medicare 2:
Phone (469) 549-7867 Fax (972) 956-8411
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DENTON** Region 03 Date Licensed 06/09/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 571 W MAIN ST STE 240
Medicare 1: LEWISVILLE, TX 750573628
Medicare 2:
Phone (469) 549-7867 Fax (972) 956-8411
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 06/09/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 571 W MAIN ST STE 240
Medicare 1: LEWISVILLE, TX 750573628
Medicare 2:
Phone (469) 549-7867 Fax (972) 956-8411
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 06/22/2016
License # 017670 IMPARTING KNOWLEDGE HOME HEALTH INC
Lic Expire 10/30/2022 1181 VALLEY RIDGE BLVD SUITE C
Medicare 1: 679652 HHA-18 LEWISVILLE, TX 75077
Medicare 2:
Phone (972) 542-0300 Fax (972) 542-0313
Type: Parent Agency Administrator FELICIA OJEMAYE

Owner Information
IMPARTING KNOWLEDGE HOME HEALTH, INC.
1181 VALLEY RIDGE BLVD. STE. C
LEWISVILLE, TEXAS (TX) 75077
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 04/28/2020
License # 019901 INDEPENDENCE HOME HEALTH LLC
Lic Expire 04/28/2022 316 WILTSHIRE BLVD
Medicare 1: 747993 Home Heal LEWISVILLE, TEXAS 75056
Medicare 2:
Phone (469) 455-1797 Fax (469) 455-1797
Type: Parent Agency Administrator MANIKA GUPTA

Owner Information
INDEPENDENCE HOME HEALTH LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 10/09/2023

County **DENTON** Region 03 Date Licensed 01/01/2020
License # 019710 ISERVE HOSPICE
Lic Expire 11/21/2021 904 WATER GARDEN CIRCLE SUITE B
Medicare 1: 971607 Hospice LITTLE ELM, TX 75068
Medicare 2:
Phone (469) 379-2682 Fax (469) 379-2681
Type: Parent Agency Administrator NICHOLAS ATUMAH

Owner Information
ISERVE HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 10/02/2023

County **DENTON** Region 03 Date Licensed 01/20/2004
License # 008874 JAKPA HEALTH CARE INC
Lic Expire 01/31/2021 285 WEST SOUTHWEST PARKWAY
Medicare 1: 453196 LEWISVILLE, TX 75067
Medicare 2:
Phone (214) 222-3100 Fax (214) 222-3103
Type: Parent Agency Administrator OFIORITSE AGBONTAEN

Owner Information
JAKPA HEALTH CARE INC
401 MISTY LANE
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 06/01/2017
License # 018354 JEEVAN HOME HEALTH CARE INC
Lic Expire 05/31/2021 3620 NORTH JOSEY LANE STE 112
Medicare 1: 747790 HHA-18 CARROLLTON, TX 75007
Medicare 2:
Phone (469) 458-2201 Fax (469) 410-6172
Type: Parent Agency Administrator KURIAKOSE VETTICHIRAYIL

Owner Information
JEEVAN HOME HEALTH CARE INC
3620 NORTH JOSEY LN STE 112
CARROLLTON, TX 75007
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DENTON** Region 03 Date Licensed 03/01/2019
License # 019526 J-N-J HOME CARE SERVICES
Lic Expire 08/14/2021 2408 EVENING STONE DRIVE
Medicare 1: AUBREY, TEXAS 76227
Medicare 2:
Phone (305) 297-0334 Fax
Type: Parent Agency Administrator ANTONIO MATA

Owner Information
ACCOMPANYHOMECARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 03/01/2000
License # 007292 JOUETT RT ASSOCIATES INC
Lic Expire 02/28/2023 314 W MAIN ST
Medicare 1: LEWISVILLE, TX 75057
Medicare 2:
Phone (972) 315-1940 Fax (214) 722-1840
Type: Parent Agency Administrator ELISHEBA EVANS

Owner Information
JOUETT RT ASSOCIATES INC
314 W MAIN STREET
LEWISVILLE, TX 75057
PHONE: FAX:
Services: Licensed Home Health Services

County **DENTON** Region 03 Date Licensed 02/07/2012
License # 014832 KIND COMPANIONS
Lic Expire 02/28/2022 7400 LIVINGSTON DRIVE
Medicare 1: DENTON, TX 76210
Medicare 2:
Phone (940) 382-7548 Fax (940) 382-7645
Type: Parent Agency Administrator KIMBERLY TRUAX

Owner Information
MMKM INC
7400 LIVINGSTON DR
DENTON, TX 76210
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 01/29/2013
License # 015343 LE CELESTE HOMECARE INC
Lic Expire 01/31/2023 3620 NORTH JOSEY LANE STE 111
Medicare 1: 747951 HHA-18 CARROLLTON, TX 75007
Medicare 2:
Phone (214) 227-9444 Fax (469) 754-0311
Type: Parent Agency Administrator MATHEW JOHN

Owner Information
LE CELESTE HOMECARE INC
3620 NORTH JOSEY LANE STE 111
CARROLLTON, TX 75007
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed
License # 020725 LEONA'S ANGELS LLC
Lic Expire 04/29/2023 912 SKYLARK DR
Medicare 1: DENTON, TX 76205
Medicare 2:
Phone 817 9853662 Fax 469 5194729
Type: Parent Agency Administrator KATRINA MCPHERSON

Owner Information
LEONAS ANGELS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 08/19/2019
License # 019537 LIFELINE HOME HEALTH LLC
Lic Expire 08/19/2021 4125 FAIRWAY DRIVE, SUITE 135
Medicare 1: CARROLLTON, TX 75010
Medicare 2:
Phone (972) 859-9996 Fax (972) 805-9035
Type: Parent Agency Administrator BIJU KURIAKOSE

Owner Information
LIFELINE HOME HEALTH LLC
2517 SCOTTI ST
LEWISVILLE, TX 75056
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 01/05/2016
License # 017204 LIFEWAY HOSPICE
Lic Expire 01/31/2022 4040 TX-121
Medicare 1: 741627 HOSPICE CARROLLTON, TX 75010
Medicare 2:
Phone (972) 807-2670 Fax (972) 767-0010
Type: Parent Agency Administrator SANDRA MALONE

Owner Information
ENVOY HOSPICE NORTH LLC
1412 WEST MAGNOLIA SUITE 100
FORT WORTH, TX 76104
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 07/01/2022

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

County **DENTON** Region 03 Date Licensed 06/18/2018
License # 018790 LITTLE LANTERN HOSPICE LLC
Lic Expire 06/30/2022 4541 NORTH JOSEY LANE STE 110 - B
Medicare 1: 97-1508 (HOSPICE CARROLLTON, TX 75010
Medicare 2:
Phone (469) 423-0571 Fax (940) 400-2582
Type: Parent Agency Administrator ALICE ABRAHAM

Owner Information
LITTLE LANTERN HOSPICE LLC
2705 DAMSEL BELLA BLVD
LEWISVILLE, TX 75056-6169
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 06/29/2022

County **DENTON** Region 03 Date Licensed 08/04/2014
License # 016358 LIVING WELL SENIOR CARE LLC
Lic Expire 12/30/2020 2430 I-35E SOUTH, SUITE 260
Medicare 1: DENTON, TX 76205
Medicare 2:
Phone (940) 215-0209 Fax (877) 875-1813
Type: Parent Agency Administrator CHRISTINA GRUPICO

Owner Information
LIVING WELL SENIOR CARE LLC
8317 STALLION ST
DENTON, TX 76208
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 03/10/2017
License # 017952 LOVED ONES HONORED HOME CARE
Lic Expire 03/31/2021 3830 OLD DENTON RD APT 214
Medicare 1: CARROLLTON, TEXAS 75007
Medicare 2:
Phone (469) 546-5526 Fax
Type: Parent Agency Administrator NICOLE PATTERSON

Owner Information
LOVED ONES HONORED HOME CARE LLC
2340 E. TRINITY MILLS SUITE #300
CARROLLTON, TX 75006
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 04/12/2018
License # 018699 LOVING DAUGHTER HOME CARE LLC
Lic Expire 04/30/2022 1821 HAVERSHAM DRIVE
Medicare 1: FLOWER MOUND, TX 75022
Medicare 2:
Phone (214) 202-0861 Fax
Type: Parent Agency Administrator MARCEY ROWLAND

Owner Information
LOVING DAUGHTER HOME CARE LLC
1821 HAVERSHAM DR
FLOWER MOUND, TX 75022
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 05/13/2015
License # 016951 MACBON HOME HEALTH INC
Lic Expire 09/30/2021 1720 SOUTH EDMONDS LANE SUITE 14
Medicare 1: 673174 HHA-18 LEWISVILLE, TX 75067
Medicare 2:
Phone (214) 346-1965 Fax (214) 346-1980
Type: Parent Agency Administrator LAWRENCE GINIGEME

Owner Information
MACBON HOME HEALTH INC
1720 SOUTH EDMONS LANE SUITE 14
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 07/13/2004
License # 009193 MAXIMACARE LLC
Lic Expire 07/31/2022 700 PARKER SQUARE, SUITE 265
Medicare 1: 457809 HHA-18 FLOWER MOUND, TX 75028
Medicare 2:
Phone (972) 471-1111 Fax (972) 692-6936
Type: Parent Agency Administrator KRYSTAL ALVARADO

Owner Information
MAXIMACARE, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DENTON** Region 03 Date Licensed 03/26/2021
License # 020345 MELODY CARE & SERVICES, LLC
Lic Expire 11/24/2022 3131 CLEARWATER DR.
Medicare 1: PROSPER, TX 75078
Medicare 2:
Phone (972) 214-7018 Fax (717) 326-1381
Type: Parent Agency Administrator MICHAEL OSUJI

Owner Information
MELODY CARE & SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 09/24/2007
License # 011862 MENAS HOME HEALTHCARE SOLUTIONS INC
Lic Expire 09/30/2022 2005 IRONSIDE DRIVE
Medicare 1: 677878 HHA-18 LEWISVILLE, TX 75056
Medicare 2:
Phone (972) 247-6641 Fax (972) 247-5373
Type: Parent Agency Administrator STELLA ODIARI

Owner Information
MENAS HOME HEALTHCARE SOLUTIONS, INC
2005 IRONSIDE DRIVE
LEWISVILLE, TX 75056
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 06/04/2010
License # 013531 MERCY HOSPICE
Lic Expire 06/30/2022 2281 OLYMPIA DRIVE SUITE #100
Medicare 1: 451749 HOSPICE FLOWER MOUND, TX 75028
Medicare 2:
Phone (972) 459-9992 Fax (972) 459-9911
Type: Parent Agency Administrator CALEB S. BROWN

Owner Information
MERCY HOSPICE LTD
2281 OLYMPIA DR. SUITE #100
FLOWER MOUND, TX 75028
PHONE: (972) 459-9992 FAX: (972) 459-9911
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 07/31/2012
License # 014969 METROPLEX HOSPICE
Lic Expire 07/31/2022 1433 PRAIRIE DRIVE
Medicare 1: 741697 HOSPICE CARROLLTON, TX 75007
Medicare 2:
Phone (214) 396-7474 Fax (214) 396-7475
Type: Parent Agency Administrator ELSY BENJAMIN

Owner Information
RESK HEALTHCARE INC
1433 PRAIRIE DRIVE
CARROLLTON, TEXAS 75007
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 03/08/2017
License # 017435 NEW CENTURY HOSPICE OF DALLAS
Lic Expire 01/31/2022 3311 N 1-35 STE 150
Medicare 1: DENTON, TX 76207
Medicare 2:
Phone (940) 222-5885 Fax (844) 358-6609
Type: Alternate Delivery Site Administrator NARISSA ATTEBERRY

Owner Information
NEW CENTURY HOSPICE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 05/30/2023

County **DENTON** Region 03 Date Licensed 09/22/2009
License # 012869 NORTH TEXAS HOME CARE
Lic Expire 09/30/2021 522 S EDMONDS LANE SUITE 103
Medicare 1: 747503 HHA-18 LEWISVILLE, TX 75067
Medicare 2:
Phone (972) 353-0800 Fax (972) 353-0811
Type: Parent Agency Administrator SHAE MCBRIDE

Owner Information
HARRIS HEALTHCARE INC
522 S EDMONDS LANE SUITE 103
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 10/11/2022

County **DENTON** Region 03 Date Licensed 07/17/2020
License # 020060 PACESETTERS HOME HEALTH LLC
Lic Expire 07/17/2022 2870 EASTMINSTER DR.
Medicare 1: PROSPER, TX 75078
Medicare 2:
Phone (702) 490-7531 Fax
Type: Parent Agency Administrator GWENDOLINE NFOTIOG

Owner Information
PACESETTERS HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 02/10/2020
License # 019821 PEACE VALLEY HOSPICE INC
Lic Expire 02/10/2022 4541 N JOSEY LN STE 110
Medicare 1: CARROLLTON, TEXAS 75010
Medicare 2:
Phone (315) 264-7296 Fax (940) 400-2582
Type: Parent Agency Administrator SAJU ABRAHAM

Owner Information
PEACE VALLEY HOSPICE INC
4541 NORTH JOSEY LANE , STE 110
CARROLLTON, TEXAS 75010
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **DENTON** Region 03 Date Licensed 06/12/2014
License # 016258 PEDIATRIC THERAPY INC
Lic Expire 09/30/2020 1302 TEASLEY LANE
Medicare 1: DENTON, TX 76205
Medicare 2:
Phone (866) 832-1708 Fax (888) 789-4391
Type: Parent Agency Administrator JAMES MICHAEL CLARK

Owner Information
PEDIATRIC THERAPY INCORPORATED
4601 66TH STREET SUITE D
LUBBOCK, TX 79414
PHONE: FAX:
Services: Licensed Home Health Services

County **DENTON** Region 03 Date Licensed 05/02/2005
License # 009728 PHYSICIANS CHOICE HEALTH SERVICES
Lic Expire 05/31/2021 860 HEBRON PARKWAY SUITE 703
Medicare 1: 677946 HHA-18 LEWISVILLE, TX 75057
Medicare 2:
Phone (972) 459-9264 Fax (214) 764-9161
Type: Parent Agency Administrator DARLA MONTGOMERY

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

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County **DENTON** Region 03 Date Licensed 09/13/2019
License # 019597 PRECIOUS NEIGHBORS HOME HEALTH LIMITED LIABILITY COMPANY
Lic Expire 09/13/2021 3713 RANCHERS RIDGE
Medicare 1: KRUM, TEXAS 76249
Medicare 2:
Phone 214 994 4683 Fax
Type: Parent Agency Administrator JAMES DORGBETOR

Owner Information
PRECIOUS NEIGHBORS HOME HEALTH LIMITED LIABILITY COMPANY
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 02/15/2006
License # 010291 PREMIER GOLDEN HEART HEALTH CARE SERVICES LLC
Lic Expire 02/28/2022 2412 OLD NORTH RD BUILDING 101 SUITE K
Medicare 1: 677962 HHA-18 DENTON, TX 76209
Medicare 2:
Phone (940) 566-4999 Fax (940) 566-4992
Type: Parent Agency Administrator NDIFREKE ITATA

Owner Information
PREMIER GOLDEN HEART HEALTH CARE SERVICES LLC
2412 OLD NORTH RD SUITE 101 K
DENTON, TX 76209
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DENTON** Region 03 Date Licensed 11/18/2015
License # 017139 PSALMS HOME CARE CONSULTING LLC
Lic Expire 11/30/2021 4120 LIVERPOOL DR
Medicare 1: FLOWER MOUND, TEXAS 75028
Medicare 2:
Phone (940) 594-9729 Fax (214) 285-3142
Type: Parent Agency Administrator SHERYL CASON

Owner Information
PSALMS HOME CARE CONSULTING LLC
P.O. BOX 1941
DENTON, TX 76202
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 12/14/2020
License # 020400 QUALITY HOME CARE AGENCY LLC
Lic Expire 12/14/2022 513 LANCASHIRE DR.
Medicare 1: FLOWER MOUND, TEXAS 75028
Medicare 2:
Phone (469) 487-3175 Fax
Type: Parent Agency Administrator TEMITOPE ABIMBOLA

Owner Information
QUALITY CARE CARE AGENCY
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 07/08/2020
License # 020042 QUALITY HOME CARE PROFESSIONALS LLC
Lic Expire 07/08/2022 1450 HALSEY WAY SUITE 108
Medicare 1: CARROLLTON, TEXAS 75007
Medicare 2:
Phone 267 231 1817 Fax 407 255 8684
Type: Parent Agency Administrator MARTHA KHAMA

Owner Information
QUALITY HOMECARE PROFESSIONALS, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **DENTON** Region 03 Date Licensed 10/05/2015
License # 017066 R2R HEALTHCARE INC
Lic Expire 10/31/2021 860 HEBRON PARKWAY SUITE 203
Medicare 1: LEWISVILLE, TX 75057
Medicare 2:
Phone (972) 219-0020 Fax (972) 219-0019
Type: Parent Agency Administrator VALERIE KEYS

Owner Information
R2R HEALTHCARE RAINBOW TO RAINBOW INCORPORATED
860 HEBRON PARKWAY SUITE 203
LEWISVILLE, TX 75057
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 01/12/2016
License # 017220 R2R PALLIATIVE AND HOSPICE CARE LLC
Lic Expire 751 HEBRON PARKWAY, SUITE 210
Medicare 1: 741639 HOSPICE LEWISVILLE, TX 75057
Medicare 2:
Phone (972) 219-0020 Fax (972) 219-0019
Type: Parent Agency Administrator ADHANET ASGHEDOM

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
Accreditation: ACHC, Expires: 10/07/2022

County **DENTON** Region 03 Date Licensed 12/04/2015
License # 017243 RAY OF SUNSHINE SENIOR CARE
Lic Expire 12/31/2021 1204 W UNIVERSITY SUITE 201
Medicare 1: DENTON, TX 76201
Medicare 2:
Phone (940) 321-6562 Fax (940) 442-5375
Type: Parent Agency Administrator CYNTHIA FERRIS

Owner Information
RAY OF SUNSHINE SITTING SERVICE REGISTRY OF DENTON INC
1204 W UNIVERSITY SUITE 201
DENTON, TX 76201
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 02/05/2009
License # 012431 REALITY HEALTH CARE
Lic Expire 02/28/2021 2705 MEADOW WOOD DRIVE
Medicare 1: 747402 HHA-18 FLOWER MOUND, TX 75022
Medicare 2:
Phone (214) 222-5201 Fax (214) 222-5202
Type: Parent Agency Administrator MERCY BIENI

Owner Information
REALITY HEALTH CARE INC
PO BOX 271120
FLOWER MOUND, TX 75022
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 06/04/2019
License # 019411 REASSURED HEALTHCARE SERVICES INC
Lic Expire 06/04/2021 15009 LONE SPRING DRIVE
Medicare 1: LITTLE ELM, TX 75068
Medicare 2:
Phone (469) 535-1213 Fax (972) 412-8901
Type: Parent Agency Administrator PAUL OBELE

Owner Information
REASSURED HEALTHCARE SERVICES INC
15009 LONE SPRING DRIVE
LITTLE ELM, TX 75068
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 03/31/2006
License # 010368 REDEEM HOME HEALTH INC
Lic Expire 06/30/2021 1720 SOUTH EDMONDS LANE SUITE #14B
Medicare 1: 679569 HHA-18 LEWISVILLE, TX 75067
Medicare 2:
Phone (972) 221-9200 Fax (972) 221-9229
Type: Parent Agency Administrator MERCY GINIGEME

Owner Information
REDEEM HOME HEALTH INC
1720 SOUTH EDMONDS LANE, SUITE #14B
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 01/04/2007
License # 010977 REGAL HEALTHCARE INC
Lic Expire 01/31/2022 4220 WILD PLUM DRIVE
Medicare 1: 679732 HHA-18 CARROLLTON, TX 75010
Medicare 2:
Phone (214) 483-3355 Fax (214) 483-3357
Type: Parent Agency Administrator PLEASURE NWACHUKWU

Owner Information
REGAL HEALTHCARE INC
4220 WILD PLUM DR
CARROLLTON, TX 75010
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 07/25/2013
License # 016260 RENEW HOME HEALTH
Lic Expire 3305 SOUTH MAYHILL ROAD SUITE 103
Medicare 1: 747251 HHA-18 DENTON, TX 76208
Medicare 2:
Phone (940) 243-9812 Fax (940) 243-9817
Type: Parent Agency Administrator PHILIP CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DENTON** Region 03 Date Licensed 08/08/2018
License # 018873 RHEJES HEALTHCARE SERVICES
Lic Expire 10813 ALEDO LANE
Medicare 1: AUBREY, TEXAS 76227
Medicare 2:
Phone (469) 762-9411 Fax (972) 924-0779
Type: Parent Agency Administrator CHUKWUEMEKA OZOUDE

Owner Information
RHEJES HEALTHCARE SERVICES, LLC
19019 PRESTON RD. APT. 710
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed Home Health Services

County **DENTON** Region 03 Date Licensed 10/01/2013
License # 016007 RIGHT AT HOME
Lic Expire 09/30/2021 650 S EDMONDS LANE SUITE 108
Medicare 1: LEWISVILLE, TX 75067
Medicare 2:
Phone (214) 383-0555 Fax (214) 383-0538
Type: Parent Agency Administrator MICHELLE RANKINE

Owner Information
RAHNT, LLC
614 S EDMONDS LANE SUITE 102
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 07/21/2009
License # 012723 RISING HOME HEALTHCARE INC
Lic Expire 07/31/2021 1433 GRIMES DRIVE
Medicare 1: 747552 HHA-18 CARROLLTON, TX 75010
Medicare 2:
Phone (972) 394-8600 Fax (972) 394-8611
Type: Parent Agency Administrator BOSAH MENYUAH

Owner Information
RISING HOME HEALTHCARE, INC
SAME AS ABOVE
CARROLLTON, TX 75010
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DENTON** Region 03 Date Licensed 09/20/2014
License # 016526 ROYAL HOME HEALTH CARE INCORPORATED
Lic Expire 09/30/2020 1517 BOSQUE DR.
Medicare 1: 457987 HHA-18 CARROLLTON, TEXAS 75010
Medicare 2:
Phone 972 2479001 Fax (972) 247-9002
Type: Parent Agency Administrator SUSHILKUMAR OOTTUKANDATHIL

Owner Information
ROYAL HOME HEALTH INC.
4020 HUFFINES BLVD, STE 100
CARROLLTON, TX 75010
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 07/05/2016
License # 017493 SILVER LINING HOME CARE SOLUTIONS
Lic Expire 07/31/2022 723 S I-35 E SUITE 209
Medicare 1: DENTON, TX 76205
Medicare 2:
Phone (940) 514-1600 Fax (888) 558-8750
Type: Parent Agency Administrator ASHLEY LASCOR

Owner Information
SILVER LINING HCS, LLC
9040 YUCCA CIR
SANGER, TX 76266
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 11/28/2011
License # 014492 SIMPLICITY HEALTHCARE SERVICES INC
Lic Expire 11/30/2021 3404 APPROACH LN
Medicare 1: 747868 OAK POINT, TX 75068
Medicare 2:
Phone (469) 362-9373 Fax (972) 408-0882
Type: Parent Agency Administrator LAMBERT OGUH

Owner Information
SIMPLICITY HEALTHCARE SERVICES INC
3404 APPROACH LN
OAK POINT, TX 75068
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DENTON** Region 03 Date Licensed 05/07/2007
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 5800 1-35 N SUITE 309
Medicare 1: 45-1688 DENTON, TX 76207
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 06/27/2018
License # 018808 SOVEREIGN HOSPICE INC
Lic Expire 06/30/2022 1828 MEADOW TRAIL LN
Medicare 1: 97-1537 (HOSPICE AUBREY, TX 76227
Medicare 2:
Phone (214) 718-9353 Fax (214) 853-4318
Type: Parent Agency Administrator SAJITH NANDAKUMAR

Owner Information
SOVEREIGN HOSPICE INC
1828 MEADOW TRAIL LANE
AUBREY, TX 76227-1446
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/27/2022

County **DENTON** Region 03 Date Licensed 09/01/2015
License # 017008 SYNERGY HOMECARE OF ALLIANCE-DENTON
Lic Expire 08/31/2021 721 S ELM STREET SUITE 105
Medicare 1: DENTON, TX 76201
Medicare 2:
Phone (940) 891-1500 Fax (469) 675-6171
Type: Parent Agency Administrator ARTHUR LAMBERT

Owner Information
LAMBERT CARE INC.
401 SPRING CIRCLE
ARGYLE, TX 76226
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 12/31/2018
License # 019300 TEXAS HOME HEALTH GROUP OF DENTON, LLC
Lic Expire 12/31/2022 225 W MULBERRY ST #101
Medicare 1: 679325 DENTON, TX 76201
Medicare 2:
Phone 940 8911161 Fax 940 8911162
Type: Parent Agency Administrator REBECCA RAASCH

Owner Information
TEXAS HOME HEALTH GROUP OF DENTON, LLC
PO BOX 50805
DENTON, TEXAS 76210
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/02/2023

County **DENTON** Region 03 Date Licensed
License # 019300 TEXAS HOME HEALTH GROUP OF DENTON, LLC
Lic Expire 12/31/2022 225 W MULBERRY ST #101 - BRANCH
Medicare 1: 67Q9325002 DENTON, TX 76201
Medicare 2:
Phone (940) 891-1161 Fax (940) 891-1162
Type: Branch Agency Administrator REBECCA RAASCH

Owner Information
TEXAS HOME HEALTH GROUP OF DENTON, LLC
PO BOX 50805
DENTON, TEXAS 76210
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/02/2023

County **DENTON** Region 03 Date Licensed 12/31/2006
License # 011196 TEXAS HOME HEALTH HOSPICE
Lic Expire 12/31/2022 225 W MULBERRY ST #102 HOS
Medicare 1: 671528 HOSPICE DENTON, TX 76201
Medicare 2:
Phone (940) 220-2127 Fax (855) 750-5879
Type: Parent Agency Administrator DENISE WARDEN

Owner Information
KINDSTAR INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/31/2022

County **DENTON** Region 03 Date Licensed 11/30/2004
License # 009725 THE POTTERS HEALTHCARE SERVICES
Lic Expire 11/30/2021 1170 W MAIN STREET
Medicare 1: 453181 HHA-18 LEWISVILLE, TX 75067
Medicare 2:
Phone (972) 459-9999 Fax (972) 315-2065
Type: Parent Agency Administrator KEHINDE AMOSUN

Owner Information
BETHESDA INCORPORATED DBA: THE POTTERS HEALTHCARE SERVICES
860 HEBRON PARKWAY SUITE 501
LEWISVILLE, TX 75057
PHONE: (972) 459-9999 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 08/18/2021

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

County **DENTON** Region 03 Date Licensed

License # 017192 TOTAL HOSPICE AND PALLIATIVE CARE

Lic Expire 12/31/2021 209 N BONNIE BRAE STREET, SUITE 201

Medicare 1: 741699 DENTON, TEXAS 76201

Medicare 2:

Phone 817 3281628 Fax

Type: Alternate Delivery Site Administrator MARGARET BALL

Owner Information

ABS PALLIATIVE AND HOSPICE CARE, LLC

717 N. HARWOOD STREET, SUITE 550

DALLAS, TEXAS 75201

PHONE: 817 9091426 FAX:

Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 11/30/2018

License # 019125 TOUCHING HEARTS AT HOME

Lic Expire 03/31/2021 4217 BLUE GRASS DRIVE

Medicare 1: FLOWER MOUND, TX 75028

Medicare 2:

Phone (972) 900-3635 Fax (972) 905-7445

Type: Parent Agency Administrator HOLLY HILL

Owner Information

HILLHEJ, INC.

PHONE: FAX:

Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 02/28/2006

License # 010325 TRINITY HEALTH AND HOME CARE SERVICES

Lic Expire 02/28/2022 2720 STAIN GLASS CT

Medicare 1: 679324 HHA-18 CARROLLTON, TX 750075052

Medicare 2:

Phone (972) 782-9190 Fax (817) 585-4806

Type: Parent Agency Administrator ISRAEL MWESIGWA

Owner Information

TRINITY HEALTH AND HOME CARE SERVICES LLC

2720 STAIN GLASS CT

CARROLLTON, TX 75007

PHONE: (214) 263-2389 FAX: (214) 371-0087

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

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County **DENTON** Region 03 Date Licensed 08/18/2010

License # 013533 TRIO HOME CARE

Lic Expire 08/31/2022 2214 EMERY ST. SUITE 410

Medicare 1: 747630 HHA-18 DENTON, TEXAS 76201

Medicare 2:

Phone (940) 381-2288 Fax (940) 381-2299

Type: Parent Agency Administrator DREW MIZE

Owner Information

M & H MANAGEMENT INC

723 S IH 35 EAST STE 128

DENTON, TX 76205

PHONE: FAX:

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

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County **DENTON** Region 03 Date Licensed 04/22/2016

License # 017511 TRIO HOSPICE

Lic Expire 04/30/2022 2214 EMERY ST. SUITE 420

Medicare 1: 671723 DENTON, TEXAS 76201

Medicare 2:

Phone (940) 442-5344 Fax (940) 442-5354

Type: Parent Agency Administrator DREW MIZE

Owner Information

MORNING CALM HOSPICE, INC.

723 S. INTERSTATE 35 EAST. SUITE 126

DENTON, TX 76205

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Accreditation: CHAP - Deemed, Expires: 04/05/2024

County **DENTON** Region 03 Date Licensed 04/27/2017

License # 018025 UNITY FIRST HOME HEALTH AGENCY

Lic Expire 04/30/2021 1408 ROSE BUD CT

Medicare 1: LITTLE ELM, TEXAS 75068

Medicare 2:

Phone (469) 235-3898 Fax (469) 715-6981

Type: Parent Agency Administrator RODNEY SAMVURA

Owner Information

RODNEY SAMVURA

1408 ROSE BUD CT

LITTLE ELM, TX 75068

PHONE: FAX:

Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 07/23/2009

License # 012733 UNLIMITED CARE OF NORTH TEXAS INC

Lic Expire 07/31/2021 604 N. BELL AVE.

Medicare 1: DENTON, TEXAS 76209

Medicare 2:

Phone (940) 390-0493 Fax (940) 230-2180

Type: Parent Agency Administrator LINDA DEGRAFFENREID

Owner Information

UNLIMITED CARE OF NORTH TEXAS INC

PO BOX 847

AUBREY, TX 76227

PHONE: (940) 390-0493 FAX:

Services: Personal Assistance Services

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

County **DENTON** Region 03 Date Licensed 04/16/2004
License # 009040 US BIOSERVICES CORPORATION
Lic Expire 04/30/2021 5025 PLANO PARKWAY
Medicare 1: CARROLLTON, TX 75010
Medicare 2:
Phone (469) 365-8300 Fax (844) 322-9979
Type: Parent Agency Administrator PATRICIA GARZA

Owner Information
US BIOSERVICES CORPORATION
3101 GAYLORD PARKWAY, MS1E-C150
FRISCO, TX 75034
PHONE: FAX:
Services: Licensed Home Health Services

County **DENTON** Region 03 Date Licensed 01/31/2005
License # 009559 V-CARE HOME HEALTH INC
Lic Expire 01/31/2022 5200 PAIGE RD SUITE 400
Medicare 1: 457957 HHA-18 THE COLONY, TX 75056
Medicare 2:
Phone (214) 618-4784 Fax (214) 618-4794
Type: Parent Agency Administrator TIFFANEY BALLEW

Owner Information
V-CARE HOME HEALTH INC
5200 PAIGE RD STE 400
THE COLONY, TX 75056
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **DENTON** Region 03 Date Licensed 08/31/2015
License # 017199 VISITING ANGELS
Lic Expire 08/31/2021 501 S CARROLL BLVD STE 201
Medicare 1: DENTON, TX 76201
Medicare 2:
Phone (940) 387-0395 Fax (940) 387-6359
Type: Parent Agency Administrator JAYSON COX-MONIK

Owner Information
DENTON HOMECARE LLC
1421 N. ELM ST. STE 103
DENTON, TX 76201
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 10/30/2013
License # 006982 VITAS HEALTHCARE OF TEXAS LP
Lic Expire 11/30/2020 723 SOUTH I 35 EAST SUITE 228
Medicare 1: DENTON, TX 76205
Medicare 2:
Phone (817) 870-7070 Fax (817) 870-7090
Type: Alternate Delivery Site Administrator STEVEN WELKER

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 01/28/2005
License # 006983 VITAS HEALTHCARE OF TEXAS LP
Lic Expire 11/30/2021 4343 N JOSEY LANE 4TH FLOOR
Medicare 1: CARROLLTON, TX 75010
Medicare 2:
Phone (972) 428-5620 Fax (972) 428-5656
Type: Alternate Delivery Site Administrator MARILYN CONLEY

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

County **DENTON** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 09/30/2021 2800 SHORELINE DR. SUITE 250
Medicare 1: DENTON, TX 76210
Medicare 2:
Phone (940) 349-5900 Fax (940) 383-4000
Type: Alternate Delivery Site Administrator KATHERINE KRAUSE

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 **DENTON** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 09/30/2021 2800 SHORELINE DR. SUITE 250
Medicare 1: DENTON, TX 76210
Medicare 2:
Phone (940) 349-5900 Fax (940) 383-4000
Type: Alternate Delivery Site Administrator KATHERINE KRAUSE

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 **DENTON** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 09/30/2021 2800 SHORELINE DR. SUITE 250
Medicare 1: DENTON, TX 76210
Medicare 2:
Phone (940) 349-5900 Fax (940) 383-4000

Type: Alternate Delivery Site Administrator KATHERINE KRAUSE

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 **DENTON** Region 03 Date Licensed 09/12/2011
License # 014339 WOORI HOME CARE
Lic Expire 09/30/2021 2625 OLD DENTON ROAD SUITE 452
Medicare 1: CARROLLTON, TX 75007
Medicare 2:
Phone (972) 820-8700 Fax (972) 820-5989

Type: Parent Agency Administrator YOUNG KANG

Owner Information
BETTER LIVING HEALTHCARE SERVICES INC
2625 OLD DENTON ROAD SUITE 452
CARROLLTON, TX 75007
PHONE: FAX:

Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: YES

County **DENTON** Region 03 Date Licensed 05/26/2016
License # 017423 YELLOW ROSE HOSPICE
Lic Expire 05/31/2022 3712 OLD DENTON RD STE 120
Medicare 1: 741718 HOSPICE CARROLLTON, TX 75007
Medicare 2:
Phone (214) 570-1648 Fax (214) 602-6091

Type: Parent Agency Administrator DILENE VOCHOSKA

Owner Information
DOUBLE A HOSPICE CARE INC
8111 LBJ FREEWAY SUITE 820
DALLAS, TX 75251-1313
PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 04/18/2008
License # 011968 ZELANO HEALTHCARE LLC
Lic Expire 04/30/2021 2302 POST OAK DRIVE
Medicare 1: 747236 CORINTH, TX 76210
Medicare 2:
Phone (940) 498-1524 Fax (940) 498-1525

Type: Parent Agency Administrator LARRY IMOEKER

Owner Information
ZELANO HEALTHCARE, LLC.
2302 POST OAK DRIVE
CORINTH, TX 76210
PHONE: FAX:

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

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County **DEWITT** Region 07 Date Licensed 11/19/1984
License # 001569 CUERO COMMUNITY HOSPITAL HOME HEALTH AGENCY
Lic Expire 11/30/2021 615 NORTH ESPLANADE
Medicare 1: 457696 HHA-18 CUERO, TX 77954
Medicare 2:
Phone (361) 275-8999 Fax (361) 275-8970

Type: Parent Agency Administrator MARGARET KRAUSE

Owner Information
DEWITT MEDICAL DISTRICT
SAME AS ABOVE.
CUERO, TX 77954
PHONE: (361) 275-6191 FAX: (361) 275-3999

Services: Licensed and Certified Home Health Services

County **DEWITT** Region 07 Date Licensed 09/15/1989
License # 001140 CUERO COMMUNITY HOSPITAL HOME HEALTH AGENCY
Lic Expire 09/30/2022 615 NORTH ESPLANADE
Medicare 1: CUERO, TX 77954
Medicare 2:
Phone (361) 275-8999 Fax (361) 275-8970

Type: Parent Agency Administrator MARGARET KRAUSE

Owner Information
DEWITT MEDICAL DISTRICT
SAME AS ABOVE.
CUERO, TX 77954
PHONE: (361) 275-6191 FAX: (361) 275-3999

Services: Licensed Home Health Services; Personal Assistance Services

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County **DEWITT** Region 07 Date Licensed 09/01/2012
License # 015189 SOUTHERN ASSURED HOME HEALTH LLC
Lic Expire 08/31/2022 640 W. MAIN STREET
Medicare 1: YORKTOWN, TX 78164
Medicare 2:
Phone (210) 257-5765 Fax (210) 257-0419

Type: Branch Agency Administrator BARRY WATSON

Owner Information
SOUTHERN ASSURED HOME HEALTH LLC
PO BOX 822
YORKTOWN, TX 78164
PHONE: FAX:

Services: Licensed and Certified Home Health Services

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

County **DIMMIT** Region 07 Date Licensed 06/09/2020
License # 019989 HOLY SAVIOR HOSPICE
Lic Expire 06/09/2022 1203 PENA STREET, SUITE 101
Medicare 1: CARRIZO SPRINGS, TEXAS 78834
Medicare 2:
Phone 210 3755914 Fax 210 3755919
Type: Parent Agency Administrator LAURA CANTU

Owner Information
TJA MANAGEMENT, LLC
1600 AIRPORT FREEWAY SUITE 503
BEDFORD, TEXAS 76022
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DIMMIT** Region 07 Date Licensed 07/21/2004
License # 007687 SANDS CARE HEALTH SERVICES LC
Lic Expire 07/31/2022 109 NORTH FIRST STREET SUITE A
Medicare 1: CARRIZO SPRINGS, TX 78834
Medicare 2:
Phone (830) 876-2200 Fax (830) 876-2205
Type: Branch Agency Administrator SCOTT EDWARD SANDS SANDS

Owner Information
SANDS CARE HEALTH SERVICES LC
201 WEST HILLSIDE SUITE 8
LAREDO, TX 78041-6905
PHONE: FAX:
Services: Personal Assistance Services

County **DONLEY** Region 01 Date Licensed 05/01/2018
License # 018848 ROADRUNNER HOMECARE
Lic Expire 04/30/2022 200 S GOODNIGHT
Medicare 1: 457567 HHA-18 CLARENDON, TX 79226
Medicare 2:
Phone (806) 874-0042 Fax (806) 874-0049
Type: Parent Agency Administrator CHANDRA CHRISTOPHER

Owner Information
HWATCH OF THE TX PANHANDLE LLC
3310 LAMAR AVE, STE. A
PARIS, TX 75460
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **DUVAL** Region 07 Date Licensed 07/03/2007
License # 011519 CARING TOUCH PROVIDER SERVICES
Lic Expire 111 W RAILROAD AVE
Medicare 1: BENAVIDES, TX 78341
Medicare 2:
Phone (956) 787-9199 Fax (956) 783-9006
Type: Parent Agency Administrator IRMA GARZA

Owner Information
MRNG, INC.
PO BOX 568
BENAVIDES, TX 78341
PHONE: FAX:
Services: Personal Assistance Services

County **DUVAL** Region 07 Date Licensed 07/03/2007
License # 011519 CARING TOUCH PROVIDER SERVICES
Lic Expire 111 W RAILROAD AVE
Medicare 1: BENAVIDES, TX 78341
Medicare 2:
Phone (956) 787-9199 Fax (956) 783-9006
Type: Parent Agency Administrator IRMA GARZA

Owner Information
MRNG, INC.
PO BOX 568
BENAVIDES, TX 78341
PHONE: FAX:
Services: Personal Assistance Services

County **DUVAL** Region 07 Date Licensed 05/09/2011
License # 014083 HAVEN SKILLED SERVICES LLC
Lic Expire 05/31/2021 500 S DR EE DUNLAP ST SUITE A & B
Medicare 1: 747748 HHA-18 SAN DIEGO, TX 78384
Medicare 2:
Phone (361) 279-7159 Fax (361) 279-7256
Type: Parent Agency Administrator JENNIFER FEHRENKAMP

Owner Information
HAVEN SKILLED SERVICES LLC
500 S DR EE DUNLAP ST SUITE A & B
SAN DIEGO, TX 78384
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/11/2021

County **DUVAL** Region 07 Date Licensed 02/22/2017
License # 018051 NURSING SERVICES AND CONSULTANTS OF LAREDO
Lic Expire 02/28/2023 114 WEST RAILROAD AVENUE
Medicare 1: 677735 HHA-18 BENAVIDES, TX 78341
Medicare 2:
Phone (361) 256-4400 Fax (361) 256-4413
Type: Parent Agency Administrator HECTOR ALVARADO

Owner Information
NSCL INC
PO BOX 398
BENAVIDES, TEXAS 78341
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **DUVAL** Region 07 Date Licensed 11/05/2015
License # 017120 OUR HEALING HEART HOMECARE LLC
Lic Expire 11/30/2021 5003 C CO RD 110
Medicare 1: SAN DIEGO, TX 78384
Medicare 2:
Phone (361) 209-5035 Fax (361) 209-5027
Type: Parent Agency Administrator LIZA BARRERA

Owner Information
OUR HEALING HEART HOME CARE LLC
204 W. SHAEFFER
SAN DIEGO, TEXAS 78384
PHONE: FAX:
Services: Licensed Home Health Services

County **DUVAL** Region 07 Date Licensed 11/14/2003
License # 008750 SANTA FE HEALTH CARE INC
Lic Expire 11/30/2022 119 WEST RAILROAD AVENUE
Medicare 1: 453121 HHA-18 BENAVIDES, TX 78341
Medicare 2:
Phone (361) 256-3980 Fax (361) 256-3981
Type: Parent Agency Administrator PRISCILLA GARZA

Owner Information
SANTA FE HEALTH CARE INC.
PO BOX 510
BENAVIDES, TEXAS 78341
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **EASTLAND** Region 01 Date Licensed 06/01/2006
License # 010716 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2021 300 WEST MAIN STREET
Medicare 1: EASTLAND, TEXAS 76448
Medicare 2:
Phone 254 6298200 Fax 254 6298220
Type: Branch Agency Administrator KIM TRAWICK

Owner Information
ENCOMPASS OF WEST TEXAS, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **EASTLAND** Region 01 Date Licensed 11/30/2007
License # 011731 KINDRED AT HOME
Lic Expire 11/30/2021 405 E COMMERCE ST
Medicare 1: 457128 HHA-18 EASTLAND, TX 76448
Medicare 2:
Phone (254) 629-1268 Fax (254) 629-8698
Type: Parent Agency Administrator GINA YOUNG-HARPER

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **EASTLAND** Region 03 Date Licensed
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 201 S DAUGHERTY AVE
Medicare 1: 451688 EASTLAND, TEXAS 764882607
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **EASTLAND** Region 01 Date Licensed 05/10/2013
License # 015686 TRI STAR HOME CARE INC
Lic Expire 08/31/2021 1106 WEST 6TH STREET
Medicare 1: CISCO, TX 76437
Medicare 2:
Phone (254) 442-4996 Fax (254) 442-2002
Type: Parent Agency Administrator PAMELA MEADOR

Owner Information
TRI STAR HOME CARE INC
PO BOX 430
CISCO, TX 76437
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EASTLAND** Region 01 Date Licensed 05/10/2013
License # 015688 TRI STAR HOME CARE INC
Lic Expire 05/31/2021 1106 WEST 6TH STREET
Medicare 1: 678140 HHA-18 CISCO, TX 76437
Medicare 2:
Phone (254) 442-4996 Fax (254) 442-2002
Type: Parent Agency Administrator PAMELA MEADOR

Owner Information
TRI STAR HOME CARE INC
PO BOX 430
CISCO, TX 76437
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ECTOR** Region 01 Date Licensed 08/25/2017
License # 018280 ALL PEOPLE HOSPICE AND HEALTH CARE INC
Lic Expire 08/31/2019 4745 N. SIERRA AVE
Medicare 1: ODESSA, TX 79764
Medicare 2:
Phone (432) 258-7751 Fax (432) 381-5272
Type: Parent Agency Administrator CHRISTOPHER HAGGER

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

County **ECTOR** Region 01 Date Licensed
License # 011404 ANGELS CARE HOME HEALTH OF WEST TEXAS
Lic Expire 02/28/2023 1330 E 8TH STREET, SUITE 300
Medicare 1: 67Q7864001 ODESSA, TX 79761
Medicare 2:
Phone (432) 307-6567 Fax (432) 307-6568
Type: Branch Agency Administrator DAYALE DIAZ

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

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County **ECTOR** Region 01 Date Licensed 12/14/2012
License # 001401 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 01/31/2022 1340 EAST 7TH STREET SUITE 220
Medicare 1: ODESSA, TX 79761
Medicare 2:
Phone (432) 332-3177 Fax (432) 332-3184
Type: Branch Agency Administrator VICTORIA CAUGHRON

Owner Information
CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ECTOR** Region 01 Date Licensed 08/16/2016
License # 017578 CARING PARTNERS HOME CARE
Lic Expire 4636 LOCUST AVE.
Medicare 1: ODESSA, TX 79762
Medicare 2:
Phone (432) 276-2593 Fax (432) 225-1060
Type: Parent Agency 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

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County **ECTOR** Region 01 Date Licensed 08/25/2015
License # 016994 CROSSLAND CARE INC
Lic Expire 08/31/2021 1901 E 37TH STREET SUITE 205
Medicare 1: ODESSA, TX 79762
Medicare 2:
Phone (432) 339-5555 Fax (432) 339-5555
Type: Parent Agency Administrator KELLY CROSSLAND

Owner Information
CROSSLAND CARE INC
2020 EAST 8TH STREET
ODESSA, TX 79761
PHONE: FAX:
Services: Personal Assistance Services

County **ECTOR** Region 01 Date Licensed 06/15/2001
License # 007652 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 06/30/2023 2626 JBS PARKWAY SUITE B110
Medicare 1: ODESSA, TX 79761
Medicare 2:
Phone (432) 550-6900 Fax (877) 463-1310
Type: Parent Agency Administrator LORENA TORRES

Owner Information
DISABILITY SERVICES OF THE SOUTHWEST INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ECTOR** Region 01 Date Licensed 06/25/2003
License # 008527 EXPRESS NURSING
Lic Expire 06/30/2022 4700 E UNIVERSITY BLVD
Medicare 1: 679327 HHA-18 ODESSA, TX 79762
Medicare 2:
Phone (432) 580-9393 Fax (432) 580-9394
Type: Parent Agency Administrator MYRA SALAZAR

Owner Information
EXN INC
4700 E UNIVERSITY BLVD
ODESSA, TX 79762
PHONE: FAX:
Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services

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

County **ECTOR** Region 01 Date Licensed 03/04/2009
License # 011726 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 601 EAST 2ND STREET, SUITE E
Medicare 1: ODESSA, TX 79761
Medicare 2:
Phone (432) 332-4025 Fax (432) 332-1640
Type: Branch Agency Administrator LISA CUPPS

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ECTOR** Region 01 Date Licensed 03/03/1995
License # 003840 HOME HOSPICE
Lic Expire 03/31/2023 619 N GRANT AVE STE 120
Medicare 1: 451617 HOSPICE ODESSA, TX 79761
Medicare 2:
Phone (432) 580-9990 Fax (432) 580-9989
Type: Parent Agency Administrator AMY DRUMM

Owner Information
HOME HOSPICE OF ODESSA/MIDLAND LLC
619 N GRANT AVE STE 120
ODESSA, TX 79761
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/02/2022

County **ECTOR** Region 01 Date Licensed 04/04/2008
License # 011956 HOME NURSING
Lic Expire 04/30/2024 619 N. GRANT, STE 110
Medicare 1: 747112 HHA-18 ODESSA, TEXAS 797614502
Medicare 2:
Phone (432) 617-8125 Fax (432) 550-7989
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 11/01/2023

County **ECTOR** Region 01 Date Licensed 08/23/2017
License # 002022 HOSPICE OF MIDLAND INC.
Lic Expire 11/30/2022 219 W 4TH STREET
Medicare 1: ODESSA, TEXAS 79761
Medicare 2:
Phone (432) 653-1737 Fax (432) 653-1732
Type: Alternate Delivery Site Administrator DEBORAH GOODMAN

Owner Information
HOSPICE OF MIDLAND INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ECTOR** Region 01 Date Licensed 03/04/2013
License # 015410 LIFESPAN HOME HEALTH
Lic Expire 03/31/2023 2626 JBS PARKWAY SUITE B110
Medicare 1: ODESSA, TX 79761
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator LORENA TORRES

Owner Information
ADVANCE HI-TECH NURSING INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP, Expires: 05/01/2023

County **ECTOR** Region 01 Date Licensed 03/30/2021
License # 020658 MERCY HOME HEALTH LLC
Lic Expire 03/30/2024 1905 W 18TH ST
Medicare 1: ODESSA, TX 79763
Medicare 2:
Phone (432) 818-8482 Fax (432) 704-1547
Type: Parent Agency Administrator MYRIAM MEJIA

Owner Information
MERCY HOME HEALTH LLC
PHONE: FAX:
Services: Personal Assistance Services

County **ECTOR** Region 01 Date Licensed 02/23/2012
License # 014654 NURSEX HOME HEALTH SERVICES LLC
Lic Expire 02/28/2022 2525 N GRANDVIEW AVENUE SUITE 600
Medicare 1: 747783 HHA-18 ODESSA, TX 79761
Medicare 2:
Phone (432) 550-0268 Fax (432) 550-0193
Type: Parent Agency 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

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

County **ECTOR** Region 01 Date Licensed 08/30/1996
License # 004878 STAR CARE HOME HEALTH INC
Lic Expire 08/31/2021 620 N GRANT SUITE 100
Medicare 1: 459081 HHA-18 ODESSA, TX 79761
Medicare 2:
Phone (432) 580-7707 Fax (432) 580-7937
Type: Parent Agency Administrator RAVI SHAKAMURI

Owner Information
STAR CARE HOME HEALTH INC
620 NORTH GRANT SUITE 100
ODESSA, TX 79761
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ECTOR** Region 01 Date Licensed 09/14/2000
License # 007430 STAR HOSPICE
Lic Expire 09/30/2022 620 N GRANT AVENUE SUITE 100
Medicare 1: 451701 HOSPICE ODESSA, TX 79761
Medicare 2:
Phone (432) 580-7707 Fax (432) 580-7937
Type: Parent Agency Administrator RAVI SHAKAMURI

Owner Information
STAR HOSPICE INC
620 N. GRANT AVENUE, SUITE 100
ODESSA, TX 79761
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ECTOR** Region 01 Date Licensed 07/03/2008
License # 012084 TEXAS HOME HEALTH
Lic Expire 07/31/2021 3800 E. 42ND ST. #203 ATTN (PMB)
Medicare 1: 459246 HHA-18 ODESSA, TX 79762
Medicare 2:
Phone (432) 686-1944 Fax (432) 686-1938
Type: Parent Agency Administrator TORI REECE

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

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County **ECTOR** Region 01 Date Licensed 01/09/1995
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 3800 E. 42ND STREET, SUITE 228
Medicare 1: ODESSA, TX 79762
Medicare 2:
Phone 432 5802000 Fax 432 5802032
Type: Parent Agency Administrator TARA PARMENTER

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ECTOR** Region 01 Date Licensed 09/29/1983
License # 001383 TEXAS HOME HEALTH
Lic Expire 09/30/2021 3800 E 42ND SUITE 203
Medicare 1: 457528 HHA-18 ODESSA, TX 79762
Medicare 2:
Phone (432) 550-1700 Fax (432) 550-1714
Type: Parent Agency Administrator TORI REECE

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 07/23/2022

County **ECTOR** Region 01 Date Licensed 01/09/1995
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 3800 E. 42ND STREET, SUITE 228
Medicare 1: ODESSA, TX 79762
Medicare 2:
Phone 432 5802000 Fax 432 5802032
Type: Parent Agency Administrator TARA PARMENTER

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ECTOR** Region 01 Date Licensed 06/21/2018
License # 019432 TRINITIY HEALTHCARE OF WEST TEXAS, INC.
Lic Expire 06/20/2021 4700 E. UNIVERSITY BLVD.
Medicare 1: ODESSA, TEXAS 79762
Medicare 2:
Phone (432) 557-8110 Fax (432) 381-8276
Type: Parent Agency Administrator MYRA SALAZAR

Owner Information
TRINITY HEALTHCARE OF WEST TEXAS, INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ECTOR** Region 01 Date Licensed 05/03/2014
License # 016239 TWO HEARTS HOME HEALTH
Lic Expire 05/31/2022 206 W 10TH STREET
Medicare 1: ODESSA, TX 79761
Medicare 2:
Phone (432) 685-1705 Fax (432) 620-8250
Type: Parent Agency Administrator CELESTINA OGBOLUGO

Owner Information
TWO HEARTS HOME HEALTH LLC
134 E CHURCH STREET
GRAND PRAIRIE, TX 75050
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 12/02/2016
License # 018208 1ST CARE HOME HEALTH AGENCY
Lic Expire 03/31/2021 1155 LARRY MAHAN DR. SUITE B
Medicare 1: 459477 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 587-0074 Fax (915) 587-9803
Type: Parent Agency Administrator ERIC SALDIVAR

Owner Information
R & H HOME CARE INC
1326 E. YANDELL DRIVE
EL PASO, TX 79902
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 10/15/2009
License # 012899 1ST CHOICE HOME HEALTH
Lic Expire 10/31/2021 10662 VISTA DEL SOL DR
Medicare 1: 747491 HHA-18;74 EL PASO, TX 79935
Medicare 2:
Phone (915) 855-9333 Fax (915) 855-9213
Type: Parent Agency Administrator LISA WENGER

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
Accreditation: ACH - Deemed, Expires: 10/06/2022

County **EL PASO** Region 02 Date Licensed
License # 012899 1ST CHOICE HOME HEALTH
Lic Expire 10/31/2021 1530 GOODYEAR DR, SUITE A2
Medicare 1: EL PASO, TEXAS 799366037
Medicare 2:
Phone (915) 271-9333 Fax (915) 271-9339
Type: Branch Agency Administrator LISA WENGER

Owner Information
HILLRISE HOME MANAGEMENT LLC
10662 VISTA DEL SOL DR
EL PASO, TX 79935
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 03/19/2018
License # 018657 ABARIM HOME HEALTH CARE TEXAS INC
Lic Expire 03/31/2022 747 E SAN ANTONIO AVE STE 102
Medicare 1: EL PASO, TX 799012557
Medicare 2:
Phone (915) 249-6114 Fax (833) 227-4904
Type: Parent Agency 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** Region 02 Date Licensed 10/29/2013
License # 015837 ABRAZO PAS LLC
Lic Expire 10/31/2021 3661 TRINA PL
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 433-8946 Fax (915) 261-7341
Type: Parent Agency 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** Region 02 Date Licensed 08/16/2013
License # 015717 ABUNDANT LIVING HOME HEALTH
Lic Expire 08/31/2021 1115 MONTANA AVE.
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 564-0168 Fax (210) 714-0168
Type: Parent Agency Administrator MIGUEL VILLANUEVA

Owner Information
ABUNDANT LIVING HOME HEALTH LLC
3701 SACRAMENTO AVENUE
EL PASO, TX 79930
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 06/03/2015
License # 016836 ACASA PERSONAL IN HOME CARE SERVICES LLC
Lic Expire 06/30/2021 3802 DYER ST SUITE B
Medicare 1: EL PASO, TX 79930
Medicare 2:
Phone (915) 383-3462 Fax (915) 975-8184
Type: Parent Agency Administrator PATRICIA URIBE

Owner Information
ACASA PERSONAL IN-HOME CARE SERVICES LLC
3802 DYER ST SUITE B
EL PASO, TX 79930
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 08/13/2015
License # 016967 ACO PROVIDER SERVICES
Lic Expire 02/06/2022 9861 DYER ST STE 20
Medicare 1: EL PASO, TX 79924
Medicare 2:
Phone (915) 757-0127 Fax 9157570334 9152329898
Type: Parent Agency 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** Region 02 Date Licensed 09/14/2011
License # 014344 ACTIONCARE PEDIATRIC THERAPY
Lic Expire 09/30/2021 10450 BRIAN MOONEY AVENUE
Medicare 1: EL PASO, TX 79935
Medicare 2:
Phone (915) 598-6616 Fax (915) 598-6651
Type: Parent Agency Administrator DWAYNE D MARROTT

Owner Information
ACTIONCARE REHABILITATION CENTER LLC
10450 BRIAN MOONEY
EL PASO, TEXAS 79935
PHONE: FAX:
Services: Licensed Home Health Services

County **EL PASO** Region 02 Date Licensed 02/02/2015
License # 016714 ADVANCED HEALTHCARE
Lic Expire 07/30/2021 3431 PERSHING STE A4
Medicare 1: 747023 HHA-18 EL PASO, TX 79903
Medicare 2:
Phone (915) 590-3330 Fax (915) 594-8245
Type: Parent Agency Administrator MAYRA ERENDIRA GAONA

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
Accreditation: CHAP - Deemed, Expires: 10/10/2023

County **EL PASO** Region 02 Date Licensed 09/24/2020
License # 020198 ADVANCED HOSPICE OF EL PASO LLC
Lic Expire 09/24/2022 3431 PERSHING DR STE B1
Medicare 1: EL PASO, TX 799032701
Medicare 2:
Phone (915) 503-0481 Fax
Type: Parent Agency Administrator MAYRA CUELLAR

Owner Information
ADVANCED HOSPICE OF EL PASO LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 06/25/2012
License # 014946 AFFINITY PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 06/30/2022 1800 HUGH ROYER PLACE
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 603-0060 Fax (915) 633-9444
Type: Parent Agency Administrator REBECCA URBAN-CHAVEZ

Owner Information
AFFINITY PERSONAL ASSISTANCE SERVICES, LLC.
1800 HUGH ROYER PLACE
EL PASO, TX 79936
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 12/11/2020
License # 020398 AGAPE HOME HEALTHCARE
Lic Expire 12/11/2022 12001 DRAGON CREST DR
Medicare 1: EL PASO, TEXAS 79936
Medicare 2:
Phone 915 8203627 Fax
Type: Parent Agency Administrator ANEL HERNANDEZ

Owner Information
AGAPE HOME HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **EL PASO** Region 07 Date Licensed
License # 011712 ALEGRE HOME HEALTH CARE LLC
Lic Expire 11/30/2022 1280 HAWKINS STREET, STE 230
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 209-3114 Fax (956) 668-7732
Type: Branch Agency Administrator ALICIA DELEON

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

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County **EL PASO** Region 02 Date Licensed 09/30/2014
License # 016454 ALEGRE PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 09/30/2022 2150 TRAWOOD DR. B-260
Medicare 1: EL PASO, TX 79935
Medicare 2:
Phone (915) 307-2478 Fax (915) 990-2013
Type: Parent Agency Administrator SANDRA ORNELAS

Owner Information
ALEGRE PERSONAL ASSISTANCE SERVICES LLC
2150 TRAWOOD DR. B-260
EL PASO, TX 79935
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 07/22/2020
License # 020067 ALEGRIA PERSONAL ASSISTANCE SERVICES
Lic Expire 07/22/2022 9853 STAUBACH
Medicare 1: EL PASO, TX 79927
Medicare 2:
Phone (915) 256-2185 Fax
Type: Parent Agency Administrator ALEJANDRA LUJAN

Owner Information
ALEGRIA PERSONAL ASSISTANCE SERVICES
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 08/15/2016
License # 017666 ALIANZA PERSONAL CARE
Lic Expire 08/31/2022 10921 PELLICANO DR SUITE 115
Medicare 1: EL PASO, TX 79935
Medicare 2:
Phone 915 5999856 915 59990 Fax 915 5919876
Type: Parent Agency Administrator ENEDINA CORTEZ

Owner Information
ALIANZA PERSONAL CARE INC.
10921 PELLICANO DR SUITE 115
EL PASO, TX 79935
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 04/02/2013
License # 015459 ALIGN HOME HEALTH LLC
Lic Expire 04/30/2021 3431 PERSHING SUITE A1
Medicare 1: 747958 HHA-18 EL PASO, TX 79903
Medicare 2:
Phone (915) 307-4311 Fax (915) 307-4313
Type: Parent Agency Administrator MAYRA GAONA

Owner Information
ALIGN HOME HEALTH, LLC
5655 STAR VIEW DRIVE
EL PASO, TX 79912
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 09/01/2023

County **EL PASO** Region 02 Date Licensed 02/28/2019
License # 019285 ALL CARE HOME CARE
Lic Expire 07/31/2021 9861 DYER ST SUITE 20
Medicare 1: EL PASO, TX 79924
Medicare 2:
Phone (915) 307-6778 Fax (915) 207-2132
Type: Parent Agency Administrator CHRISTIAN DURAN

Owner Information
AMI HEALTH CARE INC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 08/30/2012
License # 015041 ALLEGIANCE PERSONAL ASSISTANCE SERVICES INC
Lic Expire 08/31/2022 4625 ALABAMA ST STE A
Medicare 1: EL PASO, TX 79930
Medicare 2:
Phone (915) 545-2727 Fax (915) 545-2728
Type: Parent Agency 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** Region 02 Date Licensed 06/25/2009
License # 012831 ALTA VISTA COMMUNITY CARE SERVICES LLC
Lic Expire 06/30/2021 5959 GATEWAY WEST BLVD SUITE 365
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 594-0098 Fax (915) 594-0082
Type: Parent Agency Administrator JOSEFINA ORTIZ

Owner Information
ALTA VISTA COMMUNITY CARE SERVICES, LLC
1611 NORTH MESA STREET
EL PASO, TX 79902
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 04/27/2002
License # 008592 ALTOMAR HOME HEALTH CARE INC
Lic Expire 04/30/2021 3214 E YANDELL
Medicare 1: 459478 HHA-18 EL PASO, TX 79903
Medicare 2:
Phone (915) 845-2211 Fax (915) 845-0499
Type: Parent Agency Administrator ELIZA MARTINEZ

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

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County **EL PASO** Region 02 Date Licensed 11/13/2019
License # 019699 ALWAYS BEST CARE
Lic Expire 11/13/2021 2601 E YANDELL SUITE 113
Medicare 1: EL PASO, TX 79903
Medicare 2:
Phone (915) 309-9235 Fax (915) 440-3780
Type: Parent Agency Administrator GRACIELA CAMACHO

Owner Information
NEVCAM WORKS CORPORATION
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 08/13/1993
License # 001518 ALWAYS CARING HEALTH CARE SERVICES INC
Lic Expire 08/31/2021 4171 N MESA BLDG D SUITE 400
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 532-5742 Fax (915) 543-7999
Type: Parent Agency Administrator MAGDALENE MARIE ULLRICH-ALLEN

Owner Information
ALWAYS CARING HEALTH CARE SERVICES INC
4171 N MESA BLDG D SUITE 400
EL PASO, TX 79902
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 08/13/1993
License # 002599 ALWAYS CARING HOME CARE SERVICES INC
Lic Expire 08/31/2022 4171 N MESA BLDG D SUITE 400A
Medicare 1: 677665 HHA-18 EL PASO, TX 79902
Medicare 2:
Phone (915) 545-4663 Fax (915) 545-4697
Type: Parent Agency Administrator MAGDALENE M. ULLRICH-ALLEN

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; Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 07/28/2009
License # 012911 AM HEALTHCARE
Lic Expire 07/31/2021 3727 MONTANA AVE
Medicare 1: 459132 HHA-18 EL PASO, TX 79903
Medicare 2:
Phone (915) 585-4553 Fax (915) 585-4565
Type: Parent Agency Administrator GLORIA NARES

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; Licensed Home Health Services

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County **EL PASO** Region 02 Date Licensed 08/20/2009
License # 012797 AM HOME PERSONAL ASSISTANCE SERVICE
Lic Expire 08/31/2021 3727 MONTANA AVE
Medicare 1: EL PASO, TX 79903
Medicare 2:
Phone (915) 533-0262 Fax (915) 533-0367
Type: Parent Agency Administrator STEPHANIE GARCIA

Owner Information
GRT INC
3727 MONTANA
EL PASO, TX 79903
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 05/27/2015
License # 016822 AM HOSPICE INC
Lic Expire 05/31/2021 3727 MONTANA AVE
Medicare 1: 741586 HOSPICE EL PASO, TX 79903
Medicare 2:
Phone (915) 242-6930 Fax (915) 585-4565
Type: Parent Agency Administrator NORMA RODRIGUEZ

Owner Information
AM HOSPICE INC
3727 MONTANA AVENUE
EL PASO, TX 79903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/18/2021

County **EL PASO** Region 02 Date Licensed 11/12/2020
License # 020310 AMADA SENIOR CARE EL PASO
Lic Expire 11/12/2022 306 THUNDERBIRD DR., STE. B-1
Medicare 1: EL PASO, TEXAS 79912
Medicare 2:
Phone (843) 718-4893 Fax
Type: Parent Agency Administrator JORGE ANDAZOLA

Owner Information
EL PASO SENIOR CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 04/03/2018
License # 018684 AMANECER PERSONAL HOME CARE LLC
Lic Expire 04/30/2022 7222 MAJORCA COURT
Medicare 1: EL PASO, TX 79912
Medicare 2:
Phone (915) 262-0484 Fax (915) 262-0483
Type: Parent Agency Administrator NATHALIE LEYVA ZAYAS

Owner Information
AMANECER PERSONAL HOME CARE LLC
PO BOX 221315
EL PASO, TX 79913
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 01/26/2007
License # 011021 AMAZING GRACE SYSTEMS HOMEHEALTH
Lic Expire 01/31/2022 921 LAS AVES PL
Medicare 1: 747183 HHA-18 EL PASO, TX 79912
Medicare 2:
Phone (915) 587-4968 Fax (915) 581-0170
Type: Parent Agency Administrator MICHAEL OYETUNDE

Owner Information
AMAZING GRACE SYSTEMS HOME HEALTH
921 LAS AVES PL
EL PASO, TX 79912
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 09/26/2014
License # 016448 AMERICAN ARCH HOMEHEALTH & PERSONAL ASSISTANCE CARE AGENCY LLC
Lic Expire 09/30/2022 2200 N LEE TREVINO SUITE A6
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 333-9613 Fax (866) 200-2812
Type: Parent Agency Administrator SHAHBAA ZAIDAN

Owner Information
AMERICAN ARCH HOMEHEALTH & PERSONAL ASSISTANCE CARE AGENCY LLC
469 EMERALD BLUFF
EL PASO, TX 79928
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 08/11/2016
License # 017568 AMISTAD PERSONAL ASSISTANCE SERVICES
Lic Expire 08/31/2022 1413 DAVID RAY WAY
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 474-6480 Fax (915) 249-6098
Type: Parent Agency Administrator JUAN GONZALEZ JR

Owner Information
JUAN MARCELO GONZALEZ JR
1413 DAVID RAY WAY
EL PASO, TX 79936
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 10/07/2009
License # 012894 AMOR PERSONAL ASSISTANCE SERVICE INC
Lic Expire 10/31/2021 1220 MONTANA AVENUE
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 351-2004 Fax (915) 351-3718
Type: Parent Agency Administrator ALICIA GOMEZ

Owner Information
AMOR PERSONAL ASSISTANCE SERVICE INC
1220 MONTANA AVENUE
EL PASO, TX 79902
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 08/01/2017
License # 018381 AMORICAN HOME HEALTH SERVICES LLC
Lic Expire 08/31/2021 5939 GATEWAY WEST SUITE A
Medicare 1: 747649 HHA-18 EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 562-3334 Fax (915) 562-3336
Type: Parent Agency Administrator MARIA BEATRIZ REYES

Owner Information
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
Accreditation: CHAP - Deemed, Expires: 11/29/2023

County **EL PASO** Region 02 Date Licensed 07/11/2017
License # 018153 ANGEL HANDS PROVIDER SERVICES
Lic Expire 07/31/2021 280 YSLETA LN
Medicare 1: EL PASO, TX 79907
Medicare 2:
Phone (915) 873-7166 Fax (915) 790-0026
Type: Parent Agency Administrator DORA ROMAN

Owner Information
VIALSOMA, LLC
280 YSLETA LN
EL PASO, TX 79907
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 07/02/2007
License # 011447 ANGEL PERSONAL CARE
Lic Expire 07/31/2022 10921 PELLICANO DR SUITE 116
Medicare 1: EL PASO, TX 79935
Medicare 2:
Phone (915) 633-1365 Fax (915) 633-1251
Type: Parent Agency Administrator GLORIA NAVA

Owner Information
GLOMAR GROUP INC.
10921 PELLICANO DR SUITE 116
EL PASO, TX 79935
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 01/17/2013
License # 015320 ANGELES DE EL PASO HOME HEALTH INC
Lic Expire 01/31/2023 312 S COPIA SUITE A
Medicare 1: EL PASO, TX 79905
Medicare 2:
Phone (915) 613-6808 Fax (915) 881-8651
Type: Parent Agency Administrator SUSAN PEREZ

Owner Information
ANGELES DE EL PASO HOME HEALTH INC
504 DE VARGAS
EL PASO, TX 79905
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 03/19/2012
License # 014695 ANGELS 2 YOU HOME HEALTH
Lic Expire 06/30/2020 5555 NORTH MESA SUITE 300
Medicare 1: 747872 HHA-18 EL PASO, TX 79912
Medicare 2:
Phone (915) 581-0909 Fax (915) 581-8907
Type: Parent Agency Administrator LACY E NEWBERRY

Owner Information
ANGELS 2 YOU LLC
7380 REMCON SUUITE #E
EL PASO, TX 79912
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **EL PASO** Region 02 Date Licensed 08/19/2015
License # 016979 ANGELS CARE HOSPICE
Lic Expire 08/31/2021 3351 GEORGE DIETER BLDG B STE A1
Medicare 1: 741728 HOSPICE EL PASO, TX 79936
Medicare 2:
Phone 915 2228882 Fax 915 222 8862
Type: Parent Agency Administrator ZENIA CHAVEZ

Owner Information
WEST TEXAS HOME CARE LLC
3157 ROYAL JEWEL STREET
EL PASO, TX 79936
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 05/08/2018
License # 018739 ANGEL'S HOME CARE LLC
Lic Expire 05/31/2022 1428 PEDRO FIGARI AVE
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 538-8745 Fax (915) 249-6626
Type: Parent Agency Administrator JAIME GUERRERO

Owner Information
ANGEL'S HOME CARE LLC
1428 PEDRO FIGARI AVE
EL PASO, TX 79936
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 04/20/2020
License # 019729 ANGEL'S TOUCH PROVIDER SERVICES
Lic Expire 12/03/2021 609 LAUREL ST.
Medicare 1: EL PASO, TX 79903
Medicare 2:
Phone (915) 888-5749 Fax (915) 888-5749
Type: Parent Agency Administrator DORIANNE SERNA

Owner Information
ANGEL'S TOUCH PROVIDER SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 09/13/2011
License # 014398 APC HOMEMAKER SERVICES
Lic Expire 09/30/2021 8825 N. LOOP DR., STE 112
Medicare 1: EL PASO, TX 799074605
Medicare 2:
Phone (915) 778-6010 Fax (915) 778-6553
Type: Branch Agency Administrator JOVIE CANTU

Owner Information
APC HOME HEALTH SERVICE, INC.
1805 BELL STREET
HARLINGEN, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 09/30/2020
License # 020207 APOLLO PERSONAL HOME CARE LLC
Lic Expire 09/30/2022 1121 LARRY MAHAN DR., STE B
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (913) 503-7575 Fax
Type: Parent Agency Administrator ELIZABETH TERRAZAS

Owner Information
APOLLO PERSONAL HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 12/01/2016
License # 017902 ARMONIA HOME HEALTH CARE AGENCY LLC
Lic Expire 11/30/2022 5732 NORTH MESA
Medicare 1: 747647 HHA-18 EL PASO, TX 79912
Medicare 2:
Phone (915) 584-5272 Fax (915) 219-9035
Type: Parent Agency Administrator OLGA RODRIGUEZ

Owner Information
ARMONIA HOME HEALTH CARE AGENCY LLC
PHONE: (915) 584-5272 FAX: (915) 219-9035
Services: Licensed and Certified Home Health Services

County **EL PASO** Region 02 Date Licensed 07/02/2019
License # 019460 ARMONIA HOME HEALTH CARE AGENCY LLC
Lic Expire 07/02/2021 5732 N. MESA ST.
Medicare 1: 971542 (HOSPICE) EL PASO, TEXAS 79912
Medicare 2:
Phone (915) 584-5284 Fax (915) 219-9035
Type: Parent Agency Administrator OLGA RODRIGUEZ

Owner Information
ARMONIA HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/07/2023

County **EL PASO** Region 02 Date Licensed 08/03/2017
License # 018219 ASHLEY HOME HEALTH AGENCY LLC
Lic Expire 08/31/2021 10921 PELICANO #105
Medicare 1: EL PASO, TX 79935
Medicare 2:
Phone (915) 502-7613 Fax (915) 440-3493
Type: Parent Agency Administrator ARACELY BENITEZ GARCIAA

Owner Information
ASHLEY HOME HEALTH AGENCY LLC
10921 PELICANO #128
EL PASO, TX 79935
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 06/13/2013
License # 015690 ASTI HOME CARE LLC
Lic Expire 06/30/2021 5950 ALAMEDA AVE.
Medicare 1: 459421 HHA-18 EL PASO, TX 79935
Medicare 2:
Phone (915) 592-2784 Fax (915) 564-0865
Type: Parent Agency Administrator JOSEPH HUERTA

Owner Information
ASTI HOME CARE LLC
PO BOX 26948
EL PASO, TX 79926-6984
PHONE: FAX:
Services: Personal Assistance Services

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

County **EL PASO** Region 02 Date Licensed 06/27/2013
License # 014797 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 6601 MONTANA SUITE G & H
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 838-7604 Fax (915) 772-4633
Type: Branch Agency 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** Region 02 Date Licensed 03/07/2012
License # 014797 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 7400 VISCOUNT BOULEVARD SUITE 200
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 629-9260 Fax (915) 629-9785
Type: Parent Agency 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** Region 02 Date Licensed 05/04/2007
License # 011311 AVIDA HOME HEALTH INC
Lic Expire 05/31/2022 2720 E YANDELL DR, STE 104
Medicare 1: 747056 HHA-18 EL PASO, TX 79903
Medicare 2:
Phone (915) 532-8432 Fax (915) 351-8432
Type: Parent Agency 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

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County **EL PASO** Region 02 Date Licensed 07/27/2011
License # 014487 AYUDA HOME HEALTH CARE SERVICES LLC
Lic Expire 07/31/2021 1515 CESSNA SUITE 201
Medicare 1: 747047 HHA-18;74 EL PASO, TX 79925
Medicare 2:
Phone (915) 231-9494 Fax (915) 231-9489
Type: Parent Agency Administrator EDWING MARTINEZ

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
Accreditation: CHAP - Deemed, Expires: 10/14/2021

County **EL PASO** Region 02 Date Licensed 06/06/2017
License # 018094 BELLA PROVIDERS LLC
Lic Expire 06/30/2021 11809 CLARA BARTON
Medicare 1: EL PASO, TEXAS 79936
Medicare 2:
Phone (915) 598-8602 Fax (915) 598-5493
Type: Parent Agency Administrator CLAUDIA DELFIN

Owner Information
BELLA PROVIDERS LLC
1155 WESTMORELAND SUITE 223
EL PASO, TX 79925
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 08/17/2016
License # 017581 BEST OUTCOMES HOME HEALTH LLC
Lic Expire 08/31/2022 2221 TRAWOOD
Medicare 1: EL PASO, TEXAS 79935
Medicare 2:
Phone (915) 599-9062 Fax (915) 599-9066
Type: Parent Agency 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** Region 02 Date Licensed 07/28/2005
License # 010205 BIENESTAR HOME HEALTH SERVICES
Lic Expire 07/31/2022 3117 MCRAE AVE #A
Medicare 1: 457960 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 599-0242 Fax (915) 599-0243
Type: Parent Agency 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

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County **EL PASO** Region 02 Date Licensed 02/16/1996
License # 004250 BIENVIVIR ALL-INCLUSIVE SENIOR HEALTH
Lic Expire 02/28/2023 656 RANCHO ALEGRE
Medicare 1: EL PASO, TX 79915
Medicare 2:
Phone (915) 599-6032 Fax (915) 875-8806
Type: Parent Agency Administrator JOE PABON

Owner Information
BIENVIVIR SENIOR HEALTH SERVICES
656 RANCHO ALEGRE
EL PASO, TX 79915
PHONE: (915) 562-3444 FAX: (915) 875-8841
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 03 Date Licensed
License # 018474 BLUE HAVEN HOSPICE, LLC
Lic Expire 08/31/2021 10470 VISTA DEL SOL
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (214) 667-8040 Fax 22146678045
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **EL PASO** Region 03 Date Licensed
License # 018474 BLUE HAVEN HOSPICE, LLC
Lic Expire 08/31/2021 10470 VISTA DEL SOL
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (214) 667-8040 Fax 22146678045
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 11/11/2015
License # 017222 BRIDGEWAY HEALTH SERVICES
Lic Expire 11/30/2021 10470 VISTA DEL SOL, SUITE 108
Medicare 1: 747070 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (214) 758-0900 Fax (214) 758-0090
Type: Parent Agency Administrator DEBORAH ELLIS

Owner Information
TAMCARE HOME HEALTH INC
3880 HULEN ST. SUITE 670
FORT WORTH, TX 76107
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **EL PASO** Region 02 Date Licensed 05/04/2007
License # 011309 BUEN PASTOR HOME HEALTHCARE INC
Lic Expire 05/31/2022 9900 MONTANA SUITE C8
Medicare 1: 747260 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 599-0201 Fax (915) 599-0092
Type: Parent Agency Administrator ADRIANA TERRAZAS-GREEN

Owner Information
BUEN PASTOR HOME HEALTHCARE INC
1463 GREG POWERS DR
EL PASO, TX 79936
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 11/05/2021

County **EL PASO** Region 02 Date Licensed 01/13/2011
License # 014046 CAMINO DE SALUD HOME CARE
Lic Expire 01/31/2023 9440 VISCOUNT SUITE 210
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 217-8307 Fax (915) 219-8271
Type: Parent Agency Administrator ENGRACIA VAZQUEZ

Owner Information
SANTA TERESA PROVIDER ASSISTED SERVICES LLC
6713 VISCOUNT ST SUITE A
EL PASO, TX 79925
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 04/24/2015
License # 016764 CAMINO HOSPICE CORPORATION
Lic Expire 04/30/2021 7806 GATEWAY BLVD E SUITE 100
Medicare 1: 741603 HOSPICE EL PASO, TX 79915
Medicare 2:
Phone (915) 313-4720 Fax (915) 313-4277
Type: Parent Agency Administrator ANTONIO MAGANA

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
Accreditation: JCAHO, Expires: 04/12/2022

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

County **EL PASO** Region 02 Date Licensed 10/22/1991
License # 002251 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 10/31/2021 11180 LA QUINTA
Medicare 1: 457384 HHA-18 EL PASO, TX 79936
Medicare 2:
Phone (915) 598-6522 Fax (915) 598-7069
Type: Parent Agency Administrator OLYMPIA SAN ROMAN

Owner Information
CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 11/20/2019
License # 019708 CARE AT HEART HOME HEALTH SERVICES
Lic Expire 11/20/2021 12724 TIERRA MONJE
Medicare 1: EL PASO, TX 79938
Medicare 2:
Phone (915) 304-1030 Fax (915) 304-1030
Type: Parent Agency Administrator EUGENE ORU

Owner Information
EUGENE'S HEALTHCARE SYSTEMS, LLC
12724 TIERRA MONJE
EL PASO, TX 79938
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 02/01/2024

County **EL PASO** Region 02 Date Licensed 10/04/2012
License # 006718 CARE HOME HEALTH AGENCY
Lic Expire 11/30/2022 705 FABENS ROAD SPACE # 3
Medicare 1: FABENS, TX 79838
Medicare 2:
Phone (915) 764-1367 Fax (915) 764-0155
Type: Branch Agency Administrator IRENE TRUJILLO

Owner Information
IRENE TRUJILLO
9215 MONTANA AVE.
EL PASO, TEXAS 79925
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 11/17/1998
License # 006718 CARE HOME HEALTH AGENCY
Lic Expire 11/30/2022 9215 MONTANA AVE.
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 772-8401 Fax (915) 772-8402
Type: Parent Agency Administrator IRENE TRUJILLO

Owner Information
IRENE TRUJILLO
9215 MONTANA AVE.
EL PASO, TEXAS 79925
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 08/13/2003
License # 008589 CARE QUALITY OF EL PASO LLC
Lic Expire 08/31/2022 11809 CLARA BARTON
Medicare 1: 679378 HHA-18 EL PASO, TEXAS 79936
Medicare 2:
Phone (915) 598-8602 Fax (915) 598-5493
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 11/11/2021

County **EL PASO** Region 02 Date Licensed 09/30/2016
License # 017659 CAREGIVERS OF EL PASO LLC
Lic Expire 09/30/2022 12194 CORAL GATE DR
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 999-6134 Fax (915) 859-4532
Type: Parent Agency 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** Region 02 Date Licensed 04/09/2013
License # 015469 CARING COMPANIONS
Lic Expire 04/30/2023 4050 RIO BRAVO SUITE 121
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 307-6103 Fax (915) 307-6105
Type: Parent Agency 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** Region 02 Date Licensed 02/03/2016
License # 017253 CARING HEARTS OF EL PASO HOME CARE LLC
Lic Expire 02/28/2022 6501 BOEING DR SUITE H-5
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 307-5044 Fax (915) 307-3927
Type: Parent Agency 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

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County **EL PASO** Region 02 Date Licensed 04/06/2016
License # 017339 CARING PARTNERS HOME CARE
Lic Expire 04/30/2022 9611 ACER AVE, BLDG. B, SUITE 100
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 444-8621 Fax (915) 242-4590
Type: Parent Agency Administrator ERNESTO NAVARRO

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

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County **EL PASO** Region 02 Date Licensed 10/10/2005
License # 010033 CARING SENIOR SERVICE
Lic Expire 10/31/2021 5959 GATEWAY WEST SUITE 403
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 843-1119 Fax (866) 546-5291
Type: Parent Agency Administrator LISA KLAES

Owner Information
DESERT MOUNTAIN LLC
201 E. PARK AVENUE
SAN ANTONIO, TX 78212
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 10/01/2017
License # 018495 CHOICE HOME HEALTHCARE
Lic Expire 09/30/2021 7304 GOOD SAMARITAN CT., SUITE B
Medicare 1: 679092 HHA-18 EL PASO, TEXAS 79912
Medicare 2:
Phone (915) 544-0044 Fax (915) 544-1888
Type: Parent Agency Administrator LIONZO BARRAZA

Owner Information
GOOD SAMARITAN SOCIETY HCBS-TX, LLC
700 NORTH TOWN EAST BLVD., SUITE 159
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **EL PASO** Region 02 Date Licensed 09/30/2005
License # 010376 CLOUDVIEW HEALTHCARE
Lic Expire 09/30/2022 5950 ALAMEDA AVENUE
Medicare 1: 453140 HHA-18 EL PASO, TX 79905
Medicare 2:
Phone (915) 564-0323 Fax (915) 564-0865
Type: Parent Agency Administrator DELIA HUERTA

Owner Information
CLOUDVIEW HOME HEALTH AGENCY INC
5950 ALAMEDA AVENUE
EL PASO, TX 79905
PHONE: (915) 564-0323 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **EL PASO** Region 02 Date Licensed 01/01/2015
License # 016653 COMFORT KEEPERS EL PASO
Lic Expire 12/31/2022 5927 GATEWAY BLVD WEST SUITE A
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 842-8195 Fax (915) 534-7738
Type: Parent Agency Administrator TERRIE TODD

Owner Information
HSTA, INC. DBA COMFORT KEEPERS
5927 GATEWAY WEST SUITE A
EL PASO, TX 79925
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 04/06/1995
License # 003656 CORAM CVS/SPECIALTY INFUSION SERVICES
Lic Expire 04/30/2024 3817 CONSTITUTION DRIVE SUITE 300
Medicare 1: EL PASO, TX 79922
Medicare 2:
Phone (915) 833-0140 Fax (915) 833-2116
Type: Parent Agency Administrator JAMES RANKIN

Owner Information
CORAM ALTERNATE SITE SERVICES INC
ONE CVS DRIVE, MC #1160
WOONSOCKET, RI 2895
PHONE: FAX:
Services: Licensed Home Health Services

County **EL PASO** Region 03 Date Licensed 08/12/2013
License # 013952 CORNERSTONE PEDIATRIC THERAPY
Lic Expire 03/31/2023 221 N KANSAS STREET SUITE 700
Medicare 1: EL PASO, TX 79901
Medicare 2:
Phone (915) 249-4004 Fax (915) 249-4005
Type: Branch Agency Administrator CRAIG PORTER

Owner Information
CKC HOLDINGS LLC
1000 W CROSBY LANE SUITE 136
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed Home Health Services

County **EL PASO** Region 02 Date Licensed 07/28/1997
License # 005897 CUIDADO CASERO HOME HEALTH OF EL PASO INC
Lic Expire 07/31/2022 1617 E MISSOURI
Medicare 1: 459419 HHA-18;67 EL PASO, TX 79902
Medicare 2:
Phone (915) 772-7177 Fax (915) 772-6447
Type: Parent Agency Administrator MELISSA AVILA

Owner Information
CUIDADO CASERO HOME HEALTH OF EL PASO INC
1110 N CARROLL AVENUE
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 **EL PASO** Region 02 Date Licensed 06/11/2014
License # 016442 DEL PASO PRIMARY HOME CARE
Lic Expire 06/30/2022 9215 MONTANA AVE.
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 595-2626 Fax (915) 595-2031
Type: Parent Agency Administrator JENNA JIMENEZ

Owner Information
DN & A LLC
10940 MONTANA
EL PASO, TX 79936
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 12/27/2011
License # 014551 DESERT STAR HOME HEALTH
Lic Expire 12/31/2021 1119 MONTANA AVE
Medicare 1: 747761 HHA-18 EL PASO, TX 79902
Medicare 2:
Phone (915) 566-0999 Fax (915) 566-0984
Type: Parent Agency Administrator ISABELLA BROCKMAN

Owner Information
CANINE FRIENDLY COALITION INC
7104 WESTOVER DRIVE
EL PASO, TX 79912
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 06/30/2010
License # 013429 DIGNITY HOME HEALTH
Lic Expire 06/30/2022 1515 CESSNA STE 102
Medicare 1: 747912 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 500-5159 Fax (915) 594-2945
Type: Parent Agency 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
Accreditation: ACH - Deemed, Expires: 04/06/2024

County **EL PASO** Region 02 Date Licensed 07/09/2002
License # 008033 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 07/31/2022 1200 GOLDEN KEY SUITE 369
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 774-8787 Fax (877) 463-1310
Type: Parent Agency 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

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County **EL PASO** Region 02 Date Licensed 10/19/2018
License # 019477 EARLY BIRD PEDIATRIC THERAPY
Lic Expire 07/10/2021 11170 LA QUINTA PL., STE. A
Medicare 1: EL PASO, TEXAS 79936
Medicare 2:
Phone (915) 271-8030 Fax (915) 444-0968
Type: Parent Agency Administrator ARELI OROS

Owner Information
EARLY BIRD PEDIATRIC THERAPY CLINIC, INC.
PHONE: FAX:
Services: Licensed Home Health Services

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

County **EL PASO** Region 02 Date Licensed 03/22/2019
License # 019303 EDER HOME CARE LLC
Lic Expire 03/22/2021 1640 MYRTLER DRIVE
Medicare 1: CLINT, TX 79836
Medicare 2:
Phone (915) 301-4449 Fax 18663218182
Type: Parent Agency Administrator VASTHI VILLALOBOS

Owner Information
EDER HOME CARE, LLC
1640 MYRTLER DRIVE
CLINT, TX 79836
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 10/27/2005
License # 010080 EL PASO COMMUNITY HOME HEALTH INC
Lic Expire 10/31/2022 6070 GATEWAY EAST STE 312
Medicare 1: 679519 HHA-18 EL PASO, TX 79905
Medicare 2:
Phone (915) 591-6700 Fax (915) 591-6706
Type: Parent Agency Administrator LYNDA VAQUERA

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

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County **EL PASO** Region 02 Date Licensed 09/22/2020
License # 020190 EL PASO HOMECARE SOLUTIONS LLC
Lic Expire 09/22/2022 3712 IDALIA AVE.
Medicare 1: EL PASO, TX 79930
Medicare 2:
Phone (915) 433-2588 Fax
Type: Parent Agency Administrator ANDRES SALGADO

Owner Information
EL PASO HOMECARE SOLUTIONS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 06/09/2006
License # 010500 ELARA CARING
Lic Expire 06/30/2021 6600 MONTANA AVENUE SUITE G
Medicare 1: 671556 HOSPICE EL PASO, TX 79925
Medicare 2:
Phone (915) 778-1222 Fax (915) 778-1666
Type: Parent Agency Administrator ROBERT PSENCIK

Owner Information
CIMA HOSPICE OF EL PASO, LP
14295 MIDWAY RD STE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 05/26/2015
License # 016819 ELITE ELDERLY CARE LLC
Lic Expire 05/31/2023 1200 GOLDEN KEY CIRCLE SUITE 228
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 838-7200 Fax (915) 838-7201
Type: Parent Agency Administrator JEANETTE PEREZ

Owner Information
ELITE ELDERLY CARE LLC
1200 GOLDEN KEY STE 228
EL PASO, TEXAS 79925
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 06/01/2020
License # 020250 ELP COMMUNITY HEALTHCARE SERVICES LLC
Lic Expire 06/01/2022 513 PHIL HANSEN
Medicare 1: 457854 CANUTILLO, TEXAS 79835
Medicare 2:
Phone 915 5879994 Fax 915 8330922
Type: Parent Agency Administrator PATRICIA MAZIE-KALU

Owner Information
ELP COMMUNITY HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 04/27/2007
License # 011472 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 04/30/2023 3821 CONSTITUTION DRIVE, SUITE 400
Medicare 1: 458314 HHA-18 EL PASO, TEXAS 79922
Medicare 2:
Phone 915 8453300 Fax 915 8453661
Type: Parent Agency Administrator PATRICK CRAIG

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

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County **EL PASO** Region 02 Date Licensed 11/01/2018
License # 019202 ENCOMPASS HEALTH HOSPICE
Lic Expire 11/01/2022 3817 CONSTITUTION DRIVE, STE 200
Medicare 1: 451566 EL PASO, TEXAS 79922
Medicare 2:
Phone 915 3002228 Fax 915 3011947
Type: Parent Agency Administrator MARGIE GLEASON

Owner Information
WELLMARK HEALTHCARE SERVICES OF EL PASO, INC.
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 05/09/2007
License # 011321 ENVISION HOME CARE
Lic Expire 05/31/2022 8929 VISCOUNT UPPER LEVEL
Medicare 1: 743117 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 778-0028 Fax (915) 778-0013
Type: Parent Agency Administrator JUAN CARMONA

Owner Information
SUN CITY ENVISION HEALTHCARE SERVICES INC
8929 VISCOUNT UPPER LEVEL
EL PASO, TX 79925
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 03/16/2023

County **EL PASO** Region 02 Date Licensed 01/01/2007
License # 011079 ENVISION HOSPICE
Lic Expire 12/31/2021 8929 VISCOUNT UPPER LEVEL
Medicare 1: 671500 HOSPICE EL PASO, TX 79925
Medicare 2:
Phone (915) 778-0028 Fax (915) 778-0013
Type: Parent Agency Administrator JUAN CARMONA

Owner Information
SUN CITY ENVISION HEALTHCARE SERVICES INC
8929 VISCOUNT UPPER LEVEL
EL PASO, TX 79925
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 08/31/2011
License # 014313 ENVISION PERSONAL CARE
Lic Expire 08/31/2021 8929 VISCOUNT #B
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 779-2011 Fax (915) 779-2225
Type: Parent Agency Administrator JUAN CARMONA

Owner Information
ENVISION PERSONAL CARE INC
8929 VISCOUNT #B
EL PASO, TX 79925
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 09/26/2005
License # 009985 EVANGEL HOME CARE SERVICES
Lic Expire 09/30/2021 2112 TRAWOOD DRIVE SUITE B 1
Medicare 1: 679524 HHA-18 EL PASO, TX 79935
Medicare 2:
Phone (915) 351-1790 Fax (915) 351-1924
Type: Parent Agency Administrator BRUNILDA LEWIS

Owner Information
EVANGEL HEALTHCARE CHARITIES INC
P.O.BOX 35447
HOSTON, TX 77235
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 03/25/2021
License # 020643 FAITH HOSPICE INC.
Lic Expire 03/25/2024 1852 DALE DOUGLAS, STE B
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone 915 2031068 Fax (915) 772-1303
Type: Parent Agency Administrator VERONICA WALTERS

Owner Information
FAITH HOSPICE INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 03/14/2018
License # 018663 FAMILY FIRST HOME HEALTH AGENCY
Lic Expire 01/31/2022 13276 EMERALD RIVER
Medicare 1: EL PASO, TX 79928
Medicare 2:
Phone 915 3281012 Fax 888 8099488
Type: Parent Agency Administrator ROXANNE RAMIREZ

Owner Information
FAMILY FIRST HOME HEALTH AGENCY
801 N EL PASO ST., SUITE 150
EL PASO, TX 79902
PHONE: FAX:
Services: Personal Assistance Services

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

County **EL PASO** Region 02 Date Licensed 06/01/2015
License # 016916 FIRSTSTEP HEALTHCARE SERVICES INC
Lic Expire 05/31/2024 7380 AUTUMN SAGE UNIT A
Medicare 1: EL PASO, TX 79911
Medicare 2:
Phone (832) 378-5998 Fax (832) 595-2902
Type: Parent Agency 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

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County **EL PASO** Region 02 Date Licensed 08/07/2006
License # 010664 FOOTPRINTS HOME HEALTHCARE
Lic Expire 08/31/2021 613 N VIRGINIA
Medicare 1: 747261 HHA-18 EL PASO, TX 79902
Medicare 2:
Phone (915) 351-0114 Fax (915) 351-6629
Type: Parent Agency Administrator NORMA CERVERA

Owner Information
EL PASO HELPING HANDS LLC
611 N VIGINIA
EL PASO, TEXAS 79902
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 11/10/2021

County **EL PASO** Region 06 Date Licensed 04/14/2008
License # 010426 GABLINK INC.
Lic Expire 01/31/2023 9101 DYER STREET SUITE 202
Medicare 1: EL PASO, TX 79924
Medicare 2:
Phone (915) 751-3500 Fax (915) 751-3503
Type: Branch Agency Administrator ARLENE QUIJADA

Owner Information
GABLINK INC
7457 HARWIN DRIVE, SUITE #102
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 07 Date Licensed 07/29/2009
License # 011757 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2021 6065 MONTANA AVENUE SUITE B-1
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 782-8900 Fax (915) 774-0439
Type: Branch Agency Administrator GABRIEL DONIAS

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 06/05/2012
License # 009845 GLOBAL HOSPICE CARE INC
Lic Expire 06/30/2022 1827 WYOMING AVE
Medicare 1: EL PASO, TX 79903
Medicare 2:
Phone (915) 543-6060 Fax (915) 543-9350
Type: Alternate Delivery Site 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** Region 02 Date Licensed 06/29/2005
License # 009845 GLOBAL HOSPICE CARE INC
Lic Expire 06/30/2022 1817 WYOMING AVENUE SUITE A
Medicare 1: 671519 HOSPICE EL PASO, TX 79903
Medicare 2:
Phone (915) 543-6060 Fax (915) 543-9350
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 09/29/2021

County **EL PASO** Region 02 Date Licensed 10/11/2017
License # 018567 GOOD SAMARITAN SOCIETY HOSPICE
Lic Expire 10/31/2021 7304 GOOD SAMARITAN COURT BUILDING 200 SUITE A
Medicare 1: 671666 HOSPICE EL PASO, TEXAS 79912
Medicare 2:
Phone (915) 533-0999 Fax (915) 533-0997
Type: Parent Agency Administrator VERONICA WALTERS

Owner Information
GOOD SAMARITAN SOCIETY HCBS-TX, LLC
700 NORTH TOWN EAST BLVD., SUITE 159
MESQUITE, TX 75150
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **EL PASO** Region 02 Date Licensed 08/10/2010
License # 013522 GRACE PERSONAL ASSISTANCE SERVICES INC
Lic Expire 08/31/2022 1815 EAST YANDELL DRIVE
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 842-0581 Fax (915) 842-0580
Type: Parent Agency 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** Region 02 Date Licensed 01/15/2013
License # 015398 GRAND VIEW HOME HEALTH
Lic Expire 01/31/2023 4141 PINNACLE STREET SUITE 209
Medicare 1: 679034 HHA-18 EL PASO, TX 79902
Medicare 2:
Phone (915) 546-2311 Fax (915) 534-7874
Type: Parent Agency Administrator ANTHONY HERI

Owner Information
EL PASO NURSING SERVICES INC
4141 PINNACLE ST, SUITE #209
EL PASO, TX 79902
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 01/20/2021
License # 020475 GRANDVIEW HOSPICE INC.
Lic Expire 01/20/2023 4141 PINNACLE SUITE 209
Medicare 1: EL PASO, TEXAS 79902
Medicare 2:
Phone (915) 500-4209 Fax (915) 534-7874
Type: Parent Agency Administrator ANTHONY HERI

Owner Information
GRANDVIEW HOSPICE INC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 11/07/2017
License # 018430 GREEN MOUNTAIN HOSPICE LLC
Lic Expire 11/30/2021 210 THUNDERBIRD SUITE T
Medicare 1: 74-1749 EL PASO, TX 79912
Medicare 2:
Phone (915) 500-4883 Fax (915) 275-5510
Type: Parent Agency Administrator ROBERTO FLORES

Owner Information
GREEN MOUNTAIN HOSPICE LLC
6524 ROYAL RIDGE DRIVE
EL PASO, TX 79912-7477
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/10/2021

County **EL PASO** Region 02 Date Licensed 09/06/2007
License # 011677 GUARDIAN ANGEL HOME HEALTHCARE SERVICES
Lic Expire 09/30/2021 1537 N ZARAGOZA RD STE 2A
Medicare 1: 677523 HHA-18 EL PASO, TX 79936
Medicare 2:
Phone (915) 594-1116 Fax (915) 849-7825
Type: Parent Agency Administrator MARGARET C IKE

Owner Information
DEL NORTE HOMECARE LC
1537 N. ZARAGOZA RD SUITE 2A
EL PASO, TX 79936
PHONE: 19155941116 FAX: 19158497825
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 05/07/2019
License # 019365 GUARDIAN ANGEL HOSPICE OF EL PASO
Lic Expire 05/07/2021 1537 N. ZARAGOZA RD SUITE 2A
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone 915 5941116 Fax 915 8497825
Type: Parent Agency Administrator MARGARET IKE

Owner Information
GA HOSPICE OF EL PASO, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 10/22/2020
License # 020641 HEALTHSTAR HOME HEALTH, LLC
Lic Expire 10/22/2022 6800 GATEWAY BLVD E. BLDG 4AB
Medicare 1: EL PASO, TEXAS 799151006
Medicare 2:
Phone (915) 779-7827 Fax (915) 779-7829
Type: Parent Agency Administrator STACI L CARLSON

Owner Information
HEALTHSTAR HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services

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

County **EL PASO** Region 02 Date Licensed 05/27/2014
License # 016230 HEAVENLY HEALING HOME HEALTH LLC
Lic Expire 05/31/2022 9611 ACER AVE BUILDING B STE 110
Medicare 1: 747967 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 500-5845 Fax (915) 975-8225
Type: Parent Agency Administrator MARGARITA ORTEGA

Owner Information
HEAVENLY HEALING HOME HEALTH LLC
8122 TIGUA CIRCLE
EL PASO, TEXAS 79907
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 11/07/2021

County **EL PASO** Region 02 Date Licensed 12/11/2007
License # 011759 HOLISTIC CARE HOME HEALTH AGENCY INC
Lic Expire 12/31/2021 11351-B JAMES WATT DR.
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 855-2627 Fax (915) 857-7383
Type: Parent Agency 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

County **EL PASO** Region 02 Date Licensed 06/12/2020
License # 019996 HOME CARE FROM HUMBLE HEARTZ, LLC
Lic Expire 06/12/2022 10683 JANWAY DR
Medicare 1: EL PASO, TEXAS 79935
Medicare 2:
Phone (844) 486-2532 Fax (915) 255-3577
Type: Parent Agency Administrator ZAHN DANTZLER

Owner Information
HOME CARE FROM HUMBLE HEARTZ
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 08/28/2015
License # 017003 HOME INSTEAD SENIOR CARE #799
Lic Expire 08/31/2021 120 PARAGON LN, SUITE 218
Medicare 1: EL PASO, TX 79912
Medicare 2:
Phone (915) 584-5678 Fax (915) 584-5757
Type: Parent Agency 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** Region 02 Date Licensed 08/29/2013
License # 016064 HOME SWEET HOME UNLIMITED INC
Lic Expire 08/31/2021 11920 VISTA DEL SOL BUILDING A
Medicare 1: 743172 HHA-18 EL PASO, TEXAS 799366122
Medicare 2:
Phone (915) 857-4081 Fax (915) 857-2893
Type: Parent Agency Administrator ALLEN WADJA

Owner Information
HOME SWEET HOME UNLIMITED INC
2204 JOE BATTLE BLVD SUITE C106
EL PASO, TX 79938
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: ACH - Deemed, Expires: 09/18/2023

County **EL PASO** Region 07 Date Licensed 02/17/2017
License # 017971 HOMECARE DIMENSIONS INC
Lic Expire 02/28/2023 7198 MERCHANT SUITE C1
Medicare 1: EL PASO, TX 79915
Medicare 2:
Phone (915) 626-5159 Fax (915) 626-5045
Type: Branch Agency Administrator ASHLEIGH STRICKLAND

Owner Information
HOMECARE DIMENSIONS, INC.
12500 NETWORK BLVD SUITE 210
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed Home Health Services

County **EL PASO** Region 02 Date Licensed 04/02/2009
License # 012684 HOMEWATCH CAREGIVERS
Lic Expire 04/30/2024 8933 ANKERSON ST
Medicare 1: EL PASO, TX 79904
Medicare 2:
Phone (915) 629-2079 Fax (915) 755-7191
Type: Parent Agency Administrator MARY MARTINEZ

Owner Information
DHARMA HOMECARE INC
PO BOX 640726
EL PASO, TX 79904
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 04/06/2011
License # 014012 HONOR PERSONAL HOME CARE INC
Lic Expire 04/30/2021 1323 MONTANA AVE
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 222-8318 Fax (915) 222-8567
Type: Parent Agency 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
License # 003133 HOSPICE OF EL PASO INC
Lic Expire 06/30/2022 1575 BELVIDERE
Medicare 1: EL PASO, TX 79912
Medicare 2:
Phone (915) 532-5699 Fax (915) 532-7822
Type: Alternate Delivery Site Administrator JAMES PAUL, JR.

Owner Information
HOSPICE OF EL PASO, INC.
1440 MIRACLE WAY
EL PASO, TX 79925
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 06/08/1984
License # 003133 HOSPICE OF EL PASO INC
Lic Expire 06/30/2022 1440 MIRACLE WAY
Medicare 1: 451505 HOSPICE EL PASO, TX 79925
Medicare 2:
Phone (915) 532-5699 Fax (915) 532-7822
Type: Parent Agency Administrator JAMES PAUL

Owner Information
HOSPICE OF EL PASO, INC.
1440 MIRACLE WAY
EL PASO, TX 79925
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

County **EL PASO** Region 02 Date Licensed 03/04/2021
License # 020571 IMPERIAL HOME HEALTH LLC
Lic Expire 03/04/2023 6006 NORTH MESA ST.,SUITE 510
Medicare 1: EL PASO, TX 799124630
Medicare 2:
Phone (915) 929-4072 Fax
Type: Parent Agency Administrator CHRISTIAN SOLIS

Owner Information
IMPERIAL HOME HEALTH LLC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 02/03/2015
License # 016631 JMJ HOME HEALTH CARE
Lic Expire 02/28/2023 1510 N. ZARAGOZA STE. A-10
Medicare 1: EL PASO, TEXAS 79936
Medicare 2:
Phone (915) 228-3515 Fax (877) 392-8829
Type: Parent Agency Administrator MARIO VILLA

Owner Information
JMJ HOME HEALTH CARE
408 EMERALD TRAIL WAY
HORIZON CITY, TX 79928
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 08/10/2017
License # 018250 JOURNEY OF LIFE HOME HEALTHCARE
Lic Expire 08/31/2021 8407 ALAMEDA AVENUE SUITE 1
Medicare 1: EL PASO, TEXAS 79907
Medicare 2:
Phone (915) 774-0347 Fax (915) 774-0466
Type: Parent Agency Administrator ISMAEL LEOS

Owner Information
VIATUS INC
5 VIA PLACITA
EL PASO, TEXAS 79927
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 04/16/2010
License # 013253 JUST CARE HOME HEALTH
Lic Expire 04/30/2020 3434 HONDO PASS DR
Medicare 1: 747596 HHA-18 EL PASO, TEXAS 79904
Medicare 2:
Phone (915) 591-2800 Fax (915) 591-2801
Type: Parent Agency Administrator ANA LILIA MORADO

Owner Information
JUST CARE HOME HEALTH LLC
4242 HONDO PASS DR, SUITE 101
EL PASO, TX 79904
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services; Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/10/2023

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

County **EL PASO** Region 02 Date Licensed 07/27/2011
License # 014427 KINDRED AT HOME
Lic Expire 07/31/2021 7500 VISCOUNT BLVD SUITE 156
Medicare 1: 457513 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 881-8129 Fax (915) 881-8645
Type: Parent Agency Administrator DENISE PEREZ

Owner Information
BWB SUMBELT 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

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County **EL PASO** Region 02 Date Licensed 07/01/2001
License # 007770 KINDRED HOSPICE
Lic Expire 06/30/2021 7826 BOIS D ARC DRIVE
Medicare 1: 451705 HOSPICE EL PASO, TX 799257735
Medicare 2:
Phone (915) 778-9058 Fax (915) 778-9053
Type: Parent Agency Administrator SAMANTHA SIMMONS

Owner Information
ODYSSEY HEALTHCARE OPERATING A LP
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/26/2023

County **EL PASO** Region 02 Date Licensed 12/11/2019
License # 019742 LA CASA DE LOS ABUELOS HOME CARE PROVIDERS
Lic Expire 12/11/2021 12240 SAINT MARK
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 259-8225 Fax (915) 549-3481
Type: Parent Agency Administrator CLAUDIA SAUCEDO

Owner Information
LA CASA DE LOS ABUELOS HOME CARE PROVIDERS
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 01/02/2012
License # 014727 LA ESPERANZA
Lic Expire 01/31/2022 946 HORIZON BLVD
Medicare 1: EL PASO, TX 79927
Medicare 2:
Phone (915) 872-9979 Fax (915) 790-2625
Type: Parent Agency Administrator MANUEL H GONZALEZ JR GONZALEZ

Owner Information
DOUBLE G ENTERPRISES INC
946 HORIZON BLVD
EL PASO, TX 79927
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 02/24/1998
License # 006339 LA FAMILIA HOME HEALTH
Lic Expire 02/28/2022 2720 E YANDELL DR STE 106
Medicare 1: 459438 HHA-18 EL PASO, TX 79903
Medicare 2:
Phone (915) 591-7100 Fax (915) 591-3656
Type: Parent Agency Administrator ELSA I LUEVANO VELAZQUEZ

Owner Information
LA FAMILIA HEALTH INC
2720 E YANDELL DR STE 106
EL PASO, TX 79903
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 11/15/2022

County **EL PASO** Region 02 Date Licensed 07/16/2018
License # 018832 LA GUARDIA HOME HEALTHCARE
Lic Expire 07/31/2022 2611 MONTANA AVE. SUITE A
Medicare 1: EL PASO, TX 79903
Medicare 2:
Phone (915) 301-0001 Fax (915) 301-0006
Type: Parent Agency Administrator MARIA J GARCIA

Owner Information
BENMARJO INC
SAME
,
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 08/02/2019
License # 019509 LA VICTORIA PRIMARY HOME CARE
Lic Expire 08/02/2021 6921 DELTA DRIVE SUITE A
Medicare 1: EL PASO, TX 79905
Medicare 2:
Phone (915) 500-4646 Fax (915) 500-4647
Type: Parent Agency Administrator ABIGAIL PEREZ

Owner Information
M RAMCO INC.
P. O. BOX 789
MCALLEN, TX 78505
PHONE: (956) 581-9557 FAX: (956) 581-9560
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 05/09/2013
License # 015737 LAMINA HOME CARE LLC
Lic Expire 05/31/2021 7100 WESTWIND DR STE 200
Medicare 1: 679415 HHA-18 EL PASO, TX 79912
Medicare 2:
Phone 915 8335100 Fax 915 8335101
Type: Parent Agency Administrator RICHARD SENNESIE

Owner Information
LAMINA HOME CARE LLC
7100 WESTWIND DR STE 200
EL PASO, TX 79912
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 02/27/2013
License # 015392 LIFESPAN HOME HEALTH
Lic Expire 02/28/2023 1200 GOLDEN KEY # 369
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator WHITNEY HRADEK

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

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County **EL PASO** Region 02 Date Licensed 02/22/2007
License # 011093 LUXUR HEALTH SERVICES INC
Lic Expire 02/28/2022 6721 HERMOSO DEL SOL
Medicare 1: 679746 HHA-18 EL PASO, TEXAS 79911
Medicare 2:
Phone (713) 880-3801 Fax (713) 880-3808
Type: Parent Agency Administrator DOUGLAS ALORGBEY

Owner Information
LUXUR HEALTH SERVICES INC.
4 PROFESSIONAL PARK DRIVE , SUITE B
WEBSTER, TX 77598
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 06/03/2020
License # 019979 LUXURY HEALTH SERVICES PLLC
Lic Expire 06/03/2022 10721 CAMARO CT
Medicare 1: EL PASO, TEXAS 799353315
Medicare 2:
Phone (915) 626-6897 Fax
Type: Parent Agency Administrator XOCHITL LARA

Owner Information
LUXURY HEALTH SERVICES, PLLC
PHONE: FAX:
Services: Licensed Home Health Services

County **EL PASO** Region 02 Date Licensed 12/23/2015
License # 017307 M B CARE LLC
Lic Expire 12/31/2021 409 EXECUTIVE CENTER BLVD SUITE 200
Medicare 1: 457989 HHA-18 EL PASO, TX 79902
Medicare 2:
Phone (915) 351-1851 Fax (915) 581-2485
Type: Parent Agency Administrator SAGRARIO MIMBELA

Owner Information
M B CARE LLC
409 EXECUTIVE CENTER BLVD 200
EL PASO, TEXAS 79902
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **EL PASO** Region 02 Date Licensed 10/18/2010
License # 013814 MATRIX HOME HEALTH SERVICES
Lic Expire 10/31/2020 11351 JAMES WATT BUILDING C 400
Medicare 1: 679217 HHA-18 EL PASO, TX 79936
Medicare 2:
Phone (915) 633-8104 Fax (915) 633-8105
Type: Parent Agency Administrator DEBRA A. GONZALEZ

Owner Information
MATRIX HHA, INC.
11351 JAMES WATT C-400
EL PASO, TEXAS 79936
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 01/02/2012
License # 014726 MI CASA PERSONAL ASSISTANCE SERVICES INC
Lic Expire 01/31/2022 440 FARM MARKET 1110
Medicare 1: SAN ELIZARIO, TX 79849
Medicare 2:
Phone (915) 851-4663 Fax (915) 851-0899
Type: Parent Agency Administrator MANUEL GONZALEZ

Owner Information
MI CASA PERSONAL ASSISTANCE SERVICES
PO BOX 1136
CLINT, TEXAS 79836
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 01/23/2012
License # 014605 MONTE CRISTO HEALTH CARE INC
Lic Expire 01/31/2022 5959 GATEWAY BLVD WEST SUITE 520
Medicare 1: 747924 HHA-18 74 EL PASO, TX 79925
Medicare 2:
Phone (915) 771-8100 Fax (915) 771-8103
Type: Parent Agency Administrator ROMMEL ALCANTARA

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
Accreditation: ACH - Deemed, Expires: 09/12/2021

County **EL PASO** Region 02 Date Licensed 11/03/2016
License # 017720 NATA'S 24/7 HOME CARE LLC
Lic Expire 11/30/2022 9340 CANNES CIR
Medicare 1: EL PASO, TX 79907
Medicare 2:
Phone (915) 526-5062 Fax (915) 613-3559
Type: Parent Agency Administrator LUZ SANDATE

Owner Information
NATAS247HOMECARE@AOL.COM
4630 VULCAN AVE # 12
EL PASO, TX 79904
PHONE: (915) 694-4031 FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 10/19/2004
License # 009359 NEW MISSION HOME CARE
Lic Expire 10/31/2021 12708 ALAMEDA AVE
Medicare 1: 457881 HHA-18 CLINT, TX 79836
Medicare 2:
Phone (915) 851-9200 Fax (915) 851-9207
Type: Parent Agency Administrator LAURA MORALES

Owner Information
NEW MISSION HOME CARE LLC
P.O.BOX 1424
SAN ELIZARIO, TEXAS 79849
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 09/23/2014
License # 016443 NOBLE PERSONAL HOME CARE L.L.C.
Lic Expire 09/30/2022 2150 TRAWOOD DR. B-260
Medicare 1: EL PASO, TX 79935
Medicare 2:
Phone (915) 929-8178 Fax (915) 990-2229
Type: Parent Agency 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** Region 02 Date Licensed 01/29/2018
License # 018581 NUEVO HOGAR EAST
Lic Expire 01/31/2022 1420 BESSEMER DRIVE SUITE B
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 591-0200 Fax (915) 591-0101
Type: Parent Agency 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** Region 02 Date Licensed 02/01/2017
License # 017918 NUEVO HOGAR HOME CARE PROVIDERS
Lic Expire 01/31/2021 1031 RIO GRANDE
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 584-2429 Fax (915) 584-1114
Type: Parent Agency Administrator ANA MARLENE 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** Region 02 Date Licensed 10/18/2010
License # 013815 NURSES CARE HOME SERVICES
Lic Expire 10/31/2022 10470 VISTA DEL SOL DRIVE, SUITE 200
Medicare 1: 457894 HHA-18 EL PASO, TX 799257928
Medicare 2:
Phone (915) 599-9998 Fax (915) 599-9978
Type: Parent Agency 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

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

County **EL PASO** Region 02 Date Licensed 11/17/2009
License # 013006 OASIS HOME HEALTH
Lic Expire 11/30/2021 7806 GATEWAY BLVD E SUITE 102
Medicare 1: 747463 HHA-18 EL PASO, TX 79915
Medicare 2:
Phone (915) 599-9927 Fax (915) 599-9931
Type: Parent Agency 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

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County **EL PASO** Region 02 Date Licensed 12/10/2003
License # 008800 OUR ANGEL HOME HEALTH
Lic Expire 12/31/2022 6080 SURETY DRIVE SUITE 215
Medicare 1: 679470 HHA-18 EL PASO, TX 79905
Medicare 2:
Phone (915) 629-9600 Fax (915) 629-9602
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 01/28/2022

County **EL PASO** Region 02 Date Licensed 07/14/2015
License # 016908 OUR FAMILY HOME HEALTH CARE AGENCY
Lic Expire 1268 TWIG ST
Medicare 1: FABENS, TX 79838
Medicare 2:
Phone (915) 765-5306 Fax (915) 765-5306
Type: Parent Agency Administrator VANESSA GANDARILLA

Owner Information
VANESSA GANDARILLA
PO BOX 2106
FABENS, TEXAS 79838
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 06/01/2000
License # 007333 OUTREACH HOME CARE
Lic Expire 05/31/2022 10501 GATEWAY BOULEVARD WEST, SUITE 16
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone 915 5958729 Fax 915 5958990
Type: Parent Agency Administrator SHANNON EARLY LVN

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 02/02/2018
License # 018588 OXYGEN HOSPICE INC
Lic Expire 05/29/2022 11394 JAMES WATT DRIVE SUITE #701 B
Medicare 1: 74-1769 EL PASO, TX 79936
Medicare 2:
Phone (915) 351-8662 Fax (915) 779-9866
Type: Parent Agency Administrator AMELIA VEGA

Owner Information
OXYGEN HOSPICE INC.
11394 JAMES WATT DR STE 701B
EL PASO, TX 79936
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/09/2021

County **EL PASO** Region 02 Date Licensed 12/22/2014
License # 016575 PARAISO PRIMARY HOME CARE
Lic Expire 12/31/2022 3105 N YARBROUGH SUITE 112
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 262-0457 Fax (915) 262-0430
Type: Parent Agency Administrator LORENA MALDONADO

Owner Information
MARDAV INC
3100 EDGEROCK
EL PASO, TX 79935
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 11/01/2010
License # 013743 PLENITUD INC
Lic Expire 10/31/2022 2431 MONTANA AVE
Medicare 1: EL PASO, TX 79903
Medicare 2:
Phone (915) 546-3900 Fax (915) 546-3902
Type: Parent Agency Administrator MANUEL GONZALEZ

Owner Information
PLENITUD INC
2431 MONTANA AVENUE
EL PASO, TX 79903
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 06/01/2006
License # 010611 PRIMAVERA HOME HEALTH PC
Lic Expire 05/31/2020 7812 GATEWAY EAST STE 210
Medicare 1: 679299 HHA-18 EL PASO, TX 79915
Medicare 2:
Phone (915) 771-8282 Fax (915) 771-8989
Type: Parent Agency Administrator SANDRA L. MORENO

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

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County **EL PASO** Region 07 Date Licensed
License # 019024 PRINCIPLE HOSPICE SERVICE SERVICE LLC
Lic Expire 10/09/2022 1612 N. LEE TREVINO DRIVE, SUITE D
Medicare 1: EL PASO, TEXAS 79936
Medicare 2:
Phone (915) 444-8110 Fax (956) 783-7162
Type: Alternate Delivery Site Administrator JORGE ARANGO

Owner Information
PRINCIPLE HOSPICE SERVICE LLC
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 04/27/2020
License # 019897 PRN PRIMARY HOME CARE, LLC
Lic Expire 04/27/2022 8825 NORTH LOOP STE. 119
Medicare 1: EL PASO, TX 79907
Medicare 2:
Phone 915 3011302 Fax 915 3011304
Type: Parent Agency Administrator MARIA DEL CARMEN WIRZ

Owner Information
PRN PRIMARY HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 01/01/2018
License # 018633 PROGRESSIVE HOME CARE
Lic Expire 12/31/2021 1717 BROWN STREET SUITE 2B
Medicare 1: 67-8341 EL PASO, TX 79902
Medicare 2:
Phone (915) 317-7000 Fax (915) 703-3737
Type: Parent Agency Administrator RICHARD SENNESSIE

Owner Information
LAMINA INVESTMENTS LLC
8401 BOEING DR UNIT #971010
EL PASO, TX 79997
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 07/24/2015
License # 016936 PULSO HOME HEALTH LLC
Lic Expire 10/31/2019 550 S MESA HILLS DR STE B1
Medicare 1: EL PASO, TX 79912
Medicare 2:
Phone (915) 585-2273 Fax (915) 231-6345
Type: Parent Agency Administrator LYNETTE LOMARQUEZ

Owner Information
PULSO HOME HEALTH LLC
550 S MESA HILLS DRIVE SUITE B1
EL PASO, TX 79912
PHONE: FAX:
Services: Licensed Home Health Services

County **EL PASO** Region 02 Date Licensed 10/16/2018
License # 019142 QUANTUM HOME HEALTHCARE
Lic Expire 10/16/2022 6090 SURETY DRIVE, SUITE 102
Medicare 1: 678162 EL PASO, TEXAS 79905
Medicare 2:
Phone (915) 771-6160 Fax (915) 771-8161
Type: Parent Agency Administrator RODOLFO LEOS

Owner Information
RIJ LEOS LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 03/26/2021
License # 020651 REMARKABLE HOSPICE
Lic Expire 03/26/2024 5959 GATEWAY WEST STE 460
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 615-7040 Fax
Type: Parent Agency Administrator GRACE MILLS

Owner Information
REMARKABLE LTC PARTNERS OF EL PASO LP
101 RENNER RD
RICHARDSON, TEXAS 75082
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 05 Date Licensed
License # 020034 REMARKABLE HOSPICE
Lic Expire 5959 GATEWAY BLVD. W STE 460
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 615-7040 Fax
Type: Alternate Delivery Site Administrator GRACE MILLS

Owner Information
EDITION HEALTH SERVICES INC
101 W RENNER RD
RICHARDSON, TEXAS 75082
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 09/27/2005
License # 009990 REVIVE HOME CARE INC
Lic Expire 09/30/2022 1852 DALE DOUGLAS STE B
Medicare 1: 677916 HHA-18 EL PASO, TX 79936
Medicare 2:
Phone (915) 772-1300 Fax (915) 772-1303
Type: Parent Agency Administrator MARTHA HAPGOOD

Owner Information
REVIVE HOME CARE INC
1393 GEORGE DIETER SUITE B
EL PASO, TX 79936
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **EL PASO** Region 02 Date Licensed 12/01/2016
License # 017888 SAFFA HOME CARE INC
Lic Expire 11/30/2022 9434 VISCOUNT BLVD SUITE 236
Medicare 1: 457948 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 440-4100 Fax (915) 228-9311
Type: Parent Agency Administrator RICHARD SENNESSIE

Owner Information
SAFFA HOME CARE INC.
8401 BOEING DR UNIT 971010
EL PASO, TEXAS 79997
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 06/01/2020
License # 020298 SAN ANTONIO IN HOME HEALTH CARE
Lic Expire 06/01/2022 9001 CASHEW DR STE 600
Medicare 1: EL PASO, TX 79907
Medicare 2:
Phone (915) 500-4148 Fax (915) 859-5962
Type: Parent Agency Administrator JOSE NUNEZ

Owner Information
SAN ANTONIO IN HOME HEALTH CARE, LLC
9171 NOTTINGHAM DR
EL PASO, TX 79907
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 08/13/2014
License # 016371 SAN LORENZO ADULT PROVIDER AND PEDIATRICS
Lic Expire 08/31/2022 5625 HEMMINGWAY DR.
Medicare 1: EL PASO, TX 79924
Medicare 2:
Phone (915) 307-3608 Fax (915) 307-3663
Type: Parent Agency Administrator MELISSA PORTILLO

Owner Information
SAN LORENZO ADULT PROVIDER SERVICES AND PEDIATRICS LLC
5625 HEMMINGWAY
EL PASO, TX 79924
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 09/01/2009
License # 012832 SAN MATEO PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 08/31/2021 2150 TRAWOOD DR. B-260
Medicare 1: EL PASO, TX 79935
Medicare 2:
Phone (915) 500-5020 Fax (915) 975-8048
Type: Parent Agency Administrator CELINA BUTTNER

Owner Information
SAN MATEO PERSONAL ASSISTANCE SERVICES LLC
2150 TRAWOOD DR B-211
EL PASO, TX 79935
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 07/16/2004
License # 009195 SANTA FE HOME CARE LLC
Lic Expire 07/31/2022 611 NEWMAN
Medicare 1: 673119 HHA-18 EL PASO, TX 79902
Medicare 2:
Phone (915) 845-3900 Fax (915) 845-3901
Type: Parent Agency Administrator JULISSA G. SEANEZ

Owner Information
SANTA FE HOME CARE LLC
611 NEWMAN
EL PASO, TX 79902-1355
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 02/20/2020
License # 019837 SERENIDAD HOME CARE INC.
Lic Expire 02/20/2022 183 EDITH DR
Medicare 1: EL PASO, TEXAS 79915
Medicare 2:
Phone 915 2197077 Fax 915 2197077
Type: Parent Agency Administrator EDGAR REYES

Owner Information
SERENIDAD HOME CARE INC.
741 VILLA ROMERO DR.
HORIZON, TEXAS 79928
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 09/18/2014
License # 016432 SHIELD OF GRACE HOME HEALTHCARE LLC
Lic Expire 09/30/2022 11395 JAMES WATT SUITE A-11
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 592-4000 Fax (915) 633-8002
Type: Parent Agency Administrator OSVALDO TERRAZAS

Owner Information
SHIELD OF GRACE
11395 JAMES WATT SUITE A-11
EL PASO, TX 79936
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 07/01/2019
License # 019457 SISTER SISTERS IN HOME CARE SERVICES LLC
Lic Expire 07/01/2021 9627 SIMS DR SUITE F
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 251-0214 Fax (915) 262-0888
Type: Parent Agency Administrator ROSAURA ESCOBEDO

Owner Information
SISTER SISTERS IN HOME CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 01/25/2012
License # 014909 SOUTHERN HOMECARE INC
Lic Expire 01/31/2022 11500 PELLICANO DR UNIT B10
Medicare 1: 679725 HHA-18 EL PASO, TX 79936
Medicare 2:
Phone (915) 857-8573 Fax (915) 591-3932
Type: Parent Agency Administrator MARTHA SALCIDO

Owner Information
SOUTHERN HOMECARE INC
11500 PELLICANO DR UNIT B10
EL PASO, TX 79936
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACHC, Expires: 12/19/2022

County **EL PASO** Region 02 Date Licensed 03/28/2018
License # 018675 ST. LUKE HOME HEALTH LLC
Lic Expire 03/31/2022 3029 MONTANA, STE C
Medicare 1: EL PASO, TEXAS 79903
Medicare 2:
Phone (915) 316-1216 Fax (915) 317-1517
Type: Parent Agency Administrator JUAN GARCIA

Owner Information
ST. LUKE HOME HEALTH LLC
PO BOX 12948
EL PASO, TX 79913
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 11/30/1988
License # 002026 SUN CITY HOME CARE INC
Lic Expire 11/30/2022 1040 BELVIDERE ST
Medicare 1: 677207 HHA-18 EL PASO, TX 79912
Medicare 2:
Phone (915) 542-0014 Fax (915) 542-0072
Type: Parent Agency Administrator ABDUL KAMEL

Owner Information
SUN CITY HOME CARE INC
1040 BELVIDERE ST.,
EL PASO, TX 79912
PHONE: (915) 542-0014 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 06/08/2017
License # 018097 SUNSHINE PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 06/30/2021 221 N KANSAS ST STE 750
Medicare 1: EL PASO, TX 79901
Medicare 2:
Phone (915) 328-5791 Fax (915) 773-2929
Type: Parent Agency Administrator ELSA MARTINEZ

Owner Information
SUNSHINE PAS, LLC
PHONE: 915 3285791 FAX: 915 7732929
Services: Personal Assistance Services

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

County **EL PASO** Region 02 Date Licensed 02/19/2015
License # 016649 SUPERIOR TLC HOME HEALTH CARE LLC
Lic Expire 02/28/2021 10020 CHICK A DEE ST
Medicare 1: EL PASO, TX 79924
Medicare 2:
Phone (915) 260-5145 Fax (915) 260-5095
Type: Parent Agency Administrator CRYSTAL G. SALAZAR

Owner Information
SUPERIOR TLC HOME HEALTH CARE LLC
10020 CHICK-A-DEE ST
EL PASO, TX 79924
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 10/04/2019
License # 019633 SWEET CARE HOME CARE PROVIDERS, LLC
Lic Expire 10/04/2021 7917 SUNMOUNT
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 304-9504 Fax (915) 599-9760
Type: Parent Agency Administrator ERIC ARATA

Owner Information
SWEET CARE HOME CARE PROVIDERS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 03/24/2006
License # 010357 TENDER CARE HOME HEALTH
Lic Expire 03/31/2022 6400 ESCONDIDO
Medicare 1: 679522 HHA-18 & EL PASO, TX 79912
Medicare 2:
Phone (915) 581-3345 Fax (915) 833-4581
Type: Parent Agency Administrator ANN RODRIGUEZ MCCONNELL

Owner Information
ARM HEALTHCARE LLC
6529 CALLE PLACIDO
EL PASO, TX 79912
PHONE: (915) 581-3345 FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/13/2023

County **EL PASO** Region 01 Date Licensed 10/10/1996
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 6501 BOEING DRIVE BLDG H SUITE 3
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 774-8890 Fax (915) 774-8848
Type: Branch Agency Administrator TARA PARMENTER

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 01 Date Licensed 10/10/1996
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 6501 BOEING DRIVE BLDG H SUITE 3
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 774-8890 Fax (915) 774-8848
Type: Branch Agency Administrator TARA PARMENTER

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 02/05/2021
License # 020509 TEXAS HOME HEALTH
Lic Expire 02/05/2023 6501 BOEING DR. BLDG. H, SUITE 3
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone 915 7748890 Fax 915 7748848
Type: Parent Agency Administrator ANA DOMINGUEZ

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 12/01/2020
License # 020361 TEXAS HOME HEALTH OF AMERICA
Lic Expire 12/01/2022 6501 BOEING DR. BLDG. H, SUITE 3
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone 915 7748890 Fax 915 7748848
Type: Parent Agency Administrator REGANALD MACKEY

Owner Information
TEXAS HOME HEALTH OF AMERICA, L.P.
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 05/15/2020
License # 019945 TEXAS HOME HEALTH OF AMERICA
Lic Expire 05/15/2022 6501 BOEING DR. BLDG. H, SUITE 3
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone 915 7748890 Fax 915 7748848
Type: Parent Agency Administrator ANA LORENA DOMINGUEZ

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

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County **EL PASO** Region 02 Date Licensed 12/08/2016
License # 017775 THREE OAKS HOSPICE EL PASO
Lic Expire 12/31/2022 11860 VISTA DEL SOL DRIVE, SUITE 150
Medicare 1: 741729 HOSPICE EL PASO, TEXAS 79936
Medicare 2:
Phone (915) 808-4000 Fax (915) 808-4001
Type: Parent Agency Administrator MICHELE ABOUD

Owner Information
HOSPICE DEL NORTE, LLC
717 N. HARWOOD STREET, SUITE 550
DALLAS, TX 75201
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/08/2024

County **EL PASO** Region 02 Date Licensed 08/11/2016
License # 017566 TLC HOME HEALTHCARE SERVICES INC
Lic Expire 08/31/2022 1635 N. LEE TREVINO SUITE B
Medicare 1: 747614 HHA-18 EL PASO, TX 79936
Medicare 2:
Phone (915) 772-4852 Fax (915) 200-2098
Type: Parent Agency Administrator TODD FLAHERTY

Owner Information
TLC HOME HEALTHCARE SERVICES INC
SAA
EL PASO, TX 79936
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 09/27/2023

County **EL PASO** Region 02 Date Licensed 11/27/2017
License # 018466 TLC HOSPICE SERVICES
Lic Expire 11/30/2021 1635 N LEE TREVINO SUITE A
Medicare 1: 74-1759 EL PASO, TX 79936
Medicare 2:
Phone 915 595 4852 Fax 915 2002098
Type: Parent Agency Administrator VENNESSA CIRIZA

Owner Information
SOUTHWEST HOSPICE INC
1635 N LEE TREVINO SUITE A
EL PASO, TX 79936
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 12/11/2021

County **EL PASO** Region 02 Date Licensed 02/02/2018
License # 018620 UNITY HOMECARE
Lic Expire 02/28/2022 4150 RIO BRAVO STREET SUITE 105
Medicare 1: 453174 HHA-18 EL PASO, TX 79902
Medicare 2:
Phone (915) 781-1882 Fax (915) 781-1883
Type: Parent Agency Administrator STEPHANIE SANCHEZ

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

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County **EL PASO** Region 02 Date Licensed 11/18/2008
License # 012385 URGENT CARE HOME HEALTH INC
Lic Expire 11/30/2022 3707 ADMIRAL
Medicare 1: 747099 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 594-8070 Fax (915) 594-4028
Type: Parent Agency Administrator RICHARD SENNESSIE

Owner Information
URGENT CARE HOME HEALTH INC.
8401 BOEING DRIVE UNIT 971010
EL PASO, TEXAS 79997
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **EL PASO** Region 02 Date Licensed 12/08/2014
License # 016552 URGENT CARE HOSPICE INC
Lic Expire 12/31/2022 3707 ADMIRAL STREET
Medicare 1: 741613 HOSPICE EL PASO, TX 79925
Medicare 2:
Phone (915) 213-5453 Fax (915) 213-5456
Type: Parent Agency Administrator RICHARD SENNESIE

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

County **EL PASO** Region 02 Date Licensed 08/01/2014
License # 016357 US NATIONAL PERSONAL CARE
Lic Expire 07/31/2020 1337 MURCHISON DR.
Medicare 1: EL PASO, TEXAS 79902
Medicare 2:
Phone (915) 532-3032 Fax (915) 219-8736
Type: Parent Agency Administrator VICTOR VARGAS

Owner Information
V & V GROUP INC
834 PUEBLO
EL PASO, TX 79903
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 11/19/2010
License # 013723 VALLE DEL SOL PRIMARY HOME CARE
Lic Expire 11/30/2022 10940 MONTANA AVENUE
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 595-5472 Fax (915) 595-5482
Type: Parent Agency Administrator MONICA DOMINGUEZ

Owner Information
SERENE LLC
SAME AS ABOVE
EL PASO, TX 79925
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 04/02/2008
License # 012086 VALOR PERSONAL ASSISTANCE SERVICE INC
Lic Expire 04/30/2021 1014 MONTANA
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 541-0033 Fax (915) 541-0034
Type: Parent Agency 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** Region 02 Date Licensed 04/22/2009
License # 012557 VICTORIA HOME HEALTH CARE
Lic Expire 04/30/2023 1005 DESIERTO SECO DRIVE
Medicare 1: 747427 HHA-18 EL PASO, TX 79912
Medicare 2:
Phone (915) 587-5284 Fax (915) 345-1038
Type: Parent Agency Administrator CAROLINE CHIBUEZE

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; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 08/30/2022

County **EL PASO** Region 02 Date Licensed 06/21/2007
License # 011414 VIDA BELLA
Lic Expire 06/30/2021 2616 MONTANA AVE
Medicare 1: EL PASO, TX 79903
Medicare 2:
Phone (915) 595-8707 Fax (915) 288-3180
Type: Parent Agency 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** Region 02 Date Licensed 10/25/2017
License # 018400 VIDANTA PERSONAL ASSISTANCE SERVICES INC
Lic Expire 10/31/2021 1801 EAST YANDELL DR
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 307-6260 Fax (915) 307-6479
Type: Parent Agency Administrator HECTOR TORRES

Owner Information
VIDANTA PERSONAL ASSISTANCE SERVICES INC
1801 E YANDELL
EL PASO, TX 79902
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 11/05/2017
License # 018511 VILLA CHILDREN'S THERAPY
Lic Expire 11/30/2021 2267 TRAWOOD DR STE G3
Medicare 1: EL PASO, TX 79935
Medicare 2:
Phone (915) 307-9289 Fax (915) 975-8168
Type: Parent Agency Administrator GEORGINA BARRERA

Owner Information
CHILDREN'S HOME THERAPY SPECIALISTS
10224 SINGAPORE
EL PASO, TX 79925
PHONE: FAX:
Services: Licensed Home Health Services

County **EL PASO** Region 02 Date Licensed 07/08/2015
License # 016897 VISITING ANGELS
Lic Expire 07/31/2021 4171 N MESA ST, SUITE A101
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 799-0141 Fax (915) 799-0149
Type: Parent Agency 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** Region 02 Date Licensed 01/03/2005
License # 009504 VITAL CARE HOME HEALTH
Lic Expire 01/31/2023 11204 MONTWOOD
Medicare 1: 457842 HHA-18 EL PASO, TX 79936
Medicare 2:
Phone (915) 595-4804 Fax (915) 595-5905
Type: Parent Agency 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

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County **EL PASO** Region 02 Date Licensed 01/17/2018
License # 018564 VITAL PERSONAL ASSISTANT SERVICES LLC
Lic Expire 03/09/2024 5340 EL PASO DR SUITE C
Medicare 1: EL PASO, TX 79905
Medicare 2:
Phone (915) 234-2007 Fax (833) 597-4492
Type: Parent Agency Administrator LIZBETH MORALES

Owner Information
VITAL PERSONAL ASSISTANT SERVICES LLC
220 THUNDERBIRD #33
EL PASO, TX 79912
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 01/08/2019
License # 019186 WISDOM TREE PERSONAL ASSISTANCE SERVICES
Lic Expire 01/08/2023 858 LOS SURCOS RD
Medicare 1: EL PASO, TX 79907
Medicare 2:
Phone 915 6299456 Fax 915 3002658
Type: Parent Agency Administrator MARIA ESCAPITE

Owner Information
WISDOM TREE PAS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 10/30/2017
License # 018409 YAGEL THERAPY SERVICES PLLC
Lic Expire 3118 MONTANA AVE
Medicare 1: EL PASO, TX 79903
Medicare 2:
Phone (915) 703-6380 Fax (915) 703-6382
Type: Parent Agency 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** Region 02 Date Licensed 01/03/2014
License # 015949 ZINNIA PERSONAL HOME CARE INC
Lic Expire 01/31/2022 1323 MONTANA AVE
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 307-5335 Fax (915) 307-5339
Type: Parent Agency 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** Region 05 Date Licensed 01/13/2021
License # 020459 ANCHORED HEARTS HOME HEALTHCARE
Lic Expire 01/13/2023 211 MOSES DR
Medicare 1: GLENN HEIGHTS, TX 75154
Medicare 2:
Phone 214 9244490 Fax
Type: Parent Agency Administrator TANIKA MIDDLETON

Owner Information
ANCHORED HEARTS LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **ELLIS** Region 05 Date Licensed 11/30/2001
License # 007939 ANGELS CARE HOME HEALTH
Lic Expire 11/30/2021 1011 HWY 77 SUITE 107
Medicare 1: 679069 HHA-18 WAXAHACHIE, TX 75165
Medicare 2:
Phone (972) 923-1853 Fax 972 9231809
Type: Parent Agency Administrator ANGELA TORREZ

Owner Information
FAMILY REHAB INC
2301 HWY 1187 #203
MANSFIELD, TX 76063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ELLIS** Region 05 Date Licensed 05/28/2020
License # 019966 ANGELS HELPING HANDS LLC
Lic Expire 05/28/2022 9240 ALMA CT.
Medicare 1: WAXAHACHIE, TX 75167
Medicare 2:
Phone (682) 347-5359 Fax
Type: Parent Agency Administrator SOPHIA DAWSON-JACKSON

Owner Information
ANGELS HELPING HANDS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **ELLIS** Region 05 Date Licensed 10/15/2020
License # 020237 ANV CONCEPTS HOME HEALTH SERVICES LLC
Lic Expire 10/15/2022 204 COCKRELL HILL ROAD
Medicare 1: OVILLA, TEXAS 75154
Medicare 2:
Phone (972) 515-8000 Fax
Type: Parent Agency Administrator XAVIER CRITTENDON

Owner Information
ANV CONCEPTS HOME HEALTH SERVICES LLC
P. O. BOX 2033
DESOTO, TEXAS 75123
PHONE: (972) 515-8000 FAX:
Services: Licensed Home Health Services

County **ELLIS** Region 05 Date Licensed 03/09/2006
License # 010338 APPROVED HOME HEALTH CARE
Lic Expire 03/31/2021 3480 MOUNT ZION ROAD
Medicare 1: 679623 HHA-18 MIDLOTHIAN, TX 76065
Medicare 2:
Phone (972) 723-2933 Fax (888) 791-7023
Type: Parent Agency Administrator KATHLEEN PONDER

Owner Information
APPROVED HEALTH SERVICES LLC
200 SILKEN CROSSING SUITE 202
MIDLOTHIAN, TX 76065
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 03/25/2022

County **ELLIS** Region 05 Date Licensed 12/02/2013
License # 015998 BRISTOL HOSPICE - PATHWAYS LLC
Lic Expire 12/31/2021 115 PARK PLACE BOULEVARD SUITE 100
Medicare 1: 451743 HOSPICE WAXAHACHIE, TX 75165
Medicare 2:
Phone (972) 923-2436 Fax (972) 923-0043
Type: Parent Agency Administrator SAUNDRA TOWNLEY

Owner Information
BRISTOL HOSPICE AND HOMECARE - SOUTH CENTRAL, L.L.C.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/06/2023

County **ELLIS** Region 05 Date Licensed 01/13/2011
License # 013827 FIDELIS SENIOR HOME CARE
Lic Expire 01/31/2023 200 S 14TH STREET SUITE 190
Medicare 1: MIDLOTHIAN, TX 76065
Medicare 2:
Phone (972) 775-1000 Fax (469) 375-1142
Type: Parent Agency Administrator JEFFREY HATTEN

Owner Information
FIDELIS HOME CARE, LLC
221 MASTERS LN
MIDLOTHIAN, TX 76065
PHONE: FAX:
Services: Personal Assistance Services

County **ELLIS** Region 03 Date Licensed 09/21/2006
License # 011216 GUARDIAN HEALTHCARE
Lic Expire 09/30/2022 114 PARK PLACE BLVD, #204
Medicare 1: WAXAHACHIE, TX 75165
Medicare 2:
Phone (972) 937-1560 Fax (972) 937-1600
Type: Branch Agency Administrator AMANDA PRUETT

Owner Information
GUARDIAN HEALTH CARE INC
13737 NOEL ROAD SUITE 1400
DALLAS, TX 75240
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **ELLIS** Region 05 Date Licensed 10/01/2010
License # 013597 HOME INSTEAD #742
Lic Expire 09/30/2022 103 W RED OAK RD
Medicare 1: RED OAK, TEXAS 75154
Medicare 2:
Phone 972 5761100 Fax 972 5761102
Type: Parent Agency Administrator ANGELA FREEMAN

Owner Information
GEN 2 GEN INC
PO BOX 822402
NORTH RICHLAND HILLS, TX 76182
PHONE: FAX:
Services: Personal Assistance Services

County **ELLIS** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 820 FERRIS SUITE 251
Medicare 1: WAXAHACHIE, TX 751652590
Medicare 2:
Phone (972) 937-2800 Fax (972) 937-2405
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ELLIS** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 820 FERRIS SUITE 251
Medicare 1: WAXAHACHIE, TX 751652590
Medicare 2:
Phone (972) 937-2800 Fax (972) 937-2405
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ELLIS** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 820 FERRIS SUITE 251
Medicare 1: WAXAHACHIE, TX 751652590
Medicare 2:
Phone (972) 937-2800 Fax (972) 937-2405
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ELLIS** Region 05 Date Licensed 05/31/2017
License # 018254 INFINITE CARE HOME HEALTH INC
Lic Expire 05/31/2021 206 YMCA DR # 105
Medicare 1: 679431 HHA-18 WAXAHACHIE, TX 75165
Medicare 2:
Phone (972) 938-8500 Fax (972) 408-0891
Type: Parent Agency Administrator LISSET DARNALL

Owner Information
INFINITE CARE HOME HEALTH INC
206 YMCA DRIVE, #105
WAXAHACHIE, TX 75165
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **ELLIS** Region 05 Date Licensed 03/23/2021
License # 020628 PINK SCRUBS HOME HEALTH AGENCY LLC
Lic Expire 03/23/2023 10815 BAUCUM RD.
Medicare 1: WAXAHACHIE, TX 75167
Medicare 2:
Phone (734) 968-8602 Fax
Type: Parent Agency Administrator KARLETHIA TYSON

Owner Information
PINK SCRUBS HOME HEALTH AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **ELLIS** Region 05 Date Licensed 07/17/2015
License # 016925 PREMIER CARE SERVICES
Lic Expire 07/31/2021 2703 N KAUFMAN ST STE D
Medicare 1: ENNIS, TX 75119
Medicare 2:
Phone (972) 875-6277 Fax (972) 875-6276
Type: Parent Agency Administrator VIVIAN DURHAM

Owner Information
PREMIER CARE SERVICES LLC
273 N KAUFMAN ST STE D
ENNIS, TX 75119
PHONE: FAX:
Services: Personal Assistance Services

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

County **ELLIS** Region 05 Date Licensed 03/06/2019
License # 019291 RADIANT HOME HEALTH CARE
Lic Expire 03/06/2021 907 MOCKINGBIRD LN.
Medicare 1: GLENN HEIGHTS, TX 75154
Medicare 2:
Phone (469) 719-1517 Fax (214) 602-8367
Type: Parent Agency Administrator ROBIN HALL

Owner Information
RADIANT HOME HEALTH CARE
PHONE: FAX:
Services: Personal Assistance Services

County **ELLIS** Region 05 Date Licensed 10/01/2015
License # 017060 RIGHT AT HOME
Lic Expire 09/30/2021 200 SILKEN CROSSING #204
Medicare 1: MIDLOTHIAN, TX 76065
Medicare 2:
Phone (469) 672-4880 Fax (469) 212-1208
Type: Parent Agency Administrator WHITNEY KRUPALA

Owner Information
CWK BEST CARE LLC
PO BOX 1880
MIDLOTHIAN, TX 76065
PHONE: FAX:
Services: Personal Assistance Services

County **ELLIS** Region 05 Date Licensed 02/01/2021
License # 020500 SENIOR HELPERS OF SOUTHWEST TEXAS
Lic Expire 02/01/2023 2801 N HWY 77 SUITE 210
Medicare 1: WAXAHACHIE, TEXAS 75165
Medicare 2:
Phone (817) 913-9908 Fax (817) 754-2600
Type: Parent Agency Administrator JASCHICA SHELLEY

Owner Information
J & L INNOVATIONS, LLC
PO BOX 2573
DESOTO, TX 75123
PHONE: FAX:
Services: Personal Assistance Services

County **ELLIS** Region 05 Date Licensed 06/20/2018
License # 018878 TRADITIONS HEALTH
Lic Expire 06/30/2022 371 SOLON ROAD, SUITE 100A
Medicare 1: 747768 HHA-18 WAXAHACHIE, TEXAS 75165
Medicare 2:
Phone (972) 878-6877 Fax (866) 908-8704
Type: Parent Agency Administrator JACQUELINE WILLIAMS

Owner Information
TRADITIONS HEALTH CARE OF ENNIS, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **ELLIS** Region 05 Date Licensed 06/20/2018
License # 018824 TRADITIONS HEALTH
Lic Expire 06/30/2022 371 SOLON RD, SUITE 100B
Medicare 1: 451730 HOSPICE WAXAHACHIE, TX 75165
Medicare 2:
Phone (972) 878-2273 Fax (866) 908-8704
Type: Parent Agency Administrator JACQUELINE WILLIAMS

Owner Information
TRADITIONS HOSPICE OF ENNIS, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ELLIS** Region 05 Date Licensed 05/13/2020
License # 019934 VINEYARD HOME HEALTH LLC
Lic Expire 05/13/2022 209 W MAIN ST
Medicare 1: WAXAHACHIE, TEXAS 75165
Medicare 2:
Phone 409 2562909 Fax
Type: Parent Agency Administrator JAKE HIBBARD

Owner Information
VINEYARD HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/19/2024

County **ERATH** Region 01 Date Licensed 11/23/1993
License # 002671 COMMUNITY CARE SERVICES HOSPICE
Lic Expire 118 EAST LIVEOAK STE 104
Medicare 1: 451594 HOSPICE DUBLIN, TX 76446
Medicare 2:
Phone (254) 445-4675 Fax (254) 445-2972
Type: Parent Agency Administrator JESSICA COWAN

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

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

County **ERATH** Region 01 Date Licensed 03/17/2015
License # 016684 COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC
Lic Expire 03/31/2021 515 W LINGLEVILLE RD
Medicare 1: STEPHENVILLE, TX 76401
Medicare 2:
Phone (254) 965-2104 Fax (254) 965-3618
Type: Parent Agency Administrator LAURA MONTGOMERY

Owner Information
COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC
515 W LINGLEVILLE RD
STEPHENVILLE, TX 76401-2211
PHONE: FAX:
Services: Licensed Home Health Services

County **ERATH** Region 03 Date Licensed 01/02/2008
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 2301 N.W. LOOP SUITE 101
Medicare 1: 45-1688 STEPHENVILLE, TX 76401
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **ERATH** Region 01 Date Licensed 08/04/1999
License # 004548 STEPHENS HEALTH CARE INC
Lic Expire 04/30/2021 18015 US HIGHWAY 377
Medicare 1: DUBLIN, TX 76446
Medicare 2:
Phone (254) 445-4620 Fax (254) 445-2514
Type: Branch Agency Administrator ANN STEPHEN

Owner Information
STEPHENS HEALTH CARE INC
PO BOX 852
STEPHENVILLE, TEXAS 76401
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **ERATH** Region 01 Date Licensed 05/01/1996
License # 004548 STEPHENS HEALTH CARE INC
Lic Expire 04/30/2021 711 NORTH GRAHAM
Medicare 1: 677624 HHA-18 STEPHENVILLE, TX 76401
Medicare 2:
Phone (254) 965-6629 Fax (254) 965-7040
Type: Parent Agency Administrator ANN STEPHEN

Owner Information
STEPHENS HEALTH CARE INC
PO BOX 852
STEPHENVILLE, TEXAS 76401
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FALLS** Region 05 Date Licensed 12/23/2014
License # 016582 TEXAS QUALITY HOME HEALTH
Lic Expire 12/31/2022 125 HERITAGE ROW
Medicare 1: 677796 HHA-18 MARLIN, TX 76661
Medicare 2:
Phone (254) 803-3000 Fax (254) 883-3530
Type: Parent Agency Administrator THOMAS TATE

Owner Information
SHEPHERDS SERVICES INC
125 HERITAGE ROW
MARLIN, TX 76661
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FANNIN** Region 03 Date Licensed 05/22/2006
License # 009193 MAXIMACARE LLC
Lic Expire 07/31/2022 1211 EAST SIXTH STREET SUITE #200
Medicare 1: BONHAM, TX 75418
Medicare 2:
Phone (903) 640-9000 Fax (903) 640-9001
Type: Branch Agency Administrator KRYSTAL ALVARADO

Owner Information
MAXIMACARE, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FANNIN** Region 03 Date Licensed
License # 011367 TMC HOME HEALTH
Lic Expire 01/31/2022 2201 N. HWY 121
Medicare 1: 45Q7655001 BONHAM, TEXAS 75418
Medicare 2:
Phone (903) 416-5500 Fax
Type: Branch Agency Administrator CONNIE CLARK

Owner Information
UHS OF TEXOMA INC
367 S GULPH ROAD
KING OF PRUSSIA, PA 19406
PHONE: (903) 416-4000 FAX: (903) 416-4129
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **FAYETTE** Region 06 Date Licensed 10/25/2015
License # 017190 1ST TEXAS HOME HEALTH
Lic Expire 10/31/2021 145 W TRAVIS STE 104
Medicare 1: LA GRANGE, TX 78945
Medicare 2:
Phone (979) 702-0401 Fax (979) 725-6977
Type: Branch Agency Administrator SUZANNE BOZEMAN

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

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County **FAYETTE** Region 05 Date Licensed 06/04/2013
License # 015578 COMPASSIONATE PROVIDER SERVICES OF TEXAS
Lic Expire 06/30/2021 252 NORTH WASHINGTON
Medicare 1: LA GRANGE, TX 78945
Medicare 2:
Phone (979) 968-1500 Fax (979) 968-1558
Type: Parent Agency Administrator SAMANTHA STACKHOUSE

Owner Information
SAMANTHA SMITH STACKHOUSE
P. O. BOX 1216
LA GRANGE, TX 78945
PHONE: FAX:
Services: Personal Assistance Services

County **FAYETTE** Region 05 Date Licensed 04/26/2017
License # 018188 ELARA CARING
Lic Expire 11/30/2020 2015 WEST HWY 71 BUSINESS STE. 1
Medicare 1: LA GRANGE, TX 78945
Medicare 2:
Phone (979) 968-5400 Fax (979) 968-5403
Type: Branch Agency Administrator HEIDI TINCH

Owner Information
TEXAS HOME HEALTHCARE PARTNERS LP
700 HIGLANDER SUITE 160
ARLINGTON, TX 76015
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **FAYETTE** Region 05 Date Licensed 04/26/2017
License # 018188 ELARA CARING
Lic Expire 11/30/2020 2015 WEST HWY 71 BUSINESS STE. 1
Medicare 1: LA GRANGE, TX 78945
Medicare 2:
Phone (979) 968-5400 Fax (979) 968-5403
Type: Branch Agency Administrator HEIDI TINCH

Owner Information
TEXAS HOME HEALTHCARE PARTNERS LP
700 HIGLANDER SUITE 160
ARLINGTON, TX 76015
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **FAYETTE** Region 05 Date Licensed 07/05/2007
License # 002186 HOSPICE BRAZOS VALLEY INC
Lic Expire 02/28/2024 1048 NORTH JEFFERSON
Medicare 1: LA GRANGE, TX 78945
Medicare 2:
Phone (979) 968-6913 Fax (979) 968-6943
Type: Alternate Delivery Site Administrator CRAIG BORCHARDT

Owner Information
HOSPICE BRAZOS VALLEY INC
502 WEST 26TH STREET
BRYAN, TX 77803
PHONE: ( ) - 512 FAX:
Services: Hospice
In-Patient Hospice: NO

County **FAYETTE** Region 05 Date Licensed 11/30/2007
License # 011739 KINDRED AT HOME
Lic Expire 11/30/2021 85 NORTH KESSLER AVENUE
Medicare 1: SCHULENBURG, TX 78956
Medicare 2:
Phone (979) 743-2633 Fax (979) 743-2733
Type: Branch Agency Administrator LAURA URIAS

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FAYETTE** Region 05 Date Licensed 06/07/2011
License # 014144 REGENCY HOME HEALTH OF SCHULENBURG
Lic Expire 06/30/2021 309 KESSLER
Medicare 1: 747668 HHA-18 SCHULENBURG, TX 78956
Medicare 2:
Phone (979) 743-4663 Fax (979) 743-4770
Type: Parent Agency Administrator JENNIFER SCHULZE

Owner Information
GILLAR HOME HEALTH CARE, LP
P.O. BOX 488
SCHULENBURG, TX 78956
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FLOYD** Region 01 Date Licensed 12/16/1998
License # 006764 MANGOLD MEMORIAL HOSPITAL HOME HEALTH CARE
Lic Expire 12/31/2022 104 N MAIN
Medicare 1: 459462 HHA-18 LOCKNEY, TX 79241
Medicare 2:
Phone (806) 652-2895 Fax (806) 652-2607
Type: Parent Agency Administrator ALYSSA MCCARTER

Owner Information
LOCKNEY GENERAL HOSPITAL DISTRICT
P.O. BOX 37
LOCKNEY, TEXAS 79241
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FORT BEND** Region 06 Date Licensed 05/08/2006
License # 010435 1ST CHOICE HEALTHCARE SERVICES INC
Lic Expire 05/31/2022 8018 PACIFIC SPRING LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 819-1803 Fax (832) 847-4077
Type: Parent Agency Administrator BEZALEEL TALIB

Owner Information
1ST CHOICE HEALTHCARE SERVICES INC
SAME
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/19/2010
License # 013179 1ST QUALITY CAREGIVERS
Lic Expire 03/31/2022 7818 TALLADEGA SPRINGS LN
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (281) 565-0261 Fax (281) 277-0236
Type: Parent Agency Administrator LISSETT HARRIS

Owner Information
LISSETT HARRIS
7818 TALLADEGA SPRINGS LANE
RICHMOND, TX 77407
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/13/2019
License # 019598 21ST CENTURY QUALITY HOME CARE LLC
Lic Expire 09/13/2021 503 ROSEN AVE
Medicare 1: ARCOLA, TEXAS 77583
Medicare 2:
Phone (832) 308-0776 Fax
Type: Parent Agency Administrator TIEASHA WADDY

Owner Information
21ST CENTURY QUALITY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/06/2010
License # 013754 3 ALPINE HOME HEALTH
Lic Expire 12/31/2022 2122 LUCY LANE
Medicare 1: 747711 HHA-18 MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 885-9271 Fax (281) 208-7283
Type: Parent Agency Administrator DEANNA PHAM

Owner Information
CASPER WENDIES INCORPORATED
2122 LUCY LANE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/27/2021
License # 020493 A & A HEALTHCARE INC
Lic Expire 01/27/2023 6415 CANYON ESTATES LN
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (713) 922-0447 Fax
Type: Parent Agency Administrator CHIDINMA WEZE

Owner Information
ZIC INC
6415 CANYON ESTATES LN
RICHMOND, TX 77469
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 11/02/2020
License # 020133 A & B DESTINY CARE LLC
Lic Expire 08/31/2022 28431 BOBCAT BAYOU DR.
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (832) 713-4941 Fax (832) 437-2173
Type: Parent Agency Administrator OLASIMBO BODE

Owner Information
A & B DESTINY CARE LLC
20219 WEEPING PINE WAY
RICHMOND,
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/05/2005
License # 010027 A&L HEALTH CARE SERVICES LLC
Lic Expire 10/31/2021 2440 TEXAS PARKWAY, SUITE 213E
Medicare 1: 677960 MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 208-7451 Fax (281) 969-8197
Type: Parent Agency Administrator AMAKA OKOROHA

Owner Information
A & L HEALTH CARE SERVICES, LLC
2440 TEXAS PKWY, STE 213C
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/14/2013
License # 015538 AABA PEDIATRIC CARE
Lic Expire 05/31/2021 8310 INDIGO VILLA LANE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (832) 633-2271 Fax (281) 491-6239
Type: Parent Agency Administrator JANE AMADI

Owner Information
AABA HEALTHCARE SERVICES, INC.
8310 INDIGO VILLA LANE
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/04/2012
License # 014561 ABET LIFE INC
Lic Expire 01/31/2022 4502 RIVERSTONE BLVD SUITE #502
Medicare 1: 747811 HHA-18 MISSOURI CITY, TX 77459
Medicare 2:
Phone (281) 431-1900 Fax (281) 715-4900
Type: Parent Agency Administrator BINNY OONNOONNY

Owner Information
ABET LIFE INC
4502 RIVERSTONE BLVD STE 502
MISSOURI CITY, TX 77459-5205
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/21/2021

County **FORT BEND** Region 06 Date Licensed 01/28/2019
License # 019225 ABRA HOSPICE
Lic Expire 01/28/2024 410 W GRAND PARKWAY S SUITE 396
Medicare 1: 97-1533 (HOSPICE KATY, TX 77494
Medicare 2:
Phone (281) 940-8912 Fax
Type: Parent Agency Administrator RENUKA KAUL

Owner Information
ABRA HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/05/2022

County **FORT BEND** Region 06 Date Licensed 03/22/2019
License # 019304 ABUCARE HEALTH SERVICES INC
Lic Expire 07/31/2021 19830 QUARRY STONE LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 715-9088 Fax (281) 762-0401
Type: Parent Agency Administrator LIZNANE OGBONNA

Owner Information
ABUCARE HEALTH CARE SERVICES INC.
19830 QUARRY STONE LN
RICHMOND, TEXAS 77407
PHONE: (832) 715-9088 FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 02/11/2021
License # 020535 ACADIA CARE INC
Lic Expire 02/11/2023 12808 W AIRPORT BLVD STE 293
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (214) 929-6722 Fax
Type: Parent Agency Administrator BLESSING GABRIEL

Owner Information
ACADIA CARE INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 11/08/2008
License # 012300 ACE-ELLENT HEALTHCARE SERVICES INC.
Lic Expire 11/30/2022 10701 CORPORATE DRIVE SUITE #145
Medicare 1: 679747 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 903-7059 Fax (832) 886-4148
Type: Parent Agency Administrator ADAKU EJIMADU

Owner Information
ACE-ELLENT 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

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

County **FORT BEND** Region 06 Date Licensed 03/12/2021
License # 020599 ACHIFA CARE SERVICES LLC.
Lic Expire 03/12/2024 21226 BARTON HOLLOW LN
Medicare 1: RICHMOND, TX 77406
Medicare 2:
Phone (832) 951-0892 Fax
Type: Parent Agency Administrator SAMUEL CHIONUMA

Owner Information
ACHIFA CARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/24/2003
License # 008302 ACP HEALTH CARE RESOURCES INC
Lic Expire 01/31/2023 5750 HOMEWARD WAY
Medicare 1: 679269 HHA-18 SUGAR LAND, TX 77479
Medicare 2:
Phone (281) 265-1511 Fax (281) 265-5349
Type: Parent Agency Administrator ARLITA PANG

Owner Information
ACP HEALTH CARE RESOURCES INC
5750 HOMEWARD WAY
SUGAR LAND, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 09/22/2020
License # 020188 ACROHEALTH LLC
Lic Expire 09/22/2022 5739 WHITE CLOVER DR
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (832) 969-3315 Fax
Type: Parent Agency Administrator CHRIS ODUOK

Owner Information
ACROHEALTH LLC
5739 WHITE CLOVER DR
RICHMOND, TX 77469
PHONE: (832) 969-3315 FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/19/2020
License # 020113 ACTI-KARE RESPONSIVE IN-HOME CARE
Lic Expire 08/19/2022 5010 ROLLINGSTONE RD
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 801-3529 Fax
Type: Parent Agency Administrator CARLOS RAMIREZ

Owner Information
SOPHOS CARE GROUP INC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/03/2021
License # 020565 ACTI-KARE RESPONSIVE IN-HOME CARE
Lic Expire 03/03/2023 5834 CHASTE CT
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (713) 903-6612 Fax (832) 295-0667
Type: Parent Agency Administrator ANDERSON OGUNBOR

Owner Information
TETRI HOLDINGS INC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/06/2017
License # 018106 ACTIVA HEALTHCARE INCORPORATED
Lic Expire 04/30/2021 610 MURPHY RD SUITE #211
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (713) 866-4050 Fax (713) 866-4060
Type: Parent Agency Administrator QUIZENA L. WALKER

Owner Information
ACTIVA HEALTHCARE INCORPORATED
7323 COLBY RUN COURT
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/29/2001
License # 007630 ACTIVE CARE HOME HEALTH INC
Lic Expire 05/31/2021 23501 CINCO RANCH BLVD SUITE B 220
Medicare 1: 679083 HHA-18 KATY, TX 77494
Medicare 2:
Phone (832) 242-0900 Fax (832) 242-0909
Type: Parent Agency Administrator ZAHRA LILLIE TAAT

Owner Information
ACTIVE CARE HOME HEALTH INC
2600 SOUTH GESSNER ROAD, SUITE 120
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **FORT BEND** Region 06 Date Licensed 08/31/2006
License # 011103 ACURA HOME HEALTHCARE LLC
Lic Expire 08/31/2022 56 SUGAR CREEK CENTER BLVD., SUITE 150
Medicare 1: 679226 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 566-1122 Fax (281) 566-1125
Type: Parent Agency Administrator ASHA BHANDARI

Owner Information
AMBIENCE HEALTHCARE LLC
PO BOX 2938
SUGAR LAND, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 03/06/2024

County **FORT BEND** Region 06 Date Licensed 12/14/2012
License # 015267 ACURA HOSPICE CARE LLC
Lic Expire 12/31/2022 56 SUGAR CREEK CENTER BLVD., SUITE 150
Medicare 1: 741541 HOSPICE SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 566-1122 Fax (281) 566-1125
Type: Parent Agency Administrator ASHA BHANDARI

Owner Information
ACURA HOSPICE CARE LLC
PO BOX 2938
SUGAR LAND, TX
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 10/09/2023

County **FORT BEND** Region 06 Date Licensed 07/23/2015
License # 017143 ADBRIGHT HEALTHCARE SERVICES INC
Lic Expire 07/31/2021 5227 READING RD,
Medicare 1: 747098 HHA-18 ROSENBERG, TX 77471
Medicare 2:
Phone (281) 201-6088 Fax (281) 201-6228
Type: Parent Agency Administrator ADA BROWN

Owner Information
A-UNC HEALTHCARE SERVICES INC.
SAME AS ABOVE
ROSENBERG, TX 77471
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 11/21/2016
License # 018019 ADVANCED HEALTHCARE SERVICES INC
Lic Expire 11/30/2022 10707 CORPORATE DR STE 140
Medicare 1: 677827 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (713) 271-6999 Fax (713) 271-7002
Type: Parent Agency Administrator JANINA CAHILOG

Owner Information
ADVANCED HEALTHCARE SERVICES INC
9800 CENTRE PARKWAY STE 100
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/28/2010
License # 013419 AEGIS SENIOR CARE
Lic Expire 06/30/2022 120 ELDRIDGE ROAD SUITE B
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 881-2781 Fax (281) 242-0892
Type: Parent Agency 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** Region 06 Date Licensed 05/24/2017
License # 018076 AEON HOME HEALTH CARE LLC
Lic Expire 05/31/2021 9235 HODGES BEND DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (713) 319-6210 Fax NA
Type: Parent Agency 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** Region 06 Date Licensed 07/18/2011
License # 014220 AFFECTIONATE HEART INC
Lic Expire 07/31/2021 11104 WEST AIRPORT STE #141
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 762-2339 Fax (888) 370-5396
Type: Parent Agency 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** Region 06 Date Licensed 11/03/2020
License # 019921 AGING GRACEFULLY HOME HEALTH
Lic Expire 05/08/2022 8627 CRESCENT SPUR DR
Medicare 1: RICHMOND, TEXAS 77406
Medicare 2:
Phone (281) 925-7621 Fax (713) 730-3632
Type: Parent Agency Administrator FARIDA ABJANI

Owner Information
MUBARAK LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/14/2021
License # 020464 AKOBEYANG LIFECARE, LLC
Lic Expire 01/14/2023 2331 SANDY SEA RD
Medicare 1: ROSENBERG, TEXAS 77469
Medicare 2:
Phone (240) 423-0568 Fax (346) 857-0467
Type: Parent Agency Administrator JOAN NDUMBE

Owner Information
AKOBEYANG LIFECARE, LLC
2331 SANDY SEA RD
ROSENBERG, TX 77469
PHONE: (240) 423-0568 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/06/2019
License # 019513 ALAFIA COMPLETE HEALTHCARE SERVICES, LLC.
Lic Expire 08/06/2021 12930 DAIRY ASHFORD RD, SUITE 403
Medicare 1: SUGARLAND, TX 77478
Medicare 2:
Phone (832) 500-5083 Fax (832) 500-5087
Type: Parent Agency Administrator GABRIEL FATUROTI

Owner Information
ALAFIA COMPLETE HEALTHCARE SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/21/2013
License # 015553 ALBRIGHT HOME HEALTH INC
Lic Expire 05/31/2021 6514 CANYON CHASE DRIVE
Medicare 1: RICHMOND, TX 77469
Medicare 2:
Phone (281) 342-1974 Fax (281) 342-9912
Type: Parent Agency Administrator BOLA STEPHEN

Owner Information
ALBRIGHT HOME HEALTH, INC.
6514 CANYON CHASE DRIVE
RICHMOND, TX 77469
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/29/2019
License # 019397 ALERIS HOME HEALTH INC
Lic Expire 05/29/2021 140 ELDRIDGE RD,SUITE H
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (832) 310-3317 Fax (281) 313-4935
Type: Parent Agency Administrator JINCY JACOB

Owner Information
ALERIS HOME HEALTH INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/10/2003
License # 008799 ALIEF HEALTH CARE INC
Lic Expire 12/31/2021 301 SOUTH 9TH STREET STE 101
Medicare 1: RICHMOND, TX 77469
Medicare 2:
Phone (832) 595-0189 Fax (832) 595-0193
Type: Parent Agency Administrator EMEKA NWOSU

Owner Information
ALIEF HEALTH CARE INC
25723 CANYON CROSSING DR
RICHMOND, TX 77406
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/18/2017
License # 018256 ALL AMERICAN STAR HOSPICE INC
Lic Expire 08/31/2021 12808 WEST AIRPORT BLVD #312
Medicare 1: 74-1762 SUGAR LAND, TX 77478
Medicare 2:
Phone (346) 874-7964 Fax (713) 955-9671
Type: Parent Agency Administrator NWANNEOMA PATRICIA NDUBISI

Owner Information
ALL AMERICAN STAR HOSPICE INC
6519 PONDER CHASE COURT
RICHMOND, TX 77407
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/30/2021

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

County **FORT BEND** Region 06 Date Licensed 09/30/2005
License # 010005 ALL GIVING PROVIDER SERVICES INC
Lic Expire 03/31/2022 3727 GREENBRIAR DR #302 SUITE B
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 565-3619 Fax (281) 325-0387
Type: Parent Agency Administrator PAUL MENDOZA

Owner Information
ALL GIVING PROVIDER SERVICES INC
3727 GREENBRIAR DR #302 SUITE B
STAFFORD, TX 77477
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/18/2011
License # 014430 ALL STAR KIDS HOME HEALTH SERVICES
Lic Expire 10/31/2021 5027 GOLD HAVEN DR
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone 713 6622146 Fax 713 6622173
Type: Parent Agency Administrator CHIMERE NWODU

Owner Information
THE KRIS HUTCHINSON GROUP, LLC
8900 KIRBY #215
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/20/2016
License # 017625 ALLSTAR HOSPICE
Lic Expire 03/31/2022 13515 SOUTHWEST FREEWAY # 215
Medicare 1: 671757 HOSPICE SUGAR LAND, TX 77478
Medicare 2:
Phone (713) 280-7972 Fax (800) 559-8401
Type: Parent Agency Administrator MICHAEL ALFORD

Owner Information
ALLSTAR HOSPICE, INC.
2307 TEXANA WAY
RICHMOND, TEXAS 77406
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/18/2021

County **FORT BEND** Region 06 Date Licensed 03/02/2021
License # 020560 ALLWELL GROUP, INC.
Lic Expire 03/02/2024 9111 ACORN HARVEST TRL
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone 832 6134485 Fax
Type: Parent Agency Administrator OGBONNA OKEZIE

Owner Information
ALLWELL GROUP, INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 07/13/2018
License # 018830 ALPHA LIVING SOLUTION
Lic Expire 07/31/2022 17715 SCARLETT FALL LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (281) 667-3636 Fax (281) 624-4902
Type: Parent Agency Administrator MFON ODIONG

Owner Information
ALPHA INDEPENDENT LIVING INC
17915 TIMERWALK LANE
RICHMOND, TX 77407
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/08/2020
License # 020043 ALPHA ONE CARE LLC
Lic Expire 07/08/2022 20219 WEEPING PINE WAY
Medicare 1: RICHMOND, TX 774072033
Medicare 2:
Phone (773) 225-2519 Fax (713) 715-1471
Type: Parent Agency Administrator ESTHER KUTON

Owner Information
ALPHA ONE CARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed
License # 020695 ALPHA RESOURCEFUL CARE LLC
Lic Expire 04/13/2024 16515 DAWNCREST WAY
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone 346 779 2201 Fax
Type: Parent Agency Administrator BASHIR OYENIRAN

Owner Information
ALPHA RESOURCEFUL CARE LLC
14402 WEST BELFORT ST APT 1036
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/25/2019
License # 019778 ALTUS HOME HEALTH, LLC
Lic Expire 10/25/2021 16701 CREEK BEND DR.
Medicare 1: 67-9527 (HHA) SUGARLAND, TEXAS 77478
Medicare 2:
Phone (713) 474-5998 Fax (713) 583-8616
Type: Parent Agency Administrator MIRA FRANCO

Owner Information
ALTUS HOME HEALTH, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FORT BEND** Region 06 Date Licensed 03/09/2020
License # 019770 ALTUS HOSPICE
Lic Expire 10/25/2021 4660 SWEETWATER BOULEVARD
Medicare 1: 671562 SUGAR LAND, TX 77479
Medicare 2:
Phone 281?493?9744 Fax 281?493?9792
Type: Parent Agency Administrator JOANNA COUNTRYMAN

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 05/03/2019
License # 019360 ALWAYS HERE HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 05/03/2021 9898 BISSONNET ST STE 670
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 350-2573 Fax
Type: Parent Agency Administrator JESTINA BANGURA

Owner Information
ALWAYS HERE HOSPICE AND PALLIATIVE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 11/17/2015
License # 017130 AMAZING ANGELS HOME CARE LLC
Lic Expire 11/30/2021 2914 AVE I
Medicare 1: ROSENBERG, TX 77471
Medicare 2:
Phone (832) 833-5180 Fax (832) 363-3296
Type: Parent Agency 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** Region 06 Date Licensed 04/08/2011
License # 014026 AMAZING CAREGIVERS HOME HEALTH INC
Lic Expire 04/30/2024 19830 FM 1093, SUITE 201
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 703-5770 Fax (832) 437-1299
Type: Parent Agency Administrator CLARA IRIELE

Owner Information
AMAZING CAREGIVERS HOME HEALTH INC
19830 FM 1093 SUITE 201
RICHMOND, TEXAS 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/03/2019
License # 019172 AMAZON HEALTHCARE SERVICES, LLC.
Lic Expire 06/30/2021 12538 WRENTHORPE DRIVE
Medicare 1: HOUSTON, TEXAS 77031
Medicare 2:
Phone 832 8637049 Fax 832 2531152
Type: Parent Agency Administrator AUSTIN IHEAGWARA

Owner Information
AMAZON HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 04/10/2019
License # 019138 AMERICAN BEST ASSISTED LIVING LLC
Lic Expire 12/07/2022 710 CRESTWOOD LANE
Medicare 1: MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone 8324069971 281666406 Fax (281) 666-4064
Type: Parent Agency Administrator SANTARA LALEYE

Owner Information
AMERICAN BEST ASSISTED LIVING LLC
13250 WESTHEIMER RD 117
HOUSTON, TEXAS 77077
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 11/05/2019
License # 019680 AMERICAN HOLISTIC HEALTHCARE INC.
Lic Expire 11/05/2021 17402 HEATH GROVE LANE
Medicare 1: RICHMOND, TEXAS 774078025
Medicare 2:
Phone (832) 455-2203 Fax
Type: Parent Agency Administrator ELIZABETH OGUNBAYO

Owner Information
AMERICAN HOLISTIC HEALTHCARE, INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 04/20/2018
License # 018719 AMERICAN PRIMARY HOME CARE LLC
Lic Expire 04/30/2022 2507 HODGES BEND CIR
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (713) 816-6000 Fax (409) 908-3692
Type: Parent Agency Administrator JASIM HASHMANY

Owner Information
AMERICAN PRIMARY HOME CARE LLC
2507 HODGES BEND CIR
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/29/2004
License # 009221 AMEURO HOME HEALTH INC
Lic Expire 07/31/2022 301 SOUTH 9TH STREET SUITE 210
Medicare 1: 673191 HHA-18 RICHMOND, TX 77469
Medicare 2:
Phone (281) 238-6045 Fax (281) 238-6046
Type: Parent Agency Administrator ERNEST ONWUHARONYE

Owner Information
AMEURO HOME HEALTH INC
SAME AS ABOVE
RICHMOND, TX 77469
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/16/2016
License # 017792 AMGREF HEALTH SYSTEMS CORPORATION
Lic Expire 12/31/2022 4418 BLUEBONNET DR. SUITE 302
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (346) 754-2142 Fax (281) 944-5682
Type: Parent Agency Administrator NOMSO EGWIM

Owner Information
AMGREF HEALTH SYSTEMS CORPORATION
307 WEST MILAM ST SUITE 201
WHARTON, TX 77488
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/28/2012
License # 014830 ANGEL HOME HEALTH CARE LLC
Lic Expire 03/31/2022 4227 SHADY VILLAGE CT
Medicare 1: 747067 HHA-18 MISSOURI CITY, TX 77459
Medicare 2:
Phone (281) 969-7043 Fax (281) 969-7045
Type: Parent Agency Administrator BEATREES PATHIYIL

Owner Information
ANGEL HOME HEALTH CARE LLC
4227 SHADY VILLAGE CT
MISSOURI CITY, TX 77459-3534
PHONE: (281) 969-7043 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 09/10/2019
License # 019587 ANGELIC HEALTHCARE SERVICES INC
Lic Expire 09/10/2021 2818 DOVE COUNTRY DR
Medicare 1: STAFFORD, TEXAS 774776002
Medicare 2:
Phone (281) 223-2774 Fax (281) 499-6395
Type: Parent Agency Administrator VICTORIA EZEANI

Owner Information
ANGELIC HEALTHCARE SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/04/2020
License # 020375 ANGELS CARE
Lic Expire 12/04/2022 2440 TEXAS PKWY, SUITE 218
Medicare 1: MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 975-2543 Fax (281) 975-2544
Type: Parent Agency Administrator ODINAKACHUKWU CYNTHIA AGU

Owner Information
ACHS HEALTHCARE SERVICES INCORPORAATED
20731 BARRINGTON MEADOW TRACE
RICHMOND, TEXAS 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/18/2007
License # 010997 ANIS HEALTHCARE SERVICES INC
Lic Expire 01/31/2022 4434 BLUEBONNET DR, #145
Medicare 1: 743123 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (713) 242-1960 Fax (281) 313-3126
Type: Parent Agency Administrator STELLA ANUSI

Owner Information
ANIS HEALTHCARE SERVICES INC
4434 BLUEBONNET DR, #145
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 04/12/2021
License # 020690 APTIVA CARE INC.
Lic Expire 04/12/2023 12808 W AIRPORT BLVD STE 293
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (913) 999-6982 Fax (713) 715-1471
Type: Parent Agency Administrator BLESSING GABRIEL

Owner Information
APTIVA CARE INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 04/03/2020
License # 019860 ARIA HEALTHCARE CORPORATION
Lic Expire 04/03/2022 3216 HUTCHINS ST
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (281) 902-2259 Fax
Type: Parent Agency Administrator PRINCESS EGWIM

Owner Information
ARIA HEALTHCARE CORPORATION
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 11/13/2014
License # 016522 ASERENE HEALTHCARE SERVICES LLC
Lic Expire 10707 CORPORATE DR SUITE 201
Medicare 1: 741633 HOSPICE STAFFORD, TX 77477
Medicare 2:
Phone (832) 532-7953 Fax (281) 494-5143
Type: Parent Agency Administrator SHENICE F FERGUSON

Owner Information
ASERENE HEALTHCARE SERVICES, LLC
2215 S SHADOW GROVE LANE
RICHMOND, TX 44106
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 07/12/2022

County **FORT BEND** Region 06 Date Licensed 06/27/2001
License # 007654 ASSURED CARE HEALTH SERVICES LLC
Lic Expire 06/30/2021 101 SOUTHWESTERN BOULEVARD SUITE #209
Medicare 1: 679073 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 277-5700 Fax (281) 277-5707
Type: Parent Agency Administrator YAISETH TRAPP

Owner Information
ASSURED CARE HEALTH SERVICES, LLC
8300 BISSONNET #470
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **FORT BEND** Region 06 Date Licensed 10/29/2019
License # 019671 AT EASE PERSONAL HOME CARE AND ERRAND SERVICE LLC
Lic Expire 10/29/2021 1031 N. MAGNOLIA DALE DR.
Medicare 1: FRESNO, TEXAS 77545
Medicare 2:
Phone (832) 699-0363 Fax
Type: Parent Agency Administrator TYRONE EAGLIN

Owner Information
AT EASE PERSONAL HOME CARE AND ERRAND SERVICE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/14/2020
License # 020051 AT HOME HOSPICE AND PALLIATIVE CARE LLC.
Lic Expire 07/14/2022 10701 CORPORATE DR STE 293
Medicare 1: STAFFORD, TEXAS 77477
Medicare 2:
Phone (832) 939-8048 Fax (832) 939-8048
Type: Parent Agency Administrator KIRBY SANDERS

Owner Information
AT HOME HOSPICE AND PALLIATIVE CARE LLC.
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

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

County **FORT BEND** Region 06 Date Licensed 03/29/2017
License # 017974 AUTUMNCARE HOSPICE
Lic Expire 03/31/2024 10701 CORPORATE DR, SUITE 340-105
Medicare 1: 741698 HOSPICE STAFFORD, TEXAS 77477
Medicare 2:
Phone (281) 494-0228 Fax (281) 709-6221
Type: Parent Agency Administrator OFFIONG GLOVER

Owner Information
AUTUMNCARE HEALTH SERVICES, LLC
10701 CORPORATE DR, SUITE 340-105
STAFFORD, TEXAS 77477
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 10/28/2020
License # 020274 AUXILIUM HOME CARE LLC
Lic Expire 10/28/2022 12808 W. AIRPORT BLVD SUITE 325M
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (832) 353-3835 Fax (832) 353-3845
Type: Parent Agency Administrator ADENIKE BANTALE

Owner Information
AUXILIUM HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/31/2020
License # 020131 AVALON PEDIATRIC HOME HEALTH INC
Lic Expire 08/31/2022 14910 MILL BRANCH LANE
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (713) 367-7275 Fax
Type: Parent Agency Administrator TINA IWEGBU

Owner Information
AVALON PEDIATRIC HOME HEALTH INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/26/2020
License # 020123 AVEEANA HEALTHCARE CORPORATION
Lic Expire 08/26/2022 13827 ABBEY LN
Medicare 1: SUGAR LAND, TX 774986301
Medicare 2:
Phone (281) 902-2259 Fax
Type: Parent Agency Administrator PRINCESS EGWIM

Owner Information
AVEEANA HEALTHCARE CORPORATION
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 01/29/2019
License # 019232 AVENIR HOSPICE CARE LLC
Lic Expire 06/30/2023 140 ELDRIDGE RD,SUITE A
Medicare 1: 971558 SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (832) 766-0929 Fax (281) 715-5255
Type: Parent Agency Administrator JINCY JACOB

Owner Information
AVENIR HOSPICE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/03/2022

County **FORT BEND** Region 06 Date Licensed 03/22/2021
License # 020619 AVIDCARE HOSPICE 3 LLC
Lic Expire 03/22/2024 12808 WEST AIRPORT BLVD STE 292
Medicare 1: SUGAR LAND, TEXAS 77498
Medicare 2:
Phone (844) 424-2843 Fax (844) 434-2843
Type: Parent Agency Administrator SHANNON SCURLOCK

Owner Information
AVIDCARE HOSPICE 3 LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 06/16/2017
License # 018111 AVIDCARE HOSPICE LLC
Lic Expire 06/30/2021 15222 SNOW HILL CT
Medicare 1: 74-1776 SUGAR LAND, TX 77498
Medicare 2:
Phone (844) 424-2843 Fax (281) 564-7326
Type: Parent Agency Administrator JOEL ADA

Owner Information
AVIDCARE HOSPICE LLC
15222 SNOW HILL CT
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/11/2022

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

County **FORT BEND** Region 06 Date Licensed 01/15/2020
License # 019785 AWESOME HEALTH INC
Lic Expire 01/15/2022 618 WHEELHOUSE DR
Medicare 1: STAFFORD, TEXAS 774775828
Medicare 2:
Phone (832) 249-0424 Fax (806) 329-2188
Type: Parent Agency Administrator PRECIOUS ULUOCHA

Owner Information
AWESOME HEALTH INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/30/2003
License # 008482 AXIS CARE GROUP HOME HEALTH SERVICES INC
Lic Expire 05/31/2021 800 BONAVENTURE WAY, SUITE 153
Medicare 1: 679447 HHA-18 SUGAR LAND, TX 77479
Medicare 2:
Phone (281) 495-4845 Fax (281) 495-4846
Type: Parent Agency Administrator TERESITA CAPAO

Owner Information
AXIS CARE GROUP HOME HEALTH SERVICES INC
11104 W AIRPORT BLVDSTE 134
STAFFORD, TX 77477
PHONE: (281) 495-4845 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/28/2004
License # 008886 BANNER HEALTHCARE SERVICES INC
Lic Expire 01/31/2023 12808 W AIRPORT BLVD, SUITE 304
Medicare 1: 453133 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (713) 272-9355 Fax (713) 272-9356
Type: Parent Agency Administrator ANTHONY OBEAHON

Owner Information
BANNER HEALTHCARE SERVICES INCORPORATED
10590 WESTOFFICE DRIVE SUITE 100
HOUSTON, TX 77042
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/01/2016
License # 017611 BAYSHINE HEALTHCARE SERVICES INC
Lic Expire 11/30/2020 9015 PEACH STONE CT
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 462-0250 Fax (832) 538-0971
Type: Parent Agency Administrator YEMISI ABOLARINDE

Owner Information
BAYSHINE HEALTHCARE SERVICES INC
9015 PEACH STONE CT
RICHMOND, TX 77407
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/31/2004
License # 009564 BEACON HOME HEALTH AGENCY LLC
Lic Expire 12/31/2022 13004 MURPHY RD #206
Medicare 1: 457950 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (713) 592-6428 Fax (713) 592-6467
Type: Parent Agency Administrator LORA MAYES

Owner Information
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

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County **FORT BEND** Region 06 Date Licensed 07/17/2012
License # 015069 BEATIFIC KIDS CARE
Lic Expire 07/31/2022 12808 W AIRPORT BLVD SUITE 319
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 201-8757 Fax (281) 201-8731
Type: Parent Agency Administrator DOROTHY ADUMANU

Owner Information
BEATIFIC HEALTHCARE INC
3110 DOGWOOD KNOLL TRAIL
ROSENBERG, TX 77471
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/13/2009
License # 012555 BENEFICIENT HEALTHCARE
Lic Expire 03/31/2021 202 INDUSTRIAL BLVD., SUITE 204
Medicare 1: SUGARLAND, TX 77478
Medicare 2:
Phone (713) 988-2942 Fax (713) 988-2943
Type: Parent Agency Administrator SHERRY TADESE

Owner Information
BENEFICIENT INC
9695 A SOUTHWEST FRWY
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/13/2003
License # 008593 BESTIN MEDICAL GROUP INC
Lic Expire 08/31/2022 7214 SPRING SPRING RUN LANE
Medicare 1: 453101 HHA-18 KATY, TX 77494
Medicare 2:
Phone (281) 530-4333 Fax 281 946 8760
Type: Parent Agency Administrator CLEMENTINA BESTMANN JACKSON

Owner Information
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

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County **FORT BEND** Region 06 Date Licensed 10/23/2017
License # 018422 BETHEL AMERICA HEALTH CARE LLC
Lic Expire 10/31/2021 11104 W AIRPORT BLVD #107
Medicare 1: 747530 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (832) 770-9125 Fax (832) 770-9253
Type: Parent Agency Administrator YAMILET FERNANDEZ

Owner Information
BETHEL AMERICA HEALTH CARE LLC
11104 W AIRPORT BLVD #107
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/13/2011
License # 014094 BETHINA HOME HEALTHCARE
Lic Expire 05/31/2021 2440 TEXAS PKWY, SUITE 213B
Medicare 1: 747881 HHA-18 MISSOURI CITY, TX 77489
Medicare 2:
Phone (832) 884-6186 Fax (281) 499-8343
Type: Parent Agency Administrator AINA OBILANA

Owner Information
BETHINA HEALTHCARE LLC
2305 N STREET SUITE 103
BEAUMONT, TX 77702
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed
License # 020700 BEYOND HOSPICE & PALLIATIVE CARE, LLC
Lic Expire 04/14/2024 4002 HIGHLAND VALE COURT
Medicare 1: FRESNO, TEXAS 77545
Medicare 2:
Phone (281) 972-9171 Fax (281) 972-9171
Type: Parent Agency Administrator CARMEN KEYS

Owner Information
BEYOND HOSPICE & PALLIATIVE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 10/01/2006
License # 011085 BIO HOME HEALTH SERVICES INC
Lic Expire 09/30/2021 11104 W AIRPORT BLVD. STE 225
Medicare 1: 677866 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 980-2262 Fax (281) 980-2276
Type: Parent Agency Administrator CARLITO BUHAY

Owner Information
BIO HOME HEALTH SERVICES INC
11104 W AIRPORT STE 225
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 08/11/2021

County **FORT BEND** Region 06 Date Licensed 12/05/2019
License # 019734 BLESSED HANDS HOME HEALTH PROFESSIONALS
Lic Expire 12/05/2021 6119 MAPLETON MEADOW LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (641) 781-9498 Fax
Type: Parent Agency Administrator UKERIA NDANDO

Owner Information
BLESSED HANDS HOME HEALTH PROFESSIONALS
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/04/2020
License # 020091 BLESSED HANDS HOSPICE & PALLIATIVE CARE, INC.
Lic Expire 08/04/2022 7906 GRACE CT
Medicare 1: ROSENBURG, TX 77469
Medicare 2:
Phone (832) 848-2310 Fax (832) 862-5035
Type: Parent Agency Administrator EMILIA NDOA

Owner Information
BLESSED HANDS HOSPICE & PALLIATIVE CARE SERVICES, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **FORT BEND** Region 06 Date Licensed 06/04/2015
License # 016838 BLISSFUL HEALTHCARE SERVICES INC
Lic Expire 09/30/2021 2839 NORTH MAIN STREET SUITE #214
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 969-8216 Fax (844) 230-6212
Type: Parent Agency Administrator CHINYERE NWAOBIA

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

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County **FORT BEND** Region 06 Date Licensed 01/21/2021
License # 020481 BOD HEALTH CARE SERVICE, LLC.
Lic Expire 01/21/2023 7126 ROUNDROCK PARK LANE
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 253-1105 Fax (832) 253-1106
Type: Parent Agency Administrator SEGUN ILORI

Owner Information
BOD HEALTH CARE SERVICE LLC
7126 ROUNDROCK PARK LANE
RICHMOND, TEXAS 77407
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/10/2015
License # 016676 BONJOUR HEALTH CARE LLC
Lic Expire 07/30/2021 14311 TEMPLAR LANE
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (832) 999-4899 Fax (281) 201-8368
Type: Parent Agency Administrator MINH NGUYEN

Owner Information
BONJOUR HEALTH CARE LLC
14311 TEMPLAR LN
SUGAR LAND, TEXAS 77498
PHONE: (832) 683-0839 FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/03/2012
License # 015087 BRIGHTSTAR OF SUGAR LAND
Lic Expire 09/30/2022 101 SOUTHWESTERN BLVD SUITE 250
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 201-3700 Fax (281) 201-3701
Type: Parent Agency Administrator CHERYLE DEMARIA

Owner Information
SSBL, LLC
1603 WOOD SONG DRIVE
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO, Expires: 12/20/2021

County **FORT BEND** Region 06 Date Licensed 04/04/2012
License # 012876 BROOKDALE AT HOME HOUSTON
Lic Expire 09/30/2021 16900 LEXINGTON BOULEVARD
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (281) 903-2000 Fax (281) 903-2002
Type: Branch Agency Administrator ALEXIS WASHINGTON

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed
License # 015163 BROOKDALE HOSPICE HOUSTON
Lic Expire 09/30/2022 5751 BLYTHEWOOD STREET, SUITE 700
Medicare 1: HOUSTON, TX 77021
Medicare 2:
Phone (713) 386-6336 Fax (281) 501-9193
Type: Alternate Delivery Site Administrator LARISSA BALDWIN

Owner Information
BROOKDALE HOSPICE LLC
111 WESTWOOD PLACE, SUITE #400
BRENTWOOD, TN 37027
PHONE: (713) 623-0937 FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 11/23/2004
License # 009423 C & L HOME HEALTHCARE AGENCY
Lic Expire 11/30/2021 8506 ATWOOD BEND TRAIL
Medicare 1: 457953 RICHMOND, TEXAS 77407
Medicare 2:
Phone 832 6617694 Fax (844) 275-1844
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 04/14/2004
License # 009030 C N G HOME HEALTH INC
Lic Expire 04/30/2021 18211 PALISADE ROCK COURT
Medicare 1: 673198 HHA-18 RICHMOND, TX 77407
Medicare 2:
Phone (832) 944-6790 Fax (713) 866-4880
Type: Parent Agency Administrator OBIAGELI OLOFINMOYIN

Owner Information
C N G HOME HEALTH INC
12318 DE FORREST STREET
HOUSTON, TX 77066
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/18/2020
License # 020112 CAL STAFFING LLC
Lic Expire 08/18/2022 2923 HAVENWOOD CT
Medicare 1: RICHMOND, TEXAS 77406
Medicare 2:
Phone (281) 832-6142 Fax (832) 222-2700
Type: Parent Agency Administrator SEDRICK BUNTON

Owner Information
CAL STAFFING LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 01/11/2008
License # 012069 CARE AND COMFORT HOME HEALTH
Lic Expire 01/31/2022 114 BRAZOS GARDENS DRIVE
Medicare 1: 679499 HHA-18 RICHMOND, TEXAS 77469
Medicare 2:
Phone (713) 272-0900 Fax (713) 272-0909
Type: Parent Agency Administrator JOSHUA GEORGE

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; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/31/2012
License # 015285 CARE AND COMFORT HOME HEALTH CARE SERVICES INC.
Lic Expire 12/31/2022 12808 WEST AIRPORT BLVD STE. 342
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 201-8399 Fax (281) 302-5249
Type: Parent Agency Administrator AMIN ALWANI

Owner Information
CARE AND COMFORT HOME HEALTH CARE SERVICES INC
12808 WEST AIRPORT BLVD., SUITE #346
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 07/03/2018
License # 018816 CARE AND LAUGHTER ASSISTED LIVING AND PROVIDER SERVICES INC
Lic Expire 07/31/2022 2839 NORTH MAIN SUITE 150
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (832) 539-1237 Fax (281) 696-7841
Type: Parent Agency Administrator CONSUELA HARRISON-RILEY

Owner Information
CARE AND LAUGHTER ASSISTED LIVING AND PROVIDER SERVICES, INC
9706 QUEENSBRIDGE DRIVE
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/31/2008
License # 012373 CARE DYNAMICS
Lic Expire 12/31/2020 2918 SUMMIT ROCK WAY
Medicare 1: MISSOURI CITY, TX 77459
Medicare 2:
Phone (713) 858-1562 Fax (832) 440-7281
Type: Parent Agency Administrator COLLETTE EMENOGU

Owner Information
COLLETTE T EMENOGU
2918 SUMMIT ROCK WAY
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/17/2011
License # 014174 CARE HEALTH SERVICES INC
Lic Expire 06/30/2021 1129 BIRCH RISE ROAD
Medicare 1: 747962 HHA-18 RICHMOND, TX 77406
Medicare 2:
Phone (713) 420-9539 Fax (832) 363-3038
Type: Parent Agency Administrator CHINYERE UGORJI

Owner Information
CARE HEALTH SERVICES INC
16710 CHESHIRE PLACE DR
HOUSTON, TX 77083-5210
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **FORT BEND** Region 06 Date Licensed 09/03/2019
License # 019574 CARE PEAK HOME HEALTH SERVICES LLC
Lic Expire 09/03/2021 24246 VIA VITANI DRIVE
Medicare 1: RICHMOND, TEXAS 77406
Medicare 2:
Phone (347) 264-0802 Fax (281) 670-5042
Type: Parent Agency Administrator AMAKA AMAKOM

Owner Information
CARE PEAK HOME HEALTH SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/07/2021
License # 020439 CAREBUILDERS AT HOME OF KATY
Lic Expire 01/07/2023 4507 KELLIWOOD PARK COURT
Medicare 1: KATY, TEXAS 77450
Medicare 2:
Phone (832) 649-1383 Fax
Type: Parent Agency Administrator ALANA SABOOR

Owner Information
BRAZOS MANAGEMENT GROUP LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 06/05/2018
License # 018773 CAREGIVERS 24HRS SERVICE
Lic Expire 06/30/2022 1934 MOSSY PATH LN
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (832) 810-0073 Fax (832) 460-3744
Type: Parent Agency Administrator WILLIAM MARCANO

Owner Information
CAREGIVER 24 SERVICES LLC
2727 COMMERCIAL CENTER BLVD SUITE #471
KATY, TX 77494
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/05/2020
License # 020095 CARING ANGELS HOME HEALTH
Lic Expire 08/05/2022 14227 HAWKESBURY CT
Medicare 1: SUGARLAND, TX 77498
Medicare 2:
Phone (281) 783-8836 Fax (713) 730-3632
Type: Parent Agency Administrator FARIDA ABJANI

Owner Information
CARE ALLEGIANCE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 11/02/2020
License # 020282 CARING HANDS HOME HEALTHCARE
Lic Expire 11/02/2022 5759 WANDERING CREEK
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (832) 600-8749 Fax
Type: Parent Agency Administrator MERICA AIKENS-TOMLINSON

Owner Information
CARING HANDS HOME HEALTHCARE
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 01/18/2019
License # 019635 CARING HEARTS HEALTHCARE LIMITED LIABILITY COMPANY
Lic Expire 10/07/2021 7363 EDEN CROSSING LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 287-4097 Fax
Type: Parent Agency Administrator TOYIN OJO

Owner Information
CARING HEARTS HEALTHCARE LIMITED LIABILITY COMPANY
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/01/2018
License # 018731 CARING HOSPICE II LLC
Lic Expire 04/30/2022 2440 TEXAS PARKWAY STE 370 I
Medicare 1: 97-1514 (HOSPICE MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (713) 529-1402 Fax (713) 529-1404
Type: Parent Agency Administrator KENYATTA HOLMES

Owner Information
CARING HOSPICE II, LLC
315 W ALABAMA ST
HOUSTON, TEXAS 77006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/12/2022

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

County **FORT BEND** Region 06 Date Licensed 10/28/2003
License # 008719 CARING PROFESSIONAL HOME HEALTH SERVICES INC
Lic Expire 10/31/2021 12783 CAPRICORN DRIVE SUITE #600
Medicare 1: 453164 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 265-1633 Fax (281) 265-1634
Type: Parent Agency Administrator VALENTIN TAPIA

Owner Information
CARING PROFESSIONAL HOME HEALTH SERVICES INC
12783 CAPRICORN DR. STE#600
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/08/2017
License # 018172 CARISSA HEALTH CARE SERVICES INC
Lic Expire 05/31/2021 10701 CORPORATE DRIVE, SUITE 340-113
Medicare 1: STAFFORD, TEXAS 77477
Medicare 2:
Phone (979) 531-3165 Fax (979) 531-3166
Type: Parent Agency Administrator PATRICIA DEGORL

Owner Information
CARISSA HEALTH CARE SERVICES, INC
307 W MILAM ST STE 310
WHARTON, TX 77488
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 02/08/2007
License # 011336 CAROCARE HEALTHCARE SERVICES INC
Lic Expire 02/28/2021 2210 TRADEWINDS DRIVE
Medicare 1: 679135 MISSOURI CITY, TEXAS 77459
Medicare 2:
Phone (713) 668-8636 Fax (713) 668-8187
Type: Parent Agency Administrator CAROLINE OKPARA

Owner Information
CAROCARE HEALTHCARE SERVICES INC
6065 HILLCROFT STREET SUITE 300
HOUSTON, TX 77081
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/24/2017
License # 017870 CARTWRIGHT HOME HEALTH LLC.
Lic Expire 01/31/2023 7218 COLONY BEND LN
Medicare 1: 747986 MISSOURI CITY, TX 77459
Medicare 2:
Phone (281) 969-8491 Fax (832) 539-1541
Type: Parent Agency Administrator ABEY ABRAHAM

Owner Information
CARTWRIGHT HOME HEALTH, LLC
445 FM 1092, SUITE #101-G
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 11/01/2022

County **FORT BEND** Region 06 Date Licensed 11/08/2006
License # 011142 CCC HEALTH CARE INC
Lic Expire 11/30/2022 12808 W AIRPORT BLVD #306
Medicare 1: 747147 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 650-7014 Fax (832) 532-7759
Type: Parent Agency Administrator AUGUSTINA NWAOGU

Owner Information
CCC HEALTH CARE INC
4115 AMBER TRACE CT
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/09/2020
License # 020392 CEDAR CARE LLC
Lic Expire 12/09/2022 10906 GIFFNOCK DR
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 762-5833 Fax
Type: Parent Agency Administrator IMA OGOLO

Owner Information
CEDAR CARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 02/13/2020
License # 019833 CEDAR HOSPICE, INC.
Lic Expire 02/13/2022 12808 W AIRPORT BLVD, SUITE 312
Medicare 1: 971600 Hospice SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (346) 874-7964 Fax (713) 955-9671
Type: Parent Agency Administrator SHERRIA BELL

Owner Information
CEDAR HOSPICE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/07/2023

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

County **FORT BEND** Region 06 Date Licensed 12/03/2020
License # 020366 CENTREPOINTE
Lic Expire 12/03/2022 8142 ANDERWOOD KNOLL TRACE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (281) 241-9691 Fax (281) 710-0907
Type: Parent Agency Administrator KRISTEN WILLIAMS

Owner Information
ODIN STREET PARKS GROUP LLC
PO BOX 870147
NEW ORLEANS, LA 70187
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/06/2007
License # 011239 CHASE HEALTHCARE SERVICE INC
Lic Expire 08/01/2022 12834 FRANCES LANE
Medicare 1: 747180 STAFFORD, TX 77477
Medicare 2:
Phone (832) 539-1684 Fax (832) 539-4199
Type: Parent Agency Administrator CHRISTOPHER NWOSU

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

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County **FORT BEND** Region 06 Date Licensed 08/30/2019
License # 019567 CHAYAH THERAPY INC.
Lic Expire 08/30/2021 9314 LIMESTONE RANCH LANE
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 490-8488 Fax (713) 456-2041
Type: Parent Agency Administrator EVBAZIENGBERE OSAZUWA

Owner Information
CHAYAH THERAPY INC
17117 WESTHEIMER ROAD
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 10/21/2016
License # 017743 CHELIV COMPASIONATE CARE PLUS INC
Lic Expire 10/31/2020 4434 BLUE BONNET DR SUITE 151
Medicare 1: 679669 STAFFORD, TX 77477
Medicare 2:
Phone (281) 565-3336 Fax (281) 277-0668
Type: Parent Agency Administrator CHARLES E. OBIOMA

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

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County **FORT BEND** Region 06 Date Licensed 07/28/2006
License # 010642 CHEZIN HEALTH CARE SERVICES
Lic Expire 07/31/2021 2006 THOMPSON RD SUITE 200
Medicare 1: 747177 HHA-18 RICHMOND, TX 77469
Medicare 2:
Phone (713) 252-6780 Fax (281) 232-8311
Type: Parent Agency Administrator CHINYERE CHUKWUKA

Owner Information
CHINYERE E CHUKWUKU
6118 TERRELL HILLS
RICHMOND, TX 77469
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 02/03/2021
License # 020502 CHIVALRY HEALTHCARE LLC
Lic Expire 02/03/2023 4403 LODGE VINE CT
Medicare 1: SUGAR LAND, TX 774791998
Medicare 2:
Phone (469) 233-3758 Fax
Type: Parent Agency Administrator VALENTINE NWANKWO

Owner Information
CHIVALRY HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed
License # 020701 CHRISDALE HEALTHCARE SERVICES PLLC
Lic Expire 04/15/2024 7539 IRBY COBB BLVD
Medicare 1: ROSENBERG, TEXAS 77469
Medicare 2:
Phone (832) 999-4003 Fax
Type: Parent Agency Administrator LILY OBIKA

Owner Information
CHRISDALE HEALTHCARE SERVICES PLLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 06/03/2011
License # 014137 CHRISDAVNET CARE SERVICES LLC
Lic Expire 06/30/2023 3603 TRAIL BEND
Medicare 1: 747684 MISSOURI CITY, TX 77459
Medicare 2:
Phone (713) 589-2953 Fax (713) 429-5123
Type: Parent Agency Administrator DAVNET OKEKE

Owner Information
CHRISDAVNET CARE SERVICES, LLC
3603 TRAIL BEND
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/28/2018
License # 019501 CITY 2 CITY LLC
Lic Expire 07/30/2021 3926 ELM STREAM CT
Medicare 1: FRESNO, TX 77545
Medicare 2:
Phone (713) 474-6485 Fax (832) 553-7536
Type: Parent Agency Administrator TRACY PRINCE

Owner Information
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/16/2021
License # 020610 CITY HOSPICE & PALLIATIVE CARE, LLC
Lic Expire 03/16/2024 12808 W AIRPORT BLVD, STE 303C
Medicare 1: SUGARLAND, TEXAS 77478
Medicare 2:
Phone (346) 375-4682 Fax (281) 209-2066
Type: Parent Agency Administrator AKUCHI EMELOGU

Owner Information
CITY HOSPICE & PALLIATIVE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 08/26/2014
License # 016398 CJ HEALTHCARE INC.
Lic Expire 08/31/2020 7515 BLUE GAP
Medicare 1: 747057 HHA-18 MISSOURI CITY, TEXAS 77459
Medicare 2:
Phone (281) 437-7706 Fax (281) 437-9706
Type: Parent Agency Administrator JOSSY ESEK

Owner Information
CJ HEALTHCARE INC
738 TURTLE CREEK
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/27/2013
License # 015733 CMB HEALTHCARE INCORPORATED
Lic Expire 08/31/2021 4434 BLUEBONNET DRIVE, SUITE #133
Medicare 1: STAFFORD, TEXAS 77477
Medicare 2:
Phone (281) 818-7965 Fax (281) 936-0299
Type: Parent Agency Administrator ROSELINE ANETOR-OGBEIFO

Owner Information
CMB HEALTHCARE INC
1400 8TH ST, SUITE 6B
BAY CITY, TX 77414
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 11/05/2004
License # 009394 CN HEALTHCARE INC
Lic Expire 11/30/2022 13250 S GESSNER RD
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (713) 995-9995 Fax (713) 995-9992
Type: Parent Agency Administrator CHICHI UGWU

Owner Information
CN HEALTHCARE INC
13250 S. GESSNER RD.
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 09/20/2013
License # 015774 COMFORT KEEPERS
Lic Expire 09/30/2021 4501 CARTWRIGHT RD SUITE 408
Medicare 1: MISSOURI CITY, TX 77459
Medicare 2:
Phone (832) 539-6901 Fax (832) 539-6904
Type: Parent Agency Administrator FARHAT FAROOQ

Owner Information
MSM FINANCIALS INC
4501 CARTWRIGHT RD SUITE 408
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/15/2009
License # 013083 COMMUNITY HEALTH ASSOCIATES INC
Lic Expire 03/31/2022 11104 WEST AIRPORT BLVD SUITE 115
Medicare 1: 743138 STAFFORD, TX 77477
Medicare 2:
Phone (832) 617-8523 Fax (832) 617-8529
Type: Parent Agency Administrator IFEOMA CHUKWU

Owner Information
COMMUNITY HEALTH ASSOCIATES INC
11104 WEST AIRPORT BLVD, SUITE 115
STAFFORD, TEXAS 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **FORT BEND** Region 06 Date Licensed 04/07/2020
License # 019868 COMPASSIONATE CARE TEXAS LLC
Lic Expire 04/07/2022 9124 ROPER RD.
Medicare 1: ORCHARD, TX 77464
Medicare 2:
Phone (979) 398-0775 Fax na
Type: Parent Agency Administrator CAITLYN GURECKY

Owner Information
COMPASSIONATE CARE TEXAS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 02/13/1995
License # 003628 CONSOLIDATED HOME HEALTH
Lic Expire 02/28/2023 11929 UNIVERSITY BLVD. SUITE 2M
Medicare 1: 458358 HHA-18 SUGAR LAND, TX 77479
Medicare 2:
Phone (281) 238-8775 Fax (281) 491-7812
Type: Parent Agency Administrator LEE PALMER

Owner Information
CONSOLIDATED HOME HEALTH HOLDINGS COMPANY LLC
11929 UNIVERSITY BLVD. SUITE 2M
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 08/05/2018
License # 019761 CONTINUUM HOME HEALTH LLC
Lic Expire 01/07/2022 2200 FM 1092 SUITE H
Medicare 1: MISSOURI CITY, TX 77459
Medicare 2:
Phone 713 4265688 Fax
Type: Parent Agency Administrator GREGORY WILLIS

Owner Information
CONTINUUM HOME HEALTH LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/29/2020
License # 019796 CORA?S CARE LLC
Lic Expire 01/29/2022 5102 VICTORY SHORES LANE
Medicare 1: ROSHARON, TEXAS 77583
Medicare 2:
Phone (504) 875-0414 Fax NA
Type: Parent Agency Administrator CORA PATE

Owner Information
CORAÂ€™S CARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/02/2015
License # 016803 COTEL HEALTHCARE SERVICES LLC
Lic Expire 01/31/2021 23402 AMOROSO STREET
Medicare 1: 747068 HHA-18 RICHMOND, TEXAS 77406
Medicare 2:
Phone (281) 277-0610 Fax (281) 437-9706
Type: Parent Agency Administrator JOSSY ESEK

Owner Information
COTEL HEALTHCARE SERVICES LLC
2842 W PEBBLE BEACH DR #B
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/08/2010
License # 013157 COTTAGE HEALTH CARE SERVICES INC
Lic Expire 03/31/2022 13313 SOUTHWEST FRWY STE 221
Medicare 1: 747559 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 313-0651 Fax (281) 277-4253
Type: Parent Agency Administrator ERNEST SYLVER

Owner Information
COTTAGE HEALTH CARE SERVICES, INC.
13313 SOUTHWEST FREEWAY SUITE 210
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/21/2019
License # 019545 CROWN HEALTH CARE, INC.
Lic Expire 08/21/2021 5315 HEATHERDAWN COURT
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (281) 303-5292 Fax (281) 303-5887
Type: Parent Agency Administrator YEMI OJO

Owner Information
CROWN HEALTH CARE, INC.
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/10/2020
License # 020161 CYTE, LLC
Lic Expire 09/10/2022 2231 FALCON BROOK DR
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (818) 398-8406 Fax
Type: Parent Agency Administrator TOLU OWADOKUN

Owner Information
CYTE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 11/01/2005
License # 010104 DAVIS HOME HEALTH LLC
Lic Expire 10/31/2022 19901 SOUTHWEST FREEWAY
Medicare 1: 679664 HHA-18 SUGAR LAND, TX 77479
Medicare 2:
Phone (281) 207-1346 Fax (281) 207-1347
Type: Parent Agency Administrator JUDI DAVIS

Owner Information
DAVIS HOME HEALTH LLC
19901 SOUTHWEST FREEWAY
SUGAR LAND, TX 77479-9538
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 06/15/2022

County **FORT BEND** Region 06 Date Licensed 03/31/2021
License # 020661 DAYSPRING HOME CARE LLC
Lic Expire 03/31/2024 5711 BLUEBONNET LANE
Medicare 1: ROSENBERG, TEXAS 77469
Medicare 2:
Phone (469) 833-2933 Fax (469) 661-1775
Type: Parent Agency Administrator ADEDOYIN ADEKUNLE

Owner Information
DAYSPRING HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/13/2014
License # 016204 DELMAR HEALTH SERVICES INCORPORATED
Lic Expire 05/31/2022 20802 MANSFIELD BAY LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (281) 813-4718 Fax (832) 451-6906
Type: Parent Agency Administrator MIRRIAM ASHU

Owner Information
DELMAR HEALTH SERVICES INCORPORATED
20802 MANSFILED BAY LANE
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 02/12/2016
License # 017273 DIALYZE DIRECT TX LLC
Lic Expire 05/17/2022 16545 SW FREEWAY STE 275
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (832) 944-5040 Fax (832) 944-5043
Type: Parent Agency Administrator CHANTAL SCOTT

Owner Information
DIALYZE HOLDINGS, LLC
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **FORT BEND** Region 06 Date Licensed 04/03/2020
License # 019861 DISTRICT CARE SERVICES LLC
Lic Expire 04/03/2022 1723 LANSING COVE DRIVE
Medicare 1: FRESNO, TEXAS 77545
Medicare 2:
Phone (281) 836-0087 Fax
Type: Parent Agency Administrator DESIREE MCGEE

Owner Information
DISTRICT CARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 09/24/2010
License # 013579 DIVERSITY CARE PROVIDERS INC
Lic Expire 09/30/2022 202 INDUSTRIAL BLVD, SUITE 102
Medicare 1: 747709 HHA-18 SUGARLAND, TX 77478
Medicare 2:
Phone (832) 475-0075 Fax (832) 645-0301
Type: Parent Agency Administrator SAMUEL DURU

Owner Information
DIVERSITY CARE PROVIDERS INC
12315 FERN MEADOW DRIVE
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/07/2019
License # 019368 DIVINE HOMECARE LLC
Lic Expire 05/07/2021 27822 BURCHFIELD GROVE LANE
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (609) 231-8026 Fax
Type: Parent Agency Administrator SUCCESS AIGBOGUN

Owner Information
ACTI-KARE RESPONSIVE IN-HOME CARE
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/01/2019
License # 019627 DIVINE PROVIDERS, INC.
Lic Expire 10/01/2021 18947 PINE HARVEST LN
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone 281 3026662 Fax 281 3026662
Type: Parent Agency Administrator MARY EFFIONG

Owner Information
DIVINE PROVIDERS, INC.
18947 PINE HARVEST LN
RICHMOND, TX 77407
PHONE: 281 3026662 FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 06/09/2020
License # 019990 DR HOME HEALTH
Lic Expire 06/09/2022 435 MURPHY RD B1 #111
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 960-3600 Fax
Type: Parent Agency Administrator DAVID ROSS

Owner Information
ONE NEW ERA INVESTMENTS LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 03/17/2014
License # 016088 DYNAMIC HEALTHCARE INC.
Lic Expire 03/31/2022 7334 WOODED LAKE LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 759-5533 Fax (281) 754-4012
Type: Parent Agency Administrator UHUNAMURE OSAGIE

Owner Information
DYNAMIC HEALTHCARE INC.
14807 WAYSON DRIVE
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/15/2014
License # 016213 EAGLE SPRING HEALTHCARE INC
Lic Expire 05/31/2022 1122 GREATWOOD GLEN DRIVE
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (713) 448-9382 Fax (832) 930-3510
Type: Parent Agency Administrator LE ANN TOGAREPI

Owner Information
EAGLE SPRING HEALTHCARE, INC.
1122 GREATWOOD GLEN DRIVE
SUGAR LAND, TX 77479-6256
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/08/2018
License # 018872 EASTEX INFUSION SERVICES LLC
Lic Expire 27415 GRAYSON GAP COURT
Medicare 1: FULSHEAR, TEXAS 77441
Medicare 2:
Phone (281) 229-1531 Fax (281) 946-8710
Type: Parent Agency Administrator JEROME AMADO

Owner Information
EASTEX INFUSION SERVICES LLC
5100 WESTHEIMER RD SUITE 200
HOUSTON, TX 77056
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACH - Deemed, Expires: 03/26/2024

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

County **FORT BEND** Region 06 Date Licensed 09/14/2015
License # 017025 EDEN HOSPICE
Lic Expire 09/30/2021 2440 TEXAS PARKWAY STE 260
Medicare 1: 741683 HOSPICE MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 778-0040 Fax (281) 778-0041
Type: Parent Agency Administrator QUEEN BRIGGS

Owner Information
EDEN HOSPICE CARE SERVICES, INC.
9950 WESTPARK DRIVE SUITE #644
HOUSTON, TX 77063
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 06/10/2019
License # 019417 EDEN'S ELITE HOME HEALTH AGENCY LLC
Lic Expire 06/10/2021 29119 BLUE FINCH CT.
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (832) 373-8353 Fax
Type: Parent Agency Administrator OGECHI AMACHUKWU

Owner Information
EDEN'S ELITE HOME HEALTH AGENCY LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/13/2013
License # 015685 ELARA CARING
Lic Expire 06/30/2021 10701 CORPORATE DR STE 300
Medicare 1: 679786 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (713) 780-2390 Fax (888) 420-4606
Type: Parent Agency Administrator CAROL RAY

Owner Information
BMR HOME HEALTH, LLC
PO BOX 5610
LONGVIEW, TX 75608
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/16/2017
License # 018248 ELITE GOLDEN YEARS INC
Lic Expire 08/31/2021 13914 BLUE VISTA DR
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (346) 368-2882 Fax (713) 234-7380
Type: Parent Agency Administrator EFOSA OSAGIE

Owner Information
ELITE GOLDEN YEARS INC
13914 BLUE VISTA DR
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/14/2016
License # 017398 ELYSIAN HOSPICE
Lic Expire 03/31/2022 11104 WEST AIRPORT BOULEVARD SUITE 255B
Medicare 1: 671786 HOSPICE STAFFORD, TX 77477
Medicare 2:
Phone 281 3332458 Fax 281 3355539
Type: Parent Agency Administrator STEPHANIE MORRIS

Owner Information
ELYSIAN HOSPICE HOUSTON LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 06/08/2009
License # 012747 EMBASSY HOME HEALTHCARE
Lic Expire 06/30/2021 10701 CORPORATE DRIVE STE 395
Medicare 1: 677803 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (713) 589-8050 Fax (281) 240-3005
Type: Parent Agency Administrator MADUAKOLAM UBI

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

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County **FORT BEND** Region 06 Date Licensed 08/02/2017
License # 018218 EMPERIAL UNIVERSAL HEALTH CARE LLC
Lic Expire 08/31/2021 5027 GOLD HAVEN DR
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (281) 241-4107 Fax (832) 295-0833
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 10/07/2019
License # 019636 EMPEROR HEALTH CARE SYSTEM
Lic Expire 10/07/2021 11113 NOBILITY DR.
Medicare 1: STAFFORD, TEXAS 77477
Medicare 2:
Phone (504) 450-7439 Fax
Type: Parent Agency Administrator AFFIONG UDOFIA

Owner Information
EMPEROR HEALTH CARE SYSTEMS LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/12/2008
License # 012363 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2022 1601 MAIN ST., SUITE 504
Medicare 1: 458285 HHA-18 RICHMOND, TEXAS 77469
Medicare 2:
Phone 281 3422326 Fax 281 3415886
Type: Parent Agency Administrator LISA HILBURN

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

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County **FORT BEND** Region 06 Date Licensed 12/11/2017
License # 018499 ENCOUNTER HOME CARE INCORPORATED
Lic Expire 12/31/2021 12808 WEST AIRPORT BLVD. SUITE 325K
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (713) 530-7391 Fax (713) 715-1471
Type: Parent Agency Administrator SARAH ILESANMI

Owner Information
ENCOUNTER HOME CARE, INC.
13827 ABBEY LANE
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 07/05/2012
License # 014914 ES HEALTH SERVICES INC.
Lic Expire 07/31/2022 14314 RIVER GLEN DRIVE
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (832) 887-6760 Fax (281) 491-1140
Type: Parent Agency 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 07/29/2019
License # 019499 ESSENTIAL HOME CARE SERVICES LLC
Lic Expire 07/29/2021 12869 CAPRICORN ST
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (832) 934-4744 Fax (832) 934-4744
Type: Parent Agency Administrator CARLA ROLDAN

Owner Information
ESSENTIAL HOME CARE SERVICES LLC
2011 CREEKSHIRE DRIVE
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 02/22/2007
License # 011090 ESTAN HEALTHCARE SERVICES INC
Lic Expire 02/28/2023 10707 CORPORATE DRIVE SUITE 152
Medicare 1: 747012 STAFFORD, TX 77477
Medicare 2:
Phone (281) 498-8280 Fax (281) 498-8993
Type: Parent Agency Administrator STELLA UBI

Owner Information
ESTAN HEALTHCARE SERVICES INC
10707 CORPORATE DRIVE STE 152
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 10/20/2023

County **FORT BEND** Region 06 Date Licensed 01/25/2005
License # 009549 EVENING STAR HEALTHCARE INC
Lic Expire 01/31/2022 6111 EVENING SUN CT
Medicare 1: 677984 HHA-18 RICHMOND, TX 77469
Medicare 2:
Phone (281) 344-1411 Fax (281) 344-1611
Type: Parent Agency Administrator EMMANUEL MBIDOAKA

Owner Information
EVENING STAR HEALTHCARE INC
SAME
RICHMOND, TX 77469
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/15/2020
License # 019784 EXCELLENT HOME HEALTHCARE LLC
Lic Expire 01/15/2022 10514 TOWNEVIEW DR.
Medicare 1: SUGAR LAND, TEXAS 77498
Medicare 2:
Phone (832) 329-6287 Fax
Type: Parent Agency Administrator GLORIA OKONO

Owner Information
EXCELLENT HOME HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/01/2006
License # 011016 EXCEPTIONAL HEALTH CARE SERVICES
Lic Expire 09/30/2020 16618 COBBLER CROSSING
Medicare 1: 677872 HHA-18 SUGAR LAND, TX 77498
Medicare 2:
Phone (281) 933-6012 Fax (281) 933-0682
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 05/22/2017
License # 018066 EXECUTIVE CARE LLC
Lic Expire 05/31/2021 15206 CAROL CHASE CIRCLE
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 450-3627 Fax (281) 438-0563
Type: Parent Agency Administrator DELORIS THORNTON

Owner Information
EXECUTIVE CARE LLC
15206 CAROL CHASE CIRCLE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/15/2005
License # 009965 EXTENDED HAND HOME HEALTH CARE INC
Lic Expire 09/30/2021 5519 RAINTREE DRIVE
Medicare 1: 677965 HHA-18 MISSOURI CITY, TEXAS 77459
Medicare 2:
Phone (281) 972-9563 Fax (281) 915-5457
Type: Parent Agency Administrator TORSHALLA WARREN

Owner Information
EXTENDED HAND HOME HEALTH CARE, INC
6201 BONHOMME RD SUITE #290 NK
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/25/2020
License # 020017 F.I.L.D. INC
Lic Expire 06/25/2022 3922 DAWN RISE COURT
Medicare 1: FRESNO, TEXAS 775457012
Medicare 2:
Phone 713 8987011 Fax
Type: Parent Agency Administrator FAYE FRANKLIN

Owner Information
F.I.L.D. INC
3922 DAWN RISE CT
FRESNO, TEXAS 77545
PHONE: (713) 898-7011 FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/06/2017
License # 018701 FAIRMONT HOSPICE
Lic Expire 10/31/2021 300 JACKSON ST
Medicare 1: 741576 HOSPICE RICHMOND, TX 77469
Medicare 2:
Phone (832) 774-2000 Fax (888) 251-8801
Type: Parent Agency Administrator ONIEL KURUP

Owner Information
FAIRMONT HOSPICE, LLC
300 JACKSON ST
RICHMOND, TX 77469
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 07/26/2021

County **FORT BEND** Region 06 Date Licensed 12/13/2016
License # 017783 FAITH HOME CARE AGENCY LLC
Lic Expire 12/31/2020 4003 LAKE BRAZOS LANE
Medicare 1: RICHMOND, TX 77406
Medicare 2:
Phone (281) 750-0900 Fax (281) 750-0901
Type: Parent Agency 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** Region 06 Date Licensed 03/06/2006
License # 010596 FAITH MEDICAL SERVICES
Lic Expire 03/31/2021 12315 WEST BELLFORT ST
Medicare 1: 673163 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (713) 774-9003 Fax (713) 774-9000
Type: Parent Agency Administrator PATRICK IVBIEVBIOKUN

Owner Information
GO-FAITH MEDICAL SERVICES INC
8449 WEST BELLFORT STREET, SUITE #335
HOUSTON, TX 77071
PHONE: (713) 774-9003 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/18/2021

County **FORT BEND** Region 06 Date Licensed 10/19/2016
License # 017682 FAMILY AFFAIR HEALTH CARE
Lic Expire 02/26/2021 2403 EDGEDALE DRIVE
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 969-8680 Fax (469) 609-0618
Type: Parent Agency Administrator EDITH BRYANT-HAYES

Owner Information
HAYES IN HOME CARE, INC
2403 EDGEDALE DRIVE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/30/2019
License # 019673 FIRST CHOICE PEDIATRIC HOME HEALTH, LLC.
Lic Expire 10/30/2021 5307 LOTUS CANYON CT.
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (281) 407-0729 Fax (281) 407-0729
Type: Parent Agency Administrator EDMUND MUNDE

Owner Information
FIRST CHOICE PEDIATRIC HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 09/15/2016
License # 017630 FIRSTLIGHT HOME CARE OF SUGAR LAND AND RICHMOND TEXAS
Lic Expire 09/30/2022 8620 GRAND MISSION BLVD SUITE I
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 847-4592 Fax (832) 847-4756
Type: Parent Agency Administrator CHINYERE IHEK

Owner Information
FIRST HOME CARE SERVICES INC
8620 GRAND MISSION BLVD., SUITE I
RICHMOND, TX 77407
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/20/2018
License # 018718 FLOBERT HEALTHCARE SERVICES INC.
Lic Expire 04/30/2022 8727 CARVED STONE LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone 832 9453946 Fax 832 9453947
Type: Parent Agency Administrator FOLASHADE OKUSANYA

Owner Information
FOLASHADE OKUSANYA
20603 RAINBOW GRANITE DR.,
RICHMOND, TX 77407
PHONE: 832 9453946 FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/02/2007
License # 011114 FOREVER HOMEHEALTH INC
Lic Expire 03/31/2024 16710 COLD HARBOR LN
Medicare 1: 679771 HHA-18 HOUSTON, TX 77083
Medicare 2:
Phone (281) 313-0896 Fax (281) 313-0898
Type: Parent Agency Administrator ALABA JACOB-SODE

Owner Information
FOREVER HOMEHEALTH INC
16710 COLD HARBOR LANE
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/22/2019
License # 019213 FORT BEND HOSPICE AND PALLIATIVE CARE, LLC
Lic Expire 06/30/2021 25118 LAKEVIEW ROAD
Medicare 1: 971568 (HOSPICE) KATY, TEXAS 77494
Medicare 2:
Phone (832) 376-7771 Fax (832) 802-6639
Type: Parent Agency Administrator KIRBY SANDERS

Owner Information
FORT BEND HOSPICE AND PALLIATIVE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/20/2023

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

County **FORT BEND** Region 06 Date Licensed 02/04/2015
License # 016634 FORTBEND HEALTHCARE INC
Lic Expire 02/28/2023 16230 APRIL RIDGE DR
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (979) 488-9630 Fax (281) 494-1665
Type: Parent Agency Administrator NNAEMEKA OGBONNAH

Owner Information
FORTBEND HEALTHCARE INC
16230 APRIL RIDGE DR
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/01/2013
License # 015574 FORTUNE HOME HEALTH INC.
Lic Expire 04/30/2021 12808 W AIRPORT BLVD SUITE #222
Medicare 1: 679792 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 265-2643 Fax (281) 265-3941
Type: Parent Agency Administrator PAUL OKPUZOR

Owner Information
FORTUNE HOME HEALTHCARE INC
12808 WEST AIRPORT, SUITE #222
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 03/03/2023

County **FORT BEND** Region 06 Date Licensed 11/14/2016
License # 017736 FORWARD HEALTH CARE LLC
Lic Expire 11/30/2022 5031 QUILL RUSH WAY
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 550-4921 Fax (713) 762-2806
Type: Parent Agency Administrator FAITH ROSS

Owner Information
FORWARD HEALTH CARE LLC
5031 QUILL RUSH WAY
RICHMOND, TEXAS 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 02/27/2020
License # 019844 FOUNDER CARE SOLUTIONS,LLC
Lic Expire 02/27/2022 3051 DRIPPING SPRINGS CT.
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (281) 757-1400 Fax (281) 533-8262
Type: Parent Agency Administrator SARAH KATAMBA

Owner Information
FOUNDER CARE SOLUTIONS, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/11/2021
License # 020590 FOUNTAIN OF HOPE HOSPICE, LLC
Lic Expire 03/11/2023 20507 HIDDEN POINT LN
Medicare 1: RICHMOND, TEXAS 774077865
Medicare 2:
Phone (346) 414-7186 Fax
Type: Parent Agency Administrator AYESHA SYEDA

Owner Information
FOUNTAIN OF HOPE HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 08/03/2017
License # 018222 FRANCA'S HOME HEALTH CARE LLC
Lic Expire 08/31/2021 5023 BEECH FERN DRIVE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (409) 466-0877 Fax (832) 535-3003
Type: Parent Agency Administrator FRANCISCA OKADIGBO

Owner Information
FRANCAS HOME HEALTH CARE LLC
5023 BEECH FERN DRIVE
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/29/2018
License # 018579 FREEDOM DIALYSIS INC
Lic Expire 01/31/2022 7746 HIGHWAY 6 SUITE C
Medicare 1: MISSOURI CITY, TX 77459
Medicare 2:
Phone (281) 969-5387 Fax (346) 304-2173
Type: Parent Agency Administrator VULINDA JONES

Owner Information
FREEDOM DIALYSIS INC
7746 HIGHWAY 6 SUITE C
MISSOURI CITY, TX 77459-4778
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **FORT BEND** Region 06 Date Licensed 01/08/2010
License # 013231 FT BEND HOME HEALTH CARE INC
Lic Expire 01/31/2020 20501 KATY FREEWAY SUITE 110
Medicare 1: KATY, TEXAS 77450
Medicare 2:
Phone (281) 206-7912 Fax (281) 206-7914
Type: Parent Agency Administrator KEHINDE ALLI

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

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County **FORT BEND** Region 06 Date Licensed 01/05/2021
License # 020431 GALAXY HOME HEALTH INC
Lic Expire 01/05/2023 25207 LOCKSPUR DR
Medicare 1: RICHMOND, TEXAS 774064300
Medicare 2:
Phone (346) 304-9550 Fax
Type: Parent Agency Administrator AMINATA MAGONA

Owner Information
GALAXY HOME HEALTH INC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 02/05/2020
License # 019530 GHARE HEALTHCARE SERVICES, INC
Lic Expire 08/15/2021 7431 BARRINGTON RIDGE LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 923-1029 Fax (346) 347-7785
Type: Parent Agency Administrator BERNADETTE LEDBETTER

Owner Information
GHARE HEALTHCARE SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/31/2017
License # 018288 GLADKIDS
Lic Expire 08/31/2021 14458 ANDREA WAY LANE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (832) 762-7348 Fax (832) 672-5872
Type: Parent Agency Administrator GLADYS EZEM

Owner Information
GLADKIDS LLC
14458 ANDREA WAY LANE
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/28/2008
License # 011843 GLOBAL DIALYSIS PLUS INC
Lic Expire 01/31/2022 12823 CAPRICORN DRIVE
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 980-0446 Fax (281) 980-0468
Type: Parent Agency 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** Region 06 Date Licensed 05/02/2012
License # 014773 GODROCK HEALTHCARE SERVICES INC
Lic Expire 05/31/2022 2131 SUMMIT MEADOW DR
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (832) 762-8414 Fax (281) 374-4383
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 11/25/2013
License # 015887 GOD'S TIME HEALTHCARE SERVICES INC.
Lic Expire 11/30/2021 14814 ALDERWICK DR
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (281) 935-6492 Fax (281) 988-7162
Type: Parent Agency 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** Region 06 Date Licensed 09/08/2020
License # 020150 GOLDEN ACRES HOMEHEALTH LLC
Lic Expire 09/08/2022 8511 SHADOWBROOK GLEN TRAIL
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 352-0845 Fax (713) 234-7382
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 11/19/2020
License # 020329 GOLDEN HOSPICE & HEALTHCARE SERVICES, LLC.
Lic Expire 11/19/2022 8606 SHADOWBROOK GLEN TRL
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 490-4292 Fax
Type: Parent Agency Administrator ANTHONY DURU

Owner Information
GOLDEN HOSPICE & HEALTHCARE SERVICES, LLC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 04/13/2021
License # 020694 GOLDEN HOSPICE AND PALLIATIVE CARE, INC.
Lic Expire 04/13/2024 814 LA HACIENDA DRIVE
Medicare 1: RICHMOND, TX 77406
Medicare 2:
Phone (713) 234-7735 Fax
Type: Parent Agency Administrator SHERRIA BELL

Owner Information
GOLDEN HOSPICE AND PALLIATIVE CARE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 12/17/2019
License # 019744 GOOD FAITH SENIORS HOMECARE, INCORPORATED
Lic Expire 12/17/2021 12118 ACCORSO ST
Medicare 1: RICHMOND, TX 77406
Medicare 2:
Phone (713) 425-5522 Fax 346 843 1128
Type: Parent Agency Administrator JEFFREY WOLLER

Owner Information
GOOD FAITH SENIORS HOMECARE, INCORPORATED
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/14/2020
License # 020236 GOODWILL CARE LLC
Lic Expire 10/14/2022 16246 APRIL RIDGE DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (713) 449-2569 Fax
Type: Parent Agency Administrator JACINTA ANUNA

Owner Information
GOODWILL CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 01/14/2013
License # 015306 GOODWILL HEALTHCARE SERVICES INC
Lic Expire 06/30/2021 21906 RUSTIC CANYON LN
Medicare 1: 747932 RICHMOND, TX 77469
Medicare 2:
Phone (346) 368-2108 Fax (832) 553-7615
Type: Parent Agency Administrator ISIOMA OZONOH

Owner Information
GOODWILL HEALTHCARE SERVICES INC
21906 RUSTIC CANYON LANE
RICHMOND, TX 77469-5445
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 04/05/2021
License # 020666 GOSHEN TOUCH HEALTHCARE SERVICES LLC
Lic Expire 04/05/2023 20710 BARRINGTON MEADOW TRACE
Medicare 1: RICHMOND, TX 774072267
Medicare 2:
Phone (281) 724-8306 Fax (281) 306-6793
Type: Parent Agency Administrator OLUBUKOLA AWONIYI

Owner Information
GOSHEN TOUCH HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services

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

County **FORT BEND** Region 06 Date Licensed 12/04/2017
License # 018483 GOUCS HEALTHCARE SERVICES LLC
Lic Expire 12/31/2021 1403 ORCHID DRIVE
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (832) 614-3029 Fax (281) 208-4512
Type: Parent Agency 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** Region 06 Date Licensed 03/16/2007
License # 011157 GRACEFAITH HEALTHCARE SERVICES INC
Lic Expire 03/31/2022 1118 FERRY STREET
Medicare 1: 747100 RICHMOND, TEXAS 77469
Medicare 2:
Phone (713) 461-8898 Fax (713) 461-8859
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 08/25/2004
License # 009268 GRACES TLC HOME INC
Lic Expire 08/31/2021 4501 CARTWRIGHT RD SUITE #503
Medicare 1: 457862 HHA-18 MISSOURI CITY, TEXAS 77459
Medicare 2:
Phone (281) 499-0705 Fax (281) 499-0757
Type: Parent Agency Administrator GRACE JOSEPH

Owner Information
GRACES TLC HOME, INC
8700 COMMERCE #204
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 11/06/2018
License # 019002 GREENLIFE HEALTHCARE INC
Lic Expire 11/06/2022 20319 BRISTOL BLUFF LN
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (281) 690-7655 Fax (832) 565-1269
Type: Parent Agency Administrator EBERE OKEKE

Owner Information
GREENLIFE HEALTHCARE INC.
20319 BRISTOL BLUFF LN.
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 04/03/2020
License # 019864 GUARDIAN ANGELS HOSPICE & PALLIATIVE CARE
Lic Expire 04/03/2022 12808 W AIRPORT BLVD SUITE 290
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (281) 973-3898 Fax (832) 500-4411
Type: Parent Agency Administrator PRISCA WARA

Owner Information
GUARDIAN ANGELS HOSPICE & PALLIATIVE CARE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 07/06/2020
License # 020036 GUARDIAN ANGELS PROVIDER SERVICES INC
Lic Expire 07/06/2022 5442 FIELDSTONE TERRACE
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 971-4659 Fax
Type: Parent Agency Administrator JACQUELINE MOUTON

Owner Information
GUARDIAN ANGELS PROVIDER SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/29/2011
License # 014552 HANDS-ON LIVING HEALTH CARE SERVICES INC
Lic Expire 12/31/2021 21219 GRANITE TRAIL LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (281) 232-9899 Fax (281) 232-9833
Type: Parent Agency Administrator IFEOMA ROSEMARY AGWUNOBI

Owner Information
HANDS-ON LIVING HEALTH CARE SERVICES, INC.
21219 GRANITE TRAIL LANE
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 02/07/2017
License # 017906 HAPPY CIRCLE HOME HEALTHCARE LLC
Lic Expire 02/28/2021 12808 WEST AIRPORT BLVD. STE. 270K
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 913-6467 Fax (832) 532-9818
Type: Parent Agency Administrator MINAZ PIRANI

Owner Information
HAPPY CIRCLE HOME HEALTHCARE LLC
440 COBIA DR STE 1502
KATY, TX 77496
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 08/01/2019
License # 019507 HARMONY HEALTHCARE RESOURCES LLC
Lic Expire 08/01/2021 8126 PERALTA VALLEY COURT
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 387-0021 Fax (281) 617-4267
Type: Parent Agency Administrator FATUYA TITILAYO

Owner Information
HARMONY HEALTHCARE RESOURCES LLC
8126 PERALTA VALLEY COURT
RICHMOND, TX 77407
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/16/2020
License # 020241 HAVEN'S PEDIATRIC SERVICES LLC
Lic Expire 10/16/2022 2111 CASTLE GARDENS LANE
Medicare 1: KATY, TEXAS 77449
Medicare 2:
Phone (832) 406-5720 Fax
Type: Parent Agency Administrator RFANYU DAISY TALLA AYUK MANYANG

Owner Information
HAVEN'S PEDIATRIC SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/21/2020
License # 020415 HEALING LEAF HOME HEALTH
Lic Expire 12/21/2022 9219 CALABRIAN PINE CT SUITE A
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (410) 948-4225 Fax
Type: Parent Agency Administrator OLALEKAN KILO

Owner Information
KILO VENTURES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/27/2010
License # 013360 HEALING SOURCE HOME CARE INC
Lic Expire 05/31/2022 12783 CAPRICORN DRIVE SUITE 500
Medicare 1: 747739 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 242-4325 Fax (281) 242-4323
Type: Parent Agency Administrator ROGELIO DELA ROSA

Owner Information
HEALING SOURCE HOME CARE, INC
12783 CAPRICORN DR, SUITE 500
STAFFORD, TEXAS 77477
PHONE: (281) 242-4325 FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/02/2016
License # 017431 HEALTHCARE RESOURCES OF TEXAS LLC
Lic Expire 06/30/2022 4034 WHEAT HARVEST LANE
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (832) 437-7882 Fax (832) 913-6470
Type: Parent Agency Administrator UJU OBILO

Owner Information
HEALTHCARE RESOURCES OF TEXAS LLC
4034 WHEAT HARVEST LANE
KATY, TX 77494
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/30/2004
License # 009497 HEALTHPOINT HOME HEALTH AND INFUSION SERVICES
Lic Expire 12/31/2021 120 ELDRIDGE ROAD SUITE E
Medicare 1: 677932 SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 814-3700 Fax (832) 886-4125
Type: Parent Agency Administrator IMMANUEL NWALUPUE NWALUPUE

Owner Information
ROSEMARY TAYLOR
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

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County **FORT BEND** Region 06 Date Licensed 02/26/2018
License # 018638 HEALTHQUEST THERAPEUTICS LLC
Lic Expire 06/30/2020 2600 CORDES DRIVE SUITE E
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (832) 612-3500 Fax (866) 612-3437
Type: Parent Agency Administrator SHAUKAT ZAKARIA

Owner Information
HEALTHQUEST THERAPEUTICS LLC
2600 CORDES DR SUITE E
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 10/22/2020
License # 020258 HEART BEAT HOME CARE SERVICES
Lic Expire 10/22/2022 8827 CROWN JEWEL DR
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (281) 343-9664 Fax (281) 343-9664
Type: Parent Agency Administrator CAROL SMITH

Owner Information
HEART BEAT HOME CARE SERVICES
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/05/2020
License # 019692 HEARTS AND HANDS PERSONAL CARE LLC
Lic Expire 11/08/2021 4835 RICHMOND KNOLL LN
Medicare 1: FRESNO, TX 77545
Medicare 2:
Phone (832) 755-2059 Fax
Type: Parent Agency Administrator WHITNEY GIBBS

Owner Information
HEARTS AND HANDS PERSONAL CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/16/2012
License # 015016 HENFEMAT MEDICAL SERVICES
Lic Expire 08/31/2022 25722 KINGSLAND BLVD. SUITE #114
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (281) 491-8842 Fax (281) 980-0485
Type: Parent Agency Administrator HENRIETTA JOLAOSO

Owner Information
HENFEMAT INC
2518 WINSFORD HORIZON LANE
KATY, TEXAS 77494
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/02/2020
License # 020033 HJM HOSPICE AND PALLIATIVE CARE
Lic Expire 07/02/2022 5402 PERSIMMON PASS
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 704-3609 Fax (888) 343-9339
Type: Parent Agency Administrator HUMPHREY MOSENGE

Owner Information
ALWAYS LOVING HOME HEALTH CARE LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 01/11/2014
License # 016179 HOLINESS HOME HEALTHCARE CORP
Lic Expire 01/31/2022 24131 SEVENTH HEAVEN DRIVE
Medicare 1: 747137 HHA-18 KATY, TEXAS 77494
Medicare 2:
Phone (713) 589-6416 Fax (713) 429-0463
Type: Parent Agency Administrator PETER NGUYEN

Owner Information
HOLINESS HOME HEALTHCARE CORP
24131 SEVENTH HEAVEN DR
KATY, TX 77494
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 06/23/2021

County **FORT BEND** Region 06 Date Licensed 01/26/2021
License # 020488 HOME CARE FOR THE 21ST CENTURY- HH SOUTH HOUSTON #0031
Lic Expire 01/26/2023 77 SUGAR CREEK CENTER BLVD, SUITE 600
Medicare 1: SUGARLAND, TX 77478
Medicare 2:
Phone 281 8880380 Fax
Type: Parent Agency Administrator RICHARD TATE

Owner Information
AT HOME HEALTHCARE GROUP LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **FORT BEND** Region 06 Date Licensed 11/20/2018
License # 019007 HOMEWATCH CAREGIVERS OF KATY
Lic Expire 11/20/2023 25722 KINGSLAND BLVD SUITE 115
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (832) 678-4924 Fax (832) 678-4924
Type: Parent Agency Administrator ANTHONY SERRANO

Owner Information
FALCON CORP LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/02/2019
License # 019631 HOMEWATCH CAREGIVERS OF SUGAR LAND
Lic Expire 10/02/2021 1415 SH-6 SUITE A-310
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 961-1795 Fax (281) 310-5006
Type: Parent Agency Administrator REBECCA FORTMAN

Owner Information
EPHESIANS 2-10 HOLDINGS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/01/2019
License # 019135 HOMEWELL CARE SERVICES
Lic Expire 12/06/2022 11104 WEST AIRPORT BLVD #148
Medicare 1: STAFFORD, TEXAS 77477
Medicare 2:
Phone (281) 721-5536 Fax (281) 721-5803
Type: Parent Agency Administrator VAISHALI NILESHWAR

Owner Information
ALLICARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/20/2020
License # 019883 HOSPICARE OF TEXAS
Lic Expire 04/20/2022 21123 AIBANY LANDING LANE
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (281) 406-4209 Fax (832) 284-7845
Type: Parent Agency Administrator JESSE ODUARAN

Owner Information
HEALTHGENIX INC.
P O BOX 113
SUGAR LAND, TX
PHONE: FAX:
Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 01/07/2011
License # 014073 HTH HOLY TRINITY HEALTHCARE INC
Lic Expire 01/31/2021 11104 W AIRPORT BLVD SUITE 131
Medicare 1: 677990 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (713) 333-3660 Fax (713) 333-4660
Type: Parent Agency Administrator PATRICK FINN

Owner Information
HTH HOLY TRINITY HEALTHCARE INC
11104 W IARPORT BLVD STE 131
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/21/2011
License # 013971 HUCKEYE HEALTH SERVICES LLC
Lic Expire 03/31/2023 24044 CINCO VILLAGE CENTER BLVD SUITE 100
Medicare 1: 747744 HHA-18 KATY, TEXAS 77494
Medicare 2:
Phone (281) 712-2051 Fax (713) 900-7752
Type: Parent Agency Administrator PACIENCIA OJIAIKO

Owner Information
HUCKEYE HEALTH SERVICES, LLC
5910 DILLON CREEK LANE
KATY, TX 77494
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/12/2021

County **FORT BEND** Region 06 Date Licensed 02/02/2007
License # 011054 IDEAL CARE PROVIDERS INC
Lic Expire 06/30/2021 1906 HICKORY GLEN DR
Medicare 1: 679794 MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 499-9512 Fax (281) 499-9583
Type: Parent Agency Administrator JUSTINA ONUH

Owner Information
IDEAL CARE PROVIDERS, INC.
2203 WHIRLAWAY DR
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/25/2022

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

County **FORT BEND** Region 06 Date Licensed 08/09/2018
License # 018877 IDEAL HEALTHCARE SERVICES
Lic Expire 08/31/2022 10615 DAVLEE LN
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (346) 291-3343 Fax (832) 939-9194
Type: Parent Agency Administrator JOHNMARY ODINIGWE

Owner Information
IDEAL HEALTHCARE SERVICES INC
17611 MURRAYFIELD CT
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/14/2006
License # 010680 INCARNATION HOME HEALTH SERVICES INC
Lic Expire 08/31/2021 12440 EMILY COURT SUITE 1001
Medicare 1: 747299 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 447-5152 Fax (281) 447-7152
Type: Parent Agency Administrator OPEOLUWA FATUROTI

Owner Information
INCARNATION HOME HEALTH SERVICES, INC.
7457 HARWIN DRIVE, SUITE 340
HOUSTON, TX 77036
PHONE: (281) 447-5152 FAX: (281) 447-7152
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 01/10/2022

County **FORT BEND** Region 06 Date Licensed 04/10/2014
License # 016144 INFUCARE HOME HEALTH LLC.
Lic Expire 04/30/2022 13910 LEXINGTON BLVD
Medicare 1: SUGARLAND, TX 77478
Medicare 2:
Phone (713) 541-5800 Fax (281) 916-6481
Type: Parent Agency Administrator GLORIA EGBUCHUNAM

Owner Information
INFUCARE HOME HEALTH LLC
PO BOX 571854
HOUSTON, TX 77257
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 07/20/2020
License # 020063 INSIGNIA
Lic Expire 07/20/2022 2815 SPRING LAKE
Medicare 1: MISSOURI CITY, TEXAS 77459
Medicare 2:
Phone (281) 208-7952 Fax (281) 208-7952
Type: Parent Agency Administrator GREGORY KELLER

Owner Information
INSIGNIA HEALTHCARE SOLUTIONS LLC
P.O. BOX 2272
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 05/08/1995
License # 003376 INTER ACTIVE HEALTH CARE INC
Lic Expire 05/31/2021 4677 TECHNIPLEX DRIVE
Medicare 1: 458447 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 892-2000 Fax (281) 892-2015
Type: Parent Agency Administrator LEIGH NARVACAN

Owner Information
INTER-ACTIVE HEALTH CARE, INC
10530 ROCKLEY ROAD SUITE 100A
HOUSTON, TX 77099
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/01/2018
License # 019117 IVANA HOME HEALTH SERVICES
Lic Expire 10/01/2022 12808 WEST AIRPORT BLVD., SUITE# 343
Medicare 1: 67-7935 SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (281) 212-3442 Fax (866) 670-2763
Type: Parent Agency Administrator AMIN ALWANI

Owner Information
AN&SS CARE GROUP, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/16/2010
License # 013173 JESTCO HEALTH CARE INC
Lic Expire 06/30/2022 2118 SILVER LEAF DRIVE
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 414-8799 Fax (281) 403-4996
Type: Parent Agency Administrator AUGUSTINE OKUKPE

Owner Information
JESTCO HEALTH CARE, INC.
2118 SILVERLEAF DRIVE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/04/2007
License # 011366 JIWEALTH HEALTH SERVICES
Lic Expire 06/30/2021 1303 PARKER BLUFF LN
Medicare 1: 747335 HHA-18 ROSENBERG, TX 77471
Medicare 2:
Phone (281) 236-2446 Fax (832) 535-3776
Type: Parent Agency Administrator CALLISTA JIWUAKU

Owner Information
JIWEALTH HEALTH SERVICES, INC.
1303 PARKER BLUFF LANE
ROSENBERG, TX 77471
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 11/16/2011
License # 014633 JOSEPH HOME HEALTHCARE SERVICES INC
Lic Expire 11/30/2021 4434 BLUEBONNET DRIVE SUITE 137
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone 832 886 4942 Fax 281 817 7493
Type: Parent Agency Administrator AKHERE OKHAIFOH

Owner Information
JOSEPH HOME HEALTHCARE SERVICES INC
7715 SILENT TIMBER LANE
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/14/2019
License # 019377 JUBILEE CARE @ HOME HEALTH CARE SERVICES
Lic Expire 05/14/2021 914 SPRINGHAVEN CT
Medicare 1: 747984 (HHA) KATY, TX 77494
Medicare 2:
Phone (877) 242-1045 Fax (877) 242-1045
Type: Parent Agency Administrator CHRISTINA BASTON

Owner Information
JUBILEE CARE @ HOME HEALTH CARE SERVICES LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 12/20/2022

County **FORT BEND** Region 06 Date Licensed 09/16/2005
License # 009967 K & G QUALITY HOME HEALTHCARE
Lic Expire 09/30/2021 12603 SOUTH WEST FREEWAY SUITE #520
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 313-1844 Fax (281) 313-1848
Type: Parent Agency Administrator KRIS IJEH

Owner Information
K & G QUALITY HEALTHCARE SERVICES INC
5519 PARKSTONE COURT
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/21/2015
License # 016815 K2 HOME HEALTH
Lic Expire 05/31/2021 17130 KILDONAN COURT
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 608-6001 Fax (832) 608-6001
Type: Parent Agency Administrator KELECHI NWOSU

Owner Information
K2 HOLISTIC HEALTHCARE SERVICES, INC.
6418 BINALONG DRIVE
KATY, TX 77449
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 02/14/2018
License # 018617 KAMVIC HOME HEALTH CARE LLC
Lic Expire 02/28/2022 21111 BARTON HOLLOW LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 730-5040 Fax (713) 588-2727
Type: Parent Agency Administrator CHINYERE OZIGBU

Owner Information
KAMVIC HOME HEALTH CARE, LLC
21111 BARTON HOLLOW LANE
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 07/15/2013
License # 015938 KAPPA HOME HEALTH SERVICES INC
Lic Expire 07/31/2021 2440 TEXAS PKWY, SUITE 218
Medicare 1: 747018 HHA-18 MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 313-4650 Fax (281) 313-0994
Type: Parent Agency Administrator ODINAKACHUKWU CYNTHIA AGU

Owner Information
KAPPA HOME HEALTH SERVICES INC
20731 BARRINGTON MEADOW TRACE
RICHMOND, TEXAS 77407
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **FORT BEND** Region 06 Date Licensed 04/29/2011
License # 014069 KC HEALTHCARE SERVICES INC
Lic Expire 04/30/2021 902 OPAL CHASE DRIVE
Medicare 1: RICHMOND, TX 77469
Medicare 2:
Phone (281) 238-0567 Fax (281) 238-0708
Type: Parent Agency Administrator CATHERINE ORAKPO

Owner Information
KC HEALTHCARE SERVICES, INC
P O BOX 703
RICHMOND, TX 77469
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/10/2017
License # 017847 KEMA CARE SERVICES INC
Lic Expire 05/31/2023 5827 CRESTVIEW COVE
Medicare 1: RICHMOND, TX 77469
Medicare 2:
Phone (832) 859-8777 Fax (281) 596-4441
Type: Parent Agency Administrator IKE ALARIBE

Owner Information
KEMA CARE SERVICES INC
5827 CRESTVIEW COVE
RICHMOND, TX 77469
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/12/2017
License # 018314 KEY DIALYSIS LLC
Lic Expire 12/30/2021 1400 CREEK WAY SUITE 211
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 939-9772 Fax (832) 939-9774
Type: Parent Agency Administrator DARIN SULLIVAN

Owner Information
KEY DIALYSIS LLC
1400 CREEK WAY SUITE 211
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **FORT BEND** Region 06 Date Licensed 08/26/2019
License # 019551 KIDSLIFE HOME CARE
Lic Expire 08/26/2021 19826 AMBER VILLAGE LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 278-7685 Fax (832) 449-3863
Type: Parent Agency Administrator FNU BANDE NANJI

Owner Information
SKYLYN, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 07/28/2020
License # 020080 KIND ANGELS HOME HEALTH LLC
Lic Expire 07/28/2022 21510 GRAND HOLLOW LANE
Medicare 1: KATY, TEXAS 77450
Medicare 2:
Phone (502) 803-1129 Fax (800) 507-3143
Type: Parent Agency Administrator PHILLIP NAJEME

Owner Information
KIND ANGELS HOME HEALTH LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 05/23/2019
License # 019390 KINGSHIP HEALTH SERVICES LLC
Lic Expire 05/23/2021 6911 NECTARINE LANE
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (832) 608-8050 Fax (832) 451-6036
Type: Parent Agency Administrator OKECHUKWU ONYEGBULA

Owner Information
KINGSHIP HEALTH SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 02/17/2006
License # 010565 KRISTEL HEALTHCARE SERVICES
Lic Expire 02/28/2022 301 SOUTH 9TH STREET #204
Medicare 1: 743136 HHA-18 RICHMOND, TEXAS 77469
Medicare 2:
Phone (281) 633-2800 Fax (281) 633-2601
Type: Parent Agency Administrator ELIZABETH BABALOLA

Owner Information
FLANEL HEALTHCARE SERVICES LLC
301 SOUTH 9TH STREET #204
RICHMOND, TX 77469
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/15/2020
License # 020177 LEADS SERVICES LLC
Lic Expire 09/15/2022 16802 COOK LANDING DRIVE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 759-2435 Fax (832) 553-3054
Type: Parent Agency Administrator HELEN MURRAY

Owner Information
LEADS SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/01/2017
License # 018142 LIFE FOUNDATION HOME CARE
Lic Expire 04/30/2021 12808 W AIRPORT BLVD, STE 270B
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (832) 612-0472 Fax (832) 202-0506
Type: Parent Agency Administrator SABEEN JIWANI

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** Region 06 Date Licensed 06/26/2017
License # 018133 LIFEBRIDGE HOME CARE LLC
Lic Expire 06/30/2021 22119 SKYRIDGE LN
Medicare 1: RICHMOND, TX 77469
Medicare 2:
Phone (281) 238-8848 Fax (832) 471-6536
Type: Parent Agency Administrator EUNICE NWANNE

Owner Information
LIFEBRIDGE HOME CARE LLC
22119 SKYRIDGE LN
RICHMOND, TX 77469
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 11/12/2020
License # 020313 LIFELINE CARE INC
Lic Expire 11/12/2022 18206 STABLEWOOD MANOR TRAIL
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone 832 971 0464 Fax
Type: Parent Agency Administrator OLUBUKOLA OLUSANYA

Owner Information
LIFELINE CARE INC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/15/2010
License # 013647 LIMEC HEALTH CARE SERVICES INC
Lic Expire 10/31/2022 7419 COLBY RUN CT
Medicare 1: 747773 HHA-18 RICHMOND, TX 77407
Medicare 2:
Phone (713) 266-6611 Fax (832) 553-2506
Type: Parent Agency Administrator LILIAN CHINEDO

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

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County **FORT BEND** Region 06 Date Licensed 08/24/2009
License # 012802 LITTLE FLOWER HOMEHEALTH INC.
Lic Expire 08/31/2021 12808 WEST AIRPORT BLVD. SUITE 318
Medicare 1: 747456 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 325-0043 Fax (281) 265-0142
Type: Parent Agency Administrator TRISAMOLE THOMAS

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

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County **FORT BEND** Region 06 Date Licensed 01/04/2008
License # 011794 LIVELONG HEALTH CARE SERVICES INC
Lic Expire 01/31/2023 15415 WAUMSLEY WAY
Medicare 1: 747278 HHA-18 SUGARLAND, TX 77498
Medicare 2:
Phone 281 809 5190 Fax 281 809 5732
Type: Parent Agency Administrator DORIS OBAZE

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

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

County **FORT BEND** Region 06 Date Licensed 10/28/2019
License # 019667 LM HOME CARE SERVICES
Lic Expire 10/28/2021 19306 MISSION COVE LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone 832 303 6093 Fax 281 238 5985
Type: Parent Agency Administrator OLUYOMI LAWSON

Owner Information
LM HOME CARE SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 06/16/2005
License # 009816 LOGIC HOMEHEALTH SERVICES INC
Lic Expire 06/30/2021 5101 AVENUE H STE 25
Medicare 1: 747075 HHA-18 ROSENBERG, TX 77471
Medicare 2:
Phone (281) 383-9483 Fax (281) 710-7876
Type: Parent Agency Administrator ABUBAKAR MOLADE

Owner Information
LOGIC HOMEHEALTH SERVICES INC
5101 AVENUE H STE 25
ROSENBERG, TX 77471
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 11/23/2020
License # 020342 LOYAL HANDS HOME HEALTH INC
Lic Expire 11/23/2022 3727 GREENBRIAR DR STE 115
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone 713 5103205?? Fax
Type: Parent Agency Administrator CHIKA ODILI

Owner Information
LOYAL HANDS HOME HEALTH INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/28/2019
License # 019669 LOYAL TOUCH HOME HEALTH INC
Lic Expire 10/28/2021 3727 GREENBRIAR DR STE 115
Medicare 1: STAFFORD, TEXAS 77477
Medicare 2:
Phone 281 3177041? Fax
Type: Parent Agency Administrator CHIKA ODILI

Owner Information
LOYAL TOUCH HOME HEALTH, INC
PO BOX 950
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/30/2019
License # 019568 LOYALTY CARE HEALTH SERVICES INC
Lic Expire 08/30/2021 5902 WATER VIOLET LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone 800 7930783 Fax
Type: Parent Agency Administrator MARILIN CASTRO

Owner Information
LOYALTY CARE HEALTH SERVICES INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/17/2012
License # 014584 MANIFESTATION HOME HEALTHCARE INC
Lic Expire 01/31/2022 1418 NEW TREE LANE
Medicare 1: 747849 MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 313-0535 Fax (281) 313-0532
Type: Parent Agency Administrator FELICIA OJIGHO OJIGHO

Owner Information
MANIFESTATION HOME HEALTHCARE, INC.
8207 ALISO CANYON LANE
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/15/2011
License # 013934 MARIA REGINA HOME HEALTH AGENCY INC
Lic Expire 03/31/2021 410 ANNE'S WAY
Medicare 1: 677971 HHA-18 STAFFORD, TEXAS 77477
Medicare 2:
Phone 2814943456 832567803 Fax 2819698116 or 2812084783
Type: Parent Agency 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

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

County **FORT BEND** Region 06 Date Licensed 06/28/2005
License # 009839 MARITONA HEALTH SERVICES INC.
Lic Expire 06/30/2022 11615 LANTANA REACH DR
Medicare 1: 677958 HHA-18 RICHMOND, TX 77406
Medicare 2:
Phone (832) 451-6172 Fax (832) 451-6469
Type: Parent Agency Administrator ONUWABHAGBE CHRISTIAN ITUAH

Owner Information
MARITONA HEALTH SERVICES INC
11615 LANTANA REACH DRIVE
RICHMOND, TX 77406-1483
PHONE: (832) 451-6172 FAX: (832) 451-6469
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/21/2009
License # 012912 MAXIM HEALTHCARE SERVICES INC
Lic Expire 01/31/2023 4800 SUGAR GROVE BLVD SUITE 600
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (713) 234-5730 Fax (877) 774-0531
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 08/09/2007
License # 011515 MAYFLOWER HEALTH SERVICES INC
Lic Expire 08/31/2022 3703 PENNINGTON COURT
Medicare 1: MISSOURI CITY, TX 77459
Medicare 2:
Phone 832 8753173 Fax 281 7786157
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 12/07/2005
License # 010184 MED SOURCE HEALTHCARE SERVICES INC
Lic Expire 12/31/2022 12926 DAIRY ASHFORD SUITE 150
Medicare 1: 747128 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 265-0095 Fax (281) 201-4531
Type: Parent Agency Administrator PRISCILLA UDEAGHA

Owner Information
MED-SOURCE 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

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County **FORT BEND** Region 06 Date Licensed 05/01/2006
License # 010415 MEDCARE PEDIATRIC NURSING LP
Lic Expire 04/30/2022 12371 SOUTH KIRKWOOD DRIVE
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (713) 995-9292 Fax (713) 995-4402
Type: Parent Agency 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** Region 06 Date Licensed 05/01/2006
License # 010414 MEDCARE PEDIATRIC THERAPY LP
Lic Expire 04/30/2021 12371 SOUTH KIRKWOOD RD.
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (713) 779-9300 Fax (713) 779-9600
Type: Parent Agency Administrator BRITTANY DILLESHAW

Owner Information
MEDCARE PEDIATRIC THERAPY LP
12371 KIRKWOOD RD
STAFFORD, TX 77477-2836
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 03/29/2004
License # 008991 MEDINURSE INC
Lic Expire 03/31/2022 16338 YABBIE DRIVE
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (281) 565-0989 Fax (281) 565-1486
Type: Parent Agency Administrator CHRIS OSAGIE

Owner Information
MEDINURSE INC
13914 BLUE VISTA DR.
SUGAR LAND, TX 77498
PHONE: (281) 565-4733 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/01/2020
License # 019974 MERCY CARE
Lic Expire 06/01/2022 5919 MARBLE BEND LANE
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (413) 250-5060 Fax
Type: Parent Agency Administrator DAYO AINA

Owner Information
MERCY CARE
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/13/2020
License # 020229 MERCYCARE HOME SUPPORT SERVICES
Lic Expire 10/13/2022 12808 WEST AIRPORT BOULEVARD STE 270P
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone +1 281 7567040; +1 832 Fax +1 832 9520236
Type: Parent Agency Administrator AYODEJI SIWONIKU

Owner Information
THE HEALTH COVE INC DBA MERCYCARE HOME SUPPORT SERVICES
12808 W. AIRPORT BOULEVARD SUITE 270P
SUGAR LAND, TX 77478
PHONE: +1 2817567040 FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 06/26/2008
License # 012177 MILLENNIUM HOME HEALTH SERVICES
Lic Expire 06/30/2022 830 JULIE RIVERS DRIVE #104
Medicare 1: 747813 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 532-0601 Fax (832) 532-0602
Type: Parent Agency Administrator ANNIE WILLIE

Owner Information
MILLENNIUM HEALTH SERVICES INC
13706 FLORENCE RD, STE #B2
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 03/05/2024

County **FORT BEND** Region 06 Date Licensed 08/29/2019
License # 019488 MIMAC HEALTH SERVICES,INC
Lic Expire 07/22/2021 1907 APPLETON DR
Medicare 1: MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (713) 904-3554 Fax (832) 288-4335
Type: Parent Agency Administrator LINDA OBINANI

Owner Information
MIMAC HEALTH SERVICES, INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 07/09/2009
License # 012697 MIRACLE HANDS HEALTHCARE SERVICES CORPORATION
Lic Expire 07/31/2021 12808 WEST AIRPORT BLVD SUITE 293
Medicare 1: 747763 HHA-18 SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (713) 975-1001 Fax (713) 975-1003
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 11/28/2018
License # 019122 MIRACLE HEALTHCARE LLC
Lic Expire 11/28/2022 1823 SEVILLE MANOR
Medicare 1: FRESNO, TX 77545
Medicare 2:
Phone (832) 883-0015 Fax NA
Type: Parent Agency Administrator MEKANZE UKADIKE

Owner Information
MIRACLE HEALTHCARE LLC
1823 SEVILLE MANOR
FRESNO, TEXAS 77545
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/25/2019
License # 019347 MNM HEALTHCARE SERVICES
Lic Expire 07/31/2021 2611 GRANTS LAKE BLVD APT 142
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (815) 670-0383 Fax (815) 670-0383
Type: Parent Agency Administrator JUNELLE VERGARA-MENDOZA

Owner Information
MNM HEALTHCARE SERVICES LLC
2611 GRANTS LAKE BLVD
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/23/2020
License # 020191 MODERN VINTAGE HOME CARE
Lic Expire 09/23/2022 3 SUGAR CREEK CENTER BLVD STE 100
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (832) 886-6717 Fax (833) 529-0204
Type: Parent Agency Administrator DEREK THOMPSON

Owner Information
MODERN VINTAGE RESIDENTIAL CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/09/2017
License # 018058 MODESTY HOME HEALTH LLC
Lic Expire 3802 CARTWRIGHT RD, SUITE 104
Medicare 1: 747733 HHA-18 MISSOURI CITY, TEXAS 77459
Medicare 2:
Phone (281) 261-0721 Fax (832) 539-1541
Type: Parent Agency Administrator ABEY ABRAHAM

Owner Information
MODESTY HOME HEALTH LLC
7218 COLONY BEND LN
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 08/24/2021

County **FORT BEND** Region 06 Date Licensed 04/21/2020
License # 019885 MPHH MEDICAL SERVICES INC
Lic Expire 04/21/2022 17910 CARROLL PLACE LANE
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 955-7946 Fax (832) 955-7947
Type: Parent Agency Administrator OLUCHUKWU IKEJIOFOR

Owner Information
MPHH MEDICAL SERVICES INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 07/18/2017
License # 018175 MYFAMILY HOSPICE LLC
Lic Expire 07/31/2021 10707 CORPORATE DR STE 140
Medicare 1: 97-1531 (HOSPICE STAFFORD, TX 77477
Medicare 2:
Phone (713) 271-0095 Fax (713) 271-7002
Type: Parent Agency Administrator LEO DELA ROSA

Owner Information
MYFAMILY HOSPICE LLC
9800 CENTRE PARKWAY STE 100
HOUSTON, TX 77036
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/26/2022

County **FORT BEND** Region 06 Date Licensed 07/20/2020
License # 020062 NAAZ PEDIATRIC HOME CARE, LLC
Lic Expire 07/20/2022 103 ANGEL HOLLOW LANE
Medicare 1: ROSENBERG, TEXAS 77469
Medicare 2:
Phone (346) 758-1510 Fax (972) 584-1708
Type: Parent Agency Administrator CHARMAINE STETSON

Owner Information
NAAZ PEDIATRIC HOME CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/18/2020
License # 020004 NARA PEDIATRIC HOME HEALTH
Lic Expire 06/18/2022 8622 OAKDALE BLUFF CT.
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 475-8539 Fax (832) 514-6844
Type: Parent Agency Administrator NATASHA CHOKA

Owner Information
NARA CARE INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/21/2021
License # 020478 NCARE HEALTH SERVICES
Lic Expire 01/21/2024 8810 SUNRISE TERRACE LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 372-2977 Fax
Type: Parent Agency Administrator AKUDO OLEWE

Owner Information
NCARE HEALTH SERVICES, LLC
16002 CHERRYSHIRE DRIVE
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 07/27/2010
License # 013497 NESTAR MED CARE LLC
Lic Expire 07/31/2022 4502 RIVERSTONE BLVD UNIT #905
Medicare 1: MISSOURI CITY, TX 77459
Medicare 2:
Phone (281) 903-7613 Fax (832) 532-7504
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 12/23/2013
License # 015978 NEW LIGHT HOME HEALTH, INC.
Lic Expire 12/31/2021 10707 CORPORATE DRIVE SUITE #153
Medicare 1: 747201 HHA-18 STAFFORD, TX 774774092
Medicare 2:
Phone (281) 499-5901 Fax (281) 499-8882
Type: Parent Agency Administrator JULIE THOMAS

Owner Information
NEW LIGHT HOME HEALTH, INC.
10707 CORPORATE DRIVE, SUITE # 153
STAFFORD, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 08/11/2021

County **FORT BEND** Region 06 Date Licensed 12/21/2010
License # 014076 NEW VISION HEALTH CARE SERVICES LLC
Lic Expire 03/31/2021 14310 MANORBIER LANE
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (713) 874-4937 Fax (281) 277-9219
Type: Parent Agency Administrator BERNADINE KHAN

Owner Information
NEW VISION HEALTH CARE SERVICES LLC
14310 MANORBIER LANE
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/30/2013
License # 015742 NICOLEST HEALTHCARE SERVICES INC
Lic Expire 08/31/2021 18446 AUSTIN OAK LN
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 459-1705 Fax (281) 762-7895
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 03/03/2021
License # 020566 NURSE NEXT DOOR HOUSTON
Lic Expire 03/03/2023 12808 W. AIRPORT BLVD, STE 310
Medicare 1: SUGARLAND, TEXAS 77478
Medicare 2:
Phone (832) 856-4407 Fax
Type: Parent Agency Administrator ANUSHKA MAGO

Owner Information
VAAS CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/18/2019
License # 019746 O.M.K HEALTHCARE SERVICES LLC
Lic Expire 12/18/2021 1035 EVANDALE LANE
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (832) 713-4848 Fax (832) 379-7499
Type: Parent Agency Administrator KAFAYATU BOMBATA

Owner Information
O.M.K HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 09/02/2015
License # 017010 OAK RIVER HEALTHCARE SERVICES INC
Lic Expire 09/30/2021 1601 MAIN STREET SUITE 600
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (281) 344-8200 Fax (877) 596-2233
Type: Parent Agency Administrator ELIZABETH EMERI

Owner Information
OAK RIVER HEALTHCARE SERVICES INC
1601 MAIN STREET, #600
RICHMOND, TX 77469
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/04/2018
License # 019762 OANA HEALTHCARE & CONSULTING, LLC
Lic Expire 01/08/2022 15500 VOSS RD SUITE 200-233
Medicare 1: SUGAR LAND, TEXAS 77498
Medicare 2:
Phone (832) 600-0731 Fax
Type: Parent Agency Administrator ARETINA OUEDRAOGO

Owner Information
OANA HEALTHCARE & CONSULTING, LLC
24200 SOUTHWEST FWY
ROSENBERG, TEXAS 77471
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/01/2015
License # 017096 OASIS HEALTHCARE INC
Lic Expire 07/31/2021 12110 MURPHY RD SUITE C
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 529-6278 Fax (281) 786-3544
Type: Parent Agency Administrator QUIZENA WALKER

Owner Information
OASIS HEALTHCARE INC
P.O. BOX 2193
STAFFORD, TX 77497
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/13/2018
License # 019152 OMNIA HOME CARE LLC
Lic Expire 12/13/2020 12808 W AIRPORT BLVD SUITE 275I
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 832-9419 Fax (281) 749-8292
Type: Parent Agency Administrator KAJAL BENIPAL

Owner Information
OMNIA HOME CARE LLC
4135 PEBBLE HEIGHTS LANE
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/10/2017
License # 017992 PAIX HEALTH SERVICES INC.
Lic Expire 04/30/2021 7311 EDEN CROSSING LANE
Medicare 1: 747389 RICHMOND, TX 77407
Medicare 2:
Phone (281) 313-5255 Fax (281) 565-0697
Type: Parent Agency Administrator STELLA EKPRUKE

Owner Information
PAIX HEALTH SERVICES,INC
7311 EDEN CROSSING LANE
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed
License # 020706 PAMCARE
Lic Expire 04/15/2024 1811 RIPPLING WATER COURT
Medicare 1: SUGAR LAND, TEXAS 77479
Medicare 2:
Phone (713) 446-8894 Fax
Type: Parent Agency Administrator PAMELA ELLIS

Owner Information
PAMELA ELLIS
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/01/2020
License # 020210 PARAGON HOME HEALTH, LLC
Lic Expire 10/01/2022 10815 ASHLAND BRIDGE LN
Medicare 1: SUGARLAND, TEXAS 77498
Medicare 2:
Phone (713) 298-9011 Fax
Type: Parent Agency 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** Region 06 Date Licensed 08/26/2008
License # 012206 PARKWAY PATIENT ASSISTANCE SERVICES INC
Lic Expire 08/31/2021 16118 DAWN MARIE LN
Medicare 1: SUGAR LAND, TEXAS 77498
Medicare 2:
Phone (713) 234-7824 Fax (713) 234-7825
Type: Parent Agency Administrator CHIMA OKENKPU

Owner Information
PARKWAY PATIENT ASSISTANCE SERVICES INC
12808 WEST AIRPORT BLVD., SUITE #345
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/27/2007
License # 011927 PASSION CENTRAL HOME HEALTH SERVICES INC
Lic Expire 03/31/2020 18038 BARTON RIDGE LANE
Medicare 1: 677933 HHA-18 RICHMOND, TX 77407
Medicare 2:
Phone (832) 251-2936 Fax (832) 251-2570
Type: Parent Agency Administrator JOY NWOKE

Owner Information
PASSION CENTRAL HOME HEALTH SERVICES INC
3300 SOUTH GESSNER SUITE #247
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/25/2020
License # 020016 PATMOS HOSPICE INC
Lic Expire 06/25/2022 12808 WEST AIRPORT BLVD STE 260A
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (281) 903-7380 Fax
Type: Parent Agency Administrator GERALDINE RAPHAEL

Owner Information
PATMOS HOSPICE INC
SAME
,
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 05/15/2013
License # 015544 PAX ET VITA HOME CARE LLC
Lic Expire 05/31/2021 2223 RIVER LODGE LANE
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (281) 687-6034 Fax (281) 239-0543
Type: Parent Agency 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

County **FORT BEND** Region 06 Date Licensed 02/21/2019
License # 019273 PAX ET VITA HOSPICE AGENCY, LLC
Lic Expire 06/30/2021 2223 RIVER LODGE LN.
Medicare 1: 971576 SUGAR LAND, TX 77479
Medicare 2:
Phone (346) 901-0194 Fax (281) 239-0543
Type: Parent Agency Administrator CARLITO BUHAY

Owner Information
PAX ET VITA HOSPICE AGENCY, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 07/10/2023

County **FORT BEND** Region 06 Date Licensed 01/06/2009
License # 012380 PELA HEALTH CARE SERVICES INC
Lic Expire 01/31/2021 12808 WEST AIRPORT BLVD SUITE #320
Medicare 1: 747334 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 302-6475 Fax (281) 903-7564
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 12/29/2021

County **FORT BEND** Region 06 Date Licensed 07/14/1995
License # 003621 PERRYLEE HOME HEALTH CARE SERVICES INC
Lic Expire 07/31/2022 2227 SOUTH MAIN STREET
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 969-8725 Fax (832) 539-1901
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 01/03/2014
License # 015946 PINNACLE SPECIALITY HEALTH SERVICES INC
Lic Expire 05/31/2022 1730 BERKOFF DRIVE
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (832) 964-8538 Fax (281) 238-5014
Type: Parent Agency 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

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

County **FORT BEND** Region 06 Date Licensed 12/23/2020
License # 020119 PLAY BETTER HOME HEALTH
Lic Expire 08/25/2022 2230 ANZIO CT
Medicare 1: MISSOURI CITY, TX 77459
Medicare 2:
Phone (832) 736-7652 Fax
Type: Parent Agency Administrator ELENA TURNER

Owner Information
NO MORE EXCUSES LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 10/26/2007
License # 011656 PRECISION HEALTHCARE SERVICES
Lic Expire 10/31/2022 2440 TEXAS PARKWAY SUITE 230
Medicare 1: 747017 HHA-18 MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 969-5638 Fax (832) 539-1795
Type: Parent Agency Administrator CHINKATA ONYEMACHI

Owner Information
FIRST PRECISION HEALTHCARE SERVICES INC
13508 MOORING POINTE
PEARLAND, TX 77584
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/11/2021
License # 020585 PREMIER PALLIATIVE & HOSPICE CARE INC.
Lic Expire 03/11/2023 23822 INDIAN HILLS WAY
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (832) 577-7580 Fax (832) 451-6906
Type: Parent Agency Administrator MARGARET AYUK

Owner Information
PREMIER PALLIATIVE AND HOSPICE CARE INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 06/04/2020
License # 019856 PREMIUM CARE HOME HEALTH, LLC.
Lic Expire 03/13/2022 3 SUGAR CREEK CENTER BLVD., STE. 100
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 866-6917 Fax (281) 710-0866
Type: Parent Agency Administrator GLORIA KUHN

Owner Information
PREMIUM CARE HOME HEALTH, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 10/28/2023

County **FORT BEND** Region 06 Date Licensed 09/18/2008
License # 012247 PRIMEWAY HEALTHCARE SERVICES INC
Lic Expire 09/30/2020 410 ANNE'S WAY
Medicare 1: 677865 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 403-4500 Fax (281) 403-1022
Type: Parent Agency Administrator PATRICK N OGIDI SR

Owner Information
PRIMEWAY HEALTHCARE SERVICES INC
2440 TEXAS PARKWAY SUITE #226
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/31/2012
License # 014831 PROCARE MEDICAL SERVICES
Lic Expire 05/31/2020 10701 CORPORATE DR STE 193
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 903-7474 Fax (832) 500-4095
Type: Parent Agency Administrator EMAIDO E. HAILEY

Owner Information
EMAIDO E HAILEY
10701 CORPORATE DR STE 193
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 04/07/2020
License # 019869 PROFESSIONAL PERSONAL CARE, LLC
Lic Expire 04/07/2022 32410 WATERHOUSE COURT
Medicare 1: FULSHEAR, TEXAS 77441
Medicare 2:
Phone (713) 907-4342 Fax
Type: Parent Agency Administrator KIMBERLY ANTUNEZ

Owner Information
PROFESSIONAL PERSONAL CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **FORT BEND** Region 06 Date Licensed 03/08/2010
License # 013156 QUALITY CAREGIVERS HEALTH CARE INC
Lic Expire 03/31/2022 1119 RIVER DELTA LANE
Medicare 1: 747534 HHA-18 ROSENBERG, TX 77469
Medicare 2:
Phone (281) 239-8277 Fax (281) 239-8980
Type: Parent Agency Administrator LAMIKA DICKEY

Owner Information
QUALITY CAREGIVERS HEALTH CARE, INC.
9410 GINGERSTONE CT
ROSENBERG, TX 77469
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 04/01/2023

County **FORT BEND** Region 06 Date Licensed 08/22/1997
License # 005985 QUALITY DIALYSIS ONE LLC
Lic Expire 08/31/2022 13311 PIKE RD
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 491-4009 Fax (281) 491-4024
Type: Parent Agency Administrator MARIA HEMENEZ

Owner Information
QUALITY DIALYSIS ONE LLC
1331 PIKE RD
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **FORT BEND** Region 06 Date Licensed 06/08/2020
License # 019984 QUICK PATIENT CARE PROVIDERS LLC
Lic Expire 06/08/2022 1910 DRIFTSTONE CT
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (832) 649-9291 Fax
Type: Parent Agency Administrator JUDEX MICHEL

Owner Information
QUICK PATIENT CARE PROVIDERS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 11/17/2011
License # 014476 QUINCY HEALTHCARE INC
Lic Expire 02/28/2022 2506 SUMMER HAVEN LN
Medicare 1: RICHMOND, TX 77406
Medicare 2:
Phone (832) 425-5235 Fax (832) 595-8160
Type: Parent Agency Administrator JULIE OKAFOR

Owner Information
QUINCY HEALTHCARE INC
2506 SUMMER HAVEN LN
RICHMOND, TX 77406
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/13/2016
License # 017456 QUINTESSENCE HEALTHCARE INC.
Lic Expire 06/30/2022 815 SUNBEAM CREEK COURT
Medicare 1: RICHMOND, TX 77406
Medicare 2:
Phone (832) 777-3701 Fax 18664477225
Type: Parent Agency Administrator GIPSON CHRISTINE

Owner Information
QUINTESSENCE HEALTHCARE INC
2550 GRAY FALLS DRIVE STE 100 - H
HOUSTON, TX 77077
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 04/12/2021
License # 020693 R & T GRACIOUS HEALTHCARE LLC
Lic Expire 04/12/2023 19206 CYPRESS ESTATES CT
Medicare 1: SPRING, TX. 77388
Medicare 2:
Phone (347) 363-9147 Fax
Type: Parent Agency Administrator RICHARD OAHIMIJIE-UNEH

Owner Information
R & T GRACIOUS HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/22/2020
License # 020256 RAINBOW HOSPICE LLC
Lic Expire 10/22/2022 11119 CRANSTONHILL CT
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 805-4080 Fax
Type: Parent Agency Administrator RAJESH SEBASTIAN

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

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

County **FORT BEND** Region 06 Date Licensed 04/01/2016
License # 017420 RAPHA HOME HEALTH CARE INC
Lic Expire 03/31/2022 25114 ROCKY HILLS LANE
Medicare 1: 457861 HHA-18 RICHMOND, TEXAS 77406
Medicare 2:
Phone (832) 451-6162 Fax (832) 451-6839
Type: Parent Agency Administrator CATHERINE OYINKAN COLLINS

Owner Information
RAPHA HOME HEALTH CARE INC
7708 PARK VISTA DRIVE
HOUSTON, TX 77072
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/16/2005
License # 009635 RAPID HOME HEALTH CARE
Lic Expire 03/31/2022 3727 GREENBRIAR DRIVE STE 106B
Medicare 1: 677967 STAFFORD, TX 77477
Medicare 2:
Phone (281) 240-0658 Fax (281) 240-0079
Type: Parent Agency Administrator RASIDAT SODEKE

Owner Information
PERUGINI INCORPORATED
15202 MARLOWE GROVE DR
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/08/2021
License # 020440 RCORE HOME HEALTH CARE
Lic Expire 01/08/2023 14318 JAUBERT CT
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (832) 944-6119 Fax (281) 749-8130
Type: Parent Agency Administrator RABI EGUNJOBI

Owner Information
RABICORE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FORT BEND** Region 06 Date Licensed 02/15/2007
License # 011072 REEZ HOME HEALTH SERVICES
Lic Expire 02/28/2023 2440 TEXAS PARKWAY SUITE 355
Medicare 1: 743184 HHA-18 MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 239-3118 Fax (281) 762-0690
Type: Parent Agency Administrator RAPHAEL NWAJIAKU

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

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County **FORT BEND** Region 06 Date Licensed 11/12/2015
License # 017126 REEZ PEDIATRIC HEALTHCARE INC
Lic Expire 11/30/2021 2440 TEXAS PARKWAY SUITE 365
Medicare 1: MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 239-3118 Fax (281) 762-0690
Type: Parent Agency Administrator RAPHAEL A NWAJIAKU

Owner Information
REEZ PEDIATRIC HEALTHCARE INC
SAME AS PHYSICAL ADDRESS
RICHMOND, TX 77469
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/26/2011
License # 013847 REFINE HOME HEALTH CARE INC
Lic Expire 01/31/2023 18214 CIMMARON OAK LN
Medicare 1: 747869 HHA-18 RICHMOND, TX 77407
Medicare 2:
Phone (281) 240-1084 Fax (281) 240-5665
Type: Parent Agency Administrator NAFISA KASSIM

Owner Information
REFINE HOME HEALTH CARE INC
9898 BISSONNET STREET SUITE 583
RICHMOND, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/01/2006
License # 010302 RELIABLE CARE HEALTH SERVICES
Lic Expire 12/31/2022 15122 BRIARCRAFT DR
Medicare 1: 679017 HHA-18 MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 437-0800 Fax (281) 437-0803
Type: Parent Agency Administrator MERCY OKON

Owner Information
PRIME RELIABLE HEALTH CARE INC
15122 BRIARCRAFT DR.
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 04/16/2024

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

County **FORT BEND** Region 06 Date Licensed 11/03/2003
License # 008726 RELIANT HOME CARE SERVICES LIMITED LIABILITY COMPANY
Lic Expire 05/31/2021 2723 EVENING SHADE CT
Medicare 1: 453190 HHA-18 MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 404-5510 Fax (281) 969-7772
Type: Parent Agency Administrator CHARLES ANYANWU

Owner Information
RELIANT HOME CARE SERVICES, LLC
610 MURPHY RD., SUITE 213
STAFFORD, TEXAS 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 11/16/2020
License # 020321 RENEWED HOPE HOUSING, LLC
Lic Expire 11/16/2022 3123 VILLAGE POND LANE
Medicare 1: FRESNO, TEXAS 77545
Medicare 2:
Phone 225 4399904 Fax
Type: Parent Agency Administrator CHARLENE HAYES

Owner Information
RENEWED HOPE HOUSING, LLC
10330 HIGHWAY 6 SUITE D-146
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/19/2011
License # 014116 RESERVED HOME HEALTH CARE LLC
Lic Expire 05/31/2021 10701 CORPORATE DRIVE SUITE 392
Medicare 1: 747730 HHA-18 STAFFORD, TEXAS 77477
Medicare 2:
Phone (713) 657-0087 Fax (713) 772-6998
Type: Parent Agency Administrator ESTHER UGWU

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
Accreditation: CHAP - Deemed, Expires: 08/01/2021

County **FORT BEND** Region 06 Date Licensed 09/22/2017
License # 018478 RIGHT AT HOME SUGAR LAND
Lic Expire 09/30/2021 830 JULIE RIVERS DR, SUITE 604
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone 713 581 8160 Fax 713 581 8162
Type: Parent Agency Administrator COURTNEY HOCHHALTER

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** Region 06 Date Licensed 01/13/2020
License # 019775 RIVER OAKS HOSPICE LIMITED LIABILITY COMPANY
Lic Expire 01/13/2022 19515 CEDAR COVE COURT
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 462-0241 Fax
Type: Parent Agency Administrator CLEMENT OMIDIWURA

Owner Information
RIVER OAKS HOSPICE LIMITED LIABILITY COMPANY
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 11/13/1995
License # 004088 ROSE HOME HEALTH SERVICES INC
Lic Expire 11/30/2022 4677 TECHNIPLEX DR.
Medicare 1: 678216 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 892-2001 Fax (281) 892-2015
Type: Parent Agency Administrator LEIGH NARVACAN

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

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County **FORT BEND** Region 06 Date Licensed 04/26/2012
License # 014766 ROSE OF SHARON HOME HEALTH INC.
Lic Expire 04/30/2022 14910 MILL BRANCH LANE
Medicare 1: 747970 SUGARLAND, TX 77498
Medicare 2:
Phone (713) 367-7275 Fax (832) 500-4046
Type: Parent Agency Administrator TINA IWEGBU

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

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

County **FORT BEND** Region 06 Date Licensed 06/23/2020
License # 020008 ROSY ANGELS HEALTH CARE SYSTEM LLC
Lic Expire 06/23/2022 18211 BONHAM OAKS CT
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 881-9815 Fax (832) 971-1975
Type: Parent Agency Administrator CHUKWUEMEKA OKEUGO

Owner Information
ROSY ANGELS HEALTH CARE SYSTEM, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 07/23/2014
License # 016332 RUBIES HEALTHCARE INC.
Lic Expire 07/31/2022 9010 KNIGHTSLAND TRAIL
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (832) 202-8555 Fax (888) 491-8596
Type: Parent Agency Administrator MABEL AGBOGUN

Owner Information
RUBIES HEALTHCARE INC
ROOM 204, 307 WEST MILAM ROAD
WHARTON, TX 77488
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/05/2007
License # 010978 SAHARA HEALTH CARE INC
Lic Expire 01/31/2023 140 ELDRIDGE RD SUITE-B
Medicare 1: 747165 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 766-0919 Fax (281) 313-4935
Type: Parent Agency Administrator BINU KURIAN

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
Accreditation: CHAP - Deemed, Expires: 04/08/2024

County **FORT BEND** Region 06 Date Licensed 12/14/2017
License # 018512 SAHARA HOSPICE CARE LLC
Lic Expire 12/31/2021 140 ELDRIDGE RD , SUITE- B 1
Medicare 1: 74-1768 SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (832) 310-3317 Fax (281) 313-4935
Type: Parent Agency Administrator BINU KURIAN

Owner Information
SAHARA HOSPICE CARE LLC
14315 TASMANIA CT
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/24/2021

County **FORT BEND** Region 06 Date Licensed 04/05/2021
License # 020667 SAINT ANTHONY CARE SERVICES, LLC
Lic Expire 04/05/2024 12840 S. KIRKWOOD RD. # 535
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (832) 245-3651 Fax
Type: Parent Agency Administrator NORA ADEYINKA

Owner Information
SAINT ANTHONY CARE SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/01/2020
License # 020363 SAINT JOHN HEALTHCARE SYSTEM, LLC
Lic Expire 12/01/2022 7423 LAVAERTON WOOD LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone 281 904 6062 Fax
Type: Parent Agency 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** Region 06 Date Licensed 08/18/2020
License # 020107 SANDHURST HEALTHCARE LLC
Lic Expire 08/18/2022 1823 MAMIE SPRINGS CT.
Medicare 1: RICHMOND, TX 77469
Medicare 2:
Phone (832) 453-0480 Fax
Type: Parent Agency Administrator ELIZABETH AGBESANMI

Owner Information
SANDHURST HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **FORT BEND** Region 06 Date Licensed 01/28/2019
License # 019231 SCO-JON PROVIDER SERVICES INC
Lic Expire 07/31/2021 15902 KENBROOK DRIVE
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (713) 823-3286 Fax NA
Type: Parent Agency Administrator DELIA SCOTT

Owner Information
SCO-JON PROVIDER SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/29/2021
License # 020655 SDK SUNRISE LLC
Lic Expire 03/29/2024 14502 SMITH BRIDGE LN
Medicare 1: SUGARLAND, TEXAS 77498
Medicare 2:
Phone (551) 246-2349 Fax
Type: Parent Agency Administrator TINA MUKETE

Owner Information
SDK SUNRISE LLC
SAME AS ABOVE
,
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 01/24/2005
License # 009539 SERENITY CARE HOME HEALTH SERVICES INC
Lic Expire 01/31/2022 1903 THISTLECREEK CT
Medicare 1: 457913 HHA-18 FRESNO, TX 77545
Medicare 2:
Phone (281) 431-6763 Fax (281) 972-9570
Type: Parent Agency Administrator SOLEDAD GAY

Owner Information
SERENITY CARE HOME HEALTH SERVICES INC
PO BOX 451764
HOUSTON, TX 77545
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 02/26/2007
License # 011097 SERENITY HEALTHCARE SERVICES INC
Lic Expire 06/30/2022 10701 CORPORATE DRIVE STE 176
Medicare 1: 679726 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 240-5653 Fax (281) 240-5669
Type: Parent Agency Administrator LEO DELA ROSA

Owner Information
SERENITY HEALTHCARE SERVICES INC
10701 CORPORATE DRIVE SUITE 176
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/20/2022

County **FORT BEND** Region 06 Date Licensed 03/25/2021
License # 020645 SHALOM CARE AGENCY LLC
Lic Expire 03/25/2024 25510 CLOVER RANCH DRIVE
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (408) 449-3467 Fax
Type: Parent Agency Administrator TRACY AIBUEDEFE

Owner Information
SHALOM CARE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/15/2008
License # 012369 SHALOM HEALTH CARE SERVICES INC
Lic Expire 12/31/2020 4243 CUSTER CREEK DRIVE
Medicare 1: 673155 HHA-18 MISSOURI CITY, TX 77459
Medicare 2:
Phone (832) 886-4881 Fax (832) 886-4883
Type: Parent Agency Administrator CHARLES OKORIE

Owner Information
SHALOM HEALTH CARE SERVICES INCORPORATED
9888 BISSONNET SUITE 580
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **FORT BEND** Region 06 Date Licensed 02/05/2021
License # 020510 SHEKINA GLORY LEGACY HOSPICE & PALLIATIVE SERVICES
Lic Expire 02/05/2024 17006 AUDREY ARBOR WAY
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (318) 497-0654 Fax (832) 284-7845
Type: Parent Agency Administrator IRENE CHE

Owner Information
SHEKINA GLORY LEGACY HOSPICE AND PALLIATIVE SERVICES LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services
In-Patient Hospice: NO

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

County **FORT BEND** Region 06 Date Licensed 07/25/2007
License # 011493 SHILOH FIRST HEALTH CARE INC
Lic Expire 07/31/2022 15611 OLETA LANE
Medicare 1: 747215 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 750-1371 Fax (832) 886-0186
Type: Parent Agency Administrator BIBIAN MUKORO

Owner Information
SHILOH FIRST HEALTH CARE, INC
15611 OLETA LANE
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 11/02/2005
License # 010105 SIERCAM HEALTHCARE SERVICES LLC
Lic Expire 11/30/2021 812 3RD STREET
Medicare 1: 679574 ROSENBERG, TEXAS 77471
Medicare 2:
Phone (281) 232-9990 Fax (281) 232-9994
Type: Parent Agency Administrator CHARLZ BISONG

Owner Information
SIERCAM HEALTHCARE SERVICES, LLC
812 3RD STREET
ROSENBERG, TX 77471
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 11/09/2021

County **FORT BEND** Region 06 Date Licensed 06/08/2009
License # 012852 SIGMAH HOME HEALTH SERVICES
Lic Expire 06/30/2021 11104 W AIRPORT BLVD SUITE 130
Medicare 1: 673143 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (713) 771-0606 Fax (713) 771-0610
Type: Parent Agency Administrator MAGDA BANDONG

Owner Information
SIGMAH HOME HEALTH SERVICES INC
11104 W AIRPORT BLVD SUITE 130
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services with Dialysis; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/04/2010
License # 013822 SILVERADO HOSPICE OF HOUSTON INC.
Lic Expire 10/31/2022 4800 SUGAR GROVE BLVD SUITE 390
Medicare 1: 671600 HOSPICE STAFFORD, TX 77477
Medicare 2:
Phone (281) 565-2900 Fax (281) 565-2901
Type: Parent Agency Administrator APRIL WILSON

Owner Information
SILVERADO HOSPICE OF HOUSTON, INC
6400 OAK CANYON #200
IRVINE, CA 92618
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 05/27/2020
License # 019962 SIMPLE CARE
Lic Expire 05/27/2022 20038 SHORE MEADOWS LANE
Medicare 1: RICHMOND, TEXAS 774076596
Medicare 2:
Phone (832) 398-3590 Fax (832) 615-3003
Type: Parent Agency Administrator PATRICIA CURRY

Owner Information
SIMPLE CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/05/2017
License # 018359 SMITHER INFINITE HEALTHCARE SERVICES, INC
Lic Expire 10/31/2021 3022 BLUE LAGOON CT
Medicare 1: MISSOURI CITY, TX 77459
Medicare 2:
Phone (800) 701-7974 Fax (800) 701-7974
Type: Parent Agency Administrator JANET JOHNSON

Owner Information
SMITHER INFINITE HEALTHCARE SERVICES, INC
12222 NOBLE GLEN DRIVE
FRESNO, TX 77545
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/29/2020
License # 020202 SOCIETY HOSPICE & PALLIATIVE CARE, INC
Lic Expire 09/29/2022 7219 LINCOLN HEIGHTS COURT
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 807-5777 Fax (832) 747-7700
Type: Parent Agency Administrator ELIZABETH AKINRIN

Owner Information
SOCIETY HOSPICE & PALLIATIVE CARE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **FORT BEND** Region 06 Date Licensed 06/15/2018
License # 019608 SOUTHERN HOSPICE AND PALLIATIVE CARE
Lic Expire 09/20/2021 5802 EDEN CREST CT
Medicare 1: 971625 Hospice RICHMOND, TX 77407
Medicare 2:
Phone (281) 975-8819 Fax (832) 284-7845
Type: Parent Agency Administrator NWANNEOMA NDUBISI

Owner Information
PEK'S INDEPENDENT HOMES, INCORPORATED
P. O. BOX 113
SUGAR LAND, TX
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/02/2023

County **FORT BEND** Region 06 Date Licensed 04/13/2006
License # 010390 SPECIAL CARE HEALTH SERVICES INC
Lic Expire 04/30/2021 13706 FLORENCE ROAD
Medicare 1: 679604 HHA-18 SUGAR LAND, TX 77498
Medicare 2:
Phone (281) 494-1835 Fax (281) 494-1895
Type: Parent Agency Administrator OLA DANMOLA

Owner Information
SPECIAL CARE HEALTH SERVICES INC.
3940 BLUEBONNET DR
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/26/2015
License # 017103 ST AGNES MEMORIAL HOSPICE
Lic Expire 10/31/2021 12808 WEST AIRPORT BLVD #290
Medicare 1: 741702 HOSPICE SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (713) 489-5328 Fax (713) 489-6697
Type: Parent Agency Administrator HELEN PALMER

Owner Information
ST. AGNES MEMORIAL HOSPICE, INC.
10701 CORPORATE DRIVE SUITE #246
STAFFORD, TX 77477
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 08/28/2018
License # 019074 ST CHARLES HOME HEALTH SOLUTION
Lic Expire 10/19/2020 202 INDUSTRIAL BLVD, SUITE 102
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (281) 903-7551 Fax (832) 645-0301
Type: Parent Agency Administrator SAMUEL DURU

Owner Information
FUJIK HEALTHCARE SERVICES INC
4434 BLUEBONNET DRIVE
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 09/25/2012
License # 015089 ST CHARLES HOME HEALTHCARE SERVICES INC
Lic Expire 09/30/2020 4434 BLUEBONNET DR STE 150
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (832) 276-6679 Fax (281) 903-7715
Type: Parent Agency Administrator CHARLES OBIOMA

Owner Information
ST CHARLES HOME HEALTHCARE SERVICES INC
4434 BLUEBONNET DR STE 150
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/02/2007
License # 011113 ST CHARLES MEDICAL SERVICES INC
Lic Expire 03/31/2022 4143 BLUEBONNET DR
Medicare 1: 747312 STAFFORD, TX 77477
Medicare 2:
Phone (713) 234-7233 Fax (832) 532-3697
Type: Parent Agency Administrator NONYLEUM OZONOH

Owner Information
ST CHARLES MEDICAL SERVICES, INC
4143 BLUEBONNET DRIVE
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/03/2021

County **FORT BEND** Region 06 Date Licensed 10/16/2019
License # 019645 ST DAVIS HEALTHCARE
Lic Expire 10/16/2021 14243 HAWKESBURY CT
Medicare 1: SUGAR LAND, TEXAS 77498
Medicare 2:
Phone (713) 478-4533 Fax
Type: Parent Agency Administrator NOMSO EGWIM

Owner Information
ST DAVIS CORPORATION
PHONE: FAX:
Services: Licensed Home Health Services

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

County **FORT BEND** Region 06 Date Licensed 02/21/2007
License # 011081 ST GREGORY HEALTHCARE SERVICES LLC
Lic Expire 02/28/2022 3642 YANKEE CT
Medicare 1: 747306 HHA-18 MISSOURI CITY, TX 77459
Medicare 2:
Phone 8325677357; 28141698 Fax (281) 416-9337
Type: Parent Agency Administrator MARIA LUISA WHEELER

Owner Information
ST GREGORY HEALTHCARE SERVICES LLC
3642 YANKEE COURT
MISSOURI CITY, TEXAS 77459
PHONE: (281) 416-9899 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/21/2006
License # 010872 ST JUDE VISITING NURSES HOMEHEALTH INC
Lic Expire 03/31/2023 1511 AZALEA BEND
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (832) 647-3166 Fax (713) 783-5883
Type: Branch Agency Administrator ERIC MORA

Owner Information
ST JUDE VISITING NURSES HOMEHEALTH INC
2020 N LOOP W SUITE 140
HOUSTON, TX 77018
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **FORT BEND** Region 06 Date Licensed 03/05/2009
License # 012485 ST PATRICK HOME HEALTH SERVICES
Lic Expire 03/31/2021 12808 W AIRPORT BLVD STE 327
Medicare 1: 747230 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 532-7586 Fax (281) 762-0449
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 08/24/2010
License # 013538 ST. BRIDGET HOME HEALTH INC
Lic Expire 08/31/2022 16330 BETTONG CT
Medicare 1: 747737 SUGAR LAND, TX 77498
Medicare 2:
Phone (832) 630-6621 Fax (832) 413-5054
Type: Parent Agency Administrator BRIDGET IKIAKHE

Owner Information
ST BRIDGET HOME HEALTH INC
16330 BETTONG CT
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/31/2015
License # 016718 STAMD HEALTH CARE INCORPORATED
Lic Expire 07/30/2021 20642 GARDEN RIDGE CANYON
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (443) 938-8399 Fax (832) 535-3899
Type: Parent Agency 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

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County **FORT BEND** Region 06 Date Licensed 03/03/2015
License # 016667 STARS PROVIDER SERVICES
Lic Expire 03/31/2021 12808 W AIRPORT BLVD STE 312
Medicare 1: 741654 HOSPICE SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 545-0247 Fax (713) 955-9671
Type: Parent Agency Administrator SHERRIA BELL

Owner Information
STARS PALLIATIVE & HOSPICE CARE, INC.
6519 PONDER CHASE COURT
RICHMOND, TX 77407
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/21/2022

County **FORT BEND** Region 06 Date Licensed 08/15/2017
License # 018246 STEADFAST CARE SERVICES LLC
Lic Expire 11/30/2021 4800 SUGARGROVE BLVD STE 530
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (832) 486-7212 Fax (832) 767-2234
Type: Parent Agency Administrator ELIZABETH AFOLABI

Owner Information
STEADFAST CARE SERVICES LLC
17719 CANYON BLOOM LN
RICHMOND, TX 77407
PHONE: FAX:
Services: Personal Assistance Services

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

County **FORT BEND** Region 06 Date Licensed 06/22/2016
License # 017477 STGL PEDIATRIC DIVINE TOUCH INC
Lic Expire 11/30/2020 618 EASY JET DRIVE
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 969-8782 Fax (281) 208-7439
Type: Parent Agency Administrator NWAKA ONAH

Owner Information
STGL PEDIATRIC DIVINE TOUCH INC
618 EASY JET DRIVE
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 07/29/2020
License # 020084 ST-LAUREN HEALTH SERVICES LLC.
Lic Expire 07/29/2022 7823 TALLADEGA SPRINGS LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 340-8040 Fax
Type: Parent Agency Administrator OGHOGHO OSEMWEGIE

Owner Information
ST-LAUREN HEALTH SERVICES LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 02/04/2014
License # 016015 SUGAR HEARTS HOME HEALTHCARE SERVICES INC
Lic Expire 02/28/2022 1934 PLUM CREEK LANE
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 978-5123 Fax (281) 206-2255
Type: Parent Agency Administrator NDUBUISI ODIMEGWU

Owner Information
SUGAR HEARTS HOME HEALTHCARE SERVICES INC
1934 PLUM CREEK LANE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/15/2015
License # 016941 SUGARLAND TRINITY HOME HEALTH CARE INC.
Lic Expire 03/31/2021 19830 FM 1093 ROAD, STE 601
Medicare 1: 747616 HHA-18 RICHMOND, TEXAS 77407
Medicare 2:
Phone (281) 277-0848 Fax (281) 277-6808
Type: Parent Agency Administrator CATHY NAIR

Owner Information
SUGARLAND TRINITY HOME HEALTH CARE, INC.
15807 CERCA BLANCA DRIVE SUITE #B
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/03/2020
License # 019980 SUN-DAY CARES
Lic Expire 06/03/2022 18215 PELHAM HOLLOW TRAIL
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 480-4387 Fax
Type: Parent Agency Administrator SUNDAY KUMUYI

Owner Information
SUNDAY EMMANUEL KUMUYI
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/29/2020
License # 019970 SUPPORTIVE HANDS PERSONAL CARE SERVICES, LLC
Lic Expire 05/29/2022 3223 TRAVIS CREEK WAY
Medicare 1: FRESNO, TX 77545
Medicare 2:
Phone (832) 603-8588 Fax
Type: Parent Agency Administrator ROSHUNDA ANDERSON

Owner Information
SUPPORTIVE HANDS PERSONAL CARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/19/2020
License # 019953 SUREHOPE HEALTHCARE LLC.
Lic Expire 05/19/2022 6102 ALLENDALE RIDGE TRAIL
Medicare 1: RICHMOND, TEXAS 774071037
Medicare 2:
Phone (281) 570-3577 Fax (713) 715-1471
Type: Parent Agency Administrator PERPETUA CHIKA EKEH

Owner Information
SUREHOPE HEALTHCARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 06/17/2011
License # 014175 SVM QUALITY HEALTHCARE INC
Lic Expire 06/30/2021 3602 MYSTIC BAY CT
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (832) 774-6561 Fax (888) 860-8357
Type: Parent Agency Administrator PASCAL EGBE EGBE

Owner Information
SVM QUALITY HEALTHCARE INC
3602 MYSTIC BAY CT
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 07/10/2020
License # 020047 SWEET IN-HOME CARE SERVICES LLC
Lic Expire 07/10/2022 12808 W AIRPORT BLVD
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (346) 351-7668 Fax
Type: Parent Agency Administrator STEPHANIE PACE

Owner Information
SWEET IN HOME CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/25/2017
License # 018200 SWIFT RESPONSE INC
Lic Expire 07/31/2021 1151 OXFORDMILLS LANE
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (832) 228-5662 Fax (713) 988-6247
Type: Parent Agency Administrator JOY OKWUOSA

Owner Information
SWIFT RESPONSE INC
75142 BELLANCE BLVD
HOUSTON, TEXAS 77479
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 09/18/2015
License # 017167 TANDEM HEALTH SERVICES INC
Lic Expire 09/30/2021 7207 DESERT BLUFF LANE
Medicare 1: 677993 RICHMOND, TX 77407
Medicare 2:
Phone (281) 980-2009 Fax (832) 514-3646
Type: Parent Agency Administrator JORFUI KANDEH-DABO

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

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County **FORT BEND** Region 06 Date Licensed 06/12/2015
License # 016851 TEG HOME HEALTH AGENCY LLC
Lic Expire 06/30/2021 17802 CARRINGTON WOODS LN
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (979) 618-1328 Fax (979) 320-0159
Type: Parent Agency Administrator OLUFUNMIKE GEORGE

Owner Information
TEG HOME HEALTH AGENCY LLC
702 N RICHMOND RD SUITE E
WHARTON, TX 77488
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 01/31/2003
License # 008337 TEMPORARY HOME CARE INC
Lic Expire 01/31/2022 12603 SOUTHWEST FREEWAY, STE 255
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (713) 271-8800 Fax (713) 271-0966
Type: Parent Agency Administrator BARBARA HOWE

Owner Information
TEMPORARY HOME CARE INC
PO BOX 1570
STAFFORD, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 08/19/2019
License # 019534 TENDER HEALTHCARE AGENCY LLC
Lic Expire 08/19/2021 8618 ELM LAKE DR
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone 281 6852661 Fax
Type: Parent Agency Administrator CHRISTIE ADESEYE

Owner Information
TENDER HEALTHCARE AGENCY, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/15/2008
License # 011997 TEXAS HOME CARE & ASSOCIATES LLC
Lic Expire 04/30/2022 26314 MIDDLECREST HILL COURT
Medicare 1: 679620 HHA-18 KATY, TX 77494
Medicare 2:
Phone (832) 437-8887 Fax (832) 437-8808
Type: Parent Agency Administrator SUZANNE SCALLY

Owner Information
TEXAS HOME CARE & ASSOCIATES LLC
26314 MIDDLECREST HILL COURT
KATY, TX 77494
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **FORT BEND** Region 06 Date Licensed
License # 010899 TEXAS HOME HEALTH HOSPICE
Lic Expire 11/30/2021 12808 W. AIRPORT BLVD # 330
Medicare 1: 671559 Hospice SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 915-6147 Fax (281) 201-4366
Type: Alternate Delivery Site Administrator EUGENE STEVENS

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 10/09/2020
License # 020221 TEXAS HOME HEALTH OF AMERICA
Lic Expire 10/09/2022 12808 W. AIRPORT BLVD. SUITE 335
Medicare 1: SUGAR LAND, TX 774786197
Medicare 2:
Phone 713 8800683 Fax 713 8692164
Type: Parent Agency Administrator REGANALD MACKEY

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

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County **FORT BEND** Region 06 Date Licensed 10/10/2001
License # 007751 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 10/31/2021 12808 W. AIRPORT BLVD, SUITE 350
Medicare 1: 679102 HHA-18 SUGAR LAND, TX 774786187
Medicare 2:
Phone 713 8800683 Fax 713 8692164
Type: Parent Agency Administrator SHAUNA ROTH

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/10/2023

County **FORT BEND** Region 06 Date Licensed 04/25/2016
License # 017367 TFH HOME HEALTH
Lic Expire 04/30/2022 12808 W. AIRPORT BLVD 345
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 393-9009 Fax (281) 393-9009
Type: Parent Agency Administrator VALENTINE NWANKWO

Owner Information
TFH CARE SERVICES, INC.
9950 WEST PARK DRIVE SUITE 644
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 09/30/2016
License # 017658 TGI BROOK HEALTHCARE
Lic Expire 09/30/2022 12808 W AIRPORT BLVD STE 327
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 491-7578 Fax (832) 201-7759
Type: Parent Agency Administrator OLUMIDE ADEBOWALE

Owner Information
TGI BROOKSTREET INC
12808 WEST AIRPORT BLVD #327
SUGARLAND, TX 77478
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/12/2020
License # 020224 THE PERFECT PLACE HOME CARE LLC
Lic Expire 10/12/2022 6443 HIDDEN CREST WAY
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (631) 488-7671 Fax
Type: Parent Agency Administrator VIOLET WALTON

Owner Information
THE PERFECT PLACE HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **FORT BEND** Region 06 Date Licensed 08/15/2017
License # 018487 THE PROVIDENCE HOME HEALTH SERVICES INC
Lic Expire 08/31/2021 11420 DAIRY ASHFORD RD SUITE #108
Medicare 1: 679749 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 532-7538 Fax (832) 532-7540
Type: Parent Agency Administrator KATHY RELAN

Owner Information
THE PROVIDENCE HOME HEALTH SERVICES INC
11420 DAIRY ASHFORD RD SUITE 108
SUGAR LAND, TEXAS 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/16/2022

County **FORT BEND** Region 06 Date Licensed 06/09/2017
License # 018257 THE PROVIDENCE HOSPICE INC
Lic Expire 06/30/2021 11420 DAIRY ASHFORD RD SUITE #108
Medicare 1: 671763 HOSPICE SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 532-7538 Fax (832) 532-7540
Type: Parent Agency Administrator TERRI DAVIS

Owner Information
THE PROVIDENCE HOSPICE INC
11420 DAIRY ASHFORD RD, SUITE 108
SUGAR LAND, TEXAS 77478
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/10/2022

County **FORT BEND** Region 06 Date Licensed 03/09/1998
License # 006380 THE ULTIMATE HOME CARE
Lic Expire 03/31/2021 104 INDUSTRIAL BLVD, SUITE 206
Medicare 1: 673167 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 491-0303 Fax (281) 494-0044
Type: Parent Agency Administrator PRESELECT TAWO

Owner Information
THE ULTIMATE HOME CARE INC
2507 LACEWING LANE
HOUSTON, TX 77067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 02/13/2012
License # 014653 THERACARE HOME HEALTH
Lic Expire 02/28/2022 11104 WEST AIRPORT BOULEVARD SUITE 255A
Medicare 1: 67-3162 (HHA) STAFFORD, TX 774773035
Medicare 2:
Phone (281) 488-4663 Fax (281) 488-4662
Type: Parent Agency Administrator CATHY BOWEN

Owner Information
CANTEX HOME HEALTH HOUSTON, LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/23/2011
License # 014437 TOPHILL HOMECARE SERVICES INC
Lic Expire 10/31/2021 10502 FOUNTAIN LAKE DR #422
Medicare 1: 747825 STAFFORD, TX 77477
Medicare 2:
Phone (832) 532-7173 Fax (832) 747-9822
Type: Parent Agency Administrator NGOZI GODSON

Owner Information
TOPHILL HOMECARE SERVICES INC
4800 SUGAR GROVE BOULEVARD SUITE 530
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 02/11/2021
License # 020533 TOTAL HOME CARE THERAPY, LLC
Lic Expire 02/11/2023 711 S. 11TH ST, UNIT E
Medicare 1: RICHMOND, TX 774693361
Medicare 2:
Phone (205) 447-4330 Fax (888) 276-0817
Type: Parent Agency Administrator SHIEKAL EDWARDS

Owner Information
TOTAL HOME CARE THERAPY, LLC
85 BAGBY DR STE 110
BIRMINGHAM,, AL
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 05/17/2010
License # 013324 TOUCHING HEARTS AT HOME FORT BEND
Lic Expire 05/31/2022 8410 HIGHWAY 90A SUITE 170
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 235-4075 Fax (281) 240-3064
Type: Parent Agency Administrator DONALD G HEATH

Owner Information
CASA MEDIO, INC
507 MISTFLOWER DRIVE
RICHMOND, TX 77469
PHONE: FAX:
Services: Personal Assistance Services

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

County **FORT BEND** Region 06 Date Licensed 12/31/2009
License # 013293 TRANS AMERICAN HEALTHCARE INC
Lic Expire 12/31/2021 6111 EVENING SUN CT.
Medicare 1: 679389 HHA-18 RICHMOND, TEXAS 77469
Medicare 2:
Phone (281) 344-2221 Fax (281) 344-1611
Type: Parent Agency Administrator KATE MBIDOAKA

Owner Information
TRANS AMERICAN HEALTHCARE INC
SAME
HOUSTON, TX 77407
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 05/09/2008
License # 012094 TRANSCARE
Lic Expire 05/31/2021 10701 CORPORATE DRIVE, SUITE 290
Medicare 1: 679508 HHA-18 STAFFORD, TEXAS 77477
Medicare 2:
Phone (281) 633-0011 Fax (281) 633-0022
Type: Parent Agency Administrator GLORIA COVARRUBIAS

Owner Information
W C HOME HEALTH SERVICES LLC
5011 MOURNING DOVE DR
RICHMOND, TX 77469
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FORT BEND** Region 06 Date Licensed 07/20/2009
License # 012721 TREASURE CARE HOME HEALTH INC
Lic Expire 07/31/2021 17302 GALLOWAY FOREST DR
Medicare 1: 747583 RICHMOND, TX 77407
Medicare 2:
Phone (832) 866-8660 Fax (832) 363-1436
Type: Parent Agency Administrator PATIENCE OZURUMBA

Owner Information
TREASURE CARE HOME HEALTH INC
17302 GALLOWAY FOREST DRIVE
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/08/2010
License # 013760 TRICOR HOME HEALTH CARE INC
Lic Expire 12/31/2022 10031 PLANTATION MILL PLACE
Medicare 1: 747814 HHA-18 MISSOURI CITY, TX 77459
Medicare 2:
Phone (281) 710-4232 Fax (281) 710-4237
Type: Parent Agency Administrator AUGUSTA COOPER

Owner Information
TRICOR HOME HEALTH CARE INC
10031 PLANTATION MILL PLACE
MISSOURI CITY, TEXAS 77459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/12/2012
License # 015196 TRI-FLEXSI HOME HEALTH CARE INC.
Lic Expire 10/31/2022 6646 BRIARGATE DRIVE
Medicare 1: 747421 HHA-18 MISSOURI CITY, TX 77489
Medicare 2:
Phone (713) 528-8100 Fax (713) 528-8105
Type: Parent Agency Administrator RITA TRIMMER-RAY

Owner Information
TRI-FLEXSI 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
Accreditation: JCAHO - Deemed, Expires: 07/13/2021

County **FORT BEND** Region 06 Date Licensed 03/24/2021
License # 020640 TRILOGY HOSPICE
Lic Expire 8303 SOUTHWEST FREEWAY, SUITE 545
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone 281 8452259? Fax (832) 548-1164
Type: Parent Agency Administrator TOM KURIAN

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

County **FORT BEND** Region 06 Date Licensed 02/01/2020
License # 019546 TRINITY HEALTH CARE
Lic Expire 08/22/2021 3022 FLINTWOOD DR.
Medicare 1: SUGAR LAND, TEXAS 77479
Medicare 2:
Phone (832) 500-4587 Fax (832) 553-7958
Type: Parent Agency Administrator CHAD BELL

Owner Information
TRINITY HEALTH CARE GROUP
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **FORT BEND** Region 06 Date Licensed 05/15/2008
License # 012016 TRIPLE O HEALTH SERVICES INC
Lic Expire 05/31/2021 4141 BLUEBONNET DRIVE
Medicare 1: 677884 STAFFORD, TX 77477
Medicare 2:
Phone (281) 903-7546 Fax (832) 201-7032
Type: Parent Agency Administrator CHIBUZO ONYEDIM

Owner Information
TRIPLE O HEALTH SERVICES INC
4141 BLUEBONNET DRIVE
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/17/2019
License # 019651 TRIPPLE A HEALTHCARE LIMITED LIABILITY COMPANY
Lic Expire 10/17/2021 9218 RUSTLING MANOR LN
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 290-0641 Fax
Type: Parent Agency Administrator SEFIYAT TIJANI

Owner Information
TRIPPLE A HEALTHCARE LIMITED LIABILITY COMPANY
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 04/09/2019
License # 019318 TRUCARE HOME DIALYSIS
Lic Expire 04/09/2021 3960 BLUEBONNET DR
Medicare 1: STAFFORD, TEXAS 77477
Medicare 2:
Phone (832) 535-9024 Fax (281) 998-7181
Type: Parent Agency Administrator ROCHELLE MANUEL

Owner Information
TRU CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **FORT BEND** Region 06 Date Licensed 01/26/2017
License # 017880 TRUCARE HOSPICE AND PALLIATIVE SERVICES
Lic Expire 01/31/2023 12808 W. AIRPORT BOULEVARD SUITE# 346
Medicare 1: 741711 HOSPICE SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (832) 917-1704 Fax (866) 821-9796
Type: Parent Agency Administrator KAFAYATU BOMBATA

Owner Information
PREMIER CARE GROUP INC
12808 W AIRPORT BLVD SUITE 303 C
SUGARLAND, TX 77478
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/28/2023

County **FORT BEND** Region 06 Date Licensed 11/24/2020
License # 020343 TRUE LOVE HEALTHCARE SERVICES, LLC
Lic Expire 11/24/2022 2402 GASPEE PT
Medicare 1: MISSOURI CITY, TX 774891160
Medicare 2:
Phone (208) 713-8692 Fax
Type: Parent Agency Administrator NTAHOTURI ETIENNE

Owner Information
TRUE LOVE HEALTHCARE SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 09/13/2017
License # 018319 TRUTOUCH HEALTHCARE SERVICES INC
Lic Expire 09/30/2021 11235 DUNSTAN HILL DR
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 874-4782 Fax (281) 201-2038
Type: Parent Agency Administrator EKPE OKORAFOR

Owner Information
TRUTOUCH HEALTHCARE SERVICES INC
11235 DUNSTAN HILL DR
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 07/18/2016
License # 017532 TRUVINE HOME CARE
Lic Expire 07/31/2022 9603 LAVENDER MIST LANE
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (281) 971-9630 Fax (281) 971-9672
Type: Parent Agency Administrator AKINTOMIWA OKUSEINDE

Owner Information
TRUVINE HOME CARE INC.
9603 LEVENDER MIST LANE
KATY, TX 77494
PHONE: (281) 971-9630 FAX: (281) 971-9672
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/07/2020
License # 020380 TYBLESS HEALTH SERVICES LLC
Lic Expire 12/07/2022 19330 JORDANS LANDING LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 902-0813 Fax
Type: Parent Agency Administrator TOYIN BISIRIYU

Owner Information
TYBLESS HEALTH SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 11/06/2013
License # 015884 UNICK ANGELS HOME HEALTH SERVICES INC.
Lic Expire 11/30/2021 12808 WEST AIRPORT BLVD SUITE #333
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 201-2247 Fax (281) 201-2248
Type: Parent Agency Administrator SADE ADAMS

Owner Information
UNICK ANGELS HOME HEALTH SERVICES, INC.
AS ABOVE
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/26/2020
License # 020125 UNIFIED ROCK HEALTHCARE LLC
Lic Expire 08/26/2022 10500 FOUNTAIN LAKE DR, APT 331
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (713) 332-9933 Fax
Type: Parent Agency Administrator MORIAM OYELOLA

Owner Information
UNIFIED ROCK HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/19/2006
License # 010398 UNIQUE HOME HEALTH SERVICES INC
Lic Expire 04/30/2021 8922 SYNDER FARM LANE
Medicare 1: 679577 - (HHA) ROSENBERG, TX 77469
Medicare 2:
Phone (281) 933-8005 Fax (832) 230-4142
Type: Parent Agency Administrator FLORENCE BABALOLA

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

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County **FORT BEND** Region 06 Date Licensed 06/07/2019
License # 019644 UNITED PALLIATIVE & HOSPICE CARE, INC.
Lic Expire 06/07/2021 1811 FIRST OAKS STREET #120
Medicare 1: HHA-18 74-1782 RICHMOND, TEXAS 77406
Medicare 2:
Phone (281) 208-7803 Fax (281) 476-7762
Type: Parent Agency Administrator GREGORY PIERCE

Owner Information
UNITED PALLIATIVE & HOSPICE CARE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/08/2022

County **FORT BEND** Region 06 Date Licensed 06/22/2006
License # 010567 UNITY CARE HOME HEALTH INC
Lic Expire 06/30/2020 906 DERBY LN
Medicare 1: 679590 HHA-18 MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 969-8545 Fax (832) 539-1339
Type: Parent Agency 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** Region 06 Date Licensed 12/07/2012
License # 015261 UNIVERSAL HOME THERAPY
Lic Expire 12/31/2022 12919 SOUTHWEST FWY SUITE 138
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 565-1277 Fax (281) 565-0817
Type: Parent Agency 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** Region 06 Date Licensed 06/12/2018
License # 018781 VAC HEALTHCARE INC
Lic Expire 06/30/2020 22222 AUBURN CANYON LN
Medicare 1: RICHMOND, TX 77469
Medicare 2:
Phone (832) 202-8444 Fax
Type: Parent Agency Administrator JOY ANWURI

Owner Information
VAC HEALTHCARE INC
22222 AUBURN CANYON LN
RICHMOND, TX 77469
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/28/2018
License # 018674 VARCO HOSPICE LLC
Lic Expire 9898 BISSONNET ST STE 364
Medicare 1: 741784 HOUSTON, TX 77036
Medicare 2:
Phone 713 5819198 Fax 888 2867442
Type: Parent Agency Administrator SABA MAHMOOD

Owner Information
VARCO HOSPICE LLC
9898 BISSONNET STREET STE. 364
HOUSTON, TX 77036
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/25/2022

County **FORT BEND** Region 06 Date Licensed 11/16/2020
License # 020323 VICTORIOUS MEDICAL SERVICES LLC
Lic Expire 11/16/2022 8426 MANASSAS LANE
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone (832) 498-7491 Fax (713) 481-8430
Type: Parent Agency Administrator KENEISHA PARKER

Owner Information
VICTORIOUS MEDICAL SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 01/20/2021
License # 020470 VINTAGE HEALTHCARE SERVICES INC.
Lic Expire 01/20/2023 2302 WINDCROFT LANE
Medicare 1: SUGAR LAND, TEXAS 77479
Medicare 2:
Phone (832) 439-4117 Fax
Type: Parent Agency Administrator MARYQUEEN CHILAKA

Owner Information
VINTAGE HEALTHCARE SERVICES INC.
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/28/2017
License # 018212 VISITING ANGELS
Lic Expire 07/31/2021 920 FM 1092 SUITE 215
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (832) 506-1024 Fax
Type: Parent Agency Administrator ROBBY MATHEW

Owner Information
SHOSHANA HOME CARE LLC
6707 MARBROOK SADDLE COURT
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/27/2004
License # 009116 VISITING ANGELS
Lic Expire 05/31/2021 19901 SOUTHWEST FREEWAY SUITE #130
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (281) 207-1259 Fax (281) 207-5401
Type: Parent Agency 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** Region 06 Date Licensed 08/08/2019
License # 019663 VISTA SENIOR HOME CARE INC.
Lic Expire 08/08/2021 114 BRAZOS GARDENS DRIVE
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone 281 773 7988 Fax 713 272 0909
Type: Parent Agency Administrator JOSHUA GEORGE

Owner Information
VISTA SENIOR HOME CARE INC.
7003 BRAZOS LAKES DRIVE
RICHMOND, TX 77469
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **FORT BEND** Region 06 Date Licensed 08/29/2019
License # 019563 VIZO HOME HEALTH SERVICES LLC
Lic Expire 08/29/2021 20203 BANDERA LAKE LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 878-0379 Fax (832) 615-0805
Type: Parent Agency Administrator CHIMA ACHIGONYE

Owner Information
VIZO HOME HEALTH SERVICES LLC
20203 BANDERA LAKE LN
RICHMOND, TEXAS 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 03/08/2021
License # 020576 WELLS HEALTHCARE INC
Lic Expire 03/08/2024 3906 PEBBLE HEIGHTS LANE
Medicare 1: SUGAR LAND, TEXAS 77479
Medicare 2:
Phone (907) 351-4818 Fax
Type: Parent Agency Administrator ISICHEI ANENE

Owner Information
WELLS HEALTHCARE INC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 12/30/2005
License # 010219 WESLEY HOME HEALTH SERVICES INC
Lic Expire 12/31/2021 10701 CORPORATE DRIVE SUITE 332
Medicare 1: 679528 HHA-18 STAFFORD, TEXAS 77477
Medicare 2:
Phone (713) 772-9900 Fax (713) 772-9695
Type: Parent Agency Administrator NGOZI NWASURUBA

Owner Information
WESLEY HOME HEALTH SERVICES INC
10333 HARWIN DR SUITE 373
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **FORT BEND** Region 06 Date Licensed 10/19/2020
License # 020244 WESTIN MEDICAL GROUP LLC
Lic Expire 10/19/2022 5802 EDEN CREST CT
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 382-6899 Fax (832) 284-7845
Type: Parent Agency Administrator PATRICE KOFFI

Owner Information
WESTIN MEDICAL GROUP LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 06/07/2016
License # 017447 WHITE ORCHID HOSPICE
Lic Expire 06/30/2022 14140 SOUTHWEST FREEWAY SUITE 100
Medicare 1: 741657 HOSPICE SUGAR LAND, TX 77478
Medicare 2:
Phone (866) 966-2215 Fax (866) 966-5057
Type: Parent Agency Administrator STEPHEN L CARTER

Owner Information
WHITE ORCHID HOSPICE LLC
14140 SOUTHWEST FREEWAY SUITE 100
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 03/23/2023

County **FORT BEND** Region 06 Date Licensed 11/06/2019
License # 019685 WINDSOR HOSPICE AND PALLIATIVE CARE SERVICES LLC
Lic Expire 11/06/2021 11750 PADON ROAD .SUITE B
Medicare 1: NEEDVILLE, TEXAS 77461
Medicare 2:
Phone (832) 282-7363 Fax (888) 586-4241
Type: Parent Agency Administrator ELIZABETH WILLIAMS

Owner Information
WINDSOR HOSPICE AND PALLIATIVE CARE SERVICES
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 04/10/2024

County **FORT BEND** Region 06 Date Licensed 02/21/2019
License # 019270 WOODLANDS GOLDEN
Lic Expire 02/21/2021 19 BOWERBANK CT.
Medicare 1: MAGNOLIA, TX 77354
Medicare 2:
Phone (832) 623-3355 Fax
Type: Parent Agency Administrator ADETOLA OJO

Owner Information
WOODLANDS GOLDEN HEALTHCARE INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **FORT BEND** Region 06 Date Licensed 11/01/2020
License # 020396 YOUR CHOICE HOME HEALTH
Lic Expire 11/01/2022 11104 W. AIRPORT BLVD. STE. 110
Medicare 1: STAFFORD, TEXAS 77477
Medicare 2:
Phone (281) 980-3328 Fax (281) 676-5089
Type: Parent Agency Administrator DIONNEDRA BARTLEY

Owner Information
YOUR CHOICE ENTERPRISES, LLC.
P. O. BOX 1932
STAFFORD, TX 77497
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/11/2014
License # 016149 YOUR CHOICE PROVIDER SERVICES LLC
Lic Expire 11/30/2020 310 ROUND LAKE DR
Medicare 1: ROSENBERG, TX 77469
Medicare 2:
Phone (832) 535-5485 Fax (832) 363-3981
Type: Parent Agency 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** Region 06 Date Licensed 08/22/2019
License # 019547 ZESTE HOME HEALTHCARE LLC
Lic Expire 08/22/2021 4010 N BARNETT WAY
Medicare 1: MISSOURI CITY, TEXAS 77459
Medicare 2:
Phone (936) 933-4789 Fax
Type: Parent Agency Administrator CLEMENTE LOGRONIO

Owner Information
ZESTE HOME HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 02/25/2024

County **FRANKLIN** Region 04 Date Licensed 01/01/2003
License # 008273 ELARA CARING
Lic Expire 12/31/2021 412 HIGHWAY 37 SOUTH
Medicare 1: 457507 HHA-18 MOUNT VERNON, TX 75457
Medicare 2:
Phone (90) 537-2445 Fax (903) 537-2394
Type: Parent Agency Administrator ROBIN WEBB

Owner Information
JHS OPERATIONS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **FRANKLIN** Region 04 Date Licensed 01/01/2003
License # 008275 ELARA CARING
Lic Expire 12/31/2021 412 HIGHWAY 37 SOUTH
Medicare 1: MOUNT VERNON, TX 75457
Medicare 2:
Phone (903) 537-3600 Fax (903) 537-3300
Type: Parent Agency 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

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County **FRANKLIN** Region 04 Date Licensed 09/24/2009
License # 012871 SERENITY PLUS HOME HEALTH INC
Lic Expire 09/30/2021 106 HOUSTON STREET
Medicare 1: 747707 HHA-18 MOUNT VERNON, TEXAS 75457
Medicare 2:
Phone (903) 270-6292 Fax (903) 201-6766
Type: Parent Agency Administrator CHAD WARDRUP

Owner Information
SERENITY PLUS HOME HEALTH INC
401 KAUFMAN STREET NORTH
MT VERNON, TX 75457
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **FREESTONE** Region 04 Date Licensed 01/01/2003
License # 008276 ELARA CARING
Lic Expire 12/31/2022 521 CEDAR STREET
Medicare 1: TEAGUE, TX 75860
Medicare 2:
Phone (254) 739-2600 Fax (254) 739-3226
Type: Branch Agency Administrator TINA ANDERSON

Owner Information
JHS OPERATIONS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **FREESTONE** Region 04 Date Licensed 04/30/2003
License # 001674 HOME HEALTH CARE OF HUNTSVILLE
Lic Expire 04/30/2024 303 EAST COMMERCE
Medicare 1: FAIRFIELD, TX 75840
Medicare 2:
Phone (903) 389-9821 Fax (903) 389-9826
Type: Branch Agency Administrator JAMES DESHAW

Owner Information
HOME HEALTH CARE OF HUNTSVILLE CO
PO BOX 6548
HUNTSVILLE, TEXAS 77342
PHONE: FAX:
Services: Licensed Home Health Services

County **FREESTONE** Region 06 Date Licensed
License # 019127 RELIANT AT HOME
Lic Expire 07/01/2022 309 MAIN STREET
Medicare 1: TEAGUE, TEXAS 75860
Medicare 2:
Phone (855) 605-4549 Fax (877) 322-3298
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
RELIANT HOSPICE OF HOUSTON LLC
12947 LAKE CONROE HILLS DRIVE SUITE C
WILLIS, TX 75860
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FREESTONE** Region 06 Date Licensed
License # 019127 RELIANT AT HOME
Lic Expire 07/01/2022 309 MAIN STREET
Medicare 1: TEAGUE, TEXAS 75860
Medicare 2:
Phone (855) 605-4549 Fax (877) 322-3298
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
RELIANT HOSPICE OF HOUSTON LLC
12947 LAKE CONROE HILLS DRIVE SUITE C
WILLIS, TX 75860
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FREESTONE** Region 03 Date Licensed 09/28/2016
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 601-B WEST COMMERCE STREET
Medicare 1: FAIRFIELD, TX 75840
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **FREESTONE** Region 04 Date Licensed 08/22/2007
License # 002485 THEE HOSPICE
Lic Expire 01/31/2022 303 EAST COMMERCE
Medicare 1: FAIRFIELD, TX 75840
Medicare 2:
Phone (903) 389-9821 Fax (903) 389-9826
Type: Alternate Delivery Site Administrator JAMES DESHAW

Owner Information
HOME HEALTH CARE OF HUNTSVILLE CO
PO BOX 6548
HUNTSVILLE, TEXAS 77342
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FREESTONE** Region 04 Date Licensed 03/01/2018
License # 018716 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 02/28/2022 111 MOUNT STREET
Medicare 1: FAIRFIELD, TX 75840
Medicare 2:
Phone (903) 915-4729 Fax (903) 915-4732
Type: Branch Agency Administrator KIMBRA BOGUE

Owner Information
EAST TEXAS HOME HEALTH SERVICES LLC
ONE BURTON HILLS BOULEVARD, STE#250
NASHVILLE, TN 37215-6195
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 10/24/2023

County **FRIO** Region 07 Date Licensed 11/21/2011
License # 013879 A AMAZING HOME CARE
Lic Expire 11/30/2022 1603 W COMAL ST
Medicare 1: PEARSALL, TEXAS 78061
Medicare 2:
Phone (830) 334-2255 Fax (830) 334-9003
Type: Branch Agency 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

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

County **FRIO** Region 07 Date Licensed 05/01/2006
License # 009636 A PLUS FAMILY CARE LLC
Lic Expire 03/31/2023 1214 WEST COMAL
Medicare 1: PEARSALL, TX 78061
Medicare 2:
Phone (830) 334-8880 Fax (820) 334-8882
Type: Branch Agency Administrator MOHAMED GHANNAM

Owner Information
A PLUS FAMILY CARE LLC
9514 CONSOLE DR #201
SAN ANTONIO, TEXAS 78229
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **FRIO** Region 05 Date Licensed 08/11/2016
License # 013850 CARTER HEALTHCARE
Lic Expire 10/31/2022 101 SOUTH OAK STREET UNIT 101B
Medicare 1: PEARSALL, TX 78061
Medicare 2:
Phone (830) 625-4837 Fax (830) 625-2194
Type: Branch Agency Administrator JAMES BRIAN CARTER

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

County **FRIO** Region 07 Date Licensed 12/27/1986
License # 002021 FRIO HOSPITAL HOME HEALTH
Lic Expire 12/31/2021 105 E. HACKBERRY RD SUITE B
Medicare 1: 677014 HHA-18 PEARSALL, TX 78061
Medicare 2:
Phone (830) 334-2058 Fax (830) 334-5806
Type: Parent Agency 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** Region 07 Date Licensed
License # 015590 GOOD SHEPHERD HOSPICE OF SAN ANTONIO L.L.C.
Lic Expire 06/30/2021 207 E COLORADO ST, STE A
Medicare 1: PEARSALL, TX 780613234
Medicare 2:
Phone (830) 505-7126 Fax (877) 917-3734
Type: Alternate Delivery Site Administrator STEPHANIE GILLIAM

Owner Information
GOOD SHEPHERD HOSPICE OF SAN ANTONIO, LLC
3450 WILL ROGERS PKWY SUITE 400
OKLAHOMA CITY, OK 73108
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FRIO** Region 07 Date Licensed 10/03/2012
License # 015110 HEART TO HEART HOSPICE OF SOUTH TEXAS
Lic Expire 10/31/2022 130 S I-35 FRONTAGE ROAD
Medicare 1: 671789 HOSPICE PEARSALL, TX 78061
Medicare 2:
Phone (830) 505-5600 Fax (830) 500-3671
Type: Parent Agency Administrator SILVIA FRANKLIN

Owner Information
CRESCENT HOSPICE, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/25/2022

County **FRIO** Region 07 Date Licensed 06/01/2000
License # 007332 OUTREACH HOME CARE
Lic Expire 05/31/2021 504 E COLORADO
Medicare 1: PEARSALL, TX 78061
Medicare 2:
Phone (830) 334-8070 Fax (830) 334-4905
Type: Branch Agency Administrator JULIA LERMA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **GALVESTON** Region 06 Date Licensed 03/31/2014
License # 015315 A*MED COMMUNITY HOSPICE
Lic Expire 10/31/2022 8900 E.F. LOWRY EXPWY STE. 102
Medicare 1: TEXAS CITY, TEXAS 77591
Medicare 2:
Phone (713) 947-6200 Fax (713) 947-7197
Type: Alternate Delivery Site Administrator JOE HINOJOSA

Owner Information
A*MED HEALTH INC
8901 EF LOWRY EXPWY STE. A
TEXAS CITY, TX 77591
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **GALVESTON** Region 06 Date Licensed 03/31/2014
License # 015315 A*MED COMMUNITY HOSPICE
Lic Expire 10/31/2022 8900 E.F. LOWRY EXPWY STE. 102
Medicare 1: TEXAS CITY, TEXAS 77591
Medicare 2:
Phone (713) 947-6200 Fax (713) 947-7197
Type: Alternate Delivery Site Administrator JOE HINOJOSA

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 03/31/2014
License # 015315 A*MED COMMUNITY HOSPICE
Lic Expire 10/31/2022 8900 E.F. LOWRY EXPWY STE. 102
Medicare 1: TEXAS CITY, TEXAS 77591
Medicare 2:
Phone (713) 947-6200 Fax (713) 947-7197
Type: Alternate Delivery Site Administrator JOE HINOJOSA

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
License # 015315 A*MED COMMUNITY HOSPICE
Lic Expire 10/31/2022 8900 E.F. LOWRY EXPY STE. 102
Medicare 1: 451624 HOSPICE TEXAS CITY, TEXAS 77591
Medicare 2:
Phone (409) 935-0169 Fax (409) 933-1770
Type: Parent Agency Administrator JOE HINOJOSA

Owner Information
A*MED HEALTH INC
8901 EF LOWRY EXPWY STE. A
TEXAS CITY, TX 77591
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/09/2021

County **GALVESTON** Region 06 Date Licensed 10/18/2012
License # 015315 A*MED COMMUNITY HOSPICE
Lic Expire 10/31/2022 8900 E.F. LOWRY EXPY STE. 102
Medicare 1: 451624 HOSPICE TEXAS CITY, TEXAS 77591
Medicare 2:
Phone (409) 935-0169 Fax (409) 933-1770
Type: Parent Agency Administrator JOE HINOJOSA

Owner Information
A*MED HEALTH INC
8901 EF LOWRY EXPWY STE. A
TEXAS CITY, TX 77591
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/09/2021

County **GALVESTON** Region 06 Date Licensed 10/18/2012
License # 015315 A*MED COMMUNITY HOSPICE
Lic Expire 10/31/2022 8900 E.F. LOWRY EXPY STE. 102
Medicare 1: 451624 HOSPICE TEXAS CITY, TEXAS 77591
Medicare 2:
Phone (409) 935-0169 Fax (409) 933-1770
Type: Parent Agency Administrator JOE HINOJOSA

Owner Information
A*MED HEALTH INC
8901 EF LOWRY EXPWY STE. A
TEXAS CITY, TX 77591
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/09/2021

County **GALVESTON** Region 06 Date Licensed 10/18/2012
License # 015409 A*MED HOME HEALTH
Lic Expire 10/31/2022 8900 E F LOWRY EXPRESSWAY SUITE 102
Medicare 1: 677457 HHA-18 TEXAS CITY, TX 77591
Medicare 2:
Phone (409) 935-1675 Fax (409) 935-8501
Type: Parent Agency Administrator MARY DEAN

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
Accreditation: CHAP - Deemed, Expires: 01/04/2022

County **GALVESTON** Region 06 Date Licensed 07/30/2009
License # 012753 ABSOLUTE KHEIR SERVICES INC
Lic Expire 07/31/2021 1701 23RD ST
Medicare 1: 747414 HHA-18 GALVESTON, TX 77550
Medicare 2:
Phone (281) 557-0890 Fax (281) 557-0986
Type: Parent Agency Administrator BRENT MARTIN

Owner Information
ABSOLUTE KHEIR SERVICES, INC.
651 N EGRET BAY BLVD STE K
LEAGUE CITY, TX 77573
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **GALVESTON** Region 06 Date Licensed 08/28/2020
License # 020128 ACTI-KARE RESPONSIVE IN-HOME CARE
Lic Expire 08/28/2022 2800 E. LEAGUE CITY PKWY APT 217
Medicare 1: LEAGUE CITY, TEXAS 77573
Medicare 2:
Phone (281) 968-5037 Fax
Type: Parent Agency Administrator MARIA CORTEZ

Owner Information
CORTEZ OPERATIONS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **GALVESTON** Region 06 Date Licensed 09/30/2019
License # 019476 ALL CARE HOME HEALTH
Lic Expire 07/10/2021 8501 HWY 6
Medicare 1: 747989 HITCHCOCK, TEXAS 77563
Medicare 2:
Phone (409) 440-8080 Fax (409) 440-8709
Type: Parent Agency Administrator JOE ALLEN JR.

Owner Information
ALLEN HOME HEALTH CARE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: ACH - Deemed, Expires: 07/24/2023

County **GALVESTON** Region 04 Date Licensed 01/30/2003
License # 008437 ANGELS CARE HOME HEALTH
Lic Expire 01/31/2022 1802 BROADWAY ST, STE 120
Medicare 1: GALVESTON, TX 77550
Medicare 2:
Phone (409) 502-8621 Fax (512) 641-0497
Type: Branch Agency Administrator DANETTE STEARNS

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

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County **GALVESTON** Region 06 Date Licensed 11/23/2004
License # 009424 APOSTLE HOME HEALTH CARE PLLC
Lic Expire 11/30/2022 306 S FRIENDSWOOD DR STE B
Medicare 1: 457915 HHA-18 FRIENDSWOOD, TX 77546
Medicare 2:
Phone (281) 996-5701 Fax (281) 996-5791
Type: Parent Agency Administrator KATHRYN MORRISON

Owner Information
APOSTLE HOME HEALTH CARE PLLC
306 S FRIENDSWOOD DR STE B
FRIENDSWOOD, TX 77546-3982
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GALVESTON** Region 06 Date Licensed 01/01/2001
License # 007603 ASSIST- MED INC
Lic Expire 12/31/2021 123 25TH STREET #4005
Medicare 1: GALVESTON, TX 77550
Medicare 2:
Phone (409) 621-1114 Fax (409) 621-1544
Type: Branch Agency Administrator RUTH BRIGGS

Owner Information
ASSIST-MED INC
SAME AS ABOVE
HOUSTON, TX 77077
PHONE: FAX:
Services: Personal Assistance Services

County **GALVESTON** Region 06 Date Licensed 08/01/2019
License # 019595 CAREBUILDERS AT HOME-FRIENDSWOOD
Lic Expire 08/01/2021 1414 S FRIENDSWOOD DR STE 218
Medicare 1: FRIENDSWOOD, TEXAS 77546
Medicare 2:
Phone (832) 900-9416 Fax (832) 900-9455
Type: Parent Agency Administrator ROBIN HOLMES

Owner Information
CROSS COUNTRY VENTURES
PHONE: FAX:
Services: Personal Assistance Services

County **GALVESTON** Region 06 Date Licensed 04/08/2005
License # 009684 CCP CONSTANT CARE PROVIDERS LP
Lic Expire 04/30/2021 2239 WOODWIND WAY
Medicare 1: LEAGUE CITY, TX 77573
Medicare 2:
Phone (281) 748-3792 Fax (281) 332-7050
Type: Parent Agency Administrator VALERIE SALAZAR

Owner Information
CCP CONSTANT CARE PROVIDERS LP
2239 WOODWIND WAY
LEAGUE CITY, TX 77573
PHONE: FAX:
Services: Licensed Home Health Services

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

County **GALVESTON** Region 06 Date Licensed 10/26/2020
License # 020093 CHRYSALIS HOME HEALTHCARE
Lic Expire 08/05/2022 1506 E WINDING WAY DR., SUITE 605
Medicare 1: FRIENDSWOOD, TX 77546
Medicare 2:
Phone (832) 820-9113 Fax (713) 893-6072
Type: Parent Agency Administrator KRISTIE BROWN

Owner Information
SEQUOIA HOME HEALTHCARE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **GALVESTON** Region 06 Date Licensed 08/17/2018
License # 018892 CN PALLIATIVE CARE LLC
Lic Expire 08/31/2022 1225 , 25TH STREET N SUITE 300
Medicare 1: 74-1786 TEXAS CITY, TX 77591
Medicare 2:
Phone (409) 797-4840 Fax (833) 346-8740
Type: Parent Agency Administrator NINA OLUGU

Owner Information
CN PALLIATIVE CARE LLC
8700 COMMERCE PARKWAY STE #143
HOUSTON, TX 77036
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/24/2022

County **GALVESTON** Region 06 Date Licensed 12/31/2013
License # 016013 ETON HOME HEALTHCARE INC.
Lic Expire 12/31/2021 1560 W BAY AREA BLVD STE 240
Medicare 1: 743194 HHA-18 FRIENDSWOOD, TX 77546
Medicare 2:
Phone (281) 480-4235 Fax (281) 480-4465
Type: Parent Agency Administrator VERONICA OKAFOR

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

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County **GALVESTON** Region 06 Date Licensed 11/13/2018
License # 019643 FELICITY PALLIATIVE & HOSPICE CARE LLC
Lic Expire 10/15/2021 1228 25TH STREET NORTH UNIT 200
Medicare 1: TEXAS CITY, TEXAS 77590
Medicare 2:
Phone (832) 510-5017 Fax (832) 941-0384
Type: Parent Agency Administrator VERONICA BROWN

Owner Information
FELICITY PALLIATIVE & HOSPICE CARE LLC
4201 FM 1960 WEST SUITE 155
HOUSTON, TEXAS 77068
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GALVESTON** Region 06 Date Licensed 07/31/2019
License # 019504 GABRIEL?S ANGELS HOME HEALTH CARE SERVICES, LLC
Lic Expire 07/31/2021 121 N HERITAGE OAKS DR
Medicare 1: TEXAS CITY, TEXAS 77591
Medicare 2:
Phone (409) 655-5477 Fax (409) 655-5542
Type: Parent Agency Administrator JENNIFER JOHNSON

Owner Information
GABRIEL'S ANGELS HOME HEALTH CARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **GALVESTON** Region 06 Date Licensed 11/21/2017
License # 018463 GARDEN CYCLE HEALTHCARE SYSTEM LLC
Lic Expire 11/30/2021 2608 CHINABERRY PARK LANE
Medicare 1: LEAGUE CITY, TX 77573
Medicare 2:
Phone (281) 217-6952 Fax (281) 217-7617
Type: Parent Agency Administrator VICTOR EJIMADU

Owner Information
GARDEN CYCLE HEALTHCARE LLC
SAME
LEAGUE CITY, TEXAS 77573
PHONE: 281 217 6952 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GALVESTON** Region 06 Date Licensed 03/19/2018
License # 018660 GREAT AMERICAN PALLIATIVE & HOSPICE CARE LLC.
Lic Expire 03/31/2022 1228 25TH STREET NORTH UNIT 200
Medicare 1: 74-1734 TEXAS CITY, TEXAS 77590
Medicare 2:
Phone (877) 446-3932 Fax (832) 284-7072
Type: Parent Agency Administrator VERONICA BROWN

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
Accreditation: ACH - Deemed, Expires: 07/18/2021

County **GALVESTON** Region 06 Date Licensed 12/11/2018
License # 019146 GULF COAST THERAPY AT HOME
Lic Expire 12/11/2023 928 BROADWAY
Medicare 1: GALVESTON, TX 77550
Medicare 2:
Phone (409) 242-6500 Fax (409) 497-4389
Type: Parent Agency Administrator JULIE M BONOMO

Owner Information
GULF COAST THERAPY LLC
PO BOX 57
GALVESTON, TEXAS 77553
PHONE: FAX:
Services: Licensed Home Health Services

County **GALVESTON** Region 06 Date Licensed 10/14/2020
License # 020232 HELP-U-HOME HEALTHCARE INC
Lic Expire 10/14/2022 2006 VIRTUE CT
Medicare 1: LEAGUE CITY, TEXAS 77573
Medicare 2:
Phone (832) 385-1119 Fax NA
Type: Parent Agency Administrator SOHAIL IMTIAZ

Owner Information
HELP-U-HOME HEALTHCARE INC
2006 VIRTUE CT
LEAGUE CITY, TEXAS 77573
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GALVESTON** Region 06 Date Licensed
License # 020712 HOME INSTEAD SENIOR CARE
Lic Expire 11/01/2023 1004 BROADWAY
Medicare 1: GALVESTON, TX 77550
Medicare 2:
Phone (409) 762-0444 Fax (409) 762-0994
Type: Parent Agency Administrator MICHELLE WILLIAMS

Owner Information
WISHING WELL 670 LLC
PHONE: FAX:
Services: Personal Assistance Services

County **GALVESTON** Region 06 Date Licensed 05/24/1985
License # 001694 HOSPICE CARE TEAM INC
Lic Expire 05/31/2021 11441 32ND AVENUE NORTH SUITE B
Medicare 1: 451508 HOSPICE TEXAS CITY, TX 77591
Medicare 2:
Phone (409) 938-0070 Fax (409) 316-9575
Type: Parent Agency 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
License # 009291 JEBY HEALTH CARE SERVICES INC
Lic Expire 06/30/2022 614 W MAIN ST SUITE D101
Medicare 1: 679176 LEAGUE CITY, TX 77573
Medicare 2:
Phone (281) 332-6569 Fax (281) 332-1076
Type: Parent Agency Administrator EBERE F, AMEACHI-AKUECHIAMA

Owner Information
JEBY HEALTH CARE SERVICES INC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GALVESTON** Region 06 Date Licensed 05/01/2013
License # 015581 KINDRED AT HOME
Lic Expire 04/30/2021 184 GULF FRWY S SUITE A2
Medicare 1: 673161 HHA-18 LEAGUE CITY, TX 77573
Medicare 2:
Phone (281) 332-4147 Fax (281) 338-1610
Type: Parent Agency Administrator BRANDIE FOLLETT

Owner Information
PF DEVELOPMENT 7, LLC
12900 FOSTER, SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GALVESTON** Region 06 Date Licensed 12/04/2017
License # 018482 LEGACY HOME HEALTH CARE
Lic Expire 12/31/2021 907 CACTUS RIDGE CT
Medicare 1: FRIENDSWOOD, TX 77546
Medicare 2:
Phone (281) 220-1102 Fax (281) 220-1087
Type: Parent Agency Administrator ANYA MORGAN

Owner Information
THE CHATTERBOX INC
907 CACTUS RIDGE CT.,
FRIENDSWOOD, TX 77546
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GALVESTON** Region 06 Date Licensed 02/12/2013
License # 012397 PATHFINDER PEDIATRIC HOME CARE INC
Lic Expire 01/31/2021 618 W MAIN ST SUITE 120
Medicare 1: LEAGUE CITY, TX 77573
Medicare 2:
Phone (281) 724-1577 Fax (281) 724-1580
Type: Branch Agency Administrator CHARLES M WILCOX

Owner Information
PATHFINDER PEDIATRIC HOME CARE INC
318 BRIAR ROCK RD
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Licensed Home Health Services

County **GALVESTON** Region 06 Date Licensed 11/07/2019
License # 019688 PRECISION HEALTHCARE SERVICES LLC
Lic Expire 11/07/2021 620 W. MAIN ST SUITE 102
Medicare 1: LEAGUE CITY, TX 77573
Medicare 2:
Phone (832) 327-8900 Fax (832) 285-9699
Type: Parent Agency Administrator PHYLLIS CRAWFORD

Owner Information
PRECISION HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GALVESTON** Region 06 Date Licensed 05/11/2005
License # 009750 PRIORITY HEALTHCARE PAS
Lic Expire 05/31/2021 811 BRADFORD UNIT 7A
Medicare 1: KEMAH, TX 77565
Medicare 2:
Phone (281) 538-0248 Fax 2815768731 and 18888290096
Type: Parent Agency Administrator MARIBEL PIRELA MELANCON

Owner Information
MARIBEL PIRELA
811 BRADFORD UNIT 7A
KEMAH, TX 77565
PHONE: FAX:
Services: Personal Assistance Services

County **GALVESTON** Region 06 Date Licensed 04/03/2009
License # 012536 RESIDENTIAL HOME HEALTH SERVICES LLC
Lic Expire 04/30/2021 1560 WEST BAY AREA BLVD SUITE #103
Medicare 1: 747249 HHA-18 FRIENDSWOOD, TX 77546
Medicare 2:
Phone (281) 956-5660 Fax (281) 956-5662
Type: Parent Agency 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

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County **GALVESTON** Region 06 Date Licensed 05/11/2007
License # 011323 RIGHT AT HOME GALVESTON
Lic Expire 05/31/2022 1623 BROADWAY
Medicare 1: GALVESTON, TX 77550
Medicare 2:
Phone (409) 740-7400 Fax (409) 621-1113
Type: Parent Agency Administrator KRISTEN CARLSON

Owner Information
KRISTEN CARES INC
1623 BROADWAY
GALVESTON, TX 77550
PHONE: FAX:
Services: Personal Assistance Services

County **GALVESTON** Region 06 Date Licensed 01/26/2018
License # 018577 SENIOR HELPERS
Lic Expire 01/31/2022 1100 GULF FREEWAY SUITE 110
Medicare 1: LEAGUE CITY, TX 77573
Medicare 2:
Phone (713) 397-8020 Fax
Type: Parent Agency 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** Region 06 Date Licensed 01/12/1998
License # 006270 SIGMA HEALTH CARE INC
Lic Expire 01/31/2023 1609 TREMONT STREET
Medicare 1: 459423 HHA-18 GALVESTON, TX 77550
Medicare 2:
Phone (409) 763-6800 Fax (409) 763-2905
Type: Parent Agency 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

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

County **GALVESTON** Region 06 Date Licensed 08/29/2016
License # 017597 SILVER LININGS HOME CARE LLC
Lic Expire 2834 LOVE LN.
Medicare 1: FRIENDSWOOD, TEXAS 77546
Medicare 2:
Phone (832) 489-6960 Fax (832) 201-8226
Type: Parent Agency Administrator LORI SPRADLIN

Owner Information
SILVER LININGS HOME CARE LLC
2834 LOVE LANE
FRIENDSWOOD, TEXAS 77546
PHONE: FAX:
Services: Personal Assistance Services

County **GALVESTON** Region 06 Date Licensed 02/07/2017
License # 017907 SITTING SAINTS LLC
Lic Expire 02/28/2021 17130 TOWNES ROAD #A/FLOOR 2
Medicare 1: FRIENDSWOOD, TX 77546
Medicare 2:
Phone (281) 450-3443 Fax (281) 992-2231
Type: Parent Agency Administrator NICOLE MORELLO

Owner Information
SITTING SAINTS LLC
PO BOX 395
LEAGUE CITY, TX 77574
PHONE: FAX:
Services: Personal Assistance Services

County **GALVESTON** Region 06 Date Licensed 03/22/2021
License # 020620 STELLAR HOSPICE LLC
Lic Expire 03/22/2024 1406 KINSTON DR
Medicare 1: LEAGUE CITY, TX 77573
Medicare 2:
Phone (503) 809-1540 Fax
Type: Parent Agency Administrator TYNAN MCCLOSKEY

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

County **GALVESTON** Region 06 Date Licensed 08/19/2016
License # 017585 SYNERGY HOMECARE GALVESTON
Lic Expire 08/31/2022 10000 EMMETT F LOWRY EXPY SUITE 4000 UNIT 200D
Medicare 1: TEXAS CITY, TX 77591
Medicare 2:
Phone (409) 974-4935 Fax (713) 868-9946
Type: Parent Agency Administrator BRANDY MOEHLMANN

Owner Information
CRYSTAL BEACH VENTURES LLC
2121 MARKET ST SUITE 101
GALVESTON, TX 77550
PHONE: FAX:
Services: Personal Assistance Services

County **GALVESTON** Region 06 Date Licensed 05/27/2019
License # 019206 TEXAS HEART HOME CARE, LLC
Lic Expire 06/30/2021 1501 N AMBURN ST. 10A
Medicare 1: TEXAS CITY, TX 77591
Medicare 2:
Phone (409) 502-2786 Fax
Type: Parent Agency Administrator SHANNA KETHAN

Owner Information
TEXAS HEART HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **GALVESTON** Region 06 Date Licensed 10/10/2001
License # 007750 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 10/31/2022 4920 F SEAWALL BOULEVARD
Medicare 1: 679104 HHA-18 GALVESTON, TX 77551
Medicare 2:
Phone (409) 762-5753 Fax (409) 752-2889
Type: Parent Agency Administrator AMY COMEAUX

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/15/2021

County **GALVESTON** Region 06 Date Licensed
License # 017881 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 3027 MARINA BAY DRIVE, SUITE 344
Medicare 1: LEAGUE CITY, TEXAS 775732729
Medicare 2:
Phone (281) 968-2745 Fax (281) 968-2747
Type: Branch Agency 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

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

County **GALVESTON** Region 06 Date Licensed
License # 017881 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 3027 MARINA BAY DRIVE, SUITE 344
Medicare 1: LEAGUE CITY, TEXAS 775732729
Medicare 2:
Phone (281) 968-2745 Fax (281) 968-2747
Type: Branch Agency 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** Region 06 Date Licensed 05/30/2008
License # 012037 V & R HEALTH CARE SERVICES LLC
Lic Expire 05/31/2022 121 EAST MAGNOLIA STREET SUITE #203
Medicare 1: 747192 HHA-18 FRIENDSWOOD, TX 77546
Medicare 2:
Phone (281) 332-1140 Fax (281) 332-1145
Type: Parent Agency Administrator VENESSA CORTEZ

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
Accreditation: CHAP - Deemed, Expires: 10/01/2021

County **GALVESTON** Region 06 Date Licensed 08/03/2011
License # 014250 VILLAGE HOME HEALTH
Lic Expire 08/31/2021 631 N EGRET BAY BLVD SUITE A
Medicare 1: 747755 HHA-18 74 LEAGUE CITY, TX 77573
Medicare 2:
Phone (281) 554-6742 Fax (281) 554-6748
Type: Parent Agency Administrator MISTY LACKEY

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
Accreditation: CHAP - Deemed, Expires: 12/17/2021

County **GALVESTON** Region 06 Date Licensed 02/14/2018
License # 018619 VISITING ANGELS
Lic Expire 02/28/2023 10000 EMMETT F LOWRY EXPY STE 4000- 200D
Medicare 1: TEXAS CITY, TX 77591
Medicare 2:
Phone (409) 489-4501 Fax
Type: Parent Agency Administrator JENNIFER BASCIANO

Owner Information
TJB ENDEAVORS PLLC
10000 EMMETT F LOWRY EXPY STE 4000- 200D
TEXAS CITY, TX 77591
PHONE: FAX:
Services: Personal Assistance Services

County **GARZA** Region 01 Date Licensed 10/04/2008
License # 012273 CALVERT HOME HEALTH CARE
Lic Expire 10/31/2022 117 E MAIN ST SUITE 300
Medicare 1: POST, TX 79356
Medicare 2:
Phone (806) 495-2990 Fax (806) 495-2992
Type: Branch Agency Administrator DANA MADISON

Owner Information
CORDOVA BAY LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GILLESPIE** Region 07 Date Licensed 06/01/2018
License # 018769 AVE MARIA HOSPICE
Lic Expire 05/31/2022 204 S ADAMS ST. # A
Medicare 1: 671595 HOSPICE FREDERICKSBURG, TX 78624
Medicare 2:
Phone (830) 997-1709 Fax (830) 997-6574
Type: Parent Agency Administrator LUCILLE JUNG

Owner Information
AVE MARIA HOSPICE OF FREDERICKSBURG, LLC
P.O.BOX 3445
FREDERICKSBURG, TX 78624
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 07/30/2023

County **GILLESPIE** Region 07 Date Licensed 06/01/2010
License # 013547 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2022 108 EAST TRAILMOOR DR., SUITE 1
Medicare 1: 677951 HHA-18 FREDERICKSBURG, TEXAS 78624
Medicare 2:
Phone 830 9902423 Fax 830 9902430
Type: Parent Agency Administrator BEAU POLLARO

Owner Information
ENCOMPASS HOME HEALTH OF AUSTIN, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **GILLESPIE** Region 07 Date Licensed 01/28/2015
License # 016622 FREDERICKSBURG HOME CARE LLC.
Lic Expire 01/31/2023 409 N. MILAM
Medicare 1: FREDERICKSBURG, TX 78624
Medicare 2:
Phone (830) 992-3392 Fax (830) 992-3392
Type: Parent Agency Administrator CYNTHIA STEWART

Owner Information
FREDERICKSBURG HOME CARE LLC
409 N. MILAM
FREDERICKSBURG, TX 78624-6786
PHONE: FAX:
Services: Personal Assistance Services

County **GILLESPIE** Region 07 Date Licensed 04/01/2010
License # 013267 HILL COUNTRY MEMORIAL HOME CARE
Lic Expire 03/31/2022 808 REUBEN STREET 2ND FLOOR
Medicare 1: 457216 HHA-18 FREDERICKSBURG, TX 78624
Medicare 2:
Phone (830) 997-1336 Fax (830) 997-1559
Type: Parent Agency Administrator KATELYN VINKLAREK

Owner Information
HILL COUNTRY MEMORIAL HOSPITAL
PO BOX 835
FREDERICKSBURG, TX 78624
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: JCAHO - Deemed, Expires: 02/14/2023

County **GILLESPIE** Region 07 Date Licensed 04/01/2010
License # 013266 HILL COUNTRY MEMORIAL HOME CARE
Lic Expire 03/31/2022 808 RUEBEN STREET 2ND FLOOR
Medicare 1: FREDERICKSBURG, TX 78624
Medicare 2:
Phone (830) 997-1336 Fax (830) 997-1559
Type: Parent Agency Administrator KATELYN VINKLAREK

Owner Information
HILL COUNTRY MEMORIAL HOSPITAL
PO BOX 835
FREDERICKSBURG, TX 78624
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: JCAHO, Expires: 02/14/2023

County **GILLESPIE** Region 07 Date Licensed 07/01/1999
License # 007156 HILL COUNTRY MEMORIAL HOSPICE
Lic Expire 06/30/2021 808 REUBEN STREET
Medicare 1: 451600 HOSPICE FREDERICKSBURG, TX 78624
Medicare 2:
Phone (830) 997-1335 Fax (830) 997-3547
Type: Parent Agency Administrator KAREN OROURKE

Owner Information
GREATER HILL COUNTRY HOSPICE
P O BOX 835
FREDERICKSBURG, TEXAS 78624
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GILLESPIE** Region 07 Date Licensed 10/13/2017
License # 018374 VOTIVE HOSPICE LLC
Lic Expire 10/31/2021 1204 N LLANO
Medicare 1: 74-1764 FREDERICKSBURG, TX 78624
Medicare 2:
Phone (512) 560-8604 Fax (830) 990-4731
Type: Parent Agency Administrator CHASE PERRY

Owner Information
VOTIVE HOSPICE LLC
P. O. BOX 1925
FREDERICKSBURG, TX 78624
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 11/16/2021

County **GONZALES** Region 07 Date Licensed 06/28/1984
License # 001500 MEMORIAL HOSPITAL HOME HEALTH AGENCY
Lic Expire 06/30/2021 1314 N SARAH DEWITT DRIVE
Medicare 1: 457634 HHA-18 GONZALES, TX 78629
Medicare 2:
Phone (830) 672-9508 Fax (830) 672-3093
Type: Parent Agency Administrator MICHAEL MIKESH

Owner Information
GONZALES HEALTHCARE SYSTEMS
P.O. BOX 587
GONZALES, TEXAS 78629
PHONE: (830) 672-7581 FAX: (830) 672-2401
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GONZALES** Region 07 Date Licensed 03/28/2011
License # 013984 VISITING ANGELS
Lic Expire 03/31/2021 9028 STATE HWY 304
Medicare 1: HARWOOD, TX 78632
Medicare 2:
Phone (830) 672-6900 Fax (830) 672-6904
Type: Parent Agency Administrator COURTNEY WILLIAMS

Owner Information
DECHMAN LEGACY LLC
9028 STATE HWY 304
HARWOOD, TX 78632
PHONE: FAX:
Services: Personal Assistance Services

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

County **GRAY** Region 01 Date Licensed 12/16/2005
License # 007787 INTERIM HEALTHCARE OF AMARILLO
Lic Expire 10/31/2021 2217 PERRYTON PARKWAY
Medicare 1: PAMPA, TX 79065
Medicare 2:
Phone (806) 665-1445 Fax (806) 688-0186
Type: Branch Agency Administrator TWILA RUTTER

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GRAY** Region 01 Date Licensed 02/25/2010
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 06/30/2021 2217 PERRYTON PARKWAY
Medicare 1: PAMPA, TX 79065
Medicare 2:
Phone (806) 665-1445 Fax (806) 688-0186
Type: Alternate Delivery Site Administrator BRANDI LARSON

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

County **GRAY** Region 01 Date Licensed 03/21/2006
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 1313 N HOBART
Medicare 1: 45Q7754004 PAMPA, TX 79065
Medicare 2:
Phone (806) 665-9700 Fax (806) 665-9701
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/18/2024

County **GRAY** Region 01 Date Licensed 03/21/2006
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 1313 N HOBART
Medicare 1: 45Q7754004 PAMPA, TX 79065
Medicare 2:
Phone (806) 665-9700 Fax (806) 665-9701
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/18/2024

County **GRAY** Region 01 Date Licensed 03/21/2006
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 1313 N HOBART
Medicare 1: 45Q7754004 PAMPA, TX 79065
Medicare 2:
Phone (806) 665-9700 Fax (806) 665-9701
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/18/2024

County **GRAYSON** Region 03 Date Licensed 06/29/2020
License # 020021 7 SISTERS CARE
Lic Expire 06/29/2022 301 W. BELLS BLVD
Medicare 1: BELLS, TEXAS 75414
Medicare 2:
Phone (903) 965-2195 Fax NA
Type: Parent Agency Administrator DEBORAH BATES

Owner Information
TEXAS SITTERS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 01/01/2015
License # 016677 A.L.L. CARE HOME SERVICES INC
Lic Expire 12/31/2022 401 EAST MAIN STREET
Medicare 1: WHITESBORO, TX 76273
Medicare 2:
Phone (903) 564-4357 Fax (903) 564-9090
Type: Parent Agency Administrator KIMBERLY KUYKENDALL SIMMONS

Owner Information
ALLCARE HOME SERVICES INC
401 E MAIN ST
WHITESBORO, TX 76273
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 03/07/2000
License # 007272 ADVANTX HOME CARE INC
Lic Expire 03/31/2021 704 S. SAM RAYBURN FREEWAY
Medicare 1: 459490 HHA-18 SHERMAN, TX 75090
Medicare 2:
Phone (903) 813-8681 Fax (903) 813-8702
Type: Parent Agency Administrator CHANDA EASTRIDGE-REIFEL

Owner Information
ADVANTX HOME CARE INC
704 S SAM RAYBURN FREEWAY
SHERMAN, TX 75090
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8015 S US HWY 75
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-6575
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **GRAYSON** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8015 S US HWY 75
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-6575
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8015 S US HWY 75
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-6575
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8015 S US HWY 75
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-6575
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8015 S US HWY 75
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-6575
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 8015 S US HWY 75
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-6575
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 04/05/2010
License # 013209 APPROVED IN HOME CARE LLC
Lic Expire 04/30/2022 965 KERFOOT ROAD
Medicare 1: GUNTER, TX 75058
Medicare 2:
Phone (972) 658-4001 Fax (903) 433-2000
Type: Parent Agency Administrator LINDA MCCONNELL

Owner Information
APPROVED IN HOME CARE LLC
PO BOX 528
GUNTER, TX 75058
PHONE: FAX:
Services: Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 03/31/2016
License # 017465 CARINGBRIDGE HOME HEALTH CARE LLC
Lic Expire 03/31/2020 207 SOUTH TRAVIS STREET
Medicare 1: 747493 HHA-18 SHERMAN, TX 75090
Medicare 2:
Phone (903) 870-1000 Fax (903) 870-1002
Type: Parent Agency Administrator MARILYN J DAVIS

Owner Information
CARINGBRIDGE HOME HEALTH CARE LLC
207 S TRAVIS ST
SHERMAN, TX 75090
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 04 Date Licensed
License # 017401 CENTRIC HOME HEALTH
Lic Expire 11/30/2021 1800 TEAGUE DRIVE #520
Medicare 1: SHERMAN, TEXAS 75090
Medicare 2:
Phone (903) 458-9012 Fax
Type: Branch Agency 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 **GRAYSON** Region 04 Date Licensed
License # 017401 CENTRIC HOME HEALTH
Lic Expire 11/30/2021 1800 TEAGUE DRIVE #520
Medicare 1: SHERMAN, TEXAS 75090
Medicare 2:
Phone (903) 458-9012 Fax
Type: Branch Agency 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 **GRAYSON** Region 04 Date Licensed
License # 017401 CENTRIC HOME HEALTH
Lic Expire 11/30/2021 1800 TEAGUE DRIVE #520
Medicare 1: SHERMAN, TEXAS 75090
Medicare 2:
Phone (903) 458-9012 Fax
Type: Branch Agency 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 **GRAYSON** Region 03 Date Licensed 06/10/1996
License # 004629 CHANGING SEASONS HOMECARE
Lic Expire 06/30/2022 600 N CROCKETT STREET
Medicare 1: 459038 HHA-18 SHERMAN, TX 75090
Medicare 2:
Phone (903) 868-3648 Fax (903) 892-0067
Type: Parent Agency Administrator JANICE RAY LEHMANN

Owner Information
ICETTE HOMECARE COMPANY
600 NORTH CROCKETT STREET
SHERMAN, TX 75090-4975
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 09/02/2005
License # 009937 CHILDRENS HOME HEALTHCARE
Lic Expire 09/30/2021 293 W VAN ALSYTNE PKWY
Medicare 1: VAN ALSTYNE, TX 75495
Medicare 2:
Phone (903) 482-9020 Fax (903) 482-9019
Type: Parent Agency Administrator MELISSA BULLOCK

Owner Information
DJK HOME HEALTHCARE LLC
901 WATERFALL WAY SUITE 105
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 01/01/2003
License # 008269 ELARA CARING
Lic Expire 1401 S SAM RAYBURN FREEWAY SUITE 500
Medicare 1: 677720 HHA-18 SHERMAN, TX 75090
Medicare 2:
Phone (903) 892-3163 Fax (903) 892-3193
Type: Parent Agency Administrator KARA ROSSON

Owner Information
JHS OPERATIONS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GRAYSON** Region 03 Date Licensed 11/30/2004
License # 009528 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2022 300 N. HIGHLAND AVENUE, SUITE 510
Medicare 1: 459381 HHA-18 SHERMAN, TEXAS 75092
Medicare 2:
Phone 903 8133238 Fax 903 8923592
Type: Parent Agency Administrator KRISTI PHILLIPS

Owner Information
ENCOMPASS OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **GRAYSON** Region 03 Date Licensed 02/15/2015
License # 016869 FIRST TEXAS HOME HEALTH
Lic Expire 02/28/2021 2535 HIGHWAY 82 E STE D
Medicare 1: 458193 HHA-18 WHITESBORO, TX 76273
Medicare 2:
Phone (903) 564-9111 Fax (800) 737-5601
Type: Parent Agency Administrator DENA PEARSON

Owner Information
1ST TEXAS HOME HEALTH INC
PO BOX 147
WHITESBORO, TX 76273
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **GRAYSON** Region 04 Date Licensed 11/04/2008
License # 012399 GUARDIAN HEALTHCARE
Lic Expire 11/30/2022 100 W LAMBERTH RD STE A
Medicare 1: 45Q8041004 SHERMAN, TX 75092
Medicare 2:
Phone (903) 870-2347 Fax (903) 892-9184
Type: Branch Agency Administrator BLAKELY HILL

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

County **GRAYSON** Region 03 Date Licensed 02/11/2009
License # 012444 GUARDIAN HOSPICE
Lic Expire 02/28/2023 2009 INDEPENDENCE DR SUITE 100
Medicare 1: 671652 HOSPICE SHERMAN, TX 75090
Medicare 2:
Phone (903) 868-0267 Fax (903) 868-0297
Type: Parent Agency Administrator STACY MCDONALD

Owner Information
TRUE GUARDIAN HOSPICE INC
2009 INDEPENDENCE DR SUITE 100
SHERMAN, TX 75090-0216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/30/2022

County **GRAYSON** Region 03 Date Licensed 10/15/2013
License # 016023 HEART TO HEART HOSPICE OF NORTH TEXAS LLC
Lic Expire 10/31/2021 600 EAST TAYLOR STREET SUITE 3005
Medicare 1: 671730 HOSPICE SHERMAN, TX 75090
Medicare 2:
Phone (903) 892-6406 Fax (903) 892-6407
Type: Parent Agency Administrator ROBERT WATSON

Owner Information
HEART TO HEART HOSPICE OF NORTH TEXAS LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/02/2021

County **GRAYSON** Region 03 Date Licensed 08/09/2001
License # 007695 HEAVENSENT CAREGIVERS
Lic Expire 08/31/2022 600 N CROCKETT STREET
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 868-1339 Fax (903) 892-0067
Type: Parent Agency Administrator JANICE LEHMANN

Owner Information
CELESTIAL HOMECARE, INC.
600 N. CROCKETT STREET
SHERMAN, TEXAS 75090
PHONE: FAX:
Services: Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 08/21/1987
License # 001861 HOME HOSPICE
Lic Expire 08/31/2022 505 WEST CENTER STREET
Medicare 1: 451518 HOSPICE SHERMAN, TX 75090
Medicare 2:
Phone 903 8689315 Fax 903 8932772
Type: Parent Agency Administrator TINA GARNER

Owner Information
HOME HOSPICE OF GRAYSON COUNTY
PO BOX 2306
SHERMAN, TX 75091-2306
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/06/2024

County **GRAYSON** Region 03 Date Licensed 08/21/1987
License # 001861 HOME HOSPICE
Lic Expire 08/31/2022 505 WEST CENTER STREET
Medicare 1: 451518 HOSPICE SHERMAN, TX 75090
Medicare 2:
Phone 903 8689315 Fax 903 8932772
Type: Parent Agency Administrator TINA GARNER

Owner Information
HOME HOSPICE OF GRAYSON COUNTY
PO BOX 2306
SHERMAN, TX 75091-2306
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/06/2024

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

County **GRAYSON** Region 03 Date Licensed 08/23/2006
License # 010695 HOME INSTEAD SENIOR CARE
Lic Expire 08/31/2022 1109 SOUTH SAM RAYBURN FWY STE 200
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 893-1100 Fax (903) 893-1108
Type: Parent Agency Administrator WILLIAM DUNGAN

Owner Information
SWANG & ASSOCIATES INC
1109 S SAM RAYBURN FREEWAY, SUITE 200
SHERMAN, TEXAS 75090
PHONE: FAX:
Services: Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 100 W LAMBERTH ROAD SUITE C
Medicare 1: SHERMAN, TX 750922671
Medicare 2:
Phone (903) 893-3903 Fax (903) 893-3927
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 100 W LAMBERTH ROAD SUITE C
Medicare 1: SHERMAN, TX 750922671
Medicare 2:
Phone (903) 893-3903 Fax (903) 893-3927
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 100 W LAMBERTH ROAD SUITE C
Medicare 1: SHERMAN, TX 750922671
Medicare 2:
Phone (903) 893-3903 Fax (903) 893-3927
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GRAYSON** Region 01 Date Licensed 06/01/2016
License # 010782 INTERIM HEALTHCARE
Lic Expire 05/31/2021 2306 N TRAVIS ST
Medicare 1: SHERMAN, TX 75092
Medicare 2:
Phone (903) 357-5704 Fax (903) 357-5725
Type: Branch Agency Administrator SUZANNE CHILDERS

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 01/03/2014
License # 016225 INTERIM HEALTHCARE OF DALLAS
Lic Expire 01/31/2022 2306 NORTH TRAVIS STREET
Medicare 1: 679384 HHA-18 SHERMAN, TX 75092
Medicare 2:
Phone (903) 357-5704 Fax (903) 357-5725
Type: Parent Agency Administrator MICHELLE SHEARIN

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

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County **GRAYSON** Region 04 Date Licensed 04/30/2014
License # 016263 MAYS HOME HEALTH OF PARIS TX LLC
Lic Expire 04/30/2022 100 W LAMBERTH
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 868-1589 Fax (903) 868-1620
Type: Branch Agency Administrator SHARON HEVRON

Owner Information
MAYS HOME HEALTH OF PARIS TX, LLC
3310 LAMAR AVENUE SUITE A
PARIS, TX 75460
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

---

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

County **GRAYSON** Region 03 Date Licensed 01/06/2017
License # 017839 MONARCH HOSPICE
Lic Expire 01/31/2023 209 S TRAVIS STREET, SUITE 100
Medicare 1: 741688 HOSPICE SHERMAN, TX 75090
Medicare 2:
Phone 903 3644410 Fax 903 3644411
Type: Parent Agency Administrator MARILYN DAVIS

Owner Information
ULTIMATE HOSPICE LLC
2410 LUNA RD SUITE 254
CARROLLTON, TX 75006-6538
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 03/24/2006
License # 007339 OUTREACH HOME CARE
Lic Expire 05/31/2022 2629 MASTERS STREET
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 870-0063 Fax (903) 892-6145
Type: Branch Agency Administrator COLBY BRYANT

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 03/10/2007
License # 011381 PATIENTS BEST CHOICE HOME HEALTHCARE INC.
Lic Expire 03/31/2022 3427 W FM 120 SUITE 105
Medicare 1: 677841 HHA-18 DENISON, TX 75020
Medicare 2:
Phone (903) 462-0604 Fax (903) 462-0603
Type: Parent Agency Administrator SONJA SWEENEY

Owner Information
PATIENTS BEST CHOICE HOME HEALTHCARE, INC.
3427 W FM 120, SUITE #105
DENISON, TX 75020
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **GRAYSON** Region 03 Date Licensed
License # 016313 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 07/31/2022 1800 TEAGUE DRIVE, SUITE 100
Medicare 1: SHERMAN, TEXAS 75090
Medicare 2:
Phone 214 3474611 Fax 214 2069314
Type: Branch Agency Administrator JULIE GOLIGHTLY

Owner Information
PEDIATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **GRAYSON** Region 03 Date Licensed 08/24/1992
License # 002387 PILOT POINT HOME HEALTH INC
Lic Expire 08/31/2022 401 EAST MAIN STREET
Medicare 1: 677532 HHA-18 WHITESBORO, TX 76273
Medicare 2:
Phone (903) 564-7709 Fax (903) 564-7090
Type: Parent Agency 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

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County **GRAYSON** Region 03 Date Licensed 08/01/2014
License # 016681 QUALITY HOME HEALTH CARE INC
Lic Expire 07/31/2022 1515 S. SAM RAYBURN FREEWAY
Medicare 1: 677638 HHA-18 SHERMAN, TX 750908735
Medicare 2:
Phone (903) 892-9281 Fax (903) 870-0580
Type: Parent Agency Administrator SHANNON WINGARD

Owner Information
QUALITY HOME HEALTH CARE INC
1515 S. SAM RAYBURN FREEWAY
SHERMAN, TX 75090
PHONE: (903) 892-9281 FAX: (903) 870-0580
Services: Licensed and Certified Home Health Services

County **GRAYSON** Region 03 Date Licensed 09/11/2014
License # 016727 QUALITY HOME HEALTH CARE INC
Lic Expire 09/30/2022 1515 S. SAM RAYBURN FREEWAY
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 892-9281 Fax (903) 870-0580
Type: Parent Agency Administrator SHANNON WINGARD

Owner Information
QUALITY HOME HEALTH CARE INC
1515 S. SAM RAYBURN FREEWAY
SHERMAN, TX 75090
PHONE: (903) 892-9281 FAX: (903) 870-0580
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 04 Date Licensed 07/02/1995
License # 001497 RED RIVER HEALTH CARE SYSTEMS INC
Lic Expire 06/30/2022 308 E CHESTNUT
Medicare 1: DENISON, TX 75021
Medicare 2:
Phone (903) 465-8277 Fax (903) 463-1954
Type: Branch Agency 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** Region 03 Date Licensed 04/24/2012
License # 014980 RENEW HOME HEALTH
Lic Expire 04/30/2022 1800 N. TRAVIS STREET SUITE E
Medicare 1: 679677 HHA-18 SHERMAN, TEXAS 75092
Medicare 2:
Phone (903) 463-6700 Fax (903) 463-6704
Type: Parent Agency Administrator PHIL CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **GRAYSON** Region 03 Date Licensed 08/26/2019
License # 019443 RIGHT AT HOME
Lic Expire 06/26/2021 1800 TEAGUE DR STE 210
Medicare 1: SHERMAN, TEXAS 75090
Medicare 2:
Phone (833) 923-2273 Fax (844) 859-2273
Type: Parent Agency Administrator TRACEY BANKS

Owner Information
BANKS & LEWIS ENTERPRISES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 05/21/2002
License # 007940 SHER DEN HOME HEALTH INC
Lic Expire 05/31/2021 810 NORTH TRAVIS STREET
Medicare 1: 679156 HHA-18 SHERMAN, TX 75090
Medicare 2:
Phone (903) 892-1000 Fax (903) 892-1071
Type: Parent Agency Administrator GRZEGORZ WEISS

Owner Information
SHER DEN HOME HEALTH INC
810 NORTH TRAVIS STREET
SHERMAN, TX 75090
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GRAYSON** Region 03 Date Licensed 05/22/1996
License # 001939 SUNRISE HOME HEALTH SERVICES
Lic Expire 05/31/2022 2135 LOY LAKE DRIVE
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 893-1296 Fax (903) 893-8421
Type: Branch Agency Administrator NEVILLE GOVENDER

Owner Information
SUNRISE HOME HEALTH SERVICES OF AMERICA INC
PO BOX 494728
GARLAND, TX 75049
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GRAYSON** Region 03 Date Licensed 11/28/2001
License # 007190 SUNRISE PRIMARY CARE SERVICES
Lic Expire 07/31/2021 2135 LOY LAKE DRIVE
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 893-1296 Fax (903) 893-8421
Type: Branch Agency Administrator HANS SCHULZ

Owner Information
SUNRISE PRIMARY CARE SERVICES INC
1221 ARISTA LN
ROCKWALL, TX 75032
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 11/05/2020
License # 020294 TLC PROFESSIONAL CARE LLC
Lic Expire 11/05/2022 2300 W. MORTON ST. STE 123
Medicare 1: DENISON, TEXAS 75020
Medicare 2:
Phone (903) 465-7730 Fax (844) 556-4002
Type: Parent Agency Administrator MISTY FULLER

Owner Information
TLC PROFESSIONAL CARE LLC
PO BOX 437
DENISON, TEXAS 75021
PHONE: FAX:
Services: Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 01/08/2007
License # 011367 TMC HOME HEALTH
Lic Expire 01/31/2022 2600 N SAM RAYBURN FREEWAY SUITE 200
Medicare 1: 457655 HHA-18 SHERMAN, TX 75092
Medicare 2:
Phone (903) 416-5500 Fax (903) 464-0057
Type: Parent Agency Administrator CONNIE CLARK

Owner Information
UHS OF TEXOMA INC
367 S GULPH ROAD
KING OF PRUSSIA, PA 19406
PHONE: (903) 416-4000 FAX: (903) 416-4129
Services: Licensed and Certified Home Health Services

County **GRAYSON** Region 03 Date Licensed 02/26/2015
License # 016842 TOWN AND COUNTRY HOME CARE & REHAB LLC
Lic Expire 02/28/2021 178 S MAIN STREET
Medicare 1: 747302 HHA-18 VAN ALSTYNE, TX 75495
Medicare 2:
Phone (903) 487-4245 Fax (855) 498-3325
Type: Parent Agency Administrator JENNIFER HAWKINS

Owner Information
TOWN AND COUNTRY HOME CARE & REHAB LLC
PO BOX 277
VAN ALSTYNE, TX 75495
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GRAYSON** Region 03 Date Licensed 05/13/2014
License # 016205 VISIONARY HOME HEALTH CARE LLC
Lic Expire 05/31/2022 812 PECAN GROVE RD E.
Medicare 1: 747934 HHA-18 SHERMAN, TX 75090
Medicare 2:
Phone (903) 870-1600 Fax (903) 870-1640
Type: Parent Agency Administrator JAMEE WIX

Owner Information
VISIONARY HOME HEALTH CARE, LLC
404 N BRYANT AVE
SHERMAN, TX 75092
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 10/10/2023

County **GRAYSON** Region 03 Date Licensed 12/15/2016
License # 017791 VISIONARY HOSPICE CARE
Lic Expire 12/31/2022 812 PECAN GROVE RD. E.
Medicare 1: 74-1733 SHERMAN, TEXAS 75090
Medicare 2:
Phone (903) 771-4648 Fax (903) 771-4592
Type: Parent Agency Administrator LORI ROESLER

Owner Information
HEAVENLY COMFORT HOSPICE LLC
600 E TAYLOR ST SUITE 311 BOX 20
SHERMAN, TX 75090
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/06/2021

County **GREGG** Region 04 Date Licensed
License # 015142 ALINEA FAMILY HOSPICE CARE LLC
Lic Expire 10/31/2022 802 N. HIGH ST. SUITE D
Medicare 1: 671766 Hospice LONGVIEW, TEXAS 75605
Medicare 2:
Phone (903) 232-1877 Fax (903) 232-1887
Type: Alternate Delivery Site Administrator DONNA JUNKERSFELD

Owner Information
ALINEA FAMILY HOSPICE CARE LLC
303 E COLLEGE ST SUITE C
TERRELL, TX 75160
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GREGG** Region 04 Date Licensed 06/17/2013
License # 015639 ASSISTCARE
Lic Expire 06/30/2021 1201 W LOOP 281 #604
Medicare 1: LONGVIEW, TX 75604
Medicare 2:
Phone (903) 759-2848 Fax (903) 759-2868
Type: Branch Agency Administrator MICHELLE L SPRINGFIELD

Owner Information
SPRINGFIELD & SPRINGFIELD INVESTMENTS LLC
315 WILSON ST.
HENDERSON, TX 75652
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GREGG** Region 04 Date Licensed 05/04/2015
License # 016875 CHOICE HOMECARE
Lic Expire 05/31/2021 6 LEEWOOD ROAD
Medicare 1: 67Q7220001 HUNTSVILLE, TX 77320
Medicare 2:
Phone (800) 378-6489 Fax (866) 434-1935
Type: Branch Agency Administrator DONNA HARVIN

Owner Information
HERITAGE HOME HEALTH INC.
6760 OLD JACKSONVILLE HWY. SUITE 101
TYLER, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services

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

County **GREGG** Region 04 Date Licensed 04/14/1995
License # 003293 CHOICE HOMECARE OF THE PINES
Lic Expire 04/30/2022 107 W HOYT DR.
Medicare 1: 458452 HHA-18 LONGVIEW, TEXAS 75601
Medicare 2:
Phone (903) 236-8880 Fax 8554501300; 9032368858
Type: Parent Agency Administrator TOLEDO MONTGOMERY

Owner Information
PINE TREE HOME HEALTH CARE, INC.
6760 OLD JACKSONVILLE HIGHWAY SUITE 101
TYLER, TX 75703
PHONE: (903) 363-9932 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GREGG** Region 04 Date Licensed 10/06/2017
License # 018554 CHRISTUS GOOD SHEPHERD
Lic Expire 10/31/2021 103 W LOOP 281 UNIT 480
Medicare 1: 457691 HHA-18 LONGVIEW, TX 75605
Medicare 2:
Phone 903 3155525 Fax 903 3152650
Type: Parent Agency Administrator CORTNI GOLDEN

Owner Information
GSHS HOME HEALTH LLC
PO BOX 51266
LAFAYETTE, LA 70505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO, Expires: 09/01/2021

County **GREGG** Region 04 Date Licensed 08/08/2018
License # 019121 COLLECT MEMORIES AT HOME LLC
Lic Expire 07/31/2021 600 W GAY AVENUE
Medicare 1: GLADEWATER, TX 75647
Medicare 2:
Phone (903) 241-8718 Fax (903) 845-2500
Type: Parent Agency Administrator JORDAN PALMER

Owner Information
COLLECT MEMORIES AT HOME LLC
PO BOX 2082
LONGVIEW, TX 75606
PHONE: FAX:
Services: Personal Assistance Services

County **GREGG** Region 04 Date Licensed 09/23/2004
License # 009322 COMFORT KEEPERS
Lic Expire 09/30/2022 1125 JUDSON RD STE 106
Medicare 1: LONGVIEW, TX 75601
Medicare 2:
Phone (903) 291-0111 Fax (903) 291-0139
Type: Parent Agency Administrator MATT CLINNARD

Owner Information
CLINNARD LLC
1125 JUDSON RD STE 106
LONGVIEW, TX 75601
PHONE: FAX:
Services: Personal Assistance Services

County **GREGG** Region 04 Date Licensed 10/30/2014
License # 016734 COMPASS HOSPICE OF EAST TEXAS LLC
Lic Expire 10/31/2022 1115 N 4TH STREET
Medicare 1: 671547 HOSPICE LONGVIEW, TEXAS 75601
Medicare 2:
Phone (903) 758-8383 Fax (903) 758-8388
Type: Parent Agency Administrator GLENDA STEGALL

Owner Information
SHORR HOSPICE HOLDINGS, LLC
1115 NTH 4TH STREET.
LONGVIEW, TX 75601
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/28/2023

County **GREGG** Region 04 Date Licensed 11/30/2000
License # 007572 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 11/30/2022 911 NW LOOP 281 SUITE 120
Medicare 1: LONGVIEW, TX 75604
Medicare 2:
Phone (903) 297-2817 Fax (877) 463-1310
Type: Parent Agency Administrator KRISTALA EVANS

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

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County **GREGG** Region 04 Date Licensed 08/01/2013
License # 015679 EDUCARE COMMUNITY LIVING CORPORATION TEXAS
Lic Expire 07/31/2021 103 B WOODBINE PLACE
Medicare 1: LONGVIEW, TX 75601
Medicare 2:
Phone (903) 753-8063 Fax (903) 753-7861
Type: Parent Agency Administrator DAMON WALLACE

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

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County **GREGG** Region 04 Date Licensed 01/01/2003
License # 008273 ELARA CARING
Lic Expire 12/31/2021 100 WEST HAWKINS PARKWAY, SUITE B
Medicare 1: LONGVIEW, TX 75605
Medicare 2:
Phone (903) 234-0104 Fax (903) 234-9101
Type: Branch Agency Administrator MELLISA DUNAVANT

Owner Information
JHS OPERATIONS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GREGG** Region 04 Date Licensed 08/20/2012
License # 015193 ELITE HOME HEALTH
Lic Expire 08/31/2022 905 N 4TH STREET
Medicare 1: 453182 HHA-18 LONGVIEW, TX 75601
Medicare 2:
Phone (903) 212-3990 Fax (903) 212-3991
Type: Parent Agency Administrator TRACY ECHOLS

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

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County **GREGG** Region 04 Date Licensed 10/08/2014
License # 016656 ELITE PRIVATE CARE
Lic Expire 10/31/2022 420 NORTH GREEN STREET SUITE D
Medicare 1: LONGVIEW, TX 75601
Medicare 2:
Phone (903) 230-9447 Fax (903) 230-9448
Type: Parent Agency Administrator RACHAEL CRUTCHFIELD

Owner Information
N & L HOLDINGS LLC
P.O. BOX 1902
LONGVIEW, TX 75606
PHONE: (903) 720-2398 FAX:
Services: Personal Assistance Services

County **GREGG** Region 04 Date Licensed 05/01/2017
License # 018427 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 04/30/2021 407 E. METHVIN ST., SUITE 300A
Medicare 1: 457834 HHA-18 LONGVIEW, TEXAS 75601
Medicare 2:
Phone (903) 680-2220 Fax (903) 234-8683
Type: Parent Agency Administrator APRIL ALEXANDER

Owner Information
ENCOMPASS HOME HEALTH OF EAST TEXAS, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GREGG** Region 04 Date Licensed 12/01/2006
License # 011277 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2021 407 E. METHVIN ST., SUITE 300
Medicare 1: 679079 HHA-18 LONGVIEW, TEXAS 75601
Medicare 2:
Phone 903 2389029 Fax 903 2389108
Type: Parent Agency Administrator KAREN ANNE ZITEK

Owner Information
AHM ACTION HOME HEALTH, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GREGG** Region 04 Date Licensed 06/21/2013
License # 015767 HEART TO HEART HOSPICE OF EAST TEXAS LLC
Lic Expire 06/30/2023 100 WEST HAWKINS PKWY SUITE A
Medicare 1: 671591 HOSPICE LONGVIEW, TX 75605
Medicare 2:
Phone (903) 663-3310 Fax (903) 663-3329
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 03/12/2023

County **GREGG** Region 04 Date Licensed 04/16/1993
License # 002514 HEART'SWAY HOSPICE OF NORTHEAST TEXAS
Lic Expire 04/30/2024 4351 MCCANN RD
Medicare 1: 451579 HOSPICE LONGVIEW, TX 75605
Medicare 2:
Phone (903) 295-1680 Fax (903) 295-1690
Type: Parent Agency Administrator POLLY MAINES

Owner Information
HOSPICE LONGVIEW INC
PO BOX 5608
LONGVIEW, TEXAS 75608
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/02/2022

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

County **GREGG** Region 03 Date Licensed 09/18/2014
License # 014884 HELPING HANDS HOME SERVICES
Lic Expire 06/30/2020 1011 W LOOP 281 STE 9
Medicare 1: LONGVIEW, TX 75604
Medicare 2:
Phone (903) 467-1735 Fax (972) 548-7762
Type: Branch Agency Administrator ALTON E BLAKELY

Owner Information
A N D HOME HEALTHCARE LLC
2000 N CENTRAL EXPRESSWAY STE 102
PLANO, TX 75074
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **GREGG** Region 04 Date Licensed 08/28/2015
License # 017291 HIGHLAND PARK SENIOR CARE
Lic Expire 08/31/2021 905 PEGUES PLACE
Medicare 1: 459294 HHA-18 LONGVIEW, TEXAS 75601
Medicare 2:
Phone (903) 753-1000 Fax (903) 753-1218
Type: Parent Agency Administrator TIFFANY ROSS

Owner Information
HIGHLAND PARK SENIOR CARE 3 INC
SAME
LONGVIEW, TX 75601
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **GREGG** Region 04 Date Licensed 09/30/2015
License # 002043 HOSPICE OF EAST TEXAS
Lic Expire 07/31/2022 101 W HAWKINS PKWY SUITE 7
Medicare 1: LONGVIEW, TX 75605
Medicare 2:
Phone (903) 230-0606 Fax (903) 230-0606
Type: Alternate Delivery Site Administrator MARJORIE REAM

Owner Information
HOSPICE OF EAST TEXAS
4111 UNIVERSITY BLVD
TYLER, TX 75701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GREGG** Region 03 Date Licensed 02/19/2016
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 414 EAST LOOP 281 SUITES 5&6
Medicare 1: LONGVIEW, TX 756057931
Medicare 2:
Phone (903) 759-7500 Fax (903) 759-7507
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GREGG** Region 03 Date Licensed 02/19/2016
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 414 EAST LOOP 281 SUITES 5&6
Medicare 1: LONGVIEW, TX 756057931
Medicare 2:
Phone (903) 759-7500 Fax (903) 759-7507
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GREGG** Region 03 Date Licensed 02/19/2016
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 414 EAST LOOP 281 SUITES 5&6
Medicare 1: LONGVIEW, TX 756057931
Medicare 2:
Phone (903) 759-7500 Fax (903) 759-7507
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GREGG** Region 04 Date Licensed 07/30/2019
License # 019500 INTERIM HEALTHCARE
Lic Expire 07/30/2021 713 N. 4TH STREET, SUITE #1
Medicare 1: LONGVIEW, TEXAS 75601
Medicare 2:
Phone 903 2308130 Fax 903 2122115
Type: Parent Agency Administrator CENDY DAVIS

Owner Information
SEQUOIA4PARTNERS, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **GREGG** Region 05 Date Licensed 06/26/2008
License # 012075 KINDRED AT HOME
Lic Expire 06/30/2022 434 EAST LOOP 281 STE 100
Medicare 1: LONGVIEW, TX 75605
Medicare 2:
Phone (903) 938-6776 Fax (903) 236-7990
Type: Branch Agency Administrator MARCIA LOWE

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **GREGG** Region 04 Date Licensed 03/17/1995
License # 003475 LIFECARE HEALTH SERVICES
Lic Expire 03/31/2022 911 W LOOP 281 SUITE 204
Medicare 1: 458393 HHA-18;45 LONGVIEW, TX 75604
Medicare 2:
Phone (903) 297-9300 Fax (903) 297-7020
Type: Parent Agency Administrator AMY WILCOX

Owner Information
LIFECARE HOME NURSING LLC
911 W LOOP 281 SUITE 204
LONGVIEW, TX 75604
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **GREGG** Region 04 Date Licensed 02/27/2013
License # 015394 LIFESPAN HOME HEALTH
Lic Expire 02/28/2024 911 NW LOOP 281 SUITE 120
Medicare 1: LONGVIEW, TX 75604
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator KRISTALA EVANS

Owner Information
ADVANCE HI-TECH NURSING INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP, Expires: 05/01/2023

County **GREGG** Region 04 Date Licensed 07/16/2014
License # 016314 ONESOURCE HOME CARE INC
Lic Expire 07/31/2022 4002 TECHNOLOGY CENTER
Medicare 1: 679138 HHA-18 LONGVIEW, TX 75605
Medicare 2:
Phone (903) 248-2530 Fax (903) 248-2538
Type: Parent Agency Administrator JOHN FORD

Owner Information
ONESOURCE HOME CARE INC
4002 TECHNOLOGY CENTER
LONGVIEW, TX 75605
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **GREGG** Region 04 Date Licensed 07/28/2009
License # 012849 PREMIER HOME CARE
Lic Expire 07/31/2021 823 N 4TH STREET
Medicare 1: 743174 HHA-18 LONGVIEW, TX 75601
Medicare 2:
Phone (903) 753-2273 Fax (903) 753-2274
Type: Parent Agency Administrator REBECCA HARDIN

Owner Information
EAST TEXAS PHC LLC
823 N 4TH STREET
LONGVIEW, TX 75601
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GREGG** Region 04 Date Licensed 01/16/2020
License # 019786 STEBBINS HOSPICE, LLC
Lic Expire 01/16/2022 600-602 E WHALEY STREET
Medicare 1: LONGVIEW, TEXAS 75601
Medicare 2:
Phone (903) 230-7674 Fax (903) 230-7696
Type: Parent Agency Administrator CYNTHIA CALLOWAY

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

County **GREGG** Region 04 Date Licensed 03/03/2008
License # 011963 TEXAS HOME HEALTH
Lic Expire 03/31/2022 1809 JUDSON RD.
Medicare 1: 679260 HHA-18 LONGVIEW, TX 75605
Medicare 2:
Phone (903) 297-8200 Fax (903) 297-8201
Type: Parent Agency Administrator JANET DALME

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

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

County **GREGG** Region 04 Date Licensed 08/05/2008
License # 011963 TEXAS HOME HEALTH
Lic Expire 03/31/2022 1809 JUDSON RD. AHC BRANCH
Medicare 1: LONGVIEW, TX 75605
Medicare 2:
Phone (903) 297-8200 Fax (903) 297-8201
Type: Branch Agency Administrator JANET DALME

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

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County **GREGG** Region 04 Date Licensed 07/27/2007
License # 010521 TEXAS HOME HEALTH HOSPICE
Lic Expire 06/30/2022 2904 N FOURTH STREET SUITE 102
Medicare 1: LONGVIEW, TX 75605
Medicare 2:
Phone (903) 234-0943 Fax (903) 238-9068
Type: Alternate Delivery Site Administrator TINA FORTNER

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GREGG** Region 04 Date Licensed 06/08/2006
License # 010521 TEXAS HOME HEALTH HOSPICE
Lic Expire 06/30/2022 2904 N FOURTH STREET SUITE 102
Medicare 1: 671545 HOSPICE LONGVIEW, TX 75605
Medicare 2:
Phone (903) 234-0943 Fax (903) 238-9068
Type: Parent Agency Administrator TINA FORTNER

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/25/2022

County **GREGG** Region 04 Date Licensed 03/09/2001
License # 007586 TEXAS HOME HEALTH OF AMERICA
Lic Expire 03/31/2021 2221 H G MOSLEY PKWY SUITE 101
Medicare 1: LONGVIEW, TX 75604
Medicare 2:
Phone (903) 758-6252 Fax (903) 686-9966
Type: Parent Agency Administrator CASSIE ADAMS

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

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County **GREGG** Region 04 Date Licensed 05/31/2017
License # 018168 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 05/31/2021 1809 JUDSON ROAD
Medicare 1: 457173 HHA-18 LONGVIEW, TX 756054710
Medicare 2:
Phone 903 7580794 Fax 903 2321597
Type: Parent Agency Administrator JANET DALME

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GREGG** Region 04 Date Licensed 09/28/2001
License # 007741 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2021 1809 JUDSON ROAD
Medicare 1: 679090 HHA-18 LONGVIEW, TX 75605
Medicare 2:
Phone 903 7580794 Fax 903 2321597
Type: Parent Agency Administrator JANET DALME

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 07/31/2022

County **GREGG** Region 04 Date Licensed 08/20/2004
License # 007741 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2021 1809 JUDSON ROAD
Medicare 1: LONGVIEW, TX 75605
Medicare 2:
Phone (903) 597-2086 Fax (903) 597-2109
Type: Branch Agency Administrator JANET DALME

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **GREGG** Region 04 Date Licensed 06/15/2015
License # 016855 THEN THERES CHEERFUL GIVERS HHA INC
Lic Expire 06/30/2021 204 SIERRA VISTA
Medicare 1: LONGVIEW, TX 75605
Medicare 2:
Phone (903) 238-5981 Fax
Type: Parent Agency Administrator ESPERANCE NDIZEYE

Owner Information
THEN THERES CHEERFUL GIVERS HHA INC
204 SIERRA VISTA
LONGVIEW, TX 75605
PHONE: FAX:
Services: Personal Assistance Services

County **GREGG** Region 04 Date Licensed 03/10/2017
License # 018013 TRADITIONS HEALTH
Lic Expire 03/31/2021 4362 N US HWY 259 SUITE A
Medicare 1: 678338 HHA-18 LONGVIEW, TX 75605
Medicare 2:
Phone (903) 663-2331 Fax (866) 908-8704
Type: Parent Agency Administrator TRINA MARTIN

Owner Information
TRADITIONS HEALTH CARE OF LONGVIEW, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **GREGG** Region 04 Date Licensed 03/10/2017
License # 017972 TRADITIONS HEALTH
Lic Expire 03/31/2021 4362 N US HWY 259 SUITE B
Medicare 1: 671689 HOSPICE LONGVIEW, TX 75605
Medicare 2:
Phone (903) 663-2331 Fax (866) 908-8704
Type: Parent Agency Administrator TOMMIE FULLER

Owner Information
TRADITIONS HOSPICE OF LONGVIEW, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GREGG** Region 04 Date Licensed 01/08/2013
License # 014739 VISITING ANGELS
Lic Expire 101 WOODBINE PLACE, SUITE B
Medicare 1: LONGVIEW, TX 75601
Medicare 2:
Phone (903) 215-8183 Fax (903) 215-8184
Type: Branch Agency Administrator JACKIE BRISSET

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

County **GREGG** Region 04 Date Licensed 01/08/2013
License # 014739 VISITING ANGELS
Lic Expire 101 WOODBINE PLACE, SUITE B
Medicare 1: LONGVIEW, TX 75601
Medicare 2:
Phone (903) 215-8183 Fax (903) 215-8184
Type: Branch Agency Administrator JACKIE BRISSET

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

County **GREGG** Region 04 Date Licensed 01/08/2013
License # 014739 VISITING ANGELS
Lic Expire 101 WOODBINE PLACE, SUITE B
Medicare 1: LONGVIEW, TX 75601
Medicare 2:
Phone (903) 215-8183 Fax (903) 215-8184
Type: Branch Agency Administrator JACKIE BRISSET

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

County **GUADALUPE** Region 07 Date Licensed 11/06/2017
License # 018542 ADVANCED HH LLC
Lic Expire 11/30/2021 1064 E IRELAND ST
Medicare 1: 677247 HHA-18 SEGUIN, TX 78155
Medicare 2:
Phone (830) 379-6171 Fax (830) 379-6388
Type: Parent Agency Administrator KRISTEN SCHIEVELBEIN

Owner Information
ADVANCED HH, LLC
1212 CORPORATE DRIVE
IRVING, TX 78155
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **GUADALUPE** Region 07 Date Licensed
License # 018542 ADVANCED HH LLC
Lic Expire 11/30/2021 1064 E. IRELAND ST., SUITE C
Medicare 1: 67Q7247005 SEGUIN, TEXAS 78155
Medicare 2:
Phone (830) 379-6171 Fax
Type: Branch Agency Administrator KRISTEN SCHIEVELBEIN

Owner Information
ADVANCED HH, LLC
1212 CORPORATE DRIVE
IRVING, TX 78155
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GUADALUPE** Region 07 Date Licensed
License # 018542 ADVANCED HH LLC
Lic Expire 11/30/2021 1064 E. IRELAND STE B
Medicare 1: SEGUIN, TX 78155
Medicare 2:
Phone (830) 379-6171 Fax (830) 379-6388
Type: Branch Agency Administrator KRISTEN SCHIEVELBEIN

Owner Information
ADVANCED HH, LLC
1212 CORPORATE DRIVE
IRVING, TX 78155
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **GUADALUPE** Region 07 Date Licensed 07/25/2019
License # 019495 GIFTED HEARTS HOSPICE, LLC
Lic Expire 07/25/2021 1418 NORTH AUSTIN, STE 12/14
Medicare 1: 971562 (HOSPICE) SEGUIN, TX 78155
Medicare 2:
Phone (830) 715-9299 Fax (830) 715-9302
Type: Parent Agency Administrator ANA RAMIREZ-CARDOSA

Owner Information
GIFTED HEARTS HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/30/2023

County **GUADALUPE** Region 07 Date Licensed 06/01/1990
License # 002138 GUADALUPE REGIONAL HOSPICE
Lic Expire 05/31/2021 1331 E COURT ST
Medicare 1: 451541 HOSPICE SEGUIN, TX 78155
Medicare 2:
Phone (830) 401-7561 Fax (830) 379-4441
Type: Parent Agency Administrator TAVIE ERWIN

Owner Information
GUADALUPE COUNTY HOSPITAL BOARD
SAME AS ABOVE.
SEGUIN, TX 78155
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO, Expires: 10/05/2021

County **GUADALUPE** Region 07 Date Licensed 04/01/2021
License # 020390 SMITH PRIMARY HOME CARE, LLC.
Lic Expire 12/09/2022 1703 EVANS ROAD APT 9102
Medicare 1: SAN ANTONIO, TX 78258
Medicare 2:
Phone (956) 867-3769 Fax
Type: Parent Agency Administrator MICHAEL SMITH

Owner Information
SMITH PRIMARY HOME CARE, LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **GUADALUPE** Region 07 Date Licensed 09/01/2012
License # 015189 SOUTHERN ASSURED HOME HEALTH LLC
Lic Expire 08/31/2022 9330 CORPORATE DR. SUITE 304
Medicare 1: 679667 HHA-18 SELMA, TX 78154
Medicare 2:
Phone (210) 257-5765 Fax (210) 257-0419
Type: Parent Agency Administrator BARRY WATSON

Owner Information
SOUTHERN ASSURED HOME HEALTH LLC
PO BOX 822
YORKTOWN, TX 78164
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HALE** Region 01 Date Licensed 07/01/2019
License # 019624 AREA HOME CARE
Lic Expire 201 W. 4TH
Medicare 1: 67-9100 (HHA - 18) PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 213-1133 Fax (806) 213-0038
Type: Parent Agency Administrator BENJAMIN TRUJILLO

Owner Information
AREA CARE WISE HOME HEALTH, LLC
11701 BEE CAVES RD SUITE 215
AUSTIN, TX 78738
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HALE** Region 01 Date Licensed 10/04/2008
License # 012272 CALVERT HOME HEALTH CARE
Lic Expire 10/31/2022 2101 W 24TH STREET
Medicare 1: 457514 HHA-18 PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 296-2767 Fax (806) 296-0686
Type: Parent Agency Administrator JULIE STACY

Owner Information
CORDOVA BAY LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HALE** Region 01 Date Licensed 01/01/2005
License # 009509 CALVERT HOME HEALTH CARE LLC
Lic Expire 12/31/2021 1520 MAIN STREET
Medicare 1: PETERSBURG, TX 79250
Medicare 2:
Phone (806) 667-1500 Fax (806) 667-9401
Type: Branch Agency Administrator JULIE STACY

Owner Information
CALVERT HOME HEALTH CARE, LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HALE** Region 01 Date Licensed 09/11/2020
License # 020167 CONNIE'S COMPASSIONATE CARE, LLC
Lic Expire 09/11/2022 1001 N I27 SUITE 212
Medicare 1: PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 213-0030 Fax (806) 213-0036
Type: Parent Agency Administrator PATRICIA GUERRA

Owner Information
CONNIE'S COMPASSIONATE CARE, LLC
2210 NORMA ST
PLAINVIEW, TEXAS 79072
PHONE: FAX:
Services: Personal Assistance Services

County **HALE** Region 01 Date Licensed 07/27/2004
License # 007781 INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire 10/31/2020 113 W 8TH STREET
Medicare 1: PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 288-0220 Fax (806) 288-0224
Type: Branch Agency Administrator ASHLEY MCPHAIL

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HALE** Region 01 Date Licensed 01/14/2008
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 06/30/2021 113 W 8TH STREET
Medicare 1: PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 288-9482 Fax (806) 288-9528
Type: Alternate Delivery Site Administrator BRANDI LARSON

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

County **HALE** Region 01 Date Licensed 05/23/2006
License # 009402 TEXAS HOME HEALTH
Lic Expire 11/30/2022 510 ASH
Medicare 1: 67Q9485005 PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 293-2990 Fax (806) 293-2944
Type: Branch Agency Administrator CRISTI PAULK

Owner Information
KINDSTAR, INC. - 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
Accreditation: CHAP - Deemed, Expires: 12/18/2023

County **HALE** Region 01 Date Licensed 04/01/2021
License # 020681 TRADITIONS HEALTH
Lic Expire 04/01/2024 4300 OLTON ROAD
Medicare 1: PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 293-2732 Fax (806) 293-2755
Type: Parent Agency Administrator NANCY KERNELL

Owner Information
TRADITIONS HOSPICE OF PLAINVIEW, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HAMILTON** Region 05 Date Licensed 04/29/1991
License # 002197 LEE HEALTHCARE INC
Lic Expire 04/30/2022 114 EAST MAIN
Medicare 1: 677412 HHA-18 HAMILTON, TX 76531
Medicare 2:
Phone (254) 386-8971 Fax (254) 386-5040
Type: Parent Agency Administrator PAMELA PARSONS

Owner Information
LEE HEALTHCARE INC
PO BOX 766
HAMILTON, TX 76531
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACHC, Expires: 04/08/2022

County **HAMILTON** Region 03 Date Licensed 05/22/2013
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 205 N US HWY 281
Medicare 1: 451688 HAMILTON, TX 765311906
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **HANSFORD** Region 01 Date Licensed 04/30/1991
License # 002212 HANSFORD HOME CARE
Lic Expire 04/30/2021 712 S ROLAND
Medicare 1: 677416 SPEARMAN, TX 79081
Medicare 2:
Phone (806) 659-5811 Fax (806) 659-5879
Type: Parent Agency Administrator BLYTHE BOYD

Owner Information
HANSFORD COUNTY HOSPITAL DISTRICT
712 SOUTH ROLAND
SPEARMAN, TX 79081
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HANSFORD** Region 01 Date Licensed 04/30/1991
License # 002215 HANSFORD HOSPICE
Lic Expire 04/30/2022 712 SOUTH ROLAND
Medicare 1: 451550 HOSPICE SPEARMAN, TX 79081
Medicare 2:
Phone (806) 659-5811 Fax (806) 659-5879
Type: Parent Agency Administrator BLYTHE BOYD

Owner Information
HANSFORD COUNTY HOSPITAL DISTRICT
712 SOUTH ROLAND
SPEARMAN, TX 79081
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARDIN** Region 04 Date Licensed 05/25/2004
License # 009110 MDS CHOICE HOME HEALTH INC
Lic Expire 05/31/2021 1460 NORTH 5TH STREET
Medicare 1: 673196 HHA-18 SILSBEE, TX 77656
Medicare 2:
Phone (409) 386-2273 Fax (409) 386-2459
Type: Parent Agency Administrator GINGER JONES

Owner Information
MDS CHOICE HOME HEALTH INC
1460 NORTH 5TH STREET
SILSBEE, TX 77656
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARDIN** Region 05 Date Licensed
License # 007810 OUTREACH HOME CARE
Lic Expire 11/30/2022 160 ALLEN SUITE 100
Medicare 1: LUMBERTON, TX 776577064
Medicare 2:
Phone 409 8320465 Fax 409 8322130
Type: Branch Agency Administrator ANDREA AGUILERA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARDIN** Region 04 Date Licensed 09/08/2010
License # 013558 SENIOR PREFERRED HOMECARE LLC
Lic Expire 09/30/2022 111 S MERCHANT STREET
Medicare 1: 747636 HHA-18 SOUR LAKE, TX 77659
Medicare 2:
Phone (409) 347-2500 Fax (409) 287-2565
Type: Parent Agency Administrator RYAN KIM

Owner Information
SENIOR PREFERRED HOMECARE, LLC
PO BOX 283
SOUR LAKE, TX 77659
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 05/12/2020
License # 019930 0-HASSLE PERSONAL CARE SERVICES LLC
Lic Expire 05/12/2022 3702 1/2 BROYLES STREET
Medicare 1: HOUSTON, TEXAS 77026
Medicare 2:
Phone (281) 888-7542 Fax (281) 888-7542
Type: Parent Agency Administrator ALFA BENNETT ALEXANDER

Owner Information
0-HASSLE PERSONAL CARE SERVICES LLC
3702 BROYLES STREET
HOUSTON, TEXAS 77026
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/01/2015
License # 016793 1 STOP HEALTH CARE SERVICES LLC
Lic Expire 03/31/2023 12000 RICHMOND AVE STE #208
Medicare 1: 679422 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (713) 554-0806 Fax (713) 926-3608
Type: Parent Agency Administrator ERNA ROCKWELL

Owner Information
1 STOP HEALTH CARE SERVICES LLC
1200 RICHMOND AVE., SUITE 208
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 01/04/2019
License # 019183 123 HOME CARE
Lic Expire 07/31/2021 2656 SOUTH LOOP WEST, SUITE 205
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone 832 9170084 Fax 310 3888745
Type: Parent Agency Administrator MIGUEL COLON

Owner Information
HONORABILIS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/03/2008
License # 012253 1ST ACCURATE HOME HEALTH SERVICE
Lic Expire 10/31/2022 8650 KEMPWOOD DR
Medicare 1: 747123 HHA-18 HOUSTON, TX 77080
Medicare 2:
Phone (713) 681-3500 Fax (713) 956-1957
Type: Parent Agency Administrator DAVID TANNOUS

Owner Information
1ST ACCURATE HOME HEALTHCARE CORPORATION
8650 KEMPWOOD DRIVE
HOUSTON, TX 77080-4318
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 06/02/2021

County **HARRIS** Region 06 Date Licensed 05/01/2010
License # 013280 1ST AMERICAN CHOICE HOME HEALTH CARE SERVICES LLC
Lic Expire 04/30/2022 2620 TANGLEWILDE ST SUITE 105
Medicare 1: 747670 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (832) 831-3274 Fax (832) 831-3375
Type: Parent Agency Administrator OLAKUNLE OMIYALE

Owner Information
1ST AMERICAN CHOICE HOME HEALTH CARE SERVICES LLC
2620 TANGLEWILDE ST SUITE 105
HOUSTON, TX 77063
PHONE: (281) 768-5264 FAX: (888) 312-2130
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/01/2018
License # 018729 1ST GENESIS HOME HEALTH SERVICES
Lic Expire 04/30/2022 8303 WINDFERN ROAD SUITE A
Medicare 1: 677890 HHA-18 HOUSTON, TX 77040
Medicare 2:
Phone (713) 937-7494 Fax (713) 937-1985
Type: Parent Agency Administrator MERLITA VELASQUEZ

Owner Information
GENESIS HOME HEALTH SERVICES INC
8303 WINDFERN ROAD SUITE #A
HOUSTON, TX 77040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/20/2016
License # 017805 1ST SPRING HEALTH SERVICES LLC
Lic Expire 12/31/2020 2739 CYPRESS ISLAND DRIVE
Medicare 1: HOUSTON, TX 77073
Medicare 2:
Phone (281) 670-7331 Fax (281) 857-6729
Type: Parent Agency Administrator JUSTINE FOMUKONG

Owner Information
JF SPRING HEALTH SERVICES LLC
2739 CYPRESS ISLAND DRIVE
HOUSTON, TX 77073
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 08/07/2019
License # 019515 24/7 CARING HEARTS HOME CARE, LLC
Lic Expire 08/07/2021 6343 SKYLINE DR. STE 18
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (832) 844-8109 Fax
Type: Parent Agency Administrator LAKESHA STIGLER

Owner Information
24/7 CARING HEARTS HOME CARE, LLC
9668 WESTHEIMER RD STE 2000076
HOUSTON, TEXAS 77063
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/14/2021
License # 020462 2ND FAMILY
Lic Expire 01/14/2023 10777 WESTHEIMER
Medicare 1: HOUSTON, TEXAS 77042
Medicare 2:
Phone (713) 208-4198 Fax
Type: Parent Agency Administrator MATTHEW MILLER

Owner Information
FC OPERATIONS LLC DBA 2ND FAMILY
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/05/2020
License # 019914 5 STAR HOSPICE, LLC
Lic Expire 05/05/2022 650 N. SAM HOUSTON PKWY E. SUITE 210
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (832) 262-1299 Fax (832) 201-0407
Type: Parent Agency Administrator MELISSA WADE

Owner Information
5 STAR HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/12/1995
License # 003568 A & A HOME HEALTH SERVICES INC.
Lic Expire 07/31/2021 9610 LONG POINT STE 250
Medicare 1: 678144 HHA-18 HOUSTON, TX 77055
Medicare 2:
Phone (713) 783-8803 Fax (713) 783-8809
Type: Parent Agency Administrator MARIE LIM

Owner Information
A & A HOME HEALTH SERVICES INC
1240 BLALOCK RD STE 210
HOUSTON, TX 77055
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/09/1998
License # 006240 A & G PERSONAL PROVIDER SERVICES
Lic Expire 01/31/2023 318 WATERFRONT STE. A
Medicare 1: 679333 HHA-18 SEABROOK, TX 77586
Medicare 2:
Phone (281) 474-2277 Fax (281) 474-2287
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 10/31/2005
License # 010097 A & R HEALTHCARE SERVICES INC
Lic Expire 10/31/2021 6420 RICHMOND AVE SUITE #575
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 977-2747 Fax (713) 977-2746
Type: Parent Agency Administrator ANITA MURDOCK MURDOCK

Owner Information
A & R HEALTHCARE SERVICES INC
6420 RICHMOND AVE STE 575
HOUSTON, TX 77057
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/06/2019
License # 019514 A & S HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 08/06/2021 6776 SOUTHWEST FREEWAY STE 631
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (832) 350-2573 Fax
Type: Parent Agency Administrator YANNETH CASTILLO MEJIA

Owner Information
A & S HOSPICE AND PALLIATIVE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HARRIS** Region 06 Date Licensed 04/01/2020
License # 019083 A & Z HEALTH CARE LLC
Lic Expire 11/12/2020 8700 COMMERCE PARK DR STE 208
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (346) 223-2910 Fax (346) 223-2910
Type: Parent Agency Administrator NINA OLUGU

Owner Information
A & Z HEALTH CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 12/31/2004
License # 009500 A 1 HOME HEALTH CARE
Lic Expire 12/31/2022 1112 WITTER
Medicare 1: 457988 HHA-18 PASADENA, TX 77506
Medicare 2:
Phone (713) 475-2300 Fax (713) 475-0811
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 05/24/2007
License # 011356 A BETTER HOMECARE
Lic Expire 05/31/2021 6250 WESTPARK SUITE 211
Medicare 1: 679731 HHA-18 HOUSTON, TX 77057
Medicare 2:
Phone (713) 401-9423 Fax (888) 496-3190
Type: Parent Agency Administrator TONI BIEZUGBE

Owner Information
DIVERSIFIED HEALTH SOLUTIONS LLC
6250 WESTPARK DRIVE SUITE #211
HOUSTON, TX 77057
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services with Dialysis; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 12/13/2022

County **HARRIS** Region 06 Date Licensed 10/07/2015
License # 017070 A BETTER HOSPICE
Lic Expire 10/31/2021 6250 WESTPARK DRIVE STE 114
Medicare 1: 741647 HOSPICE HOUSTON, TX 77057
Medicare 2:
Phone (713) 239-0690 Fax (713) 239-0866
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 01/13/2023

County **HARRIS** Region 06 Date Licensed 08/10/2020
License # 019977 A BETTER SOLUTION IN HOME CARE
Lic Expire 06/02/2022 9800 CENTRE PKWY, SUITE #158
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (877) 585-9011 Fax
Type: Parent Agency Administrator SELENA GARCIA

Owner Information
UNITED CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/11/2004
License # 009242 A C HEALTH SERVICES INC
Lic Expire 05/31/2021 10103 FONDREN RD #380
Medicare 1: 679451 HOUSTON, TX 77096
Medicare 2:
Phone (713) 771-8570 Fax (713) 772-8670
Type: Parent Agency Administrator MARY JANE DURUJI

Owner Information
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; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/15/2008
License # 012004 A CARE HOME HEALTH SERVICES
Lic Expire 03/31/2024 5315 BISSONNET ST SUITE B
Medicare 1: 677966 HHA-18 BELLAIRE, TX 77401
Medicare 2:
Phone (713) 665-8859 Fax (713) 665-6176
Type: Parent Agency Administrator MERRIDINE MAO

Owner Information
UNIVERSAL TOUCH HEALTHCARE LLC
5313 BISSONNET ST.
BELLAIRE, TEXAS 77401
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 10/17/2012
License # 015139 A HELPING HAND HOME CARE SERVICE
Lic Expire 10/31/2022 3215 PRESTON AVE
Medicare 1: PASADENA, TX 77505
Medicare 2:
Phone (281) 827-2675 Fax (713) 583-2003
Type: Parent Agency Administrator JAVIER OLMOS

Owner Information
JIREH LIVING ASSISTANCE SERVICE, LLC
1722 EVERGREEN LANE
SEABROOK, TX 77586
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/26/2009
License # 012471 A HUG AWAY HEALTHCARE INC
Lic Expire 02/28/2023 1203 AVENUE D SUITE A
Medicare 1: 747390 HHA-18;67 KATY, TX 77493
Medicare 2:
Phone (832) 437-1983 Fax (281) 605-1307
Type: Parent Agency Administrator MARISA FRAZIER

Owner Information
A HUG AWAY INC
1203 AVENUE D, SUITE A
KATY, TX 77493
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/11/2017
License # 018155 A LIFE SAVER HOME CARE
Lic Expire 07/31/2021 5531 PERALTA MILLS WAY
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (832) 745-9450 Fax 18322016777
Type: Parent Agency Administrator OLADELE THOMAS -OLASUPO

Owner Information
A LIFE SAVER HOME CARE LLC
5531 PERALTA MILLS WAY
KATY, TX 77449
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/08/2020
License # 020154 A LOVING HEART HOMECARE AGENCY
Lic Expire 09/08/2022 4718 CONWARD DR.
Medicare 1: HOUSTON, TX 77066
Medicare 2:
Phone (225) 806-1663 Fax
Type: Parent Agency Administrator ANTIONETTE TAYLOR

Owner Information
A LOVING HEART HOMECARE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed
License # 020723 A MINISTERING HAND HOME CARE SERVICES
Lic Expire 04/28/2024 515 N SAM HOUSTON PARKWAY EAST 430
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (281) 769-4263 Fax (281) 769-4263
Type: Parent Agency Administrator FEFI JAMES

Owner Information
A MINISTERING HAND LLC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/20/2006
License # 010553 A P HOME HEALTH CARE SERVICES LLC
Lic Expire 06/30/2022 6525 WEST SAM HOUSTON PARKWAY NORTH SUITE A
Medicare 1: 679663 HHA-18 HOUSTON, TX 77041
Medicare 2:
Phone (713) 856-7500 Fax (713) 856-7501
Type: Parent Agency Administrator ABHAMAN PARMAR

Owner Information
A P HOME HEALTH CARE SERVICES LLC
6525-A WEST SAM HOUSTON PARKWAY NORTH
HOUSTON, TX 77041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/05/2011
License # 014265 A PLUS HEALTHCARE SERVICES
Lic Expire 08/31/2021 9894 BISSONNET STREET STE 908
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 834-3627 Fax (281) 491-5713
Type: Parent Agency Administrator JOANN SERAFIN

Owner Information
JGS HEALTHCARE SERVICES LLC
9894 BISSONNET STREET SUITE 908
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 10/09/2012
License # 015123 A&D HOME HEALTHCARE SERVICES LLC.
Lic Expire 10/31/2020 11222 RICHMOND AVE SUITE 115
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (281) 879-5791 Fax (281) 879-5940
Type: Parent Agency Administrator NEYLA WATERMAN

Owner Information
A&D HOME HEALTHCARE SERVICES LLC
14601 BELLAIRE BLVD., SUITE #55
HOUSTON, TX 77083
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/01/2011
License # 014227 A&G HOME HEALTH SERVICES
Lic Expire 06/30/2021 6001 SAVOY DRIVE, SUITE 510
Medicare 1: 679532 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 575-1650 Fax (281) 575-1733
Type: Parent Agency Administrator MELISSA MEJIA

Owner Information
BAR-SAR INC
10661 ROCKLEY ROAD STE A
HOUSTON, TX 77099
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/18/2012
License # 015315 A*MED COMMUNITY HOSPICE
Lic Expire 10/31/2022 3535 BRIARPARK DRIVE SUITE #220
Medicare 1: HOUSTON, TEXAS 77042
Medicare 2:
Phone 713 9750690 Fax (713) 787-0951
Type: Alternate Delivery Site Administrator JOE HINOJOSA

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 **HARRIS** Region 06 Date Licensed 10/18/2012
License # 015315 A*MED COMMUNITY HOSPICE
Lic Expire 10/31/2022 3535 BRIARPARK DRIVE SUITE #220
Medicare 1: HOUSTON, TEXAS 77042
Medicare 2:
Phone 713 9750690 Fax (713) 787-0951
Type: Alternate Delivery Site Administrator JOE HINOJOSA

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 **HARRIS** Region 06 Date Licensed 10/18/2012
License # 015315 A*MED COMMUNITY HOSPICE
Lic Expire 10/31/2022 3535 BRIARPARK DRIVE SUITE #220
Medicare 1: HOUSTON, TEXAS 77042
Medicare 2:
Phone 713 9750690 Fax (713) 787-0951
Type: Alternate Delivery Site Administrator JOE HINOJOSA

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 **HARRIS** Region 06 Date Licensed 02/20/2013
License # 015526 A*MED COMMUNITY HOSPICE
Lic Expire 02/28/2023 1125 CYPRESS STATION DRIVE SUITE #D
Medicare 1: 671579 HOSPICE HOUSTON, TX 77090
Medicare 2:
Phone (713) 522-0160 Fax (713) 524-3693
Type: Parent Agency Administrator KELLIE ESPINOZA

Owner Information
DPM ALLIANCE HOSPICE AGENCY LLC
8901 EF LOWRY EXPWY STE A
TEXAS CITY, TEXAS 77591
PHONE: (409) 933-1000 FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/15/2022

County **HARRIS** Region 06 Date Licensed 10/15/2012
License # 015278 A*MED HOME HEALTH
Lic Expire 10/31/2022 1125 CYPRESS STATION DR. STE D-1
Medicare 1: 678259 HHA-18 HOUSTON, TEXAS 77090
Medicare 2:
Phone (713) 941-2115 Fax (713) 941-3317
Type: Parent Agency Administrator JENNIFER WARD

Owner Information
HOME HEALTH PROVIDERS, INC.
8901 E F LOWRY EXPWYSTE A
TEXAS CITY, TX 77591
PHONE: (409) 935-1234 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 09/25/2015
License # 017054 A+ ANGELS HOMECARE ASSISTANCE
Lic Expire 09/30/2021 3707 FM 1960 W SUITE 200 G
Medicare 1: HOUSTON, TX 77068
Medicare 2:
Phone (832) 405-2511 Fax (832) 384-7029
Type: Parent Agency Administrator TIFFANY POCHE

Owner Information
A PLUS ANGELS LLC
3707 FM 1960 W SUITE 200 G
HOUSTON, TX 77068
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/17/2005
License # 010142 A+ MEDICS SERVICES INC
Lic Expire 11/30/2020 3506 SHADOWVISTA COURT
Medicare 1: 679643 HOUSTON, TX 77082
Medicare 2:
Phone (281) 497-8100 Fax (281) 497-8188
Type: Parent Agency Administrator NGOZI MBOGU

Owner Information
A PLUS MEDICS SERVICES INC
3506 SHADOWVISTA CT
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/20/2017
License # 018522 A-1 ATTENDANT CARE SERVICES INC
Lic Expire 03/31/2020 7100 REGENCY SQUARE BLVD SUITE 161-B
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 607-9332 Fax (713) 620-3079
Type: Parent Agency Administrator JOHN CARTER

Owner Information
A-1 ATTENDANT CARE SERVICES, INC.
P.O. BOX 1405
SUGAR LAND, TX 77487
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed
License # 020715 A1 PALLIATIVE HOSPICE INC
Lic Expire 04/23/2024 15022 FM 529 ROAD BLDG 2 STE C
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (281) 888-5129 Fax (281) 990-6716
Type: Parent Agency Administrator DARLINGTON OFOEFULE

Owner Information
A1 PALLIATIVE HOSPICE INC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 03/05/2009
License # 012488 AADVANTAGE HEALTH & HOSPICE CARE SYSTEMS INC
Lic Expire 03/31/2023 10715 VALLEY HILLS DRIVE STE 101
Medicare 1: 671644 HOSPICE HOUSTON, TX 77071
Medicare 2:
Phone (713) 780-0150 Fax (713) 772-0146
Type: Parent Agency Administrator SABINA UZOWULU

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
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 03/15/2022

County **HARRIS** Region 06 Date Licensed 10/20/2020
License # 020251 AAMANI HEALTH & COMMUNITY SERVICES
Lic Expire 10/20/2022 10333 HARWIN DR. STE 305
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone 281 5336109 Fax (281) 394-4273
Type: Parent Agency Administrator KRISTIN OLOSO

Owner Information
AAMANI HEALTH & COMMUNITY SERVICES INC
10333 HARWIN DR. STE 305
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/03/2019
License # 019359 ABAT HEALTHCARE SERVICES, LLC
Lic Expire 05/03/2021 9400 BELLAIRE BLVD, UNIT 606
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 960-3184 Fax (832) 218-2627
Type: Parent Agency Administrator WILSON ONI

Owner Information
ABAT HEALTHCARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 11/04/2009
License # 012948 ABBA GENTLE HEALTHCARE LLC
Lic Expire 02/28/2022 11110 BELLAIRE BOULEVARD SUITE 226
Medicare 1: 747580 HHA-18 HOUSTON, TX 77072
Medicare 2:
Phone (832) 369-6811 Fax (281) 561-8927
Type: Parent Agency Administrator LANI DELEON

Owner Information
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

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County **HARRIS** Region 06 Date Licensed 02/21/2019
License # 019271 ABBA WELLNESS SERVICES, LLC.
Lic Expire 02/21/2021 4910 YEARLING RIDGE COURT
Medicare 1: KATY, TEXAS 77449
Medicare 2:
Phone (281) 815-7502 Fax (281) 815-7925
Type: Parent Agency Administrator ROSEANN SMITH-GREEN

Owner Information
ABBA WELLNESS SERVICES, LLC.
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/02/2016
License # 017841 ABBIS CARE TEAM
Lic Expire 03/25/2021 8700 COMMERCE PARK DRIVE STE. 131
Medicare 1: 743168 HOUSTON, TX 77036
Medicare 2:
Phone (832) 623-6107 Fax (832) 426-4454
Type: Parent Agency Administrator MABEL MICHAEL

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

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County **HARRIS** Region 06 Date Licensed 10/05/2015
License # 017331 ABIB HOSPICE CARE INC
Lic Expire 10/31/2021 2620 TANGLEWILDE ST SUITE 107
Medicare 1: 741509 HOSPICE HOUSTON, TX 77063
Medicare 2:
Phone (832) 834-6847 Fax (832) 834-6875
Type: Parent Agency Administrator OLAKUNLE OMIYALE

Owner Information
ABIB HOSPICE CARE, INC
2620 TANGLEWILDE ST SUITE 107
HOUSTON, TX 77063
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/21/2019
License # 019519 ABILITEE HOMECARE INC.
Lic Expire 08/08/2021 10103 FONDREN ROAD #285
Medicare 1: HOUSTON, TEXAS 77096
Medicare 2:
Phone (346) 214-2420 Fax (346) 214-2430
Type: Parent Agency Administrator ENO OKON

Owner Information
ABILITEE HOMECARE INC.
10103 FONDREN ROAD #280
HOUSTON, TX 77096
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/07/2005
License # 009575 ABL HOMEHEALTH SERVICES INC
Lic Expire 02/28/2022 9888 BISSONNET STREET SUITE #135
Medicare 1: 457954 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 498-8666 Fax (281) 498-4367
Type: Parent Agency Administrator BLESSING AMUSHIE

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; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/26/2020
License # 020121 ABLE CARING AND HOSPICE SERVICES INC
Lic Expire 08/26/2022 6201 BONHOMME ROAD, SUITE 388N
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (281) 974-5946 Fax (832) 667-8738
Type: Parent Agency Administrator OSAYANDE IDUGBOE

Owner Information
ABLE CARING AND HOSPICE SERVICES INC.
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/07/2024

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

County **HARRIS** Region 06 Date Licensed 09/15/2011
License # 014532 ABLE HEALTHCARE SOLUTIONS LLC
Lic Expire 09/30/2021 18223 MULBERRY SPRING CIRCLE
Medicare 1: 747749 RICHMOND, TX 77407
Medicare 2:
Phone (832) 607-7754 Fax (281) 564-7543
Type: Parent Agency Administrator VICTORIA NWACHINEMERE-UGBOAJA

Owner Information
ABLE HEALTHCARE SOLUTIONS LLC
15114 BELLAIRE BLVD
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/12/2020
License # 020100 ABODE HEALTHCARE AGENCY, LLC
Lic Expire 08/12/2022 363 N SAM HOUSTON PKWY E STE 1100
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (281) 570-6272 Fax
Type: Parent Agency Administrator REBECCA CARTER

Owner Information
ABODE HEALTHCARE AGENCY, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/03/2020
License # 019751 ABOUT HEALTHCARE SERVICES
Lic Expire 12/20/2021 6671 SOUTHWEST FREEWAY, SUITE 406
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (832) 232-1969 Fax (281) 201-8530
Type: Parent Agency Administrator SUNDAY NWOSUOCHA

Owner Information
ABOUT HEALTHCARE SERVICES OF TEXAS INC
P.O. BOX 16428
SUGAR LAND, TX 77496
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/12/2017
License # 017852 ABSOLUTE HOSPICE
Lic Expire 01/31/2021 3346 FM 528
Medicare 1: 741680 HOSPICE FRIENDSWOOD, TX 77546
Medicare 2:
Phone (409) 440-8199 Fax (409) 316-4548
Type: Parent Agency Administrator EMILY LUPTON WAGNER

Owner Information
ABSOLUTE HOSPICE INC
464 POMPANO ST
BAYOU VISTA, TX 77563
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 12/15/2017
License # 018612 ABSTAR CARE
Lic Expire 12/31/2021 13951 PLANTATION VALLEY DR
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (713) 729-3066 Fax (844) 825-3614
Type: Parent Agency Administrator STEPHANIE OZZ

Owner Information
ABSTAR CARE LLC
12236 BOB WHITE DRIVE
HOUSTON, TX 77035
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/12/2011
License # 014410 ABUNDANCE SYSTEMS LLC
Lic Expire 10/31/2021 10333 HARWIN DRIVE SUITE #460F
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 487-9173 Fax (832) 487-9179
Type: Parent Agency Administrator MUSILIU OLATOTO

Owner Information
ABUNDANCE SYSTEMS, LLC
10333 HARWIN DRIVE, SUITE #460 F
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/02/2012
License # 014972 AC COMPETENT PROVIDERS INC.
Lic Expire 08/31/2022 17021 STEINHAGEN RD
Medicare 1: CYPRESS, TX 77429
Medicare 2:
Phone (832) 701-5032 Fax (281) 516-2622
Type: Parent Agency 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
License # 008310 A-CARE HOME HEALTH SERVICES
Lic Expire 01/31/2023 313 S HWY 146 SUITE A
Medicare 1: 67Q9329001 BAYTOWN, TX 77520
Medicare 2:
Phone (281) 837-7976 Fax (281) 837-7564
Type: Branch Agency Administrator MERRIDINE V. MAO

Owner Information
A-QUALITY CLINICAL STAFFINGS INC
5313 BISSONNET ST.
BELLAIRE, TX 77401
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 01/30/2003
License # 008310 A-CARE HOME HEALTH SERVICES
Lic Expire 01/31/2023 5313 BISSONNET ST
Medicare 1: 679329 HHA-18 BELLAIRE, TX 77401
Medicare 2:
Phone (713) 665-8200 Fax (713) 665-6176
Type: Parent Agency Administrator MERRIDINE V. MAO

Owner Information
A-QUALITY CLINICAL STAFFINGS INC
5313 BISSONNET ST.
BELLAIRE, TX 77401
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 08/27/2001
License # 007705 ACC HEALTH SERVICES INC
Lic Expire 08/31/2022 6001 SAVOY SUITE #501
Medicare 1: 679097 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 532-1980 Fax (713) 532-6210
Type: Parent Agency Administrator TERESITA ALQUIZA

Owner Information
ACC HEALTH SERVICES INC
4006 BAYSHORE DRIVE
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/17/2010
License # 013176 ACCESSIBLE HOME HEALTH CARE OF HOUSTON
Lic Expire 03/31/2022 16100 CAIRNWAY DRIVE SUITE 245
Medicare 1: 747603 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (281) 859-3516 Fax (281) 859-3517
Type: Parent Agency Administrator RANDY PARAMORE

Owner Information
RSP VENTURES INC
16100 CAIRNWAY DRIVE SUITE 245
HOUSTON, TX 77084-3562
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 10/23/2023

County **HARRIS** Region 06 Date Licensed 11/17/2011
License # 014477 ACCREDITED HOME HEALTH CARE OF AMERICA
Lic Expire 11/30/2021 411 PARK GROVE SUITE 410
Medicare 1: KATY, TX 77450
Medicare 2:
Phone (832) 408-7999 Fax (866) 708-0821
Type: Parent Agency Administrator JERRY MOSBACHER

Owner Information
ACCREDITED GROUP V LLC
PO BOX 701
FULSHEAR, TX 77441
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 08/05/2011
License # 014260 ACCREDITED HOSPICES OF AMERICA
Lic Expire 08/31/2021 411 PARK GROVE SUITE 410
Medicare 1: 671725 HOSPICE KATY, TX 77450
Medicare 2:
Phone (832) 408-7999 Fax (866) 708-0821
Type: Parent Agency Administrator JERRY MOSBACHER

Owner Information
ACCREDITED GROUP II, LLC
14520 OLD KATY ROAD #101
HOUSTON, TX 77079
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 08/10/2021

County **HARRIS** Region 06 Date Licensed 06/14/2002
License # 008101 ACCREDO HEALTH GROUP INC
Lic Expire 06/30/2022 9307 KIRBY DRIVE
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (877) 315-6140 Fax (866) 529-3087
Type: Parent Agency 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
License # 019087 ACCURATE HOME CARE
Lic Expire 08/15/2022 19015 CREST COVE DR
Medicare 1: CYPRESS, TEXAS 77433
Medicare 2:
Phone (346) 358-9090 Fax 346 9981455
Type: Parent Agency Administrator SANTAVIA AUSTIN

Owner Information
KARIE HEALTH CARE SERVICES, LLC
17465 RED OAK DR
HOUSTON, TX 77090
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/05/2018
License # 018818 ACCURATE HOSPICE AND PALLIATIVE CARE INC
Lic Expire 07/31/2022 1610 BLODGETT STE C
Medicare 1: 971544 (HOSPICE) HOUSTON, TX 77004
Medicare 2:
Phone (713) 527-2727 Fax (713) 527-2728
Type: Parent Agency Administrator VANESSA EMAMI

Owner Information
ACCURATE HOSPICE AND PALLIATIVE CARE INC
1610 BLODGETT STE C
HOUSTON, TX 77004
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 10/07/2022

County **HARRIS** Region 06 Date Licensed 01/01/2004
License # 008842 ACE HEALTHCARE SERVICES INC
Lic Expire 12/31/2022 6666 HARWIN DRIVE SUITE #475
Medicare 1: 679256 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 978-6600 Fax (713) 978-6602
Type: Parent Agency Administrator CHARLES ONUOGU

Owner Information
ACE HEALTHCARE SERVICES INC
6666 HARWIN DRIVE SUITE 475
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/20/2020
License # 019955 ADEL HEALTH CARE SERVICES LLC
Lic Expire 05/20/2022 7200 ALMEDA ROAD, APT 602
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (718) 916-4496 Fax
Type: Parent Agency Administrator RACHAEL ADEGBOLA

Owner Information
ADEL HEALTH CARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/25/2014
License # 016447 ADM PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 09/30/2022 12630 ALDERWOOD DRIVE
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (832) 299-9711 Fax (281) 374-4388
Type: Parent Agency Administrator NICHOLE GLADNEY

Owner Information
ADM PERSONAL ASSISTANCE SERVICES LLC
12630 ALDERWOOD DRIVE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/28/2020
License # 019968 ADULT HOME CARE SERVICES INC
Lic Expire 05/28/2022 505 N SAM HOUSTON PARKWAY E #190-A
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (832) 800-1773 Fax
Type: Parent Agency Administrator HATTIE HOLCOMBE

Owner Information
ADULT HOME CARE SERVICES INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/01/2020
License # 019781 ADVANCED CARE HOME HEALTH, LLC.
Lic Expire 01/14/2022 10497 TOWN AND COUNTRY WAY, SUITE 700
Medicare 1: HOUSTON, TEXAS 77024
Medicare 2:
Phone (713) 239-1141 Fax (71) 383-5315
Type: Parent Agency Administrator JUAN CARLOS MAZORRA

Owner Information
ADVANCED CARE HOME HEALTH, LLC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 08/22/2015
License # 017022 ADVANCED HEALTHCARE PROFESSIONALS INC
Lic Expire 08/31/2021 7001 CORPORATE DRIVE SUITE #306A
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 271-8515 Fax (713) 988-6262
Type: Parent Agency Administrator KEYING CHEN

Owner Information
ADVANCED HEALTHCARE PROFESSIONALS INC
7001 CORPORATE DRIVE SUITE #306A
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/27/2017
License # 018506 ADVANCED HOME HEALTH SERVICES
Lic Expire 10/31/2021 8800 JAMEEL RD. STE 100
Medicare 1: 743135 HHA-18 HOUSTON, TEXAS 77040
Medicare 2:
Phone (713) 426-0313 Fax (713) 426-0013
Type: Parent Agency Administrator TRIMINA KNIGHT HICKS

Owner Information
ADVANCED HOME HEALTH SERVICES INC
9896 BISSONNET STREET, STE #345
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 03/21/2023

County **HARRIS** Region 06 Date Licensed 10/27/2017
License # 018506 ADVANCED HOME HEALTH SERVICES
Lic Expire 10/31/2021 8800 JAMEEL RD. STE 100
Medicare 1: 743135 HHA-18 HOUSTON, TEXAS 77040
Medicare 2:
Phone (713) 426-0313 Fax (713) 426-0013
Type: Parent Agency Administrator TRIMINA KNIGHT HICKS

Owner Information
HOME THERAPEUTIC SOLUTIONS, LLC
4411 DACOMA ST
HOUSTON, TX 77092
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 03/21/2023

County **HARRIS** Region 06 Date Licensed
License # 018506 ADVANCED HOME HEALTH SERVICES
Lic Expire 10/31/2021 8800 JAMEEL RD STE 100 A
Medicare 1: 74Q3135001 HOUSTON, TEXAS 77040
Medicare 2:
Phone (713) 426-0313 Fax
Type: Branch Agency Administrator TRIMINA KNIGHT - HICKS

Owner Information
ADVANCED HOME HEALTH SERVICES INC
9896 BISSONNET STREET, STE #345
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed
License # 018506 ADVANCED HOME HEALTH SERVICES
Lic Expire 10/31/2021 8800 JAMEEL RD STE 100 A
Medicare 1: 74Q3135001 HOUSTON, TEXAS 77040
Medicare 2:
Phone (713) 426-0313 Fax
Type: Branch Agency Administrator TRIMINA KNIGHT - HICKS

Owner Information
HOME THERAPEUTIC SOLUTIONS, LLC
4411 DACOMA ST
HOUSTON, TX 77092
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 02/08/2008
License # 012027 ADVANCED HOME HEALTH SERVICES INC
Lic Expire 02/28/2022 2950 S GESSNER RD
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (281) 988-0800 Fax (281) 940-2977
Type: Parent Agency Administrator FUNMILAYO ONIPEDE

Owner Information
ADVANCED HOME HEALTH SERVICES INC
9896 BISSONNET STREET, STE #345
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/29/2018
License # 019641 ADVANTAGE HOMECARE LLC
Lic Expire 10/12/2021 2525A SAN JACINTO STREET SUITE 205
Medicare 1: HOUSTON, TEXAS 77002
Medicare 2:
Phone (713) 480-6236 Fax (713) 456-2354
Type: Parent Agency Administrator HASSAN HILO

Owner Information
ADVANTAGE HOMECARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/09/2010
License # 013447 ADVOCATES FOR THE INDEPENDENT LLC
Lic Expire 07/31/2022 1812 W. SAM HOUSTON PKWY N
Medicare 1: HOUSTON, TX 77043
Medicare 2:
Phone (713) 609-9908 Fax (713) 856-9161
Type: Parent Agency Administrator KIM TWEEDEL

Owner Information
ADVOCATES FOR THE INDEPENDENT LLC
1812 W SAM HOUSTON PRKWY N
HOUSTON, TX 77043
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/09/2003
License # 008633 AFFINITY HOME HEALTH CARE
Lic Expire 09/30/2021 350 N TEXAS AVE STE B
Medicare 1: 679442 HHA-18 WEBSTER, TX 77598
Medicare 2:
Phone (713) 947-2277 Fax (713) 947-2292
Type: Parent Agency Administrator CHARLENE CARROLL

Owner Information
MED-CARE HEALTH OPTIONS INC.
3315 BURKE RD STE 204
PASADENA, TX 77504
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 11/14/2019
License # 019701 AFFINITY HOSPICE PRN
Lic Expire 11/14/2021 350 N TEXAS AVE, SUITE B
Medicare 1: 971613 WEBSTER, TX 77598
Medicare 2:
Phone (713) 947-2277 Fax (713) 947-2292
Type: Parent Agency Administrator CHARLENE CARROLL

Owner Information
MED-CARE HEALTH OPTIONS INC.
3315 BURKE RD STE 204
PASADENA, TX 77504
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 11/17/2023

County **HARRIS** Region 06 Date Licensed 07/10/2020
License # 020048 AFT HEALTHCARE LLC
Lic Expire 07/10/2022 19859 BROKEN CACTUS DR.
Medicare 1: CYPRESS, TEXAS 77433
Medicare 2:
Phone (813) 842-3549 Fax
Type: Parent Agency Administrator PATRICIA FONABEI

Owner Information
AFT HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/06/2010
License # 013755 AFTEX PERSONAL CARE SERVICES INC
Lic Expire 12/31/2022 8323 SOUTHWEST FREEWAY #500
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 778-6090 Fax (713) 270-6652
Type: Parent Agency Administrator FRANCES NWORA

Owner Information
AFTEX PERSON CARE SERVICES INC.
8323 SOUTHWEST FREEWAY #500
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2020
License # 019809 AGAPE CARE LLC
Lic Expire 01/01/2022 7807 LONG POINT, #430
Medicare 1: HOUSTON, TX 77055
Medicare 2:
Phone (713) 680-2273 Fax (832) 201-8794
Type: Parent Agency Administrator JANA CALHOUN

Owner Information
AGAPE CARE LLC
4747 RESEARCH FOREST DRIVE, 180-292
THE WOODLANDS, TX 77381
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/30/2009
License # 012875 AGAPE PROVIDER SERVICES INC
Lic Expire 09/30/2021 11203 CYPRESS WAY DRIVE
Medicare 1: HOUSTON, TX 77065
Medicare 2:
Phone (281) 919-1130 Fax (281) 919-1378
Type: Parent Agency Administrator CLEMENTINA IKWUEZUNMA

Owner Information
AGAPE PROVIDER SERVICES INC
4201 FM 1960 WEST SUITE 165
HOUSTON, TEXAS 77068
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/13/2011
License # 014035 AGC HOME HEALTH INC
Lic Expire 04/30/2021 9894 BISSONNET SUITE 100-H
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 623-6755 Fax (832) 203-5465
Type: Parent Agency Administrator OLUCHI UJOATU

Owner Information
AGC HOME HEALTH INC
9894 BISSONNET SUITE 100-H
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/23/2021
License # 020630 AGE IN PLACE HOMECARE, LLC
Lic Expire 03/23/2023 9896 BISSONNET ST, SUITE 460
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 460-8320 Fax
Type: Parent Agency Administrator ADESOJI OREBAJO

Owner Information
AGE IN PLACE HOMECARE, LLC
9896 BISONNET ST, SUITE 460
HOUSTON, TEXAS
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/19/2012
License # 014881 AGILE HOME HEALTH SERVICES INC.
Lic Expire 06/30/2020 10103 FONDREN RD #440
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 338-2325 Fax (713) 338-2328
Type: Parent Agency Administrator VERONICA ONWUKAMUCHE

Owner Information
AGILE HOME HEALTH SERVICES, INC.
10103 FONDREN RD # 440
HOUSTON, TX 77096
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/22/2017
License # 018336 AIWC HOME CARE SERVICES
Lic Expire 09/30/2021 340 N. SAM HOUSTON PKWY E. 230
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone 8322078500 832862326 Fax (346) 888-4160
Type: Parent Agency Administrator TAKEISHA ADAMS

Owner Information
AIWC SERVICES, INC
PO BOX 2441
HUMBLE, TX 77347
PHONE: 8322078500 8328623267 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/15/2010
License # 013772 ALAN HOME CARE SERVICES
Lic Expire 12/31/2022 6100 CORPORATE DR SUITE #318
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 773-2298 Fax (713) 777-3898
Type: Parent Agency 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** Region 06 Date Licensed 07/22/2020
License # 020069 ALASAN COMFORT CARE, INC.
Lic Expire 07/22/2022 10518 KIPP WAY DRIVE STE.A-1
Medicare 1: 971610 Hospice HOUSTON, TEXAS 77099
Medicare 2:
Phone (281) 564-4503 Fax 28156445065
Type: Parent Agency Administrator LANI PASAO

Owner Information
ALASAN COMFORT CARE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 11/26/2023

County **HARRIS** Region 06 Date Licensed 03/14/2011
License # 013954 ALEXIS HEALTH CARE INC
Lic Expire 03/31/2021 9888 BISSONNET STREET SUITE 665
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 808-9992 Fax (713) 808-9078
Type: Parent Agency Administrator FELICIA BOSAH

Owner Information
ALEXIS HEALTH CARE INC
9888 BISSONNET ST SUITE #665
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/06/2008
License # 012179 ALGEN HEALTH LLC
Lic Expire 06/30/2022 2626 SOUTH LOOP WEST # 550
Medicare 1: 679648 HHA-18 HOUSTON, TX 77054
Medicare 2:
Phone (713) 218-0260 Fax (713) 218-0173
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 08/04/2017
License # 018230 ALICE ANGELS HEALTHCARE PSC
Lic Expire 08/31/2019 20718 DICKINSON MANOR LN
Medicare 1: CYPRESS, TX 77433
Medicare 2:
Phone (832) 897-7814 Fax (281) 213-4691
Type: Parent Agency Administrator NICOLE HORTON

Owner Information
ALICE ANGELS HEALTHCARE PSC
20718 DICKINSON MANOR LANE
CYPRESS, TX 77433
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/01/2014
License # 016510 ALIMED HOME HEALTH CARE INC
Lic Expire 2600 SOUTH GESSNER ROAD SUITE 112
Medicare 1: 677992 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (713) 917-0600 Fax (713) 917-0605
Type: Parent Agency Administrator MAE THOMLINSON

Owner Information
ALIMED HOME HEALTH CARE, INC.
2600 S. GESSNER RD., STE. 112
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 05/30/2003
License # 008481 ALL ABOUT HOME CARE INC
Lic Expire 05/31/2022 427 WEST 20TH STREET SUITE 601
Medicare 1: 679454 HHA-18 HOUSTON, TX 77008
Medicare 2:
Phone 713 8021211 Fax 713 8021288
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 10/19/2020
License # 020245 ALL IN ONE HOME HEALTHCARE, LLC
Lic Expire 10/19/2022 7403 BARTON LAKE CT.
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 768-8106 Fax
Type: Parent Agency Administrator MIRACLE RIVERS

Owner Information
ALL IN ONE HOME HEALTHCARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/05/2008
License # 012408 ALL MODERN HEALTHCARE INC
Lic Expire 09/30/2020 2600 S LOOP WEST SUITE 105
Medicare 1: 677870 HHA-18 HOUSTON, TX 77054
Medicare 2:
Phone (713) 658-1000 Fax (713) 777-7575
Type: Parent Agency Administrator VINCENT UZOMAH

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

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County **HARRIS** Region 06 Date Licensed 02/25/2020
License # 019649 ALL PEOPLE'S CHOICE HEALTHCARE SERVICES INC
Lic Expire 10/16/2021 6464 SAVOY DRIVE, SUITE 545
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 269-4194 Fax (281) 860-2030
Type: Parent Agency Administrator EDDIE TAYLOR

Owner Information
ALL PEOPLES CHOICE HEALTHCARE SERVICES INC.
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

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

County **HARRIS** Region 06 Date Licensed 07/10/2015
License # 016905 ALL-AROUND HOME HEALTH
Lic Expire 07/31/2021 1801 MAIN STREET SUITE 1350
Medicare 1: HOUSTON, TEXAS 77002
Medicare 2:
Phone (888) 253-5698 Fax (713) 481-0968
Type: Parent Agency Administrator ERIK GOMEZ

Owner Information
ALL-AROUND CARE, LLC
P.O. BOX 10923
HOUSTON, TX 77206
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2007
License # 011358 ALLBRIGHT HEALTH CARE SERVICES INC
Lic Expire 12/31/2022 2020 N LOOP WEST STE 160
Medicare 1: 679331 HHA-18 HOUSTON, TX 77018
Medicare 2:
Phone (713) 532-4199 Fax (713) 532-4197
Type: Parent Agency Administrator KAYSHA HOWLETT

Owner Information
ALLBRIGHT HEALTH CARE SERVICES INC
6666 HARWIN DR SUITE #340
HOUSTON, TX 77036-2231
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/06/2016
License # 017385 ALL-CARE AT HOME PROVIDERS
Lic Expire 05/31/2020 9100 SOUTHWEST FREEWAY SUITE 206
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (832) 509-6853 Fax (281) 974-2591
Type: Parent Agency Administrator SHELIA LAWSON

Owner Information
ALL-CARE AT PROVIDERS LLC
21627 MANITOU FALLS LANE
KATY, TX 77449
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/16/2018
License # 018703 ALLEGIANT HOSPICE AND HOME CARE INC
Lic Expire 04/30/2022 340 N SAM HOUSTON PKWY E SUITE A299
Medicare 1: 74-1797 (HOSPICE HOUSTON, TX 77060
Medicare 2:
Phone (832) 528-0334 Fax (832) 201-8585
Type: Parent Agency Administrator ELIZABETH SANCHEZ

Owner Information
ALLEGIANT HOSPICE AND HOME CARE INC
306 ARCADIAN DRIVE
CROSBY, TX 77532
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/05/2022

County **HARRIS** Region 06 Date Licensed 06/30/1999
License # 007082 ALLEN HOME HEALTH
Lic Expire 06/30/2021 23006 ADWICK CT
Medicare 1: KATY, TX 77450
Medicare 2:
Phone (281) 395-5186 Fax (281) 395-5496
Type: Parent Agency Administrator IDA THOMPSON

Owner Information
ALLEN HEALTH CARE INC
23006 ADWICK CT
KATY, TX 77450
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/02/2009
License # 012478 ALLHEAL HOME HEALTH INC
Lic Expire 03/31/2023 16903 RED OAK DRIVE, SUITE 280.02
Medicare 1: 747314 HHA-18 HOUSTON, TX 77090
Medicare 2:
Phone (936) 756-2277 Fax (936) 756-2288
Type: Parent Agency 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; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 11/22/2021

County **HARRIS** Region 06 Date Licensed 01/11/1993
License # 001432 ALLIED HOME HEALTH
Lic Expire 01/31/2021 2421 W HOLCOMBE BLVD STE 300
Medicare 1: HOUSTON, TX 77030
Medicare 2:
Phone (713) 522-5773 Fax (713) 522-4138
Type: Parent Agency Administrator HELEN JIMENEZ DICHOSO

Owner Information
ASSURANCE HEALTH SERVICES INC
2421 WEST HOLCOMBE BLVD, SUITE #A
HOUSTON, TX 77030
PHONE: FAX:
Services: Licensed Home Health Services

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

County **HARRIS** Region 06 Date Licensed 12/19/2016
License # 017800 ALLIED HOSPICE
Lic Expire 12/31/2020 6776 SOUTHWEST FWY SUITE 310
Medicare 1: 741791 HOUSTON, TX 77074
Medicare 2:
Phone (713) 541-5577 Fax (713) 325-2833
Type: Parent Agency Administrator MICHAEL ANI

Owner Information
ALLIED HOSPICE & PALLIATIVE CARE INCORPORATED
6776 SOUTHWEST FWY SUITE 310
HOUSTON, TX 77074
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 02/20/2022

County **HARRIS** Region 06 Date Licensed 02/06/2015
License # 017175 ALLTECH HOME HEALTH INC
Lic Expire 02/28/2021 8700 COMMERCE PARK DRIVE, SUITE 236
Medicare 1: 679375 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 242-7979 Fax (832) 242-7919
Type: Parent Agency Administrator UCHENNA WATSON

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

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County **HARRIS** Region 06 Date Licensed 01/26/2021
License # 020487 ALORA HEALTHCARE LLC
Lic Expire 01/26/2023 16623 KEEGANS RIDGE WAY DR
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone (281) 736-3506 Fax
Type: Parent Agency Administrator SAMSON OGUNMOKUN

Owner Information
ALORA HEALTHCARE LLC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/16/2015
License # 016691 ALPHA MED HOME HEALTH SERVICES
Lic Expire 06/30/2021 2855 MANGUM ROAD SUITE 401
Medicare 1: 679500 HOUSTON, TX 77092
Medicare 2:
Phone (281) 313-0080 Fax (281) 313-0255
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 05/16/2019
License # 019384 ALTERNATIVE COMMUNITY SERVICES, INC. OF GREATER HOUSTON
Lic Expire 05/16/2021 1035 DAIRY ASHFORD RD SUITE 142
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (281) 668-8820 Fax (281) 668-7748
Type: Parent Agency Administrator SHANELL LOCKWOOD

Owner Information
ALTERNATIVE COMMUNITY SERVICES, INC. OF GREATER HOUSTON
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/23/2003
License # 008825 ALTIMA HEALTHCARE SERVICES INC
Lic Expire 12/31/2021 11115 MILLS RD #108
Medicare 1: 453110 HHA-18 CYPRESS, TX 77429
Medicare 2:
Phone (281) 897-0404 Fax (281) 897-0406
Type: Parent Agency Administrator BERNADETTE DALE

Owner Information
ALTIMA HEALTHCARE SERVICES, INC.
11115 MILLS ROAD, #108
CYPRESS, TX 77429
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/25/2019
License # 019754 ALTUS HOSPICE
Lic Expire 10/25/2021 201 KINGWOOD MEDICAL DRIVE, SUITE B500
Medicare 1: KINGWOOD, TX 77339
Medicare 2:
Phone (281) 864-3438 Fax (281) 583-5578
Type: Parent Agency Administrator MELISSA MEREDITH

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HARRIS** Region 06 Date Licensed 04/30/2014
License # 016247 ALWAYS BEST CARE
Lic Expire 04/30/2022 9225 KATY FREEWAY SUITE #112
Medicare 1: HOUSTON, TX 77024
Medicare 2:
Phone (832) 460-2000 Fax (713) 467-6223
Type: Parent Agency Administrator KARENA KIRK

Owner Information
KKIRK HOLDINGS, CORPORATION
9225 KATY FREEWAY, SUITE #112
HOUSTON, TX 77024
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/31/2016
License # 017770 ALWAYS BEST CARE SENIOR SERVICES
Lic Expire 10/31/2022 1104 W 25TH STREET
Medicare 1: HOUSTON, TX 77008
Medicare 2:
Phone (281) 392-1222 Fax (281) 392-1220
Type: Parent Agency Administrator GUIDO CUBELLIS

Owner Information
CUBELLIS ENTERPRISES, LLC
1104 W 25TH ST
HOUSTON, TX 77008
PHONE: (832) 541-4744 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/19/2016
License # 017278 ALWAYS BEST CARE SPRING TOMBALL
Lic Expire 02/28/2022 140 CYPRESS STATION DRIVE, SUITE 100-17
Medicare 1: HOUSTON, TX 77090
Medicare 2:
Phone (832) 704-0462 Fax (832) 916-2711
Type: Parent Agency Administrator STUART SPOONEMORE

Owner Information
ABCST LLC
20038 CASTLEGREEN DR
SPRING, TX 77388
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/07/2020
License # 020381 ALWAYS CARE FOR YOU INC OF TX
Lic Expire 12/07/2022 14702 PAYETTE DR
Medicare 1: HOUSTON, TEXAS 77040
Medicare 2:
Phone (404) 791-5562 Fax (678) 922-9860
Type: Parent Agency Administrator MARILYN WILLIAMS

Owner Information
ALWAYS CARE FOR YOU INC OF TX
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/26/2019
License # 019279 AMANA HOME CARE, LLC
Lic Expire 02/26/2023 6671 SOUTHWEST FRWY #812D
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (713) 732-6269 Fax
Type: Parent Agency Administrator FAIZA ISMAIL

Owner Information
AMANA HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/04/2020
License # 019802 AMAREVIDA, LLC
Lic Expire 02/04/2022 2754 KINGS RETREAT CIR
Medicare 1: KINGWOOD, TEXAS 77345
Medicare 2:
Phone (888) 355-8432 Fax (888) 355-8432
Type: Parent Agency Administrator RYAN BEALS

Owner Information
AMAREVIDA, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/09/2020
License # 019991 AMAYSING GRACE HOME CARE, LLC
Lic Expire 06/09/2022 7250 WEST GREENS ROAD #1305
Medicare 1: HOUSTON, TX 77064
Medicare 2:
Phone (936) 444-8659 Fax
Type: Parent Agency Administrator SUMORRIA MAYS

Owner Information
AMAYSING GRACE HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/23/2006
License # 010482 AMAZING GRACE NURSING SERVICES INC.
Lic Expire 03/31/2023 8200 WEDNESBURY # 265
Medicare 1: 673136 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 484-7555 Fax (713) 484-6318
Type: Parent Agency Administrator SHERI TAJUDEEN

Owner Information
AMAZING GRACE NURSING SERVICES INC
8200 WEDNESBURY LANE, #265
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/13/2019
License # 019299 AMAZING HANDS HOSPICE, LLC
Lic Expire 05/15/2021 9800 CENTRE PARKWAY DR STE 655
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 350-2573 Fax (832) 350-2573
Type: Parent Agency Administrator JESTINA BANGURA

Owner Information
AMAZING HANDS HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 02/13/2024

County **HARRIS** Region 06 Date Licensed 03/15/2019
License # 019442 AMAZMEETT HOME HEALTH INC
Lic Expire 06/26/2021 507 NORTH SAM HOUSTON PKWY EAST STE 340
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (281) 948-3543 Fax
Type: Parent Agency Administrator MYESHIA ISAIAH

Owner Information
AMAZMEETT HOME HEALTH INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/20/2017
License # 018534 AMAZON HEALTH SERVICES
Lic Expire 11/30/2021 8700 COMMERCE PARK DR SUITE 147
Medicare 1: 747575 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 589-9060 Fax (713) 774-0400
Type: Parent Agency Administrator ADA EMELE

Owner Information
CGN HEALTHCARE SERVICES INC.
8700 COMMERCE PARK DR STE # 147
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 07/13/2023

County **HARRIS** Region 06 Date Licensed 12/22/2004
License # 009475 AMBASSADORS LLC
Lic Expire 12/31/2021 2118 OAKDALE STREET
Medicare 1: HOUSTON, TX 77004
Medicare 2:
Phone (713) 521-2221 Fax (832) 827-3134
Type: Parent Agency Administrator VICTORIA BRYANT

Owner Information
AMBASSADORS LLC
P.O. BOX 301189
HOUSTON, TX 77230
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/08/2021
License # 020518 AMBIENT HOSPICE AND PALLIATIVE CARE
Lic Expire 02/08/2023 8303 SOUTHWEST FREEWAY SUITE 808
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (713) 440-9979 Fax (713) 493-7222
Type: Parent Agency Administrator EBERE ISIGUZO

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

County **HARRIS** Region 06 Date Licensed 08/16/2002
License # 008059 AMEDISYS HOSPICE
Lic Expire 08/31/2022 2040 NORTH LOOP WEST, SUITE 320
Medicare 1: 451735 HOSPICE HOUSTON, TX 770188123
Medicare 2:
Phone (713) 667-3247 Fax (713) 688-0195
Type: Parent Agency Administrator MAURI ERVIN

Owner Information
COMPASSIONATE CARE HOSPICE OF HOUSTON, LLC
2040 NORTH LOOP WEST SUITE 320
HOUSTON, TX 77018
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/27/2021

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

County **HARRIS** Region 06 Date Licensed 02/04/2020
License # 019804 AMEN HOSPICE
Lic Expire 02/04/2022 415 WOODLINE DRIVE SUITE 1A
Medicare 1: 971574 (HOSPICE) SPRING, TX 77386
Medicare 2:
Phone (832) 415-1605 Fax (832) 916-3082
Type: Parent Agency Administrator LUCINDA PERKINS

Owner Information
ZILL HOLDINGS INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 06/19/2023

County **HARRIS** Region 06 Date Licensed 05/30/2019
License # 019400 AMENITY HEALTH SERVICES PLLC
Lic Expire 05/30/2023 4606 FM 1960 RD W, SUITE 520
Medicare 1: HOUSTON, TEXAS 77069
Medicare 2:
Phone (346) 333-2794 Fax (832) 404-2649
Type: Parent Agency Administrator EMMANUEL CASTILLA

Owner Information
AMENITY HEALTH SERVICES PLLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/21/2002
License # 008212 AMERI BLUE HEALTH CARE SERVICES LLC
Lic Expire 11/30/2022 3300 S GESSNER RD STE 165
Medicare 1: 679316 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (713) 271-9027 Fax (713) 271-9067
Type: Parent Agency Administrator MARIEVIC GAVIOLA

Owner Information
AMERI BLUE HEALTH CARE SERVICES LLC
3300 S GESSNER RD SUITE 111
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/14/2018
License # 019097 AMERICA HOME CARE SERVICES LLC
Lic Expire 01/29/2021 2130 BERTRAND ST
Medicare 1: HOUSTON, TX 77093
Medicare 2:
Phone (281) 836-3417 Fax (281) 947-0662
Type: Parent Agency Administrator MARIANA CERVANTES

Owner Information
AMERICA HOME CARE SERVICES LLC
3423 HARTWICK RD
HOUSTON, TX 77093
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/23/2019
License # 019217 AMERICAN HEALTHCARE SERVICES
Lic Expire 01/23/2023 6201 BONHOMME RD SUITE 468S
Medicare 1: 747991 HHA HOUSTON, TX 77036
Medicare 2:
Phone (346) 571-6030 Fax (832) 615-0459
Type: Parent Agency Administrator ADAM HIJAZI

Owner Information
SIDON HEALTHCARE SERVICES, INC.
7900 WESTHEIMER RD #144
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 08/01/2023

County **HARRIS** Region 06 Date Licensed 01/30/1989
License # 001995 AMERICAN HOME HEALTH CARE INC
Lic Expire 01/31/2022 3903 ALMEDA RD
Medicare 1: HOUSTON, TX 77004
Medicare 2:
Phone (713) 521-0053 Fax (713) 874-1302
Type: Parent Agency Administrator TONI OVILLE

Owner Information
AMERICAN HOME HEALTH CARE INC
P.O. BOX 14411
HOUSTON, TEXAS 77221
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/04/2020
License # 020288 AMERICAN PROFESSIONALS HOME HEALTH
Lic Expire 11/04/2022 13688 BRETON RIDGE, SUITE CEF
Medicare 1: HOUSTON, TEXAS 770706097
Medicare 2:
Phone (832) 209-2119 Fax (832) 201-2532
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 01/22/2019
License # 019215 AMERICA'S BEST HEALTH LLC
Lic Expire 6420 CYPRESSWOOD DRIVE
Medicare 1: SPRING, TX 77379
Medicare 2:
Phone (703) 231-4320 Fax na
Type: Parent Agency 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** Region 06 Date Licensed 12/21/2006
License # 010955 AMERIPRO HEALTHCARE GROUP LLC
Lic Expire 12/31/2021 929 GRAHAM DR SUITE A
Medicare 1: 747014 HHA-18 TOMBALL, TX 77375
Medicare 2:
Phone (281) 376-0800 Fax (281) 884-6043
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 10/29/2023

County **HARRIS** Region 06 Date Licensed 11/30/2018
License # 019126 AMERIPRO HOSPICE CARE, INC.
Lic Expire 04/30/2021 14511 FALLING CREEK DR., STE. 509
Medicare 1: HOUSTON, TX 77014
Medicare 2:
Phone (832) 461-1123 Fax
Type: Parent Agency Administrator NATURE HIGGINBOTHAM

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

County **HARRIS** Region 06 Date Licensed 03/18/2019
License # 019330 AMICABLE HEALTHCARE HOSPICE INC
Lic Expire 03/18/2023 6260 WESTPARK DR. SUITE 250
Medicare 1: 74-1686 HOUSTON, TEXAS 77057
Medicare 2:
Phone (832) 231-1679 Fax (281) 990-6716
Type: Parent Agency 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** Region 06 Date Licensed 12/16/2020
License # 020408 AMOR HOSPICE CARE, INC.
Lic Expire 12/16/2022 8313 SOUTHWEST FREEWAY, SUITE 350A
Medicare 1: HOUSTON, TEXAS 770741611
Medicare 2:
Phone (832) 559-0911 Fax (877) 577-0009
Type: Parent Agency Administrator MA CONCEPCION BALDUEZA

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

County **HARRIS** Region 06 Date Licensed 02/04/2021
License # 020508 AMORY HOME AND COMPANION CARE LLC
Lic Expire 02/04/2024 13562 BLUE MARLIN LN
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone Main 8324590371 Alt 28 Fax (281) 783-2643
Type: Parent Agency Administrator SHERIKA AMORY

Owner Information
AMORY HOME AND COMPANION CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/08/2011
License # 014219 AN ABSOLUTE HEALTH CARE SERVICES, LLC.
Lic Expire 07/31/2021 6250 WESTPARK DRIVE SUITE #238
Medicare 1: 747698 HHA-18 HOUSTON, TX 77057
Medicare 2:
Phone (281) 974-1917 Fax (281) 974-1765
Type: Parent Agency Administrator MIKE EZIULOH

Owner Information
AN ABSOLUTE HEALTH CARE SERVICES, LLC
6250 WESTPARK DRIVE, #238
HOUSTON, TX 77057
PHONE: 281 995 1168 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 10/11/2010
License # 013629 ANARCARE HOME HEALTH AND HOSPICE AGENCY, INC.
Lic Expire 10/31/2022 13601 WOODFOREST BLVD
Medicare 1: 741789 HOSPICE HOUSTON, TX 77015
Medicare 2:
Phone (713) 330-1964 Fax (713) 451-5587
Type: Parent Agency Administrator PATRICIA JANKI

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
Accreditation: ACH - Deemed, Expires: 12/31/2023

County **HARRIS** Region 06 Date Licensed 06/30/2018
License # 018814 ANCHOR HOSPICE LLC
Lic Expire 06/30/2022 3100 TIMMONS LANE, SUITE 265
Medicare 1: 741583 HOSPICE HOUSTON, TEXAS 77027
Medicare 2:
Phone (877) 296-3840 Fax (877) 297-0294
Type: Parent Agency Administrator TRICIA KINNARD

Owner Information
ANCHOR HOSPICE LLC
4611 MONTROSE BLVD., STE A240
HOUSTON, TX 77006-6176
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/02/2019
License # 019313 ANGEL HANDS HOSPICE INC
Lic Expire 07/30/2021 11902 HUECO TANKS DR
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (832) 338-9882 Fax (281) 983-0325
Type: Parent Agency 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** Region 06 Date Licensed 09/15/2020
License # 020066 ANGEL OF MERCY
Lic Expire 07/22/2022 8700 COMMERCE PARK DR SUITE 253
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (713) 540-0019 Fax
Type: Parent Agency Administrator ANGELA OJI

Owner Information
ANGEL OF MERCY VILLA LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/05/2020
License # 019915 ANGELFAITH HOME CARE
Lic Expire 05/05/2022 16151 CAIRNWAY DR SUITE 205B
Medicare 1: HOUSTON, TEXAS 770843572
Medicare 2:
Phone 214 861 7534 Fax
Type: Parent Agency Administrator REMIGIUS NWABUEZE

Owner Information
ANGELFAITH PEDIATRIC HOME HEALTH CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/21/2020
License # 020417 ANGELIC HANDS HEALTHCARE SERVICES, LLC
Lic Expire 12/21/2022 24718 FREMONT TRAILS DR
Medicare 1: SPRING, TEXAS 77373
Medicare 2:
Phone (832) 326-2952 Fax
Type: Parent Agency Administrator MARCUS POLLARD

Owner Information
ANGELIC HANDS HEALTHCARE SERVICES
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/26/2019
License # 019278 ANGELICUS HOME CARE LLC
Lic Expire 02/26/2023 13201 NORTHWEST FREEWAY SUITE 800
Medicare 1: HOUSTON, TEXAS 77040
Medicare 2:
Phone (832) 779-0452 Fax (832) 408-9224
Type: Parent Agency Administrator JAHREN SALAZAR-AGTARAP

Owner Information
ANGELICUS HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/02/2018
License # 019472 ANGELS OF CARE PERSONAL HOME HEALTH SERVICES INC
Lic Expire 07/09/2021 9896 BISSONNET STREET STE 452
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 999-9131 Fax (713) 999-9131
Type: Parent Agency Administrator BERNICE MOMBEFOR

Owner Information
ANGELS OF CARE PERSONAL HOME HEALTH SERVICES INC
13838 PURPLEMARTIN ST
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 11/14/2006
License # 010876 ANGELS ON CALL HOME CARE
Lic Expire 11/30/2022 7100 REGENCY SQUARE SUITE 161
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 772-7721 Fax (713) 620-3079
Type: Parent Agency Administrator VANESSA CARTER

Owner Information
ANGELS ON CALL HOME CARE INC
PO BOX 611
SUGAR LAND, TX 77487
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/21/2018
License # 018629 ANGELS OVER US LLC
Lic Expire 06/30/2022 11110 BELLAIRE BLVD. SUITE 250
Medicare 1: HOUSTON, TEXAS 77072
Medicare 2:
Phone (281) 561-8921 Fax (281) 561-8927
Type: Parent Agency Administrator LANI DELEON

Owner Information
ANGELS OVER US, LLC
8323 SOUTHWEST FREEWAY SUITE 561
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2014
License # 015945 ANGELUS HEALTH SERVICES INC.
Lic Expire 12/31/2021 16100 CAIRNWAY SUITE 240
Medicare 1: 679196 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (281) 856-6305 Fax (281) 856-6260
Type: Parent Agency Administrator ROSA MARCELLA

Owner Information
ANGELUS HEALTH SERVICES, INC.
17635 GLENWOLF DRIVE
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/22/2018
License # 018665 ANGLE HOMECARE CORPORATION
Lic Expire 03/31/2022 10518 ENCINO PASS TRAIL
Medicare 1: HOUSTON, TEXAS 77064
Medicare 2:
Phone (832) 978-2962 Fax (832) 634-4905
Type: Parent Agency Administrator LYNN VO

Owner Information
ANGLE HOMECARE CORPORATION
8215 ALMERA FALLS DRIVE
CYPRESS, TX 77433
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/21/2002
License # 008211 ANTIOCH HOME HEALTH INC
Lic Expire 11/30/2021 2420 FANNIN ST #1 A
Medicare 1: 679348 HHA-18 HOUSTON, TX 77002
Medicare 2:
Phone (713) 663-7131 Fax (713) 663-7205
Type: Parent Agency Administrator CHARLES BURNETT

Owner Information
ANTIOCH HOME HEALTH, INC
2420 FANNIN ST #1 A
HOUSTON, TX 77002
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 10/05/2017
License # 018360 ANTODALACARE LLC
Lic Expire 10/31/2021 4614 FIELD MEADOW CT
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (917) 224-6215 Fax (713) 370-1890
Type: Parent Agency Administrator ANTHONY OSAWE

Owner Information
ANTODALACARE LLC
4614 FIELD MEADOW CT
KATY, TX 77449
PHONE: (713) 240-4924 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2003
License # 008400 AP CARE UNLIMITED INC
Lic Expire 12/31/2022 6201 BONHOMME STREET #166 N
Medicare 1: 459431 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 781-4048 Fax (713) 781-4241
Type: Parent Agency Administrator PHYLLOMINA WATURUOCHA

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

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

County **HARRIS** Region 06 Date Licensed 10/27/2020
License # 020269 AP HOSPICE CARE, LLC.
Lic Expire 10/27/2022 9950 WESTPARK DRIVE SUITE 646
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone 888 630 3650 Fax 281 564 7326
Type: Parent Agency Administrator JOEL ADA

Owner Information
AP HOSPICE CARE, LLC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/05/2009
License # 012577 APEX CARE HOME HEALTH INC
Lic Expire 05/31/2021 10518 KIPP WAY DRIVE STE A-1
Medicare 1: 747376 HHA-18 HOUSTON, TX 77099
Medicare 2:
Phone (281) 568-1146 Fax (281) 568-1168
Type: Parent Agency Administrator HENRY SANTOS

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
Accreditation: JCAHO, Expires: 04/19/2022

County **HARRIS** Region 06 Date Licensed 09/08/2020
License # 020152 APEX HEALTH CARE INC
Lic Expire 09/08/2022 9644 COURT GLEN DR
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (281) 216-2555 Fax (877) 915-1555
Type: Parent Agency Administrator KENNEDY OBANOR

Owner Information
APEX HEALTH CARE INC
13619 TONNOCHY DR
HOUSTON, TX 77083
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/07/2010
License # 013617 APEX HOMEHEALTH SERVICES INC
Lic Expire 10/31/2022 6201 BONHOMME ROAD, SUITE 388N
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 974-5946 Fax (832) 667-8738
Type: Parent Agency Administrator CHINEDU MOKOLO

Owner Information
APEX HOMEHEALTH SERVICES, INC
6201 BONHOMME SUITE 352N
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/07/2011
License # 014334 APPLE HOME HEALTH
Lic Expire 09/30/2021 12000 RICHMOND AVE SUITE 333
Medicare 1: 747776 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (281) 497-3045 Fax (281) 497-3059
Type: Parent Agency Administrator SIMIN NAMDARI

Owner Information
APPLE HOME HEALTH CARE SYSTEMS, INC
12000 RICHMOND AVE SUITE 333
HOUSTON, TX 77082
PHONE: (281) 497-3045 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/17/2022

County **HARRIS** Region 06 Date Licensed 07/10/1995
License # 003664 APPLIED HEALTH CARE NURSING DIVISION INC.
Lic Expire 07/31/2021 6647 MAYARD RD
Medicare 1: 678169 HHA-18 HOUSTON, TX 77041
Medicare 2:
Phone (713) 782-4487 Fax (713) 782-1824
Type: Parent Agency Administrator NABIL HAIDAMOUS

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

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County **HARRIS** Region 06 Date Licensed 12/12/1996
License # 005125 APPLIED HOME HEALTH
Lic Expire 12/31/2021 7062A LAKEVIEW HAVEN DR.
Medicare 1: 459233 HHA-18 HOUSTON, TEXAS 77095
Medicare 2:
Phone (713) 477-5105 Fax (713) 477-5155
Type: Parent Agency Administrator CHRISTOPHER CHACON

Owner Information
APPLIED HEALTH INC.
2208 STRAWBERRY RD
PASADENA, TX 77502
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **HARRIS** Region 06 Date Licensed 11/04/2020
License # 020285 APTIVA HOSPICE & PALLIATIVE LLC
Lic Expire 11/04/2022 6776 SOUTHWEST FWY. # 631
Medicare 1: HOUSTON, TEXAS 770742107
Medicare 2:
Phone (713) 530-7391 Fax (713) 715-1471
Type: Parent Agency Administrator YANNETH MEJIA

Owner Information
APTIVA HOSPICE & PALLIATIVE LLC
12808 W. AIRPORT BLVD, 325K
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 03/03/2021
License # 020159 ARDNAS ASSET PATIENT CARE LLC
Lic Expire 09/09/2022 7950 SAM HOUSTON PARKWAY # 241
Medicare 1: HOUSTON, TEXAS 77085
Medicare 2:
Phone (832) 206-5265 Fax NA
Type: Parent Agency Administrator WINTRESS CLOUD

Owner Information
ARDNAS ASSET PATIENT CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/05/2017
License # 017983 ARIES HEALTHCARE AGENCY
Lic Expire 04/30/2021 9850 MEADOWGLEN LANE, #104
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone (832) 203-5385 Fax (832) 203-5503
Type: Parent Agency Administrator CLARA JOSEPH

Owner Information
ARIES HEALTHCARE AGENCY
7100 REGENCY SQUARE #280
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/08/2009
License # 012392 ARISING HEALTHCARE SERVICES INC
Lic Expire 01/31/2023 8833 TALTON ST. STE A
Medicare 1: 747486 HOUSTON, TEXAS 77078
Medicare 2:
Phone (832) 661-7492 Fax (281) 208-0179
Type: Parent Agency Administrator FEFI JAMES

Owner Information
ARISING HEALTHCARE SERVICES INC
8833 TALTON ST A
HOUSTON, TX 77078
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/29/2023

County **HARRIS** Region 06 Date Licensed 05/27/1994
License # 001212 ASAP PROFESSIONAL HOME HEALTH CARE
Lic Expire 08/30/2021 11821 EAST FWY SUITE #340
Medicare 1: HOUSTON, TX 77029
Medicare 2:
Phone (713) 455-5979 Fax (713) 450-1845
Type: Parent Agency Administrator SANDRA GAMEZ

Owner Information
BESSIE GOUDEAU AND SANDRA GAMEZ
11821 I-10 EAST STE 340
HOUSTON, TX 77029
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/02/2018
License # 018589 ASCEND HOSPICE CARE INC
Lic Expire 02/28/2022 606 ROLLINGBROOK DRIVE STE. 2G
Medicare 1: 74-1747 BAYTOWN, TEXAS 77521
Medicare 2:
Phone (281) 918-0676 Fax (888) 930-2913
Type: Parent Agency Administrator MELINDA BASS

Owner Information
ASCEND HOSPICE CARE INC
PO BOX 645
MONT BELVIEU, TX 77580
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 10/01/2021

County **HARRIS** Region 06 Date Licensed 06/09/2016
License # 017451 ASCENTIA HEALTHCARE LLC
Lic Expire 06/30/2022 24707 MALCA MANOR DR
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (281) 786-4880 Fax (281) 786-2084
Type: Parent Agency Administrator IRETI JONES

Owner Information
ASCENTIA HEALTHCARE LLC
24704 MALCA MANOR DRIVE
KATY, TX 77493
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 02/10/2021
License # 020528 ASPIRE CARE HOSPICE INC.
Lic Expire 02/10/2024 340 N SAM HOUSTON TOLLWAY E #A299
Medicare 1: HOUSTON, TX 77060
Medicare 2:
Phone (832) 412-6700 Fax
Type: Parent Agency Administrator ELIZABETH SANCHEZ

Owner Information
ASPIRE CARE HOSPICE INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/26/2021
License # 020550 ASPIRE HOSPICE LLC
Lic Expire 02/26/2024 7318 STARBRIDGE DR.
Medicare 1: HOUSTON, TEXAS 77095
Medicare 2:
Phone 713 9036566 Fax
Type: Parent Agency Administrator JEFFERY CATES-ELSASSER

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

County **HARRIS** Region 06 Date Licensed 01/01/2001
License # 007603 ASSIST- MED INC
Lic Expire 12/31/2021 2000 S DAIRY ASHFORD SUITE 450
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (832) 300-3100 Fax (832) 300-3106
Type: Parent Agency Administrator RUTH BRIGGS

Owner Information
ASSIST-MED INC
SAME AS ABOVE
HOUSTON, TX 77077
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/18/2008
License # 011932 ASSISTING HANDS OF HUMBLE
Lic Expire 03/31/2023 1250 INDIANA
Medicare 1: HUMBLE, TX 77396
Medicare 2:
Phone (281) 540-7400 Fax (281) 446-5445
Type: Parent Agency Administrator TERRI ROBBINS

Owner Information
TLR ENTERPRISES LLC
55 PLUM GROVE RD
NEW CANEY, TX 77357
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/21/2014
License # 016388 ASSISTING HANDS OF NORTH HOUSTON
Lic Expire 08/31/2022 3845 CYPRESS CREEK PARKWAY SUITE 317
Medicare 1: HOUSTON, TX 77068
Medicare 2:
Phone (832) 699-6920 Fax (877) 755-1470
Type: Parent Agency Administrator FAITH DANIELS

Owner Information
GCD ENTERPRISES LLC
17148 KNOLL DALE TRAIL
CONROE, TX 77385
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/22/2014
License # 016326 ASSISTING HANDS OF WEST HOUSTON
Lic Expire 07/31/2022 13111 WESTHEIMER RD STE 200
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (281) 369-5858 Fax (281) 369-5859
Type: Parent Agency Administrator MARISOL REYES

Owner Information
MAR HEALTH SERVICES LLC
PO BOX 820245
HOUSTON, TX 77282
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/12/1988
License # 001958 ASSOCIATES HEALTH INC
Lic Expire 09/30/2022 4719 LYONS STREET
Medicare 1: HOUSTON, TX 77020
Medicare 2:
Phone (713) 674-9936 Fax (713) 674-9939
Type: Parent Agency Administrator EMMA SMITH

Owner Information
ASSOCIATES HEALTH INC
PO BOX 15735
HOUSTON, TX 77220-5735
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/04/2020
License # 020290 ASSURANCE HOME HEALTH
Lic Expire 11/04/2022 10751 MEADOWGLEN LN #20
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone (713) 447-9138 Fax
Type: Parent Agency Administrator ASHLEY JONES

Owner Information
ALL THINGS ENTERPRISE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/01/2010
License # 013884 ASSURANCEJ HOMECARE SERVICES INC
Lic Expire 11/30/2022 9894 BISSONNET STREET SUITE 110
Medicare 1: 679518 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 988-2618 Fax (713) 988-2619
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 01/01/2021
License # 020399 ASSURED PERSONAL CARE LLC
Lic Expire 12/14/2022 4606 FM 1960 WEST, SUITE 415
Medicare 1: HOUSTON, TEXAS 77069
Medicare 2:
Phone (832) 258-5258 Fax
Type: Parent Agency Administrator PAMELA EDWARDS

Owner Information
ASSURED PERSONAL CARE LLC
23106 WESTGATE VILLAGE LANE
SPRING, TX 77373
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/12/2020
License # 019906 ASSURED PRIMARY CARE GROUP, INC.
Lic Expire 05/01/2022 10226 BITTERNUT HICKORY LN
Medicare 1: TOMBALL, TEXAS 77375
Medicare 2:
Phone (832) 298-9095 Fax (281) 310-6576
Type: Parent Agency Administrator BRANDY CLARK

Owner Information
ASSURED PRIMARY CARE GROUP, INC.
PO BOX 682781
HOUSTON, TEXAS 77032
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/22/2006
License # 010760 ASSURING CARE HOME HEALTH SERVICES INC
Lic Expire 09/30/2022 10103 FONDREN RD STE 420
Medicare 1: 743157 HHA-18 HOUSTON, TX 77096
Medicare 2:
Phone (713) 524-4414 Fax (713) 524-4415
Type: Parent Agency Administrator SLADE NJOKU

Owner Information
ASSURING CARE HOME HEALTH SERVICES INC
3858 WENTWORTH
HOUSTON, TX 77004
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/02/2004
License # 008994 ASTROCARE CLASS INC
Lic Expire 01/31/2024 14950 HEATHROW FOREST PARKWAY SUITE 300
Medicare 1: HOUSTON, TX 77032
Medicare 2:
Phone (281) 931-5500 Fax (281) 931-5514
Type: Parent Agency Administrator GLADYS WADE`

Owner Information
ASTROCARE CLASS, INC.
14950 HEATHROW FOREST PARKWAY SUITE 300
HOUSTON, TX 77032
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/02/2004
License # 008951 ASTROCARE VISITING HEALTH PROFESSIONALS INC
Lic Expire 05/31/2022 14950 HEATHROW FOREST PARKWAY SUITE 300
Medicare 1: HOUSTON, TX 77032
Medicare 2:
Phone (281) 931-5500 Fax (281) 931-5514
Type: Parent Agency Administrator GLADYS WADE

Owner Information
ASTROCARE VISITING HEALTH PROFESSIONALS, INC.
650 NORTH SAM HOUSTON PARKWAY E, #410
HOUSTON, TX 77060
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/16/2019
License # 019646 AT HOME DIALYSIS LLP
Lic Expire 10/16/2021 6300 DIXIE DR.
Medicare 1: HOUSTON, TEXAS 77087
Medicare 2:
Phone (832) 526-3338 Fax (281) 966-1844
Type: Parent Agency Administrator BENGIE VELASQUEZ

Owner Information
AT HOME DIALYSIS LLP
PHONE: FAX:
Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services with Dialysis

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County **HARRIS** Region 06 Date Licensed 07/07/2016
License # 017500 AT HOME HEALTH CARE HOSPICE INC
Lic Expire 07/31/2022 317 W 20TH ST
Medicare 1: 741668 HOSPICE HOUSTON, TEXAS 77008
Medicare 2:
Phone (832) 538-0973 Fax (281) 919-2930
Type: Parent Agency Administrator STEVEN DEL ANGEL

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** Region 06 Date Licensed 10/06/2009
License # 013051 AT HOME QUALITY CARE - HOUSTON
Lic Expire 10/31/2021 12345 JONES ROAD SUITE #220
Medicare 1: 679628 HHA-18 HOUSTON, TX 77070
Medicare 2:
Phone (832) 237-5800 Fax (832) 237-5810
Type: Parent Agency Administrator DEBRA TRIOLO

Owner Information
SIGNATURE HOMECARE SERVICES TEXAS LLC.,
519 FRANKLIN SUITE #203
MORRIS, IL 60450
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 07/23/2022

County **HARRIS** Region 06 Date Licensed 11/05/2020
License # 020291 AT PEACE HOME CARE LLC
Lic Expire 11/05/2022 7324 SOUTHWEST FWY SUITE 1475
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (832) 730-5479 Fax (832) 626-2791
Type: Parent Agency Administrator AISHAT BASHIR

Owner Information
AT PEACE HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/16/2004
License # 008967 AT YOUR SIDE HOME CARE
Lic Expire 03/31/2022 16868 ROYAL CREST DRIVE
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 335-4882 Fax (281) 984-7471
Type: Parent Agency Administrator MARSENE BOLDT

Owner Information
MSB PERSONAL ASSISTANT SERVICES, LLC
16868 ROYAL CREST
HOUSTON, TX 77058
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: ACHC, Expires: 03/24/2023

County **HARRIS** Region 06 Date Licensed 02/23/2012
License # 014655 AT YOUR SIDE HOME CARE - NORTHWEST METRO HOUSTON
Lic Expire 02/28/2022 8203 WILLOW PLACE SOUTH SUITE 345
Medicare 1: HOUSTON, TX 77070
Medicare 2:
Phone 281 520 3746 Fax 281 520 3743
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 08/28/2007
License # 011546 AT YOUR SIDE HOME CARE WEST HOUSTON
Lic Expire 08/31/2021 2400 AUGUSTA DR STE 260
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 337-1133 Fax (713) 337-1136
Type: Parent Agency Administrator DONNA WRABEL

Owner Information
D&D ASSOCIATES INC
2400 AUGUSTA DR STE 260
HOUSTON, TX 77057
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 12/07/2010
License # 014055 ATWELL HOME HEALTH SERVICES INC.
Lic Expire 12/31/2020 6915 ATWELL DRIVE
Medicare 1: 747740 HHA-18; 97 HOUSTON, TX 77081
Medicare 2:
Phone (713) 664-7800 Fax (713) 664-7811
Type: Parent Agency Administrator UCHE MCHENRY

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; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/11/2022

County **HARRIS** Region 06 Date Licensed 10/23/2019
License # 019661 ATWELL HOSPICE & PJ HOME HEALTH SERVICES, INC
Lic Expire 10/23/2021 6917 ATWELL DRIVE
Medicare 1: HOUSTON, TEXAS 77081
Medicare 2:
Phone (713) 664-7800 Fax (713) 664-7811
Type: Parent Agency Administrator UCHE MCHENRY

Owner Information
ATWELL HOSPICE & PJ HOME HEALTH SERVICES, INC.
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/11/2018
License # 018746 AUTHENTIC CARE SERVICES
Lic Expire 05/31/2022 2656 SOUTH LOOP W STE 333
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (832) 940-2212 Fax (832) 940-2483
Type: Parent Agency 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** Region 06 Date Licensed 08/30/2019
License # 019566 AVADIS RESIDENTIAL LIVING SERVICES LLC
Lic Expire 08/30/2021 24275 KATY FRWY STE 400
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (281) 954-7511 Fax (281) 954-7498
Type: Parent Agency Administrator CANDICE APONTE

Owner Information
AVADIS RESIDENTIAL LIVING SERVICE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/31/2014
License # 016935 AVEANNA HEALTHCARE
Lic Expire 12/31/2022 9220 KIRBY DRIVE SUITE #1000
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (713) 383-9700 Fax (713) 383-9795
Type: Parent Agency Administrator RENEE PINA

Owner Information
TCGHHA, LLC
400 INTERSTATE NORTH PARKWAY SE, SUITE 1600
ATLANTA, GA 30339
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 03/07/2012
License # 015026 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 1011 HIGHWAY 6 SOUTH SUITE 311
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (713) 575-2000 Fax (713) 575-2031
Type: Parent Agency 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** Region 06 Date Licensed 05/26/2011
License # 014985 AVEANNA HEALTHCARE
Lic Expire 05/31/2021 4828 LOOP CENTRAL DR SUITE 100
Medicare 1: HOUSTON, TX 77081
Medicare 2:
Phone (713) 979-3800 Fax (713) 979-3806
Type: Parent Agency Administrator AARON BURRIS

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 02/02/2012
License # 014986 AVEANNA HEALTHCARE
Lic Expire 02/28/2022 110 CYPRESS STATION DR STE 270
Medicare 1: HOUSTON, TX 77090
Medicare 2:
Phone (832) 253-1188 Fax (832) 253-1181
Type: Parent Agency Administrator HOMER DEL TORO

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 08/13/2019
License # 019522 AVEANNA HEALTHCARE
Lic Expire 08/13/2021 11821 EAST FREEWAY, SUITE 210
Medicare 1: HOUSTON, TEXAS 770291975
Medicare 2:
Phone (832) 460-2140 Fax (210) 332-6472
Type: Parent Agency 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** Region 06 Date Licensed
License # 020716 AVERY HOSPICE
Lic Expire 04/23/2024 100 SOUTHWEST FREEWAY SUITE 248
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (281) 661-3621 Fax (281) 564-7326
Type: Parent Agency Administrator FEFI JAMES

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

County **HARRIS** Region 06 Date Licensed 07/24/2015
License # 016938 AVID HOME CARE SOLUTIONS
Lic Expire 07/31/2021 5870 HWY 6 N SUITE 315
Medicare 1: HOUSTON, TX 77084
Medicare 2:
Phone (281) 849-1949 Fax (832) 442-3394
Type: Parent Agency Administrator CANDACE GREEN

Owner Information
GREEN-DORSEY ENTERPRISES, LLC
5870 HWY 6 N SUITE #315
HOUSTON, TX 77084
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/21/2019
License # 019712 AVISTACARE HEALTH CARE SERVICES INC
Lic Expire 11/21/2021 10402 SOUTHERN HAWKER
Medicare 1: CONROE, TEXAS 77385
Medicare 2:
Phone (281) 520-4960 Fax (281) 520-4964
Type: Parent Agency Administrator OFONASHA EYO

Owner Information
AVISTACARE HEALTH CARE SERVICES, INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/17/2018
License # 019480 AXCESS HOME HEALTHCARE SERVICES INC
Lic Expire 07/15/2021 8303 SOUTHWEST FREEWAY SUITE 808
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone 713 440 9979 Fax 713 493 7222
Type: Parent Agency Administrator IJEOMA ISIGUZO

Owner Information
AXCESS HOME HEALTHCARE SERVICES INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/20/2014
License # 016491 B & J HEALTHCARE SERVICES INC
Lic Expire 10/31/2022 11725 LOGAN RIDGE DR
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (281) 533-3360 Fax (832) 582-8540
Type: Parent Agency Administrator JOY OGU

Owner Information
B & J HEALTHCARE SERVICES INC
11725 LOGAN RIDGE DR
HOUSTON, TX 77072
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/06/2017
License # 017988 B&N HEALTHCARE SERVICES
Lic Expire 04/30/2021 4018 GREEN CREST DRIVE
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (281) 965-9502 Fax (832) 230-3272
Type: Parent Agency Administrator EMMANUEL OSHINUGA

Owner Information
GLOBAL RETEL INVESTMENTS INC
4018 GREEN CREST DRIVE
HOUSTON, TX 77082
PHONE: (281) 965-9502 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/27/2016
License # 017514 BATHFOL HEALTH SERVICES INC
Lic Expire 02/28/2022 9119 SOUTH GESSNER SUITE 104
Medicare 1: 679798 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (832) 962-8970 Fax (832) 962-8930
Type: Parent Agency Administrator FLORA UCHEA

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

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County **HARRIS** Region 06 Date Licensed 04/14/2011
License # 014078 BAY VIEW HOME HEALTH SERVICES
Lic Expire 04/30/2023 1300 ROLLINGBROOK DR. STE. 310
Medicare 1: 679010 HHA-18 BAYTOWN, TEXAS 77521
Medicare 2:
Phone (281) 573-7000 Fax (888) 522-3080
Type: Parent Agency Administrator SEAN KRAJEWSKI

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

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County **HARRIS** Region 06 Date Licensed 07/21/2017
License # 018187 BAYOU CITY HOSPICE
Lic Expire 07/30/2021 20008 CHAMPION FOREST DR, SUITE 701
Medicare 1: 741716 HOSPICE SPRING, TX 77379
Medicare 2:
Phone (713) 527-2727 Fax (713) 527-2728
Type: Parent Agency Administrator VANESSA EMAMI

Owner Information
ACCURATE HOSPICE I, INC
1610 BLODGETT, SUITE A
HOUSTON, TX 77004
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed
License # 020704 BAYOU HOSPICE LLC
Lic Expire 04/15/2024 315 W. ALABAMA ST. STE. 200
Medicare 1: HOUSTON, TEXAS 77006
Medicare 2:
Phone (832) 722-7051 Fax (713) 529-1404
Type: Parent Agency Administrator KENYATTA HOLMES

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

County **HARRIS** Region 06 Date Licensed 01/20/2021
License # 020473 BCM HEALTH LLC
Lic Expire 01/20/2023 7514 OAKLEIGH DR
Medicare 1: CYPRESS, TEXAS 77433
Medicare 2:
Phone (346) 379-1541 Fax (346) 818-2092
Type: Parent Agency Administrator CYNTHIA MAHY

Owner Information
BCM HEALTH LLC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/23/2018
License # 018572 BEE DIVINE CARE PROVIDER SERVICES LLC
Lic Expire 01/31/2022 7123 SUN VILLAGE DR
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (832) 755-4954 Fax (281) 624-4722
Type: Parent Agency Administrator BRENDA OGBEH

Owner Information
BEE DIVINE CARE PROVIDER SERVICES LLC
7123 SUN VILLAGE DR
HOUSTON, TEXAS 77083
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 03/20/1998
License # 006638 BELL TECH HOME HEALTHCARE
Lic Expire 03/31/2023 13510 WIND CHASE CT
Medicare 1: 679301 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (281) 679-0541 Fax (281) 679-0524
Type: Parent Agency Administrator KIKELOMO BELLO

Owner Information
BELL TECH ENTERPRISE
14602 PRESIDIO SQUARE BLVD
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/12/2008
License # 012342 BELLAIRE HOME HEALTH CARE LLC
Lic Expire 12/31/2022 10786-D BELLAIRE BOULEVARD
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (281) 564-9959 Fax (281) 564-9989
Type: Parent Agency Administrator TRANG DAWN LE

Owner Information
BELLAIRE HOME HEALTH CARE LLC
10786 BELLAIRE BLVD STE D
HOSTON, TX 77072
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/06/2007
License # 011127 BELOR HOME HEALTH INC
Lic Expire 03/31/2022 11811 NORTH FREEWAY SUITE # 165
Medicare 1: 747115 HOUSTON, TX 77060
Medicare 2:
Phone (713) 534-1486 Fax (713) 774-2082
Type: Parent Agency Administrator CAROLINE VOGT

Owner Information
BELOR HOME HEALTH INC
440 BENMAR DRIVE, SUITE #2255
HOUSTON, TX 77060
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/01/1998
License # 006711 BELOVED HOME HEALTH SERVICES INC
Lic Expire 12/31/2021 9888 BISSONNET SUITE #430
Medicare 1: 458287 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 776-9333 Fax (713) 776-9382
Type: Parent Agency Administrator AGATHA DURU

Owner Information
BELOVED HOME HEALTH SERVICES INC
P O BOX 36197
HOUSTON, TEXAS 77236
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/16/2020
License # 020179 BENDEL OAKS HEALTHCARE SERVICES INC.
Lic Expire 09/16/2022 3727 E TRADITIONS CT
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (281) 638-7654 Fax (281) 372-8716
Type: Parent Agency Administrator MORA OBOH

Owner Information
BENDEL OAKS HEALTHCARE SERVICES INC.
3727 E TRADITIONS CT
HOUSTON, TX
PHONE: (281) 638-7654 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/05/2007
License # 011120 BENEVOLENT CARE HEALTH SERVICES INC.
Lic Expire 03/31/2021 440 COBIA DRIVE SUITE #403
Medicare 1: 679773 HHA-18 KATY, TX 77494
Medicare 2:
Phone (281) 342-2273 Fax (281) 715-4248
Type: Parent Agency Administrator SUELLEN CARSON

Owner Information
BENEVOLENT CARE HEALTH SERVICES, INC
440 COBIA DRIVE, #403
KATY, TX 77494
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 04/09/2023

County **HARRIS** Region 06 Date Licensed 06/06/2004
License # 009711 BEST DOMINION HEALTHCARE SERVICES INC
Lic Expire 06/30/2022 9950 WESTPARK DR SUITE 306
Medicare 1: 679410 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (713) 266-0250 Fax (713) 266-0256
Type: Parent Agency Administrator BOLAJI ADEYEMI

Owner Information
BEST DOMINION HEALTHCARE SERVICES INC
9950 WESTPARK DR SUITE 306
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 11/18/2002
License # 008207 BESTWAY HOME HEALTH CORPORATION
Lic Expire 03/31/2022 9311 MEADOW BRANCH COURT
Medicare 1: 679386 HHA-18 HOUSTON, TX 77095
Medicare 2:
Phone (281) 550-2928 Fax (281) 861-7732
Type: Parent Agency Administrator AUGUSTINA EZIEFULE

Owner Information
BESTWAY HOME HEALTH CORPORATION
9311 MEADOW BRANCH COURT
HOUSTON, TX 77095
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/21/2007
License # 011779 BETHEL HOSPICE OF HOUSTON INC
Lic Expire 12/31/2021 1110 KINGWOOD DRIVE, SUITE 265
Medicare 1: 671672 HOSPICE KINGWOOD, TX 77339
Medicare 2:
Phone (281) 359-9551 Fax (281) 359-9552
Type: Parent Agency Administrator MINTU JOSEPH

Owner Information
BETHEL HOSPICE OF HOUSTON INC
14707 WINSTON FALLS LANE
HUMBLE, TX 77396
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/03/2023

County **HARRIS** Region 06 Date Licensed 05/06/2020
License # 019916 BILINGUAL COMMUNICATION THERAPY
Lic Expire 05/06/2022 11611 ASPENWAY DRIVE
Medicare 1: HOUSTON, TEXAS 77070
Medicare 2:
Phone (832) 604-3112 Fax (832) 604-3139
Type: Parent Agency Administrator JOSE HERNANDEZ

Owner Information
MMD PEDIATRIC SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 11/07/2018
License # 019068 BJ & M HEALTHCARE SERVICES LLC
Lic Expire 11/07/2022 3415 HORNBEAM DRIVE
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (713) 835-4703 Fax (281) 670-5042
Type: Parent Agency Administrator CHIDUBEM CHIWUZIE

Owner Information
BJ & M HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/18/2010
License # 013719 BLAKES BLESSING HEALTH CARE INC
Lic Expire 11/30/2022 2646 SOUTH LOOP WEST #422
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (832) 539-1999 Fax (713) 432-1701
Type: Parent Agency Administrator CHRISTY JONES- BLAKES

Owner Information
BLAKES BLESSING HEALTH CARE INC.
2422 POCO DRIVE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/10/2015
License # 016845 BLESS IT HANDS HOME HEALTH CARE
Lic Expire 06/30/2021 340 N SAM HOUSTON PKWY E SUITE #A243
Medicare 1: HOUSTON, TX 77060
Medicare 2:
Phone (832) 499-9875 Fax (866) 593-3931
Type: Parent Agency Administrator TINA SMITH

Owner Information
TINA LAVETTE SMITH
PO BOX 62184
HOUSTON, TEXAS 77205
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/19/2015
License # 016849 BLESSED HOME HEALTH SERVICES INC
Lic Expire 02/28/2021 7457 HARWIN DR STE 260A
Medicare 1: 743124 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (713) 773-0999 Fax (713) 778-1919
Type: Parent Agency Administrator KERRY AKUKORO

Owner Information
BLESSED HOME HEALTH SERVICES INC
7457 HARWIN DR 105
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/12/2020
License # 020311 BLISS HEALTH SERVICES INC
Lic Expire 11/12/2022 4715 WESTGARDEN PLACE,
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (202) 830-4105 Fax
Type: Parent Agency Administrator OLUFUNMILAYO ROZ-OMOPE

Owner Information
BLISS HEALTH SERVICES INC
4715 WESTGARDEN PLACE
KATY, TX 77449
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/01/2019
License # 019301 BLOSSOM HEALTHCARE INC
Lic Expire 02/01/2023 9894 BISSONNET STREET #422
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (281) 822-0061 Fax (281) 822-0060
Type: Parent Agency Administrator INNOCENT OBETA

Owner Information
BLOSSOM HEALTHCARE INC
5411 GEMSTONE PARK ROAD
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 12/04/2020
License # 020376 BLUE BONNET HOSPICE CARE, LLC.
Lic Expire 12/04/2022 9950 WESTPARK DRIVE SUITE 646
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone 800 590 5738 Fax (281) 564-7326
Type: Parent Agency Administrator JOEL ADA

Owner Information
BLUE BONNET HOSPICE CARE, LLC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 03/16/2017
License # 018167 BLUE STAR HOSPICE INC
Lic Expire 07/30/2021 2023 N MASON ROAD #202
Medicare 1: 741560 HOSPICE KATY, TX 77449
Medicare 2:
Phone (832) 727-9119 Fax (832) 204-8414
Type: Parent Agency Administrator SONIA ROSSI

Owner Information
BLUE STAR HOSPICE, INC
423 MASON PARK STE A-1
KATY, TX 77450
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/21/2021
License # 020477 BLUE STREAM HOSPICE AND PALLIATIVE CARE INC
Lic Expire 01/21/2023 2646 SOUTH LOOP WEST STE 440
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 667-7202 Fax (713) 667-0712
Type: Parent Agency Administrator KUDY ADELAKUN

Owner Information
BLUE STREAM HOSPICE AND PALLIATIVE CARE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/06/2019
License # 019412 BONAVENTURE HOME CARE INC.
Lic Expire 06/06/2021 21306 PROVINCIAL BOULEVARD
Medicare 1: KATY, TEXAS 77450
Medicare 2:
Phone 281 6469546 Fax 281 6469757
Type: Parent Agency Administrator ELIZABETH FITZGERALD

Owner Information
BONAVENTURE HOME CARE INC.
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/07/2011
License # 014201 BOSCO HEALTH CARE INC
Lic Expire 10/31/2021 6464 SAVOY DR STE 240
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 623-6327 Fax (713) 677-0739
Type: Parent Agency Administrator JAMES MCFRED

Owner Information
BOSCO HEALTH CARE INC
6464 SAVOY DRIVE 240
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 07/27/2018
License # 018850 BP OMEGA HOMECARE LLC
Lic Expire 07/31/2022 7111 HARWIN DRIVE SUITE 125 B
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 717-4295 Fax (281) 717-4211
Type: Parent Agency Administrator PRINCEPAUL AGBONLAHOR

Owner Information
BP OMEGA HOMECARE, LLC
7111 HARWIN DR. SUITE 125B
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/30/2016
License # 017604 BREAKTHROUGH PERSONAL HOMECARE SERVICES LLC
Lic Expire 08/31/2020 12223 CAMDEN MEADOW DR
Medicare 1: TOMBALL, TX 77375
Medicare 2:
Phone (832) 552-9953 Fax (281) 557-6399
Type: Parent Agency Administrator YANCY PAET

Owner Information
BREAKTHROUGH PERSONAL HOMECARE SERVICES LLC
12223 CAMDEN MEADOW DR
TOMBALL, TX 77375
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/20/2018
License # 018624 BRIARGATE HEALTHCARE SERVICES INC
Lic Expire 02/28/2022 6260 WESTPARK DR STE 250
Medicare 1: 971628 HOUSTON, TX 77057
Medicare 2:
Phone (832) 988-3387 Fax (281) 710-0762
Type: Parent Agency Administrator CLEOPATRA OGBONNAYA

Owner Information
BRIARGATE HEALTHCARE SERVICES INC
4350 TOWN PLAZA DRIVE SUITE 203
HOUSTON, TX 77045
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/21/2022

County **HARRIS** Region 06 Date Licensed 02/07/2007
License # 011063 BRIDGE SOLUTIONS
Lic Expire 02/28/2022 2500 TANGLEWILDE ST STE 223
Medicare 1: 747066 HOUSTON, TX 77063
Medicare 2:
Phone (713) 334-9920 Fax (713) 334-2527
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 11/12/2020
License # 020309 BRIDGE SOLUTIONS
Lic Expire 11/12/2022 2500 TANGLEWILDE ST #223
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (713) 333-2324 Fax (713) 334-2527
Type: Parent Agency Administrator TONY NWACHAN

Owner Information
EARNESTWOOD CORP
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/29/2019
License # 019634 BRIGHTLIGHT INFUSION HH AND PALLIATIVE CARE INC
Lic Expire 10/07/2021 6260 WESTPARK DR STE 265
Medicare 1: 971624 Hospice HOUSTON, HOUSTON 77057
Medicare 2:
Phone (832) 400-2104 Fax (866) 278-2834
Type: Parent Agency Administrator NINA OLUGU

Owner Information
BRIGHTLIGHT INFUSION HH AND PALLIATIVE CARE INC
6260 WESTPARK DR
HOUSTON, TEXAS 77057
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 11/25/2023

County **HARRIS** Region 06 Date Licensed 08/24/2018
License # 019702 BRIGHTSTAR CARE BELLAIRE / BUNKER HILL
Lic Expire 11/15/2021 1717 ST JAMES PLACE STE 305
Medicare 1: HOUSTON, TEXAS 77056
Medicare 2:
Phone (832) 730-1255 Fax (832) 730-1253
Type: Parent Agency Administrator RODERICK FRAZIER

Owner Information
FRAZIER HEALTH HOLDINGS LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 04/01/2019
License # 019344 BRIGHTSTAR CARE OF FRIENDSWOOD
Lic Expire 04/01/2024 1560 W. BAY AREA BLVD., SUITE 315
Medicare 1: FRIENDSWOOD, TX 77546
Medicare 2:
Phone 281 6064335 Fax 281 6064337
Type: Parent Agency Administrator RANDALL CASEY

Owner Information
KC HOME CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/06/2017
License # 012876 BROOKDALE AT HOME HOUSTON
Lic Expire 09/30/2021 14221 VINTAGE PRESERVE PARKWAY
Medicare 1: HOUSTON, TX 77070
Medicare 2:
Phone (832) 996-4900 Fax (832) 717-0418
Type: Branch Agency Administrator ALEXIS WASHINGTON

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/04/2012
License # 012876 BROOKDALE AT HOME HOUSTON
Lic Expire 09/30/2021 780 WEST BAY AREA BLVD.
Medicare 1: WEBSTER, TX 77598
Medicare 2:
Phone (281) 316-9055 Fax (281) 316-9066
Type: Branch Agency Administrator ALEXIS WASHINGTON

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/30/2009
License # 012876 BROOKDALE AT HOME HOUSTON
Lic Expire 09/30/2021 2929 POST OAK BOULEVARD
Medicare 1: HOUSTON, TX 77056
Medicare 2:
Phone (713) 993-9999 Fax (713) 993-0169
Type: Parent Agency Administrator ALEXIS WASHINGTON

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/04/2012
License # 012876 BROOKDALE AT HOME HOUSTON
Lic Expire 09/30/2021 11900 BARRYKNOLL LANE
Medicare 1: HOUSTON, TX 77024
Medicare 2:
Phone (713) 932-0400 Fax (713) 932-9952
Type: Branch Agency Administrator ALEXIS WASHINGTON

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/04/2012
License # 012876 BROOKDALE AT HOME HOUSTON
Lic Expire 09/30/2021 5151 BUFFALO SPEEDWAY
Medicare 1: HOUSTON, TX 77005
Medicare 2:
Phone (713) 432-7777 Fax (713) 839-8046
Type: Branch Agency Administrator ALEXIS WASHINGTON

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/05/2008
License # 011954 BROOKDALE HOME HEALTH HOUSTON
Lic Expire 02/28/2024 12606 WEST HOUSTON CENTER BLVD STE#300
Medicare 1: 679313 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (713) 623-0291 Fax (713) 877-0449
Type: Parent Agency Administrator LESLIE CITIZEN-GOBERDHAN

Owner Information
INNOVATIVE SENIOR CARE HOME HEALTH OF HOUSTON LLC
111 WESTWOOD PLACE
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 06/28/2023

County **HARRIS** Region 06 Date Licensed 10/01/2012
License # 015163 BROOKDALE HOSPICE HOUSTON
Lic Expire 09/30/2022 15425 NORTH FREEWAY SUITE 160
Medicare 1: 671663 HOSPICE HOUSTON, TX 77090
Medicare 2:
Phone (713) 623-0937 Fax (713) 623-0938
Type: Parent Agency Administrator LARISSA BALDWIN

Owner Information
BROOKDALE HOSPICE LLC
111 WESTWOOD PLACE, SUITE #400
BRENTWOOD, TN 37027
PHONE: (713) 623-0937 FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/09/2022

County **HARRIS** Region 06 Date Licensed
License # 015163 BROOKDALE HOSPICE HOUSTON
Lic Expire 09/30/2022 5751 BLYTHEWOOD STREET, STE 700
Medicare 1: HOUSTON, TX 77021
Medicare 2:
Phone (713) 623-0937 Fax (713) 623-0938
Type: Alternate Delivery Site Administrator LARISSA BALDWIN

Owner Information
BROOKDALE HOSPICE LLC
111 WESTWOOD PLACE, SUITE #400
BRENTWOOD, TN 37027
PHONE: (713) 623-0937 FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 09/09/2019
License # 019585 BRYTELYTE HOMECARE LLC
Lic Expire 09/09/2021 6260 WESTPARK DR STE 265
Medicare 1: HOUSTON, TEXAS 77057
Medicare 2:
Phone (832) 400-2104 Fax (832) 400-2105
Type: Parent Agency Administrator NINA OLUGU

Owner Information
BRYTELYTE HOMECARE LLC
6260 WESTPARK DR STE 265
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 12/20/2019
License # 019752 BUENA VIDA HOSPICE
Lic Expire 12/20/2021 810 HIGHWAY 6 S #102
Medicare 1: 971588 HOUSTON, TEXAS 77079
Medicare 2:
Phone (281) 888-1499 Fax (346) 204-4455
Type: Parent Agency Administrator VALLERY ADA

Owner Information
BUENA VIDA HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 09/11/2023

County **HARRIS** Region 06 Date Licensed 10/15/2018
License # 019794 BUTTERFLY HOSPICE & PALLATIVE CARE, LLC
Lic Expire 01/27/2022 2620 TANGLEWILD STREET SUITE 110
Medicare 1: HOUSTON, TX 770633203
Medicare 2:
Phone (346) 278-5445 Fax (346) 278-5450
Type: Parent Agency Administrator DARLENE DYKES WEAVER

Owner Information
BUTTERFLY HOSPICE & PALLATIVE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/11/2017
License # 018241 BY YOUR SIDE HOSPICE LLC
Lic Expire 06/30/2022 15602 ECHO CANYON DR #B
Medicare 1: 971581 HOSPICE HOUSTON, TX 77074
Medicare 2:
Phone (281) 513-2851 Fax (888) 248-9593
Type: Parent Agency Administrator CHUDI OGADI

Owner Information
BY YOUR SIDE HOSPICE LLC
9950 WESTPARK DR #634
HOUSTON, TX 77074
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/01/2022

County **HARRIS** Region 06 Date Licensed 02/15/2017
License # 018080 C & C ULTRA HEALTHCARE PROVIDERS INC
Lic Expire 02/28/2023 3300 SOUTH GESSNER RD #203
Medicare 1: 677938 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (832) 804-9649 Fax (832) 649-4988
Type: Parent Agency Administrator TOLUWALOPE LAOYE

Owner Information
C&C ULTRA HEALTHCARE PROVIDERS INC.
6001 SAVOY DR. SUITE #302
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 01/06/2021
License # 020435 C & E ANGELS OF LIFE CAREGIVING SERVICE
Lic Expire 01/06/2023 15467 BAMMEL OAKS COURT
Medicare 1: HOUSTON, TEXAS 77014
Medicare 2:
Phone (832) 683-1155 Fax (281) 919-2077
Type: Parent Agency Administrator TAWANA BROWN

Owner Information
C & E ANGELS OF LIFE HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/25/2009
License # 012464 C & E HOME HEALTH SERVICES INC
Lic Expire 02/28/2024 20127 IVORY VALLEY LANE
Medicare 1: 747545 CYPRESS, TX 77433
Medicare 2:
Phone 281 8461557 Fax 281 8461947
Type: Parent Agency Administrator PIERRE MAMIA

Owner Information
C & E HOME HEALTH SERVICES, INC.
20127 IVORY VALLEY LANE
CYPRESS, TEXAS 77433
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 04/17/2017
License # 018207 C & M HEALTH SERVICES
Lic Expire 04/30/2023 9494 SOUTHWEST FWY STE 450-B
Medicare 1: 747195 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (832) 623-6705 Fax (832) 623-6735
Type: Parent Agency Administrator JEREMY ULUOCHA

Owner Information
KAMSCARE INC.
9494 SOUTHWEST FWY STE 450-B
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/13/2007
License # 011823 C N E HOME HEALTH SERVICES INC
Lic Expire 03/31/2022 1880 SOUTH DAIRY ASHFORD RD. STE 537
Medicare 1: 679456 HHA-18 HOUSTON, TX 77077
Medicare 2:
Phone (713) 783-6373 Fax (713) 456-2500
Type: Parent Agency Administrator MARTIN MARASIGAN

Owner Information
CNE HOME HEALTH SERVICES,INC
PO BOX 218418
HOUSTON, TX 77218-8418
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/03/2017
License # 018225 C SUITE HEALTH SERVICES
Lic Expire 08/31/2021 7803 CRYSTAL MOON DRIVE
Medicare 1: HOUSTON, TX 77040
Medicare 2:
Phone (832) 895-9758 Fax (832) 218-0406
Type: Parent Agency Administrator JACQUELINE JOHNSON

Owner Information
CLARK HEALTHCARE SERVICES LLC
7803 CRYSTAL MOON DRIVE
HOUSTON, TX 77040
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/26/2005
License # 009550 C&S HEALTHCARE SERVICES INC
Lic Expire 01/31/2021 15430 RIDGE PARK DRIVE
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (281) 550-3665 Fax (281) 550-8449
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 10/02/2019
License # 019629 CALMCARE HOSPICE LLC
Lic Expire 10/02/2021 6260 WESTPARK DR STE. 266
Medicare 1: 971611 Hospice HOUSTON, TEXAS 77057
Medicare 2:
Phone (832) 723-4436 Fax (281) 990-6716
Type: Parent Agency Administrator JUDITH ONYEJIAKA

Owner Information
CALMCARE HOSPICE LLC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 10/30/2023

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

County **HARRIS** Region 06 Date Licensed 12/15/2011
License # 014529 CAMILLIANS HOME HEALTH SERVICES LLC
Lic Expire 12/31/2021 5909 WEST LOOP SOUTH SUITE #500
Medicare 1: 747820 HHA-18 BELLAIRE, TX 77401
Medicare 2:
Phone (832) 649-6092 Fax (800) 658-0781
Type: Parent Agency Administrator MAGDALENA TOLLES

Owner Information
CAMILLIANS HOME HEALTH SERVICES LLC
5909 WEST LOOP SOUTH SUITE #500
BELLAIRE, TX 77401
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/20/2003
License # 008606 CANAAN HEALTH CARE SERVICES INC
Lic Expire 08/31/2021 12602 LALEU LN
Medicare 1: 679457 HHA-18 HOUSTON, TX 77071
Medicare 2:
Phone (713) 771-7611 Fax (713) 771-7180
Type: Parent Agency Administrator OKWUCHI ARIMONYEOTU

Owner Information
CANAAN HEALTH CARE SERVICES INC
12602 LALEU LN
HOUSTON, TX 77071
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/30/2012
License # 014720 CANON HEALTHCARE LLC
Lic Expire 03/31/2020 14601 BELLAIRE BLVD SUITE #10
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (281) 575-8800 Fax (281) 575-0304
Type: Parent Agency Administrator QUEEN UKOH

Owner Information
CANON HEALTHCARE, LLC.
14601 BELLAIRE BLVD, SUITE #10
HOUSTON, TX 77083
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/27/2012
License # 015282 CAPENO HOME HEALTH INC
Lic Expire 12/31/2022 2000 SOUTH DAIRY ASHFORD, SUITE # 400
Medicare 1: HOUSTON, TEXAS 77077
Medicare 2:
Phone (281) 979-1372 Fax (281) 495-3770
Type: Parent Agency Administrator FRANCISCA EKWURUKE

Owner Information
CAPENO HOME HEALTH INC
3226 SOUTH BRIAR KNOLL DRIVE
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/12/2021
License # 020600 CAPSTONE HOSPICE LLC
Lic Expire 03/12/2024 8525 WYNDHAM VILLAGE DRIVE
Medicare 1: JERSEY VILLAGE, TEXAS 77040
Medicare 2:
Phone (832) 867-7851 Fax
Type: Parent Agency Administrator DAVID GOBER

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

County **HARRIS** Region 06 Date Licensed 02/15/2018
License # 018621 CAPU HOSPICE
Lic Expire 02/28/2022 14215 SOUTH POST OAK ROAD
Medicare 1: 74-1779 HOUSTON, TX 77045
Medicare 2:
Phone (832) 831-4686 Fax (832) 831-4616
Type: Parent Agency Administrator MARCIA JOI HOWARD

Owner Information
CAPU HEALTH CARE LLC
14215 SOUTH POST OAK ROAD
HOUSTON, TX 77045
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 12/19/2021

County **HARRIS** Region 06 Date Licensed 01/02/2020
License # 019808 CARE & CURE HOME HEALTH, INC.
Lic Expire 01/02/2022 14200 GULF FREEWAY STE 105
Medicare 1: 67-3130 HOUSTON, TEXAS 77034
Medicare 2:
Phone 281 9229000 Fax 281 9229001
Type: Parent Agency Administrator MEDHAT SALEM

Owner Information
CARE & CURE HOME HEALTH INC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 12/20/2019
License # 019676 CARE 4 U HOSPICE, INC.
Lic Expire 11/01/2021 6464 SAVOY DRIVE STE 545
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (713) 269-4194 Fax (281) 860-2030
Type: Parent Agency Administrator JESENIA PAREDES

Owner Information
CARE 4 U HOSPICE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 09/05/2019
License # 019452 CARE 4 YOU SENIOR SERVICES
Lic Expire 06/27/2021 12138 ELLA LEE LANE
Medicare 1: 971594 Hospice HOUSTON, TEXAS 77077
Medicare 2:
Phone (281) 372-6963 Fax (281) 741-8970
Type: Parent Agency Administrator JOEL ADA

Owner Information
COLE LEGACY INC.
2107 WILLOW LAKE DRIVE
HOUSTON, TEXAS 77077
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/21/2023

County **HARRIS** Region 06 Date Licensed 05/24/2007
License # 011353 CARE INNOVATIONS LLC
Lic Expire 05/31/2022 5850 SAN FELIPE STE # 500
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 771-1033 Fax (832) 201-7574
Type: Parent Agency Administrator KRIS DIAZ

Owner Information
CARE INNOVATIONS LLC
5850 SAN FELIPE STE 500
HOUSTON, TX 77057
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/24/2006
License # 010311 CARE OPTIONS HEALTH SERVICES INC
Lic Expire 02/28/2022 12440 OXFORD PARK DRIVE SUITE C106
Medicare 1: 677976 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (713) 977-1222 Fax (713) 977-1333
Type: Parent Agency Administrator AYODELE G DADA

Owner Information
CARE OPTIONS HEALTH SERVICES, INC.
SAME
HOUSTON, TX 77027
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/23/2018
License # 018570 CARE PLUS HOSPICE
Lic Expire 01/31/2020 9950 WESTPARK DRIVE SUITE 646
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone (713) 280-7985 Fax (281) 564-7326
Type: Parent Agency Administrator JOEL S ADA

Owner Information
CARE PLUS HOSPICE INC
9950 WESTPARK SUITE # 644
HOUSTON, TX 77063
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 03/29/2013
License # 019136 CARE SOLUTIONS INC.
Lic Expire 12/06/2022 13111 WESTHEIMER ROAD SUITE 121-C
Medicare 1: HOUSTON, TEXAS 77077
Medicare 2:
Phone (832) 602-2422 Fax (713) 541-4002
Type: Parent Agency Administrator ROXANA VELAZQUEZ

Owner Information
CARE SOLUTIONS INC
13111 WESTHEIMER RD SUITE 121
HOUSTON, TX 77077
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/01/2016
License # 017920 CARE TAKE HOME HEALTH INC
Lic Expire 11/30/2020 11625 W HARDY RD
Medicare 1: HOUSTON, TX 77076
Medicare 2:
Phone (713) 674-5616 Fax (713) 674-5620
Type: Parent Agency Administrator KEITH HEBERT

Owner Information
CARE TAKE HOME HEALTH INC
11625 W HARDY RD
HOUSTON, TX 77076
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 04/28/1999
License # 007015 CARE TEXAS HOME HEALTH AGENCY
Lic Expire 04/30/2022 11938 STROUD DR
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone 281 7601903 Fax (281) 760-1909
Type: Parent Agency Administrator SAMUEL DIPEOLU

Owner Information
DIPSONS INC, INC
11938 STROUD DR
HOUSTON, TX 77072
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/20/2017
License # 017868 CAREBUILDERS AT HOME
Lic Expire 01/31/2023 118 VINTAGE PARK BLVD SUITE W-425
Medicare 1: HOUSTON, TX 77070
Medicare 2:
Phone (832) 266-1222 Fax (832) 590-0200
Type: Parent Agency Administrator NICOLE KENNEDY

Owner Information
CARE BY KENNEDY, LLC
17906 NORWOOD OAKS DR
SPRING, TX 77379
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/12/2018
License # 018561 CARE-KTER LLC
Lic Expire 01/31/2022 17815 PECAN BAYOU LANE
Medicare 1: CYPRESS, TX 77433
Medicare 2:
Phone (832) 641-1728 Fax (832) 848-1223
Type: Parent Agency Administrator ANNA ROUBAN

Owner Information
CARE-KTER LLC
17815 PECAN BAYOU LN
CYPRESS, TX 77433
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/07/2007
License # 011317 CAREPOINT HEALTH INC
Lic Expire 05/31/2022 7324 SOUTHWEST FRWY STE 550
Medicare 1: 747011 HOUSTON, TX 77074
Medicare 2:
Phone (713) 771-7990 Fax (713) 771-7947
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 05/22/2018
License # 018756 CARESNAP INC
Lic Expire 08/05/2022 2020 N LOOP W SUITE 140B
Medicare 1: HOUSTON, TX 77018
Medicare 2:
Phone (888) 253-7627 Fax (888) 253-7627
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 06/26/2019
License # 019444 CARETIME INC.
Lic Expire 06/26/2021 16819 BELLMOOR LANE
Medicare 1: HOUSTON, TEXAS 77084
Medicare 2:
Phone 405 2100868 Fax
Type: Parent Agency Administrator EHAB ALJABARI

Owner Information
CARETIME INC.
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/04/2005
License # 010117 CAREWORKS
Lic Expire 11/30/2021 12337 JONES ROAD SUITE #200-26
Medicare 1: HOUSTON, TX 77070
Medicare 2:
Phone (832) 237-2273 Fax (832) 237-5700
Type: Parent Agency Administrator WILLIAM HARDY JR

Owner Information
TRUSTED CARE SERVICES LLC
9514 FENCHURCH DRIVE
SPRING, TX 77379
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/17/2019
License # 019385 CARING ABUNDANTLY HOME & HOSPICE CARE, LLC
Lic Expire 05/17/2021 7206 FOX HALL LN
Medicare 1: HUMBLE, TEXAS 77338
Medicare 2:
Phone (713) 816-9543 Fax (281) 812-0986
Type: Parent Agency Administrator TORINA LANE

Owner Information
CARING ABUNDANTLY HOME & HOSPICE CARE, LLC.
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/03/2017
License # 018035 CARING HANDS AT HOME
Lic Expire 05/31/2021 14410 ANDREA WAY LANE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (281) 854-8328 Fax (281) 369-4722
Type: Parent Agency Administrator CHIDIMMA OSUAGWU

Owner Information
KINLIN LLC
14410 ANDREA WAY LANE
HOUSTON, TX 77083
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/09/2016
License # 017525 CARING HEALTH SERVICES
Lic Expire 11/30/2019 16151 CAIRNWAY DR STE 200
Medicare 1: 673140 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (832) 683-4355 Fax (832) 427-1382
Type: Parent Agency Administrator VICTORIA JEFFERSON

Owner Information
VICTORIA JEFFERSON
16151 CAIRNWAY DR
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/03/2020
License # 019978 CARING HEART HOSPICE AND PALLIATIVE CARE SERVICES
Lic Expire 06/03/2022 6201 BONHOMME RD #468N
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 402-6644 Fax (713) 583-8124
Type: Parent Agency Administrator SHELIA NELSON-MEREDITH

Owner Information
CARING ANGELS GROUP INC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/07/2014
License # 016189 CARING HEARTS 24/7 LLC
Lic Expire 02/25/2021 3922 CLUB VALLEY DRIVE
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (832) 279-4452 Fax (832) 781-8766
Type: Parent Agency Administrator NATASHA DAVIS

Owner Information
CARING HEARTS 24/7 LLC
3922 CLUB VALLEY DRIVE
HOUSTON, TX 77082
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/17/2002
License # 007827 CARING PROFESSIONAL HEALTH SERVICES INC
Lic Expire 01/31/2022 8300 BISSONNET SUITE #150
Medicare 1: 679152 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 270-9304 Fax (713) 270-9305
Type: Parent Agency Administrator VALENTIN TAPIA

Owner Information
CARING PROFESSIONAL HEALTH SERVICES INC
SAME
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 12/06/2010
License # 013851 CARING SENIOR SERVICE OF HOUSTON
Lic Expire 12/31/2022 110 CYPRESS STATION DR SUITE 163
Medicare 1: HOUSTON, TX 77090
Medicare 2:
Phone (281) 893-6699 Fax (281) 893-6698
Type: Parent Agency Administrator KATHY CASEY

Owner Information
RPKC, INC
PO BOX 130628
THE WOODLANDS, TX 77393
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 07/29/2013
License # 015801 CARTER HEALTHCARE
Lic Expire 07/31/2021 5265 LOUETTA ROAD SUITE #B
Medicare 1: 679510 HHA-18 SPRING, TX 77379
Medicare 2:
Phone (281) 379-7052 Fax (281) 376-4357
Type: Parent Agency Administrator JAMES CARTER

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** Region 06 Date Licensed 07/12/2017
License # 018156 CASA TRINIDAD IN-HOME CARE LLC
Lic Expire 07/31/2021 3315 BURKE ROAD SUITE 240-B
Medicare 1: PASADENA, TX 77504
Medicare 2:
Phone (832) 672-6648 Fax (832) 672-6312
Type: Parent Agency Administrator DAISY ALANIZ

Owner Information
CASA TRINIDAD IN-HOME CARE LLC
SAME
PASADENA, TX 77505-1638
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/17/2001
License # 007673 CASSEL HEALTH SERVICES
Lic Expire 07/31/2022 10333 HARWIN DR STE 575
Medicare 1: 679085 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 988-9443 Fax (713) 988-9553
Type: Parent Agency Administrator VIRGINIA CASSEL

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

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County **HARRIS** Region 06 Date Licensed 09/30/2006
License # 011069 CATALYST HEALTH SERVICES INC
Lic Expire 09/30/2021 1724 RICHMOND AVE
Medicare 1: 457896 HOUSTON, TEXAS 77098
Medicare 2:
Phone (713) 597-5131 Fax (855) 474-9087
Type: Parent Agency Administrator MONICA GARCIA

Owner Information
CATALYST HEALTH SERVICES INC
223 WEST 25TH STREET
HOUSTON, TX 77008
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 10/02/2002
License # 008131 CATHY HOME CARE LTD
Lic Expire 10/31/2021 7601 W SAM HOUSTON PKWY SOUTH SUITE #818
Medicare 1: 679216 HHA-18 HOUSTON, TX 77072
Medicare 2:
Phone (713) 779-8998 Fax (713) 779-8997
Type: Parent Agency Administrator CATHERINE PHAM

Owner Information
CATHY HOME CARE LTD
7601 W SAM HOUSTON PKWY SOUTH #818
HOUSTON, TX 77072
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/26/1999
License # 007085 CCR INC HOME HEALTH
Lic Expire 11/30/2020 14215 SOUTH POST OAK ROAD
Medicare 1: HOUSTON, TX 77045
Medicare 2:
Phone (713) 596-9030 Fax (713) 596-9031
Type: Parent Agency Administrator E.CHINYERE NWANNA

Owner Information
CONSOLIDATED COMMUNITY RESOURCES INC
1314 COLONY LAKES DRIVE
SUGAR LAND, TEXAS 77479
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/12/2019
License # 019621 CECE HOSPICE LLC
Lic Expire 09/30/2021 8700 COMMERCE PARK DR SUITE 208
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 478-4533 Fax (866) 278-2834
Type: Parent Agency Administrator DAVIS EGWIM

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

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

County **HARRIS** Region 06 Date Licensed 03/11/2021
License # 020589 CELESTIAL HOSPICE, INC
Lic Expire 03/11/2023 2922 ROSEDALE ST STE 1240
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (713) 874-1234 Fax (713) 521-1277
Type: Parent Agency Administrator JENNIFER ROY

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

County **HARRIS** Region 06 Date Licensed 04/12/1993
License # 002522 CENTRAL HOME HEALTH SERVICES OF TEXAS INC
Lic Expire 04/30/2021 10303 NORTHWEST FREEWAY SUITE 512
Medicare 1: 677668 HOUSTON, TX 77092
Medicare 2:
Phone (713) 461-5696 Fax (713) 461-5698
Type: Parent Agency Administrator WINSOME SPENCER

Owner Information
CENTRAL HOME HEALTH SERVICES OF TEXAS INC
26515 WEDGEWOOD
CYPRESS, TX 77433
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/21/2013
License # 015822 CEST LA VIE PALLIATIVE AND HOSPICE CARE INC
Lic Expire 01/06/2022 6671 SOUTHWEST FREEWAY, SUITE 310
Medicare 1: 741602 HOSPICE HOUSTON, TEXAS 77074
Medicare 2:
Phone (713) 773-2153 Fax (713) 474-1697
Type: Parent Agency Administrator SERGE UKAWILU

Owner Information
CEST LA VIE PALLIATIVE AND HOSPICE CARE INC
9330 LBJ FREEWAY SUITE 900
DALLAS, TX 75243
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/18/2020
License # 019947 CEVACARE HOME & HEALTH SERVICES LLC
Lic Expire 05/18/2022 11111 KATY FREEWAY, #934
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 973-5763 Fax na
Type: Parent Agency Administrator CLARA UWAMU

Owner Information
CEVACARE HOME & HEALTH SERVICES LLC
11111 KATY FREEWAY, #910
HOUSTON, TEXAS 77079
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/27/2016
License # 017371 CHAMPION HOSPICE LLC
Lic Expire 11/30/2022 17070 RED OAK DR SUITE 503
Medicare 1: 741644 HOSPICE HOUSTON, TX 77090
Medicare 2:
Phone (281) 444-6519 Fax (281) 444-3417
Type: Parent Agency Administrator PATSY HANDY

Owner Information
CHAMPION HOSPICE, LLC
17070 RED OAK DR. SUITE #503
HOUSTON, TX 77090
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/02/2004
License # 009191 CHARLTON HOME HEALTH INC
Lic Expire 01/31/2022 9888 BISSONNET SUITE 268
Medicare 1: 679219 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 271-2533 Fax (713) 271-3205
Type: Parent Agency Administrator CHARLES ANUMNU

Owner Information
CHARLTON HOME HEALTH, INC
9888 BISSONNET STREET SUITE 268
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/17/2019
License # 019872 CHARSONY MEDICAL SERVICES
Lic Expire 03/17/2021 2620 TANGLEWILDE ST SUITE 109
Medicare 1: HOUSTON, TEXAS 770633203
Medicare 2:
Phone (281) 760-8414 Fax (832) 847-4220
Type: Parent Agency Administrator OLAKUNLE OMIYALE

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

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

County **HARRIS** Region 06 Date Licensed 05/26/2006
License # 010486 CHEMIK HEALTH CARE SERVICES INC
Lic Expire 05/31/2024 9555 W SAM HOUSTON PARKWAY SOUTH STE 340
Medicare 1: 747019 HOUSTON, TX 77099
Medicare 2:
Phone (281) 933-2902 Fax (281) 933-9608
Type: Parent Agency Administrator PAULINE ODUTOLA

Owner Information
CHEMIK HEALTH CARE SERVICES INC
9555 WEST SAM HOUSTON PARKWAY SOUTH SUITE 340
HOUSTON, TX 77099
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/08/2012
License # 015322 CHILDREN'S HOME CARE
Lic Expire 11/30/2022 14950 HEATHROW FOREST PARKWAY, SUITE 250
Medicare 1: HOUSTON, TX 77032
Medicare 2:
Phone (281) 921-2301 Fax (281) 921-2305
Type: Parent Agency Administrator ERIK CASPERSON

Owner Information
CHILDREN'S HOME CARE LLC
14950 HEATHROW FOREST PKWY SUITE 250
HOUSTON, TX 77032
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 07/24/2020
License # 020075 CHIVALRY PALLIATIVE CARE SERVICES, INC.
Lic Expire 07/24/2022 515 N SAM HOUSTON PKWY E SUITE 430
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone 18003593184 Fax (281) 564-7326
Type: Parent Agency Administrator JOEL ADA

Owner Information
CHIVALRY PALLIATIVE CARE SERVICES, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/01/2014
License # 016532 CHOICE HOMECARE
Lic Expire 05/31/2022 12929 GULF FREEWAY
Medicare 1: 747242 HHA-18 HOUSTON, TX 77034
Medicare 2:
Phone 844 2700096 Fax (877) 715-5675
Type: Parent Agency Administrator DEBORAH TOMLIN

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
Accreditation: CHAP - Deemed, Expires: 10/19/2021

County **HARRIS** Region 06 Date Licensed 07/06/2017
License # 018147 CHOICE HOSPICE
Lic Expire 07/31/2021 8303 SOUTHWEST FREEWAY SUITE 545
Medicare 1: 741699 HOSPICE HOUSTON, TX 77074
Medicare 2:
Phone (713) 485-6940 Fax (832) 548-1164
Type: Parent Agency Administrator TOM KURIAN

Owner Information
NEXTGEN HOSPICE CARE, LLC
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/04/2024

County **HARRIS** Region 06 Date Licensed 03/24/2021
License # 020639 CHOICE HOSPICE
Lic Expire 03/24/2023 8303 SOUTHWEST FREEWAY, SUITE 547
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (281) 630-0483 Fax (832) 548-1164
Type: Parent Agency Administrator TOM KURIAN

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

County **HARRIS** Region 06 Date Licensed 06/30/2020
License # 020022 CHOICE OF LIVING ,LLC
Lic Expire 06/30/2022 10445 GREENS CROSSING BLVD.APT.127
Medicare 1: HOUSTON, TEXAS 77038
Medicare 2:
Phone (800) 674-2879 Fax
Type: Parent Agency Administrator YOLANDA AKORAH

Owner Information
CHOICE OF LIVING LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 09/15/2016
License # 017629 CHRISTIAN COMPANIONS
Lic Expire 09/30/2022 14526 OLD KATY RD SUITE 96
Medicare 1: HOUSTON, TX 77079
Medicare 2:
Phone (832) 413-3115 Fax (832) 408-7791
Type: Parent Agency 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

County **HARRIS** Region 06 Date Licensed 05/28/2015
License # 016827 CHRISTIAN PROVIDER SERVICES INC
Lic Expire 05/31/2021 11200 WESTHIEMER RD STE 1050
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone 18008912184 Fax (281) 988-5391
Type: Parent Agency Administrator MICHAEL OKENDU

Owner Information
CHRISTIAN PROVIDER SERVICE INC
7322 SOUTHWEST FREEWAY SUITE 530
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/16/2011
License # 013897 CHRISTIAN SENIOR CARE SERVICES
Lic Expire 02/28/2023 5625 FM 1960 ROAD WEST SUITE 405
Medicare 1: HOUSTON, TX 77069
Medicare 2:
Phone (832) 286-4690 Fax (832) 286-4691
Type: Parent Agency Administrator QUINTIN FAISON

Owner Information
FAISON & FAISON, LLC
5625 FM 1960 ROAD WEST, SUITE #405
HOUSTON, TX 77069
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/06/2016
License # 017386 CHRISTMAS HOME HEALTH & PERSONAL ASSISTANCE SERVICE
Lic Expire 05/31/2022 12288 WESTHEIMER RD STE 400
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (832) 877-6946 Fax (832) 739-8400
Type: Parent Agency Administrator JESSIE FENG

Owner Information
CHRISTMAS CHARITY, INC
9131 GIANNA CT
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 10/15/2023

County **HARRIS** Region 06 Date Licensed 07/21/2017
License # 018186 CHRYSALIS SPECTRUM LLC
Lic Expire 07/31/2021 118 VINTAGE PARK BLVD SUITE W449
Medicare 1: HOUSTON, TEXAS 77070
Medicare 2:
Phone (281) 407-1662 Fax 18322188761
Type: Parent Agency Administrator ALISA ELLIOT

Owner Information
CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY
6819 PRAIRIE DUNES DR
HOUSTON, TX 77069
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/15/2016
License # 017883 CHRYSOLYTE HEALTH SERVICES
Lic Expire 12/30/2022 8700 COMMERCE PARK DR STE 208
Medicare 1: 457888 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (832) 703-0137 Fax (877) 212-2568
Type: Parent Agency Administrator PAUL ROBERTSON

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

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County **HARRIS** Region 07 Date Licensed 09/17/2013
License # 015904 CIRCLE OF CARE
Lic Expire 09/30/2021 2211 NORFOLK ST. SUITE 208
Medicare 1: HOUSTON, TX 77098
Medicare 2:
Phone (713) 800-9902 Fax (713) 800-9903
Type: Branch Agency Administrator CHARLOTTE CHANDLER

Owner Information
CTW HOME HEALTH INC
4553 N LOOP 1604 W STE#1119
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed Home Health Services

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

County **HARRIS** Region 06 Date Licensed 05/31/2000
License # 007431 CITIZEN CARE HOME HEALTH INC
Lic Expire 05/31/2022 2646 SOUTH LOOP WEST SUITE 440
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (713) 667-7202 Fax (713) 667-0712
Type: Parent Agency Administrator KUDY ADELAKUN

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

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County **HARRIS** Region 06 Date Licensed 03/03/2021
License # 020561 CITIZENS PALLIATIVE CARE LLC
Lic Expire 03/03/2023 2646 SOUTH LOOP WEST STE 440
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 667-7202 Fax (713) 667-0712
Type: Parent Agency Administrator KUDY ADELAKUN

Owner Information
CITIZENS PALLIATIVE CARE LLC
2646 SOUTH LOOP WEST #440
HOUSTON, TEXAS 77054
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/29/2007
License # 011667 CITY CROWN HOME HEALTH AGENCY INC
Lic Expire 09/30/2022 1560 WEST BAY AREA BLVD SUITE #230
Medicare 1: 457908 HHA-18 FRIENDSWOOD, TX 77546
Medicare 2:
Phone (281) 486-2020 Fax (281) 486-2096
Type: Parent Agency Administrator VERONICA OKAFOR

Owner Information
CITY CROWN HOME HEALTH AGENCY INC
1560 WEST BAY AREA BLVD
FRIENDSWOOD, TX 77546
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 09/07/2012
License # 015055 CITYCARING HEALTHCARE LLC
Lic Expire 09/30/2022 8700 COMMERCE PARK SUITE 236
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 216-1556 Fax (832) 242-7919
Type: Parent Agency Administrator UCHENNA WATSON

Owner Information
CITYCARING HEALTHCARE LLC
10039 BISSONNET SUITE #336
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/24/2021
License # 020638 CLEARWATER HOSPICE INC
Lic Expire 03/24/2024 6464 SAVOY DRIVE STE 550
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 878-7654 Fax (281) 860-2030
Type: Parent Agency Administrator MICHELLE ADEBAYO

Owner Information
CLEARWATER HOSPICE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/27/2010
License # 013493 CMD HOME HEALTH, INC
Lic Expire 07/31/2022 6666 HARWIN SUITE #510
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 974-7373 Fax (713) 532-0538
Type: Parent Agency Administrator ANGEL CHAVEZ

Owner Information
CMD HOME HEALTH, INC
6666 HARWIN, SUITE #510
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/11/2007
License # 011248 CNJ HOMECARE INC
Lic Expire 04/30/2023 8700 COMMERCE PARK DRIVE SUITE 105
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 685-0838 Fax (832) 767-2845
Type: Parent Agency Administrator FRANCES OKAFOR

Owner Information
CNJ HOMECARE INC
8700 COMMERCE PARK DR #105
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/31/2012
License # 014775 COASTAL HOME HEALTH CARE
Lic Expire 03/31/2022 1249 B BLALOCK ROAD SUITE 203
Medicare 1: 679000 HHA-18 HOUSTON, TEXAS 77055
Medicare 2:
Phone (713) 772-0035 Fax (713) 973-2097
Type: Parent Agency Administrator SEOUNG RYOU

Owner Information
HAN MA EUM, INC
10122 LONG POINT ROAD, SUITE 116
HOUSTON, TX 77043-4300
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/09/1996
License # 005445 COASTAL MEDICAL SERVICES INC
Lic Expire 09/30/2021 8303 SOUTHWEST FREEWAY SUITE #820
Medicare 1: 678086 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 771-8470 Fax (713) 771-8474
Type: Parent Agency Administrator DANIEL JACK

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
Accreditation: JCAHO - Deemed, Expires: 07/19/2022

County **HARRIS** Region 06 Date Licensed 12/08/2006
License # 010926 COLBY D HEALTHCARE INC
Lic Expire 12/31/2022 9888 BISSONNET ST #410
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 563-4970 Fax (713) 774-1842
Type: Parent Agency Administrator BRIDGETTE DAVIS

Owner Information
COLBY HEALTHCARE INC
9888 BISSONNET #410
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/17/2010
License # 013394 COLEMAN HEALTHCARE INC
Lic Expire 06/30/2022 17302 HOUSE HAHL ROAD SUITE 328
Medicare 1: CYPRESS, TX 77433
Medicare 2:
Phone (281) 916-1900 Fax (281) 978-2617
Type: Parent Agency Administrator INNOCENT NNANNA

Owner Information
COLEMAN HEALTHCARE INC
12311 S RAVEN SHORE CT
CYPRESS, TX 77433
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/28/2014
License # 016118 COMFORT CHOICE HOME HEALTH INC
Lic Expire 03/31/2022 16123 TALONCREST DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (832) 875-6037 Fax (832) 917-0675
Type: Parent Agency Administrator ROSALINE ERHUNMWUNSEE

Owner Information
COMFORT CHOICE HOME HEALTH INC
16123 TALONCREST DRIVE
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 03 Date Licensed 02/09/2015
License # 013951 COMFORT HOSPICE
Lic Expire 09/30/2022 8588 KATY FREEWAY, STE 226C
Medicare 1: 67-1633 HOUSTON, TX 770241829
Medicare 2:
Phone (832) 786-4216 Fax (877) 396-5954
Type: Alternate Delivery Site Administrator CAROL HARDWICK

Owner Information
COMFORT HOSPICE OF TEXAS, LLC
PO BOX 99278
TROY, MI 48099
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/14/2024

County **HARRIS** Region 03 Date Licensed 02/09/2015
License # 013951 COMFORT HOSPICE
Lic Expire 09/30/2022 8588 KATY FREEWAY, STE 226C
Medicare 1: 67-1633 HOUSTON, TX 770241829
Medicare 2:
Phone (832) 786-4216 Fax (877) 396-5954
Type: Alternate Delivery Site Administrator CAROL HARDWICK

Owner Information
COMFORT HOSPICE OF TEXAS, LLC
PO BOX 99278
TROY, MI 48099
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/14/2024

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

County **HARRIS** Region 06 Date Licensed 09/23/2020
License # 020192 COMFORT HOSPICE AND PALLIATIVE CARE SERVICES, INC.
Lic Expire 09/23/2022 515 N SAM HOUSTON PKWY E SUITE 430
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone 800 286 5898 Fax 281 564 7326
Type: Parent Agency Administrator JOEL ADA

Owner Information
COMFORT HOSPICE AND PALLIATIVE CARE SERVICES, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 12/03/2018
License # 019130 COMFORT KEEPERS
Lic Expire 12/03/2022 13831 NORTHWEST FWY #403
Medicare 1: HOUSTON, TX 77040
Medicare 2:
Phone (346) 269-1363 Fax (346) 246-4901
Type: Parent Agency Administrator MARIA VILLEGAS

Owner Information
SANAR HOME CARE LLC
13831 NORTHWEST FREEWAY SUITE 403
HOUSTON, TX 77040
PHONE: (346) 269-1363 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/05/2006
License # 010234 COMFORT KEEPERS
Lic Expire 01/31/2024 6117 RICHMOND AVE STE 150
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 974-6920 Fax (713) 974-6922
Type: Parent Agency Administrator FREDERICK SELBY CLARK

Owner Information
THE LOVING CLARKS INC
2630 FOUNTAIN VIEW DRIVE #226
HOUSTON, TX 77057
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/14/2009
License # 012958 COMFORT KEEPERS CLEAR LAKE
Lic Expire 09/30/2021 17045 EL CAMINO REAL SUITE 104
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 218-7400 Fax (281) 218-7401
Type: Parent Agency 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** Region 06 Date Licensed 10/18/2016
License # 017680 COMFORTCARE HOMEHEALTH SERVICES LLC
Lic Expire 10/31/2022 2305 HIGHWAY 6 SOUTH SUITE A
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (832) 486-9642 Fax (832) 486-9732
Type: Parent Agency Administrator KAMRUL ALAM

Owner Information
COMFORTCARE HOMEHEALTH SERVICES LLC
2305 HIGHWAY 6 SOUTH SUITE A
HOUSTON, TX 77077
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/22/2013
License # 016336 COMFORTHOME HEALTH CARE INC.
Lic Expire 01/31/2023 8700 COMMERCE PARK DR #122
Medicare 1: 679224 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (713) 988-2434 Fax (713) 988-6247
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 04/18/2019
License # 019333 COMFORTING HANDS HEALTHCARE LLC
Lic Expire 04/18/2021 7407 PLEASANT RIDGE DR.
Medicare 1: HOUSTON, TEXAS 77095
Medicare 2:
Phone (813) 335-6895 Fax (813) 335-0579
Type: Parent Agency Administrator OMOLOLA KOMOLAFE

Owner Information
COMFORTING HANDS HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/02/2012
License # 014557 COMMUNICATION ESSENTIALS
Lic Expire 01/31/2022 505 N. SAM HOUSTON PARKWAY E SUITE #615
Medicare 1: HOUSTON, TX 77060
Medicare 2:
Phone (832) 484-3756 Fax (832) 324-7860
Type: Parent Agency 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** Region 06 Date Licensed 07/27/2020
License # 020076 COMMUNITY HOSPICE PALLIATIVE, INC
Lic Expire 07/27/2022 9100 SOUTHWEST FREEWAY SUITE 206
Medicare 1: HOUSTON, TEXAS 77407
Medicare 2:
Phone 1 866 252 4689 Fax (281) 564-7326
Type: Parent Agency Administrator JOEL ADA

Owner Information
COMMUNITY HOSPICE PALLIATIVE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/12/2021
License # 020692 COMPANION CARE HOME HEALTHCARE LLC
Lic Expire 04/12/2024 11111 KATY FWY STE 910
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (832) 626-2933 Fax (832) 626-2989
Type: Parent Agency Administrator FRANK OWENS

Owner Information
COMPANION CARE HOME HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/09/2011
License # 014461 COMPASS HEALTH SERVICES INC
Lic Expire 11/30/2021 17934 ROYAL GATE LANE
Medicare 1: RICHMOND, TX 774074764
Medicare 2:
Phone (713) 366-1225 Fax (713) 583-3585
Type: Parent Agency Administrator TAIWO STANLEY SANGODEYI

Owner Information
COMPASS HEALTH SERVICES INC
7447 HARWIN DR #220 I
HOUSTON, TX 77036-2016
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/13/2021
License # 020452 COMPETENT CARE HOME HEALTH LLC
Lic Expire 01/13/2023 14631 AUBURN DUSK DR
Medicare 1: HOUSTON, TX 770691135
Medicare 2:
Phone (615) 429-2767 Fax
Type: Parent Agency Administrator FLORENCE AMOAKO

Owner Information
COMPETENT CARE HOME HEALTH LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/09/2019
License # 019464 COMPLETE HOME HEALTHCARE PLUS LLC
Lic Expire 07/02/2021 10101 SOUTHWEST FRWY STE. 402
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (713) 637-4876 Fax (346) 980-8867
Type: Parent Agency Administrator TOI MANN

Owner Information
COMPLETE HOME HEALTHCARE PLUS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/30/2015
License # 019913 COMPREHENSIVE PLUS HOME HEALTH INC
Lic Expire 08/30/2021 14423 CORNERSTONE VILLAGE DR. STE. 119
Medicare 1: 679274 HOUSTON, TX 77014
Medicare 2:
Phone 713 3708091 Fax 281 7270015
Type: Parent Agency Administrator SIMON ITAMAN

Owner Information
THE GOOD SHEPHARD LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 10/27/2008
License # 012395 CONCEPT HEALTH SERVICES INC
Lic Expire 10/31/2022 13707 SUNMOUNT PINES DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (346) 219-5981 Fax (281) 498-1163
Type: Parent Agency Administrator CHINWE OBUKWELU

Owner Information
CONCEPT HEALTH SERVICES INC.
10333 HARWIN DRIVE SUITE 120F
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/03/2020
License # 020367 CONCIERGE CLINICIANS OF HOUSTON LLC
Lic Expire 12/03/2022 427 WEST 20TH STREET SUITE 611
Medicare 1: HOUSTON, TEXAS 77008
Medicare 2:
Phone (713) 715-5065 Fax
Type: Parent Agency Administrator TAREK HUSSEIN

Owner Information
CONCIERGE CLINICIANS OF HOUSTON LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/08/2020
License # 020041 CONCIERGE HOSPICE
Lic Expire 07/08/2022 9950 WESTPARK DRIVE SUITE 646
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone 866 454 6774 Fax 281 564 7326
Type: Parent Agency Administrator JOEL ADA

Owner Information
CONCIERGE HOSPICE AND PALLIATIVE CARE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/11/2019
License # 019247 CONSISTENT QUALITY HOME CARE LLC
Lic Expire 02/11/2021 4813 ALVIN ST
Medicare 1: HOUSTON, TX 77033
Medicare 2:
Phone (281) 492-4865 Fax
Type: Parent Agency Administrator LASHUNDRA LAWSON

Owner Information
CONSISTENT QUALITY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/12/1994
License # 003258 CONSOLIDATED COMMUNITY RESOURCES INC
Lic Expire 09/30/2022 14215 SOUTH POST OAK ROAD
Medicare 1: 458333 HHA-18 HOUSTON, TX 77045
Medicare 2:
Phone (713) 596-9030 Fax (713) 596-9031
Type: Parent Agency Administrator E. CHINYERE NWANNA

Owner Information
CONSOLIDATED COMMUNITY RESOURCES INC
1314 COLONY LAKES DRIVE
SUGAR LAND, TEXAS 77479
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/15/2017
License # 018563 CONTACT CARE HEALTH SERVICES INC
Lic Expire 10/31/2021 8700 COMMERCE PARK DR, STE. 150
Medicare 1: 747226 HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 831-7042 Fax (832) 849-0932
Type: Parent Agency Administrator OMOTAYO LAWAL

Owner Information
CONTACT CARE HEALTH SERVICES INC
5433 WESTHEIMER RD STE 408
HOUSTON, TX 77056
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/24/2007
License # 011354 CONTINUITY CARE HOME HEALTH AGENCY LLC
Lic Expire 05/31/2021 1110 KINGWOOD DR STE 200JK
Medicare 1: 679744 HHA-18 KINGWOOD, TX 77339
Medicare 2:
Phone (281) 348-2328 Fax (281) 358-2680
Type: Parent Agency Administrator JOSE LARA

Owner Information
CONTINUITY CARE HOME HEALTH AGENCY LLC
1510 WALNUT LANE
KINGWOOD, TX 77339
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: JCAHO, Expires: 10/10/2022

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

County **HARRIS** Region 06 Date Licensed 01/09/1989
License # 003647 CORAM CVS/SPECIALITY INFUSION SERVICES
Lic Expire 03/31/2022 10611 S SAM HOUSTON PARKWAY WEST #200
Medicare 1: HOUSTON, TX 77071
Medicare 2:
Phone (713) 667-4010 Fax (713) 667-9304
Type: Parent Agency Administrator JAMES RANKIN

Owner Information
CORAM ALTERNATE SITE SERVICES INC
ONE CVS DRIVE, MC #1160
WOONSOCKET, RI 2895
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 03/17/2004
License # 008970 CORAZON HOMECARE INC
Lic Expire 03/31/2023 4105 CHAPMAN
Medicare 1: 673112 HHA-18 HOUSTON, TX 77009
Medicare 2:
Phone (713) 490-3222 Fax (713) 490-3555
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 12/07/2020
License # 020026 CORNERSTONE CAREGIVING
Lic Expire 07/01/2022 440 COBIA DR. STE 2003
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (281) 915-2250 Fax
Type: Parent Agency Administrator CHAD KELLY

Owner Information
KATY TX CAREGIVING LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/24/2008
License # 011838 CORNERSTONE COMMUNITY HEALTHCARE SERVICES INC
Lic Expire 01/31/2021 2626 SOUTH LOOP WEST SUITE 118
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (713) 664-6100 Fax (713) 664-6103
Type: Parent Agency Administrator ROSALIND LEWINGS

Owner Information
CORNERSTONE COMMUNITY HEALTHCARE SERVICES INC
19806 CAMPFIELD DRIVE
KATY, TX 77449
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/03/2011
License # 014449 CORPUS CHRISTI HOSPICE
Lic Expire 11/30/2021 9950 WESTPARK DR STE 646
Medicare 1: 671706 HOSPICE HOUSTON, TX 77063
Medicare 2:
Phone (713) 784-2885 Fax (713) 784-2848
Type: Parent Agency Administrator JOEL ADA

Owner Information
CORPUS CHRISITI HEALTH SOLUTIONS INC
9950 WESTPARK DR STE 646
HOUSTON, TX 77053
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/26/2023

County **HARRIS** Region 06 Date Licensed 10/30/2008
License # 012284 COSMEC HEALTH CARE RESOURCE INC
Lic Expire 10/31/2022 8202 ASH GARDEN CT
Medicare 1: 747369 HHA-18 HOUSTON, TX 77083
Medicare 2:
Phone (281) 980-2977 Fax (281) 242-2265
Type: Parent Agency Administrator MONICA CHIOMA IGWE

Owner Information
COSMEC HEALTH CARE RESOURCE INC
8202 ASH GARDEN CT
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/15/2019
License # 019380 COUNTY HOME HEALTHCARE
Lic Expire 05/15/2021 13111 WESTHEIMER RD, SUITE 121
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (713) 541-4000 Fax (713) 541-4002
Type: Parent Agency Administrator ROXANA VELAZQUEZ

Owner Information
COUNTY HEALTHCARE INCORPORATED
13111 WESTHEIMER RD SUITE 121
HOUSTON, TX 77077
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/24/2020
License # 020072 COVENANT GRACE HOSPICE
Lic Expire 07/24/2022 9950 WESTPARK DRIVE SUITE 646
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone 800 487 9142 Fax 281 564 7326
Type: Parent Agency Administrator JOEL ADA

Owner Information
COVENANT GRACE HOSPICE, INC.
TEMP
, TX
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/15/2018
License # 019034 COWANS HOME CARE
Lic Expire 11/15/2022 15418 TYSOR PARK LANE
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (832) 865-2310 Fax (281) 463-7693
Type: Parent Agency Administrator RUBY COWANS

Owner Information
COWANS HOME CARE LLC
P.O. BOX 841683
HOUSTON, TX 77284
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/29/2010
License # 013587 CREATION HEALTH MANAGEMENT INC
Lic Expire 09/30/2022 16325 WESTHEIMER ROAD, SUITE 102
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (281) 793-9211 Fax (281) 392-5687
Type: Parent Agency Administrator HOPE ADODO

Owner Information
CREATION HEALTH MANAGEMENT INC
9207 COUNTRY CREEK DRIVE, #209A
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/01/1999
License # 007119 CREATION LIVING CENTER
Lic Expire 08/31/2022 16325 WESTHEIMER ROAD SUITE 101
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (713) 773-0808 Fax (713) 773-0941
Type: Parent Agency Administrator HOPE ADODO

Owner Information
HOPE ADODO
16325 WESTHEIMER RD
HOUSTON, TX 77083
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/23/2008
License # 012025 CRESCENT HOME HEALTH INC
Lic Expire 05/31/2022 11251 NORTHWEST FREEWAY STE 470
Medicare 1: 747345 HHA-18 HOUSTON, TX 77092
Medicare 2:
Phone (713) 414-5837 Fax (713) 337-5460
Type: Parent Agency Administrator ALTAF VISRAM

Owner Information
A+ CRESCENT HOME HEALTH INC
11251 NORTHWEST FREEWAY STE 470
HOUSTON, TEXAS 77092
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/18/2013
License # 015935 CRISTOS HEALTH CARE SERVICES INC
Lic Expire 12/31/2021 10998 S WILCREST DR STE 122
Medicare 1: 747933 HHA-18 HOUSTON, TX 77099
Medicare 2:
Phone (832) 672-8194 Fax (832) 672-8136
Type: Parent Agency Administrator MARYANNE OMOREBOKHAE

Owner Information
CRISTOS HEALTH CARE SERVICES INC
10998 S WILCREST DR STE 122
HOUSTON, TX 77099
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/01/2015
License # 016963 CRITI CARE HEALTH SERVICES INC
Lic Expire 05/31/2021 8319 HIDDEN TRAIL LN
Medicare 1: 459232 HHA-18 SPRING, TX 77379
Medicare 2:
Phone (281) 469-4778 Fax (281) 469-8784
Type: Parent Agency Administrator GNNANASRIBALA MUKKAMALA

Owner Information
CRITI CARE HEALTH SERVICES, INC.
8319 HIDDEN TRAIL LN
SPRING, TX 77379
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **HARRIS** Region 06 Date Licensed 07/15/2015
License # 017178 CROSSROADS HOSPICE INC
Lic Expire 07/31/2021 8582 KATY FREEWAY SUITE 225
Medicare 1: 671604 HOSPICE HOUSTON, TEXAS 77024
Medicare 2:
Phone (888) 791-6770 Fax (832) 280-6776
Type: Parent Agency Administrator ELIZABETH LOPEZ

Owner Information
CROSSROADS HOSPICE INC
1900 S. GREGG ST.
BIG SPRING, TX 79720
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/21/2005
License # 010231 CUN HEALTH NET INC
Lic Expire 11/30/2021 7207 SKYLIGHT LANE
Medicare 1: 679387 HHA-18 HOUSTON, TX 77095
Medicare 2:
Phone (281) 859-5937 Fax (281) 861-6743
Type: Parent Agency Administrator UCHE OKEKE

Owner Information
CUN HEALTH NET INC
7207 SKYLIGHT LANE
HOUSTON, TX 77095
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/11/2021
License # 020593 CUSK PERSONAL CARE HOME LLC
Lic Expire 03/11/2024 11830 GREENSHIRE DR
Medicare 1: HOUSTON, TEXAS 77048
Medicare 2:
Phone (713) 584-8745 Fax
Type: Parent Agency Administrator SHANNA ANIEKWU

Owner Information
CUSK PERSONAL CARE HOME LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/07/2007
License # 011856 CUSTOMIZED HEALTH CARE SERVICES INC
Lic Expire 11/30/2020 2600 SOUTH LOOP WEST SUITE 435
Medicare 1: 747000 HOUSTON, TX 77054
Medicare 2:
Phone (713) 667-2427 Fax (713) 668-3180
Type: Parent Agency Administrator QUEEN OZIGBOH

Owner Information
CUSTOMIZED HEALTH CARE SERVICES INC
2600 SOUTH LOOP WEST SUITE 435
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 10/17/2019
License # 019652 CUSTOMIZED THERAPY SOLUTIONS
Lic Expire 10/17/2021 12302 CARMEL DALE LN
Medicare 1: HOUSTON, TEXAS 77089
Medicare 2:
Phone (832) 871-2105 Fax 1 833 5538065
Type: Parent Agency Administrator KRYSTAL HOLMES-LANTIER, M.S. CCC-SLP

Owner Information
G, J & K LEGACY ENTERPRISES, INC.
12302 CARMEL DALE LANE
HOUSTON, TX 77089
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 09/01/2016
License # 017717 CYFAIR HEALTHCARE LLC
Lic Expire 08/31/2022 23902 FM. 2978
Medicare 1: 677926 HHA-18 TOMBALL, TEXAS 773755059
Medicare 2:
Phone (281) 890-0338 Fax (832) 518-5258
Type: Parent Agency Administrator CHARLES RIDGWAY

Owner Information
CYFAIR HEALTHCARE L.L.C
11119 MCCRACKEN CIRCLE SUITE D
CYPRESS, TX 77429-4460
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 06/03/2004
License # 009130 D LIFE HEALTHCARE SERVICES INC
Lic Expire 06/30/2021 1820 SOUTH MASON ROAD SUITE #340
Medicare 1: 457897 HHA-18 KATY, TX 77450
Medicare 2:
Phone (281) 693-0505 Fax (281) 693-0509
Type: Parent Agency Administrator DICKSON FATUNBI

Owner Information
D-LIFE HEALTHCARE SERVICES, INC.
1820 SOUTH MASON ROAD, SUITE #340
KATY, TX 77450
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/02/2015
License # 017020 DAISY KIDS CARE
Lic Expire 04/30/2023 17314 SH 249 SUITE 230
Medicare 1: HOUSTON, TX 77064
Medicare 2:
Phone (832) 895-3400 Fax (832) 895-0293
Type: Parent Agency 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** Region 06 Date Licensed 10/11/2011
License # 014409 DAYSPRING HEALTHCARE SERVICES INC
Lic Expire 10/31/2021 10333 HARWIN DR SUITE 675
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 881-9131 Fax (713) 271-2298
Type: Parent Agency Administrator OMOYEME OBEAHON

Owner Information
DAYSPRING HEALTHCARE SERVICES INC
10590 WESTOFFICE DR. STE #105A
HOUSTON, TX 77042
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/11/2010
License # 013306 DDF HEALTH SERVICES INC
Lic Expire 05/31/2022 8300 BISSONNET SUITE 460J
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 240-8436 Fax (281) 815-2123
Type: Parent Agency Administrator MARGARET ODUNUGA

Owner Information
DDF HEALTH SERVICES INC
8300 BISSONNET SUITE 460J
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/22/2016
License # 017474 DEAF BLIND SERVICES OF TEXAS
Lic Expire 06/30/2022 1526 KATY GAP ROAD, SUITE 503
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (832) 526-6617 Fax (855) 382-6347
Type: Parent Agency Administrator HEIDI MAY

Owner Information
DEAF BLIND SERVICES OF TEXAS LLC
1526 KATY GAP ROAD
KATY, TEXAS 77494
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/09/2005
License # 009898 DEBOK HEALTHCARE INC
Lic Expire 08/31/2021 16000 PARK TEN PLACE SUITE 902
Medicare 1: 677988 HOUSTON, TX 77084
Medicare 2:
Phone (713) 954-9500 Fax (713) 954-9506
Type: Parent Agency Administrator OLADELE RAUFU KOLAPO

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
Accreditation: ACHC, Expires: 09/30/2022

County **HARRIS** Region 06 Date Licensed 10/04/2005
License # 010018 DECENCY HOME HEALTH CARE SERVICES INC
Lic Expire 07/31/2021 8323 SOUTHWEST FREEWAY # 270
Medicare 1: 679521 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (832) 767-0140 Fax (832) 767-0484
Type: Parent Agency Administrator BEATRICE AGYEKUM NSOWAH

Owner Information
DECENY HOME HEALTH CARE 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

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County **HARRIS** Region 06 Date Licensed 11/28/2018
License # 019119 DEDICARE HOME HEALTH LLC
Lic Expire 11/28/2022 5700 NW CENTRAL DR STE 260-C
Medicare 1: HOUSTON, TEXAS 77092
Medicare 2:
Phone (346) 701-7915 Fax 13462231988
Type: Parent Agency 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** Region 06 Date Licensed 04/24/2015
License # 016766 DEL CIELO HOSPICE & PALLIATIVE CARE
Lic Expire 04/30/2024 9888 BISSONNET STREET SUITE #401-C
Medicare 1: 741598 HOSPICE HOUSTON, TX 77036
Medicare 2:
Phone (361) 723-0210 Fax (361) 723-0212
Type: Parent Agency Administrator ANDRES ELIZONDO III

Owner Information
FAMILIA HEALTHCARE SERVICES, INC
9888 BISSONNET STREET SUITE 450-E
HOUSTON, TX 77036
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/05/2021

County **HARRIS** Region 06 Date Licensed 06/01/1999
License # 007134 DENSON HOME HEALTH INC
Lic Expire 05/31/2021 201 FLINT RIDGE ROAD SUITE 200
Medicare 1: 459480 HHA-18 WEBSTER, TX 77598
Medicare 2:
Phone (281) 990-7000 Fax (281) 990-7672
Type: Parent Agency Administrator SUZANNE MARIE DENSON

Owner Information
DENSON HOME HEALTH INC
17629 EL CAMINO REAL STE 400
HOUSTON, TX 77058
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/07/2006
License # 010511 DEROSS HEALTH CARE INC
Lic Expire 06/30/2022 7442 SAN BENITO DR
Medicare 1: 679607 HHA-18 HOUSTON, TX 77083
Medicare 2:
Phone (713) 783-2440 Fax (713) 783-2460
Type: Parent Agency Administrator ROSELINE OPARA

Owner Information
DE'ROSS HEALTH CARE INC
7442 SAN BENITO DR
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/22/2005
License # 009792 DESTINY CARE SERVICES INC
Lic Expire 03/31/2021 8515 FONDREN ROAD SUITE 260
Medicare 1: 679449 HOUSTON, TX 77074
Medicare 2:
Phone (713) 785-4800 Fax (713) 785-4806
Type: Parent Agency Administrator CALLISTA DAVIS

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

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County **HARRIS** Region 06 Date Licensed 01/24/2009
License # 013977 DESTINY HEALTH CARE INC
Lic Expire 01/31/2023 10101 HARWIN DRIVE SUITE 220
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 541-3877 Fax (713) 541-3879
Type: Parent Agency Administrator ALEXANDER ONYIRIOHA

Owner Information
DESTINY HEALTH CARE INC
10101 HARWIN DRIVE SUITE 220
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/16/2020
License # 020407 DESTINY HOSPICE LLC
Lic Expire 12/16/2022 3300 S GESSNER RD SUITE 117
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone (720) 254-5439 Fax
Type: Parent Agency Administrator KANAYO OKOLO

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

County **HARRIS** Region 06 Date Licensed 06/05/2013
License # 015585 DEVINITY HOSPICE
Lic Expire 06/30/2021 9102 ASPEN TRACE LN
Medicare 1: 741532 HOSPICE HUMBLE, TX 77338
Medicare 2:
Phone (281) 570-4072 Fax (281) 570-6234
Type: Parent Agency Administrator OLUBANWO 'GINA' OMISANDE

Owner Information
DEVINITY HOME HEALTH CARE PLLC
9102 ASPEN TRACE LN
HUMBLE, TX 77338
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

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

County **HARRIS** Region 06 Date Licensed 03/22/2021
License # 020626 DEVOTED HOSPICE CARE LLC
Lic Expire 03/22/2024 9894 BISSONNET ST STE 394
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 790-1126 Fax (346) 571-2161
Type: Parent Agency Administrator VIVIAN KIFFA

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

County **HARRIS** Region 06 Date Licensed 07/08/2016
License # 017505 DEVOTED LOVING CARE INC
Lic Expire 07/31/2022 9894 BISSONNET STREET SUITE 394
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (346) 571-2190 Fax (346) 571-2161
Type: Parent Agency Administrator VIVIAN KIFFA

Owner Information
DEVOTED LOVING CARE INC
9898 BISSONET STREET SUITE 430-O
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/16/2003
License # 008553 DEVOTION HEALTH CARE SERVICES INC
Lic Expire 07/31/2022 8300 BISSONNET SUITE 375
Medicare 1: 679446 HOUSTON, TX 77074
Medicare 2:
Phone (713) 723-3600 Fax (713) 723-3622
Type: Parent Agency Administrator TAWAKALITU ADEBISI LAWRENCE

Owner Information
DEVOTION HEALTH CARE SERVICES INC
12802 MIRIAM LANE
HOUSTON, TX 77071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/02/2017
License # 018086 DEVOTION HOSPICE
Lic Expire 06/30/2021 9894 BISSONNET SUITE 912
Medicare 1: 741694 HOSPICE HOUSTON, TX 77036
Medicare 2:
Phone (832) 925-7573 Fax 83292711135
Type: Parent Agency Administrator SHAWN STEVENS

Owner Information
DIAMOND HOSPICE LLC
6260 WESTPARK DRIVE, SUITE 250
HOUSTON, TX 77057
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 11/09/2023

County **HARRIS** Region 06 Date Licensed 12/22/2009
License # 013218 DHS HEALTHCARE INC
Lic Expire 12/31/2021 6464 SAVOY DRIVE, SUITE 104
Medicare 1: 673102 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (713) 784-6400 Fax (713) 784-6426
Type: Parent Agency Administrator JOYCE AGU

Owner Information
DHS HEALTHCARE INC
6001 SAVOY DRIVE, SUITE #201
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/10/2020
License # 020181 DIAMOND HEALTH CARE SOLUTIONS LLC
Lic Expire 08/10/2022 13328 WESTHEIMER ROAD, #1302
Medicare 1: HOUSTON, TEXAS 77077
Medicare 2:
Phone 832 462 9410 Fax
Type: Parent Agency Administrator NKEIRU OKECHUKWU

Owner Information
DIAMOND HEALTH CARE SOLUTIONS LLC
13328 WESTHEIMER ROAD, #1302
HOUSTON, TEXAS 77077
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/27/2001
License # 007796 DIAMOND HOME HEALTH INC
Lic Expire 11/30/2022 14780 MEMORIAL DRIVE SUITE 202C
Medicare 1: 679112 HHA-18 HOUSTON, TX 77079
Medicare 2:
Phone (281) 920-9805 Fax (281) 920-9812
Type: Parent Agency Administrator SHANA DUGAS

Owner Information
DIAMOND HOME HEALTH INC
14780 MEMORIAL DRIVE SUITE 202C
HOUSTON, TX 77079
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **HARRIS** Region 06 Date Licensed 10/05/2012
License # 015117 DIAMOND PERSONAL CAREGIVERS INC.
Lic Expire 07/30/2021 11611 SANDSTONE ST
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (281) 605-0781 Fax (888) 510-5291
Type: Parent Agency Administrator CHINYERE TARVER

Owner Information
DIAMOND PERSONAL CAREGIVERS, INC.
PO BOX 770366
HOUSTON, TX 77215
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/22/2016
License # 017619 DIGNIFIED NURSING HOME HEALTH CARE AGENCY LLC.
Lic Expire 06/30/2022 12000 RICHMOND AVE STE 360
Medicare 1: 747482 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (281) 920-3100 Fax (281) 920-0700
Type: Parent Agency Administrator TELLY ALKHEDER ALKHEDER

Owner Information
DIGNIFIED NURSING HOME HEALTH CARE AGENCY, LLC.
12000 RICHMOND AVE, SUITE 360
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/11/2010
License # 013237 DIMENSION HEALTHCARE SERVICES INC
Lic Expire 06/29/2020 5138 JEFFERSON ST
Medicare 1: 679212 HHA-18 HOUSTON, TX 77023
Medicare 2:
Phone (713) 484-6900 Fax (713) 484-6902
Type: Parent Agency Administrator EZIAKONWA MELODY ODUNZE

Owner Information
DIMENSION HEALTHCARE SERVICES, INC.
7111 HARWIN DRIVE, SUITE #216
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/26/2021
License # 020650 DIMPLES HOSPICE LLC
Lic Expire 03/26/2024 8700 COMMERCE PARK DR STE. 208
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (346) 202-7827 Fax (346) 202-7827
Type: Parent Agency Administrator PATRICK IKEMERE

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

County **HARRIS** Region 06 Date Licensed 04/19/2017
License # 018012 DIRECT HOSPICE CARE INC
Lic Expire 04/30/2021 2020 N LOOP WEST STE 160
Medicare 1: 97-1504 (HOSPICE HOUSTON, TX 77018
Medicare 2:
Phone (281) 888-6645 Fax (866) 481-4310
Type: Parent Agency Administrator KENYATTA L HOLMES

Owner Information
DIRECT HOSPICE CARE INC
2855 MANGUM RD STE 563
HOUSTON, TX 77092
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/16/2021

County **HARRIS** Region 04 Date Licensed 04/05/2017
License # 017316 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 03/31/2022 3800 BUFFALO SPEEDWAY SUITE 195
Medicare 1: HOUSTON, TX 77098
Medicare 2:
Phone (713) 777-0522 Fax (877) 463-1310
Type: Branch Agency Administrator PHILLEATRO RILES

Owner Information
DISABILITY SERVICES OF THE SOUTHWEST INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/15/2003
License # 008421 DIVERSIFIED HEALTH CARE INC
Lic Expire 04/30/2022 8200 WEDNESBURY LANE#235
Medicare 1: 679397 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 771-5535 Fax (713) 771-5516
Type: Parent Agency Administrator TONY MORAH

Owner Information
QUINDIARA CORPORATION
8200 WEDNESBURY LANE, #235
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 07/22/2019
License # 019289 DIVINE COMFORT CARE HOSPICE,INC.
Lic Expire 07/31/2021 7322 SOUTHWEST FWY SUITE 805
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (832) 433-7024 Fax (713) 808-9130
Type: Parent Agency Administrator PATRICK ILOANYA

Owner Information
DIVINE COMFORT CARE HOSPICE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/18/2020
License # 020108 DIVINE DIAMOND HOMECARE LLC
Lic Expire 08/18/2022 16903 RED OAK DR. SUITE 276
Medicare 1: HOUSTON, TEXAS 770903941
Medicare 2:
Phone 281 7817755 Fax 281 7817012
Type: Parent Agency Administrator CEDRIC IVEY

Owner Information
DIVINE DIAMOND HOMECARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/01/2016
License # 017752 DIVINE HANDS HEALTHCARE CORPORATION
Lic Expire 03/31/2022 10101 SOUTHWEST FREEWAY, SUITE #436
Medicare 1: 747127 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 674-0142 Fax (713) 674-0326
Type: Parent Agency Administrator JOSEPH EGEDE

Owner Information
DIVINE HANDS HEALTHCARE CORPORATION
2656 SOUTH LOOP WEST #525
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 04/15/2024

County **HARRIS** Region 06 Date Licensed 07/24/2017
License # 018193 DIVINE HOME HEALTH AGENCY
Lic Expire 07/31/2021 5743 FARWELL DRIVE
Medicare 1: HOUSTON, TX 77035
Medicare 2:
Phone (832) 207-5272 Fax (713) 485-0804
Type: Parent Agency Administrator GWENDOLYN JACKSON

Owner Information
J DIVINE, LLC.
5743 FARWELL DRIVE
HOUSTON, TX 77035
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/10/2006
License # 010672 DIVINE HOME HEALTH CARE
Lic Expire 08/31/2021 16000 PARK TEN PL SUITE 404
Medicare 1: 679634 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (281) 647-2424 Fax (832) 321-5794
Type: Parent Agency Administrator PHILLIP AYODELE

Owner Information
DIVINE NURSING SERVICES INC
16000 PARK TEN PL SUITE#404
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/09/2010
License # 013159 DIVINE PROFESSIONALS HEALTHCARE INC
Lic Expire 03/31/2022 7322 SOUTHWEST FWY SUITE 805
Medicare 1: 747606 HHA-18 HOUSTON, TEXAS 77074
Medicare 2:
Phone (832) 987-1984 Fax (832) 539-1952
Type: Parent Agency Administrator PATRICK ILOANYA

Owner Information
DIVINE PROFESSIONALS HEALTHCARE INC
7324 SOUTHWEST FREEWAY, STE 601
HOUSTON, TX 77074
PHONE: (832) 987-1984 FAX: (832) 539-1952
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/17/2016
License # 017747 DIVINITY HOSPICE
Lic Expire 11/30/2022 1110 E NASA PKWY STE 620A
Medicare 1: 741696 HOSPICE HOUSTON, TX 77058
Medicare 2:
Phone (281) 339-6043 Fax (713) 357-6638
Type: Parent Agency Administrator JASON CAMPBELL

Owner Information
A - ASSURE HOSPICE, INC.
10518 KIPP WAY DR STE A 1
HOUSTON, TX 77099
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HARRIS** Region 06 Date Licensed 08/28/2017
License # 018283 DOVE HOSPICE LLC
Lic Expire 08/31/2019 21110 ALLENHAM LN
Medicare 1: HUMBLE, TX 77338
Medicare 2:
Phone (281) 706-6428 Fax
Type: Parent Agency Administrator EDDIE TAYLOR

Owner Information
DOVE HOSPICE LLC
21110 ALLENHAM LN
HUMBLE, TX 77338
PHONE: FAX:
Services: Personal Assistance Services; Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/29/2008
License # 011904 DREAMS HOME HEALTHCARE SERVICES INC
Lic Expire 02/28/2023 14780 MEMORIAL DRIVE SUITE 206B
Medicare 1: 747194 HHA-18 HOUSTON, TX 77079
Medicare 2:
Phone (281) 589-8134 Fax (281) 589-8144
Type: Parent Agency Administrator NIKKI MOTAZEDIAN

Owner Information
DREAMS HOME HEALTHCARE SERVICES INC
14780 MEMORIAL DRIVE SUITE 206B
HOUSTON, TX 77079
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/22/2012
License # 015150 DUNAMIS HOME CARE LLC
Lic Expire 10/31/2022 5870 HIGHWAY 6 NORTH SUITE 321
Medicare 1: HOUSTON, TX 77084
Medicare 2:
Phone (281) 777-4994 Fax (281) 815-5829
Type: Parent Agency Administrator EDITH WILLIAMS

Owner Information
DUNAMIS HOME CARE LLC
7402 BERING LANDING DRIVE
CYPRESS, TEXAS 77433
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/19/2011
License # 013836 DURACARE HOME HEALTH SERVICES INC.
Lic Expire 01/31/2023 440 BENMAR DR, SUITE 1030
Medicare 1: 747758 HHA-18 HOUSTON, TX 77060
Medicare 2:
Phone (713) 782-0551 Fax (713) 782-0615
Type: Parent Agency Administrator EDUARDO FIERRO VIANA

Owner Information
DURACARE HOME HEALTH SERVICES, INC.
440 BENMAR DR SUITE 3052
HOUSTON, TEXAS 77060
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/23/2010
License # 013860 DYNAMIC HOME HEALTH SERVICES
Lic Expire 11/30/2020 8313 SOUTHWEST FWY SUITE 239
Medicare 1: 459399 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 271-9010 Fax (713) 271-0843
Type: Parent Agency Administrator MERCY NIMS

Owner Information
ULTIMATE PEDIATRIC CARE, INC
8313 SOUTHWEST FREEWAY, SUITE #239
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/19/2019
License # 019264 EAGLE E PERSONAL ASSISTANCE SERVICE
Lic Expire 02/19/2024 2218 ISABELLA STREET #2
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (832) 453-6261 Fax (832) 672-7145
Type: Parent Agency Administrator EYEKA DAVIS

Owner Information
EAGLE E PERSONAL ASSISTANCE SERVICE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/21/2014
License # 016391 EAGLE HOME HEALTH CARE LLC
Lic Expire 08/31/2022 23335 S WARMSTONE WAY
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (281) 686-0849 Fax (713) 583-3981
Type: Parent Agency Administrator LESLIE SHEFFIELD

Owner Information
EAGLE HOME HEALTH CARE LLC
19902 WINDING BRANCH DR
KATY, TX 77449
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 11/07/2006
License # 010856 EAGLES TRACE HOME CARE LLC
Lic Expire 03/31/2021 14703 EAGLE VISTA DRIVE
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (281) 249-7130 Fax (281) 249-7358
Type: Parent Agency Administrator KATHRYN REYES

Owner Information
EAGLE'S TRACE HOME CARE LLC
14703 EAGLE VISTA DRIVE
HOUSTON, TX 77077
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/31/2006
License # 010365 EDICARE PROFESSIONAL HEALTHCARE SERVICES INC
Lic Expire 03/31/2022 2000 DAIRY ASHFORD STE 305
Medicare 1: 679585 HHA-18 HOUSTON, TX 77077
Medicare 2:
Phone (281) 568-4573 Fax (281) 879-8411
Type: Parent Agency Administrator VERONICA OKERE

Owner Information
EDICARE PROFESSIONAL HEALTHCARE SERVICES, INC.
2000 DAIRY ASHFORD, SUITE #305
HOUSTON, TX 77077
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/08/2011
License # 014023 EDIHUMBLE HOME HEALTHCARE INC
Lic Expire 04/30/2023 8303 SOUTHWEST FWY STE 105
Medicare 1: 747833 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 429-4161 Fax (713) 771-1349
Type: Parent Agency Administrator EDITH UHEGWU

Owner Information
EDIHUMBLE HOME HEALTHCARE INCORPORATED
12430 SOUTH GARDEN ST
HOUSTON, TX 77071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 03/13/2022

County **HARRIS** Region 06 Date Licensed 08/21/2017
License # 018320 EFFICIENT HOME CARE INC
Lic Expire 08/31/2021 9888 BISSONNET STREET SUITE 680
Medicare 1: 459165 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 922-1337 Fax (281) 922-1399
Type: Parent Agency Administrator ROSA DAVIS

Owner Information
EFFICIENT HOME CARE, INC.
9888 BISSONNET ST. SUITE #680
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/09/2006
License # 010864 EL - SHADAI HEALTH AND HOME CARE
Lic Expire 11/30/2020 1407 LACY DRIVE
Medicare 1: BAYTOWN, TX 77520
Medicare 2:
Phone (832) 298-5210 Fax (281) 422-3716
Type: Parent Agency Administrator FUNMILAYO OTUTULORO

Owner Information
EMTOB EDUCATIONAL & CARE SERVICES LLC
1407 LACY DRIVE
BAYTOWN, TX 77520
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/01/2007
License # 011267 ELARA CARING
Lic Expire 03/31/2022 4205 FAIRMONT PARKWAY SUITE 150
Medicare 1: PASADENA, TX 77504
Medicare 2:
Phone (713) 472-3198 Fax (713) 472-2587
Type: Parent Agency Administrator JACLYN SCHULTZ

Owner Information
CHARTWELL COMMUNITY SERVICES, INC.
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/13/1993
License # 001536 ELDERLY HOME HEALTH CARE INC
Lic Expire 09/30/2022 5700 PINEMONT
Medicare 1: HOUSTON, TX 77092
Medicare 2:
Phone (713) 956-8183 Fax (866) 580-1983
Type: Parent Agency Administrator CLARICE RAY

Owner Information
ELDERLY HOME HEALTH CARE INC
PO BOX 41822
HOUSTON, TEXAS
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/13/2019
License # 019421 ELEGANT HOSPICE
Lic Expire 06/13/2021 9950 WESTPARK DRIVE SUITE 646
Medicare 1: 971573 HOUSTON, TEXAS 77063
Medicare 2:
Phone 888 229 3775 Fax (281) 564-7326
Type: Parent Agency Administrator JOEL ADA

Owner Information
ELEGANT HOSPICE CARE, LLC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/14/2023

County **HARRIS** Region 06 Date Licensed 06/03/2016
License # 018515 ELIK DIALYSIS HOME THERAPY - MEMORIAL INC
Lic Expire 06/30/2022 7737 BEECHNUT STREET, SUITE 203
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (713) 861-7500 Fax (713) 861-7502
Type: Parent Agency Administrator MONICA BROOKS

Owner Information
ELIK DIALYSIS HOME THERAPY MEMORIAL INC
1445 NORTH LOOP WEST SUITE #720
HOUSTON, TX 77008
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **HARRIS** Region 06 Date Licensed 09/28/2017
License # 018349 ELIK DIALYSIS HOME THERAPY MEMORIAL II LLC
Lic Expire 09/30/2021 1445 NORTH LOOP W STE 740
Medicare 1: HOUSTON, TX 77008
Medicare 2:
Phone (713) 861-7500 Fax (713) 861-7502
Type: Parent Agency 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** Region 06 Date Licensed 03/02/2021
License # 020558 ELITE EMBRACE HOME HEALTH CARE, LLC
Lic Expire 03/02/2023 4580 BEECHNUT ST, APT 105
Medicare 1: HOUSTON, TEXAS 77096
Medicare 2:
Phone (337) 292-8343 Fax
Type: Parent Agency Administrator LATASHA KENNARD

Owner Information
ELITE EMBRACE HOME HEALTH CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/22/2021
License # 020618 ELITE HOSPICE
Lic Expire 03/22/2024 6363 RICHMOND AVE SUITE 316
Medicare 1: HOUSTON, TEXAS 77057
Medicare 2:
Phone (678) 677-4041 Fax
Type: Parent Agency Administrator TYRONE LANE

Owner Information
T. D. LANE ENTERPRISES LLC
3627 CIBOLO COURT
PEARLAND, TEXAS
PHONE: (678) 677-4041 FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/10/2005
License # 009581 ELITTE HEALTHCARE AND SERVICE
Lic Expire 02/28/2022 9888 BISSONNET SUITE #540
Medicare 1: 677970 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 776-9399 Fax (713) 776-3994
Type: Parent Agency Administrator OKORIE OKO

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

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County **HARRIS** Region 06 Date Licensed 12/14/2018
License # 019159 ELLA'S PROVIDER SERVICES
Lic Expire 07/31/2021 16100 CAIRNWAY STE 266
Medicare 1: HOUSTON, TX 77084
Medicare 2:
Phone (832) 507-9668 Fax
Type: Parent Agency Administrator MOHANNAD ABU DABOUR

Owner Information
MOUSA NAMAN ABOUAWAD
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 05/15/2020
License # 019944 ELN ENTERPRISES
Lic Expire 05/15/2022 5312 CHEROKEE ST.
Medicare 1: HOUSTON, TX 77005
Medicare 2:
Phone (301) 651-6053 Fax
Type: Parent Agency Administrator NATASHA VARNER

Owner Information
EARTHLY ANGELS HOME HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/11/1999
License # 007009 EL-SHADDAI CARE SERVICES INC.
Lic Expire 06/30/2022 7707 FAWN TERRACE DRIVE
Medicare 1: HOUSTON, TX 77071
Medicare 2:
Phone (713) 728-2677 Fax (713) 728-8226
Type: Parent Agency Administrator JOSEPHINE OZOUGWU

Owner Information
EL-SHADDAI CARE SERVICES, INC.
7707 FAWN TERRACE
HOUSTON, TX 77071
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/28/2019
License # 019394 EMERALD TOTAL CARE
Lic Expire 05/28/2021 10101 SOUTHWEST FREEWAY SUITE 400
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (281) 973-5889 Fax (281) 973-4606
Type: Parent Agency Administrator RONKE ODIGIE

Owner Information
EMERALD TOTAL CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/25/2002
License # 008175 EMMACO HOME HEALTH SERVICES INC
Lic Expire 10/31/2021 8303 SOUTHWEST FRWY SUITE 270
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 777-2376 Fax (713) 777-2333
Type: Parent Agency Administrator JOEL ANYANWU

Owner Information
EMMACO HOME HEALTH SERVICES INC
2211 WAR ADMIRAL DRIVE
STAFFORD, TX 77477
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/19/1996
License # 004350 EMMANUEL HEALTH HOMECARE INC
Lic Expire 03/31/2021 7676 HILLMONT ST STE 225
Medicare 1: HOUSTON, TX 77040
Medicare 2:
Phone (713) 505-1685 Fax (832) 516-8325
Type: Parent Agency Administrator JOYCE A JONES

Owner Information
EMMANUEL HEALTH HOMECARE INC
7676 HILLMONT ST STE #225
HOUSTON, TEXAS 77040
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/19/2004
License # 008919 EMPATHY HOME HEALTH SERVICES INC
Lic Expire 02/28/2022 8103 BELLAIRE
Medicare 1: 673147 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 774-0490 Fax (713) 774-0499
Type: Parent Agency Administrator CHRISTOPHER ORJI

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

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County **HARRIS** Region 06 Date Licensed 04/15/2015
License # 016939 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 04/30/2023 15840 FM 529, SUITE 302
Medicare 1: 679137 HHA-18 HOUSTON, TEXAS 77095
Medicare 2:
Phone 281 8616635 Fax 281 8617297
Type: Parent Agency Administrator LISA HILBURN

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

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

County **HARRIS** Region 06 Date Licensed 09/01/2008
License # 012241 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 08/31/2022 701 NORTH POST OAK ROAD, SUITE 101
Medicare 1: 673134 HHA-18 HOUSTON, TEXAS 77024
Medicare 2:
Phone 713 6831021 Fax 713 6831020
Type: Parent Agency Administrator BOBBIE SOLET-KANGOT

Owner Information
DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 09/01/2008
License # 012241 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 08/31/2022 701 NORTH POST OAK ROAD, SUITE 101
Medicare 1: 673134 HHA-18 HOUSTON, TEXAS 77024
Medicare 2:
Phone 713 6831021 Fax 713 6831020
Type: Parent Agency Administrator BOBBIE SOLET-KANGOT

Owner Information
DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 09/01/2008
License # 012241 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 08/31/2022 701 NORTH POST OAK ROAD, SUITE 101
Medicare 1: 673134 HHA-18 HOUSTON, TEXAS 77024
Medicare 2:
Phone 713 6831021 Fax 713 6831020
Type: Parent Agency Administrator BOBBIE SOLET-KANGOT

Owner Information
DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 09/01/2008
License # 012241 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 08/31/2022 1666 W. BAKER ROAD, SUITE A
Medicare 1: BAYTOWN, TEXAS 77251
Medicare 2:
Phone 281 4228530 Fax 281 4228539
Type: Branch Agency Administrator BOBBIE SOLET-KANGOT

Owner Information
DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 09/01/2008
License # 012241 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 08/31/2022 1666 W. BAKER ROAD, SUITE A
Medicare 1: BAYTOWN, TEXAS 77251
Medicare 2:
Phone 281 4228530 Fax 281 4228539
Type: Branch Agency Administrator BOBBIE SOLET-KANGOT

Owner Information
DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 09/01/2008
License # 012241 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 08/31/2022 1666 W. BAKER ROAD, SUITE A
Medicare 1: BAYTOWN, TEXAS 77251
Medicare 2:
Phone 281 4228530 Fax 281 4228539
Type: Branch Agency Administrator BOBBIE SOLET-KANGOT

Owner Information
DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 01/01/2005
License # 009508 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 12/31/2022 12727 FEATHERWOOD DRIVE, SUITE 200
Medicare 1: 678260 HHA-18 HOUSTON, TEXAS 77034
Medicare 2:
Phone 281 4847070 Fax 281 4847098
Type: Parent Agency Administrator JOANNA CARPENTER

Owner Information
DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 05/29/2013
License # 015693 ENCOMPASS HEALTH HOSPICE
Lic Expire 05/31/2021 12727 FEATHERWOOD DR, SUITE 295
Medicare 1: 671703 HOSPICE HOUSTON, TEXAS 77034
Medicare 2:
Phone 713 4760270 Fax 713 4760258
Type: Parent Agency Administrator RANAY DANEK

Owner Information
DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/21/2009
License # 012553 ENCORE CAREGIVERS
Lic Expire 04/30/2023 7925 KATY FREEWAY SUITE N
Medicare 1: HOUSTON, TX 77024
Medicare 2:
Phone (713) 686-2233 Fax (713) 686-9200
Type: Parent Agency Administrator MILTON SCHOPPER

Owner Information
ENCORE CAREGIVER, LTD
715 HIGHGROVE PARK
HOUSTON, TX 77024
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/09/2016
License # 017998 ENHANCE HEALTHCARE SERVICES INC
Lic Expire 12/31/2022 7457 HARWIN DR STE 260-B
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 532-0851 Fax (832) 939-8747
Type: Parent Agency Administrator KERRY AKUKORO

Owner Information
ENHANCE HEALTHCARE SERVICES INC
25503 CRESTON MEADOW DR
RICHMOND, TX 77406
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 05 Date Licensed 04/01/2021
License # 020079 ENTRUSTED PEDIATRIC HOME CARE LLC
Lic Expire 07/28/2022 16225 PARK TEN PLACE, SUITE 569
Medicare 1: HOUSTON, TX 77084
Medicare 2:
Phone (817) 455-7476 Fax (512) 777-4072
Type: Parent Agency Administrator NICHOLAS NORWOOD

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

County **HARRIS** Region 06 Date Licensed 08/31/2012
License # 015068 EPRIMETEC HEALTH SERVICES
Lic Expire 08/31/2022 21322 SPRINGBEND LANE
Medicare 1: 679793 HHA-18 KATY, TX 77450
Medicare 2:
Phone (281) 599-8406 Fax (281) 377-8485
Type: Parent Agency Administrator ANA MARIA SANTOS-GONZALES

Owner Information
EPRIMETEC, INC
21322 SPRINGBEND LN
KATY, TX 77450
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 01/30/2004
License # 008892 ESSENCE HEALTH CARE INC
Lic Expire 01/31/2023 10101 HARWIN DRIVE SUITE 190
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 778-0523 Fax (713) 778-0009
Type: Parent Agency Administrator ALEXANDER ONYIRIOHA

Owner Information
ESSENCE HEALTH CARE INC
10101 HARWIN SUITE 190
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/01/2017
License # 018365 ESSENTIAL HOSPICE AND PALLIATIVE SERVICES LLC.
Lic Expire 06/30/2021 450 N. TEXAS AVENUE
Medicare 1: 741572 HOSPICE WEBSTER, TEXAS 77598
Medicare 2:
Phone (832) 224-4756 Fax (832) 284-4145
Type: Parent Agency Administrator MARY JAMES, RN

Owner Information
ESSENTIAL HOSPICE AND PALLIATIVE SERVICES LLC
1002 GEMINI STREET, SUITE#116
HOUSTON, TX 77058-2706
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/29/2021

County **HARRIS** Region 06 Date Licensed 12/19/2018
License # 019162 ESSENTRA HOMECARE LLC
Lic Expire 07/31/2021 2100 WEST LOOP SOUTH STE. 812
Medicare 1: HOUSTON, TX 77027
Medicare 2:
Phone (713) 590-3732 Fax (713) 595-5030
Type: Parent Agency Administrator EBONY TOWNSEND

Owner Information
ESSENTRA HOMECARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/10/1997
License # 005283 ETERNAL HEALTHCARE CENTER INC
Lic Expire 02/28/2022 7457 HARWIN SUITE 141
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 783-8507 Fax (713) 783-8514
Type: Parent Agency Administrator LORETTA OKUNGBOWA

Owner Information
ETERNAL HEALTHCARE CENTER INC
7457 HARWIN, SUITE #251
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/04/2021
License # 020570 ETERNAL LIGHT HOSPICE INC
Lic Expire 03/04/2024 2922 ROSEDALE ST STE 1220
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (713) 874-1234 Fax (713) 521-1277
Type: Parent Agency Administrator JENNIFER ROY

Owner Information
ETERNAL LIGHT HOSPICE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/30/2003
License # 008533 EVANGEL HOME CARE SERVICES
Lic Expire 06/30/2022 6464 SAVOY DRIVE SUITE 825
Medicare 1: 679493 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 432-7330 Fax (713) 432-7331
Type: Parent Agency Administrator MERCY IROH

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

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County **HARRIS** Region 06 Date Licensed 05/22/2006
License # 010477 EVANGEL HOSPICE CARE SERVICES
Lic Expire 05/31/2022 6464 SAVOY DRIVE SUITE 825
Medicare 1: 671568 HOSPICE HOUSTON, TX 77036
Medicare 2:
Phone (713) 432-7330 Fax (713) 432-7331
Type: Parent Agency Administrator MERCY IROH

Owner Information
EVANGEL HEALTHCARE CHARITIES INC
P.O.BOX 35447
HOSTON, TX 77235
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/12/2009
License # 012997 EVANGEL PEDIATRIC SERVICES
Lic Expire 11/30/2021 6464 SAVOY DRIVE SUITE 825
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 923-6620 Fax (713) 921-0008
Type: Parent Agency Administrator MERCY IROH

Owner Information
EVANGEL HEALTHCARE CHARITIES INC
P.O.BOX 35447
HOSTON, TX 77235
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 09/30/2012
License # 015336 EVANGEL PROVIDER ASSISTANCE SERVICES
Lic Expire 09/30/2022 6464 SAVOY DRIVE SUITE 825
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 923-6620 Fax (713) 921-0008
Type: Parent Agency Administrator MERCY IROH

Owner Information
EVANGEL PHC SERVICES, INC.
P.O.BOX 35447
HOUSTON, TX 77235
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/29/2016
License # 017376 EVERCARE HOSPICE
Lic Expire 04/30/2022 6464 SAVOY DRIVE, SUITE 850
Medicare 1: 971541 (HOSPICE) HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 804-9815 Fax (281) 860-2030
Type: Parent Agency Administrator EDDIE TAYLOR

Owner Information
EVERCARE HOSPICE INC
6201 BONHOMME ROAD, SUITE 181N
HOUSTON, TX 77036
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/03/2022

County **HARRIS** Region 06 Date Licensed 06/03/2014
License # 016349 EVERGREEN HEALTHCARE SERVICES INC.
Lic Expire 06/30/2022 9788 CLAREWOOD DRIVE SUITE #206
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 777-1991 Fax (713) 777-1980
Type: Parent Agency Administrator DOLORES CU

Owner Information
EVERGREEN HEALTHCARE SERVICES INC
9788 CLAREWOOD DRIVE, SUITE #206
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/24/2014
License # 016541 EVERGREEN PRIVATE CARE
Lic Expire 11/30/2022 16818 N ELDRIDGE PKWY
Medicare 1: TOMBALL, TX 77377
Medicare 2:
Phone (281) 320-1856 Fax (281) 320-1886
Type: Parent Agency Administrator LAURA COOK

Owner Information
EVERGREEN PRIVATE CARE OF HOUSTON LLC
16818 N ELDRIDGE PKWY
HOUSTON, TX 77377
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/18/2010
License # 013330 EVEROSE HEALTHCARE INC
Lic Expire 05/31/2022 10440 WESTOFFICE DRIVE
Medicare 1: HOUSTON, TEXAS 77042
Medicare 2:
Phone (713) 783-1511 Fax (713) 782-1530
Type: Parent Agency Administrator TED DIEP NGUYEN

Owner Information
EVEROSE HEALTHCARE INC
11200 WESTHEIMER RD SUITE 100
HOUSTON, TX 77042
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/09/1997
License # 005652 EXCEL E CARE
Lic Expire 06/30/2021 8333 SWEETWATER LANE
Medicare 1: HOUSTON, TX 77037
Medicare 2:
Phone (713) 697-9235 Fax (713) 697-9406
Type: Parent Agency Administrator DEAVRA DAUGHTRY

Owner Information
DEAVRA ARPEGE DAUGHTRY
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/07/2021
License # 020680 EXCEL PLUS HOME HEALTH
Lic Expire 04/07/2023 8700 COMMERCE PARK DRIVE SUITE 207
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 550-8516 Fax (281) 463-0283
Type: Parent Agency Administrator ELIZABETH EVBUOMWAN

Owner Information
ELIZABETH EVBUOMWAN
15930 MISTY HEATH LN
HOUSTON, TEXAS 77084
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/12/2009
License # 012502 EXCELLENCE HOME HEALTHCARE
Lic Expire 03/31/2023 1322 SPACE PARK DRIVE SUITE C 102
Medicare 1: 747576 HHA-18 HOUSTON, TX 77058
Medicare 2:
Phone (281) 333-0100 Fax (281) 333-0102
Type: Parent Agency Administrator BRETT SOUCEK

Owner Information
ABACUS HOME HEALTH INC
1322 SPACE PARK DRIVE SUITE C-136
HOUSTON, TX 77058
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 05/09/2013
License # 015533 EXCELLENCE HOSPICE CARE
Lic Expire 05/31/2021 1322 SPACE PARK DRIVE, STE C-130
Medicare 1: 741595 HOSPICE HOUSTON, TX 77058
Medicare 2:
Phone (281) 476-0436 Fax (866) 633-3559
Type: Parent Agency Administrator BRETT SOUCEK

Owner Information
ACCORD HOSPICE CARE LLC
1358 PORTA ROSA LANE
LEAGUE CITY, TX 77573
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/20/2015
License # 017145 EXCELLENT CARE PERSONAL ASSISTANCE SERVICE
Lic Expire 11/30/2019 5204 PALE SAGE LANE
Medicare 1: ROSHARON, TX 77583
Medicare 2:
Phone (832) 967-0899 Fax (281) 817-5914
Type: Parent Agency Administrator GOODLUCK ONUEKWUSI

Owner Information
GOD IS BEST LLC
5204 PALE SAGE LANE
ROSHARON, TX 77583
PHONE: FAX:
Services: Licensed and Certified Home Health Services with Dialysis; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/28/2002
License # 007881 EXCELS HEALTH CARE SERVICES INC
Lic Expire 02/28/2022 9898 BISSONNET SUITE #388
Medicare 1: 679068 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 771-8826 Fax (713) 771-8846
Type: Parent Agency Administrator SYLVANUS OKON

Owner Information
EXCELS HEALTH CARE SERVICES INC
9898 BISSONNET #388
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 10/20/2022

County **HARRIS** Region 06 Date Licensed 12/16/2002
License # 008250 EXCEPTIONAL HOME HEALTH
Lic Expire 03/31/2021 800 WEST SAM HOUSTON PARKWAY SOUTH #120
Medicare 1: 679257 HHA-18 HOUSTON, TX 77042
Medicare 2:
Phone (281) 616-6888 Fax (281) 749-8153
Type: Parent Agency Administrator ALEX GOLOVINE

Owner Information
EXHH HOME HEALTH INC
1830 SOUTH KIRKWOOD #201
HOUSTON, TX 77077
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 02/25/2021
License # 020546 EXCEPTIONAL PEDIATRIC THERAPY, LLC
Lic Expire 02/25/2023 9610 LONG POINT RD STE 355
Medicare 1: HOUSTON, TEXAS 77055
Medicare 2:
Phone (832) 487-9872 Fax (888) 512-9220
Type: Parent Agency Administrator NEDRA WOODS

Owner Information
EXCEPTIONAL PEDIATRIC THERAPY, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/22/2019
License # 019216 EXQUISITE QUEENS IN-HOME CARE
Lic Expire 04/30/2024 14211 EVENTIDE DRIVE
Medicare 1: CYPRESS, TEXAS 77429
Medicare 2:
Phone (281) 653-2468 Fax 832 2132412
Type: Parent Agency Administrator BETH ANDERSON

Owner Information
EXQUISITE QUEENS IN-HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/29/2019
License # 019524 EXTENDED FAMILY HOME HEALTHCARE LLC
Lic Expire 08/14/2021 13100 WORTHAM CENTER DRIVE, SUITE 300, BOX 99
Medicare 1: HOUSTON, TX 77065
Medicare 2:
Phone (346) 777-0712 Fax na
Type: Parent Agency Administrator SARA OKWOR

Owner Information
EXTENDED FAMILY HOME HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 07/08/2014
License # 016301 EXTENDED HOME HEALTH INC
Lic Expire 07/31/2020 9644 COURT GLEN DR
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (281) 216-2555 Fax (877) 915-1555
Type: Parent Agency Administrator KENNEDY OBANOR

Owner Information
EXTENDED HOME HEALTH INC
13619 TONNOCHY DRIVE
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/11/2005
License # 009624 EXTRACARE HOME HEALTH SERVICES
Lic Expire 03/31/2024 3724 FM 1960 RD WEST SUITE #201
Medicare 1: 677953 HHA-18 HOUSTON, TX 77068
Medicare 2:
Phone (832) 484-8203 Fax (832) 484-8204
Type: Parent Agency Administrator RONNIE XAVIER

Owner Information
AXER CORPORATION
3427 KENNONVIEW DRIVE
HOUSTON, TX 77068
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 06/21/2019
License # 019435 EXTRAORDINARY HEALTHCARE SERVICES
Lic Expire 06/21/2021 3823 WIMBERLEY HOLLOW LN
Medicare 1: HOUSTON, TEXAS 77053
Medicare 2:
Phone (832) 642-9231 Fax (346) 335-1139
Type: Parent Agency Administrator LA RHONDA COVIN

Owner Information
EXTRAORDINARY HEALTHCARE SERVICES
3823 WIMBERLEY HOLLOW LN
HOUSTON, TX 77053
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/19/2008
License # 012360 EYES OF HOPE HOME HEALTH LLC
Lic Expire 12/31/2023 4304 HARE STREET
Medicare 1: 747217 HHA-18 HOUSTON, TX 77020
Medicare 2:
Phone (713) 678-7686 Fax (713) 678-7687
Type: Parent Agency Administrator ROSE TURNER

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; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/23/2021

County **HARRIS** Region 06 Date Licensed 06/28/2018
License # 018812 E-Z ACCESS HOMECARE
Lic Expire 06/30/2022 14614 FALLING CREEK, STE. 126
Medicare 1: HOUSTON, TEXAS 77068
Medicare 2:
Phone (817) 937-7376 Fax
Type: Parent Agency Administrator JACKIE HOPKINS

Owner Information
E-Z ACCESS HOME CARE LLC
111 BLOOMFIELD DRIVE
KELLER, TEXAS 76248
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/08/1998
License # 006605 F K BOLD HEALTHCARE INC.
Lic Expire 04/30/2020 10103 FONDREN RD SUITE 310
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 782-3558 Fax (713) 782-3624
Type: Parent Agency Administrator OLUGBEMISOLA OLAOYE

Owner Information
F K BOLD HEALTHCARE, INC
10103 FONDREN ROAD, SUITE #310
HOUSTON, TX 77096
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/24/2017
License # 018277 F PLANET HEALTHCARE
Lic Expire 08/31/2021 21318 MYSTIC OAK DR.
Medicare 1: CYPRESS, TX 77433
Medicare 2:
Phone (713) 480-2224 Fax (844) 358-1424
Type: Parent Agency Administrator OLUWADARE FADURI

Owner Information
F PLANET HEALTHCARE, LLC
21318 MYSTIC OAK DR
CYPRESS, TEXAS 77433
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 01/26/2006
License # 010260 FACE TO FACE HEALTHCARE SERVICES LLC
Lic Expire 01/31/2023 2616 SOUTH LOOP WEST, SUITE 300
Medicare 1: 679763 HHA-18 HOUSTON, TX 77054
Medicare 2:
Phone (713) 432-7700 Fax (713) 432-7703
Type: Parent Agency Administrator CHUKWUJI UDENKWO

Owner Information
FACE TO FACE HEALTHCARE SERVICES, LLC
2616 SOUTH LOOP WEST SUITE 230
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/15/2004
License # 009465 FAITH COMMUNITY HOSPICE LLC
Lic Expire 12/31/2021 4721 GARTH RD SUITE H
Medicare 1: 451787 HOSPICE BAYTOWN, TX 77521
Medicare 2:
Phone (281) 422-0414 Fax (281) 422-9605
Type: Parent Agency Administrator CYNTHIA D PATTERSON

Owner Information
FAITH COMMUNITY HOSPICE LLC
4721 GARTH RD SUITE H
BAYTOWN, TX 77521
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/07/2011
License # 014577 FAITH FOUNDATION INC.
Lic Expire 11/30/2021 8431 ASHFORD GREEN LANE
Medicare 1: 747184 HHA-18 HOUSTON, TX 77072
Medicare 2:
Phone (832) 814-3048 Fax (281) 564-1509
Type: Parent Agency Administrator OYEBOLA PATRICK

Owner Information
FAITH FOUNDATION, INC.
8431 ASHFORD GREEN LANE
HOUSTON, TX 77072
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/13/2009
License # 012705 FAMCARE HOME HEALTH SERVICES INC.
Lic Expire 07/31/2021 8230 MISSION ESTATES DR
Medicare 1: 747563 HHA-18 HOUSTON, TX 77083
Medicare 2:
Phone (832) 762-7614 Fax (281) 302-6603
Type: Parent Agency Administrator DORA FAMUYIWA

Owner Information
FAMCARE HOME HEALTH SERVICES INC
8230 MISSION ESTATES
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/30/2018
License # 018584 FAMILIAR CARE SENIOR CARE LLC
Lic Expire 01/31/2022 21603 CREST PEAK WAY
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (281) 300-8723 Fax (281) 396-4544
Type: Parent Agency Administrator TANGI THIBODEAUX

Owner Information
FAMILIAR CARE SENIOR CARE, LLC
21603 CREST PEAK WAY
KATY, TX 77449
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/01/2021
License # 020360 FAMILY FIRST HOMECARE
Lic Expire 11/30/2022 2626 S LOOP W SUITE 423
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (806) 500-1119 Fax (813) 850-0043
Type: Parent Agency Administrator CLAYTON PORTER

Owner Information
FAMILY FIRST HOMECARE OF TEXAS LLC
2203 N. LOIS AVE, #814
TAMPA, FL 33607
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/27/2012
License # 014707 FAMILY TREE IN-HOME CARE
Lic Expire 03/31/2022 3600 S. GESSNER RD. STE 150
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone (713) 333-9991 Fax (713) 333-9995
Type: Parent Agency Administrator ALEX BONETTI

Owner Information
ABSF, LLC
3600 S GESSNER, SUITE 150
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 01/23/2018
License # 018571 FASHCARES HEALTH SERVICES LLC
Lic Expire 01/31/2022 9800 CENTRE PARKWAY SUITE 642
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone 2817608904 & 2818466 Fax (281) 846-6766
Type: Parent Agency Administrator YINKA USMAN

Owner Information
FASHCARES HEALTH SERVICES LLC
SAME AS ABOVE
HOUSTON, TX 77099
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/15/2003
License # 008943 FAVOR HEALTHCARE INC
Lic Expire 12/31/2021 7115 PAVILION DR,
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone (713) 974-1981 Fax (713) 980-6844
Type: Parent Agency Administrator BRENDA ESCOBAR- RAMIREZ

Owner Information
FAVOR HEALTHCARE INC
7457 HARWIN DRIVE SUITE 118
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/02/2014
License # 015944 FAVOR HOME CARE INC.
Lic Expire 01/31/2022 9719 HUNTINGTON WAY DRIVE
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (713) 480-7759 Fax (832) 529-2695
Type: Parent Agency Administrator ADAEZE IFEANYI

Owner Information
FAVOR HOME CARE INC
9719 HUNTINGTON WAY DRIVE
HOUSTON, TX 77099
PHONE: (713) 480-7759 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/05/2008
License # 011911 FCC OF TEXAS
Lic Expire 03/31/2022 10333 HARWIN DRIVE SUITE #518
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 545-9900 Fax (281) 545-9901
Type: Parent Agency Administrator HENRY NWAKAEGO

Owner Information
FAVOR COMMUNITY CARE OF TEXAS INC
10333 HARWIN DRIVE SUITE #512
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/15/2014
License # 016271 FEATHERLAND HOSPICE INC
Lic Expire 03/31/2022 6464 SAVOY DRIVE, SUITE 850
Medicare 1: 741549 HOSPICE HOUSTON, TEXAS 77036
Medicare 2:
Phone (281) 751-8333 Fax (281) 860-2030
Type: Parent Agency Administrator JESENIA PAREDES

Owner Information
FEATHERLAND HOSPICE INC
8200 WEDNESBURY LANE SUITE#317
HOUSTON, TX 77074
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/18/2004
License # 008913 FIDELITY CARE HOME HEALTH
Lic Expire 02/28/2022 6023 COVENTRY FALLS
Medicare 1: 453170 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (281) 550-0053 Fax (281) 550-3150
Type: Parent Agency Administrator DELOISE WILSON

Owner Information
L I N S INC
6023 COVENTRY FALLS
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/15/2021
License # 020602 FIDELITY HOME HEALTH CARE AGENCY LLC
Lic Expire 03/15/2023 20247 CREEKDALE BEND DR
Medicare 1: CYPRESS, TX 774337475
Medicare 2:
Phone (281) 213-2944 Fax (281) 213-2944
Type: Parent Agency Administrator SIMON NDIFON

Owner Information
FIDELITY HOME HEALTH CARE AGENCY LLC
15050 COPPER GROVE BLVD APT 814
HOUSTON, TX
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/28/2006
License # 011357 FIDELITY HOME HEALTH SERVICES LLC
Lic Expire 12/31/2021 9894 BISSONNET SUITE 585
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 771-5277 Fax (713) 771-5278
Type: Parent Agency Administrator JOHN NOSIKE

Owner Information
FIDELITY HOME HEALTH SERVICES LLC
9207 COUNTRY CREEK DRIVE SUITE #201
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/23/2014
License # 016440 FINE TOUCH HEALTHCARE SERVICES LLC
Lic Expire 12/30/2022 14206 ALMOND BAY LN
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone 2814165838832858624 Fax (832) 486-9687
Type: Parent Agency Administrator CLARA ADODO

Owner Information
FINE TOUCH HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 07 Date Licensed
License # 014081 FIRST CHOICE IN-HOME CARE LLC
Lic Expire 05/31/2021 1233 MORRIS ST (REAR)
Medicare 1: HOUSTON, TEXAS 77009
Medicare 2:
Phone (713) 499-0418 Fax (832) 487-9740
Type: Branch Agency Administrator MARIA RODRIGUEZ

Owner Information
FIRST CHOICE IN-HOME CARE LLC
2301 EAST BUSINESS HWY 83 LOT A
HIDALGO, TX 78537
PHONE: (956) 246-9737 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/07/2020
License # 020217 FIRST TRINITY CARE LLC
Lic Expire 10/07/2022 24515 FLORA MEADOW DR
Medicare 1: SPRING, TEXAS 77373
Medicare 2:
Phone (346) 355-0021 Fax (346) 355-0021
Type: Parent Agency Administrator NOSA OSAIKHUIWU

Owner Information
FIRST TRINITY CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/01/2020
License # 020326 FIRSTLIGHT HOME CARE - KINGWOOD
Lic Expire 06/01/2022 6807 CHAMPION VILLAGE CT
Medicare 1: HOUSTON, TX 77069
Medicare 2:
Phone (832) 978-5749 Fax na
Type: Parent Agency Administrator WENDY OWENS

Owner Information
MADJAK HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/08/2016
License # 017773 FIRSTLIGHT HOMECARE
Lic Expire 12/31/2022 5433 WESTHEIMER ROAD SUITE 403
Medicare 1: HOUSTON, TX 77056
Medicare 2:
Phone (713) 714-5625 Fax (832) 835-2110
Type: Parent Agency Administrator NAMITA SHAH

Owner Information
INTEGRATED ADULT DAY HEALTH & IN-HOME SERVICES LLC
13019 ORCHARD GLEN DRIVE
RICHMOND, TX 77407
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/27/2013
License # 015399 FIRSTLIGHT HOMECARE OF THE WOODLANDS
Lic Expire 02/28/2021 14011 PARK DR SUITE #205
Medicare 1: TOMBALL, TX 77377
Medicare 2:
Phone (832) 380-8265 Fax (832) 380-8255
Type: Parent Agency Administrator WAYNE ARRINGTON

Owner Information
BRANDKAST SOLUTIONS, LP
PO BOX 1138
TOMBALL, TX 77375
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/25/2003
License # 008382 FIVE STAR HEALTHCARE SERVICE INC
Lic Expire 03/31/2023 8306 BALLINA RIDGE COURT
Medicare 1: 679356 HHA-18 HOUSTON, TX 77083
Medicare 2:
Phone (281) 313-0508 Fax (281) 313-0504
Type: Parent Agency Administrator REGINA IKEGBUNAM

Owner Information
FIVE STAR HEALTHCARE SERVICE INC
8306 BALLINA RIDGE CT
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/14/2020
License # 020173 FIZR HOME HEALTH
Lic Expire 09/14/2022 1314 THREE FORKS DR,
Medicare 1: KATY, TEXAS 77450
Medicare 2:
Phone (510) 409-7596 Fax (713) 730-3632
Type: Parent Agency Administrator FARIDA ABJANI

Owner Information
FIZR MANAGENT LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/09/2006
License # 010335 FLAGSTAR HEALTHCARE SERVICES
Lic Expire 03/31/2022 9888 BISSONET ST SUITE #450D
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 777-3434 Fax (713) 777-3593
Type: Parent Agency Administrator VICTOR ADIUKU

Owner Information
VICTOR ADIUKU
9888 BISSONET ST SUITE 450#D
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/13/2019
License # 019698 FLEX CARE, LLC.
Lic Expire 11/13/2021 19790 SAUMS ROAD
Medicare 1: HOUSTON, TEXAS 77084
Medicare 2:
Phone (281) 935-4618 Fax (832) 550-2345
Type: Parent Agency Administrator ADELOLA ORUNDAMI

Owner Information
FLEX CARE, LLC.
17811 FOLLY POINT DRIVE
CYPRESS, TEXAS 77429
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/01/2009
License # 012678 FLORAC HEALTH CARE SERVICES
Lic Expire 06/30/2021 8300 BISSONNET ST. STE 460 B
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (281) 495-7078 Fax (281) 988-5390
Type: Parent Agency Administrator GLORIA BOATENG

Owner Information
GLORIA BOATENG
8300 BISSONNET ST. STE 460B
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/29/2008
License # 012282 FLOURISH HOMEHEALTH CARE INC
Lic Expire 10/31/2022 10103 FONDREN SUITE 464
Medicare 1: 747315 HHA-18 HOUSTON, TX 77096
Medicare 2:
Phone (713) 981-6755 Fax (713) 726-0330
Type: Parent Agency Administrator KENNETH EMORDI

Owner Information
FLOURISH HOME HEALTH CARE INC
7918 ARBOR MEADOW STREET
HOUSTON, TX 77071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/05/2022

County **HARRIS** Region 06 Date Licensed 12/10/2020
License # 020393 FLOXY HOME HEALTH CARE SERVICES INC
Lic Expire 12/10/2022 13543 PASA ROBLES LN
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone (602) 486-7604 Fax (602) 486-7604
Type: Parent Agency Administrator FLORENCE EDI

Owner Information
FLOXY HOME HEALTH CARE SERVICES INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 03/14/2009
License # 012517 FORTUNE HEALTHCARE INC
Lic Expire 03/31/2021 2825 WILCREST SUITE 312
Medicare 1: 679727 HHA-18;74 HOUSTON, TX 77042
Medicare 2:
Phone (713) 771-0032 Fax (832) 201-6739
Type: Parent Agency Administrator ATIF FATTAH

Owner Information
FORTUNE HEALTHCARE INC
2825 WILCREST DRIVE, SUITE #312
HOUSTON, TX 77042
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/08/2020
License # 019764 FORTUNE HEALTHCARE INC
Lic Expire 01/08/2022 2825 WILCREST DR #312
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone (713) 771-0032 Fax (713) 771-0039
Type: Parent Agency Administrator ATIF FATTAH

Owner Information
FORTUNE HEALTHCARE INC
2825 WILCREST DRIVE, SUITE #312
HOUSTON, TX 77042
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/14/2003
License # 008744 FOUNTAIN HOME HEALTH
Lic Expire 11/30/2022 9127 MAGNOLIA VIEW
Medicare 1: 679479 HOUSTON, TX 77099
Medicare 2:
Phone (281) 575-9505 Fax (281) 495-0462
Type: Parent Agency Administrator MUTIAT LAWAL

Owner Information
FOUNTAIN CARE INC
11926 DAVIS MOUNTAIN DRIVE
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/15/2020
License # 019942 FRANCISNICEY HEALTH SERVICES LLC
Lic Expire 05/15/2022 6206 LONE PRAIRIE WAY
Medicare 1: KATY, TEXAS 77449
Medicare 2:
Phone 713 474 7460 Fax
Type: Parent Agency Administrator OLUYEMI AKINBOBOLA

Owner Information
FRANCISNICEY HEALTH SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/27/2016
License # 017817 FRANK HOME CARE 24/7
Lic Expire 12/31/2020 2600 S LOOP W STE 300M
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (713) 993-6156 Fax (713) 993-6156
Type: Parent Agency 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** Region 06 Date Licensed 08/03/2011
License # 014247 FRIENDSHIP CARE HOME ENTERPRISES LLC
Lic Expire 08/31/2021 7457 HARWIN DRIVE STE #303K
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 781-1270 Fax (713) 781-1275
Type: Parent Agency 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** Region 06 Date Licensed 06/23/2014
License # 016276 FULLCARE HOME HEALTH INC.
Lic Expire 06/30/2022 9800 CENTRE PARKWAY SUITE #635
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 885-8799 Fax (979) 488-2042
Type: Parent Agency Administrator FOLASADE ADEYEYE

Owner Information
FULLCARE HOME HEALTH, INC.
13446 QUEENSLAND WAY
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 10/09/2015
License # 017071 FUSION ONE HEALTHCARE
Lic Expire 10/31/2021 14601 BELLAIRE BLVD, SUITE 152
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone (281) 712-2273 Fax (281) 712-2274
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 07/15/2019
License # 019405 FUTURE WINNERS OF TEXAS LLC
Lic Expire 05/31/2021 2600 S LOOP W, STE420
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (832) 659-0693 Fax (832) 659-0968
Type: Parent Agency Administrator SAMIE ABDELAZIZ

Owner Information
FUTURE WINNERS OF TEXAS, LLC
P.O. BOX 271604
HOUSTON, TEXAS 77277
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/27/2006
License # 010426 GABLINK INC.
Lic Expire 01/31/2023 2950 S. GESSNER RD SUITE 230
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (713) 333-6090 Fax (713) 333-6091
Type: Parent Agency Administrator ARLENE QUIJADA

Owner Information
GABLINK INC
7457 HARWIN DRIVE, SUITE #102
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/12/2000
License # 007455 GABRIEL HOME HEALTH CARE
Lic Expire 10/31/2021 7100 REGENCY SQUARE SUITE #222
Medicare 1: 679094 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 334-2881 Fax (713) 334-2886
Type: Parent Agency Administrator TIMOTHY ODEBUNMI

Owner Information
GABRIEL HOME CARE, SAMSON ODEBUNMI
6363 BEVERLY HILL #122
HOUSTON, TX 77057
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/01/2013
License # 015455 GARDEN HEALTHCARE SERVICES CORPORATION
Lic Expire 03/31/2019 4930 RIDGE HARBOR DR
Medicare 1: HOUSTON, TX 77053
Medicare 2:
Phone (281) 724-2321 Fax (832) 327-7535
Type: Parent Agency Administrator ROBERT WILLIAMS

Owner Information
GARDEN HEALTHCARE SERVICES CORPORATION
3218 HOLMAN ST
HOUSTON, TX 77004
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/06/2006
License # 010510 GARDEN OF HOPE SERVICES INC
Lic Expire 06/30/2021 15627 LOMA VERDE DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone 2815300982 832788038 Fax (281) 530-1303
Type: Parent Agency Administrator KATE IGBOKWE

Owner Information
GARDEN OF HOPE SERVICES INC
15627 LOMA VERDE DRIVE
HOUSTON, TX 77083
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/27/2005
License # 009885 GASPY HOME HEALTHCARE INC
Lic Expire 07/31/2022 1919 N LOOP WEST STE 400
Medicare 1: 677994 HHA-18 HOUSTON, TX 77008
Medicare 2:
Phone (713) 742-0615 Fax (713) 695-0323
Type: Parent Agency Administrator MARY CORIA-GUTIERREZ

Owner Information
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

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County **HARRIS** Region 06 Date Licensed 01/01/1998
License # 006617 GC HEALTH SERVICES INC
Lic Expire 12/31/2021 9898 BISSONNET SUITE 426
Medicare 1: 459068 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 776-3309 Fax (713) 776-3346
Type: Parent Agency Administrator IHUOMA ANYANWUEZE

Owner Information
GC HEALTH SERVICES INC
9898 BISSONNET STE 426
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/13/2017
License # 018160 GENTLE EMBRACE HOME HEALTH SERVICES LLC
Lic Expire 07/31/2021 4747 BELLAIRE BLVD STE 354
Medicare 1: BELLAIRE, TX 77401
Medicare 2:
Phone (832) 986-5002 Fax (844) 879-5144
Type: Parent Agency Administrator ERIKA CASTELLANOS

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

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County **HARRIS** Region 06 Date Licensed 12/14/2015
License # 017177 GENTLE HEALTH HOSPICE
Lic Expire 03/31/2022 3033 CHIMNEY ROCK, SUITE 111
Medicare 1: 741682 HOSPICE HOUSTON, TX 77056
Medicare 2:
Phone (713) 492-0329 Fax (713) 434-7182
Type: Parent Agency Administrator CYNTHIA MAHY

Owner Information
GENTLE HEALTH SYSTEM, INC.
2170 WEST 73 ST
HALEAH, FL 33016
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 08/07/2023

County **HARRIS** Region 06 Date Licensed 01/03/2013
License # 015412 GENUS PATRIS HOSPICE
Lic Expire 01/31/2021 5315 BISSONNET STREET SUITE A
Medicare 1: 671682 HOSPICE BELLAIRE, TX 77401
Medicare 2:
Phone (713) 665-8200 Fax (713) 665-6176
Type: Parent Agency Administrator MERRIDINE V. MAO

Owner Information
A-CARE HOME HEALTH SERVICES OF EAST HOUSTON, INC.
5313 BISSONNET ST.
BELLAIRE, TEXAS 77401
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/03/2020
License # 020283 GET WELL AT HOME CARE AGENCY LLC
Lic Expire 11/03/2022 11411 N SAM HOUSTON PKWY E STE 146
Medicare 1: HUMBLE, TX 773965903
Medicare 2:
Phone (832) 781-4340 Fax
Type: Parent Agency Administrator JOUVONNA GRAY

Owner Information
GET WELL AT HOME CARE AGENCY LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/24/2007
License # 011655 GET WELL HOME HEALTH SERVICES OF HOUSTON INC
Lic Expire 10/31/2021 10134 OBOE DR.
Medicare 1: 747661 HHA-18 HOUSTON, TX 77025
Medicare 2:
Phone (713) 662-2275 Fax (713) 662-2295
Type: Parent Agency Administrator BETTY DANCEL

Owner Information
GET WELL HOME HEALTH SERVICES OF HOUSTON INC
10134 OBOE DR.
HOUSTON, TX 77025
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 11/30/2007
License # 011918 GILGAL HEALTHCARE SERVICES INC
Lic Expire 02/26/2021 15160 C BELLAIRE BLVD
Medicare 1: 747155 HOUSTON, TX 77083
Medicare 2:
Phone (281) 232-3555 Fax (281) 232-7595
Type: Parent Agency Administrator OYINLOLA O ZINSOU

Owner Information
GILGAL HEALTHCARE SERVICES INC
19310 CHRISTINE CROSSING DRIVE
RICHMOND, TX 77469
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 11/30/2007
License # 011753 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2021 6750 WEST LOOP SOUTH SUITE 500
Medicare 1: BELLAIRE, TX 77401
Medicare 2:
Phone (713) 780-1248 Fax (713) 782-9441
Type: Parent Agency Administrator MELLONIE SIMON

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/04/2013
License # 015853 GLORIOUS KIDS HOMECARE
Lic Expire 11/30/2021 9555 WEST SAM HOUSTON PKWY SOUTH #310
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (832) 767-3465 Fax (832) 767-3763
Type: Parent Agency 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** Region 06 Date Licensed 05/01/2010
License # 013279 GLORYLAND HEALTH SERVICES INC
Lic Expire 04/30/2022 9806 DARBY MILL LN
Medicare 1: 747697 HOUSTON, TX 77095
Medicare 2:
Phone (713) 231-4877 Fax (281) 859-4402
Type: Parent Agency Administrator EDITH UGBOAJA

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
Accreditation: CHAP - Deemed, Expires: 03/01/2024

County **HARRIS** Region 06 Date Licensed 09/22/2014
License # 016439 GODLY HEARTS HOME HEALTHCARE AGENCY LLC
Lic Expire 09/30/2022 4606 FM 1960 W, SUITE 320
Medicare 1: HOUSTON, TX 77069
Medicare 2:
Phone (713) 485-4354 Fax (866) 583-8731
Type: Parent Agency Administrator MARK AFRIYIE

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

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County **HARRIS** Region 06 Date Licensed 03/09/2012
License # 014855 GOLDEN ACRES HOME HEALTH
Lic Expire 03/31/2022 6430 RICHMOND AVE SUITE #130
Medicare 1: 747083 HHA-18 HOUSTON, TX 77057
Medicare 2:
Phone (832) 962-4948 Fax (832) 962-4950
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 06/21/2017
License # 018115 GOLDEN AGE HEALTHCARE LLC
Lic Expire 06/30/2021 14007 RIVER KEG DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (713) 540-8723 Fax (832) 328-5924
Type: Parent Agency Administrator CAROL ETOAMA

Owner Information
GOLDEN AGE HEALTHCARE LLC
14007 RIVER KEG DR
HOUSTON, TX 77083
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/08/2020
License # 019919 GOLDEN STEP HOME HEALTH CARE, LTD.
Lic Expire 05/08/2022 6403 SIERRA BLANCA DRIVE APT 502
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone (505) 712-9948 Fax
Type: Parent Agency Administrator OMOBOLA OLORUNSIWA

Owner Information
GOLDEN STEP HOME HEALTH CARE, LTD.
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 02/01/2015
License # 017005 GOLDEN YEARS HOME HEALTH CARE
Lic Expire 01/31/2024 11169 BEECHNUT STE D
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (832) 850-6253 Fax (713) 758-0109
Type: Parent Agency Administrator THIEU NGUYEN

Owner Information
GOLDEN YEARS HOME HEALTH CARE, LLC
11169 BEECHNUT STE D
HOUSTON, TX 77072
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/30/2020
License # 020355 GOOD LIFE FOREVER INC
Lic Expire 11/30/2022 740 MEMORIAL MEWS APT D
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (203) 706-6914 Fax
Type: Parent Agency Administrator ADIJAT OLAWALE

Owner Information
GOOD LIFE FOREVER INC.
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 11/21/2014
License # 016534 GOOD LIFE HOME CARE SERVICES CORPORATION
Lic Expire 02/28/2023 3721 BRIARPARK DR. SUITE 200
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone (713) 965-6501 Fax (832) 240-5697
Type: Parent Agency Administrator ODERA CHIDOKA

Owner Information
GOOD LIFE HOME CARE SERVICES CORPORATION
2290 W. PIKE BLVD SUITE 201-A
WESLACO, TX 78596
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 08/28/2012
License # 015099 GOOD SHEPHERD HOME HEALTH SERVICES
Lic Expire 08/31/2022 9534 HUFFMEISTER ROAD
Medicare 1: 743110 HHA-18 HOUSTON, TEXAS 77095
Medicare 2:
Phone (281) 861-9146 Fax (877) 860-8137
Type: Parent Agency Administrator MARGO CRUZ

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
Accreditation: JCAHO - Deemed, Expires: 03/02/2022

County **HARRIS** Region 06 Date Licensed 10/26/2012
License # 015161 GOOD SHEPHERD HOSPICE OF HOUSTON LLC
Lic Expire 10/31/2022 14511 FALLING CREEK DR SUITE 204
Medicare 1: 671783 HOSPICE HOUSTON, TX 770141280
Medicare 2:
Phone (713) 664-4447 Fax (713) 664-4311
Type: Parent Agency Administrator KIM CODR

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

County **HARRIS** Region 06 Date Licensed 02/03/2021
License # 020503 GRACE HOME HEALTH CARE AGENCY
Lic Expire 02/03/2023 8130 MONTAGUE MANOR LN
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (240) 342-1766 Fax (281) 710-0966
Type: Parent Agency Administrator GRACE AMOO

Owner Information
GOAAJ LIVING SOLUTIONS INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/01/2017
License # 018504 GRACE PROVIDER SERVICE INC.
Lic Expire 12/31/2021 11200 WESTHEIMER RD STE 1050
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone (713) 429-4516 Fax (281) 988-5391
Type: Parent Agency Administrator MICHAEL OKENDU

Owner Information
GRACE PROVIDER SERVICE INC
7322 SOUTHWEST FREEWAY SUITE 660
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/19/2019
License # 019203 GRACE RACE PALLIATIVE HOSPICE LLC
Lic Expire 04/30/2021 6776 SOUTHWEST FREEWAY STE 631
Medicare 1: 971601 Hospice HOUSTON, TEXAS 77074
Medicare 2:
Phone (832) 350-2573 Fax (832) 350-2573
Type: Parent Agency Administrator JESTINA BANGURA

Owner Information
GRACE RACE PALLIATIVE HOSPICE LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 09/16/2023

County **HARRIS** Region 06 Date Licensed 01/11/2017
License # 017851 GRACE SPECIALTY CARE
Lic Expire 01/31/2023 2620 TANGLEWILDE ST SUITE 111
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (832) 419-3500 Fax (713) 588-5836
Type: Parent Agency Administrator ADEJUMOKE OSHINUGA

Owner Information
GRACE SPECIALTY CARE, INC.
8700 COMMERCE PARK DR, SUITE 208
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/07/2019
License # 019366 GRACEFUL CARE INCORPORATED
Lic Expire 05/07/2021 12434 SILVERWYCK DR
Medicare 1: HOUSTON, TEXAS 77014
Medicare 2:
Phone (832) 704-4283 Fax
Type: Parent Agency Administrator MICHELLE ROBERTS

Owner Information
GRACEFUL CARE INCORPORATED
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/11/2005
License # 010040 GRACEFULL HOME HEALTH INC
Lic Expire 10/31/2022 9800 CENTER PARKWAY SUITE#615
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 541-0101 Fax (281) 657-6219
Type: Parent Agency Administrator OLUFUNKE ADENOLA

Owner Information
GRACEFULL HOME HEALTH INC
9894 BISSONNET SUITE #100B
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/21/2016
License # 017696 GRACESPRINGS HEALTHCARE SERVICES
Lic Expire 10/31/2020 13111 WESTHEIMER RD., STE 300
Medicare 1: HOUSTON, TEXAS 77077
Medicare 2:
Phone (832) 585-1108 Fax (832) 585-1240
Type: Parent Agency Administrator KUNBI ALABI

Owner Information
GRACE SPRINGS HEALTHCARE SERVICES LLC
27 GRIFFIN HILL CT
THE WOODLANDS, TX 77382
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/22/2021
License # 019993 GRAFFITI HOME CARE L.L.C.
Lic Expire 06/11/2022 11201 VETERANS MEMORIAL DRIVE #13206
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (832) 756-9095 Fax
Type: Parent Agency Administrator TYTEILA ROACH

Owner Information
GRAFFITI HOME CARE LL.C.
11201 VETERANS MEMORIAL DRIVE APT#13206
HOUSTON, TEXAS 77067
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/01/2020
License # 020057 GREATER ELEVATIONS LLC
Lic Expire 07/16/2022 16920 KUYKENDAHL ROAD SUITE 229
Medicare 1: HOUSTON, TX 77068
Medicare 2:
Phone (832) 296-7709 Fax
Type: Parent Agency Administrator JACQUELYN BHONES

Owner Information
GREATER ELEVATIONS LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/13/2021
License # 020451 GREEN PASTURES HEALTH SERVICES LLC
Lic Expire 01/13/2023 10039 BISSONNET ST, STE 332
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone 832 892 8719 Fax
Type: Parent Agency Administrator AKINTADE AKINOKUN

Owner Information
GREEN PASTURES HEALTH SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/09/2020
License # 019871 GREENLEAF HOME HEALTH CARE SERVICES, LLC
Lic Expire 04/09/2022 17043 CLAN MACGREGOR DR
Medicare 1: HOUSTON, TEXAS 77084
Medicare 2:
Phone (832) 683-4790 Fax (281) 656-8574
Type: Parent Agency Administrator SHAMSA ALI

Owner Information
GREENLEAF HOME HEALTH CARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/21/2020
License # 019888 GREENLIGHT HEALTHCARE CORPORATION
Lic Expire 04/21/2022 3130 CREEK ARBOR CIR
Medicare 1: HOUSTON, TX 770847173
Medicare 2:
Phone (832) 533-6888 Fax
Type: Parent Agency Administrator HELEN AKPAN

Owner Information
GREENLIGHT HEALTHCARE CORPORATION
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/31/2021
License # 020615 GRISWOLD HOME CARE
Lic Expire 03/31/2024 10998 S WILCREST DR. #297
Medicare 1: HOUSTON, TEXAS 77099
Medicare 2:
Phone (281) 978-4244 Fax (877) 468-7075
Type: Parent Agency Administrator CALLA SPATZ

Owner Information
SHUMAN HOME HEALTH, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/12/2013
License # 015915 GRISWOLD HOME CARE OF FRIENDSWOOD LA PORTE LEAGUE CITY & GALVESTON
Lic Expire 12/31/2021 1110 NASA PARKWAY SUITE 311
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (713) 568-4488 Fax (888) 662-5898
Type: Parent Agency Administrator BRENDA GROSS

Owner Information
BREMA INVESTMENTS LLC
2504 ROCKYGATE LN
FRIENDSWOOD, TX 77546
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/25/2014
License # 016520 GRISWOLD HOME CARE SOUTHWEST AND GREATER SOUTH HOUSTON
Lic Expire 10/31/2022 10998 WILCREST DR SUITE 297
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (281) 250-9993 Fax (877) 468-7075
Type: Parent Agency Administrator JAMES VONDERHAAR

Owner Information
TO THE TOP MANAGEMENT SERVICES LLC
1910 CHATHAM TRAILS COURT
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/11/2019
License # 019323 GS HEALTH SERVICES LLC
Lic Expire 04/11/2021 9207 COUNTRY CREEK DR# 204
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (346) 383-0669 Fax (713) 271-0229
Type: Parent Agency Administrator ONYEGBULE OKONKO

Owner Information
GS HEALTHCARE SERVICES LLC
9207 COUNTRY CREEK DR #204
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/17/2020
License # 020105 GUARDIAN ANGELS FOR SENIORS LLC
Lic Expire 08/17/2022 4415 UPLAND STREAM LANE
Medicare 1: KATY, TEXAS 77493
Medicare 2:
Phone (512) 720-9855 Fax
Type: Parent Agency Administrator MUKOSOLU EGWIM

Owner Information
GUARDIAN ANGELS FOR SENIORS LLC
2614 WINDY VALE TRAIL
FRESNO, TEXAS 77545
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/24/2008
License # 012038 GUARDIAN HEALTHCARE
Lic Expire 01/31/2021 6565 WEST LOOP SOUTH SUITE 780
Medicare 1: 678166 HHA-18 BELLAIRE, TX 77401
Medicare 2:
Phone (281) 481-2974 Fax (281) 481-2978
Type: Parent Agency Administrator CRYSTAL CALLAHAM

Owner Information
HEALTH PRIORITY HOME CARE INC
13737 NOEL ROAD SUITE 1400
DALLAS, TX 75340
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 03/24/2010
License # 013191 GUIDING HOME CARE INC
Lic Expire 03/31/2022 11970 WILCREST DRIVE STE 102
Medicare 1: 747701 HHA-18 HOUSTON, TX 77031
Medicare 2:
Phone (281) 530-8181 Fax (281) 530-8188
Type: Parent Agency Administrator CHRISTINA KIZZEE

Owner Information
GUIDING HOME CARE INC
P.O. BOX 769
FRESNO, TX 77545
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/27/2016
License # 017799 GUJI HEALTH CARE INC
Lic Expire 10/31/2020 4201 FM 1960 W STE 165
Medicare 1: HOUSTON, TX 77068
Medicare 2:
Phone (713) 780-8030 Fax (281) 919-7378
Type: Parent Agency Administrator CLEMENTINA IKWUEZUNMA

Owner Information
GUJI HEALTH CARE INC
6201 BONHOME ROAD SUITE 365-N
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/25/1997
License # 006529 GULF COAST COMMUNITY HEALTH SERVICES INC
Lic Expire 09/30/2021 17223 MERCURY DRIVE
Medicare 1: 459448 HHA-18 HOUSTON, TX 77058
Medicare 2:
Phone (281) 484-2727 Fax (281) 464-7090
Type: Parent Agency Administrator COMFORT AGBOR

Owner Information
GULF COAST COMMUNITY HEALTH SERVICES INC
17223 MERCURY DRIVE
HOUSTON, TX 77058
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/26/2019
License # 019361 H & T COMPLETE HOME HEALTHCARE
Lic Expire 05/06/2021 507 N SAM HOUSTON PKWY E. SUITE 600-O
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (281) 707-9904 Fax (281) 707-9904
Type: Parent Agency Administrator SHAZELL TAYLOR

Owner Information
H & T COMPLETE HOME HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/13/2020
License # 020226 HALO HOME CARE
Lic Expire 10/13/2022 4818 SAN VALENTINO DRIVE
Medicare 1: KATY, TEXAS 77493
Medicare 2:
Phone (346) 353-5693 Fax
Type: Parent Agency Administrator TIANA CLARK

Owner Information
HALO VISIONZ LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 05/17/2017
License # 018061 HALO HOMECARE SERVICES
Lic Expire 05/31/2021 11251 NORTHWEST FREEWAY SUITE 410
Medicare 1: HOUSTON, TX 77092
Medicare 2:
Phone (713) 703-8188 Fax (713) 730-8188
Type: Parent Agency Administrator ROSAURA VISRAM

Owner Information
HALO HOMECARE SERVICES INC
8506 VOGUE LANE
HOUSTON, TX 77055
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/14/2020
License # 019937 HANDS WITH A HEART, PAS, LLC
Lic Expire 05/14/2022 2402 RHYME COURT RD
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (832) 267-2241 Fax
Type: Parent Agency Administrator CATINA ERWIN

Owner Information
HANDS WITH A HEART, PAS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/12/2020
License # 019929 HAPPIER AT HOME SENIOR CARE
Lic Expire 05/12/2022 8203 WILLOW PLACE DR S, SUITE 670
Medicare 1: HOUSTON, TX 770705655
Medicare 2:
Phone 281 9369036 Fax 346 3522122
Type: Parent Agency 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** Region 06 Date Licensed 02/08/2021
License # 020517 HAPPY HEARTS HOME HEALTHCARE, INC.
Lic Expire 02/08/2023 17719 QUIET LOCH LN
Medicare 1: HOUSTON, TEXAS 77084
Medicare 2:
Phone (832) 767-7114 Fax
Type: Parent Agency Administrator FELICIA WAMAH

Owner Information
HAPPY HEARTS HOME HEALTHCARE, INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/29/2010
License # 013794 HARBOR HOME HEALTH LP
Lic Expire 12/31/2022 11980 KIRBY DR STE 120
Medicare 1: 747816 HHA-18 HOUSTON, TX 77045
Medicare 2:
Phone (713) 413-5292 Fax (281) 427-3728
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 11/03/2021

County **HARRIS** Region 06 Date Licensed 11/13/2012
License # 015201 HARBOR HOSPICE
Lic Expire 11/30/2022 11990 KIRBY DRIVE
Medicare 1: 671774 HOSPICE HOUSTON, TX 77045
Medicare 2:
Phone (713) 413-5200 Fax (713) 413-5299
Type: Parent Agency Administrator ROKISHIA MORRIS

Owner Information
HARBOR HOSPICE OF SOUTHEAST HOUSTON LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES
Accreditation: JCAHO - Deemed, Expires: 05/17/2022

County **HARRIS** Region 06 Date Licensed 02/28/2013
License # 015403 HARBOR HOSPICE MEDICAL CENTER - HOUSTON LP
Lic Expire 02/28/2023 11980 KIRBY DR SUITE 240
Medicare 1: 671792 HOSPICE HOUSTON, TX 77045
Medicare 2:
Phone (713) 271-2220 Fax (713) 271-2225
Type: Parent Agency Administrator JESSICA JOHNSTONBAUGH

Owner Information
HARBOR HOSPICE MEDICAL CENTER - HOUSTON LP
SAME
BEAUMONT, TX 77701-4612
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 10/25/2022

County **HARRIS** Region 06 Date Licensed 06/15/2011
License # 014160 HARBOR HOSPICE OF CENTRAL HOUSTON LP
Lic Expire 06/30/2023 11980 KIRBY DRIVE SUITE 220
Medicare 1: 671711 HOSPICE HOUSTON, TX 77045
Medicare 2:
Phone (713) 777-5290 Fax (713) 777-5214
Type: Parent Agency Administrator THERESA COUSINS

Owner Information
HARBOR HOSPICE OF CENTRAL HOUSTON, LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 05/12/2021

County **HARRIS** Region 06 Date Licensed 12/05/2012
License # 015257 HARBOR HOSPICE OF EAST HOUSTON LP
Lic Expire 12/31/2022 2330 TIMBER SHADOWS DRIVE, SUITE 200
Medicare 1: 741526 HOSPICE KINGWOOD, TEXAS 77339
Medicare 2:
Phone (281) 973-8410 Fax (832) 644-5682
Type: Parent Agency Administrator CRISTINA WALL

Owner Information
HARBOR HOSPICE OF EAST HOUSTON LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 11/01/2022

County **HARRIS** Region 06 Date Licensed 05/04/2011
License # 014077 HARBOR HOSPICE OF HOUSTON LP
Lic Expire 05/31/2021 1322 SPACE PARK DRIVE SUITE A-194
Medicare 1: 671745 HOSPICE HOUSTON, TX 77058
Medicare 2:
Phone (281) 461-6109 Fax (281) 461-6038
Type: Parent Agency Administrator ELISHA SULTZER

Owner Information
HARBOR HOSPICE OF HOUSTON, LP
3406 COLLEGE STREET, SUITE 200
BEAUMONT, TEXAS 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 05/05/2021

County **HARRIS** Region 06 Date Licensed 08/26/2011
License # 014311 HARBOR HOSPICE OF LIBERTY LP
Lic Expire 08/31/2021 623 NORTH MAIN STREET, SUITE 2
Medicare 1: 671735 HOSPICE LIBERTY, TEXAS 77575
Medicare 2:
Phone (936) 641-9431 Fax (936) 641-9187
Type: Parent Agency Administrator THERESA COUSINS

Owner Information
HARBOR HOSPICE OF LIBERTY LP
3406 COLLEGE STREET, SUITE 200
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/30/2012
License # 015042 HARBOR HOSPICE OF RICHMOND LP
Lic Expire 08/31/2022 12808 WEST AIRPOT BLVD., SUITE 235
Medicare 1: 671764 HOSPICE SUGARLAND, TEXAS 77478
Medicare 2:
Phone (281) 762-0444 Fax (281) 762-7024
Type: Parent Agency Administrator JESSICA JOHNSTONBAUGH

Owner Information
HARBOR HOSPICE OF RICHMOND LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 05/18/2022

County **HARRIS** Region 06 Date Licensed 08/08/2012
License # 014992 HARBOR HOSPICE OF SOUTH HOUSTON LP
Lic Expire 08/31/2022 12808 WEST AIRPOT BLVD., SUITE 235A
Medicare 1: 741501 HOSPICE SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (281) 762-0444 Fax (281) 762-7024
Type: Parent Agency Administrator KRISTY HARRIS

Owner Information
HARBOR HOSPICE OF SOUTH HOUSTON, LP
3406 COLLEGE STREET SUITE 200
BEAUMONT, TX 77701-4612
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/05/2010
License # 013609 HARBOR HOSPICE OF TEXAS LP
Lic Expire 10/31/2022 425 HOLDERREITH ST STE 205A
Medicare 1: 671685 HOSPICE TOMBALL, TX 77375
Medicare 2:
Phone (281) 659-0303 Fax (281) 659-0306
Type: Parent Agency Administrator LISA DAVIS

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

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

County **HARRIS** Region 06 Date Licensed 11/13/2012
License # 015199 HARBOR HOSPICE OF WEST HOUSTON LP
Lic Expire 11/30/2022 11980 KIRBY DR SUITE 210
Medicare 1: 741505 HOSPICE HOUSTON, TX 77045
Medicare 2:
Phone (713) 777-5290 Fax (713) 777-5214
Type: Parent Agency Administrator THERESA COUSINS

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

County **HARRIS** Region 06 Date Licensed 01/05/2009
License # 012378 HARBORHOSPICE OF BAYTOWN LP
Lic Expire 01/31/2023 1600 JAMES BOWIE SUITE D-111
Medicare 1: 671645 HOSPICE BAYTOWN, TX 77520
Medicare 2:
Phone (281) 427-3800 Fax (281) 427-3855
Type: Parent Agency Administrator THERESA COUSINS

Owner Information
HARBOR HOSPICE OF BAYTOWN LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/02/2022

County **HARRIS** Region 06 Date Licensed 02/01/2017
License # 017901 HARMONY COMPLETE CARE LLC
Lic Expire 01/31/2021 7807 LONGPOINT ROAD SUITE #445
Medicare 1: 457967 HHA-18 HOUSTON, TX 77055
Medicare 2:
Phone (713) 668-3883 Fax (713) 961-1248
Type: Parent Agency Administrator SHEILA GARDINER

Owner Information
HARMONY COMPLETE CARE, LLC
4747 RESEARCH FOREST DRIVE, 180-292
THE WOODLANDS, TX 77381-4912
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 11/13/2019
License # 019700 HARMONY HEALTHCARE SERVICES INC
Lic Expire 11/13/2021 6464 SAVOY DRIVE STE 850
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 501-2001 Fax (281) 860-2030
Type: Parent Agency Administrator JESENIA PAREDES

Owner Information
HARMONY HEALTHCARE SERVICES INC
6464 SAVOY DRIVE STE 850
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/31/2016
License # 018059 HARMONY HOSPICE INC
Lic Expire 08/31/2022 2620 TANGLEWILDE ST. SUITE 104
Medicare 1: 671737 HOSPICE HOUSTON, TX 77063
Medicare 2:
Phone (281) 888-1602 Fax (281) 888-1025
Type: Parent Agency Administrator OLAKUNLE OMIYALE

Owner Information
HARMONY HOSPICE INC
2620 TANGLEWILDE ST SUITE 104
HOUSTON, TX 77063
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 03/04/2021
License # 020569 HARRIS COUNTY HOSPICE INC
Lic Expire 03/04/2024 2922 ROSEDALE ST STE 1230
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (713) 874-1234 Fax (713) 521-1277
Type: Parent Agency Administrator JENNIFER ROY

Owner Information
HARRIS COUNTY HOSPICE, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/12/2019
License # 019557 HAUKESBURY HOSPICE LLC
Lic Expire 08/27/2021 8700 COMMERCEPARK DR SUITE 144
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (866) 278-2834 Fax (866) 278-2834
Type: Parent Agency Administrator CLEMENTIA WILLIAMSON

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

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

County **HARRIS** Region 06 Date Licensed 06/21/2002
License # 007981 HAVEN HEALTHCARE SYSTEMS INC
Lic Expire 06/30/2022 4615 SOUTHWEST FREEWAY SUITE 740
Medicare 1: 679178 HHA-18 HOUSTON, TX 77027
Medicare 2:
Phone (713) 464-1342 Fax (713) 464-1638
Type: Parent Agency Administrator YOLANDA BAYONNE

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 Services

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County **HARRIS** Region 06 Date Licensed 09/14/2007
License # 011584 HEALING HOME HEALTH INC
Lic Expire 09/30/2022 17024 BUTTE CREEK RD SUITE 101
Medicare 1: 747085 HHA-18 HOUSTON, TX 77090
Medicare 2:
Phone (281) 580-1540 Fax (281) 580-1580
Type: Parent Agency Administrator KERRY POYSER

Owner Information
HEALING HOME HEALTH INC
814 N SKY DR
HOUSTON, TX 77073
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 11/17/2016
License # 017749 HEALING THROUGH CARING HOMECARE
Lic Expire 02/26/2023 16630 IMPERIAL VALLEY DR. STE 104E
Medicare 1: HOUSTON, TX 77060
Medicare 2:
Phone (832) 504-9709 Fax (832) 504-9710
Type: Parent Agency Administrator SHONTEL YOUNGBLOOD

Owner Information
HEALING THROUGH CARING HOMECARE, LLC.
4008 LOUETTA RD
SPRING, TX 77388
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/04/1984
License # 000527 HEALTH CARE TEMPORARIES INC
Lic Expire 06/30/2022 8926 SHERBOURNE SUITE D
Medicare 1: HOUSTON, TX 77016
Medicare 2:
Phone (713) 631-7106 Fax (713) 631-9158
Type: Parent Agency Administrator BONITA WOODS, RN

Owner Information
HEALTH CARE TEMPORARIES INC
8926 SHERBOURNE SUITE D
HOUSTON, TX 77016
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/02/2019
License # 019445 HEALTH FIRST INC.
Lic Expire 06/26/2021 7400 BELLERIVE DRIVE #1106
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (713) 480-4617 Fax
Type: Parent Agency Administrator JOHN EZIEVUO

Owner Information
HEALTH FIRST INC.
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/03/2020
License # 020146 HEALTH HEROES HOME CARE LLC
Lic Expire 09/03/2022 3131 W BELLFORT AVE APT 1111
Medicare 1: HOUSTON, TX 770545048
Medicare 2:
Phone (832) 436-7914 Fax
Type: Parent Agency Administrator OLGA WILLIAMS

Owner Information
HEALTH HEROES HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/14/2007
License # 011150 HEALTH VISION HOME HEALTH SERVICES INC
Lic Expire 03/31/2023 10707 FUQUA GLEN LANE
Medicare 1: 747313 HHA-18 HOUSTON, TX 77075
Medicare 2:
Phone (281) 484-3325 Fax (281) 484-3336
Type: Parent Agency Administrator TERESA WENCES

Owner Information
HEALTH VISION HOME HEALTH SERVICES INC
10707 FUQUA GLEN LANE
HOUSTON, TX 77075
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 07/30/2010
License # 013619 HEALTHCARE PROVIDERS OF AMERICA INC
Lic Expire 07/31/2022 10801 HAMMERLY BLVD SUITE 120
Medicare 1: 677921 HHA-18 HOUSTON, TX 77043
Medicare 2:
Phone (713) 468-2100 Fax (713) 468-2400
Type: Parent Agency Administrator IFTIKHAR SHEIKH

Owner Information
HEALTHCARE PROVIDERS OF AMERICA, INC.
10801 HAMMERLY BLVD., SUITE #120
HOUSTON, TX 77043
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 03/16/2004
License # 009005 HEALTHCARE SOLUTIONS
Lic Expire 03/31/2022 7731 CLARIDGE DRIVE
Medicare 1: HOUSTON, TX 77071
Medicare 2:
Phone (713) 771-3512 Fax (713) 771-0232
Type: Parent Agency Administrator MARY WHITE

Owner Information
JASCAM INC
PO BOX 711126
HOUSTON, TX 77271
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/13/2000
License # 007443 HEALTHSOURCE HOME CARE INC
Lic Expire 04/30/2020 5709 DOLORES STREET
Medicare 1: 678376 HHA-18 HOUSTON, TX 77057
Medicare 2:
Phone (713) 592-5364 Fax (713) 592-5324
Type: Parent Agency Administrator TEKLE TESFAYE

Owner Information
HEALTHSOURCE HOME CARE INC
5709 DOLORES STREET
HOUSTON, TX 77057
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/11/2015
License # 017303 HEART HOME HEALTH CARE INC
Lic Expire 12/31/2021 7545 SOUTH FREEWAY
Medicare 1: 678220 HHA-18 HOUSTON, TEXAS 77021
Medicare 2:
Phone (713) 654-8825 Fax (713) 571-6040
Type: Parent Agency Administrator CARL JENKINS

Owner Information
HEART HOME HEALTH CARE INC
P.O. BOX 331249
HOUSTON, TEXAS 77233
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/11/2020
License # 019851 HEART OF HOUSTON HOSPICE CARE, INC.
Lic Expire 03/11/2022 5322 WEST BELLFORT ST SUITE 215
Medicare 1: 971592 Hospice HOUSTON, TX 77035
Medicare 2:
Phone 281 9623400 Fax 281 9624739
Type: Parent Agency Administrator SHERRIA BELL

Owner Information
BRIGHTSTAR HOSPICE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/30/2023

County **HARRIS** Region 06 Date Licensed 10/25/2013
License # 016100 HEART TO HEART HOSPICE OF GREATER HOUSTON LLC
Lic Expire 10/31/2021 16441 SPACE CENTER BOULEVARD SUITE C-300
Medicare 1: 671542 HOSPICE HOUSTON, TX 77058
Medicare 2:
Phone (713) 984-2100 Fax (713) 984-2171
Type: Parent Agency Administrator ANNETTE PEREZ

Owner Information
HEART TO HEART HOSPICE OF GREATER HOUSTON, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/22/2022

County **HARRIS** Region 06 Date Licensed 05/16/2017
License # 018137 HEART TO HEART HOSPICE OF WEST HOUSTON LLC
Lic Expire 05/31/2021 12345 JONES ROAD SUITE 190
Medicare 1: 741624 HOSPICE HOUSTON, TX 77070
Medicare 2:
Phone (832) 478-5534 Fax (832) 478-5592
Type: Parent Agency Administrator CAROLINA ROSE

Owner Information
HEART TO HEART HOSPICE OF WEST HOUSTON LLC
7240 CHASE OAKS BLVD.,
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/24/2022

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

County **HARRIS** Region 06 Date Licensed 11/30/2017
License # 018477 HEARTFUL SENIOR CARE LLC
Lic Expire 11/30/2021 537 VILLA DRIVE
Medicare 1: SEABROOK, TX 77586
Medicare 2:
Phone (281) 942-3131 Fax (281) 215-5243
Type: Parent Agency Administrator JEANNIE BERWANGER

Owner Information
HEARTFUL SENIOR CARE, LLC
537 VILLA DRIVE
HOUSTON, TX 77586
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/18/2016
License # 017946 HEARTS AT HOME SENIOR CARE
Lic Expire 11/30/2020 10700 RICHMOND AVENUE, SUITE 274
Medicare 1: HOUSTON, TEXAS 77042
Medicare 2:
Phone (713) 515-2567 Fax (888) 807-7092
Type: Parent Agency Administrator MICHAEL WELFEL

Owner Information
SLG HEARTS AT HOME LLC
10503 JUSTIN RIDGE RD
KATY, TX 77494
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/05/2016
License # 017380 HEARTS OF HOPE HOME CARE LLC
Lic Expire 05/31/2022 12337 JONES ROAD SUITE 200-7
Medicare 1: HOUSTON, TX 77070
Medicare 2:
Phone (281) 653-2040 Fax (281) 890-5787
Type: Parent Agency Administrator KIYOKO AUGUSTUS

Owner Information
HEARTS OF HOPE HOME CARE LLC
20423 KNIGHTS BRANCH DRIVE
CYPRESS, TX 77433
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/15/2008
License # 011822 HEAVENLY HOME HEALTH SERVICES INC
Lic Expire 05/30/2023 13210 RICHMOND AVE
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (832) 439-3365 Fax (281) 679-7212
Type: Parent Agency Administrator STELLA OYEKU

Owner Information
HEAVENLY HOME HEALTH SERVICES INC
13210 RICHMOND AVE
HOUSTON, TX 77082
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/28/2019
License # 019454 HEFLIN IMPERIAL CAREGIVERS, LLC
Lic Expire 06/28/2021 9911 FERNSTONE LN
Medicare 1: HOUSTON, TX 77070
Medicare 2:
Phone (832) 687-0715 Fax (713) 588-8972
Type: Parent Agency Administrator DENISE HEFLIN

Owner Information
HEFLIN IMPERIAL CAREGIVERS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/25/2014
License # 016397 HEIGHT OF HOPE HOME CARE
Lic Expire 08/31/2022 9950 WESTPARK DR. STE. 532
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (832) 572-0861 Fax (281) 988-6049
Type: Parent Agency Administrator RITSVY MEJIA

Owner Information
HEIGHT OF HOPE HOME CARE
9950 WESTPARK DR. STE 532
HOUSTON, TX 77063
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/08/2019
License # 019517 HEIGHT'S HOSPICE CARE, L.L.C
Lic Expire 08/08/2021 1419 WEST 24TH STREET SUITE B
Medicare 1: HOUSTON, TEXAS 77008
Medicare 2:
Phone (832) 372-0447 Fax (713) 647-9358
Type: Parent Agency Administrator RODPA TUBLE

Owner Information
HEIGHT'S HOSPICE CARE, L.L.C
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/24/2020
License # 020074 HELPING HAND HOME HEALTH LLC
Lic Expire 07/24/2022 14806 WATERSIDE VIEW CT.
Medicare 1: HOUSTON, TEXAS 77044
Medicare 2:
Phone (713) 331-9343 Fax (713) 324-0554
Type: Parent Agency Administrator RAMON GARCIA

Owner Information
HELPING HAND HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 06/21/2017
License # 018116 HERITAGE DEVELOPMENTAL CARE LLC
Lic Expire 06/30/2021 11455 FALLBROOK DR. UNIT 301A
Medicare 1: HOUSTON, TX 77065
Medicare 2:
Phone (832) 866-5264 Fax (832) 534-1122
Type: Parent Agency Administrator EMMANUEL ERIMIDE

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** Region 06 Date Licensed 07/07/2016
License # 017502 HEURISTIC HOME HEATH CARE LLC
Lic Expire 07/31/2022 7155 OLD KATY RD STE N262
Medicare 1: HOUSTON, TX 77024
Medicare 2:
Phone (832) 582-7730 Fax (281) 783-2667
Type: Parent Agency Administrator LINDA WALKER

Owner Information
HEURISTIC HOME HEALTH CARE LLC
7155 OLD KATY RD STE N262
HOUSTON, TX 77024
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/07/2016
License # 017432 HIGHLAND HOSPICE
Lic Expire 02/28/2022 1350 E. NASA PARKWAY STE 200
Medicare 1: 671664 HOSPICE HOUSTON, TX 77058
Medicare 2:
Phone (832) 306-3105 Fax (832) 306-3106
Type: Parent Agency Administrator SHANNA ASHBERRY

Owner Information
NORTH AMERICAN HOSPICE INC
1350 E NASA PARKWAY SUITE 200
HOUSTON, TX 77058
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/02/2023

County **HARRIS** Region 06 Date Licensed 12/08/2020
License # 020389 HILLSCOPE HOME CARE
Lic Expire 12/08/2022 8700 COMMERCE PARK, SUITE 214
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 670-9645 Fax
Type: Parent Agency Administrator MOJISOLA MICAH

Owner Information
HILLSCOPE HOME CARE
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/29/2020
License # 019617 HIS CARING ARMS HEALTH SERVICES
Lic Expire 03/11/2021 12006 MEADOW PLACE DRIVE
Medicare 1: 677998 HHA-18 HOUSTON, TEXAS 77071
Medicare 2:
Phone (713) 541-6520 Fax (713) 541-6521
Type: Parent Agency Administrator APPOLONIA AZIH

Owner Information
VM HEALTHCARE & REHAB INC.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/11/2020
License # 020394 HIS SHADOW SERVICES LLC
Lic Expire 12/11/2022 3007 ROSE TRACE DR
Medicare 1: SPRING, TEXAS 77386
Medicare 2:
Phone (432) 305-8090 Fax
Type: Parent Agency Administrator EZE OWUNNA

Owner Information
HIS SHADOW SERVICES LLC
3007 ROSE TRACE DR
SPRINGS, TEXAS 77386
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/17/1995
License # 003266 HOLISTIC HOME CARE NURSING INC
Lic Expire 02/28/2023 2909 HILLCROFT AVE, SUITE 670
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 956-9841 Fax (713) 956-9843
Type: Parent Agency Administrator JEWELLEAN MANGAROO

Owner Information
HOLISTIC HOME CARE NURSING INC
7457 HARWIN DRIVE, SUITE #100
HOUSTON, TX 77036
PHONE: (713) 956-9841 FAX: (713) 956-9843
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/16/2020
License # 020178 HOLISTIC PALLIATIVE HOSPICE, INC.
Lic Expire 09/16/2022 9100 SOUTHWEST FREEWAY SUITE 206
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone 866 2583457 Fax (281) 564-7326
Type: Parent Agency Administrator JOEL ADA

Owner Information
HOLISTIC PALLIATIVE HOSPICE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/18/2019
License # 019430 HOLLANDER HOME HEALTHCARE LLC
Lic Expire 06/18/2021 13201 NORTHWEST FREEWAY SUITE 365
Medicare 1: HOUSTON, TEXAS 77040
Medicare 2:
Phone (414) 507-4096 Fax NA
Type: Parent Agency Administrator RHENA ANDERSON

Owner Information
HOLLANDER HOME HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/26/2020
License # 020124 HOLY FAMILY HOME CARE SERVICES LLC
Lic Expire 08/26/2022 1120 NASA PARKWAY SUITE 220L
Medicare 1: HOUSTON, TEXAS 77058
Medicare 2:
Phone (832) 400-4342 Fax
Type: Parent Agency Administrator MAYLENE SANTIAGO

Owner Information
HOLY FAMILY HOME CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/16/2010
License # 014051 HOME CARE ASSISTANCE
Lic Expire 2270 W HOLCOMBE BLVD
Medicare 1: HOUSTON, TX 77030
Medicare 2:
Phone (713) 960-9988 Fax (713) 814-3878
Type: Parent Agency Administrator ANGELA DAVIS

Owner Information
HOME CARE ASSISTANCE OF HOUSTON CENTRAL LLC
829 FROSTWOOD DRIVE
HOUSTON, TX 77024
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed
License # 014051 HOME CARE ASSISTANCE
Lic Expire 11173 WESTHEIMER RD
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone (713) 960-9988 Fax (713) 814-3878
Type: Branch Agency Administrator ANGELA DAVIS

Owner Information
HOME CARE ASSISTANCE OF HOUSTON CENTRAL LLC
829 FROSTWOOD DRIVE
HOUSTON, TX 77024
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/08/2015
License # 016594 HOME CARE ASSISTANCE OF NORTH HOUSTON
Lic Expire 06/30/2021 2714 W LAKE HOUSTON PKWY #190
Medicare 1: KINGWOOD, TX 77339
Medicare 2:
Phone (832) 412-1345 Fax
Type: Parent Agency Administrator GUY DU BERNARD

Owner Information
GREAT GENERATION ASSISTANCE INC
4582 E KINGWOOD DR., #331
KINGWOOD, TEXAS 77345
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/16/2020
License # 020320 HOME CARE FOR THE 21ST CENTURY - SOUTH HOUSTON #0031
Lic Expire 11/16/2022 77 SUGAR CREEK CENTER BLVD. STE 600
Medicare 1: SUGARLAND, TX 77478
Medicare 2:
Phone 281 8880380 Fax
Type: Parent Agency Administrator RICHARD TATE

Owner Information
AT HOME HEALTHCARE GROUP LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/12/2016
License # 017725 HOME CARE OF TEXAS
Lic Expire 09/30/2022 2110 OAK PARK TRAILS COURT
Medicare 1: 673186 HHA-18 KATY, TX 77450
Medicare 2:
Phone (281) 602-0800 Fax (281) 602-0806
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 08/11/2000
License # 007403 HOME CARE PLUS
Lic Expire 08/31/2022 5870 HIGHWAY 6 NORTH SUITE 214
Medicare 1: 679008 HHA-18 HOUSTON, TEXAS 77084
Medicare 2:
Phone (281) 957-9516 Fax (281) 309-0109
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 01/25/1991
License # 002174 HOME CARE PROFESSIONAL SERVICES INC
Lic Expire 01/31/2024 8319 HIDDEN TRAIL LN
Medicare 1: 677299 SPRING, TX 77379
Medicare 2:
Phone (281) 547-8395 Fax (281) 605-6656
Type: Parent Agency Administrator GNNANASRIBALA MUKKAMALA

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
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/11/2009
License # 012651 HOME CARE SENIOR SERVICES INC
Lic Expire 06/30/2021 9839 WHITHORN DRIVE SUITE #A
Medicare 1: 747584 HHA-18 HOUSTON, TX 77095
Medicare 2:
Phone (832) 524-0712 Fax (281) 256-4925
Type: Parent Agency Administrator ARACELI GARCIA

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; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/03/2005
License # 010111 HOME DIALYSIS
Lic Expire 11/30/2021 11403 REGENCY GREEN DRIVE
Medicare 1: CYPRESS, TX 77429
Medicare 2:
Phone (713) 690-2200 Fax (713) 690-2204
Type: Parent Agency Administrator AKIHIRO 'JAY' MOCHIZUKI

Owner Information
HOUSTON HOME DIALYSIS, LP
11463 REGENCY GREEN DRIVE
CYPRESS, TX 77429
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **HARRIS** Region 06 Date Licensed 07/10/2013
License # 015631 HOME FOR TEXAS
Lic Expire 07/31/2021 7580 FANNIN SUITE 200
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (713) 790-1983 Fax (713) 795-5931
Type: Parent Agency Administrator DEBBIE ALLEN

Owner Information
RENAL TREATMENT CENTERS - SOUTHEAST LP
2000 16TH STREET
DENVER, CO 80202
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **HARRIS** Region 06 Date Licensed 10/12/1994
License # 003393 HOME HEALTH CARE NETWORK
Lic Expire 10/31/2021 5870 HIGHWAY 6 NORTH, SUITE 208
Medicare 1: 458380 HHA-18 HOUSTON, TEXAS 77084
Medicare 2:
Phone (713) 783-8049 Fax (713) 783-6941
Type: Parent Agency Administrator PATRICIA FLORES

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

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County **HARRIS** Region 06 Date Licensed 12/09/2020
License # 020391 HOME HEALTH CARE NETWORK INC
Lic Expire 12/09/2022 8926 SHERBOURNE ST SUITE B
Medicare 1: HOUSTON, TEXAS 77016
Medicare 2:
Phone (832) 483-4898 Fax (346) 248-4511
Type: Parent Agency Administrator HILARION JOHNSON

Owner Information
HOME HEALTH CARE NETWORK INC.
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/30/2006
License # 010845 HOME HEALTH PROFESSIONALS
Lic Expire 10/31/2021 4635 SOUTHWEST FREEWAY SUITE #540
Medicare 1: 679660 HHA-18 HOUSTON, TX 77027
Medicare 2:
Phone (713) 942-0100 Fax (713) 942-0103
Type: Parent Agency Administrator KELLEN SHULTS

Owner Information
SHULTS INDUSTRIES INC
4635 SW FREEWAY #540
HOUSTON, TX 77027
PHONE: (713) 942-0100 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 04/06/2022

County **HARRIS** Region 06 Date Licensed 05/03/1999
License # 006965 HOME HEALTH RESOURCES AGENCY
Lic Expire 05/31/2022 18338 KINGSLAND BOULEVARD SUITE #102
Medicare 1: HOUSTON, TX 77094
Medicare 2:
Phone (281) 398-0500 Fax (281) 398-9070
Type: Parent Agency Administrator CAROLYN FRANCO

Owner Information
HHR HEALTH SERVICES INC
18338 KINGSLAND BLVD STE 102
HOUSTON, TX 77094
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/11/1996
License # 004378 HOME HEALTH RESOURCES INC
Lic Expire 03/31/2021 18338 KINGSLAND BOULEVARD SUITE #100
Medicare 1: 678279 HHA-18 HOUSTON, TX 77094
Medicare 2:
Phone (281) 398-3444 Fax (281) 398-6830
Type: Parent Agency Administrator SUSAN SMITH

Owner Information
HOME HEALTH RESOURCES INC
18338 KINGSLAND BLVD SUITE #100
HOUSTON, TX 77094
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: JCAHO - Deemed, Expires: 02/22/2023

County **HARRIS** Region 06 Date Licensed 01/01/1997
License # 005440 HOME HEALTH UNLIMITED INC
Lic Expire 12/30/2022 10101 FONDREN ROAD SUITE #134
Medicare 1: 458091 HHA-18 HOUSTON, TX 77096
Medicare 2:
Phone (713) 981-1466 Fax (713) 981-1546
Type: Parent Agency Administrator MARY MOSS

Owner Information
HOME HEALTH UNLIMITED INC
10101 FONDREN ROAD, SUITE #134
HOUSTON, TX 77096
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/30/2020
License # 019554 HOME HELPERS
Lic Expire 08/27/2021 5118 KENDALIA CLOUD LANE
Medicare 1: FULSHEAR, TEXAS 77441
Medicare 2:
Phone (832) 303-1011 Fax
Type: Parent Agency Administrator EMILY RING

Owner Information
EM&E INDUSTRIES INCORPORATED
PHONE: (713) 203-2178 FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 09/04/2019
License # 019577 HOME HELPERS HOME CARE AND DIRECT LINK OFFICE #58868
Lic Expire 09/04/2021 12419 BROKEN PINE LN
Medicare 1: CYPRESS, TX 77433
Medicare 2:
Phone (832) 731-3416 Fax
Type: Parent Agency Administrator SHAWN MOORE

Owner Information
MOORE HEALTHCARE GROUP, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/12/2016
License # 017513 HOME HELPERS OF GREATER KATY
Lic Expire 07/31/2022 1706 KENT FALLS CT
Medicare 1: KATY, TX 77450
Medicare 2:
Phone (832) 437-2228 Fax (832) 437-2228
Type: Parent Agency Administrator ADAM HOPKINS

Owner Information
HOPKINS DEVELOPMENT GROUP LLC
1706 KENT FALLS CT
KATY, TX 77450
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/16/2014
License # 016060 HOME INSTEAD SENIOR CARE
Lic Expire 05/31/2022 13105 NORTHWEST FREEWAY SUITE 103
Medicare 1: HOUSTON, TX 77040
Medicare 2:
Phone (281) 440-5160 Fax (281) 586-4484
Type: Parent Agency Administrator CARA DELGADO

Owner Information
CC & EE, LLC
13105 NORTHWEST FREEWAY, STE#103
HOUSTON, TX 77090
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2013
License # 015352 HOME INSTEAD SENIOR CARE
Lic Expire 12/31/2022 3210 STRAWBERRY RD
Medicare 1: PASADENA, TEXAS 77504
Medicare 2:
Phone (281) 484-0200 Fax (281) 484-0222
Type: Parent Agency Administrator HAROLD CORKRAN

Owner Information
1212 SENIOR CARE, INC.
14200 GULF FREEWAY STE 222
HOUSTON, TX 77546
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/01/2013
License # 015563 HOME INSTEAD SENIOR CARE
Lic Expire 02/28/2023 2656 SOUTH LOOP WEST SUITE #565
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (713) 403-2273 Fax (713) 626-2226
Type: Parent Agency Administrator MECHELLE MINTER

Owner Information
MD SERVICES INC
2656 SOUTH LOOP WEST, SUITE # 565
HOUSTON, TEXAS 77054
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/01/2013
License # 015374 HOME INSTEAD SENIOR CARE
Lic Expire 01/31/2023 8303 SOUTHWEST FRWY SUITE #705
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 774-2215 Fax (713) 774-9407
Type: Parent Agency Administrator GREGORY GOMEZ-MIRA

Owner Information
SPACE CITY SENIOR CARE, LLC
8313 SOUTHWEST FREEWAY, #109
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/14/2020
License # 020263 HOME INSTEAD SENIOR CARE
Lic Expire 09/14/2022 11201 RICHMOND AVE BLDG A SUITE 110
Medicare 1: HOUSTON, TEXAS 77082
Medicare 2:
Phone (832) 379-4700 Fax (832) 379-4704
Type: Parent Agency Administrator IBRAHIM ABOUSAWAN

Owner Information
HOUSTON HOME CARE, LLC
14410 LAKEPOINTE BEND LN
CYPRESS, TEXAS 77429
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/20/2015
License # 017087 HOME SWEET HOME PROVIDER SERVICES
Lic Expire 10/31/2021 10103 FONDREN ROAD SUITE 438
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 305-7053 Fax (832) 426-4018
Type: Parent Agency Administrator ANGELA WILLIAMS

Owner Information
HOME SWEET HOME PROVIDER SERVICES, LLC
10103 FONDREN RD STE. 438
HOUSTON, TX 77096
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/08/2004
License # 009448 HOME VITALITY CARE
Lic Expire 12/31/2022 6783 LEMPIRA CT
Medicare 1: HOUSTON, TX 77069
Medicare 2:
Phone (281) 580-9955 Fax 12817498111
Type: Parent Agency Administrator GAIL EISSLER

Owner Information
VITALITY RESOURCES INC
6783 LEMPIRA CT
HOUSTON, TX 77069-1798
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/27/2014
License # 016231 HOMEBRIDGE CARE
Lic Expire 05/31/2022 11381 MEADOWGLEN LANE, SUITE E,
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone 713 444 3455 Fax (713) 484-5005
Type: Parent Agency Administrator CAROL GHEIDA

Owner Information
JODACA HOMEBRIDGE CARE LLC
21324 PROVINCIAL BLVD
KATY, TX 77450
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/21/2019
License # 019543 HOMECARE CONSULTING AND STAFFING
Lic Expire 08/21/2021 4201 CYPRESS CREEK PKWY SUITE 555
Medicare 1: HOUSTON, TEXAS 77068
Medicare 2:
Phone (281) 570-8574 Fax
Type: Parent Agency Administrator CHRISTINA JOSEPH

Owner Information
HOMECARE CONSULTING AND STAFFING, LLC
419 N. FOREST BLVD.
HOUSTON, TX 77090
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 07 Date Licensed
License # 017971 HOMECARE DIMENSIONS, INC.
Lic Expire 02/28/2023 4700 WEST SAM HOUSTON PKWY NORTH, STE. 220
Medicare 1: HOUSTON, TX 77041
Medicare 2:
Phone (210) 696-2626 Fax (210) 694-7800
Type: Branch Agency Administrator ASHLEIGH STRICKLAND

Owner Information
HOMECARE DIMENSIONS, INC.
12500 NETWORK BLVD SUITE 210
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 09/01/2014
License # 016625 HOMECARE HORIZONS INC
Lic Expire 08/31/2022 2626 SOUTH LOOP WEST, SUITE 530
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (713) 910-9400 Fax (713) 910-9477
Type: Parent Agency Administrator ASHANTI FOBBS DORSEY

Owner Information
HOMECARE HORIZONS, INC.
7457 HARWIN DR STE 224
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/29/2017
License # 018472 HOMEWATCH CAREGIVERS OF HOUSTON GALLERIA
Lic Expire 11/30/2021 1800 AUGUSTA DRIVE SUITE 210
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 781-1448 Fax (832) 937-7646
Type: Parent Agency Administrator SAMUEL MORETON

Owner Information
MORETON CARES INC
1800 AUGUSTA DRIVE SUITE 210
HOUSTON, TX 77057
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/29/2019
License # 019338 HOMEWATCH CAREGIVERS OF WEST SPRING
Lic Expire 04/22/2021 4606 FM RD W STE 670
Medicare 1: HOUSTON, TEXAS 77069
Medicare 2:
Phone (281) 941-5606 Fax (281) 941-5715
Type: Parent Agency Administrator KOKOU AKPO-GNANDI

Owner Information
MVM GROUP LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/09/2020
License # 020300 HOMEWELL CARE SERVICES TX169
Lic Expire 11/09/2022 17920 HUFFMEISTER RD SUITE #250
Medicare 1: CYPRESS, TEXAS 77429
Medicare 2:
Phone (281) 904-5416 Fax (346) 818-2016
Type: Parent Agency Administrator ELYSA JACKSON

Owner Information
TETRAD LEGACY
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/23/2013
License # 015728 HONEY HOME CARE
Lic Expire 08/31/2021 6708 APOLLO STREET
Medicare 1: HOUSTON, TX 77091
Medicare 2:
Phone (832) 292-4830 Fax (713) 583-9934
Type: Parent Agency Administrator JENICE HACKADAY

Owner Information
WILBURN HEALTHCARE MANAGEMENT SERVICES, LLC
6708 APOLLO ST
HOUSTON, TX 77091
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/21/2020
License # 020187 HOPE & CARE LLC
Lic Expire 09/21/2022 8234 REDCHURCH
Medicare 1: SPRING, TEXAS 77379
Medicare 2:
Phone (310) 717-0997 Fax
Type: Parent Agency Administrator MARIA SOCORRO HEWGLEY

Owner Information
HOPE & CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/14/2004
License # 009032 HOPE HEALTH CARE INC
Lic Expire 04/30/2021 10103 FONDREN ROAD #285
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 783-7849 Fax (713) 783-7519
Type: Parent Agency Administrator ENO OKON

Owner Information
HOPE HEALTH CARE, INC
10103 FONDREN ROAD #285
HOUSTON, TX 77096
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/16/2019
License # 019600 HOPE PALLIATIVE AND HOSPICE CARE
Lic Expire 09/16/2021 14601 BELLAIRE, SUITE # 151
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone 713 9078785 Fax 281 2777727
Type: Parent Agency Administrator AYO ALAKA-BRIGHT

Owner Information
HOPE HEALTHCARE SYSTEM INTERNATIONAL LLC
14601 BELLAIRE BLVD # 351
HOUSTON, TEXAS 77083
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/18/2003
License # 008510 HOPE PERSONAL ASSISTANCE SERVICES
Lic Expire 06/30/2021 10101 FONDREN RD SUITE 327
Medicare 1: HOUSTON, TEXAS 77096
Medicare 2:
Phone (713) 995-9296 Fax (713) 995-9291
Type: Parent Agency Administrator RUTH IBE-NGUMEZI

Owner Information
RADIANCE SERVICES INC
14503 STONE PARK LANE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/02/2020
License # 020281 HOPEVILLE HEALTHCARE CONCEPTS INC.
Lic Expire 11/02/2022 5850 SAN FELIPE STREET, SUITE 500
Medicare 1: HOUSTON, TEXAS 77057
Medicare 2:
Phone (832) 768-2089 Fax (713) 400-7801
Type: Parent Agency Administrator IBIRONKE KAYODE

Owner Information
HOPEVILLE HEALTHCARE CONCEPTS INC.
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/19/2003
License # 008940 HORIZON CARE HOME HEALTH SERVICES INC
Lic Expire 12/31/2022 22028 HIGHLAND KNOLLS DRIVE, BLDG C
Medicare 1: 679054 HHA-18 KATY, TX 77450
Medicare 2:
Phone (713) 688-0752 Fax (713) 688-0842
Type: Parent Agency Administrator ENITAN BEAZER

Owner Information
HORIZON CARE HOME HEALTH SERVICES INC
430 HIGHWAY 6 SOUTH SUITE 204
HOUSTON, TX 77079
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 04/17/2022

County **HARRIS** Region 06 Date Licensed 03/08/2002
License # 007865 HORIZON HOME HEALTH CARE
Lic Expire 03/31/2020 4615 NORTH FREEWAY SUITE 204
Medicare 1: HOUSTON, TX 77022
Medicare 2:
Phone (713) 694-0051 Fax (713) 694-4711
Type: Parent Agency Administrator HYACINTH M CHIEDU

Owner Information
HEALTHLINE REHAB & MEDICAL CLINIC INC
4615 N FREEWAY SUITE #204
HOUSTON, TX 77022
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/03/2005
License # 009895 HOSPICE COMPASSUS - THE WOODLANDS
Lic Expire 08/31/2022 1770 ST JAMES PLACE SUITE 330
Medicare 1: 671537 HOSPICE HOUSTON, TX 77056
Medicare 2:
Phone (713) 850-8853 Fax (713) 850-8850
Type: Parent Agency Administrator CATHLEEN CAREY-HAMLIN

Owner Information
ASPERION HOSPICE OF HOUSTON LP
12 CADILLAC DRIVE SUITE #360
BRENTWOOD, TX 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/05/2022

County **HARRIS** Region 06 Date Licensed
License # 009895 HOSPICE COMPASSUS - THE WOODLANDS
Lic Expire 08/31/2022 11550 FUQUA STREET, SUITE 125
Medicare 1: 671537 Hospice HOUSTON, TX 77034
Medicare 2:
Phone (281) 487-3453 Fax (281) 991-1184
Type: Alternate Delivery Site Administrator CATHLEEN CAREY-HAMLIN

Owner Information
ASPERION HOSPICE OF HOUSTON LP
12 CADILLAC DRIVE SUITE #360
BRENTWOOD, TX 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 08/31/2022 1525 LAKEVILLE DRIVE STE 218
Medicare 1: KINGWOOD, TX 77339
Medicare 2:
Phone (281) 312-2570 Fax (844) 810-7028
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

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

County **HARRIS** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 08/31/2022 1525 LAKEVILLE DRIVE STE 218
Medicare 1: KINGWOOD, TX 77339
Medicare 2:
Phone (281) 312-2570 Fax (844) 810-7028
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

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

County **HARRIS** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 08/31/2022 1525 LAKEVILLE DRIVE STE 218
Medicare 1: KINGWOOD, TX 77339
Medicare 2:
Phone (281) 312-2570 Fax (844) 810-7028
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

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

County **HARRIS** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 08/31/2022 1525 LAKEVILLE DRIVE STE 218
Medicare 1: KINGWOOD, TX 77339
Medicare 2:
Phone (281) 312-2570 Fax (844) 810-7028
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

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

County **HARRIS** Region 06 Date Licensed 09/11/2017
License # 018310 HOUCARE LLC
Lic Expire 09/30/2019 6164 W AIRPORT
Medicare 1: HOUSTON, TX 77035
Medicare 2:
Phone (345) 901-3607 Fax (832) 547-2232
Type: Parent Agency Administrator LINDA BONNER

Owner Information
HOUCARE LLC
6164 W AIRPORT
HOUSTON, TX 77035
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/11/2019
License # 019195 HOUSTON CAREGIVER, LLC
Lic Expire 07/31/2021 16920 KUYKENDAHL RD., STE. 218
Medicare 1: HOUSTON, TEXAS 77068
Medicare 2:
Phone (832) 942-8900 Fax NA
Type: Parent Agency Administrator REGIS NGUYEN

Owner Information
HOUSTON CAREGIVER, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/04/2010
License # 001994 HOUSTON HOSPICE
Lic Expire 10/31/2022 7600 BEECHNUT
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (713) 467-7423 Fax (713) 677-7177
Type: Alternate Delivery Site Administrator RANA MCCLELLAND

Owner Information
HOUSTON HOSPICE
1905 HOLCOMBE
HOUSTON, TX 77030-4123
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/28/1988
License # 001994 HOUSTON HOSPICE
Lic Expire 10/31/2022 1905 HOLCOMBE BLVD
Medicare 1: 451530 HOSPICE HOUSTON, TX 77030
Medicare 2:
Phone (713) 467-7423 Fax (713) 677-7177
Type: Parent Agency Administrator RANA MCCLELLAND

Owner Information
HOUSTON HOSPICE
1905 HOLCOMBE
HOUSTON, TX 77030-4123
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES
Accreditation: CHAP - Deemed, Expires: 06/12/2021

County **HARRIS** Region 06 Date Licensed 03/12/2003
License # 001994 HOUSTON HOSPICE
Lic Expire 10/31/2022 7906 N. SAM HOUSTON PKWY WEST, SUITE 200
Medicare 1: HOUSTON, TEXAS 77064
Medicare 2:
Phone (713) 468-2441 Fax (281) 970-6977
Type: Alternate Delivery Site Administrator RANA MCCLELLAND

Owner Information
HOUSTON HOSPICE
1905 HOLCOMBE
HOUSTON, TX 77030-4123
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/12/2021

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

County **HARRIS** Region 06 Date Licensed 03/04/2015
License # 016674 HOUSTON THERAPY CONSULT PLLC
Lic Expire 03/31/2021 3600 S GESSNER RD SUITE 215
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (713) 784-2781 Fax (713) 784-2780
Type: Parent Agency Administrator VICTOR DIMKPA

Owner Information
HOUSTON THERAPY CONSULT PLLC
1211 E HOUSTON STREET, #C
BEEVILLE, TX 78102
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 10/01/2013
License # 015785 HOUSTON TOTAL HOME CARE INC.
Lic Expire 09/30/2021 6250 WESTPARK DRIVE SUITE #237
Medicare 1: 679195 HHA-18 HOUSTON, TX 77057
Medicare 2:
Phone (713) 980-3787 Fax (713) 980-2686
Type: Parent Agency Administrator ABDUL RAUF ISHAQ

Owner Information
HOUSTON TOTAL HOME CARE, INC.
6250 WESTPARK DRIVE, SUITE #237
HOUSTON, TX 77057
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/16/2020
License # 020240 HOUSTON TOTAL HOSPICE CARE LLC
Lic Expire 10/16/2022 6250 WESTPARK DRIVE SUITE 237
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 980-3787 Fax (713) 980-2686
Type: Parent Agency Administrator MOHAMMED ISHAQ

Owner Information
HOUSTON TOTAL HOSPICE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/02/2019
License # 019670 HTOWN HOSPICE, LLC.
Lic Expire 10/29/2021 10440 WEST OFFICE DR. #300
Medicare 1: 971589 HOUSTON, TEXAS 77042
Medicare 2:
Phone (713) 529-1402 Fax (713) 529-1404
Type: Parent Agency Administrator KENYATTA HOLMES

Owner Information
HTOWN HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/12/2023

County **HARRIS** Region 06 Date Licensed 06/02/2004
License # 009128 HUMANE HEALTH CARE INC
Lic Expire 06/30/2021 7115 PAVILION DR
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (713) 771-7277 Fax (713) 771-7233
Type: Parent Agency Administrator ELIZABETH OKPAMEN

Owner Information
HUMANE HEALTH CARE INC
7457 HARWIN DRIVE, SUITE #185
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/20/2016
License # 017468 HUMBLE HEALTHCARE INC
Lic Expire 06/30/2022 9894 BISSONNET STREET SUITE #100-I
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 367-8828 Fax (346) 444-6531
Type: Parent Agency Administrator EVALONIA BANKS

Owner Information
HUMBLE HEALTHCARE INC
9894 BISSONNET STREET SUITE #100-I
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/27/1996
License # 005097 I - CARE HOME HEALTH
Lic Expire 11/30/2021 10103 FONDREN SUITE 370
Medicare 1: 459164 HHA-18 HOUSTON, TX 77096
Medicare 2:
Phone (713) 779-7992 Fax (713) 779-7399
Type: Parent Agency Administrator VICTOR ANSAH

Owner Information
I - CARE SYSTEMS INC
10103 FONDREN STE 370
HOUSTON, TX 77096
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/15/2011
License # 014509 I.J. HEALTHCARE SERVICES INC.
Lic Expire 12/31/2021 9555 W SAM HOUSTON PKWY SOUTH STE 425
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (713) 779-4849 Fax (713) 779-1252
Type: Parent Agency Administrator IJEOMA NWANNA

Owner Information
I.J. HEALTHCARE SERVICES, INC.
24818 PLEASANT SHORES COURT
RICHMOND, TEXAS 77406
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/17/2017
License # 018170 ICARE HOSPICE
Lic Expire 07/31/2021 8538 HAMMERLY BLVD
Medicare 1: 74-1742 HOUSTON, TX 77055
Medicare 2:
Phone (832) 566-8280 Fax (832) 516-8358
Type: Parent Agency Administrator PAUL NGUYEN

Owner Information
ICARE HOSPICE LLC
8538 HAMMERLY BLVD
HOUSTON, TX 77055
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 07/23/2021

County **HARRIS** Region 06 Date Licensed 04/29/2016
License # 017831 ICON HEALTH SERVICES LLC.
Lic Expire 04/30/2022 5829 W SAM HOUSTON PKWY N SUITE 1109
Medicare 1: HOUSTON, TX 77041
Medicare 2:
Phone (832) 930-9500 Fax (832) 930-9397
Type: Parent Agency 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** Region 06 Date Licensed 11/01/2014
License # 016558 ICON HOME HEALTH
Lic Expire 10/31/2022 10909 SABO ROAD SUITE # 118
Medicare 1: 747514 HHA-18 HOUSTON, TX 77089
Medicare 2:
Phone (713) 436-8400 Fax (713) 436-8408
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 02/11/2011
License # 013883 ICONIC HEALTHCARE SERVICES CO
Lic Expire 02/28/2023 17045 EL CAMINO REAL SUITE #218
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 901-8950 Fax (281) 204-9040
Type: Parent Agency Administrator WILFRED AJAYI

Owner Information
ICONIC HEALTHCARE SERVICES, CO
14115 IVY BLUFF CT
HOUSTON, TX 77062-8062
PHONE: (281) 901-8950 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/16/2012
License # 015018 IMMACULATE HOME CARE
Lic Expire 08/31/2022 9102 KNIGHTSLAND TRAIL
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone 832 2902544 Fax 281 5618964
Type: Parent Agency Administrator FOLUSO AKEYE

Owner Information
IMMACULATE INC
9102 KNIGHTSLAND TRAIL
HOUSTON, TEXAS 77083
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/21/2020
License # 019886 IMPACT HOME CARE AND STAFFING, LLC
Lic Expire 04/21/2022 6401 BINGLE RD STE 202
Medicare 1: HOUSTON, TEXAS 77092
Medicare 2:
Phone (713) 662-9760 Fax (832) 827-3993
Type: Parent Agency Administrator PATRICIA ROCK-STARLING

Owner Information
IMPACT HOME CARE AND STAFFING, LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 08/16/2019
License # 019508 IMPERIAL CAREGIVERS IN-HOME CARE SERVICES, LLC
Lic Expire 08/02/2021 3724 CYPRESS CREEK PKWY, SUITE 300-I
Medicare 1: HOUSTON, TEXAS 77068
Medicare 2:
Phone (832) 513-5117 Fax (832) 553-7237
Type: Parent Agency Administrator BRENDA BADIA

Owner Information
IMPERIAL CAREGIVERS IN-HOME CARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2005
License # 009505 IN HOME ATTENDANT SERVICES LTD
Lic Expire 12/31/2021 2990 RICHMOND AVE SUITE 325
Medicare 1: HOUSTON, TEXAS 77098
Medicare 2:
Phone (713) 528-6499 Fax (713) 529-5810
Type: Parent Agency Administrator GENE WHITTEN-LEGE

Owner Information
IN-HOME ATTENDANT SERVICES, LTD.
PO BOX 131245
HOUSTON, TX 77219
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/29/2020
License # 020085 INDEPENDENCE WORX
Lic Expire 07/29/2022 11010 SAGEBURROW
Medicare 1: HOUSTON, TEXAS 77089
Medicare 2:
Phone (832) 312-1339 Fax
Type: Parent Agency Administrator GILDA VASQUEZ

Owner Information
GRN ENDEAVORS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/18/1985
License # 001663 INDEPENDENT HOME HEALTH CARE INC
Lic Expire 03/31/2022 2401 ISABELLA STREET
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (713) 520-6864 Fax (713) 520-6865
Type: Parent Agency Administrator MARY SMITH

Owner Information
INDEPENDENT HOME HEALTH CARE, INC.
P.O.BOX 8466
HOUSTON, TEXAS
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/15/2017
License # 018450 INFINITY ELITE HOMECARE SERVICES LLC
Lic Expire 08/31/2020 9518 GENTRY SHADOWS LN
Medicare 1: HUMBLE, TX 77396
Medicare 2:
Phone (832) 428-9062 Fax (877) 834-4148
Type: Parent Agency Administrator SHARA FONTAINE

Owner Information
INFINITY ELITE HOMECARE SERVICES LLC
9518 GENTRY SHADOWS LN
HUMBLE, TX 77396
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/19/2016
License # 017454 INFINITY HEALTHCARE SERVICES INC
Lic Expire 02/28/2022 6260 WESTPARK DR SUITE 266
Medicare 1: 747622 HHA HOUSTON, TX 77057
Medicare 2:
Phone (281) 576-1380 Fax (281) 990-6716
Type: Parent Agency Administrator DARLINGTON OFOEFULE

Owner Information
INFINITY HEALTHCARE SERVICES INC
6260 WESTPARK DR SUITE 266
HOUSTON, TX 77057
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/25/2011
License # 014232 INFUSION XPERTS PLLC
Lic Expire 07/31/2021 3845 CYPRESS CREEK PARKWAY SUITE 254
Medicare 1: HOUSTON, TX 77068
Medicare 2:
Phone (713) 446-6755 Fax (713) 583-9009
Type: Parent Agency 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

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

County **HARRIS** Region 06 Date Licensed 06/28/2011
License # 014190 IN-HOMECARE AMERICA
Lic Expire 06/30/2023 6250 WESTPARK DRIVE SUITE #113
Medicare 1: 747687 HHA-18 HOUSTON, TX 77057
Medicare 2:
Phone (713) 334-2300 Fax (713) 334-3011
Type: Parent Agency Administrator KENNETH TETANG

Owner Information
MOMENTUM ADVANCED HEALTHCARE, INC.
6250 WESTPARK DRIVE, SUITE #113
HOUSTON, TX 77057
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/26/2021

County **HARRIS** Region 06 Date Licensed 02/07/2020
License # 019811 INNOVATIVE HOME SERVICES BY GLEANNLOCH FARMS
Lic Expire 02/07/2022 9505 NORTHPOINTE BOULEVARD
Medicare 1: SPRING, TX 77379
Medicare 2:
Phone (281) 569-2999 Fax (281) 569-2998
Type: Parent Agency 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** Region 06 Date Licensed 06/30/2014
License # 016543 INNOVISION HOME HEALTH CARE INC.
Lic Expire 06/30/2022 9900 WESTPARK DRIVE SUITE 275
Medicare 1: 747543 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (832) 582-8980 Fax (832) 582-8649
Type: Parent Agency 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** Region 06 Date Licensed 08/25/2020
License # 020120 INNOVISION HOSPICE CARE, INC
Lic Expire 08/25/2022 9900 WESTPARK DRIVE SUITE 275
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone (832) 582-8980 Fax (832) 582-8649
Type: Parent Agency Administrator SALEEM SHAKOOR

Owner Information
INNOVISION HOSPICE CARE, INC
9900 WESTPARK DRIVE SUITE 275
HOUSTON, TEXAS 77063
PHONE: (832) 582-8980 FAX: (832) 582-8649
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/10/2020
License # 020307 INSPIRED ATTENTIVE CARE, LLC
Lic Expire 11/10/2022 8877 FRANKWAY DR. #5548
Medicare 1: HOUSTON, TEXAS 77096
Medicare 2:
Phone 832 4666950 Fax
Type: Parent Agency Administrator LEONA THOMAS

Owner Information
INSPIRED ATTENTIVE CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/01/2010
License # 013733 INTEGRATED HOME HEALTH CARE INC
Lic Expire 08/31/2022 12467 WELLINGTON PARK DRIVE
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (713) 271-5599 Fax (281) 561-8200
Type: Parent Agency Administrator MAY HENDRIX

Owner Information
INTEGRATED HOME HEALTH CARE INC
P.O. BOX 722346
HOUSTON, TX 77272
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/25/1997
License # 005969 INTER ACTIVE HEALTH CARE INC
Lic Expire 08/31/2022 4677 TECHNIPLEX DR.
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 892-2000 Fax (281) 892-2015
Type: Parent Agency Administrator LEIGH NARVACAN

Owner Information
INTER-ACTIVE HEALTH CARE, INC
10530 ROCKLEY ROAD SUITE 100A
HOUSTON, TX 77099
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO, Expires: 10/29/2023

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

County **HARRIS** Region 06 Date Licensed 04/30/2019
License # 019354 INTERIM HEALTHCARE HOUSTON SOUTHEAST
Lic Expire 04/30/2024 1100 NASA PARKWAY STE 500
Medicare 1: HOUSTON, TEXAS 77058
Medicare 2:
Phone (832) 404-2006 Fax (832) 404-2336
Type: Parent Agency Administrator DAWN BLOOMER

Owner Information
AGESPACE CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/02/2015
License # 017115 INTRA HOME HEALTH CARE AGENCY LLC
Lic Expire 11/30/2021 10101 FONDREN RD # 255
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (346) 571-0963 Fax (346) 571-0148
Type: Parent Agency Administrator JEAN KELLEY

Owner Information
INTRA HOME HEALTH CARE AGENCY LLC
10101 FONDREN RD. STE #255
HOUSTON, TX 77096
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/19/2017
License # 018519 IPR HEALTHCARE SYSTEM INC
Lic Expire 12/31/2021 1328 S LOOP W, SUITE 100
Medicare 1: 74-1755 HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 592-6776 Fax (713) 592-6780
Type: Parent Agency Administrator PABLITO CALUSCOS

Owner Information
IPR HEALTHCARE SYSTEMS INC
8830 INTERCHANGE DRIVE
HOUSTON, TX 77054
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/22/2023

County **HARRIS** Region 06 Date Licensed 01/13/2006
License # 004688 IPR HEALTHCARE SYSTEM INC
Lic Expire 01/31/2023 3419 GARTH ROAD
Medicare 1: 45Q8306001 BAYTOWN, TX 77521
Medicare 2:
Phone (281) 420-2200 Fax (281) 420-2257
Type: Branch Agency Administrator PABLITO CALUSCOS

Owner Information
IPR HEALTHCARE SYSTEMS INC
8830 INTERCHANGE DRIVE
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/14/2007
License # 004688 IPR HEALTHCARE SYSTEM INC
Lic Expire 01/31/2023 23966 HIGHWAY 59 N
Medicare 1: 45Q8306002 KINGWOOD, TX 77339
Medicare 2:
Phone (281) 358-5970 Fax (281) 358-5157
Type: Branch Agency Administrator PABLITO CALUSCOS

Owner Information
IPR HEALTHCARE SYSTEMS INC
8830 INTERCHANGE DRIVE
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/09/1996
License # 004688 IPR HEALTHCARE SYSTEM INC
Lic Expire 01/31/2023 1328 S LOOP W, SUITE 100
Medicare 1: 458306 HHA-18 HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 592-6776 Fax (713) 592-6780
Type: Parent Agency Administrator PABLITO CALUSCOS

Owner Information
IPR HEALTHCARE SYSTEMS INC
8830 INTERCHANGE DRIVE
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 02/22/2023

County **HARRIS** Region 06 Date Licensed 01/12/2017
License # 017979 JAEG BRIGHT MEDICAL SERVICES INC.
Lic Expire 01/31/2023 9894 BISSONNET STREET SUITE 525
Medicare 1: 679229 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 779-7042 Fax (713) 779-7093
Type: Parent Agency Administrator LATIFAT ADEBAYO

Owner Information
JAEG BRIGHT MEDICAL SERVICES INC
9894 BISSONNET STREET SUITE 525
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 05/31/2008
License # 012039 JAIMEL HEALTH CARE SERVICES LLC
Lic Expire 05/31/2022 9950 WESTPARK DRIVE SUITE 404
Medicare 1: 743198 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (713) 780-2968 Fax (713) 780-2936
Type: Parent Agency Administrator JAMES DIALA

Owner Information
JAIMEL HEALTH CARE SERVICES LLC
9950 WESTPARK DRIVE SUITE 404
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 08/27/2023

County **HARRIS** Region 06 Date Licensed 11/13/2019
License # 019253 JAKIN CARE LLC
Lic Expire 07/31/2021 3730 KIRBY DR. SUITE 1200
Medicare 1: HOUSTON, TX 77098
Medicare 2:
Phone 202 7061734 Fax
Type: Parent Agency Administrator ABIOLA AWOOJODU

Owner Information
JAKIN CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/15/2016
License # 017383 JALSTAD HEALTHCARE SERVICES
Lic Expire 06/30/2020 18910 ELRINGTON CREEK COURT
Medicare 1: 677826 HHA-18 RICHMOND, TX 77407
Medicare 2:
Phone (713) 271-2967 Fax (713) 271-3031
Type: Parent Agency Administrator ADEKOLA ADAMS

Owner Information
JALSTAD VENTURES INCORPORATED
18910 ELRINGTON CREEK COURT
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/17/2017
License # 018334 JAMEN HOME HEALTH SERVICES INC
Lic Expire 07/31/2021 10101 FONDREN RD STE 226
Medicare 1: 747862 HHA-18 HOUSTON, TX 77096
Medicare 2:
Phone (281) 879-6485 Fax (281) 520-4641
Type: Parent Agency Administrator CHRISTIANA EDEM

Owner Information
JAMEN HOME HEALTH SERVICES INC
10101 FONDREN RD SUITE 226
HOUSTON, TX 77096
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 03/29/2022

County **HARRIS** Region 06 Date Licensed 10/30/2014
License # 016506 JB HEALTH SERVICES LLC
Lic Expire 10/31/2022 7903 LOBERA DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (832) 982-8593 Fax (832) 886-4536
Type: Parent Agency Administrator MODUPEOLA AKANDE

Owner Information
JB HEALTH SERVICES, LLC
7903 LOBERA DRIVE
HOUSTON, TEXAS 77083
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/16/2013
License # 015924 JC HOME HEALTH CARE INC
Lic Expire 12/31/2019 21110 BROOKROCK CIRCLE
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (281) 829-7211 Fax (281) 717-4050
Type: Parent Agency Administrator GRISELDA CASTILLO

Owner Information
JC HOME HEALTH CARE INC
21110 BROOKROCK CIRCLE
KATY, TX 77449
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/22/2011
License # 014548 JEKS HEALTHCARE SERVICES INC
Lic Expire 12/31/2021 14111 RENN ROAD
Medicare 1: 747870 HOUSTON, TX 77083
Medicare 2:
Phone (832) 379-3635 Fax (281) 495-7070
Type: Parent Agency Administrator EDITH EZEKWE

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; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 05/11/2018
License # 018749 JIBOP HOME CARE LLC
Lic Expire 05/31/2022 9730 TOWN PARK DR SUITE #107
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 640-7779 Fax (713) 773-2968
Type: Parent Agency Administrator PRINCESS IDOWU SUNMOLAR

Owner Information
JIBOP HOME CARE LLC
9730 TOWN PARK DR SUITE 107
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/12/2020
License # 019928 JMK HOME CARE SOLUTIONS
Lic Expire 05/12/2022 9555 WEST SAM HOUSTON PWKY S. #410
Medicare 1: HOUSTON, TEXAS 77099
Medicare 2:
Phone (832) 689-6321 Fax (713) 800-4999
Type: Parent Agency Administrator OLAJUMOKE AJAYI

Owner Information
JMK SOLUTIONS, INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/09/2017
License # 018378 JOGOO HEALTHCARE SERVICES LLC
Lic Expire 10/31/2021 7910 BEECH MEADOW LN
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (281) 933-2471 Fax (832) 328-5823
Type: Parent Agency Administrator MELYN OGETO-OMWEGA

Owner Information
JOGOO HEALTHCARE SERVICES LLC
7910 BEECH MEADOW LN
HOUSTON, TX 77083
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/20/2020
License # 020122 JOINT HEALTHCARE SERVICES INC
Lic Expire 03/20/2022 6430 EVENING ROSE LN
Medicare 1: KATY, TEXAS 77449
Medicare 2:
Phone (713) 592-8955 Fax (713) 592-8978
Type: Parent Agency Administrator CYNTHIA ADDO

Owner Information
JOINT HEALTH CARE SERVICES INC
2600 SOUTH LOOP WEST SUITE 560
HOUSTON, TX 77054
PHONE: (973) 517-1922 FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 12/19/2017
License # 018628 JOY HOME HEALTH CARE
Lic Expire 12/31/2021 9894 BISSONNET ST STE725
Medicare 1: 679247 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (832) 288-4928 Fax (832) 288-4844
Type: Parent Agency Administrator ANITA ARCE

Owner Information
GREENFIELD CARE LLC
10518 KIPP WAY DR STE B-1
HOUSTON, TX 77099
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 05/16/2019
License # 019383 JOYOUS UNIQUE CARE LLC
Lic Expire 05/16/2021 618 1ST ST E #C
Medicare 1: HUMBLE, TEXAS 77338
Medicare 2:
Phone (281) 883-4921 Fax (281) 883-4916
Type: Parent Agency Administrator RONEISHA FOSTER

Owner Information
JOYOUS UNIQUE CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/12/2017
License # 018456 JUBILEE HEALTH CARE INC
Lic Expire 10/31/2021 9644 COURT GLEN DRIVE
Medicare 1: 679787 HHA-18 HOUSTON, TX 77099
Medicare 2:
Phone (281) 216-2555 Fax (877) 915-1555
Type: Parent Agency Administrator KENNEDY OBANOR

Owner Information
JUBILEE HEALTH CARE INC
13619 TONNOCHY DR
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/14/2008
License # 012008 JUST REAL KARE
Lic Expire 05/31/2021 9900 WESTPARK DRIVE SUITE #220
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (713) 266-2604 Fax (713) 266-2611
Type: Parent Agency Administrator ROSIE WILSON

Owner Information
JUST REAL KARE INC
9900 WESTPARK DR., SUITE 220
HOUSTON, TEXAS 77063
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/28/2010
License # 013420 JUSTICE HEALTHCARE GROUP INCORPORATED
Lic Expire 08/31/2020 7324 SOUTHWEST FREEWAY SUITE 660
Medicare 1: 747724 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 271-2621 Fax (713) 271-2380
Type: Parent Agency Administrator PATRICIA FLOWERS GREEN

Owner Information
JUSTICE HEALTHCARE GROUP INCORPORATED
7324 SOUTHWEST FREEWAY SUITE 660
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/22/2019
License # 019714 JV COMPASSIONATE CARE
Lic Expire 11/22/2021 6427 SUTTER PARK LN.
Medicare 1: HOUSTON, TX 77066
Medicare 2:
Phone (832) 413-1756 Fax
Type: Parent Agency Administrator AGUIRRE JORGE

Owner Information
JV COMPASSIONATE CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/29/2020
License # 019969 KARE MOORE HEALTH SOLUTIONS LLC
Lic Expire 05/29/2022 2500 WOODLAND PARK DRIVE, #C203
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (713) 965-3925 Fax
Type: Parent Agency Administrator KEISHA MOORE

Owner Information
KARE MOORE HEALTH SOLUTIONS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/19/2010
License # 013078 KATY DREAMWEAVER HOME HEALTH SERVICES LLC
Lic Expire 01/31/2022 24110 COURTLAND OAKS
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (713) 294-7999 Fax (281) 391-9372
Type: Parent Agency Administrator NICHOLAUS OSBORNE

Owner Information
KATY DREAMWEAVER HOME HEALTH SERVICES LLC
24110 COURTLAND OAKS
KATY, TX. 77494
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 08/11/2020
License # 020098 KATY HOSPICE, LLC
Lic Expire 08/11/2022 6005 FRANZ COURT
Medicare 1: KATY, TEXAS 77493
Medicare 2:
Phone (281) 785-4019 Fax (346) 307-7603
Type: Parent Agency Administrator CHRISTINA HENSON

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

County **HARRIS** Region 06 Date Licensed 11/24/2020
License # 020350 KATY LAKES HOME CARE LLC
Lic Expire 11/24/2022 12802 NEWBROOK DR
Medicare 1: HOUSTON, TEXAS 77072
Medicare 2:
Phone (832) 348-6011 Fax (832) 557-3422
Type: Parent Agency Administrator HARRIET EVBUOMWAN

Owner Information
KATY LAKES HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 03/20/2014
License # 016102 KAYCEE INTEGRITY HEALTH SERVICES INC.
Lic Expire 03/31/2022 9050 COOK ROAD SUITE #206
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (281) 564-1349 Fax (281) 564-1573
Type: Parent Agency Administrator STELLA UBI

Owner Information
KAYCEE INTEGRITY HEALTH SERVICES INC
9050 COOK ROAD STE 206
HOUSTON, TX 77099
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/02/2020
License # 019759 KAYLAS LOVING HANDS, LLC
Lic Expire 01/02/2022 14614 FALLING CREEK DR. STE 226
Medicare 1: HOUSTON, TEXAS 77068
Medicare 2:
Phone (832) 602-5144 Fax (713) 561-3662
Type: Parent Agency Administrator BRANDY OLIVER

Owner Information
KAYLA'S LOVING HANDS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/11/2015
License # 017171 KBC HOME HEALTHCARE INC
Lic Expire 12/31/2021 7474 S KIRKWOOD SUITE 200 A
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (346) 207-8232 Fax (281) 417-0747
Type: Parent Agency Administrator NATHAN PHAM

Owner Information
KBC HOME HEALTHCARE INC
PO BOX 496
ALIEF, TX 77411
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/31/2012
License # 014835 KELLIE'S SITTING SERVICES INC
Lic Expire 05/31/2022 2646 SOUTH LOOP W SUITE 115
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (281) 888-5252 Fax (832) 301-3994
Type: Parent Agency Administrator GLENDA WASHINGTON

Owner Information
KELLIES SITTING SERVICES, INC.
2646 SOUTH LOOP W, #115
HOUSTON, TX 77054
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/15/2007
License # 011156 KESWOOD HOME HEALTH SERVICES LLC
Lic Expire 03/31/2021 10998 SOUTH WILCREST #204
Medicare 1: 747055 HHA-18 HOUSTON, TX 77099
Medicare 2:
Phone (281) 416-4663 Fax (281) 416-4878
Type: Parent Agency Administrator KINGSLEY OKEKE

Owner Information
KESWOOD HOME HEALTH SERVICES LLC
PO BOX 16232
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 04/08/2016
License # 017348 KID ADVENTURES PEDIATRIC THERAPY PLLC
Lic Expire 04/30/2022 3027 WESTWOOD MANOR LANE
Medicare 1: HOUSTON, TX 77047
Medicare 2:
Phone (713) 661-5400 Fax (832) 202-2375
Type: Parent Agency Administrator LATOYA MITCHELL

Owner Information
KID ADVENTURES PEDIATRIC THERAPY PLLC
3027 WESTWOOD MANOR LN
HOUSTON, TX 77047
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 02/20/2006
License # 010371 KIDS DEVELOPMENTAL THERAPY
Lic Expire 02/28/2022 6109 MAPLE
Medicare 1: 679075 HOUSTON, TX 77074
Medicare 2:
Phone (713) 668-6690 Fax (713) 668-6563
Type: Parent Agency Administrator STACY GRAZAK

Owner Information
KDT LLC
6109 MAPLE
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 02/14/2007
License # 011337 KINA HEALTHCARE SERVICES INC
Lic Expire 02/28/2022 6666 HARWIN DR SUITE 290
Medicare 1: 679398 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 776-2551 Fax (713) 776-2553
Type: Parent Agency Administrator INNOCENT ABAKWUE

Owner Information
KINA HEALTHCARE SERVICES INC
6666 HARWIN DRIVE SUITE 290
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/13/2009
License # 013003 KINDER HEALTHCARE SERVICES
Lic Expire 11/30/2021 13111 WESTHEIMER ROAD SUITE 305
Medicare 1: HOUSTON, TEXAS 77077
Medicare 2:
Phone (713) 397-0696 Fax (281) 561-7325
Type: Parent Agency Administrator JAMES NWANNA

Owner Information
ROSE C NWANNA
9506 LERIN LANE
SUGAR LAND, TEXAS 77498
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/01/2015
License # 017092 KINDLE HOSPICE AND PALLIATIVE CARE
Lic Expire 06/30/2021 5100 WESTHEIMER SUITE 200
Medicare 1: 671719 HOSPICE HOUSTON, TEXAS 77056
Medicare 2:
Phone (832) 558-8000 Fax (832) 558-8001
Type: Parent Agency Administrator CALLISTA DAVIS

Owner Information
KINDLE HOSPICE, LLC
1981 MARCUS AVENUE, SUITE #C129
NEW HYDE PARK, NY 11042
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/30/2007
License # 011738 KINDRED AT HOME
Lic Expire 11/30/2022 6700 WEST LOOP SOUTH SUITE 200
Medicare 1: 457222 HHA-18 BELLAIRE, TX 77401
Medicare 2:
Phone (713) 781-6691 Fax (713) 839-0966
Type: Parent Agency Administrator TONI BROOKS-GROWE

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 11/22/1982
License # 003072 KINDRED AT HOME
Lic Expire 9810 FM 1960 BYPASS ROAD WEST SUITE 215
Medicare 1: 457264 HHA-18 HUMBLE, TX 77338
Medicare 2:
Phone (281) 446-5366 Fax (281) 446-4361
Type: Parent Agency Administrator TONI BROOKS-GROWE

Owner Information
GENTIVA CERTIFIED HEALTHCARE CORP.
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213-2696
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 10/13/2015
License # 017074 KINDRED AT HOME-PERSONAL HOME CARE ASSISTANCE-HOUSTON
Lic Expire 10/31/2021 2600 SOUTH GESSNER ROAD, SUITE #320
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (832) 973-4800 Fax (832) 973-4801
Type: Parent Agency Administrator MEGHAN DEVILLIER

Owner Information
NP PLUS, LLC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/01/2001
License # 007698 KINDRED HOSPICE
Lic Expire 06/30/2021 6700 WEST LOOP SOUTH SUITE 250
Medicare 1: 451647 HOSPICE BELLAIRE, TX 77401
Medicare 2:
Phone (281) 568-5548 Fax (713) 669-1104
Type: Parent Agency Administrator CRISTINA WALL

Owner Information
ODYSSEY HEALTHCARE OPERATING A LP
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/15/2023

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

County **HARRIS** Region 06 Date Licensed 09/02/2020
License # 020142 KING VISION OF HOUSTON, LLC
Lic Expire 09/02/2022 1906 LAUREL OAKS DR
Medicare 1: HOUSTON, TEXAS 77014
Medicare 2:
Phone 832 7462076 Fax 1 877 2573774
Type: Parent Agency Administrator TRACY KING

Owner Information
KING VISION OF HOUSTON LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/30/2012
License # 014961 KINGSLEY HOME CARE INC.
Lic Expire 07/31/2022 6628 WILCREST DR STE D
Medicare 1: HOUSTON, TX 770722043
Medicare 2:
Phone 281 4959927 Fax 888 6765604
Type: Parent Agency Administrator MY-LYNH NGUYEN

Owner Information
KINGSLEY HOME CARE, INC
6628 WILCREST DR SUITE B200
HOUSTON, TX 77072
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/24/2003
License # 008679 KINGSPOINT HEALTH CARE SERVICES INC
Lic Expire 03/31/2022 10900 KINGSPOINT SUITE #10
Medicare 1: 679107 HHA-18 HOUSTON, TX 77075
Medicare 2:
Phone (713) 378-4488 Fax (713) 378-4477
Type: Parent Agency Administrator JOHN KWANG

Owner Information
KINGSPOINT HEALTHCARE SERVICES, INC
10900 KINGSPOINT #10
HOUSTON, TX 77075
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/15/2020
License # 020000 KMYAIAS HOME HEALTH
Lic Expire 06/15/2022 1620 AUSTIN
Medicare 1: HOUSTON, TX 77002
Medicare 2:
Phone (832) 216-3496 Fax
Type: Parent Agency Administrator EBONY JENKINS

Owner Information
KMYAIA'S HEALTHCARE, INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/30/2015
License # 016817 LA ANCHOR HOME HEALTH SERVICES INC
Lic Expire 04/30/2021 7211 REGENCY SQUARE BLVD #210
Medicare 1: 747487 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 251-3311 Fax (832) 251-3312
Type: Parent Agency Administrator HELEN AKPAN-OKOP

Owner Information
LA ANCHOR HOME HEALTH SERVICES, INC.
7211 REGENCY SQUARE BLVD #210
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 11/04/2022

County **HARRIS** Region 06 Date Licensed 12/22/2009
License # 013046 LAKE HOUSTON HOME HEALTH
Lic Expire 12/31/2021 12238 FM 1960 EAST
Medicare 1: 747437 HHA-18 HUFFMAN, TX 77336
Medicare 2:
Phone (281) 324-4663 Fax (281) 324-2795
Type: Parent Agency Administrator BRANDI NICKELL

Owner Information
LAKE HOUSTON HOME HEALTH SERVICES PLLC
PO BOX 1446
HUFFMAN, TEXAS 77336
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 06/29/2022

County **HARRIS** Region 06 Date Licensed 01/30/2017
License # 017890 LAKEFRONT CARE INC
Lic Expire 01/31/2021 9898 BISSONNET STREET SUITE 480
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 235-6029 Fax (713) 776-3994
Type: Parent Agency Administrator OKORIE UWAKWE OKO

Owner Information
LAKEFRONT CARE INC
9898 BISSONNET STREET SUITE 480
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/05/2007
License # 011740 LALA COMFORT HEALTHCARE INC
Lic Expire 03/31/2023 3831 GOLDEN WILLOW CT
Medicare 1: 747101 HHA-18 KATY, TX 77449
Medicare 2:
Phone (281) 398-4991 Fax (281) 398-1581
Type: Parent Agency Administrator LALA OLADOYE

Owner Information
LALA COMFORT HEALTHCARE INC
3831 GOLDEN WILLOW CT
KATY, TX 77449
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/14/2023

County **HARRIS** Region 06 Date Licensed 11/10/2016
License # 017734 LANORAH'S PERSONAL CARE
Lic Expire 11/30/2020 2514 11TH STREET
Medicare 1: GALENA PARK, TEXAS 77547
Medicare 2:
Phone (832) 953-5721 Fax (832) 550-2185
Type: Parent Agency Administrator LANORAH WOODHOUSE

Owner Information
LANORAH'S PERSONAL CARE LLC
8230 HOMEWOOD LN
HOUSTON, TX 77028
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/30/2020
License # 020087 LARK HOME CARE LLC
Lic Expire 07/30/2022 12222 YEARLING DR
Medicare 1: HOUSTON, TEXAS 77065
Medicare 2:
Phone (800) 381-8260 Fax (586) 477-4687
Type: Parent Agency Administrator ASHLII WILLIAMS

Owner Information
LARK HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/18/2019
License # 019745 LEARNING SERVICES HOME AND COMMUNITY LLC
Lic Expire 12/18/2021 10497 TOWN AND COUNTRY WAY, SUITE 700
Medicare 1: HOUSTON, TEXAS 77024
Medicare 2:
Phone (866) 820-5200 Fax (866) 870-2397
Type: Parent Agency Administrator LISA GLENN

Owner Information
LEARNING SERVICES HOME AND COMMUNITY LLC
131 LANGLEY DRIVE, SUITE B
LAWRENCEVILLE, GA 30046
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 02/15/2011
License # 013893 LEGACY HEALTHCARE SERVICES
Lic Expire 02/28/2021 10135 GLENGATE LN
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 513-1564 Fax (713) 541-0445
Type: Parent Agency Administrator IKE MCDONALD

Owner Information
LEGACY HEALTHCARE SERVICES
SAME AS ABOVE
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/25/2019
License # 019718 LEGEND PROVIDER SERVICES, INC
Lic Expire 11/25/2021 8700 COMMERCE PARK DR STE 146
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (346) 406-2987 Fax (713) 636-3338
Type: Parent Agency Administrator JENNIFER AGBO

Owner Information
LEGEND PROVIDER SERVICES, INC
8700 COMMERCE PARK DR STE 146
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed
License # 020720 LERMIM HOME CARE LLC
Lic Expire 04/26/2024 8788 HAMMERLY #I-1
Medicare 1: HOUSTON, TEXAS 770806662
Medicare 2:
Phone (832) 908-1213 Fax (713) 461-0068
Type: Parent Agency Administrator INGRID URUETA MANUEL

Owner Information
LERMIM HOME CARE LLC
8788 HAMMERLY #I-1
HOUSTON, TX
PHONE: (832) 908-1213 FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 07/31/2018
License # 018857 LIFE CHANGING ASSISTANCE HEALTHCARE LLC
Lic Expire 07/31/2022 2626 SOUTH LOOP WEST, STE. 650 N
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone 832 8315165 Fax 832 2815598
Type: Parent Agency Administrator TATYANNA LUSK

Owner Information
LIFE CHANGING ASSISTANCE HEALTHCARE, LLC.
2626 SOUTH LOOP WEST, STE. 650N
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/14/2011
License # 014037 LIFE SOURCE HOME HEALTHCARE INC
Lic Expire 04/30/2021 3302 GARTH RD
Medicare 1: 747752 BAYTOWN, TX 77521
Medicare 2:
Phone (281) 420-3977 Fax (281) 420-1112
Type: Parent Agency Administrator ROWENA MARTIR

Owner Information
LIFE SOURCE HOME HEALTHCARE INC
3302 GARTH RD
BAYTOWN, TX 77521-3808
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/16/2006
License # 010549 LIFECARE HEALTH SERVICES LLC
Lic Expire 06/30/2020 8700 COMMERCE PARK DRIVE SUITE # 145
Medicare 1: 679601 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 501-8394 Fax (281) 974-3238
Type: Parent Agency Administrator SHOLA ODUNTAN

Owner Information
LIFECARE HEALTH SERVICES LLC
P.O. BOX 185
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/04/2008
License # 011908 LIFECARE OPTIONS HOME HEALTH SERVICES INC
Lic Expire 03/31/2021 434 PARK GROVE LANE
Medicare 1: 747061 HHA-18 KATY, TEXAS 77450
Medicare 2:
Phone (281) 646-9546 Fax (281) 646-9751
Type: Parent Agency Administrator MILDRED ROSALES

Owner Information
LIFECARE OPTIONS HOME HEALTH SERVICES INC
434 PARK GROVE LANE
KATY, TX 77450
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 11/20/2023

County **HARRIS** Region 06 Date Licensed 12/23/2016
License # 017815 LIFEPOINTE HOSPICE AND HOME HEALTH
Lic Expire 12/31/2020 13201 NORTHWEST FWY. SUITE 670
Medicare 1: 747582 HOUSTON, TEXAS 77040
Medicare 2:
Phone (281) 731-2893 Fax (281) 501-1896
Type: Parent Agency Administrator VIRGINIA JOHNSON

Owner Information
LIFEPOINTE HOSPICE LLC
12425 ISLAND DRIVE
TOMBALL, TX 77377
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/25/2016
License # 017365 LIFESPAN HOME HEALTH
Lic Expire 04/30/2022 3800 BUFFALO SPEEDWAY SUITE 195
Medicare 1: HOUSTON, TX 77098
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator MACEY KASTL

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

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County **HARRIS** Region 06 Date Licensed 10/05/2006
License # 010788 LIFEWAY HEALTHCARE INC
Lic Expire 10/31/2022 10039 BISSONNET STREET SUITE 112
Medicare 1: 743133 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 495-5100 Fax (281) 495-5101
Type: Parent Agency Administrator AIROBOMAN OMOEGBELE

Owner Information
LIFEWAY HEALTHCARE INC
10039 BISSONNET STREET SUITE 112
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 04/29/2019
License # 019349 LIGHT HEART HOMECARE LLC
Lic Expire 04/29/2021 4606 FM 1960 W., SUITE 400
Medicare 1: HOUSTON, TEXAS 770694600
Medicare 2:
Phone (800) 856-3319 Fax
Type: Parent Agency Administrator CLAUDINE NTING

Owner Information
LIGHT HEART HOMECARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/08/2018
License # 018779 LIGHTHOUSE HEALTHCARE SOLUTIONS LLC
Lic Expire 06/30/2022 6628 WILCREST DR STE D200
Medicare 1: HOUSTON, TX 770722043
Medicare 2:
Phone 281 4959927 Fax 888 6765604
Type: Parent Agency Administrator CHIEU NGUYEN

Owner Information
LIGHTHOUSE HEALTHCARE SOLUTIONS, LLC
1605 POTOMAC DR UNIT B
HOUSTON, TX 77057
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/17/2017
License # 018373 LILY HOME HEALTH INC
Lic Expire 09/30/2021 9894 BISSONNET STREET, SUITE 100E
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (281) 977-0157 Fax (281) 806-5967
Type: Parent Agency Administrator RITA OKOJIE

Owner Information
LILY HOME HEALTH, INC.
1601 MAIN STREET SUITE 600
RICHMOND, TX 77469
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/30/2020
License # 020421 LINKS OF COMPASSION INC
Lic Expire 12/30/2022 507 N. SAM HOUSTON PKWY E SUITE 450
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (832) 529-7125 Fax
Type: Parent Agency Administrator CHADNEZZAR MORGAN

Owner Information
LINKS OF COMPASSION INC
P.O. BOX 73363
HOUSTON, TEXAS 77273
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/26/2007
License # 011022 LIVHOME INC
Lic Expire 05/31/2021 5373 W ALABAMA STREET SUITE 250
Medicare 1: HOUSTON, TX 77056
Medicare 2:
Phone (713) 622-6200 Fax (713) 622-6207
Type: Parent Agency Administrator FURMAN ENTZ

Owner Information
BCDI HOME CARE PARENT, INC.
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/18/2015
License # 016867 LIVING & LOVING HOME CARE
Lic Expire 06/30/2021 14615 CARMINE GLEN DRIVE
Medicare 1: HOUSTON, TX 77049
Medicare 2:
Phone (346) 888-6210 Fax (832) 218-3732
Type: Parent Agency Administrator CREDESHA BROWN-BELLANGER

Owner Information
LIVING & LOVING HOME CARE, LLC
14615 CARMINE GLEN DR
HOUSTON, TX 77049
PHONE: (346) 888-6210 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/14/2007
License # 011392 LIVING HOPE HOME HEALTHCARE
Lic Expire 06/30/2021 12550 FUQUA STREET SUITE #100
Medicare 1: 743196 HHA-18 HOUSTON, TX 77034
Medicare 2:
Phone (281) 484-6500 Fax (281) 484-6501
Type: Parent Agency Administrator TIJU THOMAS

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; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/22/2023

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

County **HARRIS** Region 06 Date Licensed 07/19/2018
License # 019168 LIVING WATER HOME HEALTH LLC
Lic Expire 03/31/2021 2600 SOUTH LOOP WEST SUITE 350
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (832) 552-0674 Fax (833) 260-8598
Type: Parent Agency Administrator ROXANE FREEMAN

Owner Information
LIVING WATER HOME HEALTH LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/13/2016
License # 017785 LONE STAR HOME DIALYSIS INC
Lic Expire 12/31/2022 16903 RED OAK DRIVE SUITE 190
Medicare 1: HOUSTON, TX 77090
Medicare 2:
Phone (281) 799-7089 Fax (800) 395-8956
Type: Parent Agency 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** Region 06 Date Licensed 05/14/2020
License # 019938 LONE STAR HOME INFUSION, LLC
Lic Expire 05/14/2022 1300B BAY AREA BLVD. #B150-05
Medicare 1: HOUSTON, TEXAS 77058
Medicare 2:
Phone (281) 338-4443 Fax (281) 338-8821
Type: Parent Agency Administrator GREGORY PYRON

Owner Information
LONE STAR HOME INFUSION LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 12/12/2014
License # 016557 LONG LIFE HEALTHCARE OF TEXAS
Lic Expire 03/31/2021 8866 GULF FREEWAY SUITE 250M
Medicare 1: HOUSTON, TX 77017
Medicare 2:
Phone (832) 649-5947 Fax (832) 767-1396
Type: Parent Agency 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** Region 06 Date Licensed 09/14/2015
License # 017026 LOTUS HOSPICE
Lic Expire 02/17/2022 810 HIGHWAY 6 SOUTH, SUITE 110
Medicare 1: 741662 HOSPICE HOUSTON, TX 77079
Medicare 2:
Phone (281) 493-6800 Fax (281) 493-6807
Type: Parent Agency Administrator NICOLE MCPHERSON

Owner Information
LOTUS HOSPICE, INC.
9950 WESTPARK DRIVE SUITE 644
HOUSTON, TX 77063
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/09/2023

County **HARRIS** Region 07 Date Licensed
License # 013724 LOVE N CARE
Lic Expire 10/31/2022 3515 PRESTON AVENUE SUITE 102
Medicare 1: PASADENA, TX 77505
Medicare 2:
Phone (281) 760-3597 Fax (956) 664-9967
Type: Branch Agency Administrator MAGDALENA CEPEDA

Owner Information
VELA INVESTMENT CORPORATION
3523 W ALBERTA RD
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/10/2019
License # 019589 LOVING ARMS HEALTH CARE SERVICES, LLC
Lic Expire 09/10/2021 8323 TROPHY PLACE DRIVE
Medicare 1: HUMBLE, TEXAS 77346
Medicare 2:
Phone (713) 927-5365 Fax (281) 852-6998
Type: Parent Agency Administrator NICOLE WILLIAMS

Owner Information
LOVING ARMS HEALTH CARE SERVICES LLC
8323 TROPHY PLACE DRIVE
HUMBLE, TEXAS 77346
PHONE: (713) 927-5365 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 12/21/2017
License # 018527 LOVING ARMS SENIOR ASSISTANCE LLC
Lic Expire 12/31/2021 10680 WESTBRAE PKWY BUILDING N129
Medicare 1: HOUSTON, TEXAS 77031
Medicare 2:
Phone (281) 901-8279 Fax (832) 649-7176
Type: Parent Agency Administrator TAMARA WELLINGTON

Owner Information
LOVING ARMS SENIOR ASSISTANCE LLC
16747 QUAIL PARK DRIVE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/10/2020
License # 020305 LOVING GRACE HEALTHCARE OF AMERICA INC
Lic Expire 11/10/2022 440 BENMAR DR STE. 1395
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (832) 328-5646 Fax 18442738121
Type: Parent Agency Administrator TIFFANY SCOTT

Owner Information
LOVING GRACE HEALTHCARE OF AMERICA INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/16/2017
License # 018452 LOVING HEARTS HOSPICE/PALLIATIVE CARE INC
Lic Expire 02/28/2022 6666 HARWIN DRIVE #205A
Medicare 1: 741792 HOUSTON, TX 77036
Medicare 2:
Phone (713) 408-7722 Fax (832) 649-2978
Type: Parent Agency Administrator SERGE UKAWILU

Owner Information
LOVING HEARTS HOSPICE / PALLIATIVE CARE INC.
6666 HARWIN DR #205A
HOUSTON, TX 77036
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/28/2022

County **HARRIS** Region 06 Date Licensed 03/12/2021
License # 020596 LOVING TOUCH HOSPICE INC
Lic Expire 03/12/2024 2922 ROSEDALE ST STE 1200
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (713) 874-1234 Fax (713) 521-1277
Type: Parent Agency Administrator JENNIFER ROY

Owner Information
LOVING TOUCH HOSPICE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/04/1999
License # 007087 LOYAL HOME HEALTH CARE AGENCY
Lic Expire 08/31/2022 12738 VILLAWOOD LANE
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (281) 530-2539 Fax (281) 498-8243
Type: Parent Agency Administrator STELLA AVWORO

Owner Information
STELLA AVWORO
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/22/2004
License # 009421 LOYAL HOME HEALTH CARE INC
Lic Expire 11/30/2021 12738 VILLAWOOD LN
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (281) 530-2539 Fax (281) 498-8243
Type: Parent Agency Administrator STELLA AVWORO

Owner Information
LOYAL HOME HEALTH CARE INC
12738 VILLAWOOD LN
HOUSTON, TX 77072
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/08/1998
License # 006749 LUCKY HEALTH CARE SERVICES INC
Lic Expire 07/31/2020 10103 FONDREN SUITE #460
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 773-1066 Fax (713) 773-0445
Type: Parent Agency Administrator CATHERINE OSUAGWU

Owner Information
LUCKY HEALTH CARE SERVICES INC
10103 FONDREN STE 460
HOUSTON, TX 77096
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/25/2021
License # 020648 LUXURY IN-HOME SENIOR CARE, LLC
Lic Expire 03/25/2024 14777 WUNDERLICH DRIVE, APT.306
Medicare 1: HOUSTON, TX 77069
Medicare 2:
Phone (281) 766-4420 Fax
Type: Parent Agency Administrator ISATA KELLEH

Owner Information
LUXURY IN-HOME SENIOR CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/01/2011
License # 014649 M & M ADVANCED HEALTHCARE INC
Lic Expire 11/30/2021 4635 SOUTHWEST FREEWAY SUITE 300
Medicare 1: 679785 HHA-18 HOUSTON, TX 77027
Medicare 2:
Phone 281 8220150 Fax 281 8220155
Type: Parent Agency Administrator SOLEDAD BANEA

Owner Information
M&M ADVANCED HEALTHCARE, INC.
4635 SOUTHWEST FREEWAY, SUITE 300
HOUSTON, TX 77027
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 03/08/2019
License # 019293 M&N CARE GIVER
Lic Expire 06/30/2021 14829 BELLAIRE BLVD. SUITE 2B
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (281) 818-0611 Fax (281) 372-6892
Type: Parent Agency Administrator LILIAN ONYENOBI

Owner Information
NICHOLAS ONYENOBI
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/02/2021
License # 020552 MACIE HEALTHCARE SERVICES LLC
Lic Expire 03/02/2024 3262 HOLLY HALL ST
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (832) 272-5331 Fax (281) 214-6371
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 03/05/2020
License # 019466 MAGNOLIA HOME CARE
Lic Expire 07/02/2021 5703 PRAIRIE CHAPEL RD
Medicare 1: KATY, TX 77493
Medicare 2:
Phone (484) 213-8637 Fax
Type: Parent Agency Administrator LISSETTE ROSARIO

Owner Information
LISSETTE ROSARIO
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/06/2003
License # 008356 MAGNOLIA HOME HEALTH CARE
Lic Expire 03/31/2021 5044 CRENSHAW ROAD SUITE 500A
Medicare 1: 679287 HHA-18 PASADENA, TX 77505
Medicare 2:
Phone (281) 333-2207 Fax (281) 333-2292
Type: Parent Agency Administrator BRETT SOUCEK

Owner Information
EXCELLENCE HEALTH CARE, INC.
1322 SPACE PARK SUITE C 112
HOUSTON, TX 77058
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 04/23/2019
License # 019341 MAGNOLIA HOSPICE CARE, LLC
Lic Expire 04/23/2023 5044 CRENSHAW ROAD, SUITE 500D
Medicare 1: 971526 PASADENA, TEXAS 77505
Medicare 2:
Phone (281) 957-9752 Fax (832) 916-4577
Type: Parent Agency Administrator JACOB JHINGREE

Owner Information
MAGNOLIA HOSPICE CARE, LLC
5044 CRENSHAW RD, STE 500D
PASADENA, TEXAS 77505
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 09/18/2022

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

County **HARRIS** Region 06 Date Licensed 01/13/2017
License # 017856 MAJESTIC PERSONAL CARE SERVICES LLC
Lic Expire 01/31/2021 3614 APPLE HOLLOW LN
Medicare 1: HUMBLE, TX 77396
Medicare 2:
Phone (832) 288-2531 Fax (866) 668-2130
Type: Parent Agency Administrator CHRISTOPHER GOODWIN

Owner Information
MAJESTIC PERSONAL CARE SERVICES LLC
7610 FM 1960 E #111
HUMBLE, TX 77346
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/15/2007
License # 011333 MAJESTIK CARE PROVIDERS INC
Lic Expire 02/28/2022 8700 COMMERCE PARK DRIVE SUITE 110
Medicare 1: 677907 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (832) 767-1729 Fax (832) 767-2845
Type: Parent Agency Administrator FRANCES OKAFOR

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; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/24/2020
License # 020348 MASOTINA HEALTHCARE PROFESSIONALS LLC
Lic Expire 11/24/2022 8704 TORCELLO ST.
Medicare 1: HOUSTON, TX 77031
Medicare 2:
Phone (713) 820-5205 Fax
Type: Parent Agency Administrator EKOMOBONG EDUOK

Owner Information
MASOTINA HEALTHCARE PROFESSIONALS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2006
License # 010369 MASTERS HEALTH CARE SERVICES INC
Lic Expire 12/31/2021 11999 KATY FREEWAY #275
Medicare 1: 458098 HHA-18 HOUSTON, TX 77079
Medicare 2:
Phone (281) 589-8125 Fax (281) 589-0464
Type: Parent Agency Administrator WAGEE KAMEL

Owner Information
MASTERS HEALTH CARE SERVICES INC
11999 KATY FREEWAY #275
HOUSTON, TX 77079
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/23/2011
License # 013975 MATOLL HEALTH SERVICES INC
Lic Expire 03/31/2021 9800 CENTRE PARKWAY, SUITE 245
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (281) 969-7622 Fax (877) 903-8431
Type: Parent Agency Administrator MARY ADEGBORIOYE

Owner Information
MATOLL HEALTH SERVICES INC
9800 CENTRE PARKWAY SUITE 157
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/28/2005
License # 010215 MATSAN HEALTH SERVICES
Lic Expire 12/31/2021 23023 STRATHMERE COURT
Medicare 1: 679538 HHA-18 KATY, TX 77450
Medicare 2:
Phone (281) 392-6333 Fax (281) 719-9484
Type: Parent Agency Administrator MATTHEW EHIMWENMA

Owner Information
MATSAN INC
21719 CANYON PEAK LANE
KATY, TX 77450
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 08/17/2017
License # 018255 MAXCARE HOME HEALTH SERVICES INC
Lic Expire 08/31/2021 9119 SOUTH GESSNER SUITE 100
Medicare 1: 679093 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 325-2132 Fax (713) 534-1164
Type: Parent Agency Administrator FLORA UCHEA

Owner Information
MAXCARE HOME HEALTH SERVICES INC
9119 S GESSNER SUITE#100
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 05/16/2011
License # 014130 MAXIMUM CARE
Lic Expire 05/31/2021 10777 WESTHEIMER ROAD STE 1100
Medicare 1: 459384 HHA-18 HOUSTON, TX 77042
Medicare 2:
Phone (281) 903-1336 Fax (281) 903-2301
Type: Parent Agency Administrator SUSANNA AMUNE

Owner Information
TRIUMPHANT INVESTMENTS INC
9801 WESTHEIMER RD STE 302
HOUSTON, TX 77042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/15/2018
License # 019092 MAXIMUM CARE HEALTHCARE SERVICES, LLC
Lic Expire 08/15/2022 6260 WESTPARK DR. # 289
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (888) 312-8859 Fax (888) 312-8859
Type: Parent Agency Administrator KRISTIE SEPTS-JOHNSON

Owner Information
MAXIMUM CARE HEALTHCARE SERVICES, LLC
6260 WESTPARK DR #320
HOUSTON, TX 77057
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/29/2005
License # 010275 MAXWELL PROVIDERS INC
Lic Expire 11/30/2021 2950 S. GESSNER ROAD #210
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (713) 783-7703 Fax (713) 783-7519
Type: Parent Agency Administrator AMENZE OSAZUWA

Owner Information
MAXWELL PROVIDERS, INC
7457 HARWIN DRIVE, SUITE #130A
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/29/2018
License # 019055 MAYDAY HEALTH SERVICES LLC
Lic Expire 08/29/2022 11129 PANTHER COURT
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (832) 679-5444 Fax (832) 379-3383
Type: Parent Agency Administrator UCHE IBE

Owner Information
MAYDAY HEALTH SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/17/2012
License # 015202 MED FORCE MEDICAL SERVICES INC
Lic Expire 09/30/2022 12337 JONES ROAD, SUITE #110
Medicare 1: HOUSTON, TX 77070
Medicare 2:
Phone (281) 894-7003 Fax (281) 894-7010
Type: Parent Agency Administrator BARBARA GLOVER

Owner Information
MED FORCE MEDICAL SERVICES, INC.
12337 JONES RD SUITE 224
HOUSTON, TX 77070
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/14/2007
License # 011583 MEDCORE PREFERRED HOSPICE
Lic Expire 09/30/2021 3880 GREENHOUSE RD SUITE 319
Medicare 1: 671724 HOSPICE HOUSTON, TX 77084
Medicare 2:
Phone (281) 394-2042 Fax (866) 395-3908
Type: Parent Agency Administrator DERVAL ROMANS

Owner Information
MEDCORE HEALTHCARE SERVICES INC
3880 GREENHOUSE ROAD STE. #319
HOUSTON, TX 77084
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/31/2024

County **HARRIS** Region 06 Date Licensed 08/01/2002
License # 008138 MED-HEALTH INC
Lic Expire 09/30/2021 3001 WICHITA STREET
Medicare 1: 459256 HHA-18 HOUSTON, TX 77004
Medicare 2:
Phone (713) 661-6607 Fax (713) 522-0333
Type: Parent Agency Administrator MARY JONES

Owner Information
MED HEALTH INC
3001 WICHITA STREET
HOUSTON, TX 77004
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/1995
License # 003491 MEDICAL INSIGHTS & CARE UNLIMITED LP
Lic Expire 12/31/2021 4610 BELLE PARK DRIVE
Medicare 1: 677211 HHA-18 HOUSTON, TX 77072
Medicare 2:
Phone (713) 774-6428 Fax (713) 774-3822
Type: Parent Agency Administrator MICHAEL MIRANDA

Owner Information
MEDICAL INSIGHTS & CARE UNLIMITED, LP
P.O. BOX 721350
HOUSTON, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/01/1995
License # 003492 MEDICAL INSIGHTS & CARE UNLIMITED LP
Lic Expire 05/30/2021 4610 BELLE PARK DRIVE
Medicare 1: HOUSTON, TX 770721820
Medicare 2:
Phone (713) 774-6428 Fax (713) 774-3822
Type: Parent Agency Administrator MICHAEL MIRANDA

Owner Information
MEDICAL INSIGHTS & CARE UNLIMITED, LP
P.O. BOX 721350
HOUSTON, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/14/2013
License # 015307 MEDISTAR PROVIDER SERVICES INC
Lic Expire 01/31/2023 10039 BISSONNET ST, SUITE 322
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 489-7766 Fax (713) 489-3949
Type: Parent Agency 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** Region 06 Date Licensed 05/08/2013
License # 015530 MEDPROUSA HEALTH SERVICES
Lic Expire 05/31/2021 9219 KATY FREEWAY SUITE #207
Medicare 1: HOUSTON, TX 77024
Medicare 2:
Phone (713) 932-0017 Fax (713) 932-0039
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 05/08/2014
License # 016196 MEDRELIEF STAFFING
Lic Expire 05/31/2020 8502 TYBOR
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 270-4836 Fax (713) 596-9770
Type: Parent Agency Administrator KELLI REDDIX

Owner Information
ADVANCED HEALTH EDUCATION CENTER LTD
8502 TYBOR
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/01/2005
License # 010103 MEDSOL HOME HEALTHCARE & CASE MANAGEMENT SERVICES LLC
Lic Expire 10/31/2021 7807 LONG POINT RD. SUITE# 310
Medicare 1: 679593 HHA-18 HOUSTON, TX 77055
Medicare 2:
Phone (713) 722-8009 Fax (713) 722-8099
Type: Parent Agency Administrator ARTIE DMELLO

Owner Information
MEDSOL HOME HEALTHCARE & CASE MANAGEMENT SERVICES LLC
8705 VARNER ROAD
HOUSTON, TX 77080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/05/2010
License # 013285 MEGACARE HOME HEALTH SERVICES INC.
Lic Expire 04/30/2022 4606 FM 1960 RD W, SUITE 575
Medicare 1: 673193 HHA-18 HOUSTON, TX 77069
Medicare 2:
Phone (713) 995-0675 Fax (713) 995-0445
Type: Parent Agency Administrator VINCE DIKE

Owner Information
MEGACARE HOME HEALTH SERVICES INC
8313 SOUTHWEST FREEWAY SUITE #217
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/22/2007
License # 011175 MEGAMED HEALTHCARE SERVICES
Lic Expire 03/31/2022 10101 FONDREN ROAD SUITE #428
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 772-2726 Fax (713) 981-1990
Type: Parent Agency Administrator ABAYOMI BALOGUN

Owner Information
TAB INTERNATIONAL INC
10101 FONDREN ROAD SUITE 428
HOUSTON, TX 77096
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/01/2002
License # 007859 MEMORIAL HERMANN HOME HEALTH
Lic Expire 12/31/2021 16538 AIR CENTER BLVD SUITE 150
Medicare 1: HOUSTON, TX 770325144
Medicare 2:
Phone (281) 784-7500 Fax (281) 784-7501
Type: Branch Agency Administrator MAUREEN CORMIER

Owner Information
MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER, SUITE #2700
HOUSTON, TX 77024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 01/01/2002
License # 007859 MEMORIAL HERMANN HOME HEALTH
Lic Expire 12/31/2021 11914 ASTORIA BLVD SUITE 390
Medicare 1: HOUSTON, TX 770896075
Medicare 2:
Phone (281) 929-4550 Fax (281) 929-4551
Type: Branch Agency Administrator MAUREEN CORMIER

Owner Information
MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER, SUITE #2700
HOUSTON, TX 77024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 01/01/2002
License # 007859 MEMORIAL HERMANN HOME HEALTH
Lic Expire 12/31/2021 23920 KATY FREEWAY MEDICAL PLAZA 1, SUITE 460
Medicare 1: 457741 HHA-18 KATY, TEXAS 77494
Medicare 2:
Phone (281) 325-5600 Fax (281) 491-5830
Type: Parent Agency Administrator MAUREEN CORMIER

Owner Information
MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER, SUITE #2700
HOUSTON, TX 77024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 01/08/2007
License # 011389 MEMORIAL HERMANN HOSPICE
Lic Expire 01/31/2022 902 FROSTWOOD DR STE 288
Medicare 1: 451562 HOSPICE HOUSTON, TEXAS 770242403
Medicare 2:
Phone (713) 338-7400 Fax (713) 338-7401
Type: Parent Agency Administrator MIAYA WRIGHT

Owner Information
MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER RD., STE.2700
HOUSTON, TX 77024
PHONE: (713) 242-2777 FAX: (713) 456-6052
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/22/2007
License # 011091 MEMORIAL HOME HEALTHCARE INC
Lic Expire 02/28/2020 439 MASON PARK BLVD SUITE A1
Medicare 1: 679698 HHA-18 KATY, TX 77450
Medicare 2:
Phone (832) 530-6466 Fax (281) 840-6669
Type: Parent Agency Administrator ABIGAIL GREENE

Owner Information
MEMORIAL HOME HEALTHCARE INC
439 MASON PARK BLVD SUITE A1
KATY, TX 77450
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/01/2018
License # 019046 MERCIFUL HANDS LLC
Lic Expire 11/01/2022 7207 REGENCY SQUARE BLVD SUITE # 260-26
Medicare 1: 971515 HOUSTON, TEXAS 77036
Medicare 2:
Phone (281) 757-5555 Fax (832) 413-0090
Type: Parent Agency Administrator KENYATTA HOLMES

Owner Information
MERCIFUL HANDS LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 08/22/2022

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

County **HARRIS** Region 06 Date Licensed 04/30/2017
License # 018038 MERCRIS HOME HEALTH INC
Lic Expire 04/30/2023 15322 MIRA VISTA DRIVE
Medicare 1: 747667 HOUSTON, TX 77083
Medicare 2:
Phone (281) 342-1980 Fax (281) 342-9912
Type: Parent Agency Administrator BOLA ODUSOLA-STEPHEN

Owner Information
MERCRIS HOME HEALTH INC
15322 MIRA VISTA DRIVE
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/26/2004
License # 008935 MERCY HEALTHCARE SERVICES INC
Lic Expire 02/28/2022 10101 FONDREN RD SUITE 221
Medicare 1: 673160 HOUSTON, TX 77096
Medicare 2:
Phone (713) 721-2869 Fax (713) 721-2684
Type: Parent Agency Administrator RITA MADU

Owner Information
MERCY HEALTHCARE SERVICES INC
10707 GLENFIELD COURT
HOUSTON, TX 77096
PHONE: (713) 721-2869 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/25/2014
License # 016445 MERIDIAN HOME CARE
Lic Expire 09/30/2022 11200 WESTHEIMER STE 760
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone (281) 721-4561 Fax (713) 583-5323
Type: Parent Agency Administrator MICHAEL OKENDU

Owner Information
DAILY CARE COMPANIONS LLC
6363 RICHMOND AVE SUITE 318
HOUSTON, TEXAS 77057
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/01/2012
License # 014838 METRO CARE SERVICES
Lic Expire 04/30/2022 2550 GRAY FALLS DRIVE SUITE 142
Medicare 1: 453106 HOUSTON, TX 77077
Medicare 2:
Phone (832) 328-1818 Fax (832) 328-1820
Type: Parent Agency Administrator JAMES NWANNA

Owner Information
METRO CARE TEAM LLC
2550 GRAY FALLS DRIVE, SUITE 142
HOUSTON, TX 77077
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/29/2020
License # 020203 METRO PALLIATIVE & HOSPICE INC
Lic Expire 09/29/2022 4606 FM 1960 W STE 675
Medicare 1: HOUSTON, TEXAS 77069
Medicare 2:
Phone (832) 301-0818 Fax (346) 998-1662
Type: Parent Agency Administrator VARFEETA SIRLEAF

Owner Information
METRO PALLIATIVE & HOSPICE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/11/2003
License # 008420 MGM VISION HEALTHCARE SERVICES INC
Lic Expire 04/30/2021 4606 FM 1960 W SUITE #215
Medicare 1: 679349 HHA-18 HOUSTON, TX 77069
Medicare 2:
Phone (832) 777-7744 Fax (832) 900-0001
Type: Parent Agency Administrator HILDA RAMIREZ

Owner Information
MGM VISION HEALTHCARE SERVICES INC
8303 S.W. FRWY #445
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/03/2007
License # 011219 MIDLAND HEALTH CARE SERVICES INC
Lic Expire 04/30/2022 7402 PAVILION DRIVE
Medicare 1: 743111 HHA-18 HOUSTON, TEXAS 77083
Medicare 2:
Phone (832) 886-4539 Fax (832) 886-4690
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 08/28/2023

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

County **HARRIS** Region 06 Date Licensed 07/31/2014
License # 016354 MIDTOWN HOSPICE INC.
Lic Expire 07/31/2022 2922 ROSEDALE ST SUITE 1030
Medicare 1: 741649 HOSPICE HOUSTON, TEXAS 77004
Medicare 2:
Phone (832) 549-0994 Fax (713) 521-1277
Type: Parent Agency Administrator JENNIFER ROY

Owner Information
MIDTOWN HOSPICE, INC.
2217 BLODGETT STREET, SUITE #707
HOUSTON, TX 77004
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 01/25/2023

County **HARRIS** Region 06 Date Licensed 07/25/2018
License # 018847 MILESTONES THERAPY SERVICES
Lic Expire 07/31/2022 6201 BONHOMME RD SUITE # 462N
Medicare 1: HOUSTON, TEXAS 770364365
Medicare 2:
Phone (713) 904-3444 Fax (281) 476-6388
Type: Parent Agency Administrator MARIEL A CORTEZ

Owner Information
GULF COAST THERAPY HOUSTON LLC
6201 BONHOMME RD SUITE # 462N
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 11/14/2017
License # 018445 MIMI'S CARING ANGELS
Lic Expire 11/30/2021 15214 RIPPLEWIND LANE
Medicare 1: HOUSTON, TX 77068
Medicare 2:
Phone (281) 253-0331 Fax (281) 674-8391
Type: Parent Agency Administrator DEBRA HUNTER

Owner Information
DEBRA A HUNTER
SAME
HOUSTON, TX 77068-3001
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/14/2020
License # 020234 MINDER TOUCH CARE LLC
Lic Expire 10/14/2022 9898 BISSONNET ST STE 252G
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (281) 962-4037 Fax (281) 552-8844
Type: Parent Agency Administrator DEBORAH IDOWU

Owner Information
MINDER TOUCH CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/20/2010
License # 013343 MIRACLE NURSES HEALTHCARE SERVICES INC
Lic Expire 05/31/2020 23822 INDIAN HILLS WAY
Medicare 1: 747556 KATY, TX 77494
Medicare 2:
Phone (832) 577-7580 Fax (281) 601-1531
Type: Parent Agency Administrator MARGARET AYUK

Owner Information
MIRACLE NURSES HEALTHCARE SERVICES INC
23822 INDIAN HILLS WAY
KATY, TX 77494
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/19/2009
License # 012908 MIRAGE HEALTHCARE SERVICES INC
Lic Expire 10/31/2021 2825 WILCREST DRIVE SUITE 621
Medicare 1: 747574 HHA-18 HOUSTON, TEXAS 77042
Medicare 2:
Phone (713) 867-7970 Fax (713) 867-7970
Type: Parent Agency Administrator EVARISTUS AJAERO

Owner Information
MIRAGE HEALTHCARE SERVICES INC
6065 HILLCROFT AVENUE SUITE #208
HOUSTON, TX 77081
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/30/2019
License # 019456 MODERN HOMECARE
Lic Expire 03/30/2024 10777 WESTHEIMER RD SUITE 1100
Medicare 1: HOUSTON, TEXAS 77042
Medicare 2:
Phone (281) 501-0350 Fax (888) 891-6316
Type: Parent Agency Administrator EDRICK BAHAM

Owner Information
MODERN HOMECARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/07/2019
License # 019846 MOMENTS HOSPICE & PALLIATIVE CARE INC.
Lic Expire 11/07/2021 5322 W BELLFORT AVE SUITE 214
Medicare 1: 741775 HOUSTON, TX 77035
Medicare 2:
Phone (281) 301-0641 Fax (281) 301-1462
Type: Parent Agency Administrator VANESSA JOHNS

Owner Information
MOMENTS HOSPICE & PALLIATIVE CARE INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 12/03/2020
License # 020372 MOMENTUM HOME HEALTH LLC
Lic Expire 12/03/2022 515 A SOUTH FRY ROAD, #306
Medicare 1: KATY, TX 77450
Medicare 2:
Phone (713) 480-3534 Fax
Type: Parent Agency Administrator LATOYA GALLOW

Owner Information
MOMENTUM HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 11/19/2018
License # 019107 MONARCH HOME HEALTHCARE
Lic Expire 11/19/2022 700 MILAM STREET SUITE 1300
Medicare 1: HOUSTON, TEXAS 77002
Medicare 2:
Phone (346) 291-8185 Fax NA
Type: Parent Agency Administrator KIERA MOORE

Owner Information
MONARCH FAMILY HEALTH SERVICES LLC
1625 MAIN STREET, APT 2008
HOUSTON, TEXAS 77002
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/11/2020
License # 019825 MORNING STAR CARE SERVICES
Lic Expire 02/11/2022 4231 OAK SHADOWS DR
Medicare 1: HOUSTON, TX 77091
Medicare 2:
Phone (713) 504-2213 Fax
Type: Parent Agency Administrator ANTHONY GILLUM JR.

Owner Information
MORNING STAR CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/19/2012
License # 015316 MOTHER LOVE HEALTH CARE SERVICES
Lic Expire 05/31/2021 9950 WESTPARK DRIVE SUITE #634
Medicare 1: 747465 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone 281 515 4117 Fax (888) 604-9472
Type: Parent Agency Administrator CHUDI OGADI

Owner Information
DIVINE MOTHER LOVE HEALTH CARE SERVICES INC
9950 WESTPARK DRIVE, SUITE #634
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/09/2020
License # 020303 MOUNT OLIVE HOSPICE AND PALLIATIVE CARE
Lic Expire 11/09/2022 10998 S WILCREST DR STE 122
Medicare 1: HOUSTON, TEXAS 77099
Medicare 2:
Phone (713) 363-1818 Fax
Type: Parent Agency Administrator CHRISTIANA USEN

Owner Information
MOUNT OLIVE HOSPICE AND PALLIATIVE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/04/2010
License # 013512 MOUNT SINAI HOME CARE
Lic Expire 08/31/2022 15006 EMPANADA DR
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (713) 955-5868 Fax (281) 575-7739
Type: Parent Agency Administrator OLAPEJU OLATEJU

Owner Information
MOUNT SINAI HOME ASSISTED LIVING LLC
15006 EMPANADA DR
HOUSTON, TX 77083
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 10/01/2019
License # 019625 MY ANGEL HOME CARE LLC
Lic Expire 10/01/2021 24906 GRAND SAPPHIRE LN
Medicare 1: KATY, TEXAS 77493
Medicare 2:
Phone (346) 264-2660 Fax
Type: Parent Agency Administrator CHRISTLE WANORUE

Owner Information
MY ANGEL HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/18/2017
License # 017863 MY COMPANION
Lic Expire 01/31/2021 24803 ROESNER RD
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (832) 641-0900 Fax (832) 437-6730
Type: Parent Agency Administrator JANICE HOFFMAN

Owner Information
GABES PERSONAL ASSISTANCE SERVICES LLC
24803 ROESNER ROAD
KATY, TX 77494
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/31/2018
License # 018855 MY PILLOWS PERSONAL HOME CARE SERVICES AGENCY
Lic Expire 07/31/2022 8111 STONEMOUNT COURT
Medicare 1: HUMBLE, TEXAS 77338
Medicare 2:
Phone Mobile 7132444674 Fax (832) 644-8796
Type: Parent Agency Administrator DIANA CAMPBELL

Owner Information
MY PILLOWS PERSONAL HOME CARE SERVICES AGENCY
PO BOX 62614
HOUSTON, TX 77205
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/28/2015
License # 017002 MZEE HOME CARE SERVICES LLC
Lic Expire 08/31/2021 2200 SPEARS RD SUITE 400
Medicare 1: HOUSTON, TX 77067
Medicare 2:
Phone (832) 649-9546 Fax 1800 8815997
Type: Parent Agency Administrator JENNIFER CLAY

Owner Information
MZEE HOME CARE SERVICES, LLC
P. O. BOX 90441
HOUSTON, TX 77290
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/15/2019
License # 019261 N & N HEALTH SERVICES, LLC.
Lic Expire 02/15/2023 18606 LANTERN WALK LANE
Medicare 1: KATY, TEXAS 77449
Medicare 2:
Phone (281) 940-9349 Fax (281) 944-5684
Type: Parent Agency Administrator MAYENI YANSANEH

Owner Information
N & N HEALTH SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/06/2020
License # 019917 NANNIES N TUTORS 4 YOU ENTERPRISES, L.L.C.
Lic Expire 05/06/2022 3100 TIMMONS LN. STE 311
Medicare 1: HOUSTON, TX 77027
Medicare 2:
Phone (713) 393-7760 Fax
Type: Parent Agency Administrator DOINA BEREA

Owner Information
NANNIES N TUTORS 4 YOU ENTERPRISES, LLC.
518 WELLINGTON PT.
HOUSTON, TX 77094
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/10/2012
License # 014716 NATIONS PIONEER HEALTH SERVICES INC
Lic Expire 02/28/2022 11224 SOUTHWEST FREEWAY SUITE 240
Medicare 1: 679332 HHA-18 HOUSTON, TX 77031
Medicare 2:
Phone (281) 498-6203 Fax (281) 498-6206
Type: Parent Agency Administrator BAMIDELE JOKODOLA

Owner Information
NATIONS PIONEER HEALTH SERVICES INC
11224 SOUTHWEST FREEWAY, 240
HOUSTON, TEXAS 77031
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 03/03/2023

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

County **HARRIS** Region 06 Date Licensed 10/12/2011
License # 014411 NAZAM HEALTH CARE SERVICES INC.
Lic Expire 10/31/2021 16100 CAIRNWAY DR, STE 345
Medicare 1: HOUSTON, TX 77084
Medicare 2:
Phone (832) 466-7300 Fax (832) 593-4946
Type: Parent Agency Administrator FELICIA AMARACHI WAMAH

Owner Information
NAZAM HEALTHCARE SERVICES INC.
17719 QUIET LOCH LANE
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/05/2013
License # 015855 NAZARETH HOME HEALTHCARE INC
Lic Expire 11/30/2021 13778 BRANFORD GREENS DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (281) 983-0915 Fax (832) 328-9899
Type: Parent Agency Administrator SUSAN EGEGE

Owner Information
NAZARETH HOME HEALTHCARE, INC
13778 BRANFORD GREENS DR.
HOUSTON, HOUSTON 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/28/2005
License # 010085 NCJ HEALTH SYSTEM INC
Lic Expire 10/31/2021 104 INDUSTRIAL BLVD, SUITE D
Medicare 1: 679609 HHA-18 SUGAR LAND, TX 77498
Medicare 2:
Phone (713) 772-4858 Fax (713) 772-4857
Type: Parent Agency Administrator UDOKA OKOLIE

Owner Information
NCJ HEALTH SYSTEM INC
12827 KITTY BROOK LANE
HOUSTON, TX 77071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/07/2016
License # 017345 ND HEALTHCARE SERVICES INC
Lic Expire 04/30/2022 19947 ARBOR CREEK DRIVE
Medicare 1: KATY, TEXAS 77449
Medicare 2:
Phone (281) 888-6408 Fax (832) 530-4496
Type: Parent Agency Administrator NKECHINYERE C ANORUE-UDOKA

Owner Information
ND HEALTHCARE SERVICES, INC
SAME AS ABOVE
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/10/2012
License # 015000 NEIGHBOURS HEALTHCARE SERVICES INC
Lic Expire 08/31/2020 12611 LALEU LN
Medicare 1: 747900 HHA-18 HOUSTON, TX 77071
Medicare 2:
Phone (713) 343-6262 Fax (713) 721-2727
Type: Parent Agency Administrator FELIX ONWUKWE

Owner Information
NEIGHBOURS HEALTHCARE SERVICES INC
12611 LALEU LN
HOUSTON, TX 77071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/31/2007
License # 011666 NELO HEALTH CARE SERVICES INC
Lic Expire 10/31/2022 13111 WESTHEIMER RD SUITE 121
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (281) 398-5510 Fax (281) 398-5525
Type: Parent Agency Administrator ROXANA VELAZQUEZ

Owner Information
NELO HEALTH CARE SERVICES INC
6802 LAUDERWICK COURT
KATY, TX 77450
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/12/2019
License # 019594 NEW AGE HOSPICE PALLIATIVE LLC
Lic Expire 09/12/2021 6260 WESTPARK DR STE. 266
Medicare 1: 971606 Hospice HOUSTON, TEXAS 77057
Medicare 2:
Phone (832) 723-4436 Fax (281) 990-6716
Type: Parent Agency Administrator JUDITH ONYEJIAKA

Owner Information
NEW AGE HOSPICE PALLIATIVE LLC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 11/20/2023

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

County **HARRIS** Region 06 Date Licensed 08/22/2018
License # 018898 NEW ALLIANCE PALLIATIVE CARE INC
Lic Expire 08/31/2022 6260 WESTPARK DR STE 266
Medicare 1: 74-1770 HOUSTON, TX 77057
Medicare 2:
Phone (281) 888-5129 Fax (281) 990-6716
Type: Parent Agency Administrator DARLINGTON OFOEFULE

Owner Information
NEW ALLIANCE PALLIATIVE CARE INC
6260 WESTPARK DRIVE SUITE 266
HOUSTON, TX 77057
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 12/20/2021

County **HARRIS** Region 06 Date Licensed 01/23/2013
License # 015337 NEW BEGINNINGS HEALTH CARE INC
Lic Expire 01/31/2023 3734 CYRIL DR
Medicare 1: HUMBLE, TX 77396
Medicare 2:
Phone (281) 459-1281 Fax (281) 459-1282
Type: Parent Agency Administrator PATERINA WILLIAMS

Owner Information
NEW BEGINNINGS HEALTH CARE INC
3734 CYRIL DR
HUMBLE, TX 77396
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/06/2005
License # 009517 NEW CREATION CARE INC
Lic Expire 01/31/2022 7923 DAIRY VIEW LANE
Medicare 1: 457898 HHA-18 HOUSTON, TX 77072
Medicare 2:
Phone (281) 879-0106 Fax (281) 564-0377
Type: Parent Agency Administrator AUGUSTINE ENEHIKHUERE

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

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County **HARRIS** Region 06 Date Licensed 01/08/2021
License # 020445 NEW DAWN HOSPICE, INC
Lic Expire 01/08/2024 2922 ROSEDALE ST STE 1210
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (713) 874-1234 Fax (713) 521-1277
Type: Parent Agency Administrator JENNIFER ROY

Owner Information
NEW DAWN HOSPICE, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/27/2008
License # 012280 NEW DIMENSIONS CAREGIVERS LLC
Lic Expire 10/31/2020 4008 VISTA ROAD SUITE C-107
Medicare 1: PASADENA, TX 77504
Medicare 2:
Phone (281) 201-5872 Fax 34620450559
Type: Parent Agency Administrator RANDALL LIGHTFOOT

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** Region 06 Date Licensed 03/15/2016
License # 017606 NEW ESSENCE HEALTH CARE INC
Lic Expire 03/31/2022 7100 REGENCY SQUARE BLVD #272
Medicare 1: 747586 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (832) 623-7199 Fax (832) 834-7839
Type: Parent Agency Administrator MINH PHAN

Owner Information
NEW ESSENCE HEALTHCARE INC
13914 BLUE VISTA DRIVE
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 07/06/2023

County **HARRIS** Region 06 Date Licensed 11/15/2019
License # 019704 NEW HOPE HOME HEALTH CARE LLC
Lic Expire 11/15/2021 9898 BISSONNET ST SUITE 593
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 372-6009 Fax (877) 451-1827
Type: Parent Agency Administrator ETHEL EYONG-AKO

Owner Information
NEW HOPE HOME HEALTH CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 05/12/2005
License # 009755 NEW LIFE HOME SERVICES
Lic Expire 05/31/2022 18019 WINSFORD DRIVE
Medicare 1: 679533 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (832) 435-0141 Fax (281) 550-2018
Type: Parent Agency Administrator JOSEPH OSEI-FRIMPONG

Owner Information
THE NEW LIFE CENTER INC
18019 WINSFORD DRIVE
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 01/15/1990
License # 002102 NEW LIFE PERINATAL HEALTH CARE SERVICES INC
Lic Expire 05/31/2021 515 NORTH SAM HOUSTON PKWY EAST STE 215
Medicare 1: 677254 HOUSTON, TX 77060
Medicare 2:
Phone (281) 578-1205 Fax (281) 931-4429
Type: Parent Agency Administrator MATTIE MASON

Owner Information
NEW LIFE PERINATAL HEALTH CARE SERVICES INC
515 N SAM HOUSTON PKWY E, SUITE#215
HOUSTON, TX 77060
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 01/05/2015
License # 016591 NEW LIGHT HOSPICE
Lic Expire 01/31/2023 12550 FUQUA STREET STE # 300
Medicare 1: 741648 HOSPICE HOUSTON, TX 770344600
Medicare 2:
Phone (281) 481-5100 Fax (281) 481-5102
Type: Parent Agency Administrator LORENZO BELTRAN

Owner Information
ASSUMPTION HOSPICE INC
12550 FUQUA STREET, SUITE 300
HOUSTON, TX
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 09/20/2022

County **HARRIS** Region 06 Date Licensed 11/19/2004
License # 009419 NEWCHANNEL HEALTHCARE SERVICES
Lic Expire 11/30/2021 2646 SOUTH LOOP WEST SUITE #270
Medicare 1: 677873 HHA-18 HOUSTON, TX 77054
Medicare 2:
Phone (713) 668-4141 Fax (713) 668-4142
Type: Parent Agency Administrator PATRICIA ENYI

Owner Information
NEWCHANNEL INCORPORATED
P.O. BOX 36932
HOUSTON, TEXAS 77236
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/30/2018
License # 019287 NEWMAN MEMORIAL HEALTHCARE HOSPICE LLC
Lic Expire 03/01/2021 8700 COMMERCE PARK DR STE 144
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (866) 566-5829 Fax (866) 278-2834
Type: Parent Agency Administrator MERCY JOSEPH

Owner Information
NEWMAN MEMORIAL HEALTHCARE HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/06/2015
License # 017050 NEWSTART HOME CARE SERVICES INC
Lic Expire 02/28/2023 3300 SOUTH GESSNER RD SUITE #203
Medicare 1: 677983 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (713) 780-8889 Fax (713) 975-7988
Type: Parent Agency Administrator CHIKERENMA ODUNZE

Owner Information
NEWSTART HOME CARE SERVICES INC
7100 REGENCY SQUARE BLVD., #134
HOUSTON, TX 77036
PHONE: (713) 780-8889 FAX: (713) 975-7988
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/15/2017
License # 017924 NEXXUS CAREGIVERS LLC
Lic Expire 02/28/2021 7676 HILLMONT SUITE 128D
Medicare 1: HOUSTON, TX 77040
Medicare 2:
Phone (832) 703-1314 Fax (281) 607-0030
Type: Parent Agency Administrator LEBLAKI PITANG

Owner Information
NEXXUS CAREGIVERS LLC
1606 COLONIAL CREST DRIVE
KATY, TX 77493
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 08/14/2008
License # 012161 NICHE HOME HEALTH SERVICES INC
Lic Expire 08/31/2022 7066 LAKEVIEW HAVEN DRIVE SUITE 125B
Medicare 1: 747158 HHA-18 HOUSTON, TX 77095
Medicare 2:
Phone (281) 463-4113 Fax (281) 463-4033
Type: Parent Agency Administrator KENLYN OJONTA

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

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County **HARRIS** Region 06 Date Licensed 12/20/1983
License # 000446 NIGHTINGALE SERVICES INC
Lic Expire 12/31/2020 6220 WESTPARK SUITE #220
Medicare 1: 457955 HHA-18 HOUSTON, TX 77057
Medicare 2:
Phone (713) 780-0695 Fax (713) 780-7210
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 04/07/2021
License # 020679 NIMA HEALTH CARE SERVICES, INC.
Lic Expire 04/07/2024 13111 WESTHEIMER RD, SUITE 121
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (281) 824-6622 Fax (281) 824-6633
Type: Parent Agency Administrator ROXANA VELAZQUEZ

Owner Information
NIMA HEALTH CARE SERVICES, INC.
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/19/2005
License # 009975 NISSI HOME HEALTH CARE AND PERSONAL ASSISTANCE CARE SERVICES AGENCY
Lic Expire 09/30/2021 9894 BISSONNET STREET STE 620
Medicare 1: 679560 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 313-1874 Fax (281) 313-1875
Type: Parent Agency Administrator ADESOYE AKINBAYO

Owner Information
NISSI HOME HEALTH CARE AGENCY INC
9414 DEMSEY MILL DRIVE
SUGAR LAND, TX 77498
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/21/2009
License # 012730 NITOMEK HEALTHCARE SERVICES LLC
Lic Expire 07/31/2021 5707 EDGEMOOR DRIVE
Medicare 1: 747592 HHA-18 HOUSTON, TX 77081
Medicare 2:
Phone (713) 771-1333 Fax (713) 481-1715
Type: Parent Agency Administrator PATRICIA AKUGHA

Owner Information
NITOMEK HEALTHCARE SERVICES LLC
5707 EDGEMOOR DRIVE
HOUSTON, TX 77081
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/10/2018
License # 019324 NOBLE HEALTH INC.
Lic Expire 04/12/2021 2807 TEAGUE RD #1225
Medicare 1: HOUSTON, TEXAS 77080
Medicare 2:
Phone (817) 903-7703 Fax NA
Type: Parent Agency Administrator JESSICA IVES

Owner Information
NOBLE HEALTH INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/16/2018
License # 019106 NOBLE HOME CARE INC.
Lic Expire 11/16/2022 817 SOUTHMORE AVENUE SUITE 306
Medicare 1: PASADENA, TX 77502
Medicare 2:
Phone (832) 623-6428 Fax (832) 623-6426
Type: Parent Agency Administrator MIRIAM ARROYO

Owner Information
NOBLE HOME CARE INC.
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/10/2018
License # 019316 NOBLE HOME HEALTH
Lic Expire 04/08/2021 1223 MUIRFIELD PLACE
Medicare 1: 747987 (HHA-18) HOUSTON, TEXAS 77055
Medicare 2:
Phone (832) 900-2237 Fax (832) 916-4553
Type: Parent Agency Administrator CHRISTINE REW

Owner Information
NOBLE HOME HEALTH, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 05/19/2023

County **HARRIS** Region 06 Date Licensed 05/14/2020
License # 019939 NOBLE PROVIDER SERVICES
Lic Expire 05/14/2022 819 DEEPWATER AVE.
Medicare 1: PASADENA, TEXAS 77503
Medicare 2:
Phone (832) 613-1684 Fax (713) 513-5955
Type: Parent Agency 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
License # 009546 NOEL HOME HEALTH AGENCY INC
Lic Expire 06/30/2021 9888 BISSONNET # 480
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 779-8787 Fax (713) 779-8588
Type: Parent Agency Administrator EMMANUEL EZEJI

Owner Information
NOEL HOME HEALTH AGENCY INC
9888 BISSONNET #480
HOUSTON, TX 77036
PHONE: (713) 779-8787 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/29/2010
License # 013588 NORTH HOUSTON HEALTHCARE SERVICES INC
Lic Expire 09/30/2022 11650 POSSUM HOLLOW LANE
Medicare 1: 747795 HHA-18 HOUSTON, TX 77065
Medicare 2:
Phone (832) 688-9335 Fax (832) 604-7180
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 10/27/2010
License # 013680 NORTHPOINT HEALTHCARE SERVICES INCORPORATED
Lic Expire 10/31/2020 215 SOUTH POPLAR STREET
Medicare 1: 747639 HHA-18 TOMBALL, TX 77375
Medicare 2:
Phone (281) 351-2162 Fax (281) 351-8092
Type: Parent Agency Administrator RICHILLE LANCANAN

Owner Information
NORTHPOINT HEALTHCARE INCORPORATED
215 SOUTH POPLAR ST
TOMBALL, TX 77375
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/08/2014
License # 016302 NORTHWEST HOUSTON DIALYSIS CENTER
Lic Expire 07/31/2022 8925 HWY 6 NORTH SUITE #100
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (281) 550-0287 Fax (281) 856-7520
Type: Parent Agency Administrator SHONTA WILLIAMS

Owner Information
BIO MEDICAL APPLICATIONS OF TEXAS INC
8925 HIGHWAY 6 NORTH, SUITE #100
HOUSTON, TX 77095
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **HARRIS** Region 03 Date Licensed 05/25/2016
License # 017418 NUESTRA FAMILIA HOSPICE
Lic Expire 05/31/2022 14410 COTTAGE TIMBERS LN
Medicare 1: 741724 HOSPICE HOUSTON, TX 77044
Medicare 2:
Phone (281) 962-3344 Fax (281) 962-3630
Type: Parent Agency Administrator AMY MORALES LAWRENCE

Owner Information
KJAL ENTERPRISES INC
9888 BISSONNET STREET SUITE #450-A
HOUSTON, TX 77036
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HARRIS** Region 06 Date Licensed 06/04/2020
License # 019983 NURSES AT HEART HOME HEALTHCARE SERVICES
Lic Expire 06/04/2022 1411 NEW URBAN WAY
Medicare 1: HOUSTON, TEXAS 77047
Medicare 2:
Phone (832) 845-4179 Fax (832) 212-3149
Type: Parent Agency Administrator KANDI GAMBLE

Owner Information
KANDI DENISE GAMBLE
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/18/1986
License # 001793 NURSES NIGHT AND DAY INC
Lic Expire 04/30/2022 4310 AUSTIN STREET
Medicare 1: 677006 HHA-18;74 HOUSTON, TX 77004
Medicare 2:
Phone (713) 529-8633 Fax (713) 529-0377
Type: Parent Agency Administrator GLENA PARKINSON

Owner Information
NURSES NIGHT & DAY, INC
4310 AUSTIN STREET
HOUSTON, TX 77004
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/08/2021
License # 020682 NURSING COMPANION HEALTHCARE SERVICES, LLC
Lic Expire 04/08/2023 20115 STANTON LAKE DR
Medicare 1: CYPRESS, TX 774332677
Medicare 2:
Phone 832 8186419 Fax 281 7832485
Type: Parent Agency Administrator OSMUND L. WOODS JR.

Owner Information
NURSING COMPANION HEALTHCARE SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/31/2011
License # 014318 NURSING HOME HEALTH SERVICES INC
Lic Expire 08/31/2021 10015 N ELDRIDGE PKWY STE E-106
Medicare 1: HOUSTON, TX 77065
Medicare 2:
Phone (832) 869-4795 Fax (832) 917-0660
Type: Parent Agency Administrator NAOMI FAVELA

Owner Information
NURSING HOME HEALTH SERVICES INC
10927 MAYFIELD ROAD
HOUSTON, TX 77043
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/05/1997
License # 006197 NURSING RESOURCE HOME HEALTH SERVICES INC.
Lic Expire 02/28/2022 8303 WINDFERN ROAD
Medicare 1: 678474 HHA-18 HOUSTON, TX 77040
Medicare 2:
Phone (713) 937-7468 Fax (713) 937-8720
Type: Parent Agency Administrator MERLITA VELASQUEZ

Owner Information
NURSING RESOURCE HOME HEALTH SERVICES INC
8303 WINDFERN ROAD
HOUSTON, TX 77040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/13/2017
License # 018162 NURTURING COMPANIONS
Lic Expire 07/31/2021 2626 S LOOP WEST, STE 650-M
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (281) 888-6014 Fax (346) 803-2518
Type: Parent Agency Administrator TOMEKA THOMAS MCKINNEY

Owner Information
TOMEKA THOMAS
11825 LONGWOOD GARDEN WAY
HOUSTON, TX 77047-4435
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/25/2004
License # 009372 NURTURING HOME HEALTHCARE AGENCY INC
Lic Expire 10/31/2020 7106 SHERMAN RIDGE LANE
Medicare 1: 457828 HHA-18 HOUSTON, TX 77083
Medicare 2:
Phone (281) 980-0881 Fax (281) 980-7974
Type: Parent Agency Administrator MAUDRIA FITCHETT

Owner Information
NURTURING HOME HEALTHCARE AGENCY INC
7106 SHERMAN RIDGE LANE
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 09/16/2016
License # 017633 NV HEALTH SERVICES LLC
Lic Expire 09/30/2022 11360 BELLAIRE BLVD, SUITE 900
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (713) 367-5155 Fax (713) 583-6525
Type: Parent Agency Administrator TRI NGUYEN

Owner Information
NV HEALTH SERVICES LLC
8106 EDGEMOOR DR
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/08/2014
License # 016752 OAK GARDENS HEALTH CARE SERVICES
Lic Expire 12/31/2020 6301 RICHMOND AVE, SUITE 200
Medicare 1: 747084 HOUSTON, TX 77057
Medicare 2:
Phone (713) 779-5200 Fax (713) 779-5202
Type: Parent Agency Administrator LUZ MATEUS

Owner Information
ALBERTSON HEALTHCARE SOLUTIONS, LLC.
2656 SOUTH LOOP WEST SUITE 500
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/13/2020
License # 020316 OAK HEALTHCARE SERVICES, INC
Lic Expire 11/13/2022 15310 ADDICKS STONE DRIVE UNIT B
Medicare 1: HOUSTON, TEXAS 77082
Medicare 2:
Phone (856) 796-3905 Fax (832) 230-3343
Type: Parent Agency Administrator AMBA OKONYE

Owner Information
OAK HEALTHCARE SERVICES, INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/25/2013
License # 015886 OAK TREE HEALTHCARE INC.
Lic Expire 11/30/2021 9100 S W FREEWAY SUITE 150H
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (832) 830-8083 Fax (832) 830-8985
Type: Parent Agency Administrator ANNASTECIA EMELOGU

Owner Information
OAK TREE HEALTHCARE, INC.
9100 SOUTHWEST FREEWAY STE. 150-H
HOUSTON, TEXAS 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/06/2015
License # 017124 OAKCARE HOSPICE
Lic Expire 11/30/2021 9100 SOUTHWEST FWY SUITE 206
Medicare 1: 741674 HOSPICE HOUSTON, TX 77074
Medicare 2:
Phone (713) 357-1594 Fax (281) 974-4226
Type: Parent Agency Administrator FEFI JAMES

Owner Information
HOMAC CARE GROUP SERVICES, INC.
9950 WEST PARK DRIVE STE # 644
HOUSTON, TX 77063
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 03/30/2021
License # 020657 OASIS HOSPICE AND PALLIATIVE CARE SERVICES, INC
Lic Expire 03/30/2024 12315 BELLAIRE BLVD SUITE 700
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (936) 668-2087 Fax 713583*1351
Type: Parent Agency Administrator SHELIA NELSON-MEREDITH

Owner Information
OASIS HOSPICE AND PALLIATIVE CARE SERVICES, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/05/2020
License # 020292 OB TEAM HOME HEALTH CARE SERVICES LLC
Lic Expire 11/05/2022 22523 MIRAMAR BEND DR
Medicare 1: TOMBALL, TEXAS 77375
Medicare 2:
Phone (346) 496-1250 Fax (832) 218-9779
Type: Parent Agency Administrator FLORENCE OBENOFUNDE

Owner Information
OB TEAM HOME HEALTH CARE SERVICES
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 01/01/2001
License # 007590 OMEGA HOME HEALTH SERVICES. INC
Lic Expire 12/31/2022 12425 S SAM HOUSTON PARKWAY WEST
Medicare 1: 459466 HHA-18 HOUSTON, TX 77031
Medicare 2:
Phone (281) 564-1635 Fax (281) 564-1658
Type: Parent Agency Administrator MAYEN HILL

Owner Information
OMEGA HOME HEALTH SERVICES INC
12425 S SAM HOUSTON PARKWAY WEST
HOUSTON, TX 77031
PHONE: (281) 564-1635 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/28/2024

County **HARRIS** Region 06 Date Licensed 02/10/2014
License # 016027 OMEGALIFE HOSPICE OF TEXAS INC
Lic Expire 02/28/2022 5625 CYPRESS CREEK PARKWAY SUITE 418
Medicare 1: 741590 HOSPICE HOUSTON, TEXAS 77069
Medicare 2:
Phone (832) 912-5927 Fax (832) 912-5928
Type: Parent Agency Administrator JAHREN SALAZAR-AGTARAP

Owner Information
OMEGALIFE HOSPICE OF TEXAS, INC.
17314 STATE HIGHWAY 249 SUITE 288 A
HOUSTON, TX 77064
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 03/06/2019
License # 019292 OMG HEALTHCARE AGENCY LLC.
Lic Expire 07/31/2021 7500 SAN FELIPE ST. SUITE 600
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone (713) 914-8000 Fax (713) 706-6197
Type: Parent Agency Administrator JENNIFER GLAZE

Owner Information
OMG HEALTHCARE AGENCY, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/08/2016
License # 017774 OMNIX HEALTH CARE SERVICES INC
Lic Expire 12/31/2022 5503 FIRST STREET
Medicare 1: 741677 HOSPICE CROSBY, TX 77532
Medicare 2:
Phone (281) 328-5869 Fax (281) 328-5950
Type: Parent Agency Administrator TABATHA BRADY

Owner Information
OMNIX HEALTH CARE SERVICES, INC.
PO BOX 810
CROSBY, TX 77532
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 07/28/2023

County **HARRIS** Region 06 Date Licensed 05/14/2009
License # 012688 OMNIX HEALTH CARE SERVICES INC
Lic Expire 05/31/2021 5503 FIRST ST
Medicare 1: 743167 HHA-18 CROSBY, TX 77532
Medicare 2:
Phone (281) 328-5869 Fax (281) 328-5950
Type: Parent Agency Administrator TABATHA BRADY

Owner Information
OMNIX HEALTH CARE SERVICES, INC.
PO BOX 810
CROSBY, TX 77532
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 12/16/2019
License # 019743 ONE TOUCH CARE LLC
Lic Expire 12/16/2021 18811 VENITO DR
Medicare 1: KATY, TEXAS 77449
Medicare 2:
Phone (832) 674-4135 Fax
Type: Parent Agency Administrator JANICE BROWN

Owner Information
ONE TOUCH CARE LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/18/2013
License # 015769 ONE-COURAGEOUS HOSPICE/PALLATIVE CARE
Lic Expire 09/30/2021 6666 HARWIN DR #345
Medicare 1: 741600 HOSPICE HOUSTON, TX 77036
Medicare 2:
Phone (832) 649-2951 Fax (832) 649-2978
Type: Parent Agency Administrator SERGE UKAWILU

Owner Information
ONE-COURAGEOUS HEALTH CARE SERVICES
12304 HILLCROFT STREET, #B
HOUSTON, TX 77035-5376
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/04/2021

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

County **HARRIS** Region 06 Date Licensed 03/16/2021
License # 020607 ONELLA HOME CARE LLC
Lic Expire 03/16/2024 14515 BRIAR FOREST DR APT 1634
Medicare 1: HOUSTON, TEXAS 770772113
Medicare 2:
Phone (240) 437-8462 Fax
Type: Parent Agency Administrator JAVIS NDUMBE

Owner Information
ONELLA HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/04/2003
License # 008794 ONLEX HEALTHCARE INC
Lic Expire 12/31/2020 20501 KATY FREEWAY SUITE 234
Medicare 1: 673100 HHA-18 KATY, TX 77450
Medicare 2:
Phone (281) 829-7211 Fax (281) 717-4050
Type: Parent Agency Administrator HUMPHREY UZUEGBU

Owner Information
ONLEX HEALTHCARE INC
20501 KATY FREEWAY SUITE #234
KATY, TX 77450-1935
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/02/2019
License # 020401 OPEN HEART CARE NETWORK LIMITED COMPANY
Lic Expire 03/22/2023 1430 FOUNTAIN VIEW DRIVE #323
Medicare 1: HOUSTON, TEXAS 77057
Medicare 2:
Phone (213) 926-2240 Fax (832) 582-5879
Type: Parent Agency Administrator NATALIE TILLETT

Owner Information
OPEN HEART CARE NETWORK LIMITED COMPANY
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/14/2006
License # 010533 OPT HOME HEALTHCARE INC
Lic Expire 06/30/2022 11111 RICHMOND AVE. SUITE 290
Medicare 1: 679659 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (713) 622-0500 Fax (713) 622-0515
Type: Parent Agency Administrator FRANCIS SAGULLO

Owner Information
OPT HOME HEALTHCARE INC
11111 RICHMOND AVE SUITE 290
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 10/17/2019
License # 019650 OPTIMA HEALTHCARE LLC
Lic Expire 10/17/2021 19439 GRAND COLONY CT.
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (407) 844-5984 Fax
Type: Parent Agency Administrator LUKMAN LAWAL

Owner Information
OPTIMA HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/02/2004
License # 009228 OPTIMAL COMMUNITY SUPPORT SERVICES
Lic Expire 08/31/2021 2646 SOUTH LOOP WEST SUITE 645
Medicare 1: 457860 HHA-18 HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 669-0299 Fax (713) 669-0244
Type: Parent Agency Administrator JACQUELINE MILLER

Owner Information
OPTIMAL COMMUNITY SUPPORT SERVICES INC
3003 SOUTH LOOP WEST SUITE 330
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/28/1998
License # 006580 OPTIMAL IN HOME CARE
Lic Expire 05/31/2021 2646 SOUTH LOOP WEST SUITE 645
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 669-0299 Fax (713) 669-0244
Type: Parent Agency Administrator JACQUELINE MILLER

Owner Information
OPTIMAL IN-HOME CARE INC
3003 SOUTH LOOP WEST 330
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/11/2018
License # 018826 OPTIMOM HEALTHCARE LLC
Lic Expire 07/31/2022 6119 KNOLLWEST DR
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (832) 672-4903 Fax (281) 416-4735
Type: Parent Agency Administrator MARY BANGURA

Owner Information
OPTIMOM HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/20/2017
License # 018135 OPTIMUM CARE HOME HEALTH AGENCY
Lic Expire 05/31/2021 8321 WOODWARD ST.
Medicare 1: 679373 HHA-18 HOUSTON, TX 77051
Medicare 2:
Phone (281) 974-2075 Fax (281) 783-2282
Type: Parent Agency Administrator JAMES WALKER

Owner Information
OPTIMUM INC
7106 SHERMAN RIDGE LANE, SUITE B
HOUSTON, TX 77803
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/02/2018
License # 018681 OPTIMUM CARE SERVICES
Lic Expire 04/30/2022 9118 MESA DRIVE
Medicare 1: HOUSTON, TX 77028
Medicare 2:
Phone (832) 731-2148 Fax (832) 565-1623
Type: Parent Agency Administrator REGINALD MAXWELL

Owner Information
OPTIMUM CARE SERVICES
1206 YUCCA MOUNTAIN DR
HOUSTON, TX 77090
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/15/1996
License # 004685 OPTION CARE
Lic Expire 01/31/2022 9360 KIRBY DRIVE, SUITE 100
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone 713 7940599 Fax 713 5836426
Type: Parent Agency Administrator MONIQUE SAIZAN

Owner Information
OPTION CARE ENTERPRISES INC
PO BOX 377
DEERFIELD, IL 60015
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 10/31/2016
License # 017731 OPTION CARE WOMEN'S HEALTH
Lic Expire 10/31/2022 16770 IMPERIAL VALLEY DRIVE SUITE 150
Medicare 1: 747464 HOUSTON, TX 77060
Medicare 2:
Phone (713) 457-1350 Fax (713) 457-1353
Type: Parent Agency Administrator LUCAS KNEITZ

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
Accreditation: ACH - Deemed, Expires: 11/07/2022

County **HARRIS** Region 03 Date Licensed 04/04/2018
License # 014646 OPTUM INFUSION SERVICES 305, LLC
Lic Expire 02/28/2022 5627 UNIVERSITY HEIGHTS, SUITE 105
Medicare 1: SAN ANTONIO, TX 78249
Medicare 2:
Phone (844) 899-4461 Fax (844) 553-7131
Type: Branch Agency Administrator LAHILY HENDERSON-DAVIS

Owner Information
OPTUM INFUSION SERVICES 500, INC
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 08/28/2015
License # 017001 OPULENT HEALTHCARE SERVICES INC
Lic Expire 08/31/2021 14738 RAVENSCROFT WAY
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (281) 616-6635 Fax (855) 887-1033
Type: Parent Agency Administrator NGOZI NZEOCHA-RAYMOND

Owner Information
OPULENT HEALTHCARE SERVICES INC
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., TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 07/17/2013
License # 015657 OUR CARE SENIOR SOLUTIONS
Lic Expire 07/31/2021 430 HIGHWAY 6 SOUTH SUITE #209
Medicare 1: HOUSTON, TX 77079
Medicare 2:
Phone (832) 850-7120 Fax (832) 850-7122
Type: Parent Agency Administrator JESUS HERNANDEZ

Owner Information
BEAHER, LLC
4922 ROYAL ARBOR LANE
HOUSTON, TX 77084
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 05 Date Licensed
License # 007810 OUTREACH HOME CARE
Lic Expire 11/30/2022 3730 - C S. GESSNER RD
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone 281 8724495 Fax 281 8724560
Type: Branch Agency Administrator ANDREA AGUILERA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/09/2019
License # 019473 P.O.R. HOME HEALTHCARE SERVICES
Lic Expire 07/09/2021 10925 BEECHNUT STREET, SUITE B204-60
Medicare 1: HOUSTON, TEXAS 77072
Medicare 2:
Phone (281) 983-3500 Fax (281) 983-3502
Type: Parent Agency Administrator PETER AWOFODU

Owner Information
PAVILION OF REDEMPTION HEALTHCARE SYSTEMS INC
10925 BEECHNUT STREET, SUITE #B204-60
HOUSTON, TX 77072
PHONE: (281) 983-3500 FAX: (281) 983-3502
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/05/2020
License # 019912 P.T.A. HOME HEALTH CARE
Lic Expire 05/05/2022 5606 ROCKY TRAIL DR.
Medicare 1: KINGWOOD, TEXAS 77339
Medicare 2:
Phone (832) 795-2418 Fax
Type: Parent Agency Administrator PATRICE BURNETT

Owner Information
PTA HOME HEALTH CARE
5606 ROCKY TRAIL DR.
KINGWOOD, TX 77339
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 11/28/2005
License # 010153 PACIFIC CARE HOME HEALTH SERVICES LLC
Lic Expire 11/30/2021 11999 KATY FREEWAY SUITE #320
Medicare 1: 743113 HHA-18 HOUSTON, TX 77079
Medicare 2:
Phone (281) 497-4342 Fax (281) 497-4343
Type: Parent Agency 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** Region 06 Date Licensed 07/01/1999
License # 007083 PACIFIC HOME HEALTH CARE INC
Lic Expire 06/30/2022 8300 BISSONNET SUITE #340
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 270-1500 Fax (281) 713-9886
Type: Parent Agency Administrator EMEKA EHIRIM

Owner Information
PACIFIC HOME HEALTH CARE INC.
PO BOX 36
ALIEF, TX 77411-0036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/28/2005
License # 010087 PADLOCK HEALTHCARE SERVICES INC
Lic Expire 10/31/2021 9207 COUNTRY CREEK DRIVE SUITE #203
Medicare 1: 677989 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 772-7800 Fax (713) 772-7802
Type: Parent Agency Administrator DARLINGTON NDUBUIKE

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

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County **HARRIS** Region 06 Date Licensed 09/05/2007
License # 011562 PAGES HEALTH SERVICES INC
Lic Expire 09/30/2022 16100 CAIRNWAY SUITE 355B
Medicare 1: HOUSTON, TX 77084
Medicare 2:
Phone (281) 738-3641 Fax (281) 277-6335
Type: Parent Agency Administrator NNEKA EZEKWESILI

Owner Information
PAGES HEALTH SERVICES INC
16100 CAIRNWAY SUITE #355B
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/31/2020
License # 020578 PALLIATIVE HOSPICE CARE, INC.
Lic Expire 08/31/2022 20127 IVORY VALLEY LANE DR
Medicare 1: CYPRESS, TEXAS 77433
Medicare 2:
Phone (832) 827-8278 Fax (832) 827-8253
Type: Parent Agency Administrator DONETTA PRICE

Owner Information
VMS PALLIATIVE HOSPICE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/21/2019
License # 019387 PALLIATIVE QUALITY CARE
Lic Expire 05/21/2021 14014 LITTLE BORNE BIRD WELL LANE
Medicare 1: HOUSTON, TEXAS 77047
Medicare 2:
Phone (832) 971-0569 Fax (346) 229-1670
Type: Parent Agency Administrator CATHY MARTIN WEBBER

Owner Information
QUALITY CARE ASSISTANT LIVING, INC
5519 RICKY STREET
HOUSTON, TEXAS 77033
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/21/2021
License # 020480 PARAGON INFUSION CARE, INC.
Lic Expire 01/21/2023 6721 PORTWEST DRIVE, STE 100
Medicare 1: HOUSTON, TX 770248057
Medicare 2:
Phone (713) 860-1750 Fax (866) 491-9888
Type: Parent Agency Administrator PAMELA MCINTYRE

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 **HARRIS** Region 06 Date Licensed 06/16/2020
License # 020003 PASSIONATE HEART HOME CARE SERVICES, LLC
Lic Expire 06/16/2022 23 LIBERTY BRANCH BLVD
Medicare 1: THE WOODLANDS, TX 77389
Medicare 2:
Phone (609) 610-8170 Fax (281) 205-7067
Type: Parent Agency Administrator WANDA DAVIS

Owner Information
PASSIONATE HEART HOME CARE SERVICES, LLC
23 LIBERTY BRANCH BOULEVARD
THE WOODLANDS, TX 77389
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/14/2020
License # 020402 PASSIONATE HOSPICE LLC
Lic Expire 12/14/2022 315 W. ALABAMA
Medicare 1: HOUSTON, TEXAS 77006
Medicare 2:
Phone (832) 722-7051 Fax
Type: Parent Agency Administrator KENYATTA HOLMES

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

County **HARRIS** Region 06 Date Licensed 02/16/2011
License # 012397 PATHFINDER PEDIATRIC HOME CARE INC
Lic Expire 01/31/2021 535 E. FERNHURST DR
Medicare 1: KATY, TX 77450
Medicare 2:
Phone (832) 243-1339 Fax (281) 456-2479
Type: Branch Agency Administrator CHARLES M WILCOX

Owner Information
PATHFINDER PEDIATRIC HOME CARE INC
318 BRIAR ROCK RD
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Licensed Home Health Services

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

County **HARRIS** Region 06 Date Licensed 10/12/2006
License # 010800 PATIENT CAREGIVERS LLC
Lic Expire 10/31/2022 3405 EDLOE ST STE 210
Medicare 1: HOUSTON, TX 77027
Medicare 2:
Phone (713) 227-3448 Fax (713) 589-3672
Type: Parent Agency Administrator LATOYA COOPER

Owner Information
PATIENT CAREGIVERS LLC
2001 HOLCMBE BLVD UNIT 3201
HOUSTON, TX 77030
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/09/2011
License # 013941 PATIENT RECOVERY HOME HEALTHCARE SERVICES
Lic Expire 03/31/2023 505 N SAM HOUSTON PKWY E #680
Medicare 1: HOUSTON, TX 77060
Medicare 2:
Phone (281) 447-1010 Fax (281) 447-1313
Type: Parent Agency 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 **HARRIS** Region 06 Date Licensed 05/29/2019
License # 019396 PAULANT HEALTH AND ALLIED SERVICES INC
Lic Expire 05/29/2021 7207 CRIMSON SKY DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (832) 892-0188 Fax NA
Type: Parent Agency Administrator ANTHONY PAUL

Owner Information
PAULANT HEALTH AND ALLIED SERVICES INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/24/1997
License # 005497 PDR HOME HEALTH SERVICES
Lic Expire 04/30/2022 8520 SOUTH BRAESWOOD BLVD.
Medicare 1: 459422 HHA-18 HOUSTON, TX 77071
Medicare 2:
Phone (713) 779-5673 Fax (713) 779-7766
Type: Parent Agency 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** Region 03 Date Licensed 09/07/2016
License # 016256 PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 06/30/2022 1900 NORTH LOOP WEST STE 510
Medicare 1: HOUSTON, TX 77018
Medicare 2:
Phone (713) 275-0008 Fax (281) 664-6423
Type: Alternate Delivery Site Administrator PAMELA EYAMBE

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

County **HARRIS** Region 05 Date Licensed 11/02/2017
License # 016519 PEDIATRIC HEALTHCARE CONNECTION
Lic Expire 11/30/2022 13201 NORTHWEST FREEWAY, SUITE #600
Medicare 1: HOUSTON, TX 770406023
Medicare 2:
Phone (855) 268-4098 Fax (866) 311-9885
Type: Branch Agency 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** Region 06 Date Licensed 08/11/2017
License # 018240 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 08/31/2021 363 NORTH SAM HOUSTON PARKWAY EAST #340
Medicare 1: HOUSTON, TX 77060
Medicare 2:
Phone (972) 630-4811 Fax (214) 271-4590
Type: Parent Agency Administrator PAM HANSON-LONG

Owner Information
PEDIATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 04/28/2014
License # 016173 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 03/31/2022 3120 SOUTHWEST FREEWAY # 227
Medicare 1: HOUSTON, TX 77098
Medicare 2:
Phone (832) 730-5785 Fax (281) 822-9600
Type: Parent Agency Administrator PAM HANSON-LONG

Owner Information
PEDIATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed
License # 016173 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 03/31/2022 15995 NORTH BARKERS LANDING RD, SUITE 140
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 574-7567 Fax (832) 300-0412
Type: Branch Agency Administrator JULIE GOLIGHTLY

Owner Information
PEDIATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 10/14/2010
License # 013640 PEDIATRIC IMPRESSIONS HOME HEALTH INC
Lic Expire 10/31/2022 8700 COMMERCE PARK SUITE 146
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 954-2554 Fax (713) 636-3338
Type: Parent Agency Administrator IFY AGBO

Owner Information
PEDIATRIC IMPRESSIONS HOME HEALTH INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/21/2010
License # 013259 PEDIATRIC THERAPY SOLUTIONS
Lic Expire 04/30/2022 5600 NORTHWEST CENTRAL DRIVE, SUITE 213
Medicare 1: HOUSTON, TEXAS 77092
Medicare 2:
Phone (832) 675-9704 Fax (888) 859-0849
Type: Parent Agency Administrator KIMBERLY SULAIMAN

Owner Information
PROGRESSIVE MILESTONES CORPORATION
7676 HILLMONTSTREET # 290-F
HOUSTON, TX 77040
PHONE: (832) 675-9704 FAX: (888) 859-0849
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/01/2014
License # 015987 PEMA HEALTHCARE SERVICES INC.
Lic Expire 12/31/2021 6200 SAVOY SUITE #731
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 266-5370 Fax (713) 566-5539
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 11/08/2012
License # 015456 PERPETUAL HEALTH HOME CARE INC
Lic Expire 11/30/2023 8311 A WINDFERN RD
Medicare 1: 679477 HHA-18 HOUSTON, TX 77040
Medicare 2:
Phone (713) 856-8002 Fax (832) 243-1530
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 12/18/2012
License # 015604 PERPETUAL HOME HEALTH LLC
Lic Expire 12/31/2020 4218 COUNTRYHEIGHTS CT
Medicare 1: 747119 HHA-18 SPRING, TX 77388
Medicare 2:
Phone (281) 444-1789 Fax (281) 719-8847
Type: Parent Agency Administrator MA MAGINDA A LOQUELLANO

Owner Information
PERPETUAL HOME HEALTH LLC
14614 FALLING CREEK DRIVE SUITE 128
HOUSTON, TX 77068
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 12/01/2020
License # 019896 PERRODIN SERVICES LLC
Lic Expire 04/27/2022 12822 HUNTING BRIAR DRIVE
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (713) 385-6687 Fax NA
Type: Parent Agency Administrator SEDONIA PERRODIN

Owner Information
PERRODIN SERVICES LLC
PO BOX 711366
HOUSTON, TEXAS 77271
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/25/2017
License # 018021 PERSONAL CARE HEALTH SERVICES
Lic Expire 04/30/2021 7447 HARWIN DRIVE STE 102A
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 800-5636 Fax (315) 975-4864
Type: Parent Agency Administrator GEORGE SMITH

Owner Information
GEORGE H. SMITH, LLC
7447 HARWIN DR STE 102A
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/23/2009
License # 012559 PERSONAL CAREGIVING SERVICES
Lic Expire 04/30/2023 3730 KIRBY DRIVE, SUITE 1200
Medicare 1: HOUSTON, TEXAS 77098
Medicare 2:
Phone (713) 778-1966 Fax (713) 831-6857
Type: Parent Agency Administrator SIDNEY GERBER

Owner Information
S GERBER & ASSOCIATES INC
9301 SOUTHWEST FREEWAY, SUITE 250
HOUSTON, TEXAS 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/21/2011
License # 014435 PERSONAL TOUCH THERAPY LLC
Lic Expire 10/31/2021 480 N. SAM HOUSTON PKWY E. SUITE 124
Medicare 1: HOUSTON, TX 77060
Medicare 2:
Phone (713) 510-5699 Fax (832) 932-1629
Type: Parent Agency Administrator SHONTAI THOMAS

Owner Information
PERSONAL TOUCH THERAPY, LLC
480 N SAM HOUSTON PKWY E SUITE #124
HOUSTON, TX 77060
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 12/15/2020
License # 020403 PETRA HOME CARE LLC
Lic Expire 12/15/2022 16305 WESTHEIMER ROAD, SUITE 104
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (281) 942-2670 Fax
Type: Parent Agency Administrator VICTORIA SHOWUNMI

Owner Information
PETRA HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/01/2016
License # 017556 PHOENIX FAMILY HEALTHCARE INC.
Lic Expire 05/31/2022 5625 CYPRESS CREEK PARKWAY SUITE 504
Medicare 1: 747186 HHA-18 HOUSTON, TEXAS 77069
Medicare 2:
Phone (281) 525-6020 Fax (281) 525-6021
Type: Parent Agency Administrator LARRY ONG

Owner Information
PHOENIX FAMILY HEALTHCARE INC.
11104 WEST AIRPORT BLVD STE #218
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/28/2005
License # 010735 PHOENIX HEALTHCARE SERVICES INC
Lic Expire 12/31/2021 5625 CYPRESS CREEK PARKWAY, SUITE. 601
Medicare 1: 679498 HHA-18 HOUSTON, TEXAS 77069
Medicare 2:
Phone (281) 571-8050 Fax (281) 571-8051
Type: Parent Agency Administrator AESSA BATES

Owner Information
PHOENIX HEALTHCARE SERVICES, INC
17314 STATE HIGHWAY 249, SUITE 288
HOUSTON, TX 77064
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/25/2018
License # 018846 PICC HOSPICE
Lic Expire 07/31/2022 9888 BISSONNET STREET SUITE 235
Medicare 1: 74-1767 HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 925-7527 Fax (832) 925-7461
Type: Parent Agency Administrator CELESTINE EKECHUKWU

Owner Information
PICC PALIATIVE CARE HOSPICE LLC
9888 BISSONNET ST SUITE 235
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 11/08/2021

County **HARRIS** Region 06 Date Licensed 09/24/2012
License # 015083 PIN OAK CAREGIVERS LLC
Lic Expire 09/30/2022 4635 SOUTHWEST FREEWAY, STE #640
Medicare 1: HOUSTON, TX 77027
Medicare 2:
Phone 713 6214040 Fax 713 6214064
Type: Parent Agency Administrator JANE SEGER

Owner Information
PIN OAK CAREGIVERS, LLC
4635 SOUTHWEST FREEWAY, SUITE #640
HOUSTON, TX 77027
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/19/2004
License # 009204 PINARD HOME HEALTH INC
Lic Expire 07/31/2021 17819 STUEBNER AIRLINE RD SUITE F
Medicare 1: 673185 HHA-18 SPRING, TX 77379
Medicare 2:
Phone (281) 205-7948 Fax (281) 205-7951
Type: Parent Agency Administrator DEBRA K HEYT

Owner Information
PINARD HOME HEALTH INC
17350 ST LUKES WAY #490
THE WOODLANDS, TX 77384
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 04/07/2003
License # 008462 PINNACLE MEDICAL SYSTEMS INC
Lic Expire 04/30/2021 2323 PROSPECT STREET
Medicare 1: HOUSTON, TX 77004
Medicare 2:
Phone (713) 988-6358 Fax (713) 988-6215
Type: Parent Agency Administrator ZENOBIA ANEKWE

Owner Information
PINNACLE MEDICAL SYSTEM INC
2323 PROSPECT
HOUSTON, TX 77004
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/19/2015
License # 016983 PINNACLE QUALITY CARE SERVICES LLC
Lic Expire 08/31/2021 24014 BUFFALO COVE LANE
Medicare 1: KATY, TX 77493
Medicare 2:
Phone (713) 870-4367 Fax (281) 929-0392
Type: Parent Agency Administrator AZEEZAT ADEBUTU

Owner Information
PINNACLE QUALITY CARE SERVICES LLC
9900 WESTPARK #209
HOUSTON, TX 77063
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/07/2010
License # 013792 PINNACLE SENIOR CARE
Lic Expire 09/30/2022 8588 KATY FWY., STE. 226B
Medicare 1: 679132 HHA-18 HOUSTON, TX 77024
Medicare 2:
Phone (713) 532-1722 Fax 713 5321733
Type: Parent Agency Administrator OLUFUNMILOLA IJAOLA

Owner Information
PINNACLE HOME CARE, LLC
P.O. BOX 99278
TROY, MI 48099
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 11/21/2023

County **HARRIS** Region 06 Date Licensed 09/11/2014
License # 016768 PJ CARE PLUS INC
Lic Expire 09/30/2022 12627 LALEU LANE
Medicare 1: HOUSTON, TX 77071
Medicare 2:
Phone (713) 400-9690 Fax (713) 400-9696
Type: Parent Agency Administrator ERICA ARIMONYEOTU

Owner Information
PJ CARE PLUS INC
12627 LALEU LANE
HOUSTON, TX 77071
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/20/2008
License # 012185 PLATINUM HOME CARE INC
Lic Expire 08/31/2022 14511 FALLING CREEK DR #304
Medicare 1: 747198 HHA-18 HOUSTON, TX 77014
Medicare 2:
Phone (281) 631-0900 Fax (281) 631-0902
Type: Parent Agency Administrator NORRIS RICARD

Owner Information
PLATINUM HOME CARE, INC
14511 FALLING CREEK DRIVE #304
HOUSTON, TX 77014
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 07/23/2021

County **HARRIS** Region 06 Date Licensed 06/27/2018
License # 018807 PNC PALLIATIVE HOSPICE LLC
Lic Expire 06/30/2022 8321 WOODWARD STREET
Medicare 1: 74-1760 HOUSTON, TEXAS 77051
Medicare 2:
Phone (281) 974-2075 Fax
Type: Parent Agency Administrator JAMES WALKER

Owner Information
PNC PALLIATIVE HOSPICE LLC
8700 COMMERCE PARKWAY DRIVE SUITE 143
HOUSTON, TX 77036
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 11/08/2021

County **HARRIS** Region 06 Date Licensed 04/01/2010
License # 013208 POST-HEALTH HOME CARE
Lic Expire 03/31/2022 1801 MAIN STREET, SUITE 1350
Medicare 1: 747517 HHA-18 HOUSTON, TEXAS 77002
Medicare 2:
Phone (281) 570-5028 Fax (713) 426-2435
Type: Parent Agency Administrator ALI IRANPOUR

Owner Information
POST-HEALTH INC
PO BOX 10815
HOUSTON, TX 77206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 02/15/2023

County **HARRIS** Region 06 Date Licensed 02/01/2016
License # 017439 PRANA HEALTH SOLUTIONS INC
Lic Expire 06/29/2020 3880 GREENHOUSE ROAD SUITE 419
Medicare 1: 747551 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (281) 579-9121 Fax (281) 936-0240
Type: Parent Agency Administrator KOLAWOLE LADIPO

Owner Information
PRANA HEALTH SOLUTIONS, INC.
7407 RIVER PINES DRIVE
CYPRESS, TX 77433
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/31/2004
License # 009503 PRECIOUS HEALTHCARE SERVICES INC
Lic Expire 12/31/2021 10103 FONDREN SUITE #315
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 771-4130 Fax (713) 771-1568
Type: Parent Agency Administrator NEKPEN STELLA IZEVBIGIE

Owner Information
PRECIOUS HEALTHCARE SERVICES INC
10103 FONDREN #376
HOUSTON, TX 77096
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/30/2008
License # 012224 PRECISE PRIVATE DUTY INCORPORATED
Lic Expire 06/30/2021 2922 ROSEDALE STREET
Medicare 1: HOUSTON, TX 77004
Medicare 2:
Phone (713) 780-2006 Fax (713) 780-2024
Type: Parent Agency Administrator JENNIFER ROY

Owner Information
PRECISE PRIVATE DUTY INCORPORATED
2217 BLODGETT
HOUSTON, TX 77004
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/21/2019
License # 019544 PREFERRED CARE AT HOME OF EAST HOUSTON AND THE WOODLANDS
Lic Expire 08/21/2021 2007 COMMERCE ST
Medicare 1: HOUSTON, TEXAS 77002
Medicare 2:
Phone (832) 526-7659 Fax
Type: Parent Agency Administrator BRYAN AVILA

Owner Information
AVILA WELL CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 03/15/2017
License # 017956 PREMIER HOSPICE
Lic Expire 03/31/2021 2011 TUCUMCARI DRIVE
Medicare 1: 74-1732 Hospice HOUSTON, TX 77090
Medicare 2:
Phone (832) 610-9733 Fax (281) 836-6303
Type: Parent Agency Administrator VARFEETA SIRLEAF

Owner Information
PREMIER HOSPICE LLC
2011 TUMCUMCARI DRIVE
HOUSTON, TX 77090
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/13/2024

County **HARRIS** Region 06 Date Licensed 02/13/2020
License # 019831 PREMIUM HOME CARE SERVICES INC
Lic Expire 02/13/2022 8627 CONNAUGHT GARDEN DR
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (713) 922-5659 Fax
Type: Parent Agency Administrator GEENA ERIKEWE

Owner Information
PREMIUM HOME CARE SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/25/2008
License # 012393 PRESTIGE CARE HEALTH SERVICES INC
Lic Expire 11/30/2020 8613 SOUTHWEST FREEWAY SUITE 235
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 271-0105 Fax (713) 271-0190
Type: Branch Agency Administrator DENISE HUFF

Owner Information
PRESTIGE CARE HEALTH SERVICES INC
8313 S W FREEWAY SUTIE 235
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/25/2008
License # 012393 PRESTIGE CARE HEALTH SERVICES INC
Lic Expire 11/30/2020 8313 SOUTHWEST FREEWAY SUITE #235
Medicare 1: 679223 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 271-0105 Fax (713) 271-0190
Type: Parent Agency Administrator DENISE HUFF

Owner Information
PRESTIGE CARE HEALTH SERVICES INC
8313 S W FREEWAY SUTIE 235
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 07/20/2022

County **HARRIS** Region 06 Date Licensed 09/18/2003
License # 008656 PRESTIGE LIVING CENTER INC
Lic Expire 09/30/2022 10103 FONDREN ROAD SUITE 366
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 974-1288 Fax (713) 772-0701
Type: Parent Agency Administrator VERONICA OBOMESE

Owner Information
PRESTIGE LIVING CENTER INC
10103 FONDREN ROAD SUITE 366
HOUSTON, TEXAS 77096
PHONE: 713 9741288 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/01/2006
License # 010709 PREVAIL HOME HEALTH CARE LLC
Lic Expire 08/31/2022 12803 WIREVINE LN
Medicare 1: 679736 HHA-18 HOUSTON, TX 77072
Medicare 2:
Phone (281) 530-8900 Fax (281) 530-1114
Type: Parent Agency Administrator ISTMENIA ELLIS

Owner Information
PREVAIL HOME HEALTHCARE LLC
PO BOX 2801
STAFFORD, TX 77479
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/02/2023

County **HARRIS** Region 06 Date Licensed 04/08/2010
License # 013227 PRIHOMEHEALTH INC
Lic Expire 04/30/2020 16331 DRYBERRY CT
Medicare 1: 747531 HOUSTON, TX 77083
Medicare 2:
Phone (281) 302-6661 Fax (866) 336-7471
Type: Parent Agency Administrator ROSE OMORIGIE

Owner Information
PRIMHOMEHEALTH, INC.
16331 DRYBERRY CT
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 03 Date Licensed 07/27/2018
License # 016865 PRILEO HOME CARE
Lic Expire 06/30/2021 9894 BISSONNET STREET SUITE #631
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 659-0690 Fax (832) 742-9985
Type: Branch Agency Administrator CAROLIN LEONG

Owner Information
PRILEO HOME CARE TX LLC
8883 W. FLAMINGO ROAD, SUITE 103
LAS VEGAS, NV 89147
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/19/2019
License # 019783 PRIME CARE HOSPICE LLC
Lic Expire 07/19/2021 707 HOLLYBROOK DR
Medicare 1: 741756 (HOSPICE) LONGVIEW, TEXAS 75605
Medicare 2:
Phone (903) 291-6164 Fax (903) 291-6176
Type: Parent Agency Administrator CHRISTOPHER SLATER

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

County **HARRIS** Region 06 Date Licensed 07/13/2010
License # 013681 PRIMEAGE HEALTH SERVICES INC
Lic Expire 11/30/2020 8700 COMMERCE PARK DRIVE SUITE 228C
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 385-9800 Fax (713) 344-0237
Type: Parent Agency Administrator OLALEKAN AGBOLUAJE

Owner Information
PRIMEAGE HEALTH SERVICES INC
8700 COMMERCE PARK #228C
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/25/2014
License # 016396 PRIMEROSE HOME HEALTH SERVICES INC
Lic Expire 08/31/2022 13231 ELDRIDGE MEADOW DR
Medicare 1: HOUSTON, TX 77041
Medicare 2:
Phone (713) 896-3058 Fax (713) 896-3093
Type: Parent Agency Administrator KEHINDE F. ADEGOKE

Owner Information
PRIMEROSE HOME HEALTH SERVICES INC
13132 ELDRIDGE MEADOW DR
HOUSTON, TX 77041
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/13/2007
License # 011742 PRIMETIME HOME HEALTH SERVICES INC
Lic Expire 08/31/2021 9894 BISSONNET STREET 307
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 977-7721 Fax (713) 977-7728
Type: Parent Agency Administrator JOHNSON O NWOKORIE

Owner Information
PRIMETIME HOME HEALTH SERVICES,INC
9894 BISSONNET ST STE 307
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/14/2018
License # 019741 PRIORITY HOME HEALTH CARE INC
Lic Expire 12/09/2021 14515 BRIARHILLS PKWY STE 117
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (281) 617-7853 Fax (832) 909-9055
Type: Parent Agency Administrator HARLEY ADAMU

Owner Information
PRIORITY HOME HEALTH CARE INC
19411 BEAR SPRINGS DRIVE
KATY, TX 77449
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/20/2007
License # 011816 PROGRESSIVE HEALTHCARE SERVICES
Lic Expire 08/31/2021 15210 MIRA VISTA DRIVE
Medicare 1: 747058 HOUSTON, TX 77083
Medicare 2:
Phone (713) 776-9993 Fax (713) 776-9994
Type: Parent Agency Administrator PATRICIA AMAEFULE

Owner Information
NEW ERA HEALTH CARE SERVICES, INC.
P. O BOX 720460
HOUSTON, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 05/20/1999
License # 006980 PROMED HOME CARE
Lic Expire 05/31/2021 4615 SOUTHWEST FREEWAY SUITE 725
Medicare 1: 459479 HHA-18 HOUSTON, TX 77027
Medicare 2:
Phone (713) 626-1644 Fax (713) 626-2441
Type: Parent Agency Administrator MARILOU SAGULLO

Owner Information
PROMED PERSONNEL SERVICES, INC.
4615 SOUTHWEST FREEWAY STE 725
HOUSTON, TX 77027-7162
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 12/01/2011
License # 014725 PROMEDIC HOME HEALTH SERVICES
Lic Expire 11/30/2021 857 TRISTAR DRIVE STE A-1
Medicare 1: 677973 HHA-18 WEBSTER, TX 77598
Medicare 2:
Phone (713) 747-4400 Fax (713) 747-4407
Type: Parent Agency Administrator AMIR RAZA

Owner Information
PROMEDIC HEALTHCARE SYSTEMS INC
857 TRISTAR DRIVE STE A-1
WEBSTER, TX 77598
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/07/2014
License # 016134 PROMEDIC HOSPICE
Lic Expire 04/30/2022 857 TRISTAR DRIVE STE A-2
Medicare 1: 741534 HOSPICE WEBSTER, TX 77598
Medicare 2:
Phone (281) 829-4303 Fax (281) 829-4267
Type: Parent Agency Administrator AMIR RAZA

Owner Information
PROMEDIC HOSPICE OF AMERICA LLC
857 TRISTAR DRIVE STE A-2
WEBSTER, TX 77598
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/16/2020
License # 020059 PROMEDIC HOSPICE CARE
Lic Expire 07/16/2022 857 TRISTAR DRIVE STE. A3
Medicare 1: WEBSTER, TEXAS 77598
Medicare 2:
Phone (832) 245-3635 Fax (281) 829-4267
Type: Parent Agency Administrator AMIR RAZA

Owner Information
PROMEDIC HOSPICE CARE, LLC.
9950 WESTPARK DRIVE SUITE 646
HOUSTON, TX 77063
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/08/2020
License # 020220 PROPER HOSPICE AND HOME HEALTH LLC
Lic Expire 10/08/2022 2323 S VOSS RD SUITE 125L
Medicare 1: HOUSTON, TEXAS 77057
Medicare 2:
Phone (832) 404-2022 Fax (832) 975-0714
Type: Parent Agency Administrator TAMEKA GIBSON

Owner Information
PROPER HOSPICE AND HOME HEALTH LLC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/20/2020
License # 020064 PROVIDENCE TOTAL CARE LLC
Lic Expire 07/20/2022 6201 BONHOMME ROAD STE 185N-D
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 857-0892 Fax (832) 416-1502
Type: Parent Agency Administrator OMOTOPE ALEXANDER

Owner Information
PROVIDENCE TOTAL CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/23/2021
License # 020634 PROVIDERS OF TEXAS
Lic Expire 03/23/2024 9311 MEADOW BRANCH COURT
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (626) 935-9041 Fax (281) 861-7732
Type: Parent Agency Administrator UGOCHUKWU EZIEFULE

Owner Information
PROVIDERS OF TEXAS
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 11/07/2012
License # 015319 PROVIDIAN HEALTH CARE
Lic Expire 11/30/2020 12929 GULF FREEWAY SUITE 101B
Medicare 1: 679266 HOUSTON, TX 77034
Medicare 2:
Phone (713) 462-0091 Fax (713) 462-0083
Type: Parent Agency Administrator MALLI FORD

Owner Information
IMMACULATE HOME HEALTH, INC
12929 GULF FREEWAY SUITE 101B
HOUSTON, TX 77034
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/15/2015
License # 016848 PRUDENT HEALTH MANAGEMENT INC
Lic Expire 04/30/2021 8903 ALTAMONT DRIVE
Medicare 1: 673153 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone 713 2557246 Fax 866 3002562 and 713 2557249
Type: Parent Agency Administrator CHUDI M. OGADI

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

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County **HARRIS** Region 06 Date Licensed 12/12/2011
License # 014652 PURITY HEALTH CARE INC
Lic Expire 12/31/2021 4615 SOUTHWEST FREEWAY STE 750
Medicare 1: 679710 HHA-18 HOUSTON, TX 77027
Medicare 2:
Phone (713) 255-4360 Fax (713) 255-4366
Type: Parent Agency Administrator MARILOU SAGULLO

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** Region 06 Date Licensed 08/08/2013
License # 015863 QA HOME HEALTH SERVICES INC
Lic Expire 08/31/2021 1100 NASA PKWY STE 205
Medicare 1: 747370 HHA-18 HOUSTON, TX 77058
Medicare 2:
Phone (281) 339-7414 Fax (866) 923-9508
Type: Parent Agency Administrator NITA PANCHOLI

Owner Information
QA HOME HEALTH SERVICES INC
1100 NASA PARKWAY STE 205
HOUSTON, TX 77058
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 05/10/2022

County **HARRIS** Region 06 Date Licensed 02/13/2020
License # 019830 QUALITY LIFE HEALTHCARE INC
Lic Expire 02/13/2022 9644 COURT GLEN DR
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (281) 216-2555 Fax (877) 915-1555
Type: Parent Agency Administrator KENNEDY OBANOR

Owner Information
QUALITY LIFE HEALTHCARE INC
13619 TONNOCHY DR
HOUSTON, TX 77083
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/13/2021
License # 020458 QUALITY TIME HOME HEALTHCARE LLC
Lic Expire 01/13/2023 4646 CULLEN BROOK RD
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (504) 223-3033 Fax
Type: Parent Agency Administrator HERCHELLE DUPLESSIS

Owner Information
QUALITY TIME HOME HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/19/2017
License # 018064 RABBONI HOUSE HEALTHCARE SERVICES INC
Lic Expire 05/31/2021 7442 AUTUMN SUN DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (281) 898-8867 Fax (713) 492-0217
Type: Parent Agency Administrator ROSE OKORO

Owner Information
RABBONI HOUSE HEALTHCARE SERVICES, INC.
7442 AUTUMN SUN DRIVE
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/15/2003
License # 008552 RAPHA NURSING & REHABILITATION CLINIC INC
Lic Expire 07/31/2021 11000 FONDREN ROAD SUITE #C 5
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 776-2500 Fax (713) 777-5252
Type: Parent Agency Administrator FUNSHO SAMUEL FADIPE

Owner Information
RAPHA NURSING & REHABILITATION CLINIC INC
11000 FONDREN ROAD SUITE C 5
HOUSTON, TX 77096
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/05/2010
License # 013695 RASHA HOME HEALTH SERVICES INC
Lic Expire 11/30/2022 6220 WESTPARK DRIVE SUITE 171
Medicare 1: 747704 HHA-18 HOUSTON, TX 77057
Medicare 2:
Phone (281) 491-0626 Fax (281) 491-0631
Type: Parent Agency Administrator TAOFEEKAT AJIBADE

Owner Information
RASHA HOME HEALTH SERVICES INC
17914 SUNSHINE TRACE LN
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/06/2019
License # 019362 RCSS
Lic Expire 05/06/2021 8334 GROS VENTRE LANE
Medicare 1: HOUSTON, TEXAS 77095
Medicare 2:
Phone (816) 258-4104 Fax
Type: Parent Agency Administrator OMOTOLA AKEJU

Owner Information
RACHAEL COMMUNITY SUPPORT AND SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2015
License # 016981 REACH HEALTHCARE SERVICES
Lic Expire 12/31/2020 6565 WEST LOOP S STE 115
Medicare 1: 677209 HHA-18 BELLAIRE, TX 77401
Medicare 2:
Phone (713) 500-0000 Fax (713) 500-0050
Type: Parent Agency Administrator THERESA GERKE

Owner Information
TCG CLINIC, LLC
9220 KIRBY DRIVE SUITE 900
HOUSTON, TX 77054-2533
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/24/2017
License # 018069 REAL COMFORT HEALTHCARE INC
Lic Expire 05/31/2021 515 N SAM HOUSTON PARKWAY E #430
Medicare 1: 971617 Hospice HOUSTON, TEXAS 77060
Medicare 2:
Phone (866) 447-6894 Fax (281) 208-0179
Type: Parent Agency Administrator FEFI JAMES

Owner Information
REAL COMFORT HEALTHCARE INC
1138 TURTLE CREEK DRIVE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/10/2023

County **HARRIS** Region 06 Date Licensed 09/13/2006
License # 010739 REDEEMED HEALTH SERVICES INC
Lic Expire 09/30/2021 4606 FM 1960 WEST SUITE 540
Medicare 1: 743154 HOUSTON, TX 77069
Medicare 2:
Phone (281) 919-2033 Fax (866) 825-4643
Type: Parent Agency Administrator OLUWASEUN ADEBAJO

Owner Information
REDEEMED HEALTH SERVICES INC
2440 TEXAS PARKWAY SUITE 345
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/15/2004
License # 008965 REDEMPTION HOME HEALTH SERVICES INC
Lic Expire 03/31/2022 8303 SOUTHWEST FREEWAY SUITE 702
Medicare 1: 673150 HOUSTON, TX 77074
Medicare 2:
Phone (713) 771-5667 Fax (713) 771-5235
Type: Parent Agency Administrator SIFON UMOEKPO

Owner Information
REDEMPTION HOME HEALTH SERVICES INC
SAME
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 02/14/2017
License # 017921 REGIONAL HOSPICE INC
Lic Expire 02/28/2021 9644 COURT GLEN DRIVE
Medicare 1: 97-1500 (HOSPICE HOUSTON, TX 77099
Medicare 2:
Phone (281) 216-2555 Fax (877) 915-1555
Type: Parent Agency Administrator KENNEDY OBANOR

Owner Information
REGIONAL HOSPICE INC
13619 TONNOCHY DR
HOUSTON, TX 77083
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/24/2021

County **HARRIS** Region 06 Date Licensed 10/01/2013
License # 016026 REHAB MED CARE
Lic Expire 09/30/2021 8313 SOUTHWEST FREEWAY SUITE 106
Medicare 1: 679603 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 484-8132 Fax (713) 484-8133
Type: Parent Agency Administrator SHIRLEY RAGASA

Owner Information
REHAB MED-CARE LLC
8313 SOUTHWEST FREEWAY SUITE 106
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/28/2017
License # 018471 REHABCARE
Lic Expire 11/30/2021 1221 GRAHAM DRIVE
Medicare 1: TOMBALL, TEXAS 77375
Medicare 2:
Phone (281) 358-0917 Fax (615) 221-2289
Type: Parent Agency Administrator KARLA VALURE

Owner Information
REHABCARE GROUP EAST LLC
SAME
KINGWOOD, TX 77339
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 12/15/2005
License # 010197 REHOBOTH HEALTHCARE SERVICES INC
Lic Expire 12/31/2021 8323 SOUTHWEST FREEWAY # 455
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 255-1070 Fax (713) 255-1074
Type: Parent Agency Administrator SUNDAY OSO

Owner Information
REHOBOTH HEALTHCARE SERVICES INCORPORATED
8323 SOUTHWEST FREEWAY #455
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/01/2018
License # 019127 RELIANT AT HOME
Lic Expire 07/01/2022 2210 N FRAZIER STREET SUITE 200
Medicare 1: 671512 (HOSPICE) CONROE, TEXAS 77303
Medicare 2:
Phone (855) 637-4339 Fax (877) 322-3298
Type: Parent Agency 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
Accreditation: ACH - Deemed, Expires: 05/01/2022

County **HARRIS** Region 06 Date Licensed 07/01/2018
License # 019127 RELIANT AT HOME
Lic Expire 07/01/2022 2210 N FRAZIER STREET SUITE 200
Medicare 1: 671512 (HOSPICE) CONROE, TEXAS 77303
Medicare 2:
Phone (855) 637-4339 Fax (877) 322-3298
Type: Parent Agency 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
Accreditation: ACH - Deemed, Expires: 05/01/2022

County **HARRIS** Region 06 Date Licensed
License # 019127 RELIANT AT HOME
Lic Expire 07/01/2022 2325 TIMBER SHADOW DR STE B
Medicare 1: 671512 KINGWOOD, TEXAS 773392028
Medicare 2:
Phone 281 4428200 Fax 281 4428201
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
RELIANT HOSPICE OF HOUSTON LLC
12947 LAKE CONROE HILLS DRIVE SUITE C
WILLIS, TX 75860
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed
License # 019127 RELIANT AT HOME
Lic Expire 07/01/2022 2325 TIMBER SHADOW DR STE B
Medicare 1: 671512 KINGWOOD, TEXAS 773392028
Medicare 2:
Phone 281 4428200 Fax 281 4428201
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
RELIANT HOSPICE OF HOUSTON LLC
12947 LAKE CONROE HILLS DRIVE SUITE C
WILLIS, TX 75860
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/03/2011
License # 014075 RELIANT PEDIATRIC THERAPY SERVICES, PC
Lic Expire 05/31/2024 21630 MERCHANTS WAY
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (832) 230-1518 Fax (281) 741-7355
Type: Parent Agency 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** Region 06 Date Licensed 11/17/2017
License # 018457 RELIEF GARDEN HEALTHCARE SYSTEM LLC
Lic Expire 11/30/2021 24202 COURT LAND OAKS
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (281) 961-9070 Fax (832) 437-4409
Type: Parent Agency Administrator UGO IWUOFOR

Owner Information
RELIEF GARDEN HEALTHCARE LLC
24202 COURT LAND OAKS STREET
KATY, TX 77494
PHONE: (281) 961-9070 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/16/2006
License # 010547 RELIEF HEALTHCARE SERVICES INC
Lic Expire 06/30/2022 7155 OLD KATY RD, SUITE N262
Medicare 1: 679632 HOUSTON, TX 77024
Medicare 2:
Phone (832) 582-7734 Fax (281) 783-2667
Type: Parent Agency Administrator LINDA WALKER

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
Accreditation: CHAP - Deemed, Expires: 03/28/2022

County **HARRIS** Region 06 Date Licensed 06/02/2015
License # 016833 REMARKABLE KIDS PEDIATRIC HOME CARE LLC
Lic Expire 06/30/2021 507 N SAM HOUSTON PKWY EAST STE 280
Medicare 1: HOUSTON, TX 770605920
Medicare 2:
Phone (281) 309-8710 Fax (281) 353-1097
Type: Parent Agency 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

County **HARRIS** Region 06 Date Licensed 06/23/2020
License # 020011 RENAISSANCE CASE MANAGEMENT SERVICES LLC
Lic Expire 06/23/2022 4141 SOUTHWEST FREEWAY SUITE 510
Medicare 1: HOUSTON, TEXAS 770277334
Medicare 2:
Phone (713) 528-2097 Fax (713) 960-1122
Type: Parent Agency Administrator MICHAEL GRAVES

Owner Information
RENAISSANCE CASE MANAGEMENT SERVICES LLC
4141 SOUTHWEST FREEWAY SUITE 510
HOUSTON, TEXAS 77027
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/13/2020
License # 020228 RENAY'S ANGELS PROVIDER SERVICES LLC
Lic Expire 10/13/2022 11007 CRINKLEAWN DR.
Medicare 1: HOUSTON, TX 77086
Medicare 2:
Phone (832) 846-9574 Fax
Type: Parent Agency Administrator SUWANDA THOMAS

Owner Information
RENAY'S ANGELS PROVIDER SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 07/16/2012
License # 014931 RESIDENTIAL HOME CARE
Lic Expire 07/31/2022 10333 HARWIN STE 640
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 459-0093 Fax (281) 459-0891
Type: Parent Agency 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** Region 06 Date Licensed 05/12/2020
License # 019932 RESIDENTIAL HOSPICE, INC
Lic Expire 05/12/2022 2922 ROSEDALE ST SUITE 1210
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (832) 549-0994 Fax (713) 521-1377
Type: Parent Agency Administrator JENNIFER ROY

Owner Information
RESIDENTIAL HOSPICE INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/01/2019
License # 019607 RESOLUTIONS HOSPICE HOUSTON
Lic Expire 05/01/2021 17040 EL CAMINO REAL, SUITE 200
Medicare 1: 671722 HOUSTON, TEXAS 77058
Medicare 2:
Phone (832) 588-6083 Fax (713) 383-4447
Type: Parent Agency Administrator TABITHA SHOOK

Owner Information
CLEAR CREEK HEALTHCARE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/23/2024

County **HARRIS** Region 06 Date Licensed 06/15/2011
License # 014170 RESONA MEDICAL SERVICES
Lic Expire 06/30/2021 6201 BONHOMME RD STE 440N
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 972-1010 Fax (713) 972-1011
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 07/31/2003
License # 009621 RESOURCE CARE CORPORATION
Lic Expire 11/30/2020 7322 SOUTHWEST FREEWAY, STE 1735
Medicare 1: 453160 HHA-18 HOUSTON, TEXAS 77074
Medicare 2:
Phone (713) 972-9090 Fax (713) 780-3508
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 01/24/2003
License # 008301 RESOURCE HEALTH CARE INC
Lic Expire 01/31/2022 6464 SAVOY DR STE 210A
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 270-8880 Fax (713) 270-8820
Type: Parent Agency Administrator MATTHEW MBA

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** Region 06 Date Licensed 08/23/1999
License # 007241 RESOURCE HOME HEALTH SERVICES
Lic Expire 08/31/2020 7322 SOUTHWEST FWY, STE 1750
Medicare 1: 679098 HHA-18 HOUSTON, TEXAS 77074
Medicare 2:
Phone (713) 981-4389 Fax ( ) 832-8119
Type: Parent Agency Administrator ROSE NWABUISI

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

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

County **HARRIS** Region 06 Date Licensed 06/29/2017
License # 018140 RESPECT HOME CARE LLC
Lic Expire 06/30/2021 1815 ENCLAVE PARKWAY
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (281) 686-6273 Fax (281) 531-8945
Type: Parent Agency Administrator AMALIA GARCIA

Owner Information
RESPECT HOME CARE LLC
1511 DURANGO
HOUSTON, TX 77055
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/05/2005
License # 009741 RESTORE HEALTH CARE SERVICES INC
Lic Expire 05/31/2022 16000 PARK TEN PLACE SUITE 103
Medicare 1: 677936 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (713) 248-5866 Fax (713) 726-0220
Type: Parent Agency Administrator SHARON TORAN

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

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County **HARRIS** Region 06 Date Licensed 04/30/2019
License # 019355 RESTORE HOME HEALTH CARE
Lic Expire 04/30/2021 9100 SOUTHWEST FREEWAY STE#202
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 360-7414 Fax
Type: Parent Agency Administrator HANA JOB

Owner Information
RESTORE HOME HEALTH CARE
9100 SOUTHWEST FREEWAY STE #202
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/06/2020
License # 020297 RHYMERHEALTH SERVICES
Lic Expire 11/06/2022 4606 FM 1960 RD W, SUITE #224
Medicare 1: HOUSTON, TX 77069
Medicare 2:
Phone (832) 324-9953 Fax (832) 324-9993
Type: Parent Agency Administrator NNAEMEKA NWANKWO

Owner Information
RHYMERHEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/30/2014
License # 016507 RIGHT AT HOME
Lic Expire 10/31/2022 4301 VISTA RD STE 110
Medicare 1: PASADENA, TX 77504
Medicare 2:
Phone (832) 672-7947 Fax (832) 672-7965
Type: Parent Agency Administrator DEVENDER CHAWLA

Owner Information
YOGENDER CAREGIVERS LLC
6747 FAIRMONT BOULEVARD
PASADENA, TX 77505
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/10/2013
License # 015811 RIGHT AT HOME
Lic Expire 10/31/2021 9538 HUFFMEISTER ROAD
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (832) 924-3610 Fax (832) 924-8899
Type: Parent Agency Administrator SANDRA HEINTZ

Owner Information
JCL HEINTZ CORPORATION
9538 HUFFMEISTER ROAD
HOUSTON, TX 77095
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/22/2012
License # 014817 RIGHT AT HOME
Lic Expire 05/31/2020 4815 FM 2351 RD, STE 208
Medicare 1: FRIENDSWOOD, TX 77546
Medicare 2:
Phone (281) 993-4410 Fax (281) 993-8203
Type: Parent Agency Administrator MELINDA NELSON

Owner Information
RIGHT CARE LLC
4815 FM 2351 STE 208
FRIENDSWOOD, TX 77546
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 12/11/2006
License # 010931 RIGHT AT HOME - KINGWOOD
Lic Expire 12/31/2021 1214 STONEHOLLOW DRIVE SUITE A
Medicare 1: KINGWOOD, TX 77339
Medicare 2:
Phone (281) 358-9922 Fax (281) 358-4206
Type: Parent Agency Administrator JAMES ROYAL

Owner Information
ACTS OF GRACE INC
3010 WOODLAND VIEW DR
KINGWOOD, TX 77345
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/03/2013
License # 015463 RIGHT AT HOME METRO HOUSTON
Lic Expire 04/30/2021 6300 WEST LOOP SOUTH SUITE 430
Medicare 1: BELLAIRE, TX 77401
Medicare 2:
Phone (713) 838-0100 Fax (713) 492-2002
Type: Parent Agency Administrator TERRI L ROGERS

Owner Information
T LEE ENTERPRISES LLC
PO BOX 841754
PEARLAND, TX 77584
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/13/2020
License # 019828 RISE HEALTHCARE SERVICES, INC.
Lic Expire 02/13/2022 9888 BISSONNET ST SUITE 520
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (346) 393-0023 Fax (832) 925-7157
Type: Parent Agency Administrator CHRISTIANA SODEKE

Owner Information
RISE HEALTHCARE SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/11/2017
License # 018309 ROAD TO HAPPINESS HOME CARE SERVICES
Lic Expire 09/30/2021 2600 SOUTH LOOP WEST SUITE #350
Medicare 1: 97-1505 (HOSPICE HOUSTON, TX 77054
Medicare 2:
Phone (713) 702-4927 Fax (281) 969-5140
Type: Parent Agency Administrator SANDRA F. FRANCOIS FRANCOIS

Owner Information
ROAD TO HAPPINESS HOME CARE SERVICES LLC
P.O. BOX 710056
HOUSTON, TX 77006
PHONE: (712) 702-4927 FAX: (281) 969-5140
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 05/18/2022

County **HARRIS** Region 06 Date Licensed 11/06/2008
License # 012293 ROSARY HOME HEALTH
Lic Expire 11/30/2022 16360 PARK TEN PLACE SUITE 108
Medicare 1: 747371 HOUSTON, TX 77084
Medicare 2:
Phone (281) 600-1600 Fax (281) 600-1602
Type: Parent Agency Administrator ROSALINE IGBOKWE

Owner Information
ROSARY HOME HEALTH, INC.
16360 PARK TEN PLACE, SUITE #108
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/31/2005
License # 009668 ROSELAND HEALTHCARE SERVICES INC
Lic Expire 03/31/2023 9555 W. SAM HOUSTON PKWAY SOUTH SUITE 325
Medicare 1: HOUSTON, TEXAS 77099
Medicare 2:
Phone (713) 270-6200 Fax (713) 270-6207
Type: Parent Agency 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** Region 06 Date Licensed 09/14/2020
License # 020172 ROYAL CAREGIVERS
Lic Expire 09/14/2022 12 GREENWAY PLAZA
Medicare 1: HOUSTON, TX 77027
Medicare 2:
Phone (201) 989-9777 Fax (800) 668-2517
Type: Parent Agency Administrator ELIKEM GLOVER

Owner Information
ROYAL HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 05/30/2002
License # 007960 ROYAL HOME CARE
Lic Expire 05/31/2021 15358 PARK ROW ST
Medicare 1: 679198 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (281) 647-7733 Fax (281) 647-7744
Type: Parent Agency Administrator GRACE AYODELE

Owner Information
ROYAL CARE INC
15358 PARK ROW
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/30/2011
License # 014667 ROYAL STAR HEALTHCARE INC
Lic Expire 11/30/2021 7457 HARWIN DRIVE SUITE #252
Medicare 1: 677942 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 589-7019 Fax (713) 784-0525
Type: Parent Agency Administrator FRANCIS OYELEKE

Owner Information
ROYAL STAR HEALTHCARE INC
7457 HARWIN DRIVE SUITE #252
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/11/2020
License # 020169 ROYALTY HOSPICE, LLC
Lic Expire 09/11/2022 650 N. SAM HOUSTON PKWY E. SUITE 210
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (832) 262-1299 Fax
Type: Parent Agency Administrator MELISSA WADE

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

County **HARRIS** Region 06 Date Licensed 03/03/2021
License # 020563 RUBY'S HOUSE OF HOME HEALTH LLC
Lic Expire 03/03/2023 17110 RAINIER CREEK DRIVE
Medicare 1: HUMBLE, TEXAS 77346
Medicare 2:
Phone (713) 324-9218 Fax (713) 324-8874
Type: Parent Agency Administrator MIOSHY SMITH

Owner Information
RUBY'S HOUSE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/21/2015
License # 016611 RWW HOME & COMMUNITY REHAB SERVICES, INC.
Lic Expire 01/31/2023 11200 WESTHEIMER SUITE 235
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone (888) 299-3998 Fax (855) 222-6934
Type: Parent Agency Administrator TARA ANN S. LOUD

Owner Information
RWW HOME & COMMUNITY REHAB SERVICES, INC.
9901 LINN STATION ROAD
LOUISVILLE, KY 40223
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/09/2013
License # 015298 SAFE HARBOR CARE
Lic Expire 01/31/2023 1120 NASA PARKWAY SUITE 405
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 333-2233 Fax (281) 333-2275
Type: Parent Agency Administrator DEBRA FULL

Owner Information
SAFEHARBOR GROUP, LLC
3310 QUEENSBURG LANE
FRIENDSWOOD, TX 77546
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/11/2020
License # 019288 SAFECARE HEALTH SERVICE, INC.
Lic Expire 03/01/2021 9050 COOK RD SUITE 210
Medicare 1: HOUSTON, TEXAS 77099
Medicare 2:
Phone (832) 640-6328 Fax (281) 741-9831
Type: Parent Agency Administrator DONATUS ELIOKU

Owner Information
SAFECARE HEALTH SERVICES, INC.
9050 COOK RD SUITE 204
HOUSTON, TX 77099
PHONE: (832) 640-6328 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/01/2011
License # 014132 SAHAB HEALTH CARE SERVICES LLC
Lic Expire 05/31/2021 10911 WESTBRAE VILLAGE DRIVE
Medicare 1: HOUSTON, TX 77031
Medicare 2:
Phone (713) 772-8155 Fax (713) 484-5445
Type: Parent Agency Administrator HABTU FESEHAZIONE

Owner Information
SAHAB HEALTH CARE SERVICES, LLC
10911 WESTBRAE VILLAGE DRIVE
HOUSTON, TX 77031
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/09/2018
License # 018879 SAINT PAUL HOSPICE LLC
Lic Expire 08/31/2022 9894 BISSONNET STREET, SUITE 320
Medicare 1: 971549 (HOSPICE) HOUSTON, TEXAS 77036
Medicare 2:
Phone 281900 6321 Fax
Type: Parent Agency Administrator PAUL ROBERTSON

Owner Information
SAINT PAUL HOSPICE CARE LLC
6260 WESTPARK DR STE 250
HOUSTON, TX 77057
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 12/08/2022

County **HARRIS** Region 06 Date Licensed 05/28/2009
License # 012789 SALVATION HEALTH CARE SERVICES INC
Lic Expire 05/31/2021 3300 S GESSNER ROAD SUITE 205
Medicare 1: 677997 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (713) 975-7944 Fax (713) 975-7988
Type: Parent Agency Administrator TOLUWALOPE LAOYE

Owner Information
SALVATION HEALTHCARE SERVICES, INC.
3300 S GESSNER, SUITE #205
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/16/2021
License # 020604 SALVATIONS HOSPICE, LLC
Lic Expire 03/16/2023 315 W. ALABAMA STREET SUITE 102
Medicare 1: HOUSTON, TEXAS 77006
Medicare 2:
Phone (832) 262-1299 Fax (832) 201-0407
Type: Parent Agency Administrator MELISSA WADE

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

County **HARRIS** Region 06 Date Licensed 08/03/2011
License # 014248 SAMCOS HEALTHCARE SERVICES INC.
Lic Expire 08/31/2021 10806 PRIMROSE ACRES LANE
Medicare 1: HOUSTON, TX 77031
Medicare 2:
Phone (281) 250-2134 Fax (832) 516-9930
Type: Parent Agency Administrator CHIDIEBERE OBI

Owner Information
SAMCOS HEALTHCARE SERVICES, INC.
10806 PRIMROSE ACRES LANE
HOUSTON, TX 77031
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/07/2008
License # 012000 SANCTIFIED HOME HEALTH SERVICES INC
Lic Expire 05/31/2021 2719 MARQUETTE TRAIL
Medicare 1: 747713 HHA-18 KATY, TX 77494
Medicare 2:
Phone (832) 913-8316 Fax (832) 437-2509
Type: Parent Agency Administrator IJEOMA EHIEZE

Owner Information
SANCTIFIED HOME HEALTH SERVICES INC
2719 MARQUETTE TRAIL
KATY, TX 77494
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/06/2014
License # 016461 SAVIOR CARE HOME SERVICES
Lic Expire 10/31/2022 10101 HARWIN DR STE 172B
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 714-8169 Fax (832) 203-8710
Type: Parent Agency Administrator SABINUS NDULAKA

Owner Information
SAVIOR CARE HOME SERVICES
7118 ROCKY RIDGE LN
RICHMOND, TEXAS 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/20/2018
License # 019111 SCENIC HEALTHCARE HOSPICE LLC
Lic Expire 11/20/2022 6260 WESTPARK DR SUITE 266
Medicare 1: 971525 (HOSPICE) HOUSTON, TX 77057
Medicare 2:
Phone (281) 576-1380 Fax (281) 990-6716
Type: Parent Agency Administrator DARLINGTON OFOEFULE

Owner Information
SCENIC HEALTHCARE HOSPICE LLC
6260 WEST PARK DR SUITE 266
HOUSTON, TX 77057
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 09/11/2022

County **HARRIS** Region 06 Date Licensed 03/15/2016
License # 014939 SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON LLC
Lic Expire 07/31/2022 4500 E SAM HOUSTON PARKWAY SOUTH STE 255
Medicare 1: PASADENA, TX 77505
Medicare 2:
Phone (281) 847-6300 Fax (281) 847-6301
Type: Alternate Delivery Site Administrator BRANDII NILES

Owner Information
SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC
SAME
HOUSTON, TX 77070
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/18/2012
License # 014939 SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON LLC
Lic Expire 07/31/2022 10318 LAKE ROAD BUILDING C SUITE 102
Medicare 1: 671741 HOSPICE HOUSTON, TX 77070
Medicare 2:
Phone (281) 931-1129 Fax (281) 847-6301
Type: Parent Agency Administrator BRANDII NILES

Owner Information
SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS - HOUSTON, LLC
SAME
HOUSTON, TX 77070
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 12/15/2021

County **HARRIS** Region 06 Date Licensed 10/01/2019
License # 019626 SECOND START HOME CARE
Lic Expire 10/01/2021 2806 LACKECREST RIVER DR
Medicare 1: KATY, TEXAS 77493
Medicare 2:
Phone (832) 216-8157 Fax
Type: Parent Agency Administrator LORIANE NTANGA

Owner Information
SECOND START HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/28/2016
License # 017328 SEDS KIDS CARE
Lic Expire 03/31/2022 21352 PROVINCIAL BLVD.
Medicare 1: KATY, TEXAS 77450
Medicare 2:
Phone (713) 409-2710 Fax (281) 829-7331
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 09/18/2003
License # 008655 SEGNIK HEALTHCARE SERVICES
Lic Expire 09/30/2021 7001 CORPORATE DRIVE #302
Medicare 1: 453155 HOUSTON, TX 77036
Medicare 2:
Phone (713) 484-8699 Fax (713) 484-8675
Type: Parent Agency Administrator JOSHUA OYENIYI

Owner Information
SEGNIK GROUP INC
7001 CORPORATE DRIVE SUITE #302
HOUSTON, TX 77036
PHONE: (713) 484-8699 FAX: (713) 484-8675
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/15/2017
License # 018431 SELECT CARE HOME HEALTH INC
Lic Expire 10/31/2021 11803 GRANT ROAD SUITE #203
Medicare 1: 679170 HHA-18 CYPRESS, TX 77429
Medicare 2:
Phone (281) 370-3500 Fax (281) 370-3567
Type: Parent Agency Administrator ROBERTO GOAN

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

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

County **HARRIS** Region 06 Date Licensed 06/15/2009
License # 012801 SENIOR ALLEGIANCE
Lic Expire 06/30/2023 2501 WESTERLAND DR APT F307
Medicare 1: 679582 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (713) 975-1519 Fax (832) 252-7376
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 04/11/2018
License # 018698 SENIOR HELPERS
Lic Expire 04/30/2022 1919 N. LOOP W. SUITE 443
Medicare 1: HOUSTON, TX 77008
Medicare 2:
Phone (832) 900-5194 Fax (832) 900-5197
Type: Parent Agency 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** Region 06 Date Licensed 08/08/2017
License # 018236 SENIOR HELPERS
Lic Expire 11/30/2019 4916 W. 34TH ST #A
Medicare 1: HOUSTON, TX 77092
Medicare 2:
Phone (832) 487-9969 Fax (281) 974-5356
Type: Parent Agency 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** Region 06 Date Licensed 10/03/2016
License # 017678 SENIOR HELPERS NORTH HOUSTON
Lic Expire 10/31/2022 11106 BAMMEL NORTH HOUSTON RD, STE A
Medicare 1: HOUSTON, TX 77066
Medicare 2:
Phone (281) 919-1876 Fax (832) 218-2043
Type: Parent Agency 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** Region 06 Date Licensed 10/14/2013
License # 015815 SENIORBRIDGE
Lic Expire 10/31/2021 720 N. POST OAK ROAD, SUITE 220
Medicare 1: HOUSTON, TX 77024
Medicare 2:
Phone (713) 523-2329 Fax (713) 523-0718
Type: Parent Agency Administrator LISA MORTENSEN

Owner Information
HUMANA AT HOME INC
845 THIRD AVENUE, 7TH FLOOR
NEW YORK, NY 10022
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/27/2011
License # 014235 SENIORITY HOMECARE INC
Lic Expire 07/31/2021 14526 OLD KATY ROAD STE 200
Medicare 1: 747922 HHA-18 HOUSTON, TX 77079
Medicare 2:
Phone (281) 772-3138 Fax (281) 861-6335
Type: Parent Agency Administrator MICHELLE IKHIMOKPA

Owner Information
SENIORITY HOMECARE INC
1795 N. FRY RD #113
KATY, TX 77449
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/21/2019
License # 019656 SENIORS HELPING SENIORS
Lic Expire 10/21/2021 7610 HIGHMEADOW DR
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone (832) 830-6940 Fax
Type: Parent Agency Administrator SHEHNAZ KAPASI

Owner Information
STUDIO LIFESTYLE INC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 02/28/2020
License # 019793 SERENITE HEALTH LTD. CO
Lic Expire 02/28/2022 10601 GRANT RD STE. 115
Medicare 1: HOUSTON, TEXAS 77070
Medicare 2:
Phone (832) 688-8760 Fax (832) 688-8678
Type: Parent Agency Administrator FLORENCE ALAO

Owner Information
SERENITE HEALTH LTD. CO
PHONE: (832) 688-8760 FAX: (832) 688-8678
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/12/2021
License # 020538 SERENITY CARE SOLUTIONS, LLC
Lic Expire 02/12/2024 607 E WALLISVILLE RD
Medicare 1: HIGHLANDS, TX 77562
Medicare 2:
Phone (732) 484-6354 Fax (281) 426-7983
Type: Parent Agency Administrator DALLAL ABDELSAYED

Owner Information
SERENITY CARE SOLUTIONS, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/05/2014
License # 016185 SERENITY HOME PROVIDERS INC.
Lic Expire 05/31/2022 2616 SOUTH LOOP WEST STE # 555
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (713) 585-1377 Fax (713) 955-0839
Type: Parent Agency Administrator ANTHONY TURNER

Owner Information
SERENITY HOME PROVIDERS INC
2616 SOUTH LOOP WEST SUITE #555
HOUSTON, TX 77054
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/16/2018
License # 018654 SERENITY HOSPICE SOLUTIONS
Lic Expire 03/31/2022 523 N. SAM HOUSTON PKWY EAST SUITE 390
Medicare 1: 97-1532 (HOSPICE HOUSTON, TX 77060
Medicare 2:
Phone (281) 402-6971 Fax (832) 213-4500
Type: Parent Agency Administrator RAYMOND HOWARD

Owner Information
SERENITY HEALTH SERVICES LLC
523 N. SAM HOUSTON PKWY EAST, SUITE 390
HOUSTON, TX 77060
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/09/2022

County **HARRIS** Region 06 Date Licensed 01/09/2003
License # 008280 SEV HOME CARE INC
Lic Expire 01/31/2023 4000 GARTH RD STE 130
Medicare 1: 679272 HHA-18 BAYTOWN, TX 77521
Medicare 2:
Phone (281) 420-1427 Fax (281) 420-4513
Type: Parent Agency Administrator ELIZABETH VALLAGOMESA

Owner Information
SEV HOME CARE, INC
4000 GARTH RD SUITE 130
BAYTOWN, TX 77521-3169
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/21/2013
License # 015554 SHEILAS ANGELS IN-HOME CARE LLC
Lic Expire 05/31/2024 1350 NASA PARKWAY STE 204
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 480-4846 Fax (866) 419-7804
Type: Parent Agency Administrator SHEILA PERRINE

Owner Information
SHEILAS ANGELS IN-HOME CARE LLC
207 BLUE WATER WAY
KEMAH, TEXAS 77565
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/03/2017
License # 017829 SHIELDS HEALTHCARE SERVICES PLLC
Lic Expire 01/31/2023 6260 WESTPARK DRIVE SUITE 277
Medicare 1: 747678 HHA-18 HOUSTON, TX 77057
Medicare 2:
Phone (832) 412-1213 Fax (888) 859-5359
Type: Parent Agency Administrator KENNETH ETUOKWU

Owner Information
SHIELDS HEALTHCARE SERVICES, PLLC
6260 WESTPARK DRIVE SUITE 277
HOUSTON, TX 77057
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/27/2019
License # 019282 SHOWERS OF MERCY HOME HEALTHCARE
Lic Expire 02/27/2021 13523 JESSICA LANE
Medicare 1: HOUSTON, TEXAS 77069
Medicare 2:
Phone (718) 708-0692 Fax
Type: Parent Agency Administrator MARGARET AKINDELE-ALO

Owner Information
SHOWERS OF MERCY HOME HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/01/2017
License # 017844 SIBLINGS HEALTHCARE SOLUTIONS LLC
Lic Expire 12/31/2022 2646 SOUTH LOOP WEST SUITE #355
Medicare 1: 679394 HHA-18 HOUSTON, TX 77054
Medicare 2:
Phone (713) 218-7099 Fax (713) 218-6772
Type: Parent Agency Administrator NKECHI AHANOTU-ANIGBOGU

Owner Information
SIBLINGS HEALTHCARE SOLUTIONS LLC
2218 SILVER LEAF DRIVE
MISSOURI CITY, TEXAS 77489
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/16/2020
License # 020322 SIEDZECARE LLC
Lic Expire 11/16/2022 310 PARRAMATTA LANE APT 3225
Medicare 1: HOUSTON, TX 77073
Medicare 2:
Phone 346 3310306 Fax NA
Type: Parent Agency Administrator FABRICE NDE

Owner Information
SIEDZECARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/31/2009
License # 013171 SIENNA HOME HEALTH CARE
Lic Expire 12/31/2021 14011 PARK DRIVE SUITE #218
Medicare 1: 453145 HHA-18 TOMBALL, TX 77377
Medicare 2:
Phone (281) 516-0255 Fax (281) 516-0223
Type: Parent Agency Administrator JANICE WALSTON

Owner Information
SIENNA HEALTH CARE, INC.
14011 PARK DRIVE, SUITE #218
TOMBALL, TX 77377-6292
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 02/15/2019
License # 019659 SIGHTED HOMECARE SERVICES, LLC.
Lic Expire 10/22/2021 3119 ASHLOCK DRIVE
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (832) 365-3400 Fax (832) 365-3401
Type: Parent Agency Administrator ENITA ODOFIN

Owner Information
SIGHTED HOMECARE SERVICES, LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/08/1996
License # 004433 SIGNATURE HEALTH SERVICES
Lic Expire 04/30/2022 606 ROLLINGBROOK SUITE 2F
Medicare 1: 678499 HHA-18 BAYTOWN, TX 77521
Medicare 2:
Phone (281) 837-1321 Fax (866) 379-1971
Type: Parent Agency Administrator KARIE SPELL

Owner Information
IMMANUEL HOME HEALTH CARE INC
606 ROLLINGBROOK SUITE 2F
BAYTOWN, TX 77521-4053
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 01/08/2020
License # 019766 SIGNATURE HOSPICE AND PALLIATIVE CARE, LLC
Lic Expire 01/08/2022 2620 TANGLEWILDE ST SUITE 112
Medicare 1: HOUSTON, TEXAS 770633203
Medicare 2:
Phone 346 341 0172 Fax 346 341 0165
Type: Parent Agency Administrator MELISSA WADE

Owner Information
SIGNATURE HOSPICE & PALLIATIVE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HARRIS** Region 06 Date Licensed 01/20/2012
License # 014602 SILVER HEALTHCARE INC
Lic Expire 01/31/2022 9050 COOK RD STE 204
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (281) 741-8893 Fax (281) 741-9831
Type: Parent Agency Administrator FRANCIS AGHADO

Owner Information
SILVER HEALTHCARE INC
9050 COOK ROAD, SUITE 204
HOUSTON, TX 77099
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/04/2010
License # 013892 SILVERADO HOSPICE - NORTH HOUSTON
Lic Expire 10/31/2022 14550 TORREY CHASE, SUITE 345
Medicare 1: 671535 HOSPICE HOUSTON, TEXAS 77014
Medicare 2:
Phone (281) 397-8800 Fax (281) 397-8813
Type: Parent Agency Administrator ALLISON YOUNG

Owner Information
SILVERADO HOSPICE OF HOUSTON, INC
6400 OAK CANYON #200
IRVINE, CA 92618
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/04/2024

County **HARRIS** Region 06 Date Licensed 03/03/2015
License # 016665 SILVER-SPRING HEALTHCARE SERVICES
Lic Expire 03/31/2024 25420 KUYKENDHAL RD SUITE F400
Medicare 1: 741670 HOSPICE TOMBALL, TX 77375
Medicare 2:
Phone (281) 651-2268 Fax (281) 656-5230
Type: Parent Agency Administrator OMOLOLA BAKARE

Owner Information
TRM HOSPICE CARE INC
25420 KUYKENDHAL RD, SUITE F400
TOMBALL, TX 77375
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/04/2010
License # 013291 SILVER-SPRING HEALTHCARE SERVICES
Lic Expire 05/31/2022 25420 KUYKENDAHL RD SUITE F400
Medicare 1: 747611 HHA-18 TOMBALL, TX 77375
Medicare 2:
Phone (281) 651-2268 Fax (281) 656-5230
Type: Parent Agency Administrator OMOLOLA BAKARE

Owner Information
SILVER SPRING HOME HEALTHCARE SERVICES INC
18 AUGUSTA PINES DR SUITE 120 W
SPRING, TX 77389
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/20/2023

County **HARRIS** Region 06 Date Licensed 01/01/2005
License # 009667 SIMPLEX HEALTH AND ALLIED SERVICES INC
Lic Expire 12/31/2021 5715 SALUDA CREEK LANE
Medicare 1: 677891 HHA-18 HOUSTON, TX 77085
Medicare 2:
Phone (713) 334-7266 Fax (713) 334-7297
Type: Parent Agency Administrator UDO NNAJI

Owner Information
SIMPLEX HEALTH AND ALLIED SERVICES INC
15615 BROOKWOOD LK
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/25/2018
License # 018763 SIMPLY DIALYSIS AND HOME HEALTH LLC
Lic Expire 05/31/2022 21925 FRANZ RD. STE. 401
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (346) 307-7767 Fax (346) 307-7849
Type: Parent Agency Administrator BONAVENTURA CELESTINE

Owner Information
SIMPLY DIALYSIS AND HOME HEALTH LLC
21925 FRANZ ROAD., STE#401
KATY, TX 77449
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **HARRIS** Region 06 Date Licensed 02/28/2019
License # 019284 SIMPLY JOY HOME HEALTH LLC
Lic Expire 02/28/2021 7610 ECHINACEA DRIVE
Medicare 1: BAYTOWN, TEXAS 77521
Medicare 2:
Phone (713) 331-2111 Fax
Type: Parent Agency Administrator LAURA CLEVELAND

Owner Information
SIMPLY JOY HOME HEALTH
1940 FOUNTAIN DRIVE SUITE 3010
HOUSTON, TEXAS 77057
PHONE: FAX:
Services: Licensed Home Health Services

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

County **HARRIS** Region 06 Date Licensed 01/16/2008
License # 011825 SJC HOME HEALTH CARE INC
Lic Expire 01/31/2022 1834 SNAKE RIVER ROAD SUITE A AND B
Medicare 1: 747103 HHA-18 KATY, TX 77449
Medicare 2:
Phone (281) 492-9000 Fax (281) 492-9009
Type: Parent Agency Administrator SARAH JANE BALBON

Owner Information
SJC HOME HEALTH CARE INC
1834 SNAKE RIVER ROAD SUITE A & B
KATY, TX 77449
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/26/2007
License # 011658 SKYLINE MEDICAL SERVICES INC
Lic Expire 10/31/2022 12623 LALEU LANE
Medicare 1: 747187 HOUSTON, TX 77071
Medicare 2:
Phone (832) 276-0291 Fax (713) 729-5650
Type: Parent Agency Administrator CHRISTIANA EDEM

Owner Information
SKYLINE MEDICAL SERVICES, INC
12623 LALEU LANE
HOUSTON, TX 77071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/22/2019
License # 019489 SMART CHOICE CAREGIVERS INC
Lic Expire 07/22/2021 11811 EAST FREEWAY SUITE 322
Medicare 1: HOUSTON, TEXAS 77029
Medicare 2:
Phone (713) 360-7408 Fax (713) 360-7426
Type: Parent Agency Administrator ROSA RODRIGUEZ

Owner Information
SMART CHOICE CAREGIVERS INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/15/2014
License # 016214 SMARTLIVING HEALTHCARE SERVICES INC
Lic Expire 03/31/2022 10101 HARWIN DRIVE SUITE 315
Medicare 1: 747449 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 974-1036 Fax (832) 830-8406
Type: Parent Agency Administrator JENNIFER OLIN

Owner Information
SMARTLIVING HEALTHCARE SERVICES INC
10101 HARWIN DRIVE SUITE 315
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/02/2013
License # 015913 SNG - RENAL SOLUTIONS DIALYSIS CENTER LP
Lic Expire 08/31/2019 2756 WEST TC JESTER BLVD
Medicare 1: HOUSTON, TX 77018
Medicare 2:
Phone (713) 680-9056 Fax (713) 680-9310
Type: Parent Agency Administrator QUICTA HILL

Owner Information
SNG - RENAL SOLUTIONS DIALYSIS CENTER LP
1000 W CANNON ST
FT WORTH, TX 76104-3029
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **HARRIS** Region 06 Date Licensed 02/06/2015
License # 016638 SOLEO HEALTH INC
Lic Expire 02/28/2023 8275 EL RIO SUITE 180
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (832) 981-1000 Fax (713) 574-9676
Type: Parent Agency Administrator LINDA SPARKS

Owner Information
SOLEO HEALTH INC
2912 W. 6TH STREET SUITE #120
FORT WORTH, TX 76107
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 08/08/2009
License # 012815 SONICA HEALTHCARE GROUP INC
Lic Expire 11/30/2019 5800 RANCHESTER DR SUITE #178
Medicare 1: 747179 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 774-2790 Fax (713) 774-2912
Type: Parent Agency Administrator PETER U. ONYEWUENYI

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

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

County **HARRIS** Region 06 Date Licensed 03/03/2021
License # 020636 SOULS OF NURSING INC
Lic Expire 10201 BUFFALO SPEEDWAY APT 1203
Medicare 1: HOUSTON, TX 770542543
Medicare 2:
Phone (346) 284-9608 Fax
Type: Parent Agency Administrator RAY' VION

Owner Information
SOULS OF NURSING INC
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/01/2021
License # 020685 SOUTHERN PINES HOSPICE
Lic Expire 01/01/2023 363 N SAM HOUSTON PARKWAY E, SUITE 545
Medicare 1: HOUSTON, TX 77060
Medicare 2:
Phone (832) 553-2276 Fax
Type: Parent Agency Administrator TABITHA SHOOK

Owner Information
SOUTHERN PINES HEALTHCARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/03/2015
License # 017215 SOUTHERN TOUCH HOME HEALTH
Lic Expire 11/30/2021 6105 W OREM DR SUITE 100
Medicare 1: 457743 HHA-18 HOUSTON, TX 77085
Medicare 2:
Phone (713) 526-3482 Fax (713) 526-2058
Type: Parent Agency Administrator HEATHER APPLEWHITE

Owner Information
DIVERSIFIED HEALTH CARE SYSTEMS INC
6105 W OREM DR SUITE 100
HOUSTON, TX 77085
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/01/1994
License # 002801 SOUTHSIDE HOME HEALTH SERVICES
Lic Expire 03/31/2022 7700 S MAIN SUITE #330
Medicare 1: 458112 HHA-18 HOUSTON, TX 77030
Medicare 2:
Phone (713) 660-6671 Fax (713) 660-6771
Type: Parent Agency Administrator NINA GARAY

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

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County **HARRIS** Region 06 Date Licensed 07/18/2002
License # 008005 SPECIAL KIDS CARE
Lic Expire 07/31/2022 1225 NORTH LOOP W STE 500
Medicare 1: 679246 HHA-18 HOUSTON, TEXAS 77008
Medicare 2:
Phone (713) 812-8822 Fax (713) 812-7555
Type: Parent Agency Administrator LESLIE RUTLEDGE

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

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County **HARRIS** Region 06 Date Licensed 10/25/1995
License # 004057 SPECIALTY WOUND & OSTOMY NURSING HOME CARE
Lic Expire 10/31/2021 15727 MORLEY DR
Medicare 1: 678261 HHA-18 CYPRESS, TEXAS 774292144
Medicare 2:
Phone (713) 465-8497 Fax (713) 465-8499
Type: Parent Agency Administrator ROSALINDA GUZMAN

Owner Information
SPECIALTY WOUND & OSTOMY NURSING INC
P.O. BOX 2625
CYPRESS, TEXAS 77410
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 04/04/2018
License # 018687 SPECTRUM HOSPICE INC
Lic Expire 04/30/2022 2922 ROSEDALE SUITE 1110
Medicare 1: 971575 (HOSPICE) HOUSTON, TEXAS 77004
Medicare 2:
Phone (713) 874-1234 Fax (713) 780-2024
Type: Parent Agency Administrator JENNIFER ROY

Owner Information
SPECTRUM HOSPICE INC
2217 BLODGETT ST., SUITE #1111
HOUSTON, TX 77004
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 09/07/2022

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

County **HARRIS** Region 06 Date Licensed 02/06/2019
License # 019244 SPECTRUM KIDNEY CARE LLC
Lic Expire 02/06/2021 521 NORTH SAM HOUSTON PARKWAY EAST #635
Medicare 1: HOUSTON, TX 77060
Medicare 2:
Phone (281) 766-5252 Fax (832) 550-2035
Type: Parent Agency Administrator MARCUS PHILLIPS

Owner Information
SPECTRUM KIDNEY CARE LLC
521 N SAM HOUSTON PARKWAY EAST # 635
HOUSTON, TX 77060
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **HARRIS** Region 06 Date Licensed 03/25/2021
License # 020644 SPRING HOSPICE
Lic Expire 03/25/2024 9950 WESTPARK DRIVE, SUITE 646
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone 18882974695 Fax (281) 564-7326
Type: Parent Agency Administrator JOEL ADA

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

County **HARRIS** Region 06 Date Licensed 10/15/2015
License # 017203 SPRINGWELL HEALTHCARE SERVICES INC
Lic Expire 10/31/2021 16100 CAIRNWAY DR SUITE 242
Medicare 1: 747623 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (28) 324-0602 Fax (855) 524-4010
Type: Parent Agency Administrator OLUWATOYIN ALLEN TAYLOR

Owner Information
SPRINGWELL HEALTHCARE SERVICES INC.
16100 CAIRNWAY DR. STE #242
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/27/2006
License # 010843 SSA HOME HEALTH CARE
Lic Expire 4635 SOUTHWEST FREEWAY SUITE #182
Medicare 1: 747008 HHA-18 HOUSTON, TX 77027
Medicare 2:
Phone (713) 960-1188 Fax (713) 622-7877
Type: Parent Agency Administrator SANDRA SANDS-ARNAEZ

Owner Information
SANDRA SANDS ARNAEZ
12407 SHADOWVALE DR
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 08/30/2005
License # 009977 ST AGNES HEALTHCARE PROFESSIONALS INC
Lic Expire 08/31/2022 12202 DOVER STREET
Medicare 1: 453154 HOUSTON, TX 77031
Medicare 2:
Phone (713) 777-6333 Fax (713) 777-6332
Type: Parent Agency Administrator ANIE USORO

Owner Information
ST AGNES HEALTHCARE PROFESSIONALS INC
P.O.BOX 2269
STAFFORD, TEXAS 77497
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/26/2016
License # 017652 ST ANNA'S TENDER CARE INC
Lic Expire 09/30/2022 11615 CANEMONT STREET
Medicare 1: HOUSTON, TX 77035
Medicare 2:
Phone (832) 983-4882 Fax (713) 726-8085
Type: Parent Agency Administrator ANTHONY ADEFOPE

Owner Information
ST ANNA'S TENDER CARE
635 BOLD RULER DR
STAFFORD, TX 77477
PHONE: (281) 403-3284 FAX: (713) 433-5782
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/05/2019
License # 019346 ST CATHERINE'S HEALTHCARE LLC
Lic Expire 04/24/2021 9894 BISSONNET STREET, SUITE 320
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (281) 900-6321 Fax 346 335 8994
Type: Parent Agency Administrator PAUL ROBERTSON

Owner Information
ST CATHERINE'S HEALTHCARE LLC
4711 LJ PARKWAY, APT 11102
SUGARLAND, TEXAS 77479
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HARRIS** Region 06 Date Licensed 04/30/2012
License # 014879 ST CLARE HOME CARE INC.
Lic Expire 04/30/2022 11111 RICHMOND AVE SUITE 291
Medicare 1: 747170 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (713) 572-4663 Fax (713) 572-4653
Type: Parent Agency Administrator FRANCIS SAGULLO

Owner Information
ST CLARE HOME CARE, INC.
11111 RICHMOND AVE SUITE 291
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 07/31/2003
License # 008577 ST FRANCIS HEALTH CARE SERVICES INC
Lic Expire 07/31/2022 9888 BISSONNET SUITE #370
Medicare 1: 679434 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 271-2200 Fax (713) 271-2204
Type: Parent Agency Administrator JOHN IBE

Owner Information
ST FRANCIS HEALTH CARE SERVICES INC
9888 BISSONNET, SUITE #370
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/26/2013
License # 015507 ST HELEN HEALTHCARE LLC
Lic Expire 04/30/2023 6776 SOUTHWEST FREEWAY SUITE 445
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (281) 306-1405 Fax (713) 893-6129
Type: Parent Agency Administrator OMO AKHILE

Owner Information
ST. HELEN HEALTHCARE, LLC
9896 BISSONNET STREET, SUITE 320
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/21/2006
License # 010872 ST JUDE VISITING NURSES HOMEHEALTH INC
Lic Expire 03/31/2021 2020 NORTH LOOP WEST SUITE 140
Medicare 1: 453186 HHA-18 HOUSTON, TX 77018
Medicare 2:
Phone (713) 783-5833 Fax (713) 783-5883
Type: Parent Agency Administrator ERIC MORA

Owner Information
ST JUDE VISITING NURSES HOMEHEALTH INC
2020 N LOOP W SUITE 140
HOUSTON, TX 77018
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/22/2007
License # 011346 ST MARTIN HEALTHCARE SERVICES LLC
Lic Expire 05/31/2021 10015 N. ELDRIDGE PKWY STE. E- 109
Medicare 1: 747044 HHA-18 HOUSTON, TX 77065
Medicare 2:
Phone (713) 771-5553 Fax (713) 771-5090
Type: Parent Agency Administrator NAOMI FAVELA

Owner Information
ST MARTIN HEALTHCARE SERVICES LLC
10015 N. ELDRIDGE PWKY STE. 109
HOUSTON, TX 77065
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 10/12/2000
License # 007453 ST MARYS HOME HEALTH INC
Lic Expire 5300 HOLLISTER RD SUITE 500
Medicare 1: 459442 HHA-18 HOUSTON, TX 77040
Medicare 2:
Phone (713) 781-4211 Fax (713) 781-4221
Type: Parent Agency Administrator SANJUANA TOLEDO

Owner Information
ST MARYS HOME HEALTH INC
5300 HOLLISTER RD SUITE 500
HOUSTON, TX 77040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/14/2010
License # 013776 ST THOMAS HOME HEALTH SERVICES INC
Lic Expire 06/30/2022 5314 NORBORNE LN
Medicare 1: HOUSTON, TX 77069
Medicare 2:
Phone (832) 881-0489 Fax (281) 919-2782
Type: Parent Agency Administrator BECCY NDUKWE

Owner Information
ST THOMAS HOME HEALTH SERVICES INC
PO BOX 14761
HOUSTON, TX 770221
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 02/23/2005
License # 009600 STAR HOME HEALTH INC
Lic Expire 02/28/2023 6100 CORPORATE DRIVE, SUITE 330
Medicare 1: 677874 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (713) 785-4949 Fax (713) 782-6100
Type: Parent Agency Administrator CLEMENTINA IKWUEZUNMA

Owner Information
STAR HOME HEALTH INC
6201 BONHOMME, SUITE 365N
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 01/26/2022

County **HARRIS** Region 06 Date Licensed 03/14/2013
License # 015429 STAR OF MARIS HOME HEALTH INC
Lic Expire 03/31/2021 10103 FONDREN RD SUITE 462
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 773-1999 Fax (713) 393-7689
Type: Parent Agency Administrator CEDRIC C IHEGWORD

Owner Information
STAR OF MARIS HOME HEALTH INC
10103 FONDREN RD SUITE 462
HOUSTON, TX 77096
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/19/2020
License # 020331 STAR OF TEXAS HOME HEALTH LLC
Lic Expire 11/19/2022 5433 WESTHIEMER RD STE 920
Medicare 1: HOUSTON, TEXAS 77056
Medicare 2:
Phone (832) 754-6066 Fax (832) 565-1068
Type: Parent Agency Administrator SATAVIA AUSTIN

Owner Information
STAR OF TEXAS HOME HEALTH LLC
5433 WESTHIEMER RD STE 920
HOUSTON, TEXAS 77056
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/25/2016
License # 017595 STAR OF TEXAS HOSPICE
Lic Expire 08/31/2022 5433 WESTHEIMER SUITE 920
Medicare 1: 741687 HOSPICE HOUSTON, TX 77056
Medicare 2:
Phone (713) 385-1865 Fax (832) 565-1068
Type: Parent Agency Administrator SATAVIA AUSTIN

Owner Information
SS NATIONAL HOSPICE SOLUTIONS C/O JOURNEY HOLDINGS HEALTHCARE
5433 WESTHEIMER SUITE 920
HOUSTON, TX 77056
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/12/2023

County **HARRIS** Region 06 Date Licensed 11/23/2020
License # 020335 STAR OF TEXAS HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 11/23/2022 5433 WESTHIEMER RD STE 920
Medicare 1: HOUSTON, TEXAS 77056
Medicare 2:
Phone (832) 754-6066 Fax (832) 565-1068
Type: Parent Agency Administrator SHERRON JONES-JOHNSON

Owner Information
STAR OF TEXAS HOSPICE AND PALLIATIVE CARE LLC
5433 WESTHIEMER RD STE 920
HOUSTON, TEXAS 77056
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 09/17/2019
License # 019602 STARLYTE HEALTH AND PALLIATIVE CARE LLC
Lic Expire 09/17/2021 6260 WESTPARK DR STE 265
Medicare 1: HOUSTON, TEXAS 77057
Medicare 2:
Phone (832) 400-2104 Fax (832) 400-2105
Type: Parent Agency Administrator NINA OLUGU

Owner Information
STARLYTE HEALTH AND PALLIATIVE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/24/2008
License # 011840 STARPOINT HEALTH SERVICES INC
Lic Expire 06/30/2021 8300 BISSONNET SUITE 380
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 777-1286 Fax (713) 777-1287
Type: Parent Agency Administrator STELLA ADOTAMA

Owner Information
STARPOINT HEALTH SERVICES INC
8300 BISSONNET SUITE 380
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/09/2003
License # 008686 STATES HEALTH INC
Lic Expire 12/09/2022 6666 HARWIN DRIVE SUITE 540
Medicare 1: 453132 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 532-6800 Fax (713) 532-0538
Type: Parent Agency Administrator ROSEMARY EKEH

Owner Information
STATES HEALTH, INC.
6666 HARWIN DRIVE SUITE 540
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/11/2010
License # 013386 STEADFAST HEALTHCARE LLC
Lic Expire 06/30/2020 13311 ARLON TRAIL
Medicare 1: 747715 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (832) 641-9713 Fax (281) 531-7645
Type: Parent Agency Administrator REGINA VESE

Owner Information
STEADFAST HEALTHCARE LLC
13311 ARLON TRAIL
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/11/2006
License # 010447 STEADFAST HOME COMPANION SERVICES INC
Lic Expire 05/31/2022 9894 BISSONNET ST STE 488
Medicare 1: 679658 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (713) 333-9590 Fax (713) 333-9592
Type: Parent Agency Administrator ANGELI AMPER

Owner Information
STEADFAST HOME COMPANION SERVICES INC
9894 BISSONNET STREET SUITE #605
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/09/2022

County **HARRIS** Region 06 Date Licensed 01/17/2012
License # 014586 STEDEN HOME HEALTH SERVICES
Lic Expire 01/31/2022 8511 OLD BROOK DRIVE
Medicare 1: 747832 HHA-18 HOUSTON, TX 77071
Medicare 2:
Phone (713) 367-7371 Fax (713) 271-3531
Type: Parent Agency Administrator ESTELLA ABAM

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

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County **HARRIS** Region 06 Date Licensed 03/01/2006
License # 010333 STJ HEALTH CARE SERVICES INC
Lic Expire 02/28/2022 11302 WEST BELLFORT ST
Medicare 1: 679369 HOUSTON, TX 77099
Medicare 2:
Phone (832) 251-0664 Fax (832) 251-0886
Type: Parent Agency 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

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County **HARRIS** Region 06 Date Licensed 06/14/2016
License # 017457 STRENGTH WITHIN LLC
Lic Expire 06/30/2022 721 ANGELINA ST.
Medicare 1: WEBSTER, TX 77598
Medicare 2:
Phone (281) 508-0739 Fax (713) 987-9199
Type: Parent Agency Administrator JEZREEL WASHINGTON

Owner Information
STRENGTH WITHIN LLC
PO BOX 1256
PEARLAND, TX 77588
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/29/2014
License # 016449 SUBURBAN CAREGIVERS INC.
Lic Expire 09/30/2022 2922 ROSEDALE ST STE 1010
Medicare 1: HOUSTON, TEXAS 770046188
Medicare 2:
Phone (713) 780-2006 Fax (713) 721-1277
Type: Parent Agency Administrator JENNIFER ROY

Owner Information
SUBURBAN CAREGIVERS, INC
2217 BLODGETT STREET SUITE 909
HOUSTON, TX 77004
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/23/2007
License # 011186 SUMIC CARE INCORPORATED
Lic Expire 03/31/2024 11622 OGUNNOWO LANE
Medicare 1: 747009 HHA-18 HOUSTON, TX 77031
Medicare 2:
Phone (713) 988-0013 Fax (713) 981-4089
Type: Parent Agency Administrator OLAMIDE OGUNNOWO

Owner Information
SUMIC CARE INCORPORATED
11622 OGUNNOWO LN
HOUSTON, TX 77031
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/29/2012
License # 014903 SUMIC HEALTH INCORPORATED
Lic Expire 06/30/2022 11622 OGUNNOWO LANE
Medicare 1: HOUSTON, TX 77031
Medicare 2:
Phone (713) 266-8011 Fax (713) 266-8015
Type: Parent Agency Administrator OLAMIDE OGUNNOWO

Owner Information
SUMIC HEALTH INCORPORATED
7618 PORTAL DRIVE
HOUSTON, TX 77071
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/08/2020
License # 020151 SUNBEAM HOME CARE
Lic Expire 09/08/2022 5531 PERALTA MILLS WAY
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (346) 280-9103 Fax (832) 201-6777
Type: Parent Agency Administrator OLADELE THOMAS-OLASUPO

Owner Information
SUNBEAM LIVING SOLUTION LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/23/2019
License # 019490 SUNLIGHT HEALTHCARE LLC
Lic Expire 07/23/2021 20242 TARPON BAY LN
Medicare 1: CYPRESS, TEXAS 774335177
Medicare 2:
Phone 281 404 5548 Fax
Type: Parent Agency Administrator EUNICE ARASA

Owner Information
SUNLIGHT HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 04/18/2019
License # 019334 SUNSET HEALTHCARE SERVICES
Lic Expire 04/18/2021 10103 FONDREN RD, #380
Medicare 1: 971603 Hospice HOUSTON, TEXAS 77096
Medicare 2:
Phone (832) 517-6451 Fax (713) 772-8670
Type: Parent Agency Administrator MARYJANE DURUJI

Owner Information
SUNSET HEALTHCARE SERVICES, INC.
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/12/2023

County **HARRIS** Region 06 Date Licensed 10/30/2003
License # 008722 SUNSET HOSPICE INC
Lic Expire 17154 N ELDRIDGE PKWY, SUITE B
Medicare 1: 451762 HOSPICE TOMBALL, TX 77377
Medicare 2:
Phone 281 290 7600 Fax 281 290 7603
Type: Parent Agency Administrator JACKLYN USSERY

Owner Information
SUNSET HOSPICE, INC
1420 RUDEL DRIVE
TOMBALL, TX 77375
PHONE: (832) 563-6002 FAX: (281) 290-7603
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/18/2006
License # 010396 SUNSHINE HOME HEALTH CARE
Lic Expire 04/30/2021 6501 WESTLINE
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 988-2843 Fax (713) 988-2840
Type: Parent Agency Administrator JAN CHANG

Owner Information
THE TAO DIMENSION INC
6501 WESTLINE DR
HOUSTON, TX 77036
PHONE: (713) 988-2843 FAX: (713) 988-2840
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/18/2017
License # 018328 SUNSHINY DAYS LLC
Lic Expire 09/30/2021 15321 FALMOUTH AVENUE
Medicare 1: HOUSTON, TX 77084
Medicare 2:
Phone (832) 356-0117 Fax (832) 201-8355
Type: Parent Agency Administrator DEMITRA GREEN

Owner Information
DL GREEN ENTERPRISES, LLC
6031 HWY 6 N STE. 165-245
KATY, TX 77450
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/30/2013
License # 015950 SUPERIOR INTEGRATED HOME HEALTH CARE INC.
Lic Expire 09/30/2021 7203 ATHLONE DRIVE
Medicare 1: 679511 HOUSTON, TEXAS 77088
Medicare 2:
Phone (281) 802-6034 Fax (713) 583-4470
Type: Parent Agency Administrator CHERYL BEAUSOLEIL

Owner Information
SUPERIOR INTEGRATED HOME HEALTH CARE, INC
1337B W43ST B11
HOUSTON, TX 77018
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/06/2015
License # 016884 SUPREME HEALTH CARE INC
Lic Expire 01/31/2021 6200 SAVOY DR SUITE 510
Medicare 1: 458221 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 499-3444 Fax (281) 499-9442
Type: Parent Agency Administrator NIRMALA PASALA

Owner Information
SUPREME HEALTH CARE INC
6200 SAVOY DRIVE SUITE 250
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/12/2021
License # 020597 SUPREME HOME CARE SERVICES INC.
Lic Expire 03/12/2023 4411 GARDEN RIDGE COURT
Medicare 1: HOUSTON, TEXAS 77084
Medicare 2:
Phone (713) 298-1029 Fax
Type: Parent Agency Administrator TEMI IDOWU

Owner Information
SUPREME HOME CARE SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/24/1997
License # 005646 SUPREME NURSING SERVICES INC
Lic Expire 03/31/2021 2101 CRAWFORD SUITE 306
Medicare 1: 678439 HOUSTON, TX 77002
Medicare 2:
Phone (713) 752-0166 Fax (713) 752-0503
Type: Parent Agency Administrator JULIE SUMON

Owner Information
SUPREME NURSING SERVICES INC
2101 CRAWFORD SUITE #306
HOUSTON, TX 77002
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/07/2018
License # 018599 SUREWAY HEALTH SERVICES INC
Lic Expire 02/28/2022 9050 COOK RD SUITE 205
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (832) 774-6541 Fax (281) 741-9831
Type: Parent Agency Administrator FRANCIS AGHADO

Owner Information
SUREWAY HEALTH SERVICES INC
9050 COOK RD SUITE 204
HOUSTON, TX 77099
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/13/2013
License # 015708 SUSTAIN HOME HEALTH CARE SERVICES
Lic Expire 08/31/2021 9900 WESTPARK DRIVE STE 262
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (832) 422-4111 Fax (832) 422-4112
Type: Parent Agency Administrator JOHN DAVID DOZIER

Owner Information
SUSTAIN SERVICES OF TEXAS LLC
9900 WESTPARK DRIVE STE 262
HOUSTON, TX 77063
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/10/2014
License # 016521 SWEET HOME CARE
Lic Expire 11/30/2022 6435 BRIAR MOSS LN
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (832) 404-8708 Fax (832) 427-1816
Type: Parent Agency Administrator GENET HOWARD

Owner Information
SWEET HOME CARE
6435 BRIAR MOSS LN
KATY, TX 77449
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/08/2020
License # 020387 SYMPHONY HOME HEALTH CARE LLC
Lic Expire 12/08/2022 2501 WESTRIDGE ST. # 68
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (832) 376-1842 Fax
Type: Parent Agency Administrator FLOYDETTA HARBIN

Owner Information
SYMPHONY HOME HEALTH CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/23/2013
License # 015561 SYNERGY HOME CARE OF KATY
Lic Expire 05/31/2023 16300 KATY FREEWAY SUITE 185
Medicare 1: HOUSTON, TX 77094
Medicare 2:
Phone (832) 803-0011 Fax (281) 206-7435
Type: Parent Agency Administrator HAYLEY SHEEKS

Owner Information
HASELDEN HOMECARE LLC
16300 KATY FREEWAY SUITE 185
HOUSTON, TX 77094
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/02/2019
License # 019630 SYNERGY HOME CARE OF NORTHEAST HOUSTON
Lic Expire 10/02/2021 12605 EAST FREEWAY SUITE 320
Medicare 1: HOUSTON, TX 77015
Medicare 2:
Phone (281) 771-4786 Fax
Type: Parent Agency Administrator SHAUNDARA JONES

Owner Information
SLJ VENTURES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/24/2007
License # 011014 SYNERGY HOMECARE
Lic Expire 01/31/2023 14425 TORREY CHASE BLVD STE 170
Medicare 1: HOUSTON, TX 77014
Medicare 2:
Phone (281) 999-2273 Fax (713) 400-9552
Type: Parent Agency Administrator CHAD JOLLEY

Owner Information
MONARCH ENDEAVORS LLC
14425 TORREY CHASE BLVD., SUITE 170
HOUSTON, TX 77014
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/20/2015
License # 016783 SYNERGY HOMECARE BAY AREA
Lic Expire 04/30/2021 17043 EL CAMINO REAL SUITE 107
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 535-1979 Fax (281) 245-3325
Type: Parent Agency Administrator STEPHANIE ALLEN

Owner Information
BRISTOL ENTERPRISE INC.
2390 EASTEX FREEWAY SUITE 100
BEAUMONT, TX 77703
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/21/2006
License # 010630 SYNERGY HOMECARE HOUSTON
Lic Expire 1225 NORTH LOOP WEST SUITE 322
Medicare 1: HOUSTON, TX 77008
Medicare 2:
Phone (713) 868-6112 Fax (713) 868-9946
Type: Parent Agency Administrator MICHAEL WILLETT

Owner Information
BEACON HILL INVESTMENTS CORP
SAME AS ABOVE
HOUSTON, TX 77008
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/20/2017
License # 018524 SYNERGY HOMECARE OF SOUTH HOUSTON
Lic Expire 12/31/2021 2600 SOUTH LOOP WEST SUITE 208
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (713) 321-2488 Fax (713) 391-8943
Type: Parent Agency Administrator BEATRICE ASHU

Owner Information
AA & B HOME CARE INC
9302 GAUGUIN LANE
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/29/2017
License # 018350 T & D HEAVENLY HOME HEALTHCARE INC
Lic Expire 12/30/2021 6101 PINEMONT DR. BLDG. G
Medicare 1: HOUSTON, TX 77092
Medicare 2:
Phone (281) 965-3630 Fax (281) 947-3120
Type: Parent Agency Administrator DANITA ANDERSON

Owner Information
T&D HEAVENLY HOME HEALTHCARE INC
8702 WILD BASIN STE A
HOUSTON, TX 77088
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/09/2015
License # 016640 T & N HEALTHCARE INCORPORATED
Lic Expire 02/28/2023 6143 PLANTATION FOREST DR
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (979) 661-1886 Fax (281) 809-3082
Type: Parent Agency Administrator CHINYEREOBI OLUOHA

Owner Information
T & N HEALTHCARE INCORPORATED
6143 PLANTATION FOREST DR
KATY, TX 77449
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/17/2019
License # 019603 TARGET HOME HEALTH
Lic Expire 09/17/2021 5600 S. WILLOW DR. SUITE 203
Medicare 1: HOUSTON, TX 77035
Medicare 2:
Phone (713) 283-1445 Fax (833) 731-0024
Type: Parent Agency Administrator DEDRA RAYMOND

Owner Information
TARGET HEALTHCARE SOLUTIONS LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/13/2001
License # 007959 TAWL HEALTH CARE INC
Lic Expire 02/28/2022 9898 BISSONNET SUITE #600
Medicare 1: 459292 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 777-9171 Fax (713) 777-9617
Type: Parent Agency Administrator TONG MU

Owner Information
TAWL HEALTH CARE INC
9898 BISSONETT SUITE 600
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed
License # 012487 TEAM SELECT HOME CARE
Lic Expire 03/31/2023 5252 WESTCHESTER, SUITE 275
Medicare 1: HOUSTON, TX 77005
Medicare 2:
Phone (713) 429-4493 Fax (281) 393-4018
Type: Branch Agency Administrator DANA TARRANT

Owner Information
VIVICARE HEALTH PARTNERS LLC
2999 N. 44TH STREET STE 100
PHOENIX, AZ 85018
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/01/2003
License # 008353 TEAMCARE HOME HEALTH SERVICES INC
Lic Expire 2626 S LOOP W #650Y
Medicare 1: 679126 HHA-18 HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 838-1105 Fax (713) 838-8686
Type: Parent Agency Administrator IBIM BOBMANUEL

Owner Information
TEAMCARE HOME HEALTH SERVICES INC
P O BOX 771102
HOUSTON, TX 77215
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 09/08/2020
License # 020149 TELECARE HOME HEALTH, LLC
Lic Expire 09/08/2022 10500 NORTHWEST FREEWAY SUITE 194
Medicare 1: HOUSTON, TEXAS 77092
Medicare 2:
Phone (361) 317-2139 Fax (888) 342-2235
Type: Parent Agency Administrator TARA REED

Owner Information
TELECARE HOME HEALTH, LLC
10500 NORTHWEST FREEWAY
HOUSTON, TX 77092
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/08/1996
License # 004728 TENDER HOME HEALTH CARE INC
Lic Expire 07/31/2021 407 W BAKER RD STE S
Medicare 1: 459088 HHA-18 BAYTOWN, TX 77521
Medicare 2:
Phone (281) 428-2807 Fax (281) 421-1009
Type: Parent Agency Administrator KATHY CLARK

Owner Information
TENDER HOME HEALTH CARE INC
5523 WEST ROAD
BAYTOWN, TX 77522-9078
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 03/01/2017
License # 018022 TEXACARE HEALTH SERVICES INC.
Lic Expire 02/28/2021 4530 BAGLEY GARDEN COURT
Medicare 1: 679150 KATY, TX 77449
Medicare 2:
Phone (713) 271-6321 Fax (713) 271-6363
Type: Parent Agency Administrator GABRIEL ONI

Owner Information
TEXACARE HEALTH SERVICES, INC.
8700 COMMERCE PARK DRIVE, SUITE #206
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/21/2020
License # 020253 TEXAN HOME CARE SERVICE,LLC
Lic Expire 10/21/2022 2616 SOUTH LOOP WEST SUITE # 301 E
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (281) 818-9657 Fax (713) 256-7695
Type: Parent Agency Administrator MARY GREENWOOD

Owner Information
TEXAN HOME CARE SERVICE, LLC
2616 S LOOP W #301 E
HOUSTON, TEXAS 77054
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/07/2009
License # 012893 TEXAS HOME CARE PARTNERS OF HOUSTON LLC
Lic Expire 10/31/2021 1309 ANTOINE DRIVE
Medicare 1: HOUSTON, TX 77055
Medicare 2:
Phone (713) 636-9919 Fax (713) 636-9865
Type: Parent Agency 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** Region 06 Date Licensed 11/28/2006
License # 010899 TEXAS HOME HEALTH HOSPICE
Lic Expire 11/30/2021 8876 GULF FREEWAY SUITE 350
Medicare 1: 671559 HOSPICE HOUSTON, TX 77017
Medicare 2:
Phone (713) 895-8615 Fax (713) 460-1887
Type: Parent Agency Administrator EUGENE STEVENS

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/25/2022

County **HARRIS** Region 06 Date Licensed 03/27/2020
License # 019858 TEXAS HOME HEALTH LIVING INC
Lic Expire 03/27/2022 2255 BRAESWOOD PARK DR APT 301
Medicare 1: HOUSTON, TEXAS 77030
Medicare 2:
Phone 832798 8722 Fax NA
Type: Parent Agency Administrator ANGEL DELGADO

Owner Information
TEXAS HOME HEALTH LIVING INC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 03/09/2001
License # 007607 TEXAS HOME HEALTH OF AMERICA
Lic Expire 03/31/2022 8876 GULF FREEWAY SUITE 410
Medicare 1: HOUSTON, TX 77017
Medicare 2:
Phone (713) 947-6265 Fax (713) 947-6245
Type: Parent Agency Administrator JONATHAN LOMBARDO

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

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County **HARRIS** Region 06 Date Licensed 01/22/2019
License # 019212 TEXAS HOME PROVIDER SERVICES, LLC
Lic Expire 06/30/2021 16402 OLD SAYBROOK DRIVE
Medicare 1: HOUSTON, TEXAS 77084
Medicare 2:
Phone (832) 875-5833 Fax
Type: Parent Agency Administrator LAN LIU

Owner Information
TEXAS HOME PROVIDER SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/13/2009
License # 012556 TEXAS HUMAN HEALTHCARE SERVICES
Lic Expire 04/30/2024 6111 GLADEWELL DRIVE
Medicare 1: 679306 HHA-18 HOUSTON, TX 77072
Medicare 2:
Phone (281) 933-2300 Fax (281) 933-2302
Type: Parent Agency Administrator MBOMETTE UDOBONG

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

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County **HARRIS** Region 06 Date Licensed 07/08/2010
License # 013442 TEXAS PLUS HOMEHEALTH INC
Lic Expire 07/31/2022 6655 HILLCROFT STREET SUITE 227
Medicare 1: HOUSTON, TX 77081
Medicare 2:
Phone (713) 981-1111 Fax (713) 981-1101
Type: Parent Agency Administrator BEATRICE ONYEDIRI

Owner Information
TEXAS PLUS HOMEHEALTH, INC
N/A
HOUSTON, TX 77081
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO, Expires: 09/18/2022

County **HARRIS** Region 06 Date Licensed 12/07/2007
License # 011752 TEXAS PREMIER CARE SERVICES INC
Lic Expire 12/31/2022 14525 FM 529 SUITE 102
Medicare 1: 743170 HHA-18 HOUSTON, TX 77095
Medicare 2:
Phone (281) 463-1166 Fax (281) 463-1168
Type: Parent Agency Administrator CHINYERE NZEADIBE

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

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County **HARRIS** Region 06 Date Licensed 06/03/1998
License # 006843 TEXAS QUALITY ONE MEDICAL SERVICES
Lic Expire 06/30/2022 2646 SOUTH LOOP WEST, SUITE 250
Medicare 1: 459172 HOUSTON, TX 77054
Medicare 2:
Phone (713) 784-5255 Fax (713) 838-0356
Type: Parent Agency Administrator DANIEL AMARE

Owner Information
TEXAS QUALITY ONE MEDICAL SERVICES, INC.
2646 SOUTH LOOP WEST SUITE 250
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/20/2013
License # 015937 TEXAS RESIDENTIAL HEALTHCARE SERVICES
Lic Expire 12/31/2021 1318 HEIGHTS DR
Medicare 1: 747952 HHA-18 KATY, TX 77450
Medicare 2:
Phone (832) 226-3880 Fax (888) 496-0265
Type: Parent Agency Administrator JAMIE HARRIS

Owner Information
RESIDENTIAL HEALTHCARE SERVICES, LLC.
32602 WESTON COURT
FULSHEAR, TX 77441
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 02/12/2024

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

County **HARRIS** Region 06 Date Licensed 12/01/2008
License # 012326 THE ELDERCARE NETWORK LLC
Lic Expire 02/26/2021 6825 ROWAN LANE
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 271-6658 Fax (713) 271-8727
Type: Parent Agency Administrator JOAN DEROOY

Owner Information
THE ELDERCARE NETWORK LLC
6825 ROWAN LANE
HOUSTON, TX 77074-6207
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/18/2002
License # 008157 THE FOUR GROUP HOMECARE LLC
Lic Expire 10/31/2021 4635 SOUTHWEST FREEWAY SUITE # 360
Medicare 1: 679363 HHA-18 HOUSTON, TX 77027
Medicare 2:
Phone (713) 840-1811 Fax (713) 840-1822
Type: Parent Agency Administrator EMMANUEL ONUOHA

Owner Information
THE FOUR GROUP HOMECARE, LLC
4615 SOUTHWEST FRWY, SUITE #400
HOUSTON, TX 77027
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/02/1995
License # 004001 THE HALLMARK
Lic Expire 10/31/2021 4718 HALLMARK DRIVE
Medicare 1: HOUSTON, TX 77056
Medicare 2:
Phone (713) 622-6633 Fax (713) 599-1324
Type: Parent Agency Administrator KATHY CLOSE

Owner Information
BRAZOS PRESBYTERIAN HOMES INC
4141 S BRAESWOOD BLVD
HOUSTON, TX 77025
PHONE: (713) 666-2651 FAX: (713) 660-5048
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/07/2016
License # 017771 THE HOME CARE FAMILY
Lic Expire 12/31/2022 8530 FM 1960 E #121
Medicare 1: HUMBLE, TX 77346
Medicare 2:
Phone (281) 888-0385 Fax (888) 888-0328
Type: Parent Agency Administrator ERIC GOMEZ

Owner Information
THE HOME CARE FAMILY LLC
PO BOX 15594
HUMBLE, TX 77347
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/13/2017
License # 018510 THE LIVING HOSPICE CARE OF TEXAS INC
Lic Expire 12/31/2021 14355 TORREY CHASE BLVD, STE A
Medicare 1: 74-1748 HOUSTON, TEXAS 77014
Medicare 2:
Phone (281) 741-5337 Fax (281) 741-7912
Type: Parent Agency Administrator TERRIONEE GARRETT

Owner Information
LIVING HOSPICE CARE OF TEXAS, INC
11999 KATY FREEWAY SUITE 396
HOUSTON, TX 77079
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 09/26/2021

County **HARRIS** Region 06 Date Licensed 06/18/2014
License # 016266 THE MASTER CAREGIVER COMPANY LLC.
Lic Expire 06/30/2022 2408 KIPLING STREET
Medicare 1: HOUSTON, TX 77098
Medicare 2:
Phone (713) 528-6577 Fax (713) 528-0093
Type: Parent Agency 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** Region 06 Date Licensed 12/01/2017
License # 018480 THE MENNINGER CLINIC
Lic Expire 11/30/2021 2407 WAUGH
Medicare 1: HOUSTON, TEXAS 77006
Medicare 2:
Phone (713) 275-5000 Fax (713) 275-5120
Type: Parent Agency Administrator MATTHEW ESTEY

Owner Information
THE MENNINGER CLINIC
12301 S MAIN
HOUSTON, TX 77025
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: JCAHO, Expires: 11/20/2021

County **HARRIS** Region 06 Date Licensed 06/30/2019
License # 019256 THE PERSONAL CARE GROUP
Lic Expire 02/13/2023 5711 WATERFORD DR
Medicare 1: HOUSTON, TEXAS 77033
Medicare 2:
Phone (832) 670-4951 Fax (832) 476-2116
Type: Parent Agency Administrator KANDRA GROVER

Owner Information
GROVER-JACKSON INDUSTRIES, LLC
P.O. BOX 464
STAFFORD, TX 77497
PHONE: (832) 670-4951 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/10/2015
License # 016678 THE SERENITY GROUP INC
Lic Expire 03/31/2021 8732 EMNORA LANE
Medicare 1: HOUSTON, TX 77080
Medicare 2:
Phone (832) 884-8458 Fax (888) 224-3820
Type: Parent Agency Administrator LEDARRE ZEIGLER

Owner Information
THE SERENITY GROUP,INC
8904 LAKESHORE BEND DRIVE
HOUSTON, TX 77080
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed
License # 014653 THERACARE HOME HEALTH
Lic Expire 02/28/2022 11104 W. AIRPORT BLVD., SUITE 255-C
Medicare 1: 67Q3162001 (HHA STAFFORD, TEXAS 77477
Medicare 2:
Phone 281 4884663 Fax 281 4884662
Type: Branch Agency Administrator CAROL RODRIGUEZ

Owner Information
CANTEX HOME HEALTH HOUSTON, LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/23/2021
License # 020627 THOMAS UNITED FAMILY HOME HEALTH CARE SERVICES
Lic Expire 03/23/2023 2100 WEST LOOP SOUTH, SUITE 800
Medicare 1: HOUSTON, TEXAS 77027
Medicare 2:
Phone (312) 998-0335 Fax
Type: Parent Agency Administrator NICOLE THOMAS

Owner Information
THOMAS UNITED FAMILY HOME HEALTH CARE SERVICES
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/11/2009
License # 012501 THREE OAKS HOSPICE HOUSTON WEST
Lic Expire 03/31/2023 5502 4TH STREET
Medicare 1: 671635 HOSPICE KATY, TX 77493
Medicare 2:
Phone (832) 437-2089 Fax (832) 437-2090
Type: Parent Agency Administrator DARLA CLEMENT

Owner Information
AG HOSPICE, LLC
717 N. HARWOOD STREET, SUITE 550
DALLAS, TX 75201
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/01/2016
License # 017881 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 2424 WILCREST DRIVE SUITE 110
Medicare 1: HOUSTON, TX 770422772
Medicare 2:
Phone (713) 666-8287 Fax (713) 660-8391
Type: Parent Agency 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
Accreditation: ACHC, Expires: 12/09/2023

County **HARRIS** Region 06 Date Licensed 11/01/2016
License # 017881 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 2424 WILCREST DRIVE SUITE 110
Medicare 1: HOUSTON, TX 770422772
Medicare 2:
Phone (713) 666-8287 Fax (713) 660-8391
Type: Parent Agency 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
Accreditation: ACHC, Expires: 12/09/2023

County **HARRIS** Region 06 Date Licensed 03/08/2006
License # 010331 TIMELESS HOME HEALTH INC
Lic Expire 03/31/2022 8506 OLD BROOK DRIVE
Medicare 1: 679756 HHA-18 HOUSTON, TX 77071
Medicare 2:
Phone (832) 693-6374 Fax (713) 270-7396
Type: Parent Agency Administrator DR BEKEE NWAKANMA

Owner Information
TIMELESS HOME HEALTH INC
BOX 300889
HOUSTON, TEXAS 77230
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/25/2017
License # 018758 TLC HOMECARE
Lic Expire 09/30/2019 15110 MINTZ LANE
Medicare 1: 453114 HHA-18 HOUSTON, TX 77014
Medicare 2:
Phone (281) 591-0915 Fax (281) 591-0921
Type: Parent Agency Administrator MIGUEL COLON

Owner Information
JOHN T LESLIE II INC
15110 MINTZ LANE
HOUSTON, TX 77014
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/13/2003
License # 008739 TOBI HEALTH CARE SERVICES INC
Lic Expire 11/30/2021 7457 HARWIN DR STE 128
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 953-7680 Fax (713) 953-1523
Type: Parent Agency Administrator TOYIN JAMES

Owner Information
TOBI HEALTH CARE SERVICES INC
7211 REGENCY SQUARE BLVD SUITE #246
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/14/1996
License # 004948 TODAY'S HEALTHCARE LLC
Lic Expire 11/30/2022 8602 JASON STREET
Medicare 1: 459310 HOUSTON, TX 77074
Medicare 2:
Phone (713) 777-0778 Fax (713) 777-3930
Type: Parent Agency Administrator JOHN ONWUDEBE

Owner Information
TODAY'S HEALTHCARE LLC
8602 JASON STREET
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/01/2011
License # 014536 TOMBALL REGIONAL HOME HEALTH
Lic Expire 425 HOLDERRIETH BLVD, SUITE 215
Medicare 1: 458148 HHA-18 TOMBALL, TX 773754552
Medicare 2:
Phone (346) 808-5669 Fax (346) 808-5751
Type: Parent Agency Administrator RAMONA MAPLES

Owner Information
TOMBALL TEXAS HOME CARE SERVICES LLC
PO BOX 51266
LAFAYETTE, LA
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 01/08/2022

County **HARRIS** Region 06 Date Licensed 07/08/2005
License # 009856 TOP HEALTH CARE INC.
Lic Expire 07/31/2021 2440 TEXAS PKWY SUITE 330
Medicare 1: 677927 HHA-18 MISSOURI CITY, TX 77489
Medicare 2:
Phone 713 6677235 Fax 713 5753877
Type: Parent Agency Administrator PATE OPARA

Owner Information
TOP HEALTH CARE INC
2626 SOUTH LOOP WEST 426
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/19/2014
License # 016097 TOP NOTCH HEALTH CARE ASSISTANCE LLC.
Lic Expire 03/31/2022 6575 WEST LOOP SOUTH #500
Medicare 1: BELLAIRE, TX 77401
Medicare 2:
Phone (281) 257-9061 Fax (281) 257-9068
Type: Parent Agency Administrator JOHN GARNER

Owner Information
TOP NOTCH HEALTH CARE ASSISTANCE, LLC
2626 SOUTH LOOP WEST STE. 670
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 05/13/2010
License # 013317 TOPICAL HEALTHCARE SERVICES INC
Lic Expire 05/31/2022 9898 BISSONNET ST SUITE 635
Medicare 1: 747719 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 933-3745 Fax (888) 851-5946
Type: Parent Agency Administrator DONATUS ELIOKU

Owner Information
TOPICAL HEALTHCARE SERVICES INC
13515 AVONSHIRE DR
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/27/1997
License # 006486 TOTAL CONCEPT HOME HEALTH AGENCY
Lic Expire 12/31/2022 11842 RICEVILLE SCHOOL ROAD
Medicare 1: 459308 HHA-18 HOUSTON, TX 77031
Medicare 2:
Phone (713) 988-0366 Fax (713) 988-0419
Type: Parent Agency Administrator JOEL JOSEPH

Owner Information
NEW TOTAL CONCEPT HOME HEALTH AGENCY INC
11842 RICEVILLE SCHOOL ROAD
HOUSTON, TX 77031
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/23/1988
License # 001009 TOTAL HEALTH SERVICES
Lic Expire 05/31/2022 808 LOVETT BOULEVARD SUITE 2
Medicare 1: HOUSTON, TX 77006
Medicare 2:
Phone (713) 942-7557 Fax (713) 942-7831
Type: Parent Agency Administrator OLIVE MCPHERSON

Owner Information
OLIVE MCPHERSON-BARTON
PO BOX 66153
HOUSTON, TEXAS 77266
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/24/1997
License # 005424 TOTAL HOME CARE INC
Lic Expire 07/30/2021 1419 WEST 24TH ST
Medicare 1: 459406 HHA-18 HOUSTON, TX 77008
Medicare 2:
Phone (713) 647-7036 Fax (713) 647-9358
Type: Parent Agency Administrator HARLEY TUBLE

Owner Information
TOTAL HOME CARE, INC.
1419 WEST 24TH STREET
HOUSTON, TX 77008
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 05/08/2020
License # 019922 TOTAL LOVING CARE
Lic Expire 05/08/2022 1606 ELK RIVER RD.
Medicare 1: HOUSTON, TX 77090
Medicare 2:
Phone (832) 343-6706 Fax (832) 461-1842
Type: Parent Agency Administrator DEMARSENESE GREEN

Owner Information
TOTAL LOVING CARE PRIVATE CAREGIVERS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/01/2004
License # 009281 TOUCH OF CLASS
Lic Expire 08/31/2022 7171 HIGHWAY 6 NORTH SUITE 130
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (281) 858-1165 Fax (281) 345-9790
Type: Parent Agency Administrator JANET BOWLES

Owner Information
TOUCH OF CLASS
PHONE: (281) 858-1165 FAX: (281) 345-9790
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/04/2021
License # 020140 TOUCHED BY GUARDIAN ANGELS PERSONAL HOME CARE & AGENCY LLC
Lic Expire 525 N. SAM HOUSTON PKWY E, SUITE 320
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (281) 741-4299 Fax (281) 741-4782
Type: Parent Agency Administrator VERONICA WILSON

Owner Information
TOUCHED BY GUARDIAN ANGELS PERSONAL HOME CARE & AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 12/17/2018
License # 019161 TOUCHING HEARTS AT HOME
Lic Expire 12/17/2022 4606 FM 1960 W RD STE 698
Medicare 1: HOUSTON, TEXAS 77069
Medicare 2:
Phone (281) 781-8077 Fax
Type: Parent Agency Administrator ALLAN HUNT

Owner Information
A. HUNT & ASSOCIATES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/12/2017
License # 018269 TRADITIONS HEALTH
Lic Expire 06/30/2021 1120 NASA PARKWAY SUITE 340A
Medicare 1: 671686 HOSPICE HOUSTON, TX 77058
Medicare 2:
Phone (281) 333-4048 Fax (866) 908-8704
Type: Parent Agency Administrator LORI RINEHART

Owner Information
TRADITIONS HOSPICE OF SOUTH HOUSTON, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/10/2017
License # 017848 TRADITIONS HEALTH
Lic Expire 01/31/2021 4326 HUGH ECHOLS BLVD
Medicare 1: 671684 HOSPICE BAYTOWN, TX 77521
Medicare 2:
Phone (281) 919-1780 Fax (866) 908-8704
Type: Parent Agency Administrator LORI RINEHART

Owner Information
TRADITIONS HOSPICE OF GALVESTON, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/01/2020
License # 020551 TRADITIONS HEALTH
Lic Expire 06/01/2022 16730 NORTH ELDRIDGE PARKWAY
Medicare 1: 451709 Hospice TOMBALL, TEXAS 77377
Medicare 2:
Phone (281) 646-9900 Fax (866) 908-8704
Type: Parent Agency Administrator LISA LEBLANC

Owner Information
TRADITIONS HOSPICE OF TOMBALL, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/01/2012
License # 015118 TRADITIONS HEALTH CARE
Lic Expire 09/30/2022 1120 NASA PARKWAY SUITE 340B
Medicare 1: HOUSTON, TEXAS 77058
Medicare 2:
Phone (409) 766-1062 Fax (866) 908-8704
Type: Branch Agency Administrator LISA LEBLANC

Owner Information
TRADITIONS HEALTH CARE OF HOUSTON/GALVESTON, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 12/24/2009
License # 013263 TRANSITION HOME HEALTH CARE
Lic Expire 12/31/2021 4888 LOOP CENTRAL DRIVE, SUITE 450
Medicare 1: 747420 HHA-18 HOUSTON, TX 77081
Medicare 2:
Phone (713) 665-5471 Fax (281) 936-0199
Type: Parent Agency Administrator JACQUELYN BOONE

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
Accreditation: CHAP - Deemed, Expires: 06/16/2023

County **HARRIS** Region 06 Date Licensed 12/24/2009
License # 013263 TRANSITION HOME HEALTH CARE
Lic Expire 12/31/2021 4888 LOOP CENTRAL DRIVE, SUITE 450
Medicare 1: 747420 HHA-18 HOUSTON, TX 77081
Medicare 2:
Phone (713) 665-5471 Fax (281) 936-0199
Type: Parent Agency Administrator JACQUELYN BOONE

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
Accreditation: CHAP - Deemed, Expires: 06/16/2023

County **HARRIS** Region 06 Date Licensed

License # 013263 TRANSITION HOME HEALTH CARE

Lic Expire 12/31/2021 500 SPRING HILL DRIVE, SUITE 160

Medicare 1: 74Q74200001 SPRING, TX 77386

Medicare 2:

Phone (713) 665-5471 Fax

Type: Branch Agency Administrator MARIA GABRIELA ZUIDEMA

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

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County **HARRIS** Region 06 Date Licensed

License # 013263 TRANSITION HOME HEALTH CARE

Lic Expire 12/31/2021 500 SPRING HILL DRIVE, SUITE 160

Medicare 1: 74Q74200001 SPRING, TX 77386

Medicare 2:

Phone (713) 665-5471 Fax

Type: Branch Agency Administrator MARIA GABRIELA ZUIDEMA

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

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County **HARRIS** Region 06 Date Licensed 09/24/2020

License # 020199 TREASURED MOMENTS HOSPICE, LLC

Lic Expire 09/24/2022 11220 WEST RD APT 932

Medicare 1: HOUSTON, TEXAS 77065

Medicare 2:

Phone (832) 229-5248 Fax

Type: Parent Agency Administrator MELISSA WADE

Owner Information

TREASURED MOMENTS HOSPICE, LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/03/1996

License # 004485 TRI ACECARE HOME HEALTH SERVICES INC

Lic Expire 05/31/2022 2506-A NANTUCKET DRIVE

Medicare 1: 459050 HOUSTON, TX 77057

Medicare 2:

Phone 281 9991943 Fax 713 2449875

Type: Parent Agency Administrator YVONNE ISIDRO

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; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/06/2018

License # 019610 TRI CARE HOME HEALTH, LLC

Lic Expire 08/01/2021 7324 SW FREEWAY SUITE #300

Medicare 1: HOUSTON, TEXAS 77074

Medicare 2:

Phone (713) 674-5616 Fax (713) 674-5620

Type: Parent Agency Administrator KEITH HEBERT

Owner Information

TRI CARE HOME HEALTH, LLC.

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/10/2020

License # 019520 TRINITY HEALTH CARE SOLUTIONS

Lic Expire 08/09/2021 7171 HIGHWAY 6 N STE 205

Medicare 1: HOUSTON, TEXAS 77095

Medicare 2:

Phone (713) 730-5003 Fax (281) 476-6401

Type: Parent Agency Administrator ELYSHA IWUEKE

Owner Information

TRINITY HEALTH SOLUTIONS LLC

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/30/1998

License # 006489 TRINITY HOME HEALTH CARE

Lic Expire 01/31/2022 7324 SOUTHWEST FREEWAY STE 977

Medicare 1: 678253 HOUSTON, TX 77074

Medicare 2:

Phone (713) 665-6666 Fax (713) 665-6663

Type: Parent Agency Administrator STEPHANIE CROSBY

Owner Information

1ST TRINITY HOME HEALTH CARE INC

7322 SOUTHWEST FREEWAY STE 977

HOUSTON, TX 77074

PHONE: FAX:

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

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

County **HARRIS** Region 06 Date Licensed 10/05/2019
License # 019494 TRINITY HOME HEALTHCARE LLC
Lic Expire 03/19/2021 11301 FALL BROOK DRIVE, STE 302,
Medicare 1: 677975 HOUSTON, TEXAS 77065
Medicare 2:
Phone (346) 402-7272 Fax
Type: Parent Agency Administrator UCHECHI EZE

Owner Information
TRINITY HOME HEALTHCARE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 09/30/2013
License # 015874 TRINITY HOMECARE
Lic Expire 09/30/2021 5450 NORTHWEST CENTRAL DRIVE SUITE 111
Medicare 1: 678332 HHA-18 HOUSTON, TX 77092
Medicare 2:
Phone (713) 682-3090 Fax (713) 682-3325
Type: Parent Agency Administrator DAVID MORENO

Owner Information
MAJOR HEALTHCARE SYSTEMS LLC
5450 NW CENTRAL DRIVE, STE. 111
HOUSTON, TEXAS 77092
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 10/31/2017
License # 018415 TRINITY HOSPICE
Lic Expire 10/31/2021 9900 WESTPARK DRIVE STE 240
Medicare 1: 741712 HOSPICE HOUSTON, TX 77063
Medicare 2:
Phone 713 6770137 Fax 888 8447961
Type: Parent Agency Administrator ALLURA REYNOLDS

Owner Information
TRUE CARE HOSPICE, LLC
540 E APPLEBY RD., STE 104
FAYETTEVILLE, AR 72703
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/23/2020
License # 020009 TRINITY LIVING PROVIDER SERVICES LLC
Lic Expire 06/23/2022 12677 HIRAM CLARKE RD
Medicare 1: HOUSTON, TEXAS 77045
Medicare 2:
Phone (832) 368-0946 Fax (713) 413-3545
Type: Parent Agency Administrator CHARLENE OKENDU

Owner Information
TRINITY LIVING PROVIDER SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/15/2016
License # 017700 TRIUMPH HEALTH CARE SERVICES INC
Lic Expire 10/31/2022 10333 HARWIN DRIVE SUITE 675
Medicare 1: 747736 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 573-6736 Fax (713) 271-2298
Type: Parent Agency Administrator OMOYEME OBEAHON

Owner Information
TRIUMPH HEALTH CARE SERVICES INC
10590 WEST OFFICE DR. SUITE #105
HOUSTON, TX 77042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/08/2020
License # 020044 TRUCARE PALLIATIVE & HOSPICE CARE, LLC
Lic Expire 07/08/2022 9342 BOWMORE COURT
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (832) 775-8143 Fax (281) 476-7788
Type: Parent Agency Administrator MOLLY ONYANGO

Owner Information
TRUCARE PALLIATIVE & HOSPICE CARE, LLC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/01/2020
License # 020212 TRUE AMOR HEALTH PROFESSIONALS LLC
Lic Expire 10/01/2022 6201 BONHOMME STE. 370N
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (346) 212-7530 Fax
Type: Parent Agency Administrator BRIDNEY CAMPBELL

Owner Information
TRUE AMOR HEALTH PROFESSIONALS LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 10/27/2006
License # 010842 TTI HOME HEALTH CARE
Lic Expire 10/31/2022 4635 SOUTHWEST FREEWAY SUITE #182
Medicare 1: 679764 HHA-18 HOUSTON, TX 77027
Medicare 2:
Phone (713) 850-0088 Fax (713) 622-0688
Type: Parent Agency Administrator SANDRA SANDS-ARNAEZ

Owner Information
TRITRAX THERAPY INC
12407 SHADOWVALE DRIVE
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: JCAHO - Deemed, Expires: 11/16/2022

County **HARRIS** Region 06 Date Licensed 12/06/2019
License # 019735 TULIP HOSPICE LLC
Lic Expire 12/06/2021 2922 ROSEDALE ST
Medicare 1: 971623 Hospice HOUSTON, TEXAS 770046188
Medicare 2:
Phone (713) 874-1234 Fax (713) 521-1277
Type: Parent Agency Administrator JENNIFER ROY

Owner Information
TULIP HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/23/2023

County **HARRIS** Region 06 Date Licensed 08/24/2020
License # 020118 TURBO HOME CARE INC.
Lic Expire 08/24/2022 2800 POST OAK BLVD, SUITE 4100
Medicare 1: HOUSTON, TEXAS 77056
Medicare 2:
Phone 18007739165 Fax
Type: Parent Agency Administrator JALEESA OKENDU

Owner Information
TURBO HOME CARE INC.
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/10/2006
License # 010441 UAC HEALTH CARE SERVICES LLC
Lic Expire 05/31/2022 14215 SOUTH POST OAK ROAD
Medicare 1: 679645 HOUSTON, TX 77045
Medicare 2:
Phone (713) 413-2444 Fax (713) 413-1844
Type: Parent Agency Administrator FRANCOISE BANGOURA

Owner Information
UAC HEALTH CARE SERVICES LLC
14206 S POST OAK ROAD
HOUSTON, TX 77045
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/26/2003
License # 008617 ULTIMATE HOME HEALTH SERVICES
Lic Expire 08/31/2022 10103 FONDREN #322
Medicare 1: 679450 HHA-18 HOUSTON, TX 77096
Medicare 2:
Phone (713) 988-8668 Fax (713) 988-8985
Type: Parent Agency Administrator AMAETTE OKON

Owner Information
AMA ULTIMATE HOME HEALTH SERVICES,INC
2118 WAR ADMIRAL DR
STAFFORD, TX 77477
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/29/2017
License # 018442 ULTIMATE THERAPY SERVICES
Lic Expire 08/31/2021 9900 WESTPARK DR SUITE 340
Medicare 1: 677999 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (832) 252-1030 Fax (832) 252-1062
Type: Parent Agency Administrator NNEAMAKA AKALUSO

Owner Information
UC ULTIMATE THERAPY SERVICES INC
9900 WESTPARK DR., STE 340
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/09/1988
License # 000980 ULTRASTAFF
Lic Expire 05/31/2021 1818 MEMORIAL DRIVE SUITE #200
Medicare 1: HOUSTON, TX 77007
Medicare 2:
Phone (713) 522-7100 Fax (713) 522-0744
Type: Parent Agency Administrator JOLYN WEST SCHEIRMAN

Owner Information
JWS HEALTH CONSULTANTS, INC.
1818 MEMORIAL DR SUITE 200
HOUSTON, TX 77007
PHONE: FAX:
Services: Licensed Home Health Services

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

County **HARRIS** Region 06 Date Licensed 01/02/2020
License # 019757 UNIQ HEALTHCARE AND THERAPY SERVICE
Lic Expire 01/02/2022 8700 COMMERCE PARK DR STE 108A
Medicare 1: HOUSTON, TEXAS 77071
Medicare 2:
Phone (713) 505-3300 Fax (855) 313-7001
Type: Parent Agency Administrator CHRISTOPHER DAUDU

Owner Information
UNIQ GROUP, INC
7700 W AIRPORT BLVD #910
HOUSTON, TX 77071
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/30/2015
License # 017110 UNISTAR HEALTHCARE SERVICES LLC.
Lic Expire 10/31/2021 8403 BRIGHTON LAKE LANE
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (713) 732-7395 Fax (713) 583-5660
Type: Parent Agency Administrator TABITHA OMONDI

Owner Information
UNISTAR HEALTHCARE SERVICES, LLC
8403 BRIGHTON LAKE LANE
HOUSTON, TX 77095
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 06/29/2010
License # 013630 UNITED AMERICA HOME HEALTH SERVICES INC.
Lic Expire 06/30/2022 3721 BRIARPARK DR STE 155
Medicare 1: 677869 HHA-18 HOUSTON, TX 77042
Medicare 2:
Phone (713) 975-1310 Fax (713) 975-7312
Type: Parent Agency Administrator STELLA CHIDOKA

Owner Information
UNITED AMERICA HOME HEALTH SERVICE INC.
11200 WESTHEIMER ROAD, #350
HOUSTON, TX 77042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 03/02/2019
License # 019622 UNITED CARE INC
Lic Expire 09/30/2021 6464 SAVOY DRIVE, SUITE 778
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 455-7071 Fax
Type: Parent Agency Administrator MARCEL ACHA

Owner Information
UNITED CARE INC
P O BOX 720903
HOUSTON, TX 77272
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/15/2000
License # 007402 UNITY HOMECARE
Lic Expire 08/31/2021 4000 DOVER STREET SUITE #100
Medicare 1: 679018 HHA-18 HOUSTON, TX 77087
Medicare 2:
Phone (713) 944-0500 Fax (713) 944-0600
Type: Parent Agency Administrator BENITA TURK

Owner Information
GRARUDA ENTERPRISES, INC
SAME
HOUSTON, TX 77087
PHONE: (713) 944-0500 FAX: (713) 944-0600
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 06/05/2017
License # 018089 UNITY HOSPICE
Lic Expire 06/30/2021 450 N TEXAS AVENUE SUITE A1
Medicare 1: WEBSTER, TEXAS 77598
Medicare 2:
Phone (281) 967-7791 Fax (832) 284-4145
Type: Parent Agency Administrator MARY JAMES, RN

Owner Information
MADAY HEALTH CONSULTING LLC
578 SOUTHHAMPTON LN.
LEAGUE CITY, TX 77573
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/05/2008
License # 012113 UNIVERSAL HEALTH SERVICES
Lic Expire 05/31/2020 7111 HARWIN DRIVE, SUITE 275
Medicare 1: 678449 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 914-9141 Fax (713) 914-9464
Type: Parent Agency Administrator ALPHONSUS LEWIS

Owner Information
ALPHONSUS LEWIS
7100 REGENCY SQUARE BLVD SUITE #255
HOUSTON, TX 77036-3186
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 12/08/1998
License # 006751 UNIVERSITY PLACE RETIREMENT COMMUNITY
Lic Expire 12/31/2021 7480 BEECHNUT
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 541-2900 Fax (713) 456-4828
Type: Parent Agency Administrator SAVITHA LAKSHMIKANTH

Owner Information
MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER RD., STE.2700
HOUSTON, TX 77024
PHONE: (713) 242-2777 FAX: (713) 456-6052
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/22/2016
License # 017909 UNLIMITED HELP NURSING SERVICES INC
Lic Expire 08/31/2020 2620 TANGLEWILDE STREET, SUITE 103
Medicare 1: 747677 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (346) 319-5329 Fax (346) 319-5382
Type: Parent Agency Administrator VICTOR ARISE

Owner Information
UNLIMITED HELP NURSING SERVICES INC
1138 TURTLE CREEK DRIVE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/11/1994
License # 003259 UNLIMITED HOME CARE INC
Lic Expire 10/31/2021 8633 W AIRPORT BLVD SUITE 1032
Medicare 1: 458331 HHA-18 HOUSTON, TX 77071
Medicare 2:
Phone (713) 988-2261 Fax (713) 988-4117
Type: Parent Agency Administrator ROSALIND PRATT-JAMES

Owner Information
UNLIMITED HOME CARE INC
8633 W AIRPORT BLVD #106
HOUSTON, TX 77071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/06/2021
License # 020677 UNLIMITED PATHWAYS TO CHANGE, LLC
Lic Expire 04/06/2024 5757 WOODWAY DRIVE, SUITE 300
Medicare 1: HOUSTON, TEXAS 77057
Medicare 2:
Phone (832) 305-6706 Fax (318) 625-0636
Type: Parent Agency Administrator RENEKA CLARK

Owner Information
UNLIMITED PATHWAYS TO CHANGE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/07/2011
License # 014455 UPCARE HOME HEALTH LLC
Lic Expire 11/30/2021 9896 BISSONNET STREET SUITE 125
Medicare 1: 747853 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 302-6519 Fax (281) 240-6335
Type: Parent Agency Administrator LOLITA USERO

Owner Information
UPCARE HOME HEALTH LLC
9896 BISSONET STREET, SUITE#125
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 04/04/2008
License # 011955 UPTOWN HOMECARE
Lic Expire 07/28/2022 5858 WESTHEIMER RD SUITE 700
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 622-9877 Fax (713) 622-1241
Type: Parent Agency Administrator MARY KATHERINE KILLIAN

Owner Information
ADVANCED HR SOLUTIONS LTD
5858 WESTHEIMER RD, SUITE 700
HOUSTON, TX 77057
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/18/2020
License # 020109 US NATIONAL HEALTHCARE TRAINING SERVICES INC
Lic Expire 08/18/2022 2626 SOUTH LOOP WEST STE 426
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (832) 849-1186 Fax
Type: Parent Agency Administrator KEVIN SIMMS

Owner Information
US NATIONAL HEALTHCARE TRAINING SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 06/28/2011
License # 014191 US RENAL CARE HOME THERAPIES LLC
Lic Expire 06/30/2021 8515 FANNIN STREET
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 668-2744 Fax (713) 595-5959
Type: Parent Agency Administrator TARA KENNEDY

Owner Information
US RENAL CARE HOME THERAPIES, LLC
PO BOX 251549
PLANO, TEXAS 75025
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **HARRIS** Region 06 Date Licensed 10/21/2020
License # 020252 V V EMMANUEL LLC
Lic Expire 10/21/2022 10451 HUFFMEISTER RD #2101
Medicare 1: HOUSTON, TX 77065
Medicare 2:
Phone (832) 833-9520 Fax NA
Type: Parent Agency Administrator AYOTUNDE BANKOLE

Owner Information
V V EMMANUEL LLC
10451 HUFFMEISTER RD #2101
HOUSTON, TEXAS 77065
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/25/2020
License # 020015 VALID PRIMARY CARE SERVICES,LLC
Lic Expire 06/25/2022 2600 SOUTH LOOP WEST SUITE 692
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (832) 831-0189 Fax (346) 335-8150
Type: Parent Agency Administrator TINA MCNEAL

Owner Information
VALID PRIMARY CARES SERVICES,LLC
3030 WEST FUQUA STREET UNIT 450211
HOUSTON, TEXAS 77245
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 07 Date Licensed 05/14/2015
License # 006515 VALLEY VIEW PRIMARY HOME CARE
Lic Expire 05/31/2022 2200 N. LOOP W, SUITE 106
Medicare 1: HOUSTON, TEXAS 77018
Medicare 2:
Phone (281) 501-0301 Fax (281) 501-0324
Type: Branch Agency Administrator LUZ ELIZARDE

Owner Information
VALLEY VIEW PRIMARY HOME CARE
609 WEST VAN BUREN
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/17/2020
License # 020182 VANKEMSEA GLOBAL AGENCY
Lic Expire 09/17/2022 6257, HWY 6 SOUTH
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (281) 935-5408 Fax
Type: Parent Agency Administrator LYDIA AGUEBOR

Owner Information
LYDIA AGUEBOR
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/02/2012
License # 014626 VANTAGE HOSPICE
Lic Expire 02/28/2022 21720 KINGSLAND BLVD SUITE 301
Medicare 1: 671680 HOSPICE KATY, TX 77450
Medicare 2:
Phone (281) 579-5660 Fax (281) 579-5661
Type: Parent Agency Administrator ANETA NICOLE KNIGHT

Owner Information
VANTAGE HOSPICE, LLC
21720 KINGSLAND BLVD SUITE 301
KATY, TX 77450
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/19/2023

County **HARRIS** Region 06 Date Licensed 10/28/2013
License # 015836 VARIETY HOMECARE PROVIDER SERVICES INC
Lic Expire 12/31/2021 2803 CHESTER BEND LANE
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (832) 913-6468 Fax (346) 387-6121
Type: Parent Agency Administrator MFONEMANAH ITUEN

Owner Information
VARIETY HOMECARE PROVIDER SERVICES INC
2803 CHESTER BEND LANE
KATY, TX 77494
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/26/2003
License # 008782 VEMAX HEALTHCARE SERVICES INC
Lic Expire 11/30/2022 10715 VALLEY HILLS DRIVE
Medicare 1: 453120 HHA-18 HOUSTON, TX 77071
Medicare 2:
Phone (713) 751-0016 Fax (713) 751-0300
Type: Parent Agency Administrator SABINA UZOWULU

Owner Information
VEMAX HEALTHCARE SERVICES INC
10715 VALLEYHILLS DRIVE
HOUSTON, TX 77071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 02/22/2006
License # 010308 VENTEX HOME HEALTH AGENCY INC
Lic Expire 02/28/2021 7111 HARWIN DRIVE SUITE 215
Medicare 1: 679748 HOUSTON, TX 77036
Medicare 2:
Phone (713) 272-7273 Fax (713) 272-7276
Type: Parent Agency Administrator JOSEPHINE ONUOHA

Owner Information
VENTEX HOME HEALTH AGENCY INC
7111 HARWIN DR. #215
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/11/2010
License # 013305 VESSEL HEALTHCARE SERVICES LLC
Lic Expire 05/31/2022 9950 WESTPARK SUITE 324
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (832) 538-0911 Fax (832) 538-0971
Type: Parent Agency Administrator THEOPHILUS AKINYELE

Owner Information
VESSEL HEALTHCARE SERVICES LLC
9950 WESTPARTK DRIVE #334
HOUSTON, TX 77063
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/26/2008
License # 011941 VESTA HOME CARE
Lic Expire 03/31/2022 7910 MOLINE ST SUITE 110
Medicare 1: 459274 HHA-18 HOUSTON, TX 77087
Medicare 2:
Phone (281) 661-5900 Fax (281) 661-6000
Type: Parent Agency Administrator BENITA TURK

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
Accreditation: CHAP - Deemed, Expires: 05/25/2022

County **HARRIS** Region 06 Date Licensed 06/30/2006
License # 010727 VICTORIAS HEALTH CARE INC
Lic Expire 06/30/2022 6074 BONESS RD
Medicare 1: HUMBLE, TX 77396
Medicare 2:
Phone (281) 570-6719 Fax (281) 913-5807
Type: Parent Agency Administrator PABLA HERNANDEZ

Owner Information
VICTORIAS HEALTH CARE INC.
6074 BONESS RD
HUMBLE, TX 77396
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/29/2005
License # 010158 VICTORY PERSONAL CARE INC.
Lic Expire 11/30/2022 1919 NORTH LOOP WEST STE 435
Medicare 1: HOUSTON, TX 77008
Medicare 2:
Phone (713) 884-1985 Fax (713) 694-1452
Type: Parent Agency Administrator ARDIA SPURLING

Owner Information
VICTORY PERSONAL CARE INC
P.O. BOX 924615
HOUSTON, TX 77292
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/27/2010
License # 013495 VIGOR HEALTHCARE SERVICES LLC
Lic Expire 11/30/2022 9894 BISSONNET ST, SUITE 585
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 715-5899 Fax (713) 771-5278
Type: Parent Agency Administrator GLORY NOSIKE

Owner Information
VIGOR HEALTHCARE SERVICES LLC
9894 BISSONNET, SUITE 585
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/13/2010
License # 013456 VINA HEALTH CARE SERVICES INC
Lic Expire 07/31/2022 2500 TANGLEWILDE ST, STE 223
Medicare 1: 747801 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (713) 334-5031 Fax (713) 334-2527
Type: Parent Agency Administrator TONY NWACHAN

Owner Information
VINA HEALTH CARE SERVICES INC
2500 TANGLEWILDE ST, STE 223
HOUSTON, TX 77089
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 05/24/2017
License # 018077 VISITING ANGELS
Lic Expire 05/31/2021 14614 FALLING CREEK DR SUITE 208
Medicare 1: HOUSTON, TX 77068
Medicare 2:
Phone (832) 705-8911 Fax (832) 705-8925
Type: Parent Agency Administrator FLORENCE SONGS

Owner Information
I FLORISH LLC
23318 BRAT PASS
SPRING, TX 77373
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/22/2014
License # 016328 VISITING ANGELS
Lic Expire 07/31/2022 6236 NORTH HWY 146 SUITE #11
Medicare 1: BAYTOWN, TX 77523
Medicare 2:
Phone (832) 514-6539 Fax (281) 628-2375
Type: Parent Agency Administrator DUSTIN WOLFE

Owner Information
CJ HOMECARE, INC.
510 2ND ST
HUMBLE, TX 77338
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/04/2014
License # 016180 VISITING ANGELS
Lic Expire 01/31/2022 510 2ND STREET
Medicare 1: HUMBLE, TX 77338
Medicare 2:
Phone (281) 812-1530 Fax (281) 446-3959
Type: Parent Agency Administrator JEFF WOLFE

Owner Information
CJ HOMECARE, INC.
510 2ND ST
HUMBLE, TX 77338
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/15/2015
License # 016913 VISITING ANGELS
Lic Expire 07/31/2021 7050 LAKEVIEW HAVEN DRIVE SUITE 116
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (832) 509-4024 Fax (832) 509-4002
Type: Parent Agency Administrator PETER LOMBARDI

Owner Information
RUNNING ANGELS INC
20126 HARDWIDGE COURT
KATY, TX 77450
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/17/2009
License # 013037 VISITING ANGELS
Lic Expire 12/31/2021 2825 WILCREST DR STE 315
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone (713) 952-4884 Fax (713) 952-4883
Type: Parent Agency Administrator LOLO BRIGGS

Owner Information
I I & D INC
2825 WILCREST DR STE 315
HOUSTON, TX 77042
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/16/2009
License # 012924 VISITING ANGELS
Lic Expire 03/31/2021 218 NOBLE STREET
Medicare 1: SPRING, TX 77373
Medicare 2:
Phone (713) 864-7388 Fax (281) 288-9111
Type: Parent Agency Administrator SUSAN TOMLINSON

Owner Information
TOMLICO LLC
1908 N MEMORIAL WAY
HOUSTON, TX 77007
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/11/2009
License # 012756 VISITING ANGELS LIVING ASSISTANCE SERVICES
Lic Expire 07/31/2021 16940 HIGHWAY 3
Medicare 1: WEBSTER, TX 77598
Medicare 2:
Phone (832) 632-2273 Fax (832) 632-2256
Type: Parent Agency Administrator THERESA M DIVINE THERESA M DIVINE

Owner Information
DIVINE ASSISTANCE SERVICES LLC
16940 HIGHWAY 3
WEBSTER, TX 77598
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/24/2019
License # 019987 VITAL HEALTHCARE LLC
Lic Expire 10/24/2021 2755 CHESTNUT RIDGE RD., SUITE 118
Medicare 1: 679595 (HHA) KINGWOOD, TX 773392498
Medicare 2:
Phone (281) 915-9828 Fax (281) 972-5335
Type: Parent Agency Administrator FARAH HASNIE

Owner Information
VITAL HEALTHCARE, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 08/16/2017
License # 018751 VITALUS HOME
Lic Expire 08/31/2019 2727 ALLEN PKWY STE 1915
Medicare 1: 747675 HOUSTON, TX 77019
Medicare 2:
Phone (281) 240-0749 Fax (281) 240-1335
Type: Parent Agency Administrator CAROL SEAMAN

Owner Information
BLESSING HANDS HOME HEALTH LLC
509 W. TIDWELL ROAD SUITE 318
HOUSTON, TX 77091
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRIS** Region 06 Date Licensed 12/01/1998
License # 006974 VITAS HEALTHCARE OF TEXAS L P
Lic Expire 11/30/2022 3131 EASTSIDE STREET SUITE 200
Medicare 1: 451536 HOSPICE HOUSTON, TX 77098
Medicare 2:
Phone (713) 663-4900 Fax (713) 663-4990
Type: Parent Agency Administrator ANNETTE PEREZ

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/30/2003
License # 006974 VITAS HEALTHCARE OF TEXAS L P
Lic Expire 11/30/2022 17320 RED OAK DRIVE
Medicare 1: HOUSTON, TEXAS 77090
Medicare 2:
Phone (281) 895-6351 Fax (281) 580-1347
Type: Alternate Delivery Site Administrator WILLIAM WELLER

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/29/2020
License # 019711 VIV HEALTH CARE SERVICES LLC
Lic Expire 11/21/2021 2100 WEST LOOP SOUTH SUITE 900 OFFICE NO. 833
Medicare 1: HOUSTON, TEXAS 77027
Medicare 2:
Phone (404) 484-8912 Fax
Type: Parent Agency Administrator MELISSA CODIO

Owner Information
VIV HEALTH CARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 10/28/2011
License # 014446 VIVICARE HEALTH PARTNERS HOUSTON INC
Lic Expire 10/31/2021 2855 WESTMINSTER PLAZA DR
Medicare 1: 747856 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (713) 337-4444 Fax (713) 337-4449
Type: Parent Agency Administrator LUCKY SAHUALLA

Owner Information
VIVICARE HEALTH PARTNERS HOUSTON, INC.
448 W. 19TH STREET BOX 548
HOUSTON, TEXAS 77008
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 02/15/2022

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

County **HARRIS** Region 06 Date Licensed 03/05/2012
License # 014679 VOLGA HOME CARE LLC
Lic Expire 03/31/2022 10101 FONDREN ROAD SUITE 451
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 293-2080 Fax (888) 817-4126
Type: Parent Agency Administrator NADEZHDA KOSHKINA

Owner Information
VOLGA HOME CARE LLC
17754 PRESTON RD. SUITE #200
DALLAS, TX 75252
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 03 Date Licensed 06/14/1999
License # 004131 VOLUNTEERS OF AMERICA TEXAS INC
Lic Expire 11/30/2021 4808 YALE STREET
Medicare 1: HOUSTON, TX 77018
Medicare 2:
Phone (713) 460-0781 Fax (713) 460-0988
Type: Branch Agency 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

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County **HARRIS** Region 06 Date Licensed 12/29/2015
License # 017387 VYDELL HEALTHCARE SERVICES INC
Lic Expire 12/31/2021 2620 TANGLEWILDE ST SUITE 106
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (346) 204-4821 Fax (346) 204-4826
Type: Parent Agency Administrator OLAKUNLE OMIYALE

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

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County **HARRIS** Region 06 Date Licensed 09/20/2017
License # 018331 WE ARE ONE HOME CARE LLC
Lic Expire 09/30/2021 340 N SAM HOUSTON PKWY E STE A110H
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone 469 9864822 Fax 469 2008339
Type: Parent Agency Administrator TONI BOOTH

Owner Information
WE ARE ONE HOME CARE, LLC
7460 WARREN PARKWAY STE 100
FRISCO, TX 75034
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/08/2019
License # 019691 WE CARE PROVIDER SERVICES, LLC
Lic Expire 11/08/2021 13700 VETERANS MEMORIAL
Medicare 1: HOUSTON, TX 77014
Medicare 2:
Phone 832 991 5258 Fax
Type: Parent Agency Administrator MARLO SMITH

Owner Information
WE CARE PROVIDER SERVICES, LLC
P.O. BOX 681144
HOUSTON, TX 77268
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/02/2006
License # 010505 WELLNESS HEALTHCARE INC
Lic Expire 06/30/2022 11603 POSSUM HOLLOW LANE
Medicare 1: 747216 HHA-18 HOUSTON, TEXAS 77065
Medicare 2:
Phone 832 4370217 Fax 281 3706762
Type: Parent Agency Administrator RODDETTE DE VEGA

Owner Information
WELLNESS RESPONSE INC
11603 POSSUM HOLLOW LN
HOUSTON, TX 77065
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 09/05/2019
License # 019578 WESLEY HEALTHCARE LLC
Lic Expire 09/05/2021 2620 TANGLEWILDE ST SUITE 109
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone 281 8458261 Fax 713 5888863
Type: Parent Agency Administrator MELISSA WADE

Owner Information
WESLEY HEALTHCARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HARRIS** Region 06 Date Licensed 10/19/2005
License # 010643 WEST WYNDE HEALTH SERVICES
Lic Expire 6201 BONHOMME RD. #264N
Medicare 1: 679210 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 972-1902 Fax (713) 972-0272
Type: Parent Agency Administrator GLADYS IBIK

Owner Information
WEST WYNDE HEALTH SERVICES INC
4707 KNIGHTS BRANCH DRIVE
SUGAR LAND, TX 77479
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 11/23/2022

County **HARRIS** Region 06 Date Licensed 11/30/2020
License # 020356 WHITE OAK HOSPICE LLC
Lic Expire 11/30/2022 11220 WEST RD APT 932
Medicare 1: HOUSTON, TEXAS 77065
Medicare 2:
Phone (832) 312-7660 Fax
Type: Parent Agency Administrator MELISSA WADE

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

County **HARRIS** Region 06 Date Licensed 05/16/2019
License # 019381 WHY CARE HEALTH SOLUTIONS
Lic Expire 05/16/2021 2600 SOUTH LOOP WEST 595A
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (832) 538-0439 Fax
Type: Parent Agency Administrator ERIKA GUIDRY

Owner Information
BIOCHROME COMPOUNDING & SPECIALTY LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/13/1995
License # 004096 WILCARE INC
Lic Expire 11/30/2020 10440 WESTOFFICE DRIVE, #100
Medicare 1: HOUSTON, TEXAS 77042
Medicare 2:
Phone (281) 679-6997 Fax (281) 679-6928
Type: Parent Agency Administrator TED DIEP NGUYEN

Owner Information
WILCARE INC
11200 WESTHEIMER RD SUITE #300A
HOUSTON, TX 77042
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/15/2019
License # 019378 WILD ROSE HOSPICE
Lic Expire 05/15/2021 10101 HARWIN DR #315
Medicare 1: 971559 HOUSTON, TEXAS 77036
Medicare 2:
Phone (866) 247-7681 Fax (866) 247-7681
Type: Parent Agency Administrator JOEL ADA

Owner Information
WILD ROSE HOSPICE, LLC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/01/2023

County **HARRIS** Region 06 Date Licensed 06/14/2006
License # 010537 WINNERS HEALTHCARE SOLUTIONS INC
Lic Expire 06/30/2022 440 COBIA DRIVE SUITE #1602
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (713) 780-9696 Fax (713) 780-9690
Type: Parent Agency Administrator OLALERE OLALEYE

Owner Information
WINNERS HEALTHCARE SOLUTIONS INC
440 COBIA DRIVE, SUITE 1602
KATY, TX 77494
PHONE: FAX:
Services: Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 04/04/2022

County **HARRIS** Region 06 Date Licensed 11/20/2015
License # 017436 WONDER HOME CARE INC.
Lic Expire 11/30/2021 8515 FONDREN ROAD #220
Medicare 1: 747185 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (281) 232-8200 Fax (281) 762-1164
Type: Parent Agency Administrator FLORENCE MKPARU MKPARU

Owner Information
WONDER HOME CARE INC
8110 PRAIRIE SAGE DR
RICHMOND, TX 77406
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HARRIS** Region 06 Date Licensed 03/30/2016
License # 017415 WORLD HEALTH SERVICES INC
Lic Expire 03/31/2022 13111 WESTHEIMER ROAD SUITE 215
Medicare 1: 457847 HOUSTON, TX 77077
Medicare 2:
Phone (713) 541-0651 Fax (713) 541-0652
Type: Parent Agency Administrator SAMUEL ANWAEGBU

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

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County **HARRIS** Region 06 Date Licensed 09/16/2008
License # 012316 XTRA-CARE HOME HEALTH INC
Lic Expire 09/30/2022 9894 BISSONNET SUITE 575
Medicare 1: 679728 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 270-1160 Fax (713) 270-1190
Type: Parent Agency Administrator ROSEMARY UWAEZUOKE

Owner Information
XTRA-CARE 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

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County **HARRIS** Region 06 Date Licensed 10/19/2016
License # 017685 YA'S HEALTHCARE PROVIDER AGENCY
Lic Expire 02/26/2021 4505 HIGHWAY 6 N SUITE 400
Medicare 1: HOUSTON, TX 77084
Medicare 2:
Phone (281) 815-7461 Fax (281) 815-7650
Type: Parent Agency Administrator YAMIR SANMARTIN

Owner Information
YA'S PARTNERS CORPORATION
PO BOX 842158
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/03/2017
License # 018421 YOLAH CAREGIVING SOLUTIONS LLC
Lic Expire 11/30/2021 13831 NORTHWEST FREEWAY SUITE #180
Medicare 1: HOUSTON, TX 77040
Medicare 2:
Phone (281) 733-6256 Fax (000) 000-0000
Type: Parent Agency Administrator YOLANDRA DRAKE

Owner Information
YOLAH CAREGIVING SOLUTIONS LLC
10924 GRANT RD #214
HOUSTON, TX 77070
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/20/2020
License # 019438 YOU FIRST HOME HEALTH SERVICES LLC
Lic Expire 06/24/2021 25406 WHITEHAVEN GATE ST
Medicare 1: KATY, TEXAS 77493
Medicare 2:
Phone (832) 692-2598 Fax (281) 670-5042
Type: Parent Agency Administrator ESELLE CABERRO

Owner Information
YOU FIRST HOME HEALTH SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 07/26/2002
License # 008025 YOUR QUALITY HEALTH CARE INC
Lic Expire 07/31/2022 1800 SNAKE RIVER ROAD SUITE D
Medicare 1: 679186 HHA-18 KATY, TX 77449
Medicare 2:
Phone (281) 980-3242 Fax (832) 827-4199
Type: Parent Agency Administrator JENNIFER SOLANO, MS, PA-C

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

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County **HARRIS** Region 06 Date Licensed 05/16/2011
License # 014101 YOU'RE FIRST LLC
Lic Expire 05/31/2021 18319 CYPRESS STONE LN
Medicare 1: CYPRESS, TX 77429
Medicare 2:
Phone (281) 382-2754 Fax (281) 304-8081
Type: Parent Agency Administrator HERMAN MCCLURE JR

Owner Information
YOU'RE FIRST LLC
18319 CYPRESS STONE LN
CYPRESS, TX 77429
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/25/2020
License # 019902 ZAPHIRO HOME HEALTH, LLC
Lic Expire 03/25/2022 5950 S GESSNER RD, STE. C
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (346) 571-4997 Fax (346) 571-5964
Type: Parent Agency Administrator LIDIBET MOREJON

Owner Information
ZAPHIRO HOME HEALTH, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 01/07/2021
License # 020438 ZENITH PALLIATIVE CARE INC
Lic Expire 01/07/2023 8700 COMMERCE PARK DR SUITE 125
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone 800 6311429 Fax 800 6311429
Type: Parent Agency Administrator NNAMDI OFODIKE

Owner Information
ZENITH PALLIATIVE CARE INC
SAME
,
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 09/05/2001
License # 007719 ZION HOME HEALTH SERVICES INC
Lic Expire 09/30/2021 7324 SOUTHWEST FREEWAY SUITE # 208
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 484-8870 Fax (713) 484-8871
Type: Parent Agency Administrator CINDY ORJI

Owner Information
ZION HOME HEALTH SERVICES INC
7324 SOUTHWEST FREEWAY SUITE # 208
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRISON** Region 04 Date Licensed 09/24/2020
License # 020197 BLESSED HEARTS SERVICES, LLC
Lic Expire 09/24/2022 505 E TRAVIS ST SUITE 207
Medicare 1: MARSHALL, TX 75670
Medicare 2:
Phone (318) 393-7352 Fax (903) 471-0049
Type: Parent Agency Administrator TREONNA JACKSON

Owner Information
BLESSED HEARTS SERVICES
505 TRAVIS ST SUITE 207
MARSHALL, TX 75670
PHONE: (318) 393-7352 FAX: (903) 471-0049
Services: Personal Assistance Services

County **HARRISON** Region 04 Date Licensed 11/01/2017
License # 018573 CHRISTUS GOOD SHEPHERD
Lic Expire 10/31/2021 401 SOUTH BOLIVAR STREET
Medicare 1: 458244 HHA-18 MARSHALL, TX 75670
Medicare 2:
Phone (903) 927-1144 Fax (903) 927-1181
Type: Parent Agency Administrator CORTNI GOLDEN

Owner Information
MARSHALL HOMECARE LLC
PO BOX 51266
LAFAYETTE, LA 70505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HARRISON** Region 04 Date Licensed 04/26/2017
License # 018220 ELARA CARING
Lic Expire 04/30/2021 316 NORTH POLK, SUITE C
Medicare 1: JEFFERSON, TX 75657
Medicare 2:
Phone (903) 938-6590 Fax (903) 638-6390
Type: Branch Agency Administrator REBA BUTLER

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

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County **HARRISON** Region 04 Date Licensed 06/21/2013
License # 015767 HEART TO HEART HOSPICE OF EAST TEXAS LLC
Lic Expire 06/30/2023 1005 E GRAND AVENUE
Medicare 1: MARSHALL, TX 75670
Medicare 2:
Phone (903) 923-0518 Fax (903) 923-0520
Type: Alternate Delivery Site 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** Region 04 Date Licensed 11/28/2007
License # 002514 HEART'SWAY HOSPICE OF NORTHEAST TEXAS
Lic Expire 04/30/2024 205 EAST AUSTIN ST
Medicare 1: MARSHALL, TX 75670
Medicare 2:
Phone (903) 938-5200 Fax (903) 938-1244
Type: Alternate Delivery Site Administrator POLLY MAINES

Owner Information
HOSPICE LONGVIEW INC
PO BOX 5608
LONGVIEW, TEXAS 75608
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRISON** Region 04 Date Licensed 03/11/2021
License # 020592 INNER QUALITY SERVICES
Lic Expire 03/11/2024 505 E. TRAVIS STREET
Medicare 1: MARSHALL, TX 75670
Medicare 2:
Phone (318) 906-5054 Fax (318) 906-5057
Type: Parent Agency Administrator TANESHA HALL

Owner Information
INNER QUALITY SERVICES LLC
PO BOX 538
STONEWALL, LA 71078
PHONE: FAX:
Services: Personal Assistance Services

County **HARRISON** Region 04 Date Licensed 05/16/2005
License # 009761 MARSHALL HOMECARE AND HOSPICE
Lic Expire 05/31/2022 111 E BURLESON
Medicare 1: 457878 HHA-18;67 MARSHALL, TX 75670
Medicare 2:
Phone (903) 923-8154 Fax (903) 935-3332
Type: Parent Agency Administrator BRANDON WHITE

Owner Information
MARSHALL MANOR HOMECARE LLC
111 E BURESON ST.
MARSHALL, TX 75670
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services
In-Patient Hospice: YES
Accreditation: JCAHO - Deemed, Expires: 09/18/2023

County **HARRISON** Region 04 Date Licensed 05/01/2019
License # 019356 THE TRINITY SITTER SERVICE, LLC
Lic Expire 05/01/2021 307 E AUSTIN ST #B
Medicare 1: MARSHALL, TEXAS 75670
Medicare 2:
Phone (903) 472-4798 Fax (903) 472-4799
Type: Parent Agency Administrator MONA L BRADLEY

Owner Information
THE TRINITY SITTER SERVICE, LLC
PO BOX 1655
MARSHALL, TEXAS 75671
PHONE: FAX:
Services: Personal Assistance Services

County **HARTLEY** Region 01 Date Licensed 06/13/1997
License # 005693 COON MEMORIAL HOSPITAL HOME CARE
Lic Expire 06/30/2022 210 E TEXAS BLVD
Medicare 1: 459416 HHA-18;67 DALHART, TX 79022
Medicare 2:
Phone (806) 244-8738 Fax (806) 244-6604
Type: Parent Agency Administrator RACHEL HUNTER

Owner Information
DALLAM-HARTLEY COUNTIES HOSPITAL DISTRICT
PO BOX 2014
DALHART, TX 79022
PHONE: (806) 244-8555 FAX: (806) 244-1665
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HASKELL** Region 01 Date Licensed 03/04/1999
License # 001773 YOUNG COUNTY HOME HEALTH CARE
Lic Expire 07/31/2022 417 SOUTH 1ST
Medicare 1: HASKELL, TX 79521
Medicare 2:
Phone (940) 864-5074 Fax (940) 864-6163
Type: Branch Agency Administrator HARRY TALBOTT

Owner Information
YOUNG COUNTY HOME HEALTH CARE INC
2735 WIND RIVER LANE SUITE 153
DENTON, TX 76210
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HAYS** Region 05 Date Licensed 02/01/2017
License # 018037 ANGELS FOR ELDERS
Lic Expire 01/31/2021 201 FM 3237 SUITE 124
Medicare 1: WIMBERLEY, TX 78676
Medicare 2:
Phone (512) 847-7445 Fax (512) 847-1425
Type: Parent Agency Administrator KIMA COLTHARP

Owner Information
RIVERSIDE KEEPERS, LLC
201 FM 3237 STE 124
WIMBERLEY, TX 78676
PHONE: FAX:
Services: Personal Assistance Services

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

County **HAYS** Region 07 Date Licensed 07/31/2009
License # 011379 AXIS HOME HEALTH
Lic Expire 06/30/2022 1900 NORTH IH 35 STE 101
Medicare 1: SAN MARCOS, TX 78666
Medicare 2:
Phone (512) 392-5166 Fax (877) 270-3788
Type: Branch Agency Administrator XENIA BUENO

Owner Information
AXYB INC
120 N. MESQUITE STREET
SAN ANTONIO, TX 78202
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HAYS** Region 05 Date Licensed 07/18/2008
License # 012109 BE HEALTHY AT HOME
Lic Expire 07/31/2022 825 MAIN ST. STE. 110
Medicare 1: 747688 HHA-18 BUDA, TEXAS 78610
Medicare 2:
Phone (512) 295-7000 Fax (512) 295-7070
Type: Parent Agency Administrator BRANDIS WILMORE

Owner Information
BHH HEALTH LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 05/02/2024

County **HAYS** Region 07 Date Licensed 09/11/2013
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 06/30/2021 101 UHLAND ROAD SUITE 200
Medicare 1: SAN MARCOS, TX 78666
Medicare 2:
Phone (855) 290-2394 Fax (512) 757-8834
Type: Branch Agency Administrator MARCUS WILLIAMS WILLIAMS

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

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County **HAYS** Region 05 Date Licensed 01/27/2017
License # 017887 BENNINGTON HOME HEALTH CARE LLC
Lic Expire 01/31/2023 215 WEST SAN ANTONIO STREET SUITE 103
Medicare 1: SAN MARCOS, TX 78666
Medicare 2:
Phone (512) 667-7068 Fax (512) 269-0040
Type: Parent Agency 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** Region 05 Date Licensed 06/01/2011
License # 014131 BLUE BONNET PALLIATIVE CARE PLLC
Lic Expire 05/31/2021 12111 RANCH RD 12 SPACE 114
Medicare 1: 671713 HOSPICE WIMBERLEY, TX 78676
Medicare 2:
Phone (512) 537-8950 Fax (866) 616-7615
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 06/29/2021

County **HAYS** Region 05 Date Licensed 06/03/2019
License # 019409 BLUE HORIZONS HOSPICE OF AUSTIN
Lic Expire 06/03/2021 12010 HWY W US 290, SUITE 190
Medicare 1: AUSTIN, TX 787372831
Medicare 2:
Phone (512) 827-3776 Fax
Type: Parent Agency Administrator BARBARA KAUFMAN

Owner Information
UNITED APOLLO, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HAYS** Region 05 Date Licensed 01/12/2016
License # 017218 BLUE STAR HOME CARE
Lic Expire 01/31/2022 187 ELMHURST, SUITE D
Medicare 1: KYLE, TX 78640
Medicare 2:
Phone (512) 387-5787 Fax 18006169324
Type: Parent Agency Administrator PANNA JONES, RN

Owner Information
FOUR K HEALTH CARE LLC
187 ELMHURST, STE D
KYLE, TX 78640
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **HAYS** Region 05 Date Licensed 11/17/2019
License # 019581 BRANDON'S TOTAL LOVING CARE HOME CARE AGENCY LLC
Lic Expire 09/06/2021 100 N EDWARD GARY STREET SUITE 113
Medicare 1: SAN MARCOS, TEXAS 78666
Medicare 2:
Phone (512) 400-8330 Fax
Type: Parent Agency Administrator SHEILA COOPER SHAW

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

County **HAYS** Region 05 Date Licensed 04/07/2021
License # 020678 BRIDGEWAY HOSPICE, LLC.
Lic Expire 04/07/2023 825 MAIN ST., SUITE 120
Medicare 1: BUDA, TEXAS 78610
Medicare 2:
Phone (512) 565-6182 Fax (512) 295-7070
Type: Parent Agency Administrator BRANDIS WILMORE

Owner Information
BRIDGEWAY HOSPICE, LLC.
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HAYS** Region 05 Date Licensed 11/01/2020
License # 020455 CHRISTUS HOSPICE ? CENTRAL TEXAS
Lic Expire 11/01/2022 1315 IH 35 NORTH
Medicare 1: 451548 SAN MARCOS, TEXAS 78666
Medicare 2:
Phone 512 7546159 Fax 512 7541657
Type: Parent Agency Administrator ALLISON HARDY

Owner Information
LHCG CLI, LLC
PO BOX 51266
LAFAYETTE, LOUISIANA 70505
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HAYS** Region 05 Date Licensed 06/15/2017
License # 018109 COMFORT KEEPERS
Lic Expire 12/30/2021 109 E HOPKINS ST SUITE 203
Medicare 1: SAN MARCOS, TX 78666
Medicare 2:
Phone (512) 598-9099 Fax (512) 640-8803
Type: Parent Agency Administrator MEGAN JONES

Owner Information
EMERALD FOREST VENTURES LLC
1318 CANON YEOMANS TRL
AUSTIN, TX 78748
PHONE: FAX:
Services: Personal Assistance Services

County **HAYS** Region 05 Date Licensed 06/01/2010
License # 013546 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2022 2108 HUNTER ROAD SUITE 106
Medicare 1: SAN MARCOS, TX 78666
Medicare 2:
Phone (512) 392-5801 Fax (512) 392-5806
Type: Branch Agency Administrator ANNABEL LINSCOMB

Owner Information
ENCOMPASS HOME HEALTH OF AUSTIN, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HAYS** Region 05 Date Licensed 06/01/2010
License # 013546 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2022 2108 HUNTER ROAD SUITE 106
Medicare 1: SAN MARCOS, TX 78666
Medicare 2:
Phone (512) 392-5801 Fax (512) 392-5806
Type: Branch Agency Administrator ANNABEL LINSCOMB

Owner Information
ENCOMPASS HOME HEALTH OF AUSTIN, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HAYS** Region 05 Date Licensed 02/11/2019
License # 019267 HALCYON HOME
Lic Expire 02/11/2021 125 MCCARTY LANE
Medicare 1: 457094 SAN MARCOS, TEXAS 78666
Medicare 2:
Phone 512 6676775 Fax 512 6676774
Type: Parent Agency Administrator TANYA ROBERTS

Owner Information
KINGFISHER HEALTH, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 07/16/2023

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

County **HAYS** Region 05 Date Licensed 12/06/2019
License # 019736 HALCYON HOME
Lic Expire 12/06/2021 125 W MCCARTY LN
Medicare 1: 971605 Hospice SAN MARCOS, TEXAS 78666
Medicare 2:
Phone (512) 357-8488 Fax (512) 667-6774
Type: Parent Agency Administrator HAYLEY HUGHES

Owner Information
KINGFISHER HEALTH, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/30/2023

County **HAYS** Region 05 Date Licensed 08/08/2016
License # 017559 HEART TO HEART HOSPICE OF SAN MARCOS LLC
Lic Expire 08/31/2022 1340 WONDER WORLD DRIVE SUITE 4202
Medicare 1: 741661 HOSPICE SAN MARCOS, TX 78666
Medicare 2:
Phone (512) 667-6816 Fax (512) 667-6823
Type: Parent Agency Administrator TAMMY ALLEN

Owner Information
HEART TO HEART HOSPICE OF SAN MARCOS LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/16/2023

County **HAYS** Region 05 Date Licensed 10/25/2011
License # 014439 HUTCHISON PLACE SOUTH
Lic Expire 10/31/2021 545 W HUTCHISON STREET
Medicare 1: SAN MARCOS, TX 78666
Medicare 2:
Phone (512) 353-1391 Fax (512) 396-2024
Type: Parent Agency Administrator DANIEL SMITH

Owner Information
TANGRAM REHABILITATION NETWORK INC
9901 LINN STATION RD
LOUISVILLE, KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2285
Services: Personal Assistance Services

County **HAYS** Region 06 Date Licensed
License # 009412 IPH HOSPICE CARE INC
Lic Expire 11/30/2022 9300 RESEARCH BLVD, SUITE 300
Medicare 1: AUSTIN, TEXAS 78759
Medicare 2:
Phone (281) 793-0515 Fax (979) 529-9561
Type: Alternate Delivery Site Administrator LISA CHARBULA

Owner Information
IPH HOSPICE CARE INC
190 ABNER JACKSON PKWY STE #220
LAKE JACKSON, TX 77566
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HAYS** Region 05 Date Licensed 08/01/2019
License # 019564 JOL HEALTHCARE
Lic Expire 08/01/2021 211 ELMHURST, STE D
Medicare 1: 741615 (HOSPICE) KYLE, TEXAS 78640
Medicare 2:
Phone (844) 244-7752 Fax (512) 597-0883
Type: Parent Agency Administrator SARAH FILES

Owner Information
JOL HOSPICE KYLE, LLC
2006 SOUTH BAGDAD ROAD, STE 180
LEANDER, TX 78641
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/07/2022

County **HAYS** Region 05 Date Licensed 04/18/2019
License # 019525 JOL HEALTHCARE
Lic Expire 04/18/2024 211 ELMHURST, STE D
Medicare 1: 747926 HHA-18 KYLE, TEXAS 78640
Medicare 2:
Phone (512) 786-4198 Fax (512) 597-0883
Type: Parent Agency Administrator KATIE TREVINO

Owner Information
JOL HOME HEALTH KYLE, LLC
2006 SOUTH BAGDAD ROAD, STE 180
LEANDER, TEXAS 78641
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 06/02/2023

County **HAYS** Region 05 Date Licensed 10/26/1995
License # 004098 KINDRED HOSPICE
Lic Expire 10/31/2022 1911 CORPORATE DRIVE SUITE 104
Medicare 1: 451640 HOSPICE SAN MARCOS, TX 786666171
Medicare 2:
Phone (512) 392-9138 Fax (512) 392-9148
Type: Parent Agency Administrator APRIL SMITH

Owner Information
FAMILY HOSPICE, LTD.
655 BRAWLEY SCHOOL ROAD, SUITE 200
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 12/17/2022

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

County **HAYS** Region 05 Date Licensed 06/22/2015
License # 016868 NELLIE'S HEART CAREGIVING INCORPORATED
Lic Expire 06/30/2021 12621 REDBUD TRAIL
Medicare 1: BUDA, TX 78610
Medicare 2:
Phone (512) 361-0008 Fax (512) 361-0008
Type: Parent Agency Administrator SANDRA ROBINSON

Owner Information
NELLIES HEART CAREGIVING, INC.
12621 RED BUD TRAIL
BUDA, TX 78610
PHONE: FAX:
Services: Personal Assistance Services

County **HAYS** Region 05 Date Licensed 03/26/2004
License # 008988 PROGRESSIVE HOME HEALTH AGENCY
Lic Expire 03/31/2021 1766 FM 967 SUITE B
Medicare 1: 453125 HHA-18 BUDA, TX 78610
Medicare 2:
Phone (512) 312-5222 Fax (512) 312-5552
Type: Parent Agency Administrator MERCY NKANSAH

Owner Information
FDN ENTERPRISES LLC
1766 FM 967 SUITE-B
BUDA, TX 78610
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HAYS** Region 05 Date Licensed 03/20/2015
License # 012568 RIGHT AT HOME 1202
Lic Expire 04/30/2023 120 EBONY STREET SUITE #100
Medicare 1: SAN MARCOS, TX 78666
Medicare 2:
Phone (512) 291-9495 Fax (512) 465-9901
Type: Branch Agency Administrator KATRINA VANBENTHUYSEN

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

County **HAYS** Region 05 Date Licensed 09/06/2005
License # 009939 SANMARCOS COMMUNITY LIVING PROGRAM
Lic Expire 09/30/2019 119 SMITH LANE
Medicare 1: SAN MARCOS, TX 78666
Medicare 2:
Phone (512) 557-0482 Fax (512) 878-0391
Type: Parent Agency Administrator BONNIE SANDERS

Owner Information
THERAPEUTIC COMMUNITIES LLC
PO BOX 705
SAN MARCOS, TX 78667
PHONE: FAX:
Services: Personal Assistance Services

County **HAYS** Region 05 Date Licensed 05/04/2015
License # 016887 SETON HOME CARE
Lic Expire 05/31/2021 1300 DACY LANE SUITE 170
Medicare 1: 679048 HHA-18 KYLE, TX 78640
Medicare 2:
Phone 512 5493490 Fax 512 5493495
Type: Parent Agency Administrator KATHLEEN CLOYD

Owner Information
SETON RIVER BEND HOME HEALTH LLC
1300 DACY LANE, STE 170
KYLE, TX 78640
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HAYS** Region 05 Date Licensed 08/04/2014
License # 016504 TEXAS HOME HEALTH
Lic Expire 08/31/2022 1205 N STATE HIGHWAY 123 SUITE 302
Medicare 1: SAN MARCOS, TX 78666
Medicare 2:
Phone (512) 392-4663 Fax (512) 392-4674
Type: Parent Agency Administrator REGANALD MACKEY

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HAYS** Region 07 Date Licensed
License # 007195 VITAS HEALTHCARE OF TEXAS LP
Lic Expire 11/30/2021 1999 MEDICAL PARKWAY, SUITE C
Medicare 1: 451591 SAN MARCOS, TEXAS 78666
Medicare 2:
Phone (512) 871-6300 Fax
Type: Alternate Delivery Site Administrator JOSEPH BRICKNER

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HAYS** Region 05 Date Licensed 08/01/1997
License # 006083 WIMBERLEY HOME HEALTH
Lic Expire 01/22/2023 201 FM 3237 SUITE 123
Medicare 1: 678174 HHA-18 WIMBERLEY, TX 78676
Medicare 2:
Phone (512) 847-7080 Fax (512) 847-6121
Type: Parent Agency Administrator ANN GUILFORD

Owner Information
WIMBERLEY HEALTH SERVICES INC
201 FM 3237 SUITE 123
WIMBERLEY, TX 78676
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HEMPHILL** Region 01 Date Licensed 08/01/1994
License # 003016 HEMPHILL COUNTY HOSPICE
Lic Expire 07/31/2021 1020 SOUTH 4TH STREET
Medicare 1: 451603 HOSPICE CANADIAN, TX 79014
Medicare 2:
Phone (806) 323-6422 Fax (806) 323-8261
Type: Parent Agency Administrator ASHLEY MORALES

Owner Information
HEMPHILL COUNTY HOSPITAL DISTRICT
1020 S 4TH ST.
CANADIAN, TX 79014
PHONE: (806) 323-6422 FAX: (806) 323-8109
Services: Hospice
In-Patient Hospice: YES

County **HEMPHILL** Region 01 Date Licensed 06/18/1991
License # 002219 HEMPHILL COUNTY HOSPITAL HOME HEALTH AGENCY
Lic Expire 06/30/2022 1020 SOUTH 4TH STREET
Medicare 1: 677427 HHA-18 CANADIAN, TX 79014
Medicare 2:
Phone (806) 323-8603 Fax (806) 323-8261
Type: Parent Agency Administrator ASHLEY MORALES

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

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County **HENDERSON** Region 04 Date Licensed 02/23/2006
License # 009025 ANGELS CARE HOME HEALTH OF DALLAS
Lic Expire 02/28/2022 126 W MAIN STREET SUITE F
Medicare 1: GUN BARREL CITY, TX 75156
Medicare 2:
Phone (903) 887-0364 Fax (903) 887-5963
Type: Branch Agency Administrator RUBY BALDENEGRO

Owner Information
BANNER HEALTH SERVICES INC
104 EAST US HWY 80 SUITE 190
FORNEY, TX 75126
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HENDERSON** Region 03 Date Licensed 01/02/2015
License # 016699 ASANA HOSPICE
Lic Expire 01/31/2021 164 HERITAGE PARKWAY
Medicare 1: GUN BARREL CITY, TX 75156
Medicare 2:
Phone (903) 880-5000 Fax (903) 880-5015
Type: Alternate Delivery Site Administrator JOSH LASATER

Owner Information
HOSPICE HOLDINGS DFW, LLC
360 HAMILTON AVENUE SUITE 1110
WHITE PLAINS, NY 10601
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HENDERSON** Region 04 Date Licensed
License # 020708 AVANT HOSPICE, LLC
Lic Expire 03/15/2024 130 LYNN CREEK DR
Medicare 1: MABANK, TEXAS 75156
Medicare 2:
Phone (214) 536-8273 Fax (214) 383-7594
Type: Parent Agency Administrator DAVID GROOM

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

County **HENDERSON** Region 03 Date Licensed
License # 018474 BLUE HAVEN HOSPICE, LLC
Lic Expire 08/31/2021 164 HERITAGE PARKWAY, GUN BARREL CITY, TX 75156
Medicare 1: GUN BARREL CITY, TEXAS 75156
Medicare 2:
Phone (214) 667-8040 Fax (214) 667-8045
Type: Alternate Delivery Site Administrator CASEY WILSON

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

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

County **HENDERSON** Region 03 Date Licensed
License # 018474 BLUE HAVEN HOSPICE, LLC
Lic Expire 08/31/2021 164 HERITAGE PARKWAY, GUN BARREL CITY, TX 75156
Medicare 1: GUN BARREL CITY, TEXAS 75156
Medicare 2:
Phone (214) 667-8040 Fax (214) 667-8045
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **HENDERSON** Region 03 Date Licensed 01/27/2012
License # 014989 BRIDGEWAY HEALTH SERVICES INC
Lic Expire 164 HERITAGE PARKWAY
Medicare 1: 45Q8178003 GUN BARREL CITY, TX 75156
Medicare 2:
Phone (903) 880-5000 Fax (903) 880-5015
Type: Branch Agency Administrator DEBORAH ELLIS

Owner Information
BRIDGEWAY HEALTH SERVICES LLC
3880 HULEN SUITE #670
FORT WORTH, TX 76107
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HENDERSON** Region 03 Date Licensed 05/15/2017
License # 012995 CAREPATH HOME HEALTH NETWORK
Lic Expire 11/30/2021 425 SOUTH CARROLL STREET
Medicare 1: ATHENS, TX 75751
Medicare 2:
Phone (903) 292-5118 Fax (903) 292-5119
Type: Alternate Delivery Site Administrator DANIEL N EZEUKWU

Owner Information
CAREPARTH HEALTHCARE SYSTEM LLP
720 WEST NATHAN LOWE RD SUITE 100
ARLINGTON, TX 76017
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HENDERSON** Region 04 Date Licensed 12/13/2004
License # 009458 CARING COMPANIONS AT HOME
Lic Expire 12/31/2022 104 E CORSICANA
Medicare 1: ATHENS, TX 75751
Medicare 2:
Phone (903) 677-3007 Fax (903) 677-2022
Type: Parent Agency Administrator KAREN MONDINI

Owner Information
MONDINI INC
104 E CORSICANA
ATHENS, TX 75751
PHONE: FAX:
Services: Personal Assistance Services

County **HENDERSON** Region 04 Date Licensed 06/09/2016
License # 017642 CARING HEARTS HOSPICE
Lic Expire 06/30/2022 2115 W MAIN STREET
Medicare 1: 451793 HOSPICE GUN BARREL CITY, TEXAS 75156
Medicare 2:
Phone (844) 474-4026 Fax (903) 340-8527
Type: Parent Agency Administrator DANNY WEEMS

Owner Information
L S AND S S INC
1837 W MAIN
GUN BARREL CITY, TX 75156
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HENDERSON** Region 04 Date Licensed 12/28/1983
License # 001440 CEDAR LAKE HOME HEALTH & HOSPICE
Lic Expire 12/31/2022 104 SOUTH TERRY STREET
Medicare 1: 457582 HHA-18;45 MALAKOFF, TX 75148
Medicare 2:
Phone (903) 489-2043 Fax (903) 489-2044
Type: Parent Agency Administrator CYNTHIA CALLOWAY

Owner Information
CEDAR LAKE NURSING SERVICE, INC
P. O. BOX 560
MALAKOFF, TEXAS 75148
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services
In-Patient Hospice: NO

County **HENDERSON** Region 04 Date Licensed 01/07/2014
License # 015957 GENESIS EXTRACARE LLC
Lic Expire 01/31/2022 1317 S PALESTINE STE C
Medicare 1: ATHENS, TX 75751
Medicare 2:
Phone (903) 286-9081 Fax (903) 904-5003
Type: Parent Agency Administrator SUSAN SHARP

Owner Information
GENESIS EXTRACARE LLC
1317 S PALESTINE STE C
ATHENS, TX 75751
PHONE: FAX:
Services: Personal Assistance Services

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

County **HENDERSON** Region 04 Date Licensed 01/15/2015
License # 016893 GENESIS HOSPICECARE
Lic Expire 01/31/2023 1317 S PALESTINE STE B
Medicare 1: 451657 HOSPICE ATHENS, TX 75751
Medicare 2:
Phone (903) 675-4730 Fax (903) 904-5003
Type: Parent Agency Administrator SUSAN SHARP

Owner Information
GENESIS HOSPICE INC
1317 S PALESTINE SUITE B
ATHENS, TX 75751
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HENDERSON** Region 04 Date Licensed 01/01/2019
License # 019151 HOME INSTEAD SENIOR CARE #726
Lic Expire 01/01/2023 12757 S. STATE HWY 198
Medicare 1: MABANK, TEXAS 75156
Medicare 2:
Phone (903) 880-5025 Fax (903) 880-5009
Type: Parent Agency Administrator KIM GASSMAN

Owner Information
MECK, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HENDERSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 836 SOUTHPARK CIRCLE, STE. D
Medicare 1: 451780 HOSPICE ATHENS, TX 757526922
Medicare 2:
Phone (903) 675-4444 Fax (903) 292-1739
Type: Parent Agency 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
Accreditation: ACH - Deemed, Expires: 09/24/2021

County **HENDERSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 836 SOUTHPARK CIRCLE, STE. D
Medicare 1: 451780 HOSPICE ATHENS, TX 757526922
Medicare 2:
Phone (903) 675-4444 Fax (903) 292-1739
Type: Parent Agency 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
Accreditation: ACH - Deemed, Expires: 09/24/2021

County **HENDERSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 836 SOUTHPARK CIRCLE, STE. D
Medicare 1: ATHENS, TX 757526922
Medicare 2:
Phone (903) 675-4444 Fax (903) 292-1739
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HENDERSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 836 SOUTHPARK CIRCLE, STE. D
Medicare 1: 451780 HOSPICE ATHENS, TX 757526922
Medicare 2:
Phone (903) 675-4444 Fax (903) 292-1739
Type: Parent Agency 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
Accreditation: ACH - Deemed, Expires: 09/24/2021

County **HENDERSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 836 SOUTHPARK CIRCLE, STE. D
Medicare 1: ATHENS, TX 757526922
Medicare 2:
Phone (903) 675-4444 Fax (903) 292-1739
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HENDERSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 836 SOUTHPARK CIRCLE, STE. D
Medicare 1: ATHENS, TX 757526922
Medicare 2:
Phone (903) 675-4444 Fax (903) 292-1739
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HENDERSON** Region 04 Date Licensed 05/03/2010
License # 013428 KINDRED AT HOME
Lic Expire 05/31/2022 836 SOUTHPARK CIRCLE SUITE C
Medicare 1: 677193 HHA-18 ATHENS, TX 75752
Medicare 2:
Phone (903) 675-5184 Fax (903) 675-4098
Type: Parent Agency Administrator PATRICIA WHEELER

Owner Information
INTEGRACARE OF ATHENS-HOME HEALTH, LLC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HENDERSON** Region 04 Date Licensed 11/14/2003
License # 008746 PATHFINDER HOME HEALTH
Lic Expire 11/30/2022 311 S PALESTINE STREET
Medicare 1: 453144 HHA-18 ATHENS, TX 75751
Medicare 2:
Phone (903) 677-8301 Fax (903) 677-8310
Type: Parent Agency Administrator LARI L. SMILEY

Owner Information
STAR CARE LLP
318 BRIAR ROCK ROAD
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HENDERSON** Region 04 Date Licensed 03/01/2018
License # 018716 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 02/28/2022 100 MUNICIPAL DRIVE
Medicare 1: GUN BARREL CITY, TX 75156
Medicare 2:
Phone (903) 767-0135 Fax (903) 535-6064
Type: Branch Agency Administrator KIMBRA BOGUE

Owner Information
EAST TEXAS HOME HEALTH SERVICES LLC
ONE BURTON HILLS BOULEVARD, STE#250
NASHVILLE, TN 37215-6195
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 10/24/2023

County **HENDERSON** Region 04 Date Licensed 03/01/2018
License # 018716 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 02/28/2022 909 EAST TYLER SUITE 117
Medicare 1: 677586 HHA-18 ATHENS, TX 75751
Medicare 2:
Phone (903) 675-8882 Fax (903) 675-8832
Type: Parent Agency Administrator 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
Accreditation: CHAP - Deemed, Expires: 10/24/2023

County **HIDALGO** Region 07 Date Licensed 06/30/2017
License # 018141 4 GENESIS PRIMARY HOME CARE LLC
Lic Expire 06/30/2021 1409 S. 9TH STREET, SUITE 200
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 348-4229 Fax (956) 378-9975
Type: Parent Agency Administrator REBECCA RUIZ

Owner Information
4 GENESIS PRIMARY HOME CARE LLC
506 DELIA DRIVE
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 09/05/2014
License # 016413 A & E
Lic Expire 09/30/2022 121 WILSON AVE
Medicare 1: ELSA, TX 78543
Medicare 2:
Phone (956) 262-9390 Fax (956) 567-2320
Type: Parent Agency Administrator ARMANDO LAYTON

Owner Information
ARMANDO RENE LAYTON
P.O BOX 1062
ELSA, TEXAS 78543
PHONE: FAX:
Services: Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 08/30/2016
License # 017601 A & M HOME HEALTH AGENCY LLC
Lic Expire 08/31/2022 1724 WILCOX DR
Medicare 1: EDINBURG, TX 78542
Medicare 2:
Phone (956) 609-9277 Fax (956) 609-9279
Type: Parent Agency Administrator MARIA VARGAS

Owner Information
A&M HOME HEALTH AGENCY LLC
1724 WILCOX DR
EDINBURG, TX 78542
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 07/27/2007
License # 011505 A BEAUTIFUL DAY HEALTH CARE
Lic Expire 07/31/2022 3102 E. BUS 83 SUITE I
Medicare 1: 747060 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 447-2046 Fax (956) 968-0785
Type: Parent Agency Administrator JAVIER SEPULVEDA

Owner Information
29 HHA INC
260 SOUTH TEXAS BLVD SUITE 300
WESLACO, TX 78596
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/31/2023

County **HIDALGO** Region 07 Date Licensed 12/22/2004
License # 009474 A HEALING TOUCH HOME HEALTH
Lic Expire 12/31/2022 2900 N TEXAS SUITE 101
Medicare 1: 457890 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 447-1803 Fax (956) 447-1813
Type: Parent Agency Administrator CYNTHIA GAMEZ

Owner Information
BPG LLC
2900 N TEXAS SUITE 101
WESLACO, TX 78596
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 10/14/2016
License # 017677 A HEALING TOUCH HOSPICE
Lic Expire 10/31/2022 2900 N TEXAS SUITE 104
Medicare 1: 741730 HOSPICE WESLACO, TX 78599
Medicare 2:
Phone (956) 447-1803 Fax (956) 447-1813
Type: Parent Agency Administrator CYNTHIA GAMEZ

Owner Information
GRPP LLC
2900 N TEXAS SUITE 104
WESLACO, TX 78599
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/09/2024

County **HIDALGO** Region 07 Date Licensed 02/04/2020
License # 019803 A PLUS PROVIDER SERVICES, LLC
Lic Expire 02/04/2022 8463 E HWY 107 SUITE C
Medicare 1: EDINBURG, TX 78542
Medicare 2:
Phone (956) 533-4079 Fax
Type: Parent Agency 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
License # 013572 ABBA HOME CARE
Lic Expire 09/30/2022 808 E. TULIPAN AVE BOX 5300
Medicare 1: HIDALGO, TX 78557
Medicare 2:
Phone (956) 843-9074 Fax (956) 627-3572
Type: Parent Agency Administrator BLANCA MENDEZ

Owner Information
RGBGM GROUP LLC
PO BOX 8465
HIDALGO, TX 78557
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/13/2016
License # 017223 ABC PRIMARY HOME CARE SERVICES LLC
Lic Expire 01/31/2022 214 N 16TH STREET SUITE 306
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 627-0282 Fax (956) 627-0358
Type: Parent Agency Administrator NORMA ESCALANTE

Owner Information
ABC PRIMARY HOME CARE SERVICES LLC
214 N 16TH ST STE 306
MCALLEN, TX 78501
PHONE: FAX:
Services: Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 01/14/2021
License # 020461 ABSOLUTION HEALTH CARE, INC.
Lic Expire 01/14/2023 1015 MOOREFIELD RD
Medicare 1: PALMVIEW, TEXAS 78572
Medicare 2:
Phone 956 4592771 Fax
Type: Parent Agency Administrator MELISSA LOZANO

Owner Information
ABSOLUTION HEALTH CARE, INC.
609 S. RESPLANDOR ST
MISSION, TEXAS 78572
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/13/2020
License # 019854 ABUELITOS PRIMARY HOME CARE LLC
Lic Expire 03/13/2022 122 E. PARK AVENUE
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 739-0516 Fax (956) 386-9927
Type: Parent Agency Administrator CINDY RODRIGUEZ

Owner Information
ABUELITOS PRIMARY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/01/2000
License # 007268 ABUNDANT HEALTH CARE AND PERSONAL ASSISTANCE SERVICES
Lic Expire 02/28/2021 1305 EAST NOLANA SUITE B & C
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 631-0012 Fax (956) 631-0054
Type: Parent Agency Administrator DAVID RUTLEDGE

Owner Information
ABUNDANT HEALTH CARE INC
1305 EAST NOLANA SUITE B & C
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 01/01/1999
License # 007025 ABUNDANT HEALTH CARE SERVICES
Lic Expire 12/31/2021 1305 EAST NOLANA SUITE B & C
Medicare 1: 459311 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 631-0012 Fax (956) 631-0054
Type: Parent Agency Administrator DAVID RUTLEDGE

Owner Information
ABUNDANT HEALTH CARE INC
1305 EAST NOLANA SUITE B & C
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 01/04/2017
License # 017951 ACCHEALTH
Lic Expire 01/31/2023 200 S 10TH STREET SUITE 103
Medicare 1: 679367 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (888) 407-4108 Fax (956) 202-0260
Type: Parent Agency Administrator JESSICA OCHOA

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

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County **HIDALGO** Region 07 Date Licensed 12/27/2005
License # 010212 ACE PRIMARY HOME CARE INC
Lic Expire 12/31/2023 920 W FERGUSON AVE
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 781-7229 Fax (956) 781-2588
Type: Parent Agency Administrator ANTONIO SALINAS

Owner Information
ACE PRIMARY HOME CARE INC
4313 D1 N 10TH STREET
MCALLEN, TX 78504
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/07/1998
License # 006523 ADL SERVICES INC
Lic Expire 05/31/2022 512 SOUTH WESTGATE SUITE D
Medicare 1: WESLACO, TX 78596
Medicare 2:
Phone (956) 973-2803 Fax (956) 969-8236
Type: Parent Agency Administrator REYNALDO DELGADO

Owner Information
ADL SERVICES INC
512 SOUTH WESTGATE SUITE D
WESLACO, TX 78596
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/12/2010
License # 013106 ADORE PRIMARY HOME CARE INC
Lic Expire 02/28/2022 105 PALMVIEW DRIVE SUITE C
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 581-1600 Fax (956) 581-2181
Type: Parent Agency Administrator ARABEL LEAL

Owner Information
ADORE PRIMARY HOME CARE INC
105 PALMVIEW DRIVE SUITE C
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/21/2020
License # 020254 AGAPE LOVE PRIMARY HOME CARE, LLC
Lic Expire 10/21/2022 315 N NEBRASKA AVE
Medicare 1: SAN JUAN, TEXAS 78589
Medicare 2:
Phone (956) 624-3003 Fax
Type: Parent Agency Administrator VERONICA LUCIO

Owner Information
AGAPE LOVE PRIMARY HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/30/2007
License # 011206 AIMA HOME HEALTH
Lic Expire 03/31/2021 8305 N LA HOMA BLVD SUITE D
Medicare 1: 747059 HHA-18 MISSION, TX 78574
Medicare 2:
Phone (956) 580-2552 Fax (956) 580-2585
Type: Parent Agency Administrator IRENE EROMOSELE

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

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County **HIDALGO** Region 07 Date Licensed 11/19/2020
License # 020328 ALANIS HOME CARE PROVIDER AGENCY, LLC
Lic Expire 11/19/2022 219 S CAGE BLVD STE 9
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 685-5000 Fax (956) 685-5070
Type: Parent Agency Administrator CILIA VILLARREAL

Owner Information
ALANIS HOME CARE PROVIDER AGENCY, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/24/2018
License # 018899 ALAS PROVIDER SERVICES
Lic Expire 08/31/2022 929 E. ESPERANZA AVE. STE 11
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 331-8800 Fax (956) 331-8831
Type: Parent Agency Administrator MELISSA SALINAS

Owner Information
VENTURA CARE SERVICES, LLC
2138 E GRIFFIN PARKWAY
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/28/2007
License # 011712 ALEGRE HOME HEALTH CARE LLC
Lic Expire 11/30/2022 2116 E GRIFFIN PARKWAY
Medicare 1: 747341 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 668-7730 Fax (956) 668-7732
Type: Parent Agency Administrator ALICIA DELEON

Owner Information
ALEGRE HOME HEALTH CARE, LLC
3400 N MCCOLL RD STE B2
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 12/19/2006
License # 010951 ALEGRIA PRIMARY HOME CARE INC
Lic Expire 12/31/2021 4810 N RAUL LONGORIA STE # 5
Medicare 1: SAN JUAN, TX 78589
Medicare 2:
Phone (956) 627-2844 Fax (956) 627-2846
Type: Parent Agency Administrator FRANCISCO JAVIER NINO

Owner Information
ALEGRIA PRIMARY HOME CARE INC
4810 N RAUL LONGORIA STE # 5
SAN JUAN, TX 78589
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/16/2009
License # 012508 ALL GENERATIONS HEALTH CARE INC
Lic Expire 03/31/2023 4709 EAST CURRY ROAD
Medicare 1: 747422 ; 971552 (H EDINBURG, TX 78542
Medicare 2:
Phone (956) 928-1001 Fax (956) 928-1493
Type: Parent Agency Administrator NEFTALI GUAJARDO

Owner Information
ALL GENERATIONS HEALTH CARE, INC.
4709 EAST CURRY ROAD
EDINBURG, TEXAS 78542
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services with Dialysis; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 11/21/2022

County **HIDALGO** Region 07 Date Licensed 10/19/2006
License # 010852 ALL SEASONS HOME CARE
Lic Expire 10/31/2022 3320 WEST ALBERTA RD
Medicare 1: 747500 HHA-18 EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 584-7444 Fax (956) 584-8573
Type: Parent Agency Administrator AMBROSE HERNANDEZ

Owner Information
LEGACY HOME CARE SERVICES INC
PO BOX 61180
CORPUS CHRISTI, TX 78466
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 09/21/2022

County **HIDALGO** Region 07 Date Licensed 02/26/2020
License # 019841 ALL STAR PRIMARY HOME CARE, LLC
Lic Expire 02/26/2022 2513 E. GRIFFIN PKWY
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone (956) 789-1117 Fax
Type: Parent Agency Administrator ISRAEL PENA JR.

Owner Information
ALL STAR PRIMARY HOME CARE, LLC
2513 E. GRIFFIN PKWY
MISSION, TX 78572
PHONE: (956) 789-1117 FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/02/2018
License # 018736 ALL VALLEY HOME CARE INC
Lic Expire 05/31/2022 1802 SCOBEY AVE. SUITE B
Medicare 1: DONNA, TX 78537
Medicare 2:
Phone (956) 970-6221 Fax (956) 464-8706
Type: Parent Agency Administrator BRENDA ANDERSON

Owner Information
ALL VALLEY HOME CARE, INC
1802 SCOBEY AVE SUITE B
DONNA, TX 78537
PHONE: (956) 970-6221 FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/31/1995
License # 003255 ALL VALLEY HOME HEALTH INC
Lic Expire 03/31/2022 1910 TESORO BOULEVARD
Medicare 1: 458416 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 782-9002 Fax (956) 782-9888
Type: Parent Agency Administrator FELIPE GAZCA

Owner Information
ALL-VALLEY 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

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County **HIDALGO** Region 07 Date Licensed 11/23/1999
License # 007171 ALL VALLEY PRIMARY HOME CARE INC
Lic Expire 11/30/2021 1910 TESORO BOULEVARD
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 782-9002 Fax (956) 782-9888
Type: Parent Agency Administrator FELIPE GAZCA

Owner Information
ALL VALLEY PRIMARY HOME CARE INC
1910 TESORO BOULEVARD
PHARR, TX 78577
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/01/2014
License # 016284 ALLEGIANCE HEALTH CARE INC
Lic Expire 04/30/2022 116 W TOM LANDRY
Medicare 1: 679530 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 519-4646 Fax (956) 519-3811
Type: Parent Agency Administrator MARLA DALINDA MUNOZ MUNOZ

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; Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 05/10/2010
License # 013304 ALLSTATE HOSPICE LLC
Lic Expire 05/31/2022 4622 S CLOSNER
Medicare 1: 671657 HOSPICE EDINBURG, TX 78539
Medicare 2:
Phone (956) 287-8588 Fax (956) 287-8586
Type: Parent Agency Administrator SEDAT NECIPOGLU

Owner Information
ALLSTATE HOSPICE LLC
4622 S. CLOSNER
EDINBURG, TX 78539
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/07/2022

County **HIDALGO** Region 07 Date Licensed 12/06/2007
License # 011833 ALLSTATE PRIMARY HOME CARE
Lic Expire 12/31/2021 4622 S CLOSNER BOULEVARD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 287-8585 Fax (956) 287-8586
Type: Parent Agency Administrator SEDAT NECIPOGLU

Owner Information
VERGE PRIMARY HOME CARE LLC
4622 S. CLOSNER BLVD
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/08/2009
License # 012991 ALPHA CARE HOME HEALTH
Lic Expire 05/30/2022 701 E ESPERANZA SUITE A
Medicare 1: 747144 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 631-1022 Fax (956) 631-1224
Type: Parent Agency Administrator FRANK MORA

Owner Information
ONE LAC INC
701 EAST ESPERANZA SUITE A
MCALLEN, TEXAS 78501
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 10/01/2015
License # 017196 AMADO HOME HEALTH CARE
Lic Expire 09/30/2021 2020 E GRIFFIN PARKWAY
Medicare 1: 679599 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 583-0807 Fax (956) 583-0977
Type: Parent Agency Administrator ERNESTO GARCIA

Owner Information
AMADO HEALTH CARE, LLC
2020 E. GRIFFIN PARKWAY
MISSION, TX 78572
PHONE: (956) 583-0807 FAX: (956) 583-0977
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 07/17/2007
License # 011598 AMANECER HOME HEALTH CARE LLC
Lic Expire 10/31/2021 508 W EXPRESSWAY 83
Medicare 1: 457971 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 668-8886 Fax (956) 971-0090
Type: Parent Agency Administrator CELIA OJEAGA

Owner Information
AMANECER HOME HEALTH CARE LLC
7108 N CYNTHIA STREET
MCALLEN, TEXAS 78504
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 12/18/2015
License # 017403 AMANECER PRIMARY HOME CARE LLC
Lic Expire 12/31/2021 2017 E GRIFFIN PKWY
Medicare 1: MISSION, TX 78574
Medicare 2:
Phone (956) 583-0303 Fax (956) 583-0382
Type: Parent Agency Administrator YURIDIA ALVAREZ

Owner Information
AMANECER PRIMARY HOME CARE LLC
2017 E GRIFFIN PKWY
MISSION, TX 78574
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/30/2014
License # 016584 AMAR HOME HEALTHCARE LLC
Lic Expire 12/31/2022 2318 E FREDDY GONZALEZ DR.
Medicare 1: EDINBURG, TEXAS 785423883
Medicare 2:
Phone (956) 380-4431 Fax (888) 789-1978
Type: Parent Agency Administrator SARAH E MENA

Owner Information
AMAR HOME HEALTHCARE LLC
2318 E FREDDY GONZALEZ DR.
EDINBURG, TEXAS
PHONE: FAX:
Services: Licensed Home Health Services

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

County **HIDALGO** Region 07 Date Licensed 05/19/2010
License # 013335 AMARA HOSPICE
Lic Expire 05/31/2022 505 WEST OWASSA ROAD
Medicare 1: 671671 HOSPICE EDINBURG, TX 78539
Medicare 2:
Phone (956) 283-1550 Fax (956) 961-4910
Type: Parent Agency Administrator CRISTINA TERRY

Owner Information
CBJI HOME CARE LLC
615 BLAZE BLVD
EDINBURG, TX 78539
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES
Accreditation: JCAHO - Deemed, Expires: 02/08/2023

County **HIDALGO** Region 07 Date Licensed 07/15/2019
License # 019482 AMAVI HOSPICE AND PALLIATIVE CARE, LLC
Lic Expire 07/15/2021 5009 N. MCCOLL RD
Medicare 1: 971564 MCALLEN, TX 78504
Medicare 2:
Phone 956 803 0081 Fax 956 467 1907
Type: Parent Agency Administrator BLANCA QUINTANILLA

Owner Information
AMAVI HOSPICE AND PALLIATIVE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/22/2023

County **HIDALGO** Region 07 Date Licensed 05/15/2015
License # 016835 AMAZING VALLEY HEALTH SERVICES INC
Lic Expire 05/31/2021 3601 SOUTH BUSINESS HIGHWAY 281, SUITE 12
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 348-2194 Fax (956) 316-4042
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 09/05/2017
License # 018296 AMEN PROVIDER SERVICES INC
Lic Expire 09/30/2021 401 S KANSAS AVE STE D-2
Medicare 1: WESLACO, TX 78596
Medicare 2:
Phone (956) 854-4429 Fax (956) 854-4432
Type: Parent Agency Administrator RAMONA SUAREZ

Owner Information
AMEN PROVIDER SERVICES INC
401 S KANSAS AVE STE D-2
WESLACO, TX 78596
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/21/2012
License # 015230 AMERICARE NURSING SERVICE
Lic Expire 05/31/2022 1103 NORTH RAUL LONGORIA ROAD
Medicare 1: 458302 HHA-18 SAN JUAN, TX 78589
Medicare 2:
Phone (956) 783-7368 Fax (956) 783-7860
Type: Parent Agency Administrator JORGE ARANGO

Owner Information
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

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County **HIDALGO** Region 07 Date Licensed 03/01/2006
License # 010618 AMIGO HOME HEALTH AGENCY
Lic Expire 02/28/2021 213 SANTA ROSA AVE
Medicare 1: 673178 HHA-18 EDCOUCH, TX 78538
Medicare 2:
Phone (956) 262-2401 Fax (956) 262-2400
Type: Parent Agency Administrator EDELMIRO VARELA

Owner Information
KIRBY AND RUSS INC
PO BOX 175
WESLACO, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HIDALGO** Region 07 Date Licensed 05/18/2016
License # 017406 AMIGOS DEL VALLE HOME HEALTH CARE INC
Lic Expire 05/31/2022 1300 N 10TH ST SUITE 480-B
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 755-7620 Fax (956) 800-4741
Type: Parent Agency Administrator NUBIA MARQUEZ

Owner Information
AMIGOS DEL VALLE HOME HEALTH CARE, INC.
1300 N 10TH ST. SUITE #480-B
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 12/03/2010
License # 013745 AMIGOS Y FAMILIA PRIMARY HOME CARE INC
Lic Expire 12/31/2022 1424 HILL DRIVE
Medicare 1: PALMVIEW, TX 78572
Medicare 2:
Phone (956) 424-0060 Fax (956) 424-3053
Type: Parent Agency Administrator NORMA CHAPA

Owner Information
AMIGOS Y FAMILIA PRIMARY HOME CARE, INC
P.O. BOX 1662
MISSION, TX 78573
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/26/2015
License # 016704 AMISTAD PHC SERVICES
Lic Expire 03/31/2023 4814 N 11TH STREET STE D
Medicare 1: MC ALLEN, TX 78504
Medicare 2:
Phone (956) 627-3970 Fax (956) 627-3975
Type: Parent Agency Administrator SILVIA GOMEZ

Owner Information
AMISTAD PHC, LLC
4814 N 11TH STREET SUITE D
MCALLEN, TX 78504
PHONE: (956) 627-3970 FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/26/2008
License # 012320 AMISTAD PRIMARY HOME CARE INC
Lic Expire 11/30/2022 119 N 9TH AVE
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 383-7660 Fax (956) 383-7316
Type: Parent Agency Administrator ADELA HOUSER

Owner Information
AMISTAD PRIMARY HOME CARE, INC.
119 N. 9TH AVE
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 07/12/2008
License # 012246 AMISTAD PROVIDER AGENCY INC
Lic Expire 07/31/2022 601 EAST MCINTYRE
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 318-3235 Fax (956) 318-3240
Type: Parent Agency Administrator MARIA ALICIA GARZA

Owner Information
AMISTAD PROVIDER AGENCY INC
601 EAST MCINTYRE
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/13/2020
License # 020315 AMOR ETERNO PROVIDER SERVICES, LLC
Lic Expire 11/13/2022 219 S CAGE BLVD #8
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 685-5036 Fax (956) 685-5037
Type: Parent Agency Administrator CILIA VILLARREAL

Owner Information
AMOR ETERNO PROVIDER SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 02/11/2020
License # 019822 AMOR Y ESPERANZA PRIMARY HOME CARE LLC
Lic Expire 02/11/2022 121 WILSON AVE
Medicare 1: ELSA, TEXAS 78543
Medicare 2:
Phone (956) 262-9390 Fax (956) 567-2320
Type: Parent Agency Administrator ARMANDO LAYTON

Owner Information
AMOR Y ESPERANZA PRIMARY HOME CARE LLC
P.O BOX 1062
ELSA, TEXAS 78543
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 01/31/2014
License # 016008 AMORCITOS HOME CARE
Lic Expire 01/31/2022 3223 W. ALBERTA ROAD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 383-2667 Fax (956) 383-2668
Type: Parent Agency Administrator MARLENE SEPULVEDA

Owner Information
MARYBEL T. SANCHEZ
1922 RUBY STREET
EDINBURG, TX 78504
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/08/2020
License # 019769 AMORCITOS PHC, LLC
Lic Expire 01/08/2022 4504 N. KENYON ROAD
Medicare 1: EDINBURG, TX 78542
Medicare 2:
Phone 956 7324058 Fax
Type: Parent Agency Administrator MARLENE SEPULVEDA

Owner Information
AMORCITOS PHC, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/07/2011
License # 013867 AMORES PRIMARY HOME CARE
Lic Expire 02/28/2023 513 E 9TH STREET SUITE B
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 598-5440 Fax (956) 598-5612
Type: Parent Agency 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** Region 07 Date Licensed 05/15/2020
License # 019943 AMOROCHO HOME CARE
Lic Expire 05/15/2022 1300 W RAY CIR
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone 956 5997513 Fax 956 6008562
Type: Parent Agency Administrator MARTHA MUNOZ

Owner Information
AMOROCHO HOME CARE LLC
SAME AS PHYSICAL ADDRESS
,
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/06/2018
License # 018690 AMOROSA HEALTHCARE SERVICES LLC
Lic Expire 04/30/2022 900 E. REDBUD AVE BLD. 17 STE. B
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone 956 6831842 Fax 956 6838862
Type: Parent Agency Administrator GILDA HORR

Owner Information
AMOROSA HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/11/2021
License # 020595 ANCHOR OF LOVE HOSPICE
Lic Expire 03/11/2023 1532 DOVE AVE. STE. E
Medicare 1: MCALLEN, TEXAS 78504
Medicare 2:
Phone (956) 578-8284 Fax (956) 290-8284
Type: Parent Agency Administrator LISA BLUM

Owner Information
LD5 LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 01/30/2018
License # 018582 ANGEL WINGS HOSPICE SERVICES LLC
Lic Expire 01/31/2022 923 W BUSINESS 83 STE B
Medicare 1: 74-1738 WESLACO, TX 78596
Medicare 2:
Phone (956) 647-5261 Fax (956) 351-5313
Type: Parent Agency Administrator JOSE CASTILLO

Owner Information
ANGEL WINGS HOSPICE SERVICES LLC
923 W BUSINESS 83 STE B
WESLACO, TX 78596
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 06/23/2021

County **HIDALGO** Region 07 Date Licensed 08/04/2005
License # 010100 ANGELICAL HOME HEALTH INC
Lic Expire 08/31/2021 504 LAKE POINT ST
Medicare 1: 677881 HHA-18 LA JOYA, TEXAS 78560
Medicare 2:
Phone (956) 581-1251 Fax (956) 581-4859
Type: Parent Agency Administrator BLANCA GONZALEZ

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

County **HIDALGO** Region 07 Date Licensed 07/05/2004
License # 009182 ANGELITOS HOME HEALTH CARE INC
Lic Expire 07/31/2021 704 E GRIFFIN PARKWAY SUITE 120
Medicare 1: 453180 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 584-2410 Fax (956) 584-8752
Type: Parent Agency Administrator CORINA ALANIZ

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; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/24/1998
License # 006460 ANGELITOS PRIMARY HOME CARE INC
Lic Expire 04/30/2021 704 EAST GRIFFIN PARKWAY STE 100
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 581-6242 Fax (956) 581-9918
Type: Parent Agency Administrator JUAN PEREZ

Owner Information
ANGELITOS PRIMARY HOME CARE INC
704 E GRIFFIN PKWY SUITE 110
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/13/2013
License # 015917 ANGELS ALL AROUND HOME CARE LLC
Lic Expire 12/31/2021 1901 E MONTE CRISTO RD
Medicare 1: EDINBURG, TX 78542
Medicare 2:
Phone (956) 682-4100 Fax (956) 843-9259
Type: Parent Agency Administrator SARAI SOLIS

Owner Information
ANGELS ALL AROUND HOME CARE LLC
815 BARCELONA AVE
PHARR, TX 78577
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 11/10/2004
License # 009584 ANGELS OF MERCY HOME HEALTH LLC
Lic Expire 11/30/2022 910 EAST PALMA VISTA DRIVE
Medicare 1: 679466 HHA-18 PALMVIEW, TX 78572
Medicare 2:
Phone (956) 583-9995 Fax (956) 583-1305
Type: Parent Agency Administrator ELIA C. CANALES

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

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County **HIDALGO** Region 07 Date Licensed 01/01/1997
License # 005556 ANTHONYS HOME HEALTH CARE
Lic Expire 12/31/2022 725 EAST ESPERANZA AVENUE SUITE A
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 627-2610 Fax (956) 627-2613
Type: Parent Agency Administrator IRAIDA HINOJOSA

Owner Information
HJC HOME HEALTH CARE SERVICES INC
SAME
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 02 Date Licensed 09/13/2011
License # 014398 APC HOMEMAKER SERVICES
Lic Expire 09/30/2021 801 E. FERN AVE., STE. 129
Medicare 1: MCALLEN, TEXAS 785011525
Medicare 2:
Phone 956 7831191 Fax 956 7815028
Type: Branch Agency Administrator JOVIE CANTU

Owner Information
APC HOME HEALTH SERVICE, INC.
1805 BELL STREET
HARLINGEN, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/29/2008
License # 012117 APEX PRIMARY CARE
Lic Expire 04/30/2022 4801 W UNIVERSITY
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 383-8887 Fax (956) 383-8897
Type: Parent Agency Administrator MARIO FLORES

Owner Information
APEX PRIMARY CARE INC
11321 N BENTSEN
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/08/2019
License # 019439 APICAL HEALTHCARE INC.
Lic Expire 06/24/2021 605 S. MINA DE ORO ST.
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone (956) 342-4375 Fax 18665090326
Type: Parent Agency Administrator CESAR DUQUE

Owner Information
APICAL HEALTHCARE INC.
839 RICARDO AVENUE
PALMVIEW, TX 78574
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 09/12/2014
License # 016417 ARBOLEDA HOME HEALTHCARE LLC
Lic Expire 09/30/2022 1216 W VETERANS BLVD, STE B
Medicare 1: PALMVIEW, TEXAS 78572
Medicare 2:
Phone (956) 529-5262 Fax (956) 529-5263
Type: Parent Agency Administrator MARIA TIJERINA

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

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County **HIDALGO** Region 07 Date Licensed 09/15/2020
License # 020174 ARCANGEL MIO PRIMARY HOME CARE SERVICES
Lic Expire 09/15/2022 4100 W 3 MILE RD STE 11
Medicare 1: MISSION, TEXAS 78574
Medicare 2:
Phone 956 5832233 Fax 956 5832598
Type: Parent Agency Administrator MARTHA BERMEJO

Owner Information
ARCANGEL MIO, LLC
PHONE: (956) 250-2277 FAX: (956) 583-2598
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/03/1995
License # 004067 ARISE HOME HEALTH CARE INC
Lic Expire 11/30/2021 215 CATHOLIC WAR VETERANS BLVD
Medicare 1: 678155 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 580-1155 Fax (956) 580-7911
Type: Parent Agency Administrator MARIA DALIA DAVILA

Owner Information
ARISE HOME HEALTH CARE INC
215 W 9TH SUITE A
MISSION, TX 78572
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 08/10/2007
License # 011517 AT HOME HEALTH CARE LLC
Lic Expire 08/31/2022 117 E. LOEB ST
Medicare 1: 679779 HHA-18;74 EDINBURG, TX 78541
Medicare 2:
Phone (956) 387-0000 Fax (956) 387-0012
Type: Parent Agency Administrator JOSE RAMOS

Owner Information
AT HOME HEALTH CARE LLC
117 E LOEB
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/07/2012
License # 014807 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 508 W INTERSTATE 2, SUITE #3
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 510-8777 Fax (956) 854-4338
Type: Parent Agency Administrator EDUARDO HINOJOSA

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 02/27/2007
License # 011303 AVEANNA HEALTHCARE
Lic Expire 02/28/2022 5313 NORTH MCCOLL RD
Medicare 1: 458339 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 972-1920 Fax (956) 972-0339
Type: Parent Agency Administrator ISAAC GUZMAN

Owner Information
PEDIATRIC SERVICES OF AMERICA INC
SIX CONCOURSE PARKWAY, SUITE 1100
ATLANTA, GA 30328-6117
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 04/26/2022

County **HIDALGO** Region 07 Date Licensed 03/06/2018
License # 018644 AZUL HOMECARE LLC
Lic Expire 03/31/2022 2007 E. GRIFFIN PKWY AVE. STE. C
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone (956) 424-6161 Fax (956) 424-6068
Type: Parent Agency Administrator JOSE GONZALEZ

Owner Information
AZUL HOMECARE, LLC.
2032 E. GRIFFIN PWKY STE. D
MISSION, TEXAS 78572
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 07/08/2005
License # 009859 BALLI HOME HEALTH INC
Lic Expire 10/30/2020 3825 N 10TH ST, STE C
Medicare 1: 677991 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone 956 3225313 Fax 956 3225179
Type: Parent Agency Administrator NORMA ESCALANTE

Owner Information
BALLI HOME HEALTH INC
1629 CYPRESS, SUITE#4
WESLACO, TX 78599
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HIDALGO** Region 07 Date Licensed 04/19/2013
License # 015586 BASEL MISSION HOME HEALTH SERVICES LLC
Lic Expire 04/30/2021 214 N 16TH ST STE 110
Medicare 1: 679399 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 331-8156 Fax (956) 331-8619
Type: Parent Agency Administrator JUDITH HERNANDEZ

Owner Information
BASEL MISSION HOME HEALTH SERVICES LLC
702 W INTERSTATE 2 STE. C
PHARR, TX 78577
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 07/02/2013
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 06/30/2021 1401 SOUTH 6TH STREET SUITE A
Medicare 1: MCALLEN, TX 78503
Medicare 2:
Phone (855) 313-5795 Fax (956) 627-2594
Type: Branch Agency Administrator MARCUS WILLIAMS WILLIAMS

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

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County **HIDALGO** Region 07 Date Licensed 08/03/2016
License # 017553 BELLOS MOMENTOS HOMECARE INC
Lic Expire 08/31/2022 315 N SHARY RD SUITE 1008
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 587-1023 Fax (844) 302-0895
Type: Parent Agency Administrator JENNIFER MUNGUIA

Owner Information
BELLOS MOMENTOS HOMECARE INC
4033 N FM 492
MISSION, TX 78574
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/25/2019
License # 019615 BELOVED ANGELS PRIMARY HOME CARE LLC
Lic Expire 09/25/2021 1700 W. BUS. 83 STE C
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 360-4747 Fax (956) 585-5520
Type: Parent Agency Administrator JOSE C. HERNANDEZ III

Owner Information
BELOVED ANGELS PRIMARY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/07/2020
License # 019815 BEST CAREPHC LLC
Lic Expire 02/07/2022 302 N REYES
Medicare 1: EDCOUCH, TEXAS 78538
Medicare 2:
Phone (956) 292-8650 Fax
Type: Parent Agency Administrator MYRTA GARCIA

Owner Information
BEST CAREPHC LLC
PO BOX 2656
ELSA, TEXAS 78543
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/29/2004
License # 008975 BEST HEALTH SERVICES
Lic Expire 02/28/2022 9500 HWY 107 SUITE B
Medicare 1: MISSION, TX 78574
Medicare 2:
Phone (956) 583-0103 Fax (956) 583-5120
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 10/27/2006
License # 010836 BIENVENIDOS HOME HEALTH CARE LLC
Lic Expire 10/31/2022 932 SOUTH MISSOURI AVE
Medicare 1: 679737 HHA-18 MERCEDES, TX 78570
Medicare 2:
Phone (956) 565-0000 Fax (956) 565-0700
Type: Parent Agency Administrator MARIA RAMOS

Owner Information
BIENVENIDOS HOME HEALTH CARE LLC
10806 QUESADA STREET
MERCEDES, TX 78570
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 10/19/2022

County **HIDALGO** Region 07 Date Licensed 11/18/2015
License # 017138 BK HOME HEALTH THERAPY SERVICES
Lic Expire 11/30/2021 801 E FERN SUITE 103
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 627-0902 Fax (956) 627-0690
Type: Parent Agency Administrator MARIA INEZ QUINTERO

Owner Information
BK THERAPY SERVICES INC
801 EAST FERN AVENUE SUITE 144
MCALLEN, TX 78501
PHONE: (956) 627-0902 FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 07/31/2012
License # 014966 BLESS-ED HOME CARE INC
Lic Expire 07/31/2022 2700-A EAST GRIFFIN PARKWAY
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone 956 6273917 Fax 956 6184631
Type: Parent Agency Administrator MONICA CENTENO

Owner Information
BLESS-ED HOME CARE, INC.
2700-A EAST GRIFFIN PARKWAY
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/29/2019
License # 019565 BLESSING HOME CARE LLC
Lic Expire 08/29/2021 4021 ANITA ST
Medicare 1: MISSION, TEXAS 78573
Medicare 2:
Phone (956) 862-0514 Fax (956) 271-4251
Type: Parent Agency Administrator MARGARITA GONZALEZ

Owner Information
BLESSING HOME CARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/13/2016
License # 017354 BRAVO HOME CARE
Lic Expire 04/30/2022 208 WEST FERGUSON ST UNIT 4 SUITE 5
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 223-4528 Fax (956) 601-1357
Type: Parent Agency Administrator JULIO CANTU

Owner Information
CANVI GROUP LLC
208 W FERGUSON UNIT 4 SUITE 5
PHARR, TX 78577-2455
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/10/2012
License # 013807 BRIGHTSTAR CARE
Lic Expire 01/31/2023 2715 CORNERSTONE BLVD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 627-2717 Fax (956) 627-2720
Type: Branch Agency Administrator MATTHEW WONG

Owner Information
PW HEALTH SERVICES, LLC
615A GALE ST.
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 07/01/2016
License # 017675 BUENA SUERTE HOME HEALTH
Lic Expire 06/30/2022 216 E EXPRESSWAY 83 SUITE F
Medicare 1: 679514 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 702-9933 Fax (956) 702-9966
Type: Parent Agency Administrator LISA GONZALEZ

Owner Information
PENSOT INVESTMENTS LLC
PO BOX
PHARR, TX 78577
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/10/2006
License # 010339 CALIDAD HEALTH CARE SERVICES INC
Lic Expire 03/31/2022 3202 N CLOSNER BLVD SUITE A
Medicare 1: EDINBURG, TX 78542
Medicare 2:
Phone (956) 720-8887 Fax (956) 289-1046
Type: Parent Agency Administrator SANTHOSH SKARIAH

Owner Information
CALIDAD HEALTH CARE SERVICES INC
PO BOX 4601
EDINBURG, TEXAS 78540
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/16/2015
License # 017325 CARE HOME HEALTH SERVICES
Lic Expire 12/31/2021 6618 FONTANA PT
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 541-0131 Fax (210) 541-0227
Type: Branch Agency Administrator SYLVIA MONTEZ

Owner Information
ALL- TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 12/16/2015
License # 017325 CARE HOME HEALTH SERVICES
Lic Expire 12/31/2021 6618 FONTANA PT
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 541-0131 Fax (210) 541-0227
Type: Branch Agency Administrator SYLVIA MONTEZ

Owner Information
ALL- TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 12/16/2015
License # 017325 CARE HOME HEALTH SERVICES
Lic Expire 12/31/2021 6618 FONTANA PT
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 541-0131 Fax (210) 541-0227
Type: Branch Agency Administrator SYLVIA MONTEZ

Owner Information
ALL- TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/09/2014
License # 003165 CARING FOR YOU HOME HEALTH INC
Lic Expire 09/30/2021 1212 N 10TH STREET
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 972-0707 Fax (956) 972-0797
Type: Branch Agency Administrator NOEMI T TORRE

Owner Information
CARING FOR YOU HOME HEALTH INC
PO BOX 6218
BROWNSVILLE, TX 78523
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/12/1996
License # 004452 CARING FOR YOU HOME HEALTH INC
Lic Expire 04/30/2023 1212 N. 10TH ST
Medicare 1: 678300 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 972-0707 Fax (956) 972-0797
Type: Parent Agency Administrator CHRISTEL VASQUEZ

Owner Information
CARING FOR YOU HOME HEALTH INC
PO BOX 6218
BROWNSVILLE, TX 78523
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 10/01/2001
License # 007917 CARING SENIOR SERVICE OF MCALLEN
Lic Expire 09/30/2021 1321 WEST PECAN BOULEVARD SUITE C
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 687-9494 Fax (866) 687-9393
Type: Parent Agency Administrator GENEVIEVE RAMIREZ

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

County **HIDALGO** Region 07 Date Licensed 04/07/2009
License # 011519 CARING TOUCH PROVIDER SERVICES
Lic Expire 940 W NOLANA LOOP STE A
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 664-9199 Fax (956) 783-9006
Type: Branch Agency Administrator IRMA P GARZA

Owner Information
MRNG, INC.
PO BOX 568
BENAVIDES, TX 78341
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/07/2009
License # 011519 CARING TOUCH PROVIDER SERVICES
Lic Expire 940 W NOLANA LOOP STE A
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 664-9199 Fax (956) 783-9006
Type: Branch Agency Administrator IRMA P GARZA

Owner Information
MRNG, INC.
PO BOX 568
BENAVIDES, TX 78341
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/31/2017
License # 017892 CASA HOME CARE
Lic Expire 01/31/2023 3607 N. WARE RD. SUITE 10
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 598-8818 Fax (956) 598-8550
Type: Parent Agency 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** Region 07 Date Licensed 12/11/2018
License # 019145 CASA MIA HOME CARE, LLC.
Lic Expire 12/11/2022 5407 S. MCCOLL RD. STE. A
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 843-0740 Fax (855) 534-5187
Type: Parent Agency Administrator TALMA HINOJOSA

Owner Information
CASA MIA HOME CARE, LLC
SAME
,
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/03/2017
License # 018223 CASITA CORAZON HEALTHCARE AGENCY LLC
Lic Expire 08/31/2021 207 S. CAGE BLVD SUITE A-2
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 353-6253 Fax (956) 353-6389
Type: Parent Agency 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** Region 07 Date Licensed 01/04/2006
License # 010228 CHAMPION HEALTH CARE
Lic Expire 01/31/2023 1018 S CLOSNER BLVD.
Medicare 1: 679554 EDINBURG, TX 78539
Medicare 2:
Phone (956) 318-1520 Fax (956) 318-1530
Type: Parent Agency 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** Region 07 Date Licensed 03/26/2009
License # 012683 CHARITY HOME HEALTH INC
Lic Expire 03/31/2023 3107 CENTER POINTE DR
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 686-5600 Fax (956) 686-7577
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 10/13/2020
License # 020230 CIELITO LINDO PRIMARY HOME CARE LLC
Lic Expire 10/13/2022 8012 W EXPRESSWAY 83 SUITE B
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone (956) 458-4949 Fax
Type: Parent Agency Administrator JOSEFINA ROMO

Owner Information
CIELITO LINDO PRIMARY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/21/2019
License # 019275 CIELO AZUL PROVIDER SERVICES, LLC.
Lic Expire 02/21/2021 3241 N. 38TH ST.
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 567-9711 Fax (956) 420-0444
Type: Parent Agency Administrator CLAUDIA HARO

Owner Information
CIELO AZUL PROVIDER SERVICES, LLC.
PO BOX 721004
MCALLEN, TEXAS 78504
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/03/2021
License # 020505 COLIBRI HOME CARE SERVICES LLC
Lic Expire 02/03/2023 1904 FAWN CIRCLE
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 270-4489 Fax (956) 270-4489
Type: Parent Agency Administrator SAUL GUZMAN

Owner Information
COLIBRI HOME CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/15/2020
License # 020001 CON AMOR PROVIDER SERVICES
Lic Expire 06/15/2022 2041 ORCHID AVE.
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 627-6100 Fax (956) 627-6101
Type: Parent Agency Administrator NAYFA SATARAIN

Owner Information
CON AMOR PROVIDER SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/21/2000
License # 007396 CON CARINO PRIMARY HOME CARE
Lic Expire 08/31/2021 2230 EAST BUSINESS 83
Medicare 1: WESLACO, TEXAS 78596
Medicare 2:
Phone (956) 447-4002 Fax (956) 447-4062
Type: Parent Agency Administrator REYNALDO A. LIMAS

Owner Information
CON CARINO INC
P.O. BOX 1102
WESLACO, TEXAS
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/14/2011
License # 014524 CON ENCANTO HEALTHCARE LLC
Lic Expire 12/31/2021 207 S. CAGE BLVD SUITE A-3
Medicare 1: 747802 HHA-18 PHARR, TEXAS 78577
Medicare 2:
Phone 956 6855081 Fax 956 6855082
Type: Parent Agency Administrator EDGARDO RODRIGUEZ

Owner Information
CON ENCANTO HEALTHCARE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 12/04/2021

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

County **HIDALGO** Region 07 Date Licensed 03/07/2018
License # 018646 CON FE HOME HEALTH LLC
Lic Expire 06/30/2022 409 AUSTIN ST STE B
Medicare 1: WESLACO, TX 78599
Medicare 2:
Phone (956) 355-5511 Fax (956) 355-5527
Type: Parent Agency Administrator SONIA TORRES

Owner Information
CON FE HOME HEALTH LLC
409 AUSTIN ST STE B
WESLACO, TX 78599
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 12/27/2018
License # 019167 CONCORD HOSPICE CARE LLC
Lic Expire 12/27/2022 2010 E BUSINESS HWY 83 STE C.
Medicare 1: 97-1507 (HOSPICE DONNA, TEXAS 78537
Medicare 2:
Phone (956) 532-7983 Fax (956) 271-6182
Type: Parent Agency Administrator DAVID LOPEZ

Owner Information
CONCORD HOSPICE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/16/2022

County **HIDALGO** Region 07 Date Licensed 09/11/2017
License # 018308 CONTIGO HOSPICE LLC
Lic Expire 09/30/2021 4900 W. EXPRESSWAY 83 SUITE 105
Medicare 1: 741719 HOSPICE MCALLEN, TX 78501
Medicare 2:
Phone (956) 731-0610 Fax
Type: Parent Agency Administrator

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

County **HIDALGO** Region 07 Date Licensed 08/19/2019
License # 019536 CORAZON DIVINO LLC
Lic Expire 08/19/2021 1409 S 9TH AVE STE 225
Medicare 1: EDINBURG, TEXAS 785395527
Medicare 2:
Phone (956) 609-8250 Fax (888) 879-6223
Type: Parent Agency Administrator MARIA IBARRA

Owner Information
CORAZON DIVINO LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/16/2013
License # 016022 CORAZON HEALTH CARE SERVICES LLC
Lic Expire 12/31/2021 102 S BROADWAY
Medicare 1: 679587 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 618-9911 Fax (956) 618-9913
Type: Parent Agency Administrator ALECK RIOS

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

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County **HIDALGO** Region 07 Date Licensed 07/20/2017
License # 018183 CORAZON HOSPICE LLC
Lic Expire 07/31/2021 102 S BROADWAY ST STE C
Medicare 1: 74-1735 MCALLEN, TX 78501
Medicare 2:
Phone (956) 627-4336 Fax (956) 618-9913
Type: Parent Agency Administrator ALECK RIOS

Owner Information
CORAZON HOSPICE LLC
102 S BROADWAY STE C
MCALLEN, TX 78501
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/06/2021

County **HIDALGO** Region 07 Date Licensed 01/16/2019
License # 019204 CORAZON PROVIDER SERVICES, LLC.
Lic Expire 01/16/2021 109 N. INDIANA
Medicare 1: MERCEDES, TEXAS 78570
Medicare 2:
Phone (956) 272-1971 Fax (956) 348-0888
Type: Parent Agency Administrator ROLANDO GARZA

Owner Information
CORAZON PROVIDER SERVICES,LLC.
109 N. INDIANA
MERCEDES, TEXAS 78570
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/12/2012
License # 015135 CREATIONS THERAPY LLC
Lic Expire 10/31/2020 216 EAST INTERSTATE 2 STE K
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 588-4060 Fax (877) 797-3584
Type: Parent Agency Administrator SHANNON RAE MCLAUGHLIN

Owner Information
CREATIONS THERAPY LLC
216 EAST INTERSTATE 2 SUITE 2
PHARR, TX 78577
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 03/29/2021
License # 020180 CRUZ HOMECARE, LLC
Lic Expire 09/16/2022 702 E. GRIFFIN PKWY STE 3
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 600-8770 Fax (956) 600-7934
Type: Parent Agency Administrator DENISE CRUZ

Owner Information
CRUZ HOMECARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/29/2021
License # 020485 CRUZ PRIMARY HOMECARE, LLC
Lic Expire 01/25/2024 702 E GRIFFIN PKWY STE 3
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone (956) 933-2909 Fax (956) 600-7934
Type: Parent Agency Administrator DENISE CRUZ

Owner Information
CRUZ PRIMARY HOMECARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/14/2016
License # 017739 CRYSTAL PRIMARY CARE LLC
Lic Expire 11/30/2020 102 S BROADWAY
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 627-4804 Fax (956) 618-9913
Type: Parent Agency Administrator ALECK S RIOS

Owner Information
CRYSTAL PRIMARY CARE LLC
102 S BROADWAY
MC ALLEN, TX 78501
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/02/2010
License # 013686 CUIDANDO VIDAS HOME HEALTH LLC
Lic Expire 11/30/2022 1900 EAST 28TH STREET SUITE B
Medicare 1: 747919 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 968-7833 Fax (956) 854-4090
Type: Parent Agency Administrator YOLANDA CUELLAR

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
Accreditation: JCAHO - Deemed, Expires: 11/21/2022

County **HIDALGO** Region 07 Date Licensed 12/01/2004
License # 009435 D ORO HOME HEALTH SERVICES
Lic Expire 11/30/2021 609 WEST SIXTH STREET SUITE 2
Medicare 1: 673132 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 973-9700 Fax (956) 973-9788
Type: Parent Agency Administrator BLANCA E GONZALEZ LMSW-AP

Owner Information
ODP MANAGEMENT LLC
P O BOX 267
WESLACO, TEXAS 78599
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 02/06/2018
License # 018595 D&D PRIMARY HOME CARE LLC
Lic Expire 02/28/2022 6920 W EXPRESSWAY 83 SUITE A
Medicare 1: PALMVIEW, TX 78572
Medicare 2:
Phone (956) 897-3970 Fax (956) 513-0697
Type: Parent Agency Administrator DILENY OLIVARES

Owner Information
D&D PRIMARY HOME CARE LLC
PO BOX 497
PENITAS, TX 78576
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/11/2021
License # 020532 D&Z PRIMARY HOME CARE, LLC.
Lic Expire 02/11/2023 2808 PAULINE LN.
Medicare 1: EDINBURG, TEXAS 78542
Medicare 2:
Phone (956) 929-0911 Fax (956) 513-0394
Type: Parent Agency Administrator DIEGO SAENZ

Owner Information
D&Z PRIMARY HOME CARE, LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/28/2020
License # 019248 DE FE PROVIDER HEALTH SERVICES
Lic Expire 04/28/2022 3109 CACTUS DR.
Medicare 1: WESLACO, TEXAS 78599
Medicare 2:
Phone (956) 903-4175 Fax (956) 903-4275
Type: Parent Agency Administrator VANESSA RAMOS

Owner Information
DE FE PROVIDER HEALTH SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/09/2017
License # 018047 DE LEON CARE
Lic Expire 05/31/2021 611 W EAGLE AVENUE
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 720-1027 Fax (833) 860-7214
Type: Parent Agency Administrator ELISA LOPEZ

Owner Information
MAYRA A DE LEON
611 W EAGLE AVENUE
PHARR, TX 78577
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/01/2020
License # 019867 DE LOS ANGELES HOME HEALTH SERVICES LLC
Lic Expire 04/06/2022 1409 S 9TH AVE, STE. 311
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 616-3544 Fax (956) 378-9975
Type: Parent Agency Administrator VICTOR GONZALEZ

Owner Information
DE LOS ANGELES HOME HEALTH SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/31/2021
License # 020663 DE LOS SANTOS PRIMARY HOME CARE, INC. #2
Lic Expire 03/31/2024 304 S ALAMO RD SUITE A
Medicare 1: ALAMO, TEXAS 78516
Medicare 2:
Phone (800) 585-9120 Fax (956) 435-0105
Type: Parent Agency Administrator MARIBEL DE LOS SANTOS

Owner Information
DE LOS SANTOS PRIMARY HOME CARE, INC. #2
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/10/2020
License # 019895 DE LOS SANTOS PRIMARY HOME CARE, LLC.
Lic Expire 04/24/2022 304 S ALAMO RD SUITE A
Medicare 1: ALAMO, TEXAS 78516
Medicare 2:
Phone (956) 373-9868 Fax (956) 435-0105
Type: Parent Agency Administrator LIZETTE DE LOS SANTOS

Owner Information
DE LOS SANTOS PRIMARY HOME CARE, LLC.
PHONE: (956) 373-9868 FAX: (956) 435-0105
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/24/2016
License # 017480 DE TODO CORAZON PRIMARY HOME CARE
Lic Expire 06/30/2022 813 N. WARE RD. STE. A
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 928-1811 Fax (956) 928-1814
Type: Parent Agency Administrator JOSE FUENTES

Owner Information
FUERA INVESTMENT GROUP LLC
2216 N 47TH ST
MCALLEN, TX 78501
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/03/2009
License # 012988 DEDICATION OF CARE HOME HEALTH AGENCY
Lic Expire 08/31/2021 1904 E. GRIFFIN PARKWAY STE B.
Medicare 1: 673169 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 316-3627 Fax (956) 381-9660
Type: Parent Agency Administrator ROSA MARIA YBARRA

Owner Information
YBARRA ENTERPRISES INC
2805 FOUNTAIN PLAZA BLVD
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/20/2018
License # 018720 DEL SOL PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 04/30/2020 5224 N CAGE STE 1-A
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 666-9007 Fax (956) 782-8847
Type: Parent Agency Administrator LUIS E GONZALEZ

Owner Information
DEL SOL PERSONAL ASSISTANCE SERVICES, LLC.
PO BOX 1562
MISSION, TEXAS 78572
PHONE: (956) 666-9007 FAX: (956) 666-9008
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/10/2011
License # 013812 DHC DIVINE HEALTH CARE LLC
Lic Expire 01/31/2023 4309 N 10TH ST STE C
Medicare 1: 747735 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 563-7509 Fax (956) 687-7509
Type: Parent Agency Administrator LISA BLUM

Owner Information
DHC DIVINE HEALTH CARE LLC
4311 N. 10TH ST. STE #B1
MCALLEN, TX 78504
PHONE: (956) 563-7509 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/08/2024

County **HIDALGO** Region 07 Date Licensed 06/09/2011
License # 014151 DHR HEALTH HOSPICE
Lic Expire 06/30/2021 2717 MICHAEL ANGELO DR, STE 302
Medicare 1: 671788 HOSPICE EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 362-3780 Fax (956) 362-3789
Type: Parent Agency Administrator MARISSA ANDERSON

Owner Information
RENAISSANCE HOSPICE & PALLIATIVE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 07/13/2021

County **HIDALGO** Region 07 Date Licensed 03/24/2011
License # 013979 DOGWOOD HOME HEALTH CARE LLC
Lic Expire 03/31/2023 1216 W VETERANS BLVD, STE A
Medicare 1: 747762 HHA-18 PALMVIEW, TEXAS 78572
Medicare 2:
Phone (956) 580-3957 Fax (956) 580-8188
Type: Parent Agency Administrator JAVIER MONTELONGO

Owner Information
DOGWOOD HOME HEALTH CARE, LLC
720 WEST PALMA VISTA DRIVE SUITE 5
PALMVIEW, TX 78572
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 05/26/2009
License # 012619 DOLCE VIDA HOME HEALTH LLC
Lic Expire 05/31/2021 1401 E RIDGE ROAD SUITE F-1
Medicare 1: 747657 HHA-18 MCALLEN, TX 78503
Medicare 2:
Phone (956) 630-1231 Fax (956) 627-0182
Type: Parent Agency Administrator LORENZO CARRILLO

Owner Information
DOLCE VIDA HOME HEALTH LLC
1309 E RIDGE ROAD SUITE 2B
MCALLEN, TX 78503
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/17/2016
License # 017315 DULCE AMANECER PROVIDER SERVICES LLC
Lic Expire 03/31/2022 4430 S. MCCOLL RD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 874-4623 Fax (956) 618-4631
Type: Parent Agency Administrator MONICA E. CENTENO

Owner Information
DULCE AMANECER PROVIDER SERVICES LLC
SAME AS PHYSICAL
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 08/01/2018
License # 019403 DULCE AMOR Y PAZ PRIMARY HOME CARE LLC
Lic Expire 05/31/2021 5401 N CAGE BLVD STE A
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 731-9903 Fax 18888910277
Type: Parent Agency Administrator ERIKA MORA

Owner Information
DULCE AMOR Y PAZ PRIMARY HOME CARE, LLC
7608 N. 20TH STREET
MCALLEN, TEXAS 78504
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/09/2007
License # 011139 DULCE ESPERANZA HOME HEALTH CARE LLC
Lic Expire 03/31/2022 3000 N TAYLOR ROAD
Medicare 1: 743106 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 580-2119 Fax (956) 580-1119
Type: Parent Agency Administrator NORMA AMALIA TORRES

Owner Information
DULCE ESPERANZA HOME HEALTH CARE LLC
3000 N TAYLOR ROAD
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 02/28/2023

County **HIDALGO** Region 07 Date Licensed 06/30/2015
License # 016886 DULCE VIDA PROVIDER SERVICES
Lic Expire 06/30/2021 1418 BEECH AVENUE STE 131
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 800-5502 Fax (956) 800-5503
Type: Parent Agency Administrator LIZANDRO TIJERINA

Owner Information
LIZT, INC
1418 BEECH AVENUE SUITE 131
MCALLEN, TX 78501
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/12/2020
License # 019826 EL JARDIN PROVIDER SERVICES, LLC
Lic Expire 02/12/2022 711 W NOLANA AVE. STE 103-L
Medicare 1: MCALLEN, TEXAS 78504
Medicare 2:
Phone (956) 803-0162 Fax (956) 803-0169
Type: Parent Agency Administrator JOSE A. DE LA O

Owner Information
EL JARDIN PROVIDER SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/19/2007
License # 010998 EL MUNDO FELIZ
Lic Expire 01/31/2023 415 S. INTERNATIONAL BLVD. - SUITE 4
Medicare 1: WESLACO, TEXAS 78596
Medicare 2:
Phone (956) 792-5080 Fax (956) 514-0603
Type: Parent Agency Administrator DANIEL MARTINEZ JR

Owner Information
EL MUNDO FELIZ
524 E LOS EBANOS
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/13/2003
License # 008591 EL REY PRIMARY HEALTHCARE LLC
Lic Expire 08/31/2022 3622 MORELAND DR
Medicare 1: WESLACO, TX 78596
Medicare 2:
Phone (956) 968-7100 Fax (956) 968-7116
Type: Parent Agency Administrator MONICA MEAVE

Owner Information
EL REY PRIMARY HEALTHCARE LLC
110 EAST AGOSTADERO STREET SUITE B
WESLACO, TX 78596
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/19/2006
License # 010469 ELARA CARING
Lic Expire 05/31/2022 3524 W ALBERTA ROAD
Medicare 1: 671558 HOSPICE EDINBURG, TX 78539
Medicare 2:
Phone (956) 631-4354 Fax (956) 631-4042
Type: Parent Agency Administrator ALICIA GARICA

Owner Information
CIMA HOSPICE OF THE VALLEY, LP
14295 MIDWAY RD. STE #400
ADDISON, TX 75001
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 10/09/2017
License # 018367 ENCINO PRIMARY HOME CARE LLC
Lic Expire 10/31/2021 1409 S. 9TH AVE. STE. 103
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 929-1054 Fax (877) 784-1426
Type: Parent Agency Administrator RUTH S. GONZALEZ

Owner Information
ENCINO PRIMARY HOME CARE LLC
2607 SPADES AVENUE
EDINBURG, TX 78542
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/06/2004
License # 009348 ESSENTIAL HOME CARE INC
Lic Expire 10/31/2023 6112 N 10TH STREET SUITE 1F
Medicare 1: 457858 HHA-18 MCALLEN, TEXAS 78504
Medicare 2:
Phone (956) 683-0505 Fax (956) 686-9484
Type: Parent Agency Administrator TERESITA CONTRERAS

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; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 11/03/2009
License # 012942 ESTRELLA PHC SERVICES
Lic Expire 11/30/2021 3513 W ALBERTA
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 994-1717 Fax (956) 994-1818
Type: Parent Agency Administrator CYNTHIA CHAVEZ

Owner Information
DENNIS R CHAVEZ
7028 NORTH 5TH
MCALLEN, TX 78504
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/26/2017
License # 017876 EXCEL PRIMARY HOME CARE LLC
Lic Expire 01/31/2023 29149 FM 493, UNIT 235
Medicare 1: HARGILL, TX 785490235
Medicare 2:
Phone (956) 845-6152 Fax (855) 278-8213
Type: Parent Agency Administrator JOEL CANTU

Owner Information
EXCEL PRIMARY HOME CARE LLC
PO BOX 235
HARGILL, TEXAS 78549
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/28/2016
License # 017358 EXPERT PROVIDER SERVICES INC
Lic Expire 03/31/2022 420 S CLOSNER BLVD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 387-0500 Fax (956) 387-0501
Type: Parent Agency Administrator BETH PETERS

Owner Information
EXPERT PRIMARY HOME HEALTH CARE, INC.
909 BUSINESS PARKSTE 3
MISSION, TX 78572
PHONE: (956) 584-7100 FAX: (956) 584-8778
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/01/2020
License # 020364 FAITH HOME CARE, INC
Lic Expire 12/01/2022 200 EAST EXPRESSWAY 83 SUITE O
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 258-5558 Fax (956) 258-5558
Type: Parent Agency Administrator ILSIA KAREN HIPOLITO

Owner Information
FAITH HOME CARE, INC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/22/2018
License # 019089 FAITH PRIMARY HOME CARE LLC
Lic Expire 08/22/2022 813 EL GATO ROAD
Medicare 1: ALAMO, TX 78516
Medicare 2:
Phone (956) 272-1950 Fax 18885597871
Type: Parent Agency Administrator LYDIA SANDOVAL

Owner Information
FAITH PRIMARY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 10/17/2012
License # 015140 FAMILIA PRIMARY HOME CARE INC
Lic Expire 10/31/2022 2700 EAST GRIFFIN PARKWAY, SUITE D-2
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone 956 5834620 Fax 956 5834621
Type: Parent Agency Administrator EVELIA GUTIERREZ

Owner Information
FAMILIA PRIMARY HOME CARE INC
2700 E GRIFFIN PARKWAY, SUITE D-2
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/22/2021
License # 020039 FAMILIA UNIDA HOME HEALTHCARE, LLC
Lic Expire 07/07/2022 315 N MAIN ST. STE F
Medicare 1: DONNA, TEXAS 78537
Medicare 2:
Phone 956 461 1142 Fax 956 461 1145
Type: Parent Agency Administrator YVETTE ESCOBAR

Owner Information
FAMILIA UNIDA HOME HEALTHCARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/31/2006
License # 010847 FAMILY AND FRIENDS HOME HEALTH CARE INC
Lic Expire 10/31/2021 508 W CANTON RD STE A
Medicare 1: 679780 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 381-8253 Fax (956) 381-8353
Type: Parent Agency Administrator FELIPE GARZA JR

Owner Information
FAMILY AND FRIENDS HOME HEALTH CARE INC
508 W CANTON ROAD SUITE A
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HIDALGO** Region 07 Date Licensed 01/06/1995
License # 003459 FAMILY HOME HEALTH SERVICES
Lic Expire 01/31/2022 606 S MCCOLL ROAD
Medicare 1: 458294 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 381-9294 Fax (956) 381-9293
Type: Parent Agency Administrator ARNULFO E MARTINEZ

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

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County **HIDALGO** Region 07 Date Licensed 12/21/2001
License # 008177 FIRST CHOICE HEALTHCARE
Lic Expire 12/31/2021 1801 SOUTH 5TH STREET SUITE 117 A & B
Medicare 1: 459199 MCALLEN, TEXAS 78503
Medicare 2:
Phone (956) 664-2659 Fax (956) 664-2689
Type: Parent Agency Administrator MARCIAL ZAMORA

Owner Information
FRONTLINE HEALTH SERVICES INC
1801 SOUTH 5TH STREET SUITE 117A
MCALLEN, TX 78503
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 05/06/2011
License # 014081 FIRST CHOICE IN-HOME CARE LLC
Lic Expire 05/31/2021 2301 E BUSINESS HWY 83 LOT A
Medicare 1: DONNA, TX 78537
Medicare 2:
Phone (956) 246-9737 Fax (956) 461-0032
Type: Parent Agency Administrator MARIA C RODRIGUEZ

Owner Information
FIRST CHOICE IN-HOME CARE LLC
2301 EAST BUSINESS HWY 83 LOT A
HIDALGO, TX 78537
PHONE: (956) 246-9737 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 08/21/2013
License # 015722 FIRST CLASS PROVIDER SERVICES LLC
Lic Expire 08/31/2021 214 N. 16TH STREET SUITE: 122
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 821-1273 Fax (956) 627-4789
Type: Parent Agency Administrator ARIANNA ANTU

Owner Information
FIRST CLASS PROVIDER SERVICES LLC
214 N. 16TH STREET SUITE:122
MCALLEN, TEXAS 78501
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/03/2015
License # 016722 FIRST HOME HEALTHCARE LLC
Lic Expire 02/28/2023 3222 S SUGAR ROAD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 720-4256 Fax (956) 287-4988
Type: Branch Agency Administrator ARELY MATHEWS

Owner Information
FIRST HOME HEALTHCARE LLC
PO BOX 1877
ALICE, TX
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/19/2012
License # 015072 FIRST STEPS PEDIATRIC HOME HEALTH
Lic Expire 09/30/2022 4004 NORTH JACKSON ROAD
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 683-9339 Fax (956) 683-9329
Type: Parent Agency Administrator BELINDA DOLLINGER

Owner Information
PASOS D AMOR LLC
4004 N JACKSON ROAD
PHARR, TX 78577
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 03/27/2020
License # 019857 FLORESITA HOMECARE, LLC.
Lic Expire 03/27/2022 929 E. ESPERANZA STE. 21
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 540-7172 Fax (956) 540-7127
Type: Parent Agency Administrator DENISE SANDOVAL

Owner Information
FLORESITA HOMECARE, LLC.
PO BOX 721004
MCALLEN, TEXAS 78504
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/28/2019
License # 019561 FLOWERS PRIMARY HOME CARE LLC
Lic Expire 08/28/2021 1221 INTERNATIONAL ST
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 378-9128 Fax (956) 287-4582
Type: Parent Agency Administrator NORMA FLORES

Owner Information
FLOWERS PRIMARY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/17/2009
License # 012860 FOCUSING IN HOME CARE INC
Lic Expire 09/30/2021 1001 W BUS 83 STE C
Medicare 1: 747615 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 583-9261 Fax (956) 583-9267
Type: Parent Agency Administrator ROLANDO SANCHEZ

Owner Information
FOCUSING IN HOME CARE INC
1001 W BUS 83 SUITE C
MISSION, TX 78572
PHONE: (956) 583-9261 FAX: (956) 583-9267
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/12/2023

County **HIDALGO** Region 07 Date Licensed 04/18/2017
License # 018006 FOREMOST HEALTHCARE SERVICES LLC
Lic Expire 04/30/2021 701 E. ESPERANZA AVENUE SUITE B
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 618-3757 Fax (956) 686-3420
Type: Parent Agency Administrator MIGUEL A. 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

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County **HIDALGO** Region 07 Date Licensed 10/07/2020
License # 020216 FORTALEZA Y AMISTAD PRIMARY HOME CARE, LLC.
Lic Expire 10/07/2022 1912 WESTHAVEN DR
Medicare 1: WESLACO, TEXAS 78599
Medicare 2:
Phone (956) 975-1222 Fax (956) 517-1361
Type: Parent Agency Administrator RICARDO FLORES

Owner Information
FORTALEZA Y AMISTAD PRIMARY HOME CARE, LLC.
PHONE: FAX:
Services: Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 03/22/2007
License # 011179 FREEDOM HEALTHCARE INC
Lic Expire 03/31/2022 4405 N. 22ND STREET
Medicare 1: 747029 MCALLEN, TX 78504
Medicare 2:
Phone (956) 686-9948 Fax (956) 686-9949
Type: Parent Agency Administrator MELISSA VANDORN

Owner Information
FREEDOM HEALTHCARE INC
5111 N 10TH #207
MCALLEN, TEXAS 78505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 09/25/2023

County **HIDALGO** Region 07 Date Licensed 03/25/2008
License # 012125 FRIENDS HEALTH CARE SERVICES INC
Lic Expire 03/31/2022 401 S KANSAS AVENUE, SUITE D-1
Medicare 1: 459489 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 854-4424 Fax (956) 854-4430
Type: Parent Agency Administrator DAVID SUAREZ

Owner Information
FRIENDS HEALTH CARE SERVICES INC
401 S KANSAS AVENUE SUITE D
WESLACO, TX 78596
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 05/13/2015
License # 016802 FUNCTIONAL GAINZ THERAPEUTICS LLC
Lic Expire 05/31/2021 502 W SUGARCANE DR
Medicare 1: WESLACO, TX 78596
Medicare 2:
Phone (956) 447-4246 Fax (956) 973-0707
Type: Parent Agency Administrator FERNANDO CASTELLANO

Owner Information
FUNCTIONAL GAINZ THERAPEUTICS LLC
2708 BAYLOR AVENUE
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 03/09/2018
License # 018647 GARDENIA PHC SERVICES LLC
Lic Expire 03/31/2022 704 S. 11TH ST. STE. C
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 800-4273 Fax (956) 800-4283
Type: Parent Agency Administrator ROSIE MIGUEL

Owner Information
GARDENIA PHC SERVICES LLC
704 S. 11TH ST. STE. C
MCALLEN, TEXAS 78501
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 07/02/2018
License # 018815 GARDENIA PRIMARY HOME CARE LLC
Lic Expire 07/31/2022 370 E. BOWIE AVE.
Medicare 1: ALAMO, TX 78516
Medicare 2:
Phone (956) 720-4979 Fax (956) 720-4979
Type: Parent Agency Administrator MARITES TAUTHO

Owner Information
GARDENIA PRIMARY HOME CARE LLC
370 E. BOWIE AVE.
ALAMO, TX 78516
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/17/2017
License # 018459 GENESIS PHC SERVICES LLC
Lic Expire 11/30/2021 824 DEL ORO IN. STE. B
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 540-7133 Fax (956) 540-7134
Type: Parent Agency Administrator NICKIE YBARRA

Owner Information
GENESIS PHC SERVICES, LLC
824 DEL ORO IN. STE. B
PHARR, TX 78577
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/11/2017
License # 018498 GENTLE ARMS HEALTHCARE SERVICES LLC
Lic Expire 12/31/2021 2209 WALNUT GROVE SUITE 1
Medicare 1: MERCEDES, TX 78570
Medicare 2:
Phone 956 5142595 Fax 866 7626313
Type: Parent Agency Administrator MELISSA SANDOVAL

Owner Information
GENTLE ARMS HEALTHCARE SERVICES, LLC
2209 WALNUT GROVE SUITE 1
MERCEDES, TEXAS 78570
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/13/2013
License # 015601 GENTLE TOUCH PRIMARY HOME CARE LLC
Lic Expire 06/30/2021 7123 N BENTSEN PALM DR STE#4
Medicare 1: MISSION, TX 78574
Medicare 2:
Phone (956) 581-3271 Fax (956) 581-3487
Type: Parent Agency Administrator RAQUEL CRUZ

Owner Information
GENTLE TOUCH PRIMARY HOME CARE LLC
7123 N BENTSEN PALM DRIVE, SUITE 4
MISSION, TX
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/31/2011
License # 013995 GENUINE HEALTHCARE SERVICES INC
Lic Expire 03/31/2021 3243 NORTH 38TH STREET SUITE A
Medicare 1: 747702 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 683-6296 Fax (956) 271-0637
Type: Parent Agency Administrator LUIS MARIN

Owner Information
GENUINE HEALTHCARE SERVICES INC
3421 WEST ALBERTA SUITE A
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 05/17/2021

County **HIDALGO** Region 07 Date Licensed 07/29/2009
License # 011757 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2021 2901 N 23RD STREET SUITE 106
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 682-4864 Fax (956) 682-4875
Type: Branch Agency Administrator GABRIEL DONIAS

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 06/24/2003
License # 008521 GMC PHC SERVICES INC
Lic Expire 06/30/2022 4106 N 22ND ST. STE 3
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 664-0608 Fax (956) 664-0708
Type: Parent Agency 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** Region 07 Date Licensed 10/30/2015
License # 017205 GOLDEN LIFE HOME HEALTH CARE
Lic Expire 10/31/2021 4901 S. MCCOLL SUITE B
Medicare 1: 747691 HHA-18 EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 618-4653 Fax (956) 618-4656
Type: Parent Agency Administrator MARISOL GARZA

Owner Information
JHONSDTC INC.
3521 W. ALBERTA
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/23/2012
License # 014704 GOLDEN YEARS HEALTH SERVICES INC
Lic Expire 03/31/2022 5009 N MCCOLL RD
Medicare 1: 747858 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 627-4090 Fax (956) 627-0773
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 03/12/2022

County **HIDALGO** Region 07 Date Licensed 11/16/2015
License # 017127 GOOD LIFE PAS
Lic Expire 11/30/2021 521 S 12
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 380-0461 Fax (956) 287-4744
Type: Parent Agency Administrator GABRIELA AGUILLON

Owner Information
GABRIELA AGUILLON
422 E SAMANO
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/07/2007
License # 011744 GOOD SHEPHERD PRIMARY HEALTH CARE LLC
Lic Expire 12/31/2022 7981 MILE 17 NORTH
Medicare 1: 747135 HHA-18 EDCOUCH, TX 78538
Medicare 2:
Phone (956) 262-7445 Fax (956) 262-0008
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 11/15/2012
License # 015208 GOODWILL HEALTHCARE TEAM
Lic Expire 11/30/2022 1111 W NOLANA AVENUE STE N
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone 956 5408695 Fax 956 5408699
Type: Parent Agency 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** Region 07 Date Licensed 03/24/2015
License # 016698 GRACE PHC
Lic Expire 03/31/2023 4810 N. RAUL LONGORIA SUITE #3
Medicare 1: SAN JUAN, TX 78589
Medicare 2:
Phone (956) 217-5999 Fax (210) 941-0500
Type: Parent Agency Administrator ADRIANA CAVAZOS

Owner Information
GPHHT LLC
SAME AS PHYSICAL ADDRESS
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/01/2018
License # 019240 GRACIA HOSPICE
Lic Expire 10/01/2022 717 EAST ESPERANZA AVE
Medicare 1: 671659 MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 661-1177 Fax (956) 661-1178
Type: Parent Agency Administrator JENNIFER LEAL

Owner Information
REGENCY IHS HOSPICE SERVICES LLC
101 W GOODWIN AVE STE 600
VICTORIA, TX 77901
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/15/2022

County **HIDALGO** Region 07 Date Licensed
License # 012169 GREATER VALLEY HOSPICE ALLIANCE LP
Lic Expire 06/30/2021 1018 BEECH AVENUE SUITE 104
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 688-9797 Fax (956) 428-2541
Type: Alternate Delivery Site Administrator DANIELLE MARTINEZ

Owner Information
GREATER VALLEY HOSPICE ALLIANCE LP
605 MACO DRIVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 12/30/2014
License # 016589 GUADALUPE HOME CARE INC
Lic Expire 12/31/2022 6717 S JACKSON RD
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 783-4900 Fax (956) 783-4905
Type: Parent Agency Administrator ERIKA DELATORRE

Owner Information
GUADALUPE HOME CARE INC
7801 S CAGE BLVD STE 102
PHARR, TX 78577
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 08/03/2011
License # 014251 HACIENDA HEALTH CARE LLC
Lic Expire 08/31/2021 2187 MILE 10 N
Medicare 1: 747848 HHA-18 MERCEDES, TX 78570
Medicare 2:
Phone (956) 565-1110 Fax (956) 565-1116
Type: Parent Agency Administrator CARLOS GARZA

Owner Information
HACIENDA HEALTH CARE LLC
2187 MILE 10 N
MERCEDES, TX 78570
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 05/16/2022

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

County **HIDALGO** Region 07 Date Licensed 06/18/2012
License # 014957 HAPPY VALLEY HOME CARE
Lic Expire 06/30/2020 2517 W. TRENTON ROAD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 475-3531 Fax (956) 475-3541
Type: Parent Agency Administrator MARY MORENO

Owner Information
ARC PRIMARY CARE LLC
2517 W. TRENTON ROAD
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 02/12/2013
License # 015364 HARBOR HOSPICE OF KINGSVILLE
Lic Expire 02/28/2023 213 WEST KLEBERG
Medicare 1: 741705 HOSPICE KINGSVIILE, TX 78363
Medicare 2:
Phone (956) 800-4977 Fax (956) 800-4979
Type: Parent Agency Administrator NOE REYES

Owner Information
HARBOR HOSPICE OF HARLINGEN LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/26/2024

County **HIDALGO** Region 07 Date Licensed 02/12/2013
License # 015366 HARBOR HOSPICE OF MCALLEN LP
Lic Expire 02/28/2023 6521 NORTH 10TH STREET SUITE E
Medicare 1: 741537 HOSPICE MCALLEN, TX 78501
Medicare 2:
Phone (956) 800-4977 Fax (956) 800-4979
Type: Parent Agency Administrator NOE REYES

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

County **HIDALGO** Region 07 Date Licensed 02/12/2013
License # 015365 HARBOR HOSPICE OF SOUTH TEXAS LP
Lic Expire 02/28/2023 6521 NORTH 10TH STREET SUITE E2
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 800-4977 Fax (956) 800-4979
Type: Parent Agency Administrator NOE REYES

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

County **HIDALGO** Region 07 Date Licensed 02/10/2020
License # 019818 HARMONY HEALTH NETWORK LLC
Lic Expire 02/10/2022 929 E ESPERANZA AVE UNIT 24
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 212-8005 Fax (956) 631-3810
Type: Parent Agency Administrator SONIA ANCISO

Owner Information
HARMONY HEALTH NETWORK LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/05/2010
License # 013444 HCP INC
Lic Expire 03/31/2022 300 E. NOLANA LOOP STE. J
Medicare 1: 677834 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 633-0043 Fax (956) 633-0044
Type: Parent Agency Administrator RIZALINA LAGAS

Owner Information
HEALTH CARE PARTNERS INCORPORATED
PO BOX 332
SANTA ROSA, TX 78593
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/09/2019
License # 019317 HEALING TOUCH OF TEXAS PERSONAL ASSISTANCE SERVICES, LLC.
Lic Expire 04/09/2021 813 N MAIN ST, STE. 312
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 509-0131 Fax
Type: Parent Agency Administrator MARINA SALAMANCA

Owner Information
HEALING TOUCH OF TEXAS PERSONAL ASSISTANCE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 11/26/1990
License # 002164 HEALTH CARE UNLIMITED INC
Lic Expire 11/30/2022 1100 EAST LAUREL SUITE 100
Medicare 1: 677285 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 994-9911 Fax (956) 630-0452
Type: Parent Agency Administrator JOSEPH RAMON, III

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

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County **HIDALGO** Region 07 Date Licensed 02/26/2009
License # 012472 HEALTHPLUS HOMECARE
Lic Expire 02/28/2023 200 W EXPRESSWAY 83 STE N
Medicare 1: 747861 HHA-18 SAN JUAN, TX 78589
Medicare 2:
Phone (956) 781-3105 Fax (956) 781-3108
Type: Parent Agency Administrator JOEL PEREZ

Owner Information
PPL COMPADRES INC
944 WEST NOLANA LOOP SUITE F
PHARR, TX 78577
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 05/21/2022

County **HIDALGO** Region 07 Date Licensed 08/31/2018
License # 019807 HEARTS OF TEXAS PROVIDER SERVICES, LLC.
Lic Expire 02/06/2022 702 W INTERSTATE 2, STE C1
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 666-9055 Fax (956) 517-2021
Type: Parent Agency Administrator DANA LOPEZ

Owner Information
HEARTS OF TEXAS PROVIDER SERVICES, LLC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 12/30/2009
License # 013056 HEAVENLY CARE PHC SERVICES
Lic Expire 12/31/2021 2204 W SPRAGUE STREET
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 720-4490 Fax (956) 720-4402
Type: Parent Agency Administrator DALYLA JASSO DEAN

Owner Information
HEAVEN SENT SERVICES LLC
2701 N JACKSON RD
EDINBURG, TX 78541
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/22/2016
License # 017755 HEAVENLY GRACE OURANIOS INC
Lic Expire 02/26/2021 813 N MAIN ST SUITE 315
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 821-2556 Fax (956) 627-6630
Type: Parent Agency Administrator ALFREDO CUELLAR

Owner Information
HEAVENLY GRACE OURANIOS, INC
620 S TEXAS BLVD STE D
WESLACO, TX 78596
PHONE: (956) 821-2556 FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 06/19/2006
License # 010551 HEAVENLY HEALTH CARE
Lic Expire 06/30/2022 1506 E GRIFFIN PARKWAY STE B
Medicare 1: 679656 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 271-4755 Fax (956) 598-5098
Type: Parent Agency Administrator JOSE LARA

Owner Information
HEAVENLY HEALTH CARE LLC
1506 E. GRIFFIN PARKWAY STE B
MISSION, TX 78572
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 03/22/2022

County **HIDALGO** Region 07 Date Licensed 10/09/2013
License # 015804 HEAVENLY HELPERS HOME CARE LLC
Lic Expire 10/31/2021 710 WEST 2ND ST
Medicare 1: MERCEDES, TX 78570
Medicare 2:
Phone (956) 463-0723 Fax (956) 565-6457
Type: Parent Agency Administrator AARON CAMARGO

Owner Information
HEAVENLY HELPERS HOME CARE LLC
710 WEST 2ND STREET
MERCEDES, TX 78570
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/13/2017
License # 018317 HEAVENLY STALLIONS PHC LLC
Lic Expire 09/30/2021 127 SOUTH 8TH STREET
Medicare 1: DONNA, TEXAS 78537
Medicare 2:
Phone (956) 375-2009 Fax (956) 375-2047
Type: Parent Agency Administrator MELISSA RODRIGUEZ FLORES

Owner Information
HEAVENLY STALLIONS PHC LLC
1400 N WESTGATE DRIVE SUITE 205
WESLACO, TX 78599
PHONE: (956) 375-2009 FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/04/2002
License # 008091 HELPING HANDS HOME HEALTH CARE
Lic Expire 09/30/2021 306 WEST CAMELLIA AVENUE
Medicare 1: 679232 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 631-7070 Fax (956) 631-7001
Type: Parent Agency Administrator BRIAN ROCK

Owner Information
MCALLEN HEALTH NETWORK INC
306 WEST CAMELLIA AVENUE
MCALLEN, TX 78501-2070
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HIDALGO** Region 07 Date Licensed 10/20/2006
License # 010819 HELPING HANDS PROVIDER SERVICE
Lic Expire 10/31/2021 2200 EAST GRIFFIN PARKWAY
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 585-0547 Fax (956) 600-7473
Type: Parent Agency Administrator CARLOS LUGO

Owner Information
CSL ENTERPRISES INC
2200 E GRIFFIN PARKWAY
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/15/2004
License # 008864 HHN HEALTHCARE LLC
Lic Expire 01/31/2023 2007 E. GRIFFIN PARKWAY STE. A
Medicare 1: 679476 HHA-18 MISSION, TEXAS 78572
Medicare 2:
Phone (956) 683-8662 Fax (956) 683-1484
Type: Parent Agency Administrator JOSE GONZALEZ

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

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County **HIDALGO** Region 07 Date Licensed 10/26/2006
License # 010831 HIGH POINT HOME HEALTH
Lic Expire 10/31/2021 1700 WEST GRIFFIN PARKWAY
Medicare 1: 679752 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 583-8876 Fax (956) 580-2356
Type: Parent Agency Administrator OMAR CONTRERAS

Owner Information
HIGH POINT HOME HEALTH LP
SAME
MISSION, TX 78572
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/14/2022

County **HIDALGO** Region 07 Date Licensed 10/21/2010
License # 013666 HOLISTIC PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 10/31/2022 2017 E GRIFFIN PARKWAY
Medicare 1: MISSION, TEXAS 78574
Medicare 2:
Phone (956) 424-2317 Fax (956) 600-8007
Type: Parent Agency 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** Region 07 Date Licensed 02/17/2017
License # 017971 HOMECARE DIMENSIONS INC
Lic Expire 02/28/2023 1317 EAST JASMIN AVE UNIT B
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 627-0554 Fax (956) 627-0724
Type: Branch Agency Administrator ASHLEIGH STRICKLAND

Owner Information
HOMECARE DIMENSIONS, INC.
12500 NETWORK BLVD SUITE 210
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 01/28/2015
License # 016861 HOSANNA HEALTH CARE
Lic Expire 01/31/2023 1001 N CONWAY
Medicare 1: 679070 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 519-1000 Fax (956) 584-1413
Type: Parent Agency Administrator MARLA MUNOZ

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; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/05/2021
License # 020572 HOSPICE CARE GOOD SHEPHERD, LLC
Lic Expire 03/05/2023 7938 MILE 17 ROAD
Medicare 1: EDCOUCH, TEXAS 78538
Medicare 2:
Phone 956 5326584 Fax (877) 717-7229
Type: Parent Agency Administrator JULIAN SILVA, JR.

Owner Information
HOSPICE CARE GOOD SHEPHERD LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 05/05/2009
License # 012576 HOSPICE COMPASSIONATE CARE SERVICES LLC
Lic Expire 05/31/2021 2411 E GRIFFIN PKWY
Medicare 1: 671642 HOSPICE MISSION, TX 78572
Medicare 2:
Phone (956) 581-9450 Fax (956) 581-8660
Type: Parent Agency Administrator FERNEY MEDINA

Owner Information
HOSPICE COMPASSIONATE CARE SERVICES LLC
2411 E. GRIFFIN PKWY,
MISSION, TX 78572
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 12/15/2021

County **HIDALGO** Region 07 Date Licensed 05/31/2006
License # 010495 HOSPITAL AT HOME
Lic Expire 05/31/2020 2533 WEST TRENTON ROAD
Medicare 1: 679782 HHA-18 EDINBURG, TEXAS 785395070
Medicare 2:
Phone (956) 342-9092 Fax (956) 971-0090
Type: Parent Agency Administrator CELIA T OJEAGA

Owner Information
HOSPITAL AT HOME LLC
P.O. BOX 5475
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 01/25/2021
License # 020486 HUMBLE CARE, INC
Lic Expire 01/25/2023 3912 EUCALIPTUS AVE
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (781) 732-8064 Fax
Type: Parent Agency Administrator BRIDGET FOMBON-NAMBOUH

Owner Information
HUMBLE CARE, INC
3912 EUCALIPTUS AVE
MCALLEN, TEXAS 78501
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/13/2020
License # 019874 HUMILDE HOME CARE, LLC
Lic Expire 04/13/2022 1601 W. TRENTON RD STE L
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 703-4712 Fax
Type: Parent Agency Administrator BIANCA DELGADO

Owner Information
HUMILDE HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/07/1994
License # 002876 I P H HOME HEALTH CARE INC
Lic Expire 04/30/2024 1300 N 10TH STREET STE 210
Medicare 1: 458032 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 971-0224 Fax (956) 971-0298
Type: Parent Agency Administrator MIRNA LUGO

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

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

County **HIDALGO** Region 07 Date Licensed 01/01/1999
License # 007074 IMS HOME HEALTH CARE INC
Lic Expire 12/31/2022 623 S TEXAS UNIT A
Medicare 1: 678299 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 464-9111 Fax (956) 464-6611
Type: Parent Agency Administrator LINDA GARDNER

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** Region 07 Date Licensed 05/10/2017
License # 018048 IMS HOSPICE CARE INC
Lic Expire 05/31/2021 623A S. TEXAS BLVD
Medicare 1: 74-1746 WESLACO, TX 78596
Medicare 2:
Phone (956) 975-2615 Fax (956) 975-2619
Type: Parent Agency Administrator ALICIA RODRIGUEZ

Owner Information
IMS HOSPICE CARE INC
623A S. TEXAS BLVD
WESLACO, TX 78596
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 08/08/2021

County **HIDALGO** Region 07 Date Licensed 08/24/2004
License # 009264 IN HOME HEALTH CARE SERVICES
Lic Expire 08/31/2021 4811 S JACKSON RD
Medicare 1: 673164 EDINBURG, TEXAS 785399793
Medicare 2:
Phone 956 6272264 Fax 956 6273354
Type: Parent Agency Administrator MARIA ALICIA MORENO

Owner Information
JAL HEALTH SERVICES INC
1005 E 10TH STREET, SUITE B
WESLACO, TEXAS 78596
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HIDALGO** Region 07 Date Licensed 07/31/2008
License # 012126 IN HOME PRIMARY CARE
Lic Expire 07/31/2021 1713 W. GRIFFIN PKWY
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone (956) 600-7042 Fax (956) 391-2345
Type: Parent Agency Administrator MARICELA RIOS

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** Region 07 Date Licensed 11/26/2008
License # 012321 INFINITY CARE HOME HEALTH LLC
Lic Expire 11/30/2022 5211 S MCCOLL RD SUITE D
Medicare 1: 747308 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 630-3001 Fax (956) 630-3011
Type: Parent Agency Administrator ABEL MARTINEZ

Owner Information
INFINITY CARE HOME HEALTH LLC
5211 S MCCOLL RD SUITE D
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 11/30/2021

County **HIDALGO** Region 07 Date Licensed 02/03/2009
License # 012543 IPH HOSPICE CARE INC
Lic Expire 05/01/2021 1100 E JASMINE AVE SUITE 203
Medicare 1: 671573 HOSPICE MCALLEN, TX 78501
Medicare 2:
Phone (956) 682-4234 Fax (956) 631-1677
Type: Parent Agency Administrator YVETTE HUERTA

Owner Information
IPH HOME CARE SERVICES INC
1100 E JASMINE AVE SUITE 203
MCALLEN, TX 78501
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 09/30/1997
License # 006027 IPH PRIMARY HOME CARE INC
Lic Expire 09/30/2021 1100 E. JASMINE AVE. SUITE #203
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 971-9732 Fax (956) 971-9307
Type: Parent Agency Administrator DEYLAH MUNOZ

Owner Information
IPH PRIMARY HOME CARE INC
1100 E. JASMINE AVE SUITE 203
MCALLEN, TX 78501
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/30/2020
License # 020279 JIREH HEALTHCARE SERVICES, LLC.
Lic Expire 10/30/2022 3000 N. MCCOLL RD STE 6
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 569-4220 Fax (956) 569-4220
Type: Parent Agency Administrator MARISSA BADILLO

Owner Information
JIREH HEALTHCARE SERVICES, LLC.
SAME
,
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/18/2012
License # 014592 JOJEMAR HOME HEALTH INC
Lic Expire 01/31/2022 300 E NOLANA LOOP SUITE H
Medicare 1: 747799 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 621-1715 Fax (956) 621-1906
Type: Parent Agency Administrator PACIFICO MARAVILLAS

Owner Information
JOJEMAR HOME HEALTH INC
300 EAST NOLANA LOOP SUITE A-1
PHARR, TX 78577
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HIDALGO** Region 07 Date Licensed 04/01/2007
License # 011272 JORDAN HEALTH SERVICES, A PART OF THE ELARA CARING NETWORK
Lic Expire 03/31/2021 3524 W ALBERTA ROAD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 381-5804 Fax (956) 381-5901
Type: Parent Agency Administrator JACLYN SCHULTZ

Owner Information
CHARTWELL COMMUNITY SERVICES, INC.
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 02 Date Licensed 03/04/2021
License # 020568 JUST HAPPY PRIMARY HOME CARE, LLC
Lic Expire 03/04/2023 3512 DEVON ST
Medicare 1: WESLACO, TEXAS 785991450
Medicare 2:
Phone (956) 405-3406 Fax (956) 405-3005
Type: Parent Agency Administrator JOSE HINOJOSA

Owner Information
JUST HAPPY PRIMARY HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/28/2011
License # 013856 K.A.T.S./ KIDS ADVANCED THERAPY SERVICES
Lic Expire 01/31/2023 526 W 2ND ST
Medicare 1: MERCEDES, TX 78570
Medicare 2:
Phone (956) 230-3301 Fax (956) 391-2825
Type: Parent Agency Administrator ISRAEL MALDONADO

Owner Information
BRADWELL DIVERSIFIED INC.
526 W 2ND ST
MERCEDES, TEXAS
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 02/11/2021
License # 020534 KAMILA HOME CARE, INC
Lic Expire 02/11/2024 801 W. FALCON AVE
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 685-1046 Fax (956) 685-1072
Type: Parent Agency Administrator GRISELLE RIOS

Owner Information
KAMILA HOME CARE, INC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/12/1996
License # 004197 KELLYS HEALTH CARE INC
Lic Expire 01/31/2022 2007 N CONWAY
Medicare 1: 678225 MISSION, TX 78572
Medicare 2:
Phone (956) 519-8118 Fax (956) 584-8572
Type: Parent Agency Administrator JAYNIE CHAPA

Owner Information
KELLYS HEALTH CARE INC
2007 N CONWAY SUITE C
MISSION, TX 78572
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HIDALGO** Region 07 Date Licensed 05/06/1998
License # 006524 KELLY'S PRIMARY CARE INC
Lic Expire 07/31/2019 2007 N CONWAY AVE SUITE D
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 583-0141 Fax (956) 583-0143
Type: Parent Agency Administrator JAYNIE CHAPA

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

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County **HIDALGO** Region 07 Date Licensed 09/11/2012
License # 015058 KIDS KORNER HOME THERAPY
Lic Expire 09/30/2022 910 EAST 8TH STREET SUITE 7
Medicare 1: WESLACO, TX 78596
Medicare 2:
Phone (956) 682-2621 Fax (956) 994-3888
Type: Parent Agency Administrator TRAVIS FRENCH

Owner Information
RENAISSANCE OUTPATIENT THERAPY CENTER, LLC-KIDS KORNER HOME THERAP
910 EAST 8TH STREET SUITE 7
WESLACO, TX 78596
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 05/16/2007
License # 011490 KSC HOME CARE LLC
Lic Expire 05/31/2021 1101 W VETERANS BLVD STE A
Medicare 1: 459486 HHA-18 PALMVIEW, TX 78572
Medicare 2:
Phone (956) 585-7266 Fax (956) 585-7388
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 08/11/2016
License # 017567 L & A PRIMARY HOME CARE LLC
Lic Expire 08/31/2022 1403 RUBY ST
Medicare 1: PENITAS, TX 78576
Medicare 2:
Phone (956) 400-5181 Fax (956) 513-0745
Type: Parent Agency Administrator AURORA CASTILLO

Owner Information
L & A PRIMARY HOME CARE, LLC
P O BOX 733
PENITAS, TEXAS 78576
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/24/2004
License # 009325 LA FUENTE HOME HEALTH SERVICES INC
Lic Expire 09/30/2021 801 WEST HWY 83
Medicare 1: 677835 HHA-18 SULLIVAN CITY, TX 78595
Medicare 2:
Phone (956) 485-1190 Fax (956) 485-1193
Type: Parent Agency Administrator VERONICA ALEMAN

Owner Information
LA FUENTE HOME HEALTH SERVICES INC
PO BOX 280
SULLIVAN CITY, TEXAS 78595
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 02/06/2001
License # 007540 LA FUENTE PRIMARY HOME CARE
Lic Expire 02/28/2023 1723 W EXPRESSWAY 83 SUITE B
Medicare 1: SULLIVAN CITY, TX 78595
Medicare 2:
Phone (956) 485-2400 Fax (956) 485-1193
Type: Parent Agency Administrator VERONICA ALEMAN

Owner Information
LA FUENTE INCORPORATED
PO BOX 280
SULLIVAN CITY, TX 78595
PHONE: (956) 485-9650 FAX: (956) 485-9652
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 08/17/2020
License # 019891 LA HACIENDA HOMECARE, LLC.
Lic Expire 04/22/2022 246 EBANO CIRCLE SUITE B
Medicare 1: LA JOYA, TEXAS 78560
Medicare 2:
Phone (956) 567-9719 Fax (866) 580-0923
Type: Parent Agency Administrator RICARDO BENITEZ

Owner Information
LA HACIENDA HOMECARE, LLC.
PO BOX 721004
MCALLEN, TEXAS 78504
PHONE: FAX:
Services: Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 09/11/2017
License # 018307 LA MISION PALLIATIVE CARE & HOSPICE
Lic Expire 09/30/2021 3413 W. ALBERTA RD.
Medicare 1: 741704 HOSPICE EDINBURG, TX 78539
Medicare 2:
Phone (956) 515-5050 Fax (888) 926-9306
Type: Parent Agency Administrator JOSE JUAREZ

Owner Information
LA MISION PALLIATIVE CARE AND HOSPICE, LLC
3521 W FREDDY GONZALEZ STE A-3
EDINBURG, TX 78539
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 12/27/2023

County **HIDALGO** Region 07 Date Licensed 02/09/2018
License # 018606 LA PALMA PROVIDER SERVICES LLC
Lic Expire 02/28/2022 804 W. EDINBURG AVE, STE D.
Medicare 1: ELSA, TX 78543
Medicare 2:
Phone (956) 287-0333 Fax (956) 287-1986
Type: Parent Agency Administrator MANUEL IBARRA

Owner Information
LA PALMA PROVIDER SERVICES LLC
P.O. BOX 1614
ELSA, TX 78543
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/11/2016
License # 017449 LA TRINIDAD PROVIDER SERVICES
Lic Expire 01/31/2022 1418 BEECH AVE SUITE 117
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 271-6161 Fax (956) 322-4128
Type: Parent Agency Administrator ISELA TREVINO

Owner Information
PRIVILEGE CARE LLC
PO BOX 4277
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/13/2017
License # 018507 LAS GOLONDRINAS PRIMARY HOME CARE LLC
Lic Expire 12/31/2019 2500 DICKER RD STE D
Medicare 1: HIDALGO, TX 78557
Medicare 2:
Phone (956) 689-5490 Fax (956) 435-0186
Type: Parent Agency Administrator NANCY ANAYA

Owner Information
LAS GOLONDRINAS PRIMARY HOME CARE LLC
2500 DICKER ROAD SUITE D
HIDALGO, TX 78557
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/28/2019
License # 019286 LAS MARIPOSAS PRIMARY HOME CARE, LLC.
Lic Expire 06/30/2021 105 LAUREL ST
Medicare 1: PENITAS, TEXAS 78576
Medicare 2:
Phone (956) 598-7576 Fax (956) 599-9749
Type: Parent Agency Administrator LORENA SALIANS

Owner Information
LAS MARIPOSAS PRIMARY HOME CARE, LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/10/2006
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 02/28/2023 3304 W. ALBERTA RD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 580-9100 Fax (956) 580-9110
Type: Branch Agency Administrator AMBROSE HERNANDEZ

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

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County **HIDALGO** Region 07 Date Licensed 02/16/2007
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 02/28/2023 3304 W. ALBERTA RD.
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 580-9150 Fax (956) 580-9111
Type: Alternate Delivery Site Administrator AMBROSE HERNANDEZ

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

County **HIDALGO** Region 07 Date Licensed 10/07/2014
License # 016623 LIFE HOME HEALTH CARE INC
Lic Expire 10/31/2022 1609 DAVENPORT STREET SUITE B
Medicare 1: 747136 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 287-7080 Fax (956) 287-7084
Type: Parent Agency Administrator ARTURO RAMOS

Owner Information
LIFE HOME HEALTH CARE INC
1609 DAVENPORT ST STE B
WESLACO, TX 78596
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 12/10/2008
License # 012339 LIFE TOUCH HOME HEALTH SERVICES
Lic Expire 12/31/2020 2215 CORNERSTONE BLVD
Medicare 1: 747248 HHA-18 EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 664-0106 Fax (956) 664-0107
Type: Parent Agency Administrator JONSETE REYNA

Owner Information
LIFE TOUCH HOME HEALTH SERVICES LLC
6316 N 10TH STREET BLDG.A SUITE 103
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/11/2021

County **HIDALGO** Region 07 Date Licensed 01/27/2021
License # 020492 LION OF JUDAH PRIMARY HOMECARE
Lic Expire 01/27/2023 1200 N 10TH ST STE :E
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 258-2381 Fax (956) 258-2381
Type: Parent Agency Administrator ADRIAN FLORES JR

Owner Information
ADRIAN FLORES JR
PO BOX 5014
MCALLEN, TEXAS 78502
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/26/2018
License # 019591 LITTLE WARRIORS PEDIATRIC HOME CARE, LLC
Lic Expire 09/10/2021 1409 S. 9TH AVE. SUITE #222
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 429-1191 Fax (956) 380-6968
Type: Parent Agency Administrator ESTELA RODRIGUEZ

Owner Information
LITTLE WARRIORS PEDIATRIC HOME CARE, LLC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/31/2020
License # 019369 LONESTAR HOME HEALTH CARE SERVICES LLC
Lic Expire 05/08/2021 23842 URESTI
Medicare 1: EDINBURG, TX 78542
Medicare 2:
Phone (956) 281-3030 Fax
Type: Parent Agency Administrator NORMA MENDEZ

Owner Information
LONESTAR HOME HEALTH CARE SERVICES, LLC
PO BOX 1403
SANTA ROSA, TX 78593
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/06/2016
License # 017767 LOS MILAGROS PHC LLC
Lic Expire 12/31/2020 810 E VETERANS BLVD #K
Medicare 1: PALMVIEW, TX 78572
Medicare 2:
Phone (956) 600-7936 Fax (956) 599-9027
Type: Parent Agency Administrator KENYA MORENO

Owner Information
LOS MILAGROS PHC, LLC
810 E VETERANS BLVD # K
PALMVIEW, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/31/2010
License # 013925 LOS REYES HOME CARE
Lic Expire 12/31/2022 5428 S. JACKSON RD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 584-9200 Fax (956) 584-9205
Type: Parent Agency Administrator DEANNETTE CORTEZ

Owner Information
DDNJ, INC
P.O. BOX 1445
EDINBURG, TX 78542
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 11/01/2010
License # 013724 LOVE N CARE
Lic Expire 10/31/2022 3523 W ALBERTA RD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone 956 6888116 Fax 956 6649967
Type: Parent Agency Administrator MAGDALENA CEPEDA

Owner Information
VELA INVESTMENT CORPORATION
3523 W ALBERTA RD
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/27/2020
License # 019961 LOVING HANDS HOME CARE LLC
Lic Expire 05/27/2022 4713 N. KENYON ROAD
Medicare 1: EDINBURG, TX 78542
Medicare 2:
Phone (956) 624-0128 Fax
Type: Parent Agency Administrator BENJAMIN SALINAS

Owner Information
LOVING HANDS HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/14/2017
License # 018002 LYNNCARE HOSPICE SERVICES LLC
Lic Expire 04/30/2021 108 W HUISACHE ST
Medicare 1: 741693 HOSPICE WESLACO, TX 78596
Medicare 2:
Phone (956) 684-5957 Fax (956) 520-8048
Type: Parent Agency Administrator LINDA NUNEZ

Owner Information
LYNNCARE HOSPICE SERVICES LLC
1611 DAVENPORT ST STE B
WESLACO, TX 78596
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 11/06/2023

County **HIDALGO** Region 07 Date Licensed 02/01/2007
License # 011052 M & G PRIMARY HOME CARE INC
Lic Expire 01/31/2023 2700 A GRIFFIN PARKWAY
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 618-4620 Fax (956) 618-4631
Type: Parent Agency Administrator MONICA E CENTENO

Owner Information
M & G PRIMARY HOME CARE INC
SAME AS PHYSICAL ADDRESS
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/08/2017
License # 017910 MAMI ROSA HOMECARE INC
Lic Expire 02/28/2023 207 S. CAGE BLVD SUITE A-1
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 685-5420 Fax (956) 685-5310
Type: Parent Agency Administrator EDGARDO RODRIGUEZ

Owner Information
MAMI ROSA HOMECARE INC
219 S CASE SUITE #8
PHARR, TX 78577
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 08/01/2018
License # 018861 MANO AMIGA PRIMARY HOME CARE LLC
Lic Expire 07/31/2022 711 W NOLANA AVE. SUITE 103J
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 331-8523 Fax (956) 331-8625
Type: Parent Agency Administrator JULIO FERNANDEZ

Owner Information
MANO AMIGA PRIMARY HOME CARE LLC
711 W NOLANA AVE SUITE 103J
MCALLEN, TX 78504
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/03/2005
License # 009787 MANOS DE ORO PHC INC.
Lic Expire 06/30/2020 302 N TOM GILL STE 5
Medicare 1: 679516 HHA-18 PENITAS, TEXAS 78576
Medicare 2:
Phone (956) 618-3480 Fax (956) 618-3396
Type: Parent Agency Administrator YAMEIDA CHAVANA

Owner Information
MANOS DE ORO PHC, INC.
1418 BEECH AVE. STE #124
MCALLEN, TX 78505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 04/09/2018
License # 018692 MARIPOSA HOME CARE INC
Lic Expire 04/30/2022 824 DEL ORO LN STE. A
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 884-7200 Fax (956) 884-7202
Type: Parent Agency Administrator LAURA GUTIERREZ

Owner Information
MARIPOSA HOME CARE INC
7420 S. COLORADO LANE
PHARR, TX 78577
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/04/2007
License # 011226 MAS QUE AMIGOS HOME HEALTH INC
Lic Expire 04/30/2024 902 LORENA CT
Medicare 1: DONNA, TX 78537
Medicare 2:
Phone (956) 472-3080 Fax (956) 464-1248
Type: Parent Agency Administrator EVERLINDA GALLEGOS

Owner Information
MAS QUE AMIGOS HOME HEALTH INC
902 LORENA CT
DONNA, TX 78537
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/18/2007
License # 011518 MASE'S HOME HEALTH INC
Lic Expire 05/31/2021 1406 SOUTH INSPIRATION BLVD
Medicare 1: 747190 HHA-18 MISSION, TX 78573
Medicare 2:
Phone (956) 342-1554 Fax (956) 583-1594
Type: Parent Agency Administrator MARGARET MOLINA

Owner Information
MASE'S HOME HEALTH INC
1406 S. INSPIRATION BLVD
MISSION, TEXAS 78573
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 01/15/2010
License # 013385 MAXIMUM HOME HEALTH LLC
Lic Expire 01/31/2022 1609 DAVENPORT ST STE A
Medicare 1: 457985 HHA-18 WESLACO, TEXAS 785966543
Medicare 2:
Phone (956) 289-1200 Fax (956) 289-1221
Type: Parent Agency Administrator ROBERTA REYES

Owner Information
MAXIMUM HOME HEALTH LLC
1609 E DAVENPORT
WESLACO, TX 78596
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 06/29/2018
License # 018813 MAXIMUM QUALITY HOSPICE LLC
Lic Expire 06/30/2022 1609 DAVENPORT ST STE D
Medicare 1: 971584 WESLACO, TX 78596
Medicare 2:
Phone (956) 520-8004 Fax (956) 289-1221
Type: Parent Agency Administrator ARTURO RAMOS JR

Owner Information
MAXIMUM QUALITY HOSPICE LLC
1609 DAVENPORT STE D
WESLACO, TX 78596
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 07/23/2023

County **HIDALGO** Region 07 Date Licensed 08/10/2018
License # 018883 MEDI LAB PROVIDER SERVICES LLC
Lic Expire 08/31/2022 4301 N. 22ND ST. SUITE A-1
Medicare 1: MCALLEN, TEXAS 78504
Medicare 2:
Phone (956) 732-4482 Fax (956) 800-5311
Type: Parent Agency Administrator BRENDA PEREZ

Owner Information
MEDI LAB PROVIDER SERVICES LLC
605 S 10TH STREET SUITE B
MCALLEN, TX 78501
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/08/1999
License # 006960 MEDICAL INNOVATIONS HOME HEALTH CARE
Lic Expire 02/28/2023 702 WEST INTERSTATE 2 SUITE F
Medicare 1: 458060 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 781-9600 Fax (956) 781-9808
Type: Parent Agency Administrator DIANA GUERRA

Owner Information
D & R HEALTH CARE PROVIDERS, INC.
702 WEST INTERSTATE STE F
PHARR, TX 78577-6508
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HIDALGO** Region 07 Date Licensed 01/07/2009
License # 012388 MEDSS PRIMARY HOME CARE LLC
Lic Expire 01/31/2021 5701 N FM 1015, STE B
Medicare 1: WESLACO, TEXAS 78599
Medicare 2:
Phone (956) 565-9600 Fax (956) 565-9700
Type: Parent Agency Administrator MARIA RODRIGUEZ

Owner Information
MEDSS PRIMARY HOME CARE LLC
P O BOX 1150
DONNA, TX 78537
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/10/2010
License # 013707 MEMORY LANE HEALTHCARE SERVICES INC
Lic Expire 11/30/2022 312 WEST UNIVERSITY
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 287-2999 Fax (956) 287-2998
Type: Parent Agency Administrator LETISIA CABALLERO

Owner Information
MEMORY LANE HEALTHCARE SERVICES, INC.
1207 JOANN COURT
EDINBURG, TEXAS 78539
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 06/07/2001
License # 007650 MI CASA PHC INC
Lic Expire 06/30/2021 3907 S SUGAR ROAD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 380-2220 Fax (956) 383-6337
Type: Parent Agency Administrator BLANCA PATRICIA PALOMO

Owner Information
MI CASA PHC INC
3907 S SUGAR DRIVE
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/16/2019
License # 019207 MI CASITA HOMECARE, LLC.
Lic Expire 01/16/2021 8041 WEST EDINBURG AVENUE STE. D
Medicare 1: ELSA, TEXAS 78543
Medicare 2:
Phone (956) 567-2342 Fax (956) 420-0222
Type: Parent Agency Administrator CUAHTEMOC MARTINEZ

Owner Information
MI CASITA HOMECARE, LLC.
PO BOX 1614
ELSA, TEXAS 78543
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/15/2011
License # 014042 MI MARANATHA HOME HEALTH INC
Lic Expire 04/30/2021 2916 N TAYLOR RD
Medicare 1: 747920 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone 956 6836219 Fax 956 2873776
Type: Parent Agency Administrator GABRIELA DELEON

Owner Information
MI MARANATHA HOME HEALTH INC
PO BOX 721032
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** Region 07 Date Licensed 09/19/2016
License # 017635 MI PROVIDER
Lic Expire 09/30/2020 720 E EDINBURG AVENUE SUITE 1006
Medicare 1: ELSA, TX 78543
Medicare 2:
Phone (956) 929-6961 Fax (956) 567-2531
Type: Parent Agency Administrator BLANCA LOPEZ

Owner Information
AEMS ENTERPRISES, LLC
PO BOX 2338
ELSA, TX 78543
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/21/2016
License # 017810 MILESTONES AT HOME
Lic Expire 12/31/2022 7001 N 10TH STREET SUITE 303
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 994-9650 Fax (844) 274-0941
Type: Parent Agency 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** Region 07 Date Licensed 08/20/2014
License # 016540 MILLENNIUM COMFORT HOME HEALTHCARE
Lic Expire 08/31/2022 3912 N JACKSON ROAD
Medicare 1: 679681 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 583-1500 Fax (956) 583-8865
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 07/18/2006
License # 010619 MIRASOL HEALTH SERVICES INC
Lic Expire 07/31/2022 710 EAST GRIFFIN PARKWAY #C
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 581-7493 Fax (956) 581-2306
Type: Parent Agency 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** Region 07 Date Licensed 07/21/1998
License # 006581 MIRASOL PRIMARY HOME CARE LLC
Lic Expire 07/31/2022 710 E GRIFFIN PARKWAY SUITE C
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 581-1351 Fax (956) 581-2306
Type: Parent Agency 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** Region 07 Date Licensed 11/21/2017
License # 018462 MIS ABRAZOS HOMECARE LLC
Lic Expire 11/30/2021 537 E. FRONTAGE RD. STE. B
Medicare 1: ALAMO, TEXAS 78516
Medicare 2:
Phone (956) 386-9821 Fax (866) 762-6313
Type: Parent Agency Administrator HAROLD ALDAPE

Owner Information
MIS ABRAZOS HOMECARE LLC
3000 N. MCCOLL ROAD, BLD A, STE#3C
MCALLEN, TX 78501
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/02/2006
License # 011201 MS HEALTH CARE INC
Lic Expire 06/30/2022 3202 W ALBERTA RD
Medicare 1: 679201 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 687-9000 Fax (956) 687-9009
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 04/10/2012
License # 014736 MY MORNING STAR ATTENDANT SERVICES
Lic Expire 04/30/2022 300 E NOLANA SUITE D
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 781-7832 Fax (956) 781-7830
Type: Parent Agency 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** Region 07 Date Licensed 02/22/2006
License # 010306 MY MORNING STAR HOME CARE INC
Lic Expire 06/30/2021 300 E NOLANA LOOP STE A
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 781-7827 Fax (956) 781-7830
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 07/02/1996
License # 004670 NEW ERA MEDICAL SERVICES INC
Lic Expire 07/31/2021 4106 N 22ND STE 2
Medicare 1: 678436 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 928-0609 Fax (956) 928-0619
Type: Parent Agency Administrator EVANGELINA FLORES

Owner Information
NEW ERA MEDICAL SERVICES INC
PO BOX 3181
MCALLEN, TX 78502
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 05/14/2004
License # 009099 NEW LIFE HOME HEALTH SERVICES
Lic Expire 05/31/2022 2115 LOTT ROAD SUITE B
Medicare 1: 453185 HHA-18 DONNA, TX 78537
Medicare 2:
Phone (956) 783-4746 Fax (956) 783-7831
Type: Parent Agency Administrator JOSE E LUGO JR

Owner Information
ALL VALLEY HEALTH CARE INC
2115 LOTT ROAD
DONNA, TX 78537
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 10/01/2004
License # 009347 NEW LIFE HOME HEALTH SERVICES
Lic Expire 09/30/2021 2115 LOTT ROAD
Medicare 1: DONNA, TX 78537
Medicare 2:
Phone 956 4647741 Fax 956 4640007
Type: Parent Agency Administrator JOSE E LUGO JR

Owner Information
A&E HEALTH SERVICES, INC.
2115 LOTT ROAD
DONNA, TEXAS 78537
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 10/30/1998
License # 006705 NIGHTINGALE PRIMARY HOME CARE
Lic Expire 10/31/2021 2505 N STEWART ROAD
Medicare 1: MISSION, TX 78574
Medicare 2:
Phone (956) 519-2600 Fax (956) 519-4500
Type: Parent Agency Administrator DESIREE HAMILTON

Owner Information
CON MI GENTE INC
1616 E. GRIFFIN PKWY PMB 157
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/04/2018
License # 019373 NORTHSTAR CARE PROVIDERS LLC
Lic Expire 05/10/2021 1811 N 23RD ST #104
Medicare 1: MCALLEN, TX 785018547
Medicare 2:
Phone 956 4454953 Fax
Type: Parent Agency Administrator JORGE GARCIA

Owner Information
NORTHSTAR CARE PROVIDERS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/29/2011
License # 014193 NUESTRA ESPERANZA PRIMARY HOME CARE LLC
Lic Expire 06/30/2023 2700-C EAST GRIFFIN PARKWAY
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 630-6411 Fax (956) 618-4631
Type: Parent Agency Administrator MONICA CENTENO

Owner Information
NUESTRA ESPERANZA PRIMARY HOME CARE LLC
SAME AS PHYSICAL ADDRESS
MCALLEN, TX 78503
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/20/2006
License # 010559 NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC
Lic Expire 06/30/2022 4811 S. JACKSON RD.
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 627-3434 Fax (956) 627-3699
Type: Parent Agency Administrator ANA MARIA HERNANDEZ

Owner Information
NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC
1005 E 10TH STREET STE A
WESLACO, TX 78596
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 09/22/1992
License # 002388 NURSES THAT CARE
Lic Expire 09/30/2022 5411 NORTH MCCOLL ROAD
Medicare 1: 677548 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 682-0800 Fax (956) 682-1120
Type: Parent Agency Administrator ANDY SANCHEZ

Owner Information
AMS A MEDICAL SERVICE, INC.
PO BOX 338
MCALLEN, TX 78505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 09/22/1992
License # 002388 NURSES THAT CARE
Lic Expire 09/30/2022 5411 NORTH MCCOLL ROAD
Medicare 1: 677548 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 682-0800 Fax (956) 682-1120
Type: Parent Agency Administrator ANDY SANCHEZ

Owner Information
AMS A MEDICAL SERVICE, INC.
PO BOX 338
MCALLEN, TX 78505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/05/1996
License # 004672 NURSES THAT CARE SITTER SERVICES INC
Lic Expire 04/30/2023 5411 N MCCOLL ROAD
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 668-0029 Fax (956) 682-6461
Type: Parent Agency Administrator ANDY SANCHEZ

Owner Information
NURSES THAT CARE SITTER SERVICES, INC.
PO BOX 52562
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 12/20/2000
License # 007496 OASIS PRIMARY HOMECARE INC
Lic Expire 12/31/2022 3202 N CLOSNER BLVD SUITE A
Medicare 1: EDINBURG, TX 78541
Medicare 2:
Phone (956) 289-1883 Fax (956) 289-1046
Type: Parent Agency Administrator SANTHOSH SKARIAH

Owner Information
OASIS PRIMARY HOMECARE INC
PO BOX 2167
EDINBURG, TX 78540
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/09/2010
License # 013402 ODYSSEY PRIMARY HOMECARE INC
Lic Expire 04/30/2022 3224 SOUTH SUGAR ROAD SUITE L
Medicare 1: 747593 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 287-2600 Fax (956) 685-1374
Type: Parent Agency Administrator DALIA MOLINA

Owner Information
ODYSSEY PRIMARY HOMECARE INC
3224 SOUTH SUGAR ROAD SUITE L
EDINBURG, TX 78539
PHONE: (956) 287-2600 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 06/22/2023

County **HIDALGO** Region 07 Date Licensed 11/19/2018
License # 019108 ONE HEART HOME CARE LLC
Lic Expire 11/19/2022 1800 N 23RD ST STE 50
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 627-5799 Fax (956) 631-5730
Type: Parent Agency Administrator HERMELINDA GUAJARDO

Owner Information
ONE HEART HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/11/2012
License # 015059 ONE-CARE PEDIATRIC THERAPY HOME SERVICES
Lic Expire 09/30/2022 300 S 2ND ST STE A-B
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 627-4990 Fax (956) 627-4991
Type: Parent Agency Administrator PAOLA TAMEZ

Owner Information
ALL JOY HEALTH SERVICES LLC
300 S 2ND ST. STE A-B
MCALLEN, TEXAS 78501
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 09/08/2008
License # 012337 ONLY LOVE HOME CARE
Lic Expire 09/30/2022 833 E ESPERANZA AVE STE A
Medicare 1: 747404 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 631-8844 Fax (956) 631-8855
Type: Parent Agency Administrator CYNTHIA SALAZAR

Owner Information
TEN LAC INC
833 E ESPERANZA SUITE A
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 06/14/2022

County **HIDALGO** Region 07 Date Licensed 10/26/2010
License # 013675 ONLY LOVE HOSPICE
Lic Expire 10/31/2022 833 E ESPERANZA AVENUE SUITE A
Medicare 1: 671687 HOSPICE MCALLEN, TX 78501
Medicare 2:
Phone (956) 631-0616 Fax 95666310313
Type: Parent Agency Administrator MELODY CLARKE

Owner Information
ONLY LOVE HOSPICE LLC
833 E ESPERANZA AVENUE SUITE A
MCALLEN, TX 78501
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 07/25/2009
License # 012804 ONLY LOVE PCS & PROVIDER CARE SERVICES
Lic Expire 07/31/2021 833 E ESPERANZA AVE STE A
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 631-7228 Fax (956) 631-7885
Type: Parent Agency Administrator CYNTHIA SALAZAR

Owner Information
MI VALLE HEALTH CARE LLC
833 E ESPERANZA AVE SUITE A
MCALLEN, TX 78501-1457
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed
License # 018026 OPUSCARE OF TEXAS
Lic Expire 06/30/2021 101 E. EXPRESSWAY 83
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (210) 988-1461 Fax (210) 404-9887
Type: Alternate Delivery Site Administrator SONIA VELEZ

Owner Information
MY OWN HOSPICE LLC
200 NAVARRO STREET SUITE 100
SAN ANTONIO, TX 78205
PHONE: (210) 988-1461 FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 06/03/2009
License # 012641 OUR SACRED HEART HOME HEALTH INC
Lic Expire 06/30/2023 1018 W. WISCONSIN RD.
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 348-2052 Fax (956) 348-2123
Type: Parent Agency Administrator JESUS RUBEN MORENO

Owner Information
OUR SACRED HEART HOME HEALTH, INC.
1005 E 10TH STREET SUITE A 1
WESLACO, TX 78596
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed
License # 007332 OUTREACH HOME CARE
Lic Expire 05/31/2021 5311 S MCCOLL
Medicare 1: EDINBURG, TX 785399168
Medicare 2:
Phone (956) 664-0963 Fax (956) 664-1013
Type: Branch Agency Administrator JULIA LERMA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 05/04/2001
License # 007813 PACE HEALTH CARE INC
Lic Expire 05/31/2022 1001 RONE AVENUE
Medicare 1: 459037 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 447-8886 Fax (956) 447-2032
Type: Parent Agency Administrator THELMA M CAVAZOS, RN

Owner Information
PACE HEALTH CARE INC
P O BOX 655
WESLACO, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 07/08/2015
License # 016955 PALLI-MED HOSPICE LLC
Lic Expire 07/31/2021 1310 E MAIN AVE SUITE B
Medicare 1: 741530 HOSPICE ALTON, TX 78573
Medicare 2:
Phone (956) 627-2744 Fax (956) 627-5625
Type: Parent Agency Administrator CLARISE AGBOR

Owner Information
PALLI-MED HOSPICE LLC
1310 E MAIN AVE SUITE B
ALTON, TX 78573
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 08/08/2003
License # 008584 PALM VALLEY HEALTH CARE II INC
Lic Expire 08/31/2021 119 E CANTON RD
Medicare 1: 679465 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 994-3200 Fax (956) 994-3231
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 12/14/2005
License # 010192 PALM VALLEY HEALTH CARE INC
Lic Expire 12/31/2020 209 E CANTON SUITE A
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 292-0920 Fax (956) 292-0923
Type: Parent Agency Administrator CLAUDIA NAVAS

Owner Information
PALM VALLEY HEALTH CARE, INC.
209 E CANTON SUITE B
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/02/1997
License # 005158 PALM VALLEY HEALTH CARE INC
Lic Expire 01/31/2021 209 E CANTON SUITE B
Medicare 1: 459167 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 292-0900 Fax (956) 292-0918
Type: Parent Agency Administrator CLAUDIA NAVVAS

Owner Information
PALM VALLEY HEALTH CARE, INC.
209 E CANTON SUITE B
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 02/04/2019
License # 019239 PALM VALLEY PRIMARY HOME CARE, INC.
Lic Expire 02/04/2021 209 E CANTON RD STE A
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 292-0920 Fax
Type: Parent Agency Administrator CLAUDIA NAVAS

Owner Information
PALM VALLEY PRIMARY HOME CARE, INC.
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/21/2020
License # 020193 PALMS HEALTHCARE
Lic Expire 09/23/2022 5205 W STATE HIGHWAY 107 SUITE B
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 239-8631 Fax (956) 313-8894
Type: Parent Agency Administrator CHRISTIAN ANDERSON

Owner Information
PALMS HEALTHCARE
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 08/11/2015
License # 016960 PALOMA PRIMARY HOME CARE LLC
Lic Expire 08/31/2021 910 E. PALMA VISTA DR., STE. B
Medicare 1: PALMVIEW, TX 78572
Medicare 2:
Phone (956) 766-1836 Fax (956) 585-4050
Type: Parent Agency Administrator ELIA C. CANALES

Owner Information
PALOMA PRIMARY HOME CARE LLC
31 ALVARADO AVENUE
RANCHO VIEJO, TX 78575
PHONE: (956) 766-1836 FAX: (956) 585-4050
Services: Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 09/02/2016
License # 017613 PALOMA'S PROVIDER SERVICE
Lic Expire 09/30/2022 1020 N CONWAY AVE
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 583-3330 Fax (956) 519-2884
Type: Parent Agency Administrator VERONICA MELENDEZ

Owner Information
AMOR D & B LLC
1020 N. CONWAY AVENUE
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/20/2020
License # 019835 PALOMITA ATTENDANT SERVICES, LLC.
Lic Expire 02/20/2022 317 PRIMROSE AVE STE B
Medicare 1: MCALLEN, TEXAS 78504
Medicare 2:
Phone (956) 567-9701 Fax (866) 585-1507
Type: Parent Agency Administrator ANTONIO AGUILAR

Owner Information
PALOMITA ATTENDANT SERVICES, LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/16/2016
License # 017795 PAN DE VIDA HEALTHCARE
Lic Expire 12/31/2020 2916 N TAYLOR RD., STE. 2
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 887-7014 Fax (956) 887-7015
Type: Parent Agency Administrator GABRIELA DELEON

Owner Information
SPEARS HOME CARE INC
2707 E STAN SCHLUETER LOOP STE 105
KILLEEN, TX 76542
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/23/2010
License # 013575 PARTNERS IN CARE LLC
Lic Expire 09/30/2022 2010 EAST BUSINESS HWY 83 STE B
Medicare 1: 747728 HHA-18 DONNA, TX 78537
Medicare 2:
Phone (956) 351-5923 Fax (956) 351-5925
Type: Parent Agency Administrator DAVID LOPEZ

Owner Information
PARTNERS IN CARE LLC
PO BOX 8216
WESLACO, TX 78599
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/21/2021

County **HIDALGO** Region 07 Date Licensed 10/17/2009
License # 012907 PAS HOME CARE, LLC
Lic Expire 10/31/2021 530 S BRIDGE AVE
Medicare 1: WESLACO, TX 78596
Medicare 2:
Phone (956) 854-4008 Fax (956) 854-4003
Type: Parent Agency Administrator SANDY SALINAS

Owner Information
PAS HOME CARE, LLC
604 E. 6TH STREET
WESLACO, TX 78596
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/23/2018
License # 019738 PASEO CARES HOME HEALTH SERVICES
Lic Expire 12/06/2021 13418 N. DEPOT RD.
Medicare 1: EDINBURG, TEXAS 78541
Medicare 2:
Phone (956) 252-5950 Fax (956) 316-0505
Type: Parent Agency Administrator CESARIO MONTALVO

Owner Information
NICE VIEW HOME CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 06 Date Licensed
License # 013941 PATIENT RECOVERY HOME HEALTHCARE SERVICES
Lic Expire 03/31/2023 101 E SIOUX ROAD UNIT 277 LAKE TRAILS
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (281) 447-1010 Fax (281) 447-1313
Type: Branch Agency Administrator DYRREN DAVIS

Owner Information
PATIENT RECOVERY HEALTHCARE MGMT SERVICES LLC
7324 SOUTHWEST FREEWAY #970
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 09/22/2008
License # 012236 PAX VILLA HOSPICE AND PALLIATIVE CARE
Lic Expire 09/30/2022 4513 W. BUSINESS HWY 83
Medicare 1: 671643 HOSPICE MCALLEN, TX 78502
Medicare 2:
Phone (956) 686-4414 Fax (956) 686-3993
Type: Parent Agency Administrator SAMUEL ETIENNE

Owner Information
PAX VILLA INC
PO BOX 5957
MCALLEN, TX 78502
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/17/2021

County **HIDALGO** Region 07 Date Licensed 03/12/2009
License # 012598 PAZ HOME HEALTH LLC
Lic Expire 03/31/2021 1300 N 10TH STREET STE 210
Medicare 1: 679579 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 781-8445 Fax (956) 781-8448
Type: Parent Agency Administrator MEIR BERMEA

Owner Information
PAZ HOME HEALTH LLC
205 EAST EXPRESSWAY 83
PHARR, TX 78577
PHONE: (956) 781-8445 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 11/21/2011
License # 014480 PAZ HOME HEALTH-II LLC
Lic Expire 11/30/2021 1111 W NOLANA STE S
Medicare 1: 747945 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 627-0937 Fax (956) 627-0740
Type: Parent Agency Administrator DAYANA Z BERMEA

Owner Information
PAZ HOME HEALTH-II, LLC
1300 N 10TH ST ST 410
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 02/13/2007
License # 011071 PHYSICIAN PREFERRED HOME HEALTH SERVICES
Lic Expire 02/28/2022 1801 S 5TH STREET SUITE 117 C & D
Medicare 1: 679795 MCALLEN, TX 78503
Medicare 2:
Phone (956) 353-6055 Fax (956) 627-1386
Type: Parent Agency Administrator JOSE FLORES

Owner Information
VOLVER A CASA HOME HEALTH SERVICES INC.
1801 S 5TH STREET SUITE 117A
MCALLEN, TX 78503
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 09/06/2017
License # 018298 PLATINUM HEARTS HEALTH CARE LLC
Lic Expire 09/30/2021 8529 N FM 88
Medicare 1: WESLACO, TX 78599
Medicare 2:
Phone (956) 375-2843 Fax (956) 405-3280
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 10/08/2010
License # 013622 PLATINUM PRIMARY CARE LLC
Lic Expire 10/31/2020 1629 CYPRESS SUITE 3
Medicare 1: WESLACO, TX 78596
Medicare 2:
Phone (956) 968-0969 Fax (956) 647-5602
Type: Parent Agency 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** Region 07 Date Licensed 02/08/2017
License # 018100 PRECIOUS LIFE HOME HEALTH INC
Lic Expire 07/30/2021 1701 QUAMASIA AVE
Medicare 1: 747189 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 683-8050 Fax (866) 309-3196
Type: Parent Agency Administrator OMAR GOMEZ

Owner Information
PRECIOUS LIFE HOME HEALTH INC
1701 QUAMASIA AVE
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HIDALGO** Region 07 Date Licensed 08/10/2004
License # 009247 PRESIDENTE HOME CARE INC
Lic Expire 08/31/2022 405 N MAIN STREET SUITE 1
Medicare 1: 673101 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 687-6760 Fax (956) 687-6763
Type: Parent Agency Administrator ROMEO VALLADARES

Owner Information
PRESIDENTE HOME CARE INC
405 N MAIN STREET SUITE 1
MCALLEN, TX 78501
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 09/16/2015
License # 017174 PROACTIVE HOMECARE
Lic Expire 09/30/2021 704 S. 11TH ST STE. B
Medicare 1: 677813 HHA-18 MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 720-4575 Fax (956) 258-5012
Type: Parent Agency Administrator LORENA SALINAS

Owner Information
FREDDY'S INVESTMENTS, INC.
301 N. CAGE BLVD SUITE #H
PHARR, TX 78577
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 08/13/2012
License # 015001 PROFESSIONAL REHAB SERVICES
Lic Expire 08/31/2022 801 E NOLANA AVE STE 10
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone 9566649889, 95656095 Fax (956) 664-9879
Type: Parent Agency Administrator ALMA R POLICARPIO

Owner Information
POLICARPIO ENTERPRISES LLC
801 E NOLANA AVE, STE 10
MCALLEN, TEXAS 78504
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 05/26/2006
License # 010488 PROGRESSIVE SKILLED HOME HEALTH SERVICES LLC
Lic Expire 05/31/2021 940 W. NOLANA SUITE C
Medicare 1: 743107 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 702-4466 Fax (956) 702-4477
Type: Parent Agency Administrator BRENDA BELCHER

Owner Information
PROGRESSIVE SKILLED HOME HEALTH SERVICES LLC
940 W. NOLANA SUITE C
PHARR, TX 78577
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/15/2022

County **HIDALGO** Region 07 Date Licensed 10/26/2010
License # 013769 PROMESA HOME HEALTH INC
Lic Expire 10/31/2022 1005 E. 10TH STREET SUITE A&B
Medicare 1: 679680 HHA-18 WESLACO, TEXAS 78596
Medicare 2:
Phone (956) 994-0370 Fax (956) 994-8737
Type: Parent Agency Administrator SONIA TORRES

Owner Information
PROMESA HOME HEALTH, INC.
1005 E. 10TH ST. SUITE A & B
WESLACO, TEXAS 78596
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/13/2013
License # 015428 PROSPERITY HEALTH CARE LLC
Lic Expire 03/31/2023 5425 N. MCCOLL ROAD SUITE B
Medicare 1: MCALLEN, TEXAS 78504
Medicare 2:
Phone (956) 664-9300 Fax (956) 627-2933
Type: Parent Agency Administrator VERONICA RODRIGUEZ

Owner Information
PROSPERITY HEALTH CARE, LLC.
5425 N MCCOLL ROAD SUITE B
MCALLEN, TEXAS 78504
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/29/2017
License # 018284 PROVIDERS PLUS SERVICES LLC
Lic Expire 08/31/2021 4751 S JACKSON RD STE 108
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 888-0098 Fax 18887778119
Type: Parent Agency 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

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

County **HIDALGO** Region 07 Date Licensed 07/19/2016
License # 017533 PROVISION HOME CARE SERVICES LLC
Lic Expire 07/31/2022 617 S. TEXAS BLVD, SUITE A
Medicare 1: WESLACO, TX 78596
Medicare 2:
Phone (956) 854-4518 Fax (956) 854-4488
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 09/28/2017
License # 018348 QUALITY THERAPY AT HOME
Lic Expire 09/30/2021 208 STARR ST. SUITE 2
Medicare 1: MERCEDES, TX 78570
Medicare 2:
Phone (956) 825-9551 Fax (956) 514-1554
Type: Parent Agency Administrator MICHAEL D HERNANDEZ

Owner Information
QTP II INC
PO BOX 1136
MERCEDES, TEXAS 78570
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 06/02/2020
License # 019975 RAICES PROVIDER SERVICES, LLC
Lic Expire 06/02/2022 120 E. AMY DR
Medicare 1: SAN JUAN, TEXAS 78589
Medicare 2:
Phone (956) 402-1603 Fax (956) 510-8466
Type: Parent Agency 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** Region 07 Date Licensed 01/01/2017
License # 017986 RAPIDO HOME CARE INC
Lic Expire 12/31/2020 401 S KANSAS AVE STE C1
Medicare 1: 747191 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 283-5383 Fax (956) 283-5831
Type: Parent Agency Administrator KATHERINE GONZALEZ

Owner Information
RAPIDO HOME CARE INC
808 CHRYSOLITE DRIVE
WESLACO, TX 78596
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 08/31/2021

County **HIDALGO** Region 07 Date Licensed 05/09/2013
License # 015532 REGALCARE HOME HEALTH SERVICES INC
Lic Expire 05/31/2023 702 W INTERSTATE 2, STE D
Medicare 1: 747949 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 287-4265 Fax (956) 287-4449
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 04/23/2024

County **HIDALGO** Region 07 Date Licensed 02/01/2007
License # 011051 REGIONAL NURSING SERVICES MGMT., INC.
Lic Expire 01/31/2022 1601 DAVENPORT ST
Medicare 1: 747446 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 627-2845 Fax (956) 287-7084
Type: Parent Agency Administrator ARTURO RAMOS JR

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

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County **HIDALGO** Region 06 Date Licensed 06/15/2012
License # 009621 RESOURCE CARE CORPORATION
Lic Expire 11/30/2020 4847 S. JACKSON AVE. #C
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 686-0282 Fax (956) 683-0292
Type: Branch Agency 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

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County **HIDALGO** Region 06 Date Licensed 03/13/2012
License # 007241 RESOURCE HOME HEALTH SERVICES
Lic Expire 08/31/2020 4847 S. JACKSON K & L
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 686-7872 Fax (956) 686-7875
Type: Branch Agency 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

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County **HIDALGO** Region 07 Date Licensed 12/03/2018
License # 019129 RESPITE CARE SERVICES OF TEXAS, LLC.
Lic Expire 12/03/2022 1302 S. 17TH AVENUE
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 609-9059 Fax (956) 609-9249
Type: Parent Agency Administrator MERCY FLORES

Owner Information
RESPITE CARE SERVICES OF TEXAS, LLC.
SAME
EDINBURG, TEXAS 78540
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/29/2006
License # 009828 RESTORATIVE HEALTH CARE
Lic Expire 02/28/2021 2252 BUDDY OWENS BLDG. A STE. 4
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (512) 707-1070 Fax (512) 707-1722
Type: Branch Agency Administrator BRENDA GARRETT

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

County **HIDALGO** Region 07 Date Licensed 07/28/2010
License # 013499 REYNA HEALTH CARE INC
Lic Expire 07/31/2022 121 S 21ST AVE
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone 9563830162 956383056 Fax 956 2878144
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 10/21/2013
License # 015821 RGV ANGELS OF CARE HOME HEALTH
Lic Expire 10/31/2021 848 E EXPRESSWAY 83 SUITE 2
Medicare 1: 747959 HHA-18 LA JOYA, TX 78560
Medicare 2:
Phone (956) 585-2466 Fax (956) 585-2395
Type: Parent Agency Administrator DIEGO QUIJANO

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
Accreditation: ACH - Deemed, Expires: 06/09/2021

County **HIDALGO** Region 07 Date Licensed 07/31/2019
License # 019502 RGV GUARDIANS OF CARE LLC
Lic Expire 07/31/2021 848 E EXPRESSWAY 83 STE A
Medicare 1: LA JOYA, TEXAS 78560
Medicare 2:
Phone (956) 599-9111 Fax (956) 599-9224
Type: Parent Agency Administrator DIEGO QUIJANO

Owner Information
RGV GUARDIANS OF CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/22/2012
License # 015027 RGV PEDIATRIC HOME THERAPY
Lic Expire 08/31/2022 4605 N JACKSON RD
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 631-3209 Fax (956) 630-4209
Type: Parent Agency 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** Region 07 Date Licensed 09/25/2020
License # 020200 RINCONCITO EN EL CIELO PRIMARY HOME CARE LLC
Lic Expire 09/25/2022 709 RAMON AYALA DR
Medicare 1: HIDALGO, TX 78557
Medicare 2:
Phone (956) 821-1092 Fax (956) 843-8133
Type: Parent Agency Administrator YADIRA AYALA

Owner Information
RINCONCITO EN EL CIELO PRIMARY HOME CARE LLC
PO BOX 1011
HIDALGO, TX 78557
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/08/2008
License # 012146 RIO GRANDE VALLEY HOME HEALTH LLC
Lic Expire 08/31/2021 2217 JEREMIAH STREET
Medicare 1: 747256 HHA-18 EDINBURG, TEXAS 78542
Medicare 2:
Phone 19562810401 Fax 19562810402
Type: Parent Agency Administrator VICTOR GONZALEZ

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

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County **HIDALGO** Region 07 Date Licensed 11/20/2012
License # 015219 RISAS Y RAYONES HOMECARE SERVICES LLC
Lic Expire 11/30/2022 6422 S CAGE BLVD STE B
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 475-3681 Fax (956) 502-5485
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 12/17/2007
License # 011811 ROCK BRIDGE HOME HEALTH AGENCY INC
Lic Expire 12/31/2021 901 E REDBUD SUITE 8B
Medicare 1: 679507 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 287-9991 Fax (844) 640-2809
Type: Parent Agency Administrator CLAUDIA NAVAS

Owner Information
ROCK BRIDGE HOME HEALTH AGENCY INC
901 E REDBUD SUITE 8B
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/31/2020
License # 019859 ROSAS PROVIDER SERVICES, LLC.
Lic Expire 03/31/2022 3208 PTJ DRIVE
Medicare 1: PALMVIEW, TEXAS 78572
Medicare 2:
Phone (956) 777-4088 Fax (956) 338-5736
Type: Parent Agency Administrator MARIA TREVINO

Owner Information
ROSAS PROVIDER SERVICES, LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/04/2007
License # 010616 SAINT BENEDICTS HOME HEALTH INC
Lic Expire 07/31/2021 1301 E. JASMINE AVE
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 630-5896 Fax (956) 630-5962
Type: Branch Agency Administrator BRENDA RAMON

Owner Information
SAINT BENEDICTS HOME HEALTH INC
424 E MAIN
ROBSTOWN, TX 78380
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/24/2020
License # 020346 SAINT LUKE'S PROVIDERS LLC
Lic Expire 11/24/2022 813 S MILE 1 EAST RD
Medicare 1: MERCEDES, TEXAS 78570
Medicare 2:
Phone (956) 472-3043 Fax
Type: Parent Agency Administrator JOSE ROCHA

Owner Information
SAINT LUKE'S PROVIDERS LLC
PO BOX 591
MERCEDES, TX 78570
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/31/2016
License # 017882 SAINT MATTHEW HOME HEALTH CARE LLC
Lic Expire 12/31/2022 2927 S. JACKSON RD. SUITE # D2
Medicare 1: 747176 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 994-8989 Fax (956) 994-8682
Type: Parent Agency Administrator ILLEANNA GARCIA

Owner Information
SAINT MATTHEW HOME HEALTH CARE LLC
2927 S. JACKSON RD. SUITE # D2 & D3
PHARR, TX 78577
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/04/2024

County **HIDALGO** Region 07 Date Licensed 07/06/2018
License # 018820 SAINT MICHAEL'S PRIMARY HEALTH CARE LLC
Lic Expire 07/31/2022 848 E EXPRESSWAY 83, SUITE 1
Medicare 1: LA JOYA, TEXAS 78560
Medicare 2:
Phone (956) 997-0700 Fax (956) 997-0699
Type: Parent Agency Administrator SANJUANITA CHAPA

Owner Information
SAINT MICHAELS PRIMARY HEALTH CARE LLC
904 DONNA RD
PALMVIEW, TEXAS 78572
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/03/2003
License # 007114 SALDIVAR PRIMARY HOME CARE
Lic Expire 09/30/2022 1313 W. POLK AVE.. SUITE 13
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone 956 7838456 Fax 956 7830967
Type: Branch Agency Administrator MARGOT P. SALDIVAR

Owner Information
SALDIVAR COASTAL SERVICES INC
P. O. BOX 3504
ALICE, TEXAS 78332
PHONE: (361) 396-1200 FAX: (361) 396-1203
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 02/25/2015
License # 016812 SAN JOSE HEALTH CARE LLC
Lic Expire 02/28/2023 121 E. NEWCOMBE (PARK) AVE.
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 781-3254 Fax (956) 781-3210
Type: Parent Agency Administrator CARMINA LOZANO

Owner Information
SAN JOSE HEALTH CARE LLC
207 SOUTH CAGE BLVD SUITE A
PHARR, TX 78577
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 12/21/2020
License # 020416 SAN JOSE HOSPICE CARE
Lic Expire 12/21/2022 121 E PARK, STE A
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 783-5673 Fax (844) 590-1030
Type: Parent Agency Administrator ELMA LOZANO

Owner Information
SAN JOSE HOSPICE CARE
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 04/18/2013
License # 015487 SAN JUAN LIFE SKILLS REHAB @ HOME LLC
Lic Expire 04/30/2021 1110 S STEWART RD SUITE C
Medicare 1: SAN JUAN, TX 78589
Medicare 2:
Phone (956) 283-7556 Fax (956) 283-7557
Type: Parent Agency Administrator SHELLY DUFFEY

Owner Information
SAN JUAN LIFE SKILLS REHAB @ HOME LLC
1110 SOUTH STEWART ROAD SUITE C
SAN JUAN, TX 78589
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 01/11/2020
License # 019118 SAN MIGUEL HOME HEALTH LLC
Lic Expire 10/24/2022 4220 S. WARE RD.
Medicare 1: MCALLEN, TEXAS 78503
Medicare 2:
Phone (956) 688-8022 Fax (956) 688-9380
Type: Parent Agency Administrator FELICITAS MACIAS

Owner Information
SAN MIGUEL HOME HEALTH LLC
3600 DAYTONA AVENUE
MCALLEN, TEXAS 78503
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 07/17/2012
License # 014935 SANTA FE PHC LLC
Lic Expire 07/31/2022 711 W. NOLANA AVE. SUITE 201-A
Medicare 1: MCALLEN, TEXAS 78504
Medicare 2:
Phone (956) 351-5905 Fax (956) 351-5974
Type: Parent Agency Administrator RUSSELL BUHIDAR

Owner Information
SANTA FE PHC LLC
711 W NOLANA AVENUE, SUITE#206 G
MCALLEN, TX 78504
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed
License # 013482 SANTA FE PRIMARY HOME CARE SERVICES
Lic Expire 07/31/2022 702 W INTERSTATE 2 E
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 884-7023 Fax
Type: Branch Agency Administrator ESTRELLA FRAIRE

Owner Information
SANTA FE PRIMARY HOME CARE SERVICES CORPORATION
3465 E RUBEN TORRES BLVD STE B
BROWNSVILLE, TX 78526
PHONE: 956 550 9901 FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/04/2005
License # 010113 SANTA MARIA HEALTH CARE
Lic Expire 11/30/2021 1922 E GRIFFIN PARKWAY SUITE C
Medicare 1: 679515 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 581-6969 Fax (956) 581-8231
Type: Parent Agency Administrator DORY MARQUEZ

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

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County **HIDALGO** Region 07 Date Licensed 02/02/2018
License # 018590 SANTI HOME CARE LLC
Lic Expire 02/28/2022 403 PALMA VISTA DRIVE SUITE B
Medicare 1: PALMVIEW, TX 78572
Medicare 2:
Phone (956) 580-6965 Fax (956) 580-6972
Type: Parent Agency Administrator MARISSA FLORES

Owner Information
SANTI HOME CARE, LLC
403 PALMA VISTA DRIVE SUITE B
PALMVIEW, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/06/2009
License # 012384 SELAH HOSPICE CARE INC.
Lic Expire 01/31/2023 1101 E. DALLAS AVE. UNIT 6
Medicare 1: 671634 HOSPICE MCALLEN, TX 78501
Medicare 2:
Phone (956) 803-0895 Fax (855) 770-2054
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 07/20/2022

County **HIDALGO** Region 07 Date Licensed 10/21/2019
License # 019657 SERENE HOSPICE CARE, LLC.
Lic Expire 10/21/2021 1713 W GRIFFIN PARKWAY, STE. C
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone (956) 212-6198 Fax
Type: Parent Agency Administrator JUAN M MARTINEZ

Owner Information
SERENE HOSPICE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 07/17/2015
License # 016926 SISTERS & BROTHERS AT HOME LLC
Lic Expire 07/31/2021 208 DIAMOND ST STE 2
Medicare 1: LA JOYA, TX 78560
Medicare 2:
Phone (956) 424-3646 Fax (956) 580-2311
Type: Parent Agency Administrator IRMA L. VELOZ

Owner Information
SISTERS & BROTHERS AT HOME LLC
405 LOMA BLANCA STREET
LA JOYA, TEXAS 78560
PHONE: FAX:
Services: Licensed Home Health Services

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

County **HIDALGO** Region 07 Date Licensed 09/23/2019
License # 019614 SJ HEALTHCARE AGENCY LLC
Lic Expire 09/23/2021 260 S. TEXAS BLVD STE 300
Medicare 1: WESLACO, TEXAS 78596
Medicare 2:
Phone (956) 520-8186 Fax (956) 520-8190
Type: Parent Agency Administrator JAZMIN CORONADO

Owner Information
SJ HEALTHCARE AGENCY
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 08/03/2017
License # 018224 SJ HOSPICE SERVICES LLC
Lic Expire 08/31/2021 315 WEST BUSINESS 83
Medicare 1: 741710 HOSPICE WESLACO, TEXAS 78596
Medicare 2:
Phone (956) 294-1410 Fax (956) 375-2129
Type: Parent Agency Administrator JOSE RAMOS

Owner Information
SJ HOSPICE SERVICES LLC
1212 GARZA ST
MERCEDES, TX 78570
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 04/28/2005
License # 009720 SOUTH TEXAS PERSONAL CARE SERVICE INC
Lic Expire 04/30/2021 1022 E GRIFFIN PKWY STE 106B
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 584-7600 Fax (956) 584-7604
Type: Parent Agency Administrator MARIA (CANDY) ABUNDIS

Owner Information
SOUTH TEXAS PERSONAL CARE SERVICE INC
1022 E GRIFFIN PKWY SUITE 106B
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/15/2007
License # 011548 SPECTRUM HEALTH CARE SERVICES
Lic Expire 06/30/2021 1802 SCOBEY AVE
Medicare 1: 747340 HHA-18 DONNA, TX 78537
Medicare 2:
Phone (956) 464-5898 Fax (956) 464-8706
Type: Parent Agency Administrator MICHELLE ANDERSON

Owner Information
25 HHA INC
1802 SCOBEY AVE
DONNA, TX 78537
PHONE: (956) 464-5898 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/27/2022

County **HIDALGO** Region 07 Date Licensed 10/14/2005
License # 010054 ST ANTHONYS HOME HEALTHCARE SERVICES INC
Lic Expire 10/31/2022 612 W. NOLANA SUITE 410
Medicare 1: 457996 HHA-18 MCALLEN, TEXAS 78504
Medicare 2:
Phone (956) 994-8766 Fax (956) 994-8762
Type: Parent Agency Administrator MARITZA FRANCO

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

County **HIDALGO** Region 07 Date Licensed 07/10/2020
License # 020046 ST. BRIDGET'S HOSPICE, LLC
Lic Expire 07/10/2022 1701 HARVEY AVE.
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 407-1433 Fax (956) 338-5641
Type: Parent Agency Administrator HEATHER YANEZ

Owner Information
ST. BRIDGET'S HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 10/30/2015
License # 017287 ST. JOSEPH'S HOSPICE CARE
Lic Expire 10/31/2021 219 S CAGE BLVD STE 15
Medicare 1: 671769 HOSPICE PHARR, TX 78577
Medicare 2:
Phone (956) 781-9900 Fax (956) 781-9901
Type: Parent Agency Administrator FLOR LOZANO

Owner Information
HOSANNA HOSPICE LLC
219 S CAGE BLVD SUITE 15
PHARR, TX 78577
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/16/2022

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

County **HIDALGO** Region 07 Date Licensed 08/01/2008
License # 012248 STEP BY STEP HOME HEALTH CARE
Lic Expire 07/31/2022 909 BUSINESS PARK DRIVE SUITE 10
Medicare 1: 677980 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 961-4288 Fax (956) 961-4314
Type: Parent Agency Administrator BETH PETERS

Owner Information
STEP BY STEP DME INC
2507 SOUTH CAGE BLVD SUITE 100
PHARR, TX 78577
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACHC, Expires: 07/19/2022

County **HIDALGO** Region 07 Date Licensed 10/19/2005
License # 010061 STEPPING STONES HOME CARE SERVICES LTD
Lic Expire 10/31/2022 7001 N. 10TH STREET SUITE 205
Medicare 1: 679501 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 661-9400 Fax (956) 661-9403
Type: Parent Agency Administrator JUAN PABLO BENITEZ

Owner Information
STEPPING STONES HOME CARE SERVICES LTD
7001 N. 10TH STREET, SUITE#205
MCALLEN, TX 78504
PHONE: (956) 661-9400 FAX: (956) 661-9403
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 08/19/2003
License # 008604 SUNRISE HEALTH CARE SERVICES LTD
Lic Expire 08/31/2021 5283 N. 23RD STREET
Medicare 1: 679436 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 682-6717 Fax (956) 618-4284
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 09/22/2015
License # 017044 SUNSHINE HOME HEALTH CARE
Lic Expire 09/30/2021 522 S 11TH STREET
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 683-0777 Fax (956) 683-0778
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 04/18/2017
License # 018008 SUPERIOR HOME CARE INCORPORATED
Lic Expire 04/30/2021 4847 S. JACKSON RD. STE. D
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 803-0334 Fax (956) 803-0335
Type: Parent Agency Administrator NORMA ESCALANTE

Owner Information
SUPERIOR HOME CARE INCORPORATED
10701 N. 103RD ST
MISSION, TEXAS 78573
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 04/04/2007
License # 011422 SUPERIOR HOME HEALTH SERVICES LLC
Lic Expire 04/30/2019 2108 SOUTH M ST SUITE 9
Medicare 1: 453115 HHA-18 MCALLEN, TX 78503
Medicare 2:
Phone (956) 971-0037 Fax (956) 971-0106
Type: Parent Agency Administrator BELINDA JO JUAREZ

Owner Information
SUPERIOR HOME HEALTH SERVICES LLC
8000 VANTAGE DRIVE
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HIDALGO** Region 07 Date Licensed 10/13/2011
License # 014420 SUPERIOR HOSPICE OF MCALLEN LLC
Lic Expire 10/31/2019 2108 SOUTH M ST STE 8B
Medicare 1: 671743 HOSPICE MCALLEN, TX 78503
Medicare 2:
Phone (956) 878-1636 Fax (956) 878-1638
Type: Parent Agency Administrator BELINDA JUAREZ

Owner Information
SUPERIOR HOSPICE OF MCALLEN LLC
8000 VANTAGE DR.
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HIDALGO** Region 07 Date Licensed 06/29/2000
License # 007356 TAYLOR HOME HEALTH INC
Lic Expire 06/30/2021 3107 CENTER POINTE
Medicare 1: 679067 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 618-1626 Fax (956) 618-0934
Type: Parent Agency 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** Region 07 Date Licensed 09/09/2020
License # 020155 TE BRINDO CONSUELO HOME CARE
Lic Expire 09/09/2022 1704 OPAL STREET
Medicare 1: PENITAS, TEXAS 78576
Medicare 2:
Phone (956) 342-6646 Fax
Type: Parent Agency Administrator ROXANNA FLORES

Owner Information
TE BRINDO CONSUELO HOME CARE, LLC
SAME AS PHYSICAL
,
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/16/2020
License # 019946 TE CUIDAMOS
Lic Expire 05/16/2022 2205 N INSPIRATION RD STE D
Medicare 1: 747997 HHA MISSION, TX 78572
Medicare 2:
Phone (956) 598-7160 Fax (956) 598-8111
Type: Parent Agency Administrator ROSELYN ALANIZ

Owner Information
TE CUIDAMOS LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 02/21/2024

County **HIDALGO** Region 07 Date Licensed 01/01/2019
License # 019696 TENDER TOUCH PHC SERVICES
Lic Expire 11/12/2021 3501 MORELAND DRIVE, UNIT J
Medicare 1: WESLACO, TX 78596
Medicare 2:
Phone (833) 288-6824 Fax (833) 288-6824
Type: Parent Agency Administrator MICHAEL CASTANEDA

Owner Information
MACELL, LLC
PO BOX 1098
WESLACO, TX 78599
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/27/2020
License # 020266 TEXAS PRIMARY HOME CARE LLC
Lic Expire 10/27/2022 701 HIDDEN TRACE
Medicare 1: WESLACO, TEXAS 78599
Medicare 2:
Phone (956) 532-7222 Fax (956) 375-2663
Type: Parent Agency Administrator JOSEPHINE LOPEZ

Owner Information
TEXAS PRIMARY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 06/30/2022 300 W 5TH STREET
Medicare 1: WESLACO, TX 78596
Medicare 2:
Phone (956) 969-3670 Fax (956) 968-0384
Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 06/30/2022 3007 W ALBERTA RD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 686-7119 Fax (956) 686-8198
Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 06/30/2022 1022 DOHERTY
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 580-3600 Fax (956) 580-2432
Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 02/20/2004
License # 008926 THANK YOU NURSES LTD
Lic Expire 02/28/2021 3517 NORTH WARE ROAD
Medicare 1: 453153 MCALLEN, TX 78501
Medicare 2:
Phone (956) 682-1581 Fax (956) 682-1583
Type: Parent Agency Administrator CHERI FLORES

Owner Information
THANK YOU NURSES LTD
4242 WOODCOCK DR., STE. 150
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 07/09/1999
License # 007068 THANK YOU NURSES LTD
Lic Expire 07/31/2021 3517 NORTH WARE ROAD
Medicare 1: MCALLEN, TX 785013370
Medicare 2:
Phone 956 6821581 Fax 956 6821583
Type: Parent Agency Administrator RICHARD FLORES

Owner Information
THANK YOU NURSES LTD
4242 WOODCOCK DR., STE. 150
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 10/01/2012
License # 015101 THERA-CHOICE HOMEHEALTH LLC
Lic Expire 09/30/2022 2504 EAST GRIFFIN PARKWAY
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 580-2023 Fax (956) 580-2032
Type: Parent Agency Administrator ANNIE MARIE ESGUERRA

Owner Information
THERA-CHOICE HOMEHEALTH LLC
2504 EAST GRIFFIN PARKWAY
MISSION, TX 78572
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 06/08/2016
License # 017450 THERAPY SQUAD
Lic Expire 06/30/2022 5215 NORTH MCCOLL RD
Medicare 1: MCALLEN, TEXAS 785042202
Medicare 2:
Phone (956) 803-0033 Fax (956) 683-6448
Type: Parent Agency Administrator JR RUIZ

Owner Information
THERAPY SQUAD LLC
616 VIDA SANTA ST.
ALAMO, TX 78516
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 10/14/2018
License # 019462 TOVAR COMMUNITY HOME CARE LLC
Lic Expire 07/02/2021 6101 S. CAGE BLVD STE 127
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 567-2078 Fax (877) 486-8867
Type: Parent Agency Administrator STEPHANIE ARRIAGA

Owner Information
TOVAR COMMUNITY HOME CARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 05/02/2002
License # 007921 TRANS ATLANTIC HOME HEALTH
Lic Expire 08/31/2022 2533 WEST TRENTON ROAD
Medicare 1: 679351 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 971-0088 Fax (956) 971-0090
Type: Parent Agency Administrator CELIA T OJEAGA

Owner Information
TRANSATLANTIC HOME HEALTH CARE
2533 WEST TRENTON ROAD SUITE A8
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **HIDALGO** Region 07 Date Licensed 12/09/2013
License # 015905 TREE OF LIFE HOSPICE LLC
Lic Expire 12/31/2021 3107 CENTER POINTE
Medicare 1: 741542 HOSPICE EDINBURG, TX 78539
Medicare 2:
Phone (956) 994-9602 Fax (956) 994-9605
Type: Parent Agency Administrator MARIA MOYA

Owner Information
MARIA MOYA
1609 NORTH 6TH STREET
MCALLEN, TX 78501
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/26/2023

County **HIDALGO** Region 07 Date Licensed 12/21/2020
License # 020418 TRINITY HOSPICE CARE, LLC.
Lic Expire 12/21/2022 1713 W. GRIFFIN PKWY, STE. D
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone (956) 212-6198 Fax 18665090326
Type: Parent Agency Administrator CESAR DUQUE

Owner Information
TRINITY HOSPICE CARE, LLC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 02/20/2009
License # 012473 TRUE LIFE HOME HEALTH
Lic Expire 06/30/2021 929 E ESPERANZA SUITE 25
Medicare 1: 673125 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 631-7704 Fax (956) 631-3810
Type: Parent Agency Administrator SONIA ANCISO

Owner Information
MCALLEN HEALTH NETWORK II INC
929 E ESPERANZA SUITE 25
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 03/29/2007
License # 011203 TRUEMED HOMECARE INC
Lic Expire 03/31/2022 1708 E GRIFFIN PKWY
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 687-3200 Fax (956) 687-3203
Type: Parent Agency Administrator ILIANA VELA

Owner Information
TRUEMED HOMECARE INC
1708 E GRIFFIN PARKWAY
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/14/2013
License # 015368 UMBRELLA HEALTH CARE LLC
Lic Expire 02/28/2023 115 S CAGE BLVD
Medicare 1: 747946 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 961-4355 Fax (956) 467-0718
Type: Parent Agency Administrator EMANUEL SALDANA

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
Accreditation: CHAP - Deemed, Expires: 11/04/2023

County **HIDALGO** Region 07 Date Licensed 01/07/2011
License # 013808 UN BUEN AMANECER HOME HEALTH INC
Lic Expire 01/31/2023 2005 E GRIFFIN PARKWAY SUITE B
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 969-1231 Fax (956) 973-9046
Type: Parent Agency Administrator JOSE GONZALEZ

Owner Information
UN BUEN AMANECER HOME HEALTH INC
2101 S PLEASANTVIEW DRIVE
WESLACO, TX 78596
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/13/2016
License # 017624 UNIDOS HEALTHCARE LLC
Lic Expire 04/30/2022 2507 S CAGE BLVD STE 300
Medicare 1: 747866 PHARR, TEXAS 78577
Medicare 2:
Phone 956 2831473 Fax 956 2831470
Type: Parent Agency Administrator LETICIA ZECCA

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
Accreditation: CHAP - Deemed, Expires: 05/08/2022

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

County **HIDALGO** Region 07 Date Licensed 08/03/2017
License # 018385 UNITED HOSPICE CARE SERVICES LLC
Lic Expire 08/31/2021 1609 DAVENPORT ST STE C
Medicare 1: 741610 HOSPICE WESLACO, TX 78596
Medicare 2:
Phone (956) 520-7054 Fax (956) 289-1221
Type: Parent Agency Administrator ROBERTA REYES

Owner Information
UNITED HOSPICE CARE SERVICES LLC
1609 DAVENPORT STREET SUITE C
WESLACO, TX 78596
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 04/05/2022

County **HIDALGO** Region 07 Date Licensed 02/10/2015
License # 016774 UNIVERSAL PROVIDER SERVICE
Lic Expire 02/28/2024 612 W NOLANA STE 570 B
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 631-4421 Fax (956) 631-5540
Type: Parent Agency Administrator MAYTE GARZA

Owner Information
RIO GRANDE VALLEY PHC/CBA LLC
837 E ESPERANZA AVE SUITE C
MCALLEN, TX 78501
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/05/1998
License # 006350 V I P PROVIDERS INC
Lic Expire 03/31/2023 200 E SAM HOUSTON BOULEVARD SUITE A
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 787-4800 Fax (956) 787-0067
Type: Parent Agency Administrator ISIDORA FARIAS

Owner Information
V I P PROVIDERS INC
200 E SAM HOUSTONSTE A
PHARR, TX 78577
PHONE: (800) 370-4847 FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/30/2006
License # 010267 VALLEY SUN GARDEN COMMUNITY HEALTH CARE SERVICES
Lic Expire 01/31/2022 501 W TOM LANDRY STREET SUITE 4
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 583-8740 Fax (956) 581-4053
Type: Parent Agency Administrator GABRIELLA RODRIGUEZ

Owner Information
TONYROD LLC
1800 CYNTHIA LANE
PALMHURST, TX 78573
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/25/2017
License # 018476 VAMOS HOME HEALTH
Lic Expire 01/04/2024 950 W. NOLANA LOOP STE. D
Medicare 1: 679382 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 971-0981 Fax (956) 618-1677
Type: Parent Agency Administrator JOSE LUIS MORENO

Owner Information
VAMOS HEALTH CARE 1 LTD
PO BOX 391
HIDALGO, TX 78557
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 08/15/2016
License # 017673 VDP HEALTHCARE
Lic Expire 08/31/2022 221 S CAGE BLVD
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 283-9237 Fax (956) 283-9238
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 02/15/2006
License # 010293 VERGE HOME CARE LLC
Lic Expire 02/28/2022 4622 S CLOSNER BLVD
Medicare 1: 679567 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 287-7575 Fax (956) 287-7979
Type: Parent Agency 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

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County **HIDALGO** Region 07 Date Licensed 01/24/2019
License # 019222 VIDA DE PAZ, LLC
Lic Expire 06/30/2021 103 N TOWER RD. STE 4
Medicare 1: 971517 ALAMO, TEXAS 78516
Medicare 2:
Phone (956) 601-1914 Fax (956) 601-2031
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 08/16/2022

County **HIDALGO** Region 07 Date Licensed 07/15/2020
License # 020054 VIDA TELEMONITORING
Lic Expire 07/15/2022 1811 N 23RD STREET SUITE # 124
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 322-8266 Fax (956) 322-8267
Type: Parent Agency Administrator JOEL GARZA

Owner Information
RCJJ HEALTHY SOLUTIONS LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 04/07/2017
License # 017990 VIKMA HOME HEALTH SERVICES
Lic Expire 04/30/2021 3105 TAMPICO STREET
Medicare 1: HIDALGO, TX 78557
Medicare 2:
Phone (956) 627-6297 Fax (956) 627-2404
Type: Parent Agency Administrator VICTOR VILLANUEVA

Owner Information
VICTOR MANUEL VILLANUEVA
3105 TAMPICO STREET
HIDALGO, TX 78557
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/11/2016
License # 017491 VITAL CONNECTIONS
Lic Expire 03/31/2022 6316 NORTH 10TH ST. UNIT C-2
Medicare 1: 747114 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 668-1000 Fax (956) 668-1015
Type: Parent Agency Administrator ROLANDO GUERRA

Owner Information
CLEVELAND HEALTH CARE LLC
6316 NORTH 10TH ST UNIT C-2
MCALLEN, TX 78504-3890
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 06/15/2021

County **HIDALGO** Region 07 Date Licensed 07/17/2009
License # 012714 WINGS HOME HEALTH SERVICES LLC
Lic Expire 07/31/2021 4313 N 10TH STREET # G1
Medicare 1: 747568 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 992-0895 Fax (956) 992-8910
Type: Parent Agency Administrator GLORIA VELA

Owner Information
WINGS HOME HEALTH SERVICES LLC
4313 D1 NORTH TENTH STREET
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HIDALGO** Region 07 Date Licensed 07/01/2013
License # 015723 WITH OPEN ARMS HEALTHCARE LLC
Lic Expire 06/30/2023 1300 N 10TH ST SUITE 305
Medicare 1: 677981 HHA-18 MCALLEN, TX 785014392
Medicare 2:
Phone (956) 994-9898 Fax (956) 994-9873
Type: Parent Agency Administrator KRISTINA GARCIA

Owner Information
WITH OPEN ARMS HEALTHCARE LLC
1300 N 10TH ST STE 305
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HILL** Region 03 Date Licensed
License # 018474 BLUE HAVEN HOSPICE, LLC
Lic Expire 08/31/2021 215 NW IH-35, HILLSBORO, TX 76645
Medicare 1: HILLSBORO, TEXAS 76645
Medicare 2:
Phone (214) 867-8040 Fax (214) 667-8045
Type: Alternate Delivery Site Administrator CASEY WILSON

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

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

County **HILL** Region 03 Date Licensed
License # 018474 BLUE HAVEN HOSPICE, LLC
Lic Expire 08/31/2021 215 NW IH-35, HILLSBORO, TX 76645
Medicare 1: HILLSBORO, TEXAS 76645
Medicare 2:
Phone (214) 867-8040 Fax (214) 667-8045
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **HILL** Region 03 Date Licensed 01/27/2012
License # 014989 BRIDGEWAY HEALTH SERVICES INC
Lic Expire 215 NW IH-35
Medicare 1: 45Q8178001 HILLSBORO, TX 76645
Medicare 2:
Phone (254) 582-5735 Fax (254) 582-7468
Type: Branch Agency Administrator DEBORAH ELLIS

Owner Information
BRIDGEWAY HEALTH SERVICES LLC
3880 HULEN SUITE #670
FORT WORTH, TX 76107
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HILL** Region 05 Date Licensed 01/11/2012
License # 007477 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 11/30/2021 213 SOUTH BOSQUE
Medicare 1: 45-1713 WHITNEY, TEXAS 76692
Medicare 2:
Phone (254) 694-6009 Fax (254) 694-9926
Type: Alternate Delivery Site Administrator AUDREY WILLIAMS

Owner Information
COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/27/2024

County **HILL** Region 05 Date Licensed 06/01/2018
License # 019399 DIVINE HOME CARE SERVICES
Lic Expire 05/31/2022 127 E. ELM STREET
Medicare 1: HILLSBORO, TX 76645
Medicare 2:
Phone (254) 294-3896 Fax (254) 294-3882
Type: Parent Agency Administrator CLAUDIA BERDEGUE

Owner Information
DIVINE HOME CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HILL** Region 03 Date Licensed 11/01/2006
License # 011086 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2022 305 COKE AVENUE, SUITE 150
Medicare 1: 67Q9167003 HILLSBORO, TEXAS 76645
Medicare 2:
Phone 254 5801616 Fax 254 5801625
Type: Branch Agency Administrator ERIC DENGLER

Owner Information
ENCOMPASS OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HILL** Region 05 Date Licensed 07/29/2014
License # 016353 FAMILY HOME HEALTH CARE
Lic Expire 07/31/2021 108 S. COLORADO ST., SUITE B
Medicare 1: 747950 HHA-18 WHITNEY, TX 76692
Medicare 2:
Phone (254) 694-1447 Fax (254) 694-1425
Type: Parent Agency Administrator LESLIE MONTGOMERY

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
Accreditation: CHAP - Deemed, Expires: 05/01/2024

County **HOCKLEY** Region 01 Date Licensed 10/04/2008
License # 012273 CALVERT HOME HEALTH CARE
Lic Expire 10/31/2022 126 CLUBVIEW DRIVE
Medicare 1: LEVELLAND, TX 79336
Medicare 2:
Phone (806) 894-2375 Fax (806) 894-4743
Type: Branch Agency Administrator DANA MADISON

Owner Information
CORDOVA BAY LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HOCKLEY** Region 01 Date Licensed 11/29/1984
License # 001599 COMMUNITY ACTION HOME HEALTH
Lic Expire 11/30/2021 410 HOUSTON ST
Medicare 1: 457719 LEVELLAND, TX 79336
Medicare 2:
Phone (806) 894-7872 Fax (806) 894-1621
Type: Parent Agency Administrator LISA KEENAN

Owner Information
SOUTH PLAINS COMMUNITY ACTION ASSOCIATION INC
P O BOX 610
LEVELLAND, TX 79336
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HOCKLEY** Region 01 Date Licensed 07/09/2007
License # 007781 INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire 10/31/2020 727 SOUTH ALAMO ROAD
Medicare 1: LEVELLAND, TX 79336
Medicare 2:
Phone (806) 897-1485 Fax (806) 897-1487
Type: Branch Agency Administrator ASHLEY MCPHAIL

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HOCKLEY** Region 01 Date Licensed 07/27/2010
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 06/30/2021 727 SOUTH ALAMO ROAD
Medicare 1: LEVELLAND, TX 79336
Medicare 2:
Phone (806) 897-1490 Fax (806) 897-1498
Type: Alternate Delivery Site Administrator BRANDI LARSON

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

County **HOCKLEY** Region 01 Date Licensed 04/14/2005
License # 009402 TEXAS HOME HEALTH
Lic Expire 11/30/2022 219 CACTUS #B
Medicare 1: 67Q9485002 LEVELLAND, TX 79336
Medicare 2:
Phone (806) 897-1467 Fax (806) 897-2828
Type: Branch Agency Administrator CRISTI PAULK

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
Accreditation: CHAP - Deemed, Expires: 12/18/2023

County **HOOD** Region 01 Date Licensed 05/24/2011
License # 014122 COMMUNITY PERSONAL CARE INCORPORATED
Lic Expire 05/31/2021 708 PALUXY RD SUITE J
Medicare 1: GRANBURY, TX 76048
Medicare 2:
Phone (817) 579-9305 Fax (855) 440-6495
Type: Parent Agency Administrator LINDA BRITT

Owner Information
COMMUNITY PERSONAL CARE INCORPORATED
P O BOX 1680
GRANBURY, TX 76048
PHONE: FAX:
Services: Personal Assistance Services

County **HOOD** Region 01 Date Licensed 09/30/2020
License # 020053 CORNERSTONE CAREGIVING
Lic Expire 07/14/2022 1315 WATERS EDGE DR STE 105
Medicare 1: GRANBURY, TEXAS 76048
Medicare 2:
Phone (817) 710-8380 Fax
Type: Parent Agency Administrator MICHAEL HILLMAN

Owner Information
FT WORTH TX CAREGIVING LLC
6777 CAMP BOWIE BLVD STE 331
FORT WORTH, TEXAS 76116
PHONE: FAX:
Services: Personal Assistance Services

County **HOOD** Region 01 Date Licensed 11/15/2008
License # 012483 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2022 401 TEMPLE HALL HIGHWAY, SUITE 5
Medicare 1: 679021 HHA-18 GRANBURY, TEXAS 76049
Medicare 2:
Phone 817 2791665 Fax 817 2791689
Type: Parent Agency Administrator CHELSEA JONES

Owner Information
ENCOMPASS OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **HOOD** Region 01 Date Licensed 05/01/2017
License # 018234 HOME INSTEAD
Lic Expire 04/30/2024 983 WHITEHEAD DRIVE SUITE 106
Medicare 1: GRANBURY, TX 76048
Medicare 2:
Phone (682) 205-3366 Fax (682) 205-3388
Type: Parent Agency Administrator LORI SMITH

Owner Information
BV TEXAS HOME CARE LLC
983 WHITEHEAD DRIVE SUITE 106
GRANBURY, TX 76048
PHONE: FAX:
Services: Personal Assistance Services

County **HOOD** Region 01 Date Licensed 06/01/2006
License # 010782 INTERIM HEALTHCARE
Lic Expire 05/31/2021 1314 PALUXY ROAD SUITE 200
Medicare 1: 679172 HHA-18 GRANBURY, TX 76048
Medicare 2:
Phone (817) 573-7474 Fax (817) 279-0755
Type: Parent Agency Administrator SUZANNE CHILDERS

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HOOD** Region 05 Date Licensed 04/04/2018
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 05/31/2022 1314 PALUXY ROAD, STE 200
Medicare 1: 671795 GRANBURY, TX 76048
Medicare 2:
Phone (817) 573-3092 Fax (817) 573-3492
Type: Alternate Delivery Site Administrator BRENDA EAKIN

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

County **HOOD** Region 01 Date Licensed 09/26/2012
License # 015096 QUAIL PARK OF GRANBURY
Lic Expire 09/30/2022 2300 PALUXY HWY
Medicare 1: GRANBURY, TX 76048
Medicare 2:
Phone (817) 279-9259 Fax (817) 579-7073
Type: Parent Agency Administrator SHELLY RASBERRY

Owner Information
LIVING CARE GRANBURY LP
1818 WESTLAKE AVE N #310
SEATTLE, WA 98109
PHONE: FAX:
Services: Personal Assistance Services

County **HOOD** Region 03 Date Licensed 02/10/2015
License # 015695 RENEW HOME HEALTH
Lic Expire 03/31/2024 410 MORGAN ST
Medicare 1: GRANBURY, TX 76048
Medicare 2:
Phone (817) 279-7990 Fax (817) 279-8060
Type: Branch Agency Administrator PHILIP CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed Home Health Services

County **HOOD** Region 03 Date Licensed
License # 016260 RENEW HOME HEALTH
Lic Expire 410 MORGAN ST
Medicare 1: GRANBURY, TEXAS 76048
Medicare 2:
Phone (817) 279-7990 Fax (817) 279-8060
Type: Branch Agency Administrator PHILIP CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed Home Health Services

County **HOOD** Region 01 Date Licensed 06/12/1997
License # 004548 STEPHENS HEALTH CARE INC
Lic Expire 04/30/2021 983 WHITEHEAD DRIVE SUITE 100
Medicare 1: GRANBURY, TX 76049
Medicare 2:
Phone (817) 579-9902 Fax (817) 579-9915
Type: Branch Agency Administrator ANN STEPHEN

Owner Information
STEPHENS HEALTH CARE INC
PO BOX 852
STEPHENVILLE, TEXAS 76401
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **HOOD** Region 01 Date Licensed 03/11/2014
License # 016078 THE HELP
Lic Expire 03/31/2020 800 PALUXY ROAD
Medicare 1: GRANBURY, TX 76048
Medicare 2:
Phone (817) 773-5818 Fax
Type: Parent Agency Administrator SHERRY BARNES

Owner Information
THE HELP PRIVATE CARE SERVICES INC
P.O. BOX 1980
GRANBURY, TX 76048
PHONE: FAX:
Services: Personal Assistance Services

County **HOOD** Region 01 Date Licensed 07/08/2009
License # 012692 VISITING ANGELS LIVING ASSISTANCE
Lic Expire 07/31/2021 805 PALUXY ROAD
Medicare 1: GRANBURY, TX 76048
Medicare 2:
Phone (817) 279-7373 Fax (682) 205-3283
Type: Parent Agency Administrator MEREDITH CORRIGAN

Owner Information
5M ENTERPRISES LLC
806 PALUXY RD
GRANBURY, TX 76048
PHONE: FAX:
Services: Personal Assistance Services

County **HOPKINS** Region 04 Date Licensed 01/31/1995
License # 002757 1ST CHOICE HOME HEALTH
Lic Expire 01/31/2022 1091 CHURCH STREET
Medicare 1: SULPHUR SPRINGS, TX 75482
Medicare 2:
Phone (903) 439-4757 Fax (903) 885-6278
Type: Branch Agency 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** Region 04 Date Licensed 07/18/2001
License # 007685 AT HOME HEALTHCARE
Lic Expire 07/31/2022 858 GILMER STREET
Medicare 1: 679076 HHA-18 SULPHUR SPRINGS, TX 75482
Medicare 2:
Phone (903) 885-5606 Fax (903) 885-7566
Type: Parent Agency Administrator RHONDA KELLY

Owner Information
NORTHEAST TEXAS HOME HEALTH AGENCY LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HOPKINS** Region 04 Date Licensed 10/02/2014
License # 016586 CHOICE HOMECARE
Lic Expire 10/31/2022 582 AIRPORT ROAD
Medicare 1: 747362 HHA-18 SULPHUR SPRINGS, TEXAS 75482
Medicare 2:
Phone 9033523561; 80030709 Fax (866) 987-4193
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 04/15/2022

County **HOPKINS** Region 04 Date Licensed 12/01/2012
License # 015333 CHOICE HOSPICE
Lic Expire 11/30/2022 582 AIRPORT ROAD
Medicare 1: SULPHUR SPRINGS, TX 75482
Medicare 2:
Phone (903) 335-8901 Fax (903) 335-8904
Type: Alternate Delivery Site 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** Region 04 Date Licensed 12/01/2012
License # 015333 CHOICE HOSPICE
Lic Expire 11/30/2022 582 AIRPORT BLVD
Medicare 1: SULPHUR SPRINGS, TX 75482
Medicare 2:
Phone (903) 335-8901 Fax (903) 509-5971
Type: Alternate Delivery Site 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** Region 04 Date Licensed 08/29/2013
License # 002499 CYPRESS BASIN HOSPICE INC
Lic Expire 03/31/2022 950 MAIN STREET
Medicare 1: SULPHUR SPRINGS, TX 75482
Medicare 2:
Phone (903) 951-1194 Fax (903) 951-1197
Type: Alternate Delivery Site Administrator ASHLEY JORDAN

Owner Information
CYPRESS BASIN HOSPICE INC
PO BOX 544
MOUNT PLEASANT, TX 75456
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HOPKINS** Region 04 Date Licensed 06/21/2013
License # 015767 HEART TO HEART HOSPICE OF EAST TEXAS LLC
Lic Expire 06/30/2023 208 WEST SHANNON ROAD
Medicare 1: SULPHUR SPRINGS, TX 75482
Medicare 2:
Phone (903) 439-1810 Fax (903) 439-1840
Type: Alternate Delivery Site 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** Region 04 Date Licensed 08/21/2018
License # 018375 HERITAGE HOSPICE OF TEXARKANA LLC
Lic Expire 10/31/2021 1335 SHANNON ROAD EAST, UNIT A
Medicare 1: SULPHUR SPRINGS, TX 75482
Medicare 2:
Phone (903) 307-2300 Fax (903) 792-0719
Type: Alternate Delivery Site Administrator JEFF ESTES

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

County **HOPKINS** Region 04 Date Licensed 08/01/2015
License # 017040 HOPEWELL HOME HEALTHCARE LLC
Lic Expire 07/31/2021 200C WEST SHANNON RD
Medicare 1: SULPHUR SPRINGS, TX 75482
Medicare 2:
Phone (903) 439-6030 Fax (281) 605-1850
Type: Parent Agency Administrator GERALD YOUNG

Owner Information
HOPEWELL HOME HEALTHCARE LLC
18090 KINGS ROW
HOUSTON, TEXAS 77058
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **HOPKINS** Region 04 Date Licensed 11/30/2020
License # 020359 PROVIDENCE HOME HEALTH CARE LLC
Lic Expire 11/30/2022 1610 POSEY LANE, SUITE 200
Medicare 1: SULPHUR SPRINGS, TEXAS 75482
Medicare 2:
Phone (903) 951-4080 Fax
Type: Parent Agency Administrator TAMMIE SULLIVAN

Owner Information
PROVIDENCE HOME HEALTH CARE LLC
65 CR 4782
SULPHUR SPRINGS, TX 75482
PHONE: FAX:
Services: Personal Assistance Services

County **HOUSTON** Region 04 Date Licensed 08/25/1995
License # 002409 A PINEYWOODS HOME HEALTH CARE INC
Lic Expire 08/31/2022 2205 EAST GOLIAD SUITE 101
Medicare 1: CROCKETT, TX 75835
Medicare 2:
Phone (936) 544-3637 Fax (936) 544-2621
Type: Branch Agency 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 **HOUSTON** Region 04 Date Licensed 12/18/2020
License # 020414 AT HOME IN HOUSTON COUNTY LLC
Lic Expire 12/18/2022 608 EAST HOUSTON AVE
Medicare 1: CROCKETT, TEXAS 75835
Medicare 2:
Phone (936) 546-9723 Fax (936) 220-2266
Type: Parent Agency Administrator LINNEA ROBISON

Owner Information
AT HOME IN HOUSTON COUNTY, LLC.
3510 FM 2076
CROCKETT, TX 75835
PHONE: (936) 546-9723 FAX: (936) 220-2266
Services: Personal Assistance Services

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

County **HOUSTON** Region 04 Date Licensed 03/13/2020
License # 019721 NEVER FORGET WE CARE LLC
Lic Expire 11/26/2021 3663 N. SAM HOUSTON PARKWAY EAST, SUITE 600
Medicare 1: HOUSTON, TEXAS 77032
Medicare 2:
Phone (337) 401-6955 Fax
Type: Parent Agency Administrator MICHAEL HARRIS

Owner Information
NEVER FORGET WE CARE. LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HOUSTON** Region 04 Date Licensed 05/21/2012
License # 014808 TRADITIONS HEALTH
Lic Expire 05/31/2022 600 EAST LOOP 304
Medicare 1: 671773 HOSPICE CROCKETT, TX 75835
Medicare 2:
Phone (936) 545-0320 Fax (866) 908-8704
Type: Parent Agency Administrator JOANNA MATHEWS

Owner Information
TRADITIONS HOSPICE OF MADISONVILLE, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HOWARD** Region 01 Date Licensed 05/31/2019
License # 019408 COVENANT CARE
Lic Expire 05/31/2021 501 WEST 17TH STREET
Medicare 1: BIG SPRING, TEXAS 79720
Medicare 2:
Phone (432) 213-1496 Fax
Type: Parent Agency Administrator AMANDA COLE CALVIO

Owner Information
ACC HEALTH CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HOWARD** Region 01 Date Licensed 06/01/2006
License # 010706 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2021 111 EAST SEVENTH STREET, SUITE C
Medicare 1: 457107 HHA-18 BIG SPRING, TEXAS 79720
Medicare 2:
Phone 432 2640044 Fax 432 2640855
Type: Parent Agency Administrator LESLEE MCCUTCHEN

Owner Information
BEST HOME CARE, LP
6688 NORTH CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HOWARD** Region 01 Date Licensed 06/06/2000
License # 003840 HOME HOSPICE
Lic Expire 03/31/2023 111 EAST 7TH STREET SUITE A
Medicare 1: BIG SPRING, TX 79720
Medicare 2:
Phone (432) 264-7599 Fax (432) 264-7597
Type: Alternate Delivery Site Administrator AMY DRUMM

Owner Information
HOME HOSPICE OF ODESSA/MIDLAND LLC
619 N GRANT AVE STE 120
ODESSA, TX 79761
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HOWARD** Region 01 Date Licensed 02/01/2003
License # 008312 INTERIM HEALTHCARE OF AUSTIN
Lic Expire 01/31/2023 1900 SOUTH GREGG STREET, STE C
Medicare 1: 457174 HHA-18 BIG SPRING, TEXAS 79720
Medicare 2:
Phone (432) 235-1164 Fax (432) 235-1169
Type: Parent Agency Administrator TIFFANY SALAZAR

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

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County **HOWARD** Region 01 Date Licensed
License # 012962 INTERIM HOSPICE OF PERMIAN BASIN
Lic Expire 11/30/2021 1900 S GREGG ST, STE C
Medicare 1: 671669 Hospice BIG SPRING, TX 79720
Medicare 2:
Phone (432) 263-5999 Fax (432) 263-9998
Type: Alternate Delivery Site Administrator DANIELLE GUIDRY

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

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

County **HOWARD** Region 01 Date Licensed 02/28/2018
License # 018640 KINDRED AT HOME
Lic Expire 02/28/2022 609 SOUTH GREGG STREET
Medicare 1: BIG SPRING, TX 79720
Medicare 2:
Phone (432) 606-6265 Fax (432) 264-7460
Type: Parent Agency Administrator NICK ORNELAS

Owner Information
PF DEVELOPMENT 16, LLC
LICENSING DEPT. 12900 FOSTER, SUITE #400
OVERLAND PARK, KS 66213-2696
PHONE: FAX:
Services: Personal Assistance Services

County **HOWARD** Region 01 Date Licensed 05/24/2013
License # 015634 KINDRED AT HOME
Lic Expire 05/31/2021 1900 SCURRY STREET
Medicare 1: 453188 HHA-18 BIG SPRING, TX 79720
Medicare 2:
Phone (432) 714-4510 Fax (432) 714-4511
Type: Parent Agency Administrator ERICA JILL ESTES

Owner Information
PF DEVELOPMENT 16, LLC
LICENSING DEPT. 12900 FOSTER, SUITE #400
OVERLAND PARK, KS 66213-2696
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HUNT** Region 04 Date Licensed 01/31/1994
License # 002757 1ST CHOICE HOME HEALTH
Lic Expire 01/31/2022 101 KINGS PLAZA SUITE H
Medicare 1: 677789 HHA-18 COMMERCE, TX 75428
Medicare 2:
Phone (903) 886-2666 Fax (903) 886-3773
Type: Parent Agency Administrator STEPHANIE MITCHELL

Owner Information
1ST CHOICE ENTERPRISES INC
101 KINGS PLAZA STE H
COMMERCE, TX 75429
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HUNT** Region 04 Date Licensed 03/01/2011
License # 013963 ABACUS HEALTHCARE
Lic Expire 02/28/2021 2300 JOE RAMSEY BLVD,SUITE A
Medicare 1: 677893 HHA-18 GREENVILLE, TX 75401
Medicare 2:
Phone (888) 466-3016 Fax (888) 702-7991
Type: Parent Agency Administrator BRETT CARROLL

Owner Information
KDC HEALTH CARE PARTNERS LLC
901 N MCDONALD STREET, STE 504
MCKINNEY, TX 75069-2166
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HUNT** Region 04 Date Licensed 10/01/2020
License # 020457 ABACUS HOME HEALTHCARE
Lic Expire 10/01/2022 1325 SHANNON ROAD EAST, UNIT A
Medicare 1: SULPHUR, TEXAS 75482
Medicare 2:
Phone (888) 466-3016 Fax
Type: Parent Agency Administrator CHRISTOPHER CLEMENS

Owner Information
HOMEPRAC, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HUNT** Region 03 Date Licensed 10/30/2013
License # 012982 ALTRUIST HOME HEALTH CARE INC
Lic Expire 11/30/2021 5402 WESLEY STREET B
Medicare 1: GREENVILLE, TX 75401
Medicare 2:
Phone (903) 453-8084 Fax (903) 453-8082
Type: Branch Agency Administrator LALANII JONES

Owner Information
ALTRUIST HOME HEALTH CARE, INC.
PO BOX 570869
DALLAS, TEXAS 75357
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HUNT** Region 04 Date Licensed 05/26/2016
License # 017421 ANEW HOSPICE CARE INC
Lic Expire 05/31/2022 2104 MONROE STREET SUITE E
Medicare 1: 741678 HOSPICE COMMERCE, TX 75428
Medicare 2:
Phone (903) 886-2639 Fax (903) 886-2642
Type: Parent Agency Administrator LISA GOODWIN

Owner Information
ANEW HOSPICE CARE INC
2104 MONROE STREET SUITE E
COMMERCE, TX 75428
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HUNT** Region 04 Date Licensed 02/05/2004
License # 009025 ANGELS CARE HOME HEALTH OF DALLAS
Lic Expire 02/28/2022 4801 WESLEY
Medicare 1: 679283 HHA-18 GREENVILLE, TX 75401
Medicare 2:
Phone (903) 454-6001 Fax (903) 454-6411
Type: Parent Agency Administrator RUBY BALDENEGRO

Owner Information
BANNER HEALTH SERVICES INC
104 EAST US HWY 80 SUITE 190
FORNEY, TX 75126
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HUNT** Region 04 Date Licensed 03/28/2018
License # 017642 CARING HEARTS HOSPICE
Lic Expire 06/30/2022 2701 EAST QUINLAND PKWY
Medicare 1: QUINLAN, TX 75474
Medicare 2:
Phone (903) 447-2445 Fax (903) 340-8527
Type: Alternate Delivery Site Administrator DANNY WEEMS

Owner Information
L S AND S S INC
1837 W MAIN
GUN BARREL CITY, TX 75156
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HUNT** Region 04 Date Licensed 11/24/2015
License # 017401 CENTRIC HOME HEALTH
Lic Expire 11/30/2021 3900 JOE RAMSEY BLVD EAST BLDG 4 SUITE C
Medicare 1: 679721 HHA-18 GREENVILLE, TX 75401
Medicare 2:
Phone (903) 458-9012 Fax (855) 710-7022
Type: Parent Agency 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; Licensed Home Health Services

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County **HUNT** Region 04 Date Licensed 11/24/2015
License # 017401 CENTRIC HOME HEALTH
Lic Expire 11/30/2021 3900 JOE RAMSEY BLVD EAST BLDG 4 SUITE C
Medicare 1: 679721 HHA-18 GREENVILLE, TX 75401
Medicare 2:
Phone (903) 458-9012 Fax (855) 710-7022
Type: Parent Agency 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; Licensed Home Health Services

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County **HUNT** Region 04 Date Licensed 11/24/2015
License # 017401 CENTRIC HOME HEALTH
Lic Expire 11/30/2021 3900 JOE RAMSEY BLVD EAST BLDG 4 SUITE C
Medicare 1: 679721 HHA-18 GREENVILLE, TX 75401
Medicare 2:
Phone (903) 458-9012 Fax (855) 710-7022
Type: Parent Agency 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; Licensed Home Health Services

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County **HUNT** Region 03 Date Licensed 01/01/2003
License # 008269 ELARA CARING
Lic Expire 12/31/2021 4101 WESLEY ST, SUITE F
Medicare 1: GREENVILLE, TX 75401
Medicare 2:
Phone (903) 454-3710 Fax (903) 454-3511
Type: Branch Agency Administrator BENJAMIN BRADLEY BRADLEY

Owner Information
JHS OPERATIONS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HUNT** Region 03 Date Licensed 12/01/2004
License # 009527 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2021 8317 WESLEY STREET
Medicare 1: GREENVILLE, TEXAS 75402
Medicare 2:
Phone 903 2596817 Fax 903 2596900
Type: Branch Agency Administrator KRISTI PHILLIPS

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

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County **HUNT** Region 04 Date Licensed 10/03/2016
License # 017798 FAMILY FIRST HOME HEALTH LLC
Lic Expire 10/31/2022 2824 TERRELL ROAD SUITE 402
Medicare 1: 747238 HHA-18 GREENVILLE, TX 75402
Medicare 2:
Phone (903) 454-3344 Fax (903) 454-3345
Type: Parent Agency Administrator KELLY BULLOCK

Owner Information
FAMILY FIRST HOME HEALTH LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HUNT** Region 04 Date Licensed 11/24/2020
License # 020344 FAMILY FIRST HOSPICE
Lic Expire 11/24/2022 2824 TERRELL ROAD SUITE 402
Medicare 1: GREENVILLE, TEXAS 75402
Medicare 2:
Phone (903) 454-3346 Fax (903) 454-3347
Type: Parent Agency Administrator KELLY BULLOCK

Owner Information
FAMILY FIRST HOME HEALTH AND HOSPICE, LLC
2824 TERRELL ROAD SUITE 402
GREENVILLE, TX 75402-5571
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HUNT** Region 04 Date Licensed 01/04/2008
License # 011796 HEALING TOUCH HOMECARE LLC
Lic Expire 01/31/2023 2304 JOE RAMSEY BLVD E
Medicare 1: 747052 HHA-18 GREENVILLE, TX 75401
Medicare 2:
Phone (903) 455-8191 Fax (903) 455-8103
Type: Parent Agency Administrator MENTORIA ECHOLS

Owner Information
HEALING TOUCH HOMECARE, LLC
421 HIGHVIEW CIRCLE
ROYSE CITY, TX 75189-8245
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HUNT** Region 04 Date Licensed 11/18/2009
License # 013007 HOME HEALTH ASSOCIATES LLC
Lic Expire 02/28/2022 2104 MONROE STREET SUITE B
Medicare 1: 747373 HHA-18 COMMERCE, TX 75428
Medicare 2:
Phone (903) 886-0612 Fax (903) 886-0613
Type: Parent Agency Administrator LISA GOODWIN

Owner Information
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

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County **HUNT** Region 03 Date Licensed
License # 017583 HOPE HEALTH CARE
Lic Expire 06/30/2022 6501 WESLEY STREET
Medicare 1: GREENVILLE, TX 75402
Medicare 2:
Phone (903) 458-9800 Fax (469) 391-9960
Type: Alternate Delivery Site Administrator CHAD HIGBEE

Owner Information
PEACEWAY HOSPICE LLC
4119 STONE HAVEN DRIVE
GARLAND, TX 75043-7293
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/12/2024

County **HUNT** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 9701 WESLEY STREET SUITES 204 & 205
Medicare 1: GREENVILLE, TX 754023754
Medicare 2:
Phone (903) 454-3385 Fax (903) 454-3373
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HUNT** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 9701 WESLEY STREET SUITES 204 & 205
Medicare 1: GREENVILLE, TX 754023754
Medicare 2:
Phone (903) 454-3385 Fax (903) 454-3373
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **HUNT** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 9701 WESLEY STREET SUITES 204 & 205
Medicare 1: GREENVILLE, TX 754023754
Medicare 2:
Phone (903) 454-3385 Fax (903) 454-3373
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HUNT** Region 04 Date Licensed 06/29/1993
License # 002557 HUNT REGIONAL HOME CARE
Lic Expire 06/30/2022 4001 RIDGECREST ROAD
Medicare 1: 677657 HHA-18 GREENVILLE, TX 75402
Medicare 2:
Phone (903) 408-1950 Fax (903) 408-1969
Type: Parent Agency Administrator CYNTHIA FRENCH

Owner Information
HUNT MEMORIAL HOSPITAL DISTRICT
PO BOX 1059
GREENVILLE, TX 75403
PHONE: (903) 408-1881 FAX: (903) 408-5082
Services: Licensed and Certified Home Health Services
Accreditation: JCAHO, Expires: 01/30/2023

County **HUNT** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 2824 TERRELL STREET SUITE 206
Medicare 1: GREENVILLE, TX 75402
Medicare 2:
Phone (903) 454-3942 Fax (903) 454-2095
Type: Branch Agency Administrator JAMIE SMITH

Owner Information
INTEGRACARE HOME HEALTH SERVICES, INC.
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **HUNT** Region 04 Date Licensed 08/29/2002
License # 008082 KINDRED HOSPICE
Lic Expire 08/31/2021 2824 TERRELL ROAD SUITE 500
Medicare 1: 451722 HOSPICE GREENVILLE, TX 75402
Medicare 2:
Phone (903) 454-1107 Fax (903) 454-2177
Type: Parent Agency Administrator NARISSA ATTEBERRY

Owner Information
FAMILY HOSPICE, LTD.
655 BRAWLEY SCHOOL ROAD, SUITE 200
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 02/03/2023

County **HUNT** Region 04 Date Licensed 02/13/2007
License # 011067 PHYSICIANS CHOICE HOMECARE
Lic Expire 02/28/2022 4315 RIDGECREST
Medicare 1: 743127 HHA-18 GREENVILLE, TX 75402
Medicare 2:
Phone (903) 455-2619 Fax (903) 455-2698
Type: Parent Agency Administrator DELAUNTE CRAWFORD

Owner Information
GREENVILLE PHYSICIANS CHOICE HOMECARE LLC
4315 RIDGECREST DR
GREENVILLE, TX 75402
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **HUNT** Region 04 Date Licensed 02/11/2020
License # 019908 TRUE HEARTS AND HANDS HOSPICE LLC
Lic Expire 02/11/2022 2608 EASTLAND STREET, SUITE 104
Medicare 1: 741581 HOSPICE GREENVILLE, TX 75402
Medicare 2:
Phone (903) 422-8100 Fax (903) 729-9128
Type: Parent Agency Administrator DARLENE STANFORD

Owner Information
TRUE HEARTS AND HANDS HOSPICE, LLC
3500 BRENTWOOD DR.
COLLEYVILLE, TX 76034
PHONE: (214) 729-9128 FAX:
Services: Hospice
In-Patient Hospice: NO

County **HUNT** Region 03 Date Licensed
License # 016205 VISIONARY HOME HEALTH CARE, LLC
Lic Expire 05/31/2022 9115 WESLEY ST #3
Medicare 1: GREENVILLE, TEXAS 75402
Medicare 2:
Phone (903) 870-1600 Fax
Type: Branch Agency Administrator JAMEE WIX

Owner Information
VISIONARY HOME HEALTH CARE, LLC
404 N BRYANT AVE
SHERMAN, TX 75092
PHONE: FAX:
Services: Licensed and Certified Home Health Services

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

County **HUNT** Region 03 Date Licensed 11/19/2010
License # 006983 VITAS HEALTHCARE OF TEXAS LP
Lic Expire 11/30/2021 2716 LEE STREET SUITE 100
Medicare 1: GREENVILLE, TX 75401
Medicare 2:
Phone (903) 455-0251 Fax (903) 455-8901
Type: Alternate Delivery Site Administrator MARILYN CONLEY

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HUTCHINSON** Region 01 Date Licensed 02/12/2009
License # 007787 INTERIM HEALTHCARE OF AMARILLO
Lic Expire 10/31/2021 1313 WEST WILSON
Medicare 1: BORGER, TX 79007
Medicare 2:
Phone (806) 274-2800 Fax (806) 274-2803
Type: Branch Agency Administrator TWILA RUTTER

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **JACK** Region 01 Date Licensed 06/01/2016
License # 015321 BEYONDFAITH HOSPICE LLC
Lic Expire 01/31/2023 120 SOUTH MAIN STREET SUITE B
Medicare 1: JACKSBORO, TX 76458
Medicare 2:
Phone (940) 521-9915 Fax (940) 521-9119
Type: Alternate Delivery Site Administrator BECKY RICHARDSON

Owner Information
BEYONDFAITH HOSPICE, LLC
604 OAK STREET SUITE 105
GRAHAM, TX 76450-3070
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JACKSON** Region 07 Date Licensed 01/16/1987
License # 001844 JACKSON COUNTY HOME HEALTH
Lic Expire 01/31/2021 918 SOUTH WELLS ST
Medicare 1: 677103 HHA-18 EDNA, TX 77957
Medicare 2:
Phone (361) 782-7830 Fax (361) 781-0812
Type: Parent Agency Administrator AMY GEORGE

Owner Information
JACKSON COUNTY HOSPITAL DISTRICT
1013 SOUTH WELLS ST
EDNA, TX 77957
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **JASPER** Region 04 Date Licensed 06/28/2002
License # 007991 ADVANTAGE PLUS HOMECARE
Lic Expire 06/30/2022 853 NORTH ZAVALLA STREET
Medicare 1: 679159 HHA-18 JASPER, TX 75951
Medicare 2:
Phone (409) 489-1496 Fax (409) 489-1153
Type: Parent Agency Administrator CHARLES FRAZIER

Owner Information
ADVANTAGE PLUS HOMECARE INC
853 NORTH ZAVALLA STREET
JASPER, TX 75951
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/11/2021

County **JASPER** Region 04 Date Licensed 01/28/2016
License # 013942 AFFINITY HEALTH CARE
Lic Expire 03/31/2023 710 S. WHEELER ST.
Medicare 1: JASPER, TEXAS 75951
Medicare 2:
Phone (409) 489-4090 Fax (888) 659-2676
Type: Alternate Delivery Site Administrator QUINCY MARTINDALE

Owner Information
AFFINITY HOSPICE LLC
2708 SOUTH MEDFORD DRIVE
LUFKIN, TX 75901
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JASPER** Region 04 Date Licensed 02/17/2020
License # 019538 AFFINITY HEALTH CARE, LLC
Lic Expire 07/09/2021 730 S. WHEELER ST.
Medicare 1: 74-7436 JASPER, TEXAS 75951
Medicare 2:
Phone (409) 383-1400 Fax (409) 383-1401
Type: Parent Agency Administrator BRYAN HARKNESS

Owner Information
AFFINITY HEALTH CARE, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services

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

County **JASPER** Region 06 Date Licensed
License # 016465 AMADA SENIOR CARE
Lic Expire 10/31/2022 4420 N WHEELER STREET
Medicare 1: JASPER, TX 75951
Medicare 2:
Phone (409) 489-4324 Fax (281) 652-5507
Type: Branch Agency Administrator WILLIAM LONG

Owner Information
ORTHRUS INC
2600 S SHORE BLVD SUITE 300
LEAGUE CITY, TX 77573
PHONE: FAX:
Services: Personal Assistance Services

County **JASPER** Region 06 Date Licensed
License # 016465 AMADA SENIOR CARE
Lic Expire 10/31/2022 4420 N WHEELER STREET
Medicare 1: JASPER, TX 75951
Medicare 2:
Phone (409) 489-4324 Fax (281) 652-5507
Type: Branch Agency Administrator WILLIAM LONG

Owner Information
ORTHRUS INC
2600 S SHORE BLVD SUITE 300
LEAGUE CITY, TX 77573
PHONE: FAX:
Services: Personal Assistance Services

County **JASPER** Region 04 Date Licensed 07/20/2015
License # 016495 COMPASSION HOSPICE
Lic Expire 08/31/2022 510 SOUTH WHEELER STREET
Medicare 1: JASPER, TEXAS 75951
Medicare 2:
Phone (409) 383-5280 Fax (409) 383-5272
Type: Alternate Delivery Site Administrator ALLEN AYRES

Owner Information
COMPASSION HOSPICE INC
3775 MILAM STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JASPER** Region 04 Date Licensed 05/17/1995
License # 003520 COMPLETE HOMECARE SERVICES INC
Lic Expire 05/31/2021 942 VISADOR ROAD
Medicare 1: 678027 HHA-18 JASPER, TX 75951
Medicare 2:
Phone (409) 384-3040 Fax (409) 384-3784
Type: Parent Agency Administrator ERNESTO DOMENECH

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

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County **JASPER** Region 04 Date Licensed 04/01/2007
License # 011269 ELARA CARING
Lic Expire 03/31/2022 714 WEST GIBSON SUITE 10
Medicare 1: JASPER, TX 75951
Medicare 2:
Phone (409) 384-6577 Fax (409) 384-6569
Type: Parent Agency Administrator PAMELA PHELPS

Owner Information
CHARTWELL COMMUNITY SERVICES, INC.
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **JASPER** Region 04 Date Licensed 01/01/2003
License # 008274 ELARA CARING
Lic Expire 12/31/2022 714 WEST GIBSON ST SUITE 4
Medicare 1: 677660 HHA-18 JASPER, TX 75951
Medicare 2:
Phone (409) 489-9104 Fax (409) 489-0551
Type: Parent Agency Administrator ROBIN WEBB

Owner Information
JHS OPERATIONS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **JASPER** Region 04 Date Licensed 10/04/2011
License # 014389 HARBOR HOSPICE OF EAST TEXAS LP
Lic Expire 10/31/2021 1440 FM 777
Medicare 1: 671749 HOSPICE JASPER, TX 75951
Medicare 2:
Phone (409) 384-3662 Fax (816) 396-5447
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 02/23/2022

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

County **JASPER** Region 04 Date Licensed 02/10/1997
License # 005265 HOME CARE INNOVATIONS INC
Lic Expire 02/29/2020 15486 FM 252
Medicare 1: 459335 HHA-18 KIRBYVILLE, TX 75956
Medicare 2:
Phone (409) 423-6777 Fax (409) 423-2020
Type: Parent Agency Administrator CHARLOTTE LUMMUS BUSH

Owner Information
HOME CARE INNOVATIONS INC
15486 FM 252
KIRBYVILLE, TX 75956
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **JASPER** Region 04 Date Licensed 05/12/2006
License # 007790 KINDRED HOSPICE
Lic Expire 06/30/2021 1201 WEST GIBSON STREET
Medicare 1: JASPER, TX 75951
Medicare 2:
Phone (409) 384-4336 Fax (409) 489-0579
Type: Alternate Delivery Site 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 **JASPER** Region 04 Date Licensed 05/31/2019
License # 019407 OLIVE BRANCH HOSPICE
Lic Expire 05/31/2021 2051 S WHEELER, SUITE E
Medicare 1: 97-1522 (HOSPICE JASPER, TEXAS 75951
Medicare 2:
Phone (409) 384-5700 Fax (409) 384-5177
Type: Parent Agency Administrator TERESA BROWN

Owner Information
OLIVE LEAF, LLC
P. O. BOX 755
WARREN, TEXAS 77664
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 10/10/2022

County **JEFFERSON** Region 04 Date Licensed 06/26/2015
License # 016880 212 THERAPY LLC
Lic Expire 06/30/2021 1846 INTERSTATE 10 SOUTH, SUITE 102
Medicare 1: BEAUMONT, TX 77707
Medicare 2:
Phone (409) 292-3434 Fax (409) 866-7255
Type: Parent Agency Administrator NEVA RAMSEY

Owner Information
212 THERAPY LLC
1715 WEST SAGE
BEAUMONT, TX 77713
PHONE: FAX:
Services: Licensed Home Health Services

County **JEFFERSON** Region 04 Date Licensed 11/04/2014
License # 016511 365CARE HOME HEALTH LLC
Lic Expire 11/30/2022 4090 CLEVELAND AVENUE
Medicare 1: 747976 HHA-18 GROVES, TX 77619
Medicare 2:
Phone (409) 548-0036 Fax (409) 548-0071
Type: Parent Agency Administrator TAGHLEB SHAABAN

Owner Information
365CARE HOME HEALTH LLC.
4090 CLEVELAND AVEUNE
GROVES, TX 77619
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 01/25/2022

County **JEFFERSON** Region 04 Date Licensed 07/22/2014
License # 016496 A MED HOME HEALTH
Lic Expire 07/31/2022 4180 DELAWARE ST SUITE 402
Medicare 1: 457852 HHA-18 BEAUMONT, TEXAS 77706
Medicare 2:
Phone (409) 719-0111 Fax (409) 719-0110
Type: Parent Agency Administrator MARY DEAN

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
Accreditation: CHAP - Deemed, Expires: 02/23/2022

County **JEFFERSON** Region 04 Date Licensed 05/04/2004
License # 009075 ACCU CARE HOME HEALTH SERVICES
Lic Expire 05/31/2020 440 N. 18TH STREET #8
Medicare 1: 673159 HHA-18 BEAUMONT, TX 77707
Medicare 2:
Phone (409) 242-5860 Fax (713) 263-3548
Type: Parent Agency Administrator DIANNA BASS

Owner Information
CAROLINE WEATHERSBY
87 INTERSTATE 10 NORTH STE #124
BEAUMONT, TX 77707
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **JEFFERSON** Region 04 Date Licensed 05/24/2002
License # 007953 ADVANCED PEDIATRIC CARE INC
Lic Expire 05/31/2022 3330 FANNIN
Medicare 1: 677648 BEAUMONT, TX 77701
Medicare 2:
Phone (409) 832-3304 Fax (409) 835-2799
Type: Parent Agency Administrator DIANE BASS

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

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County **JEFFERSON** Region 04 Date Licensed 11/22/2004
License # 007991 ADVANTAGE PLUS HOMECARE
Lic Expire 06/30/2022 3240 DELAWARE STREET
Medicare 1: BEAUMONT, TX 77703
Medicare 2:
Phone (409) 899-1665 Fax (409) 899-1680
Type: Branch Agency Administrator CHARLES FRAZIER

Owner Information
ADVANTAGE PLUS HOMECARE INC
853 NORTH ZAVALLA STREET
JASPER, TX 75951
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/11/2021

County **JEFFERSON** Region 04 Date Licensed
License # 013942 AFFINITY HEALTH CARE
Lic Expire 03/31/2023 755 S. 11TH ST. STE, 205
Medicare 1: BEAUMONT, TEXAS 77701
Medicare 2:
Phone (409) 299-4626 Fax (409) 895-2625
Type: Alternate Delivery Site Administrator QUINCY MARTINDALE

Owner Information
AFFINITY HOSPICE LLC
2708 SOUTH MEDFORD DRIVE
LUFKIN, TX 75901
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **JEFFERSON** Region 04 Date Licensed 12/02/2019
License # 019541 ALLEN FAMILY HOME CARE LLC
Lic Expire 08/21/2021 4055 DOWLEN RD. SUITE 112
Medicare 1: BEAUMONT, TEXAS 77706
Medicare 2:
Phone (409) 790-0480 Fax
Type: Parent Agency Administrator ASHLEY ALLEN

Owner Information
ALLEN FAMILY HOME CARE LLC
4055 DOWLEN ROAD
BEAUMONT, TEXAS 77706
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 10/25/2019
License # 019782 ALTUS HOME HEALTH LLC
Lic Expire 10/25/2021 3180 COLLEGE STREET, 3RD FLOOR
Medicare 1: 45-9471 (HHA) BEAUMONT, TX 77701
Medicare 2:
Phone 409 8352828 Fax 409 8352129
Type: Parent Agency Administrator KAREN SAGE

Owner Information
ALTUS HOME HEALTH, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **JEFFERSON** Region 04 Date Licensed 10/29/2019
License # 019777 ALTUS HOSPICE
Lic Expire 10/29/2021 3180 COLLEGE STREET
Medicare 1: BEAUMONT, TX 77701
Medicare 2:
Phone (409) 291-8567 Fax (409) 832-6345
Type: Parent Agency Administrator SUMMER MILLER

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JEFFERSON** Region 04 Date Licensed 02/28/2008
License # 011901 AMAZING ANGELS HOME HEALTH
Lic Expire 02/28/2022 1140 WEST CARDINAL DRIVE
Medicare 1: 747104 HHA-18 BEAUMONT, TX 77705
Medicare 2:
Phone (409) 767-8833 Fax (409) 767-9203
Type: Parent Agency Administrator SUMAIA SULAIMAN

Owner Information
THREE M HOME HEALTH LLC
1140 WEST CARDINAL DRIVE
BEAUMONT, TX 77705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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

County **JEFFERSON** Region 04 Date Licensed 09/21/2015
License # 017041 AMAZING ANGELS HOSPICE
Lic Expire 09/30/2021 1140 W CARDINAL DR. SUITE B
Medicare 1: 971591 Hospice BEAUMONT, TEXAS 77705
Medicare 2:
Phone (409) 767-8833 Fax (409) 767-9203
Type: Parent Agency Administrator SUMAIA SULAIMAN

Owner Information
THREE M HOSPICE CARE LLC
1140 WEST CARDINAL DRIVE
BEAUMONT, TX 77705-5803
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/06/2023

County **JEFFERSON** Region 06 Date Licensed
License # 012681 AMEDISYS HOSPICE
Lic Expire 07/31/2021 350 PINE ST, SUITE 755
Medicare 1: 671647 BEAUMONT, TX 777012437
Medicare 2:
Phone (409) 239-0022 Fax (877) 897-3789
Type: Alternate Delivery Site Administrator STEPHANIE BONDI

Owner Information
COMPASSIONATE CARE HOSPICE GROUP, INC.
5836 LINCOLN AVE
MORTON GROVE, IL 60053
PHONE: ( ) - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **JEFFERSON** Region 06 Date Licensed 11/09/2018
License # 019294 AMIABLE HEALTHCARE LLC
Lic Expire 03/08/2021 990 I H 10 NORTH 255
Medicare 1: BEAUMONT, TEXAS 77702
Medicare 2:
Phone (832) 659-1591 Fax
Type: Parent Agency Administrator BUKAYO AJANI

Owner Information
AMIABLE HEALTHCARE LLC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **JEFFERSON** Region 04 Date Licensed 06/25/2020
License # 020014 AQUEDUCT HOME CARE, LLC
Lic Expire 06/25/2022 87 INTERSTATE 10 NORTH, SUITE 125
Medicare 1: BEAUMONT, TEXAS 77707
Medicare 2:
Phone (409) 434-4047 Fax
Type: Parent Agency Administrator TRACEY YOUNG

Owner Information
AQUEDUCT HOME CARE, LLC
PO BOX 12569
BEAUMONT, TEXAS 77726
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 06 Date Licensed 07/18/2014
License # 007603 ASSIST- MED INC
Lic Expire 12/31/2021 2390 EASTEX FREEWAY, SUITE 2B
Medicare 1: BEAUMONT, TX 77703
Medicare 2:
Phone (409) 356-9055 Fax (409) 347-7890
Type: Branch Agency Administrator RUTH BRIGGS

Owner Information
ASSIST-MED INC
SAME AS ABOVE
HOUSTON, TX 77077
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 03/28/2012
License # 014890 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 87 IH 10 NORTH SUITE 225
Medicare 1: BEAUMONT, TX 77707
Medicare 2:
Phone (409) 835-0228 Fax (409) 835-0151
Type: Parent Agency Administrator MELISSA AYALA

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **JEFFERSON** Region 04 Date Licensed 05/01/2017
License # 018205 BAPTIST HOMECARE
Lic Expire 04/30/2021 1085 INTERSTATE 10 NORTH
Medicare 1: 679403 HHA-18 BEAUMONT, TX 77706
Medicare 2:
Phone 4099940300 and TF 800 Fax (409) 994-0400
Type: Parent Agency Administrator KATIE RICHARDSON

Owner Information
HEALTH CARE DYNAMICS, INC
6760 OLD JACKSONVILLE HWY., SUITE 101
TYLER, TEXAS 75703
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **JEFFERSON** Region 04 Date Licensed 09/01/1984
License # 003147 BEAUMONT HOME HEALTH SERVICE INC
Lic Expire 08/31/2022 1725 WEST CARDINAL DRIVE
Medicare 1: BEAUMONT, TX 77705
Medicare 2:
Phone (409) 833-7189 Fax (409) 833-0459
Type: Parent Agency Administrator SERETA SUMMERS RN

Owner Information
BEAUMONT HOME HEALTH SERVICE, INC.
3202 SAM HOUSTON DR
VICTORIA, TX 77904
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **JEFFERSON** Region 04 Date Licensed 07/29/2016
License # 017787 BEST HOSPICE CARE OF TEXAS
Lic Expire 07/31/2022 3120 FANNIN STREET
Medicare 1: 671717 HOSPICE BEAUMONT, TX 77701
Medicare 2:
Phone (409) 356-9271 Fax (409) 299-3409
Type: Parent Agency Administrator JENNIFER BURCH

Owner Information
BURCH-GARRETT ENTERPRISES INC
3800 HIGHWAY 365 SUITE 137
PORT ARTHUR, TX 77642
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 05/10/2021

County **JEFFERSON** Region 04 Date Licensed 05/23/2008
License # 012026 COASTAL CAREGIVERS INC
Lic Expire 05/31/2021 3008 FOREST AVENUE
Medicare 1: PORT ARTHUR, TX 77642
Medicare 2:
Phone (409) 982-8708 Fax (409) 982-2501
Type: Parent Agency Administrator ANN N HANSEN

Owner Information
COASTAL CAREGIVERS, INC
PO BOX 1718
GROVES, TEXAS 77619
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 05/11/2016
License # 017392 COMPASSION AT HOME
Lic Expire 05/31/2022 3442 EASTEX FWY
Medicare 1: BEAUMONT, TX 77703
Medicare 2:
Phone (409) 835-8357 Fax (409) 835-8327
Type: Parent Agency Administrator MELANIE AYRES

Owner Information
COMPASSION AT HOME, INC.
3775 MILAM BEAUMONT
BEAUMONT, TX 77701
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 08/26/2014
License # 016495 COMPASSION HOSPICE
Lic Expire 08/31/2022 3442 EASTEX FWY
Medicare 1: 671637 HOSPICE BEAUMONT, TX 77703
Medicare 2:
Phone (409) 835-8357 Fax (409) 835-8327
Type: Parent Agency Administrator ALLEN AYRES

Owner Information
COMPASSION HOSPICE INC
3775 MILAM STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JEFFERSON** Region 04 Date Licensed 01/26/1996
License # 004210 DEARCARE HEALTH MANAGEMENT INTERNATIONAL
Lic Expire 01/31/2023 3700 EAST PARKWAY
Medicare 1: GROVES, TX 77619
Medicare 2:
Phone (409) 962-9899 Fax (409) 962-9808
Type: Parent Agency Administrator ERMELINDA HERNAEZ

Owner Information
DHMI CORPORATION
P O BOX 2222
NEDERLAND, TX 77627
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **JEFFERSON** Region 04 Date Licensed
License # 004210 DEARCARE HEALTH MANAGEMENT INTERNATIONAL
Lic Expire 01/31/2023 985 IH 10 NORTH, SUITE 110A
Medicare 1: BEAUMONT, TEXAS 77706
Medicare 2:
Phone 409 3477202 Fax 409 9629808
Type: Branch Agency Administrator ERMELINDA HERNAEZ

Owner Information
DHMI CORPORATION
P O BOX 2222
NEDERLAND, TX 77627
PHONE: FAX:
Services: Personal Assistance Services

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

County **JEFFERSON** Region 06 Date Licensed 01/09/2018
License # 018552 DEDICATED HEALTHCARE INCORPORATED
Lic Expire 01/31/2022 115 N 23RD ST. SUITE 104B
Medicare 1: BEAUMONT, TEXAS 77707
Medicare 2:
Phone (832) 703-4104 Fax (281) 786-3946
Type: Parent Agency Administrator ALEXI MBOGNE

Owner Information
DEDICATED HEALTHCARE INCORPORATED
2608 SUNFISH DR
PEARLAND, TX 77584
PHONE: FAX:
Services: Licensed Home Health Services

County **JEFFERSON** Region 04 Date Licensed 03/17/2016
License # 017316 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 03/31/2022 2615 CALDER AVENUE SUITE 320
Medicare 1: BEAUMONT, TX 77701
Medicare 2:
Phone (409) 813-2527 Fax (877) 463-1310
Type: Parent Agency Administrator MACEY KASTL

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

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County **JEFFERSON** Region 04 Date Licensed 05/13/2015
License # 016801 EDUCARE COMMUNITY LIVING CORPORATION TEXAS
Lic Expire 05/31/2021 3255 EXECUTIVE BLVD SUITE 103
Medicare 1: BEAUMONT, TX 77705
Medicare 2:
Phone (409) 842-0779 Fax (409) 840-9111
Type: Parent Agency Administrator DAMON WALLACE

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

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County **JEFFERSON** Region 04 Date Licensed 04/26/2017
License # 018220 ELARA CARING
Lic Expire 04/30/2021 316 NORTH POLK, SUITE B
Medicare 1: 679280 HHA-18 JEFFERSON, TX 75657
Medicare 2:
Phone (903) 938-6590 Fax (903) 938-6390
Type: Parent Agency Administrator REBA BUTLER

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

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County **JEFFERSON** Region 04 Date Licensed 01/01/2003
License # 008274 ELARA CARING
Lic Expire 12/31/2022 6860 PHELAN BLVD
Medicare 1: BEAUMONT, TX 77706
Medicare 2:
Phone (409) 899-9053 Fax (409) 347-0993
Type: Branch Agency Administrator ROBIN WEBB

Owner Information
JHS OPERATIONS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **JEFFERSON** Region 04 Date Licensed 09/27/2017
License # 018341 EMON HEALTHCARE SERVICES INC
Lic Expire 09/30/2021 2390 EASTEX FREEWAY STE 2A
Medicare 1: BEAUMONT, TX 77703
Medicare 2:
Phone 4099327254770656896 Fax (409) 299-9151
Type: Parent Agency Administrator CHIEMEKA EGBUZIEM

Owner Information
EMON HEALTHCARE SERVICES, INC
P O BOX 710230
HOUSTON, TEXAS 77271
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 01/01/2005
License # 009653 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 12/31/2021 350 PINE STREET, SUITE 305
Medicare 1: 677137 HHA-18 BEAUMONT, TEXAS 77701
Medicare 2:
Phone 409 8138109 Fax 409 2129079
Type: Parent Agency Administrator SCOTT BRACKIN

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

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County **JEFFERSON** Region 04 Date Licensed 05/29/2020
License # 019971 ENTOUCH HOME CARE
Lic Expire 05/29/2022 4470 ROBERTS AVE
Medicare 1: BEAUMONT, TEXAS 77707
Medicare 2:
Phone (832) 475-9387 Fax
Type: Parent Agency Administrator KELLI HILL

Owner Information
ENTOUCH HOME CARE AGENCY LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **JEFFERSON** Region 06 Date Licensed 11/15/2011
License # 013330 EVEROSE HEALTHCARE INC
Lic Expire 05/31/2022 3631 PROFESSIONAL DR
Medicare 1: PORT ARTHUR, TX 77642
Medicare 2:
Phone (832) 693-9203 Fax (281) 679-6928
Type: Branch Agency Administrator TED DIEP NGUYEN

Owner Information
EVEROSE HEALTHCARE INC
11200 WESTHEIMER RD SUITE 100
HOUSTON, TX 77042
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 06 Date Licensed 11/30/2007
License # 011753 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2021 595 18TH STREET
Medicare 1: BEAUMONT, TX 77706
Medicare 2:
Phone (409) 832-5797 Fax (409) 832-1343
Type: Branch Agency Administrator BETTY BETHEA

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **JEFFERSON** Region 04 Date Licensed 11/05/2010
License # 013859 HARBOR HOME HEALTH
Lic Expire 11/30/2022 3130 STAGG DRIVE
Medicare 1: 679163 HHA-18 BEAUMONT, TEXAS 77701
Medicare 2:
Phone (409) 835-1670 Fax (409) 835-1672
Type: Parent Agency Administrator JON GARNER

Owner Information
JCH INC
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **JEFFERSON** Region 04 Date Licensed 08/30/2011
License # 014680 HARBOR HOSPICE HOUSE
Lic Expire 08/31/2021 2450 NORTH MAJOR DRIVE
Medicare 1: 671511 HOSPICE BEAUMONT, TX 77713
Medicare 2:
Phone (409) 840-5640 Fax (409) 840-5643
Type: Parent Agency Administrator CYNTHIA ALLEN

Owner Information
HARBOR HOSPICE OF BEAUMONT LP
3406 COLLEGE STREET, SUITE 200
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

County **JEFFERSON** Region 04 Date Licensed 11/05/2012
License # 015177 HARBOR HOSPICE OF SOUTHEAST TEXAS
Lic Expire 11/30/2022 2450 NORTH MAJOR DRIVE, SUITE 201
Medicare 1: 741561 HOSPICE BEAUMONT, TX 77713
Medicare 2:
Phone (409) 840-3275 Fax (409) 840-3295
Type: Parent Agency Administrator CYNTHIA ALLEN

Owner Information
SUNSHINE HOSPICE LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JEFFERSON** Region 04 Date Licensed 04/27/2018
License # 018771 HEART OF TEXAS HOSPICE
Lic Expire 04/30/2022 2390 EASTEX FREEWAY
Medicare 1: 671656 HOSPICE BEAUMONT, TX 77703
Medicare 2:
Phone (409) 832-3311 Fax (409) 832-3312
Type: Parent Agency 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

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

County **JEFFERSON** Region 04 Date Licensed 10/28/2013
License # 015927 HEART TO HEART HOSPICE OF THE GULF COAST LLC.
Lic Expire 10/31/2021 550 FANNIN STREET SUITE 1200
Medicare 1: 671577 HOSPICE BEAUMONT, TX 77701
Medicare 2:
Phone (409) 813-1028 Fax (409) 838-9939
Type: Parent Agency Administrator DAVID SLAUGHTER

Owner Information
HEART TO HEART HOSPICE OF THE GULF COAST, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/12/2023

County **JEFFERSON** Region 04 Date Licensed 10/02/2014
License # 017305 HEAVENLY HOSPICE @ HOME LLC
Lic Expire 10/31/2022 4180 DELAWARE ST. STE 402
Medicare 1: 671791 HOSPICE BEAUMONT, TEXAS 77706
Medicare 2:
Phone (281) 969-7042 Fax (281) 969-7056
Type: Parent Agency Administrator DOMINQUE CREEKMORE

Owner Information
HEAVENLY HOSPICE @ HOME, LLC
8901 EF LOWRY EXPWY STE A
BEAUMONT, TX 77706
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/05/2022

County **JEFFERSON** Region 04 Date Licensed 02/17/2006
License # 010296 HOME CARE ELITE LLC
Lic Expire 02/28/2024 2955 HARRISON STREET, SUITE 201
Medicare 1: 677964 HHA-18 BEAUMONT, TX 77702
Medicare 2:
Phone (409) 724-2533 Fax (409) 724-2624
Type: Parent Agency Administrator EDDIE CHOATE

Owner Information
HOME CARE ELITE LLC
2300 HIGHWAY 365 SUITE 130
NEDERLAND, TX 77627
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **JEFFERSON** Region 04 Date Licensed 11/27/2000
License # 005265 HOME CARE INNOVATIONS INC
Lic Expire 02/29/2020 4248 LINCOLN
Medicare 1: GROVES, TX 77619
Medicare 2:
Phone (409) 963-2775 Fax (409) 963-1872
Type: Branch Agency Administrator CHARLOTTE LUMMUS BUSH

Owner Information
HOME CARE INNOVATIONS INC
15486 FM 252
KIRBYVILLE, TX 75956
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **JEFFERSON** Region 04 Date Licensed 04/25/2007
License # 011290 HOME INSTEAD SENIOR CARE
Lic Expire 04/30/2023 3199 DOWLEN ROAD, #B
Medicare 1: BEAUMONT, TEXAS 77706
Medicare 2:
Phone (409) 892-7494 Fax (409) 299-5300
Type: Parent Agency Administrator JANET GUNTER

Owner Information
NOT HOME ALONE INC
P. O. BOX 1031
BEAUMONT, TEXAS 77704
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 04/12/1993
License # 002511 INTREPID USA HEALTHCARE SERVICES
Lic Expire 04/30/2022 1480 CORNERSTONE COURT
Medicare 1: 677616 HHA-18 BEAUMONT, TX 77706
Medicare 2:
Phone (409) 722-0515 Fax (409) 722-0633
Type: Parent Agency Administrator STEPHANIE BAKER

Owner Information
INTREPID HOME HEALTH CARE INC
3220 KELLER SPRINGS ROAD, SUITE 108
CARROLLTON, TEXAS 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: ACH - Deemed, Expires: 10/11/2022

County **JEFFERSON** Region 04 Date Licensed 11/09/2020
License # 020301 INTREPID USA HOSPICE SERVICES
Lic Expire 11/09/2022 87 IH-10, SUITE 101
Medicare 1: BEAUMONT, TEXAS 777072542
Medicare 2:
Phone (409) 373-5001 Fax (409) 291-5492
Type: Parent Agency Administrator ALLISON STONER

Owner Information
INTREPID OF HOUSTON TEXAS, INC.
3220 KELLER SPRINGS ROAD, SUITE 108
CARROLLTON, TEXAS 75006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JEFFERSON** Region 04 Date Licensed 02/04/2019
License # 019238 JARVIC HEALTHCARE INC
Lic Expire 02/04/2023 990 IH 10N 255C
Medicare 1: BEAUMONT, TEXAS 77702
Medicare 2:
Phone (832) 867-8447 Fax (346) 770-1714
Type: Parent Agency Administrator CHIMDIKE VICTOR OGBONNAYA

Owner Information
JARVIC HEALTHCARE INC
21514 BOWCREEK LANE
KATY, TX 77449
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **JEFFERSON** Region 04 Date Licensed 07/28/1993
License # 002583 JEFFERSON COUNTY HOME HEALTH CARE INC
Lic Expire 07/31/2022 2670 LAUREL STREET
Medicare 1: 677686 HHA-18 BEAUMONT, TX 77702
Medicare 2:
Phone (409) 835-9909 Fax (409) 835-9949
Type: Parent Agency 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

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County **JEFFERSON** Region 04 Date Licensed 10/23/2020
License # 020261 KARE HOME INFUSION PHARMACY, PLLC
Lic Expire 10/23/2022 4225 GLADYS AVE., SUITE A
Medicare 1: BEAUMONT, TEXAS 77706
Medicare 2:
Phone (409) 223-1055 Fax (409) 223-1325
Type: Parent Agency Administrator ARTHUR MCMAKIN

Owner Information
KARE INFUSION CENTER, PLLC
PHONE: FAX:
Services: Licensed Home Health Services

County **JEFFERSON** Region 04 Date Licensed 08/05/2011
License # 014447 KINDRED AT HOME
Lic Expire 08/31/2021 2615 CALDER STREET SUITE 202
Medicare 1: 678039 HHA-18 BEAUMONT, TX 77702
Medicare 2:
Phone (409) 895-0009 Fax (409) 895-0006
Type: Parent Agency Administrator POLLY MATLOCK

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

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County **JEFFERSON** Region 04 Date Licensed 07/01/2001
License # 007790 KINDRED HOSPICE
Lic Expire 06/30/2021 8050 EASTEX FREEWAY
Medicare 1: 451638 HOSPICE BEAUMONT, TX 77708
Medicare 2:
Phone (409) 924-0085 Fax (409) 924-0448
Type: Parent Agency 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
Accreditation: ACH - Deemed, Expires: 02/07/2023

County **JEFFERSON** Region 04 Date Licensed 02/27/2013
License # 015395 LIFESPAN HOME HEALTH
Lic Expire 02/28/2023 2615 CALDER AVENUE SUITE 320
Medicare 1: BEAUMONT, TX 77701
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator MACEY KASTL

Owner Information
ADVANCE HI-TECH NURSING INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP, Expires: 05/01/2023

County **JEFFERSON** Region 04 Date Licensed 01/21/2009
License # 012917 MAXIM HEALTHCARE SERVICES INC
Lic Expire 01/31/2021 350 PINE ST SUITE 335
Medicare 1: BEAUMONT, TX 77701
Medicare 2:
Phone (409) 833-4004 Fax (844) 691-2084
Type: Parent Agency Administrator JODY BUXTON

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

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County **JEFFERSON** Region 04 Date Licensed 05/15/2013
License # 015543 MONTEBELLO HOME CARE INC
Lic Expire 05/31/2021 350 PINE STREET SUITE 765
Medicare 1: BEAUMONT, TX 77701
Medicare 2:
Phone (409) 276-7576 Fax (409) 276-4900
Type: Parent Agency Administrator DEBRA EILEEN LEGER

Owner Information
MONTEBELLO HOME CARE INC
350 PINE STREET SUITE 620
BEAUMONT, TX 77701
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 01/07/2000
License # 007389 OMNIBUS HOME HEALTH CARE INC
Lic Expire 01/31/2022 4173 39TH STREET STE B
Medicare 1: 459459 HHA-18 PORT ARTHUR, TX 77642
Medicare 2:
Phone (409) 724-7000 Fax (409) 724-7066
Type: Parent Agency Administrator KRISTINA DUBOIS

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

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County **JEFFERSON** Region 06 Date Licensed 12/10/2003
License # 003864 PATHFINDER HOME HEALTH
Lic Expire 09/30/2022 5550 EASTEX FREEWAY STE EE
Medicare 1: BEAUMONT, TX 77708
Medicare 2:
Phone (409) 924-9906 Fax (409) 924-7348
Type: Branch Agency Administrator MICHELLE HOKANSON

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

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County **JEFFERSON** Region 04 Date Licensed 05/15/2002
License # 007934 PROFESSIONAL HEALTH CARE
Lic Expire 09/30/2021 4347 CROW ROAD
Medicare 1: 679157 HHA-18;45 BEAUMONT, TX 77706
Medicare 2:
Phone (409) 212-0205 Fax (409) 212-0208
Type: Parent Agency Administrator LEANN RIVERS

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
In-Patient Hospice: NO

County **JEFFERSON** Region 04 Date Licensed 05/07/2009
License # 012588 PRUCARE HOME HEALTH AGENCY PLLC
Lic Expire 05/31/2021 7980 ANCHOR DRIVE BLDG. 400
Medicare 1: 747479 HHA-18 PORT ARTHUR, TEXAS 77642
Medicare 2:
Phone (409) 722-9797 Fax (409) 729-7019
Type: Parent Agency Administrator PRUDENCE DANSO-DAPAAH PRUDENCE DANSO-

Owner Information
PRUCARE HOME HEALTH AGENCY PLLC
PO BOX 22733
BEAUMONT, TX 77720
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 11/18/2022

County **JEFFERSON** Region 04 Date Licensed 08/20/2004
License # 009384 PULSE HOMECARE
Lic Expire 08/31/2021 10485 EASTEX FWY UNIT C
Medicare 1: 457884 HHA-18 BEAUMONT, TEXAS 77708
Medicare 2:
Phone (409) 212-8880 Fax (409) 212-1508
Type: Parent Agency Administrator LISA MAE RAGLIN

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

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County **JEFFERSON** Region 04 Date Licensed 08/05/2010
License # 013514 QUALITY CARE SERVICE INC
Lic Expire 08/31/2020 3442 EASTEX FREEWAY
Medicare 1: BEAUMONT, TX 77703
Medicare 2:
Phone (409) 832-0011 Fax (409) 832-0425
Type: Parent Agency Administrator NANCY CARLISLE

Owner Information
QUALITY CARE SERVICES INC
3442 EASTEX FREEWAY
BEAUMONT, TX 77703
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **JEFFERSON** Region 04 Date Licensed 10/28/2015
License # 017407 RICELAND HOME HEALTH LLC
Lic Expire 10/31/2021 85 I - 10 FRONTAGE ROAD STE 100
Medicare 1: 673149 HHA-18 BEAUMONT, TX 77707
Medicare 2:
Phone (409) 385-7744 Fax (409) 385-7723
Type: Parent Agency Administrator KIMBERLY ELLIOTT

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

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County **JEFFERSON** Region 04 Date Licensed 07/07/2010
License # 013438 RICELAND HOSPICE
Lic Expire 07/31/2022 85 IH 10 SUITE 208
Medicare 1: 671715 HOSPICE BEAUMONT, TX 77707
Medicare 2:
Phone (409) 842-1112 Fax (409) 840-4104
Type: Parent Agency Administrator NICHOLAS LAMPSON

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

County **JEFFERSON** Region 04 Date Licensed 04/25/2013
License # 015501 SETX HOME CARE
Lic Expire 04/30/2021 4347 PHELAN BLVD SUITE 101
Medicare 1: BEAUMONT, TX 77707
Medicare 2:
Phone (409) 291-8880 Fax (409) 291-8829
Type: Parent Agency Administrator SAUL AVILA

Owner Information
S T C MEDICUS ENTERPRISES LLC
4347 PHELAN BOULEVARD SUITE 102
BEAUMONT, TX 77707
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 02/20/2004
License # 009001 SOUTHERN HOME HEALTH
Lic Expire 02/28/2022 2348 HWY 69 N
Medicare 1: 679237 HHA-18 NEDERLAND, TX 77627
Medicare 2:
Phone (409) 721-9075 Fax (409) 721-6206
Type: Parent Agency Administrator KIMBERLY LONA

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

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County **JEFFERSON** Region 04 Date Licensed 04/28/2010
License # 013275 SYNERGY HOMECARE SOUTHEAST TEXAS
Lic Expire 04/30/2022 4180 DELAWARE STREET SUITE 101
Medicare 1: BEAUMONT, TX 77706
Medicare 2:
Phone (409) 861-2000 Fax (409) 861-2002
Type: Parent Agency Administrator STEPHANIE ALLEN

Owner Information
BRISTOL ENTERPRISE INC.
2390 EASTEX FREEWAY SUITE 100
BEAUMONT, TX 77703
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 11/30/2006
License # 010904 TEXAS HOME HEALTH HOSPICE
Lic Expire 11/30/2022 5685 EASTEX FREEWAY
Medicare 1: 671560 HOSPICE BEAUMONT, TX 77706
Medicare 2:
Phone 409 8991152 Fax 409 8980155
Type: Parent Agency Administrator LORI SAMUEL

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/25/2022

County **JEFFERSON** Region 04 Date Licensed 03/09/2001
License # 007608 TEXAS HOME HEALTH OF AMERICA
Lic Expire 03/31/2023 5695 EASTEX FREEWAY
Medicare 1: BEAUMONT, TX 77706
Medicare 2:
Phone (409) 838-0045 Fax (409) 839-8124
Type: Parent Agency Administrator JERAD SALINAS

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

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

County **JEFFERSON** Region 04 Date Licensed 06/23/2005
License # 008922 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 02/28/2023 5687 EASTEX FREEWAY
Medicare 1: 67Q3115001 BEAUMONT, TX 77706
Medicare 2:
Phone (409) 899-9979 Fax (409) 839-8124
Type: Branch Agency Administrator SARAH VILLANUEVA

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/11/2022

County **JEFFERSON** Region 04 Date Licensed 02/19/2004
License # 008922 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 02/28/2023 5687 EASTEX FREEWAY
Medicare 1: 673115 HHA-18 BEAUMONT, TX 77706
Medicare 2:
Phone (409) 899-9979 Fax (409) 899-9552
Type: Parent Agency Administrator SARAH VILLANUEVA

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/11/2022

County **JEFFERSON** Region 07 Date Licensed 09/27/2013
License # 015930 THERACARE HOME HEALTH
Lic Expire 09/30/2021 4890 DOWLEN ROAD, SUITE EOX
Medicare 1: 67Q7248001 BEAUMONT, TX 777084828
Medicare 2:
Phone (409) 299-9741 Fax (409) 299-9739
Type: Branch Agency Administrator NIKKI HERNANDEZ

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

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County **JEFFERSON** Region 04 Date Licensed 03/12/2021
License # 020598 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 03/12/2024 2615 CALDER STREET, SUITE 610
Medicare 1: BEAUMONT, TEXAS 777021947
Medicare 2:
Phone (409) 351-3680 Fax (409) 241-9494
Type: Parent Agency Administrator MARCO HERNANDEZ

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

County **JEFFERSON** Region 04 Date Licensed 08/19/2019
License # 019350 TREASURE CARE LLC
Lic Expire 05/02/2021 3800 HWY 365 SUITE 124
Medicare 1: PORT ARTHUR, TEXAS 77642
Medicare 2:
Phone 469 3485861 Fax 409 8531791
Type: Parent Agency Administrator AMBER OWENS

Owner Information
TREASURE CARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **JEFFERSON** Region 04 Date Licensed 02/22/2016
License # 017281 TREASURE SERVICES INCORPORATED
Lic Expire 02/28/2022 3800 HWY 365 SUITE 124
Medicare 1: PORT ARTHUR, TX 77642
Medicare 2:
Phone (409) 853-1371 Fax (409) 853-1791
Type: Parent Agency Administrator RACHEL BROWN

Owner Information
TREASURE SERVICES INCORPORATED
3800 HWY 365 SUITE 139
PORT ARTHUR, TX 77642
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 05/27/2020
License # 019963 TRINITY HEALTHCARE OF SOUTHEAST TEXAS, INC.
Lic Expire 05/27/2022 4610 FIELDWOOD LN
Medicare 1: BEAUMONT, TEXAS 77706
Medicare 2:
Phone (409) 937-0452 Fax
Type: Parent Agency Administrator TYRA JACKSON

Owner Information
TRINITY HEALTHCARE OF SOUTHEAST TEXAS, INC.
PHONE: FAX:
Services: Personal Assistance Services

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

County **JEFFERSON** Region 04 Date Licensed 11/06/2018
License # 019060 TRINITY HOSPICE
Lic Expire 11/06/2022 350 PINE STREET, STE 711
Medicare 1: 971609 Hospice BEAUMONT, TX 77701
Medicare 2:
Phone 409 2994477 Fax 409 2994436
Type: Parent Agency Administrator HENRY SMITH

Owner Information
A & B HOSPICE SERVICES LLC
540 E APPLEBY RD SUITE #104
FAYETTEVILLE, AR 72703
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 08/20/2023

County **JEFFERSON** Region 04 Date Licensed 09/01/2020
License # 020006 VICTORY HOME CARE
Lic Expire 09/01/2022 350 PINE ST. STE. 1425
Medicare 1: BEAUMONT, TEXAS 77701
Medicare 2:
Phone (409) 223-1465 Fax (844) 713-2417
Type: Parent Agency Administrator PAULA SONN

Owner Information
TRACI SONN, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 05/19/2016
License # 017409 VILLAGE CHOICE HEALTH CARE INC
Lic Expire 05/31/2022 5825 PHELAN BLVD, SUITE 106
Medicare 1: 459375 BEAUMONT, TX 77706
Medicare 2:
Phone (409) 838-5151 Fax (409) 838-6161
Type: Parent Agency Administrator DOLLY DARIA

Owner Information
VILLAGE CHOICE HEALTH CARE INC
P. O. BOX 5668
BEAUMONT, TX 77726
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **JEFFERSON** Region 04 Date Licensed 08/19/2015
License # 016980 VISITING ANGELS
Lic Expire 08/31/2021 350 PINE STREET - SUITE 315
Medicare 1: BEAUMONT, TEXAS 77701
Medicare 2:
Phone (409) 291-4029 Fax (409) 291-8645
Type: Parent Agency Administrator DAVID INGRAM

Owner Information
CJ HOMECARE, INC.
510 2ND ST
HUMBLE, TX 77338
PHONE: FAX:
Services: Personal Assistance Services

County **JIM HOGG** Region 07 Date Licensed 07/28/2006
License # 003177 AMERICAN MEDICAL HOME HEALTH SERVICES
Lic Expire 11/30/2021 512 N SMITH AVE
Medicare 1: 67Q7522002 HEBBRONVILLE, TX 78361
Medicare 2:
Phone (361) 527-2080 Fax (361) 356-3778
Type: Branch Agency Administrator ERICA SANDOVAL

Owner Information
HUB CITY HOME HEALTH INC
506 VALLEY BROOK ROAD, STE 201
MCMURRAY, PA 15317
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/03/2024

County **JIM HOGG** Region 07 Date Licensed 11/29/1993
License # 003177 AMERICAN MEDICAL HOME HEALTH SERVICES
Lic Expire 11/30/2021 2820 SOUTH PADRE ISLAND DR SUITE 296
Medicare 1: 677522 HHA-18 CORPUS CHRISTI, TX 78415
Medicare 2:
Phone (361) 887-9760 Fax (361) 887-9767
Type: Parent Agency Administrator ERICA SANDOVAL

Owner Information
HUB CITY HOME HEALTH INC
506 VALLEY BROOK ROAD, STE 201
MCMURRAY, PA 15317
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/03/2024

County **JIM HOGG** Region 07 Date Licensed 02/06/2017
License # 018009 MED TEAM INC
Lic Expire 02/28/2024 4 EAST STATE HIGHWAY 359
Medicare 1: HEBBRONVILLE, TEXAS 783613673
Medicare 2:
Phone (956) 726-8503 Fax (956) 727-5068
Type: Parent Agency Administrator ADEMAR DAVID GARZA

Owner Information
THE HOME CARE TEAM, INC.
45 N.E. LOOP 410 SUITE 800
SAN ANTONIO, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **JIM HOGG** Region 07 Date Licensed 01/01/2014
License # 016001 MED TEAM INC
Lic Expire 12/31/2021 4 EAST STATE HWY 359
Medicare 1: HEBBRONVILLE, TX 78361
Medicare 2:
Phone (361) 527-4007 Fax (361) 527-4000
Type: Parent Agency Administrator ADEMAR GARZA

Owner Information
THE HOME CARE TEAM, INC.
45 N.E. LOOP 410 SUITE 800
SAN ANTONIO, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **JIM HOGG** Region 07 Date Licensed 06/15/2018
License # 018788 THE MEDICAL TEAM INC
Lic Expire 06/30/2022 4 EAST STATE HIGHWAY 359
Medicare 1: 971518 HEBBRONVILLE, TX 78361
Medicare 2:
Phone 361 5274007 Fax 361 5274000
Type: Parent Agency Administrator JULIA GONZALEZ

Owner Information
THE MEDICAL TEAM, INC.
1902 CAMPUS COMMONS DRIVE, SUITE 650
RESTON, VA 20191
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 04/19/2022

County **JIM WELLS** Region 07 Date Licensed 10/05/2009
License # 012890 A DOSE OF CARE HOME HEALTH INC
Lic Expire 10/31/2021 1481 SOUTH FLOURNOY SUITE 125
Medicare 1: 747939 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 396-4208 Fax (361) 396-4228
Type: Parent Agency Administrator HERLINDA CANTU

Owner Information
A DOSE OF CARE HOME HEALTH INC
1481 SOUTH FLOURNOY, SUITE#125
ALICE, TX 78332
PHONE: (361) 396-4208 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **JIM WELLS** Region 07 Date Licensed 03/06/2013
License # 015417 ALICE ELITE HOME HEALTH
Lic Expire 03/31/2023 411 FLOURNOY ROAD SUITE 204
Medicare 1: 747909 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 396-4371 Fax (361) 396-4394
Type: Parent Agency Administrator WANDA KAY AVELAR

Owner Information
CERENADO LLC
411 FLOURNOY ROAD SUITE 204
ALICE, TX 78332
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 09/14/2022

County **JIM WELLS** Region 07 Date Licensed
License # 019771 ALTUS HOSPICE
Lic Expire 1629 E. MAIN STREET, SUITE C
Medicare 1: ALICE, TX 78332
Medicare 2:
Phone (361) 752-3016 Fax
Type: Alternate Delivery Site Administrator YVONNE GARCIA

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JIM WELLS** Region 07 Date Licensed 11/19/2020
License # 020327 AVITACARE HOSPICE LLC
Lic Expire 11/19/2022 301 N. KING ST. STE 101
Medicare 1: ALICE, TEXAS 78332
Medicare 2:
Phone (361) 245-8803 Fax (361) 245-8832
Type: Parent Agency 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** Region 07 Date Licensed 06/23/1995
License # 002352 BAYSIDE HOME HEALTH CARE INC
Lic Expire 06/30/2021 1315 EAST MAIN STREET
Medicare 1: ALICE, TX 78332
Medicare 2:
Phone (361) 664-9797 Fax (361) 664-4113
Type: Branch Agency 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

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

County **JIM WELLS** Region 07 Date Licensed 05/26/2017
License # 018549 CITICA HOME HEALTH LLC
Lic Expire 03/24/2024 611 COMMERCE RD.
Medicare 1: 747840 HHA-18 ALICE, TEXAS 78332
Medicare 2:
Phone (361) 592-0001 Fax (361) 592-3055
Type: Parent Agency 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

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County **JIM WELLS** Region 07 Date Licensed 03/10/1997
License # 005343 DEL CIELO HOME CARE SERVICES
Lic Expire 03/31/2022 411 N. KING STREET
Medicare 1: 459319 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 664-3484 Fax (361) 664-5550
Type: Parent Agency 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

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County **JIM WELLS** Region 07 Date Licensed 08/28/2006
License # 010700 DEL CIELO HOME HEALTH & HOSPICE
Lic Expire 08/31/2021 411 N KING STREET
Medicare 1: 673199 (HHA); 671 ALICE, TX 78332
Medicare 2:
Phone (956) 791-8365 Fax (956) 791-8925
Type: Parent Agency Administrator ANDRES ELIZONDO II

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** Region 07 Date Licensed 02/12/2015
License # 016722 FIRST HOME HEALTHCARE LLC
Lic Expire 02/28/2023 308 E SECOND STREET SUITE D
Medicare 1: 747222 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 396-0902 Fax (361) 396-0982
Type: Parent Agency Administrator ARELY MATHEWS

Owner Information
FIRST HOME HEALTHCARE LLC
PO BOX 1877
ALICE, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 08/21/2021

County **JIM WELLS** Region 07 Date Licensed 11/15/2010
License # 013830 HEALTHY HORIZONS HOMECARE LLC
Lic Expire 11/30/2022 1006 E 6TH ST
Medicare 1: 747110 HHA-18;74 ALICE, TX 783324656
Medicare 2:
Phone (361) 396-1282 Fax (361) 396-1283
Type: Parent Agency Administrator CARLA ZAMBRANO

Owner Information
HEALTHY HORIZONS HOMECARE & HOSPICE LLC
1006 E. 6TH STREET
ALICE, TX
PHONE: (361) 668-0850 FAX: (361) 668-0859
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/21/2024

County **JIM WELLS** Region 07 Date Licensed
License # 017971 HOMECARE DIMENSIONS, INC.
Lic Expire 02/28/2023 411 N. FLOURNOY ROAD, SUITE 206
Medicare 1: ALICE, TEXAS 78332
Medicare 2:
Phone 210 6962626 Fax 210 6947800
Type: Branch Agency Administrator ASHLEIGH STRICKLAND

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

County **JIM WELLS** Region 07 Date Licensed 05/11/2017
License # 018056 IN HOME PROVIDER SERVICES LLC
Lic Expire 05/31/2021 515 S BROADWAY ST
Medicare 1: PREMONT, TX 78375
Medicare 2:
Phone (361) 346-2261 Fax (361) 346-2263
Type: Parent Agency Administrator OLIVIA O SCHACHERL

Owner Information
IN HOME PROVIDER SERVICES LLC
PO BOX 306
PREMONT, TX 78375
PHONE: FAX:
Services: Personal Assistance Services

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

County **JIM WELLS** Region 07 Date Licensed 10/29/2010
License # 013683 MI CASA HOME HEALTH AGENCY
Lic Expire 10/31/2022 2020 N JOHNSON
Medicare 1: 747607 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 664-3900 Fax (361) 664-3901
Type: Parent Agency Administrator MONICA WITT

Owner Information
MI CASA NURSING SERVICES HOME HEALTH LLC
PO BOX 4079
ALICE, TX 78332
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **JIM WELLS** Region 07 Date Licensed 09/23/2016
License # 017651 MI CASA HOSPICE LLC
Lic Expire 09/30/2022 2030 N JOHNSON ST
Medicare 1: 74-1766 ALICE, TX 78332
Medicare 2:
Phone (361) 453-4105 Fax (361) 453-4040
Type: Parent Agency Administrator MONICA WITT

Owner Information
MI CASA HOSPICE LLC
2030 N JOHNSON
ALICE, TX 78332
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/05/2021

County **JIM WELLS** Region 07 Date Licensed 02/16/2010
License # 013111 MI FAMILIA HOME HEALTH
Lic Expire 02/28/2022 1881 SOUTH REYNOLDS ST SUITE B
Medicare 1: 747628 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 396-4803 Fax (361) 396-4805
Type: Parent Agency Administrator ANDREA BARCAK

Owner Information
REHMET HOLDINGS LLC
1881 SOUTH REYNOLDS SUITE B
ALICE, TX 78332
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 10/04/2023

County **JIM WELLS** Region 07 Date Licensed 05/28/2013
License # 015568 PREMIERE ANGEL CARE HOME HEALTH LLC
Lic Expire 05/31/2023 3248 WEST HIGHWAY 44
Medicare 1: 747917 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 661-9701 Fax (361) 664-0676
Type: Parent Agency Administrator MARISSA BENAVIDES

Owner Information
PREMIERE ANGEL CARE HOME HEALTH LLC
PO BOX 468
ALICE, TEXAS 78333
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/03/2023

County **JIM WELLS** Region 07 Date Licensed 02/01/1984
License # 001433 REAL HOME HEALTH CARE INC
Lic Expire 01/31/2022 301 LUCERO STREET
Medicare 1: 457577 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 668-3158 Fax (361) 664-9695
Type: Parent Agency Administrator GLORIA RAMOS

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

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County **JIM WELLS** Region 07 Date Licensed 08/06/2014
License # 016489 REGIONAL HOME HEALTH AGENCY
Lic Expire 08/31/2022 16 SOUTH JOHNSON STREET
Medicare 1: ALICE, TX 78332
Medicare 2:
Phone (361) 664-8118 Fax (361) 668-1848
Type: Parent Agency Administrator REUBEN GARCIA

Owner Information
LANDO INC
16 S JOHNSON
ALICE, TX 78332
PHONE: (361) 664-8118 FAX: (361) 668-1848
Services: Licensed Home Health Services; Personal Assistance Services

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County **JIM WELLS** Region 07 Date Licensed 10/01/2004
License # 009340 SALDIVAR HOME HEALTH INC
Lic Expire 09/30/2022 905 N. JOHNSON ST.
Medicare 1: 457865 HHA-18 ALICE, TEXAS 78332
Medicare 2:
Phone (361) 396-1204 Fax (361) 664-5862
Type: Parent Agency Administrator OFELIA SALDIVAR

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

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County **JIM WELLS** Region 07 Date Licensed 07/17/2015
License # 016922 SALDIVAR HOME HEALTHCARE
Lic Expire 07/31/2021 905 N. JOHNSON ST.
Medicare 1: ALICE, TEXAS 78332
Medicare 2:
Phone (361) 396-1200 Fax (361) 664-5862
Type: Parent Agency Administrator OFELIA SALDIVAR

Owner Information
SALDIVAR INC
P. O. BOX 3504
ALICE, TX 78332
PHONE: FAX:
Services: Licensed Home Health Services

County **JIM WELLS** Region 07 Date Licensed 09/08/1999
License # 007114 SALDIVAR PRIMARY HOME CARE
Lic Expire 09/30/2022 905 N JOHNSON ST
Medicare 1: ALICE, TEXAS 78332
Medicare 2:
Phone (361) 664-2110 Fax (361) 664-7531
Type: Parent Agency Administrator MARGOT P. SALDIVAR

Owner Information
SALDIVAR COASTAL SERVICES INC
P. O. BOX 3504
ALICE, TEXAS 78332
PHONE: (361) 396-1200 FAX: (361) 396-1203
Services: Licensed Home Health Services; Personal Assistance Services

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County **JIM WELLS** Region 07 Date Licensed 03/21/2005
License # 009646 UNITED HOME CARE
Lic Expire 03/31/2024 313 E. 1ST STREET
Medicare 1: 457873 HHA-18 ALICE, TX 78332
Medicare 2:
Phone 361 6648908 Fax 844 2073056
Type: Parent Agency Administrator LAURA GONZALEZ

Owner Information
GARCIA VENTURES, INC
405 HIGHLAND STREET
ALICE, TX 78332
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **JIM WELLS** Region 07 Date Licensed 03/03/1997
License # 005313 V.A. HEALTH SERVICES INC
Lic Expire 03/31/2022 405 HIGHLAND STREET SUITE 2
Medicare 1: ALICE, TX 78332
Medicare 2:
Phone (361) 668-8466 Fax (361) 668-4159
Type: Parent Agency Administrator LARISSA GARCIA-HAWKINS

Owner Information
VA HEALTH SERVICES INC
405 HIGHLAND STREET SUITE 2
ALICE, TX 78332
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **JOHNSON** Region 05 Date Licensed 06/18/2020
License # 020005 AFFINITY COMPANION CARE LLC
Lic Expire 06/18/2022 4400 SAINT LEGER DR
Medicare 1: CLEBURNE, TX 76033
Medicare 2:
Phone (817) 797-3654 Fax
Type: Parent Agency Administrator DONNA KAUFMAN

Owner Information
AFFINITY COMPANION CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **JOHNSON** Region 05 Date Licensed 08/05/2014
License # 016362 AVEANNA HEALTHCARE
Lic Expire 08/31/2022 1316 NW JOHN JONES DR.
Medicare 1: BURLESON, TX 76028
Medicare 2:
Phone (817) 840-1344 Fax (817) 840-9240
Type: Parent Agency Administrator MARCUS KOENIG

Owner Information
PEDIATRIC SERVICES OF AMERICA INC
SIX CONCOURSE PARKWAY, SUITE 1100
ATLANTA, GA 30328-6117
PHONE: FAX:
Services: Licensed Home Health Services

County **JOHNSON** Region 05 Date Licensed 10/20/2016
License # 017690 CARING SENIOR SERVICE OF JOHNSON COUNTY
Lic Expire 10/31/2022 1200 W HENDERSON ST, SUITE E
Medicare 1: CLEBURNE, TEXAS 76033
Medicare 2:
Phone (682) 317-9021 Fax (682) 317-9025
Type: Parent Agency Administrator KRESHNA SHEPLEAR

Owner Information
KJ QUALITY CARE LLC
3200 COUNTY ROAD 1120
CLEBURNE, TX 76033
PHONE: FAX:
Services: Personal Assistance Services

County **JOHNSON** Region 03 Date Licensed 01/28/1997
License # 005213 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 04/30/2022 501 NORTH RIDGEWAY
Medicare 1: 451501 CLEBURNE, TX 76033
Medicare 2:
Phone (817) 558-8302 Fax (817) 648-0275
Type: Alternate Delivery Site Administrator LAUREN PARRISH HORTON

Owner Information
COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/27/2024

County **JOHNSON** Region 03 Date Licensed 07/17/1997
License # 005213 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 04/30/2022 301 MEDPARK CIRCLE
Medicare 1: BURLESON, TX 76028
Medicare 2:
Phone (817) 615-2150 Fax (817) 615-2159
Type: Alternate Delivery Site Administrator LAUREN PARRISH HORTON

Owner Information
COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES
Accreditation: CHAP - Deemed, Expires: 03/27/2024

County **JOHNSON** Region 05 Date Licensed 01/03/2008
License # 011789 DFW SENIOR CARE SERVICES INC.
Lic Expire 01/31/2022 228 NE WILSHIRE BLVD, SUITE C
Medicare 1: BURLESON, TX 76028
Medicare 2:
Phone (817) 447-2717 Fax (817) 447-2731
Type: Parent Agency Administrator HEATHER BOYD

Owner Information
DFW SENIOR CARE SERVICES, INC
2715 PINNACLE DRIVE
BURLESON, TX 76028
PHONE: FAX:
Services: Personal Assistance Services

County **JOHNSON** Region 05 Date Licensed 01/06/2017
License # 018015 ELARA CARING
Lic Expire 01/31/2023 827 N MAIN ST
Medicare 1: 451748 HOSPICE CLEBURNE, TX 76033
Medicare 2:
Phone (817) 517-7336 Fax (817) 202-8731
Type: Parent Agency Administrator GREGORY BROOKS

Owner Information
DALLAS HOSPICE, INC.
14925 MIDWAY RD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JOHNSON** Region 03 Date Licensed 06/03/2011
License # 014255 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 06/30/2021 111 NW NEWTON, SUITE B
Medicare 1: BURLESON, TEXAS 76028
Medicare 2:
Phone 817 4263165 Fax 817 4263145
Type: Branch Agency Administrator LINDA FARRIS

Owner Information
ENCOMPASS HOME HEALTH OF DFW, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **JOHNSON** Region 03 Date Licensed 11/01/2006
License # 011086 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2022 605 NORTH NOLAN RIVER DRIVE, SUITE 605D
Medicare 1: CLEBURNE, TEXAS 76033
Medicare 2:
Phone 817 5584312 Fax 817 5584305
Type: Branch Agency Administrator ERIC DENGLER

Owner Information
ENCOMPASS OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **JOHNSON** Region 03 Date Licensed
License # 015841 ENCOMPASS HEALTH HOSPICE
Lic Expire 09/30/2021 111 NW NEWTON, SUITE A
Medicare 1: BURLESON, TEXAS 76028
Medicare 2:
Phone (817) 447-7312 Fax (682) 237-1480
Type: Alternate Delivery Site Administrator ADAM ALGER

Owner Information
APEX HOSPICE, LLC
6888 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **JOHNSON** Region 05 Date Licensed 09/24/2020
License # 020196 GATEWAY HOSPICE PROVIDERS, LLC
Lic Expire 09/24/2022 140 W ELDRED ST
Medicare 1: BURLESON, TEXAS 760284281
Medicare 2:
Phone (682) 499-6669 Fax (817) 549-2305
Type: Parent Agency Administrator MISTY HIGHTOWER

Owner Information
GATEWAY HOSPICE PROVIDERS, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JOHNSON** Region 05 Date Licensed 09/11/2020
License # 020166 GODSWILL HEALTH CARE SERVICES LLC
Lic Expire 09/11/2022 1053 WEEPING OAK DRIVE
Medicare 1: BURLESON, TEXAS 76028
Medicare 2:
Phone (646) 421-0642 Fax (817) 977-0073
Type: Parent Agency Administrator EVELYN FOTABONG

Owner Information
GODSWILL HEALTH CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **JOHNSON** Region 05 Date Licensed 06/09/1997
License # 005680 GOLDEN RULE HOME CARE
Lic Expire 06/30/2021 1306 NW JOHN JONES
Medicare 1: 459436 HHA-18 BURLESON, TX 76028
Medicare 2:
Phone (817) 297-3444 Fax (817) 297-6822
Type: Parent Agency Administrator CINDY VICKERS

Owner Information
KCP HEALTH SERVICES INC
1216 WEST CLEBURNE ROAD
CROWLEY, TX 76036
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **JOHNSON** Region 05 Date Licensed 05/17/2017
License # 018313 HEART TO HEART HOSPICE OF THE BRAZOS, LLC
Lic Expire 05/31/2021 1200 W HENDERSON STREET SUITE I
Medicare 1: 741527 HOSPICE CLEBURNE, TX 76033
Medicare 2:
Phone (682) 317-1810 Fax (682) 317-1813
Type: Parent Agency Administrator DEBORAH MOORE

Owner Information
HEART TO HEART HOSPICE OF THE BRAZOS, LLC
7240 CHASE OAKS BLVD
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/13/2024

County **JOHNSON** Region 05 Date Licensed 04/30/2009
License # 012673 HOME CARE EXTENDED LLC
Lic Expire 04/30/2023 132 NW ELLISON SUITE 1
Medicare 1: BURLESON, TX 76028
Medicare 2:
Phone (817) 447-9403 Fax (817) 426-5620
Type: Parent Agency 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** Region 05 Date Licensed 12/28/2009
License # 013168 JORDAN HEALTH SERVICES, A PART OF THE ELARA CARING NETWORK
Lic Expire 12/31/2021 827 N. MAIN ST., SUITE B
Medicare 1: 453166 HHA-18 CLEBURNE, TX 76033
Medicare 2:
Phone (817) 469-8340 Fax (817) 469-8341
Type: Parent Agency Administrator TINA ANDERSON

Owner Information
THCARE ACQUISITION, LLC
827 N. MAIN ST., SUITE B
CLEBURNE, TX 76033
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **JOHNSON** Region 05 Date Licensed 09/28/2007
License # 011749 KINDRED AT HOME
Lic Expire 09/30/2021 1101 WEST HENDERSON STREET
Medicare 1: 679412 HHA-18 CLEBURNE, TX 76033
Medicare 2:
Phone (817) 202-0617 Fax (817) 202-9378
Type: Parent Agency Administrator PATRICIA GONZALEZ

Owner Information
ABLE HOME HEALTHCARE, INC.
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services

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

County **JOHNSON** Region 05 Date Licensed 10/08/2019
License # 019609 PROCARE HOME CARE SERVICES UNLIMITED, CORP
Lic Expire 09/20/2021 118 W. HEARD ST. STE B
Medicare 1: CLEBURNE, TX 76033
Medicare 2:
Phone (817) 774-2152 Fax
Type: Parent Agency Administrator TESS DAVIS

Owner Information
PROCARE HOME CARE SERVICES UNLIMITED, CORP
PHONE: (817) 516-5700 FAX: (817) 516-5875
Services: Personal Assistance Services

County **JOHNSON** Region 06 Date Licensed
License # 014075 RELIANT PEDIATRIC THERAPY SERVICES, PC
Lic Expire 05/31/2021 312 E RENFRO, STE 206
Medicare 1: BURLESON, TEXAS 76028
Medicare 2:
Phone (832) 230-1518 Fax (817) 533-9996
Type: Branch Agency Administrator OLENDU OKORAFOR

Owner Information
RELIANT PEDIATRIC THERAPY SERVICES, PC
21630 MERCHANTS WAY
KATY, TX 77449
PHONE: FAX:
Services: Licensed Home Health Services

County **JOHNSON** Region 03 Date Licensed 02/10/2015
License # 015695 RENEW HOME HEALTH
Lic Expire 03/31/2024 906 W HENDERSON
Medicare 1: CLEBURNE, TX 76033
Medicare 2:
Phone (817) 279-7990 Fax (817) 273-8060
Type: Branch Agency Administrator PHILIP CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed Home Health Services

County **JOHNSON** Region 03 Date Licensed
License # 016260 RENEW HOME HEALTH
Lic Expire 906 W HENDERSON
Medicare 1: CLEBURNE, TEXAS 76033
Medicare 2:
Phone (817) 202-8801 Fax (817) 202-8852
Type: Branch Agency Administrator PHILIP CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed Home Health Services

County **JOHNSON** Region 05 Date Licensed 09/09/2016
License # 017622 RIGHT AT HOME JOSHUA
Lic Expire 09/30/2022 474 N BROADWAY SUITE B
Medicare 1: JOSHUA, TX 76058
Medicare 2:
Phone (817) 506-4016 Fax (817) 439-7148
Type: Parent Agency Administrator SHARLOTTA CONNALLY

Owner Information
SRC HOME CARE JC INC
3012 RUNNING BROOK DR
JOSHUA, TX 76058
PHONE: FAX:
Services: Personal Assistance Services

County **JOHNSON** Region 05 Date Licensed 03/06/2008
License # 011912 SENIOR SUPPORT
Lic Expire 03/31/2021 190 N RIDGEWAY SUITE 107
Medicare 1: CLEBURNE, TX 76033
Medicare 2:
Phone (817) 487-5966 Fax (817) 202-8261
Type: Parent Agency Administrator MISTI MATTHEWS

Owner Information
SENIOR SUPPORT
P. O. BOX 474
CLEBURNE, TX 76033
PHONE: FAX:
Services: Personal Assistance Services

County **JOHNSON** Region 05 Date Licensed 04/26/2016
License # 017369 WHEN KIDS PLAY
Lic Expire 04/30/2022 2706 PINNACLE DR
Medicare 1: BURLESON, TX 76028
Medicare 2:
Phone (817) 475-3358 Fax (817) 887-4678
Type: Parent Agency Administrator LEILANI BROWN

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** Region 07 Date Licensed 11/22/1985
License # 001745 KAISER HOME HEALTH SERVICES
Lic Expire 11/30/2021 3349 SOUTH HWY 181 SUITE 1
Medicare 1: 459424 HHA-18 KENEDY, TX 78119
Medicare 2:
Phone (830) 583-4558 Fax (830) 583-3727
Type: Parent Agency Administrator STACEY SCHULTZ

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** Region 04 Date Licensed 07/31/2018
License # 018854 ACCE HOSPICE CARE AGENCY
Lic Expire 07/31/2022 101 HAZELNUT TRAIL
Medicare 1: 971608 Hospice FORNEY, TX 75126
Medicare 2:
Phone (972) 357-7342 Fax (972) 552-7797
Type: Parent Agency Administrator CHUKWUEMEKA IFENWANTA

Owner Information
ACCE HEALTHCARE GROUP INC.
101 HAZELNUT TRAIL
FORNEY, TX 75126
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 10/15/2023

County **KAUFMAN** Region 04 Date Licensed 10/18/2012
License # 015142 ALINEA FAMILY HOSPICE CARE LLC
Lic Expire 10/31/2022 303 E COLLEGE ST SUITE C
Medicare 1: 671766 HOSPICE TERRELL, TX 75160
Medicare 2:
Phone (972) 563-1560 Fax (972) 563-1545
Type: Parent Agency Administrator DONNA JUNKERSFELD

Owner Information
ALINEA FAMILY HOSPICE CARE LLC
303 E COLLEGE ST SUITE C
TERRELL, TX 75160
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/04/2022

County **KAUFMAN** Region 04 Date Licensed 07/24/2020
License # 020073 ALL ABOUT "U" HOME CARE LLC
Lic Expire 07/24/2022 416 PINSON ROAD
Medicare 1: FORNEY, TEXAS 75126
Medicare 2:
Phone (972) 357-7397 Fax (972) 357-7397
Type: Parent Agency Administrator DEWANDA OWENS

Owner Information
ALL ABOUT U HOME CARE LLC
416 PINSON ROAD
FORNEY, TEXAS 75126
PHONE: FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 06/05/2017
License # 018088 ALLPURPOSE CARE HOMEHEALTH SERVICES INC
Lic Expire 06/30/2021 1987 OBSIDIAN TRL
Medicare 1: FORNEY, TEXAS 75126
Medicare 2:
Phone (469) 720-1900 Fax (469) 661-8817
Type: Parent Agency 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** Region 04 Date Licensed 05/08/2014
License # 016195 ALWAYS ACCURATE HOME HEALTHCARE AND HOSPICE LLC
Lic Expire 05/31/2022 1404 SOUTH WASHINGTON STREET
Medicare 1: 741540 HOSPICE KAUFMAN, TX 75142
Medicare 2:
Phone (469) 376-6763 Fax (972) 932-3766
Type: Parent Agency Administrator CHRISTY HANING

Owner Information
ALWAYS ACCURATE HOME HEALTHCARE AND HOSPICE LLC
PO BOX 1317
KAUFMAN, TX 75142
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/25/2024

County **KAUFMAN** Region 04 Date Licensed 10/22/2020
License # 020257 AMAZING AMITY HOME CARE AGENCY
Lic Expire 10/22/2022 2310 SAN MARCOS DR
Medicare 1: FORNEY, TEXAS 75126
Medicare 2:
Phone (713) 992-7810 Fax
Type: Parent Agency Administrator SUSAN WANJIRU

Owner Information
AMAZING AMITY HOMECARE AGENCY CORPORATION
PHONE: FAX:
Services: Personal Assistance Services

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

County **KAUFMAN** Region 04 Date Licensed 01/26/2001
License # 007525 AMERICAN HOME CARE
Lic Expire 01/31/2022 214 WEST MOORE AVENUE
Medicare 1: 679050 HHA-18 TERRELL, TX 75160
Medicare 2:
Phone (972) 524-5800 Fax (972) 524-9200
Type: Parent Agency Administrator CHORLECIA PRITCHETT

Owner Information
TBHL INC
211 WEST MOORE AVE
TERRELL, TX 75160
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **KAUFMAN** Region 04 Date Licensed 09/13/2012
License # 015063 AMERICAN HOME HOSPICE INC
Lic Expire 11/30/2020 216 W MOORE AVE
Medicare 1: 741525 HOSPICE TERRELL, TX 75160
Medicare 2:
Phone (972) 524-3800 Fax (972) 524-2800
Type: Parent Agency Administrator JENNIFER WEATHEREAD

Owner Information
AMERICAN HOME HOSPICE INC
216 W MOORE AVE
TERRELL, TX 75160-3116
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/22/2023

County **KAUFMAN** Region 04 Date Licensed 12/08/2020
License # 020386 AMORACARE HOME HEALTH INC
Lic Expire 12/08/2022 3312 CASSINIA PKY
Medicare 1: HEARTLAND, TEXAS 75126
Medicare 2:
Phone 972 799 2299 Fax 972 537 7997
Type: Parent Agency Administrator PATRICIA CHINATUOGU LVN HARRELL

Owner Information
AMORACARE HOME HEALTH INC
PHONE: FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 12/03/2020
License # 020369 ANGELS UNITED HOME CARE LLC
Lic Expire 12/03/2022 2417 ANTON DR
Medicare 1: FORNEY, TX 75126
Medicare 2:
Phone (214) 612-6152 Fax (888) 745-6152
Type: Parent Agency Administrator KENDRIA EDMONDS

Owner Information
ANGELS UNITED HOME CARE LLC
PO BOX 1952
FORNEY, TX 75126
PHONE: FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 10/16/2019
License # 019647 CALLISTA HOME HEALTH INC
Lic Expire 10/16/2021 2820 DUSTY ROAD
Medicare 1: FORNEY, TEXAS 75126
Medicare 2:
Phone (214) 944-0150 Fax (214) 602-4608
Type: Parent Agency Administrator JASMINE NNABUIKE

Owner Information
CALLISTA HOME HEALTH INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **KAUFMAN** Region 04 Date Licensed 06/14/2018
License # 018785 DIVINE PHC LLC
Lic Expire 06/30/2020 808 ORIOLE DRIVE
Medicare 1: FORNEY, TX 75126
Medicare 2:
Phone (214) 367-0315 Fax (214) 647-1866
Type: Parent Agency Administrator JOY FLETCHER

Owner Information
DIVINE PHC LLC
808 ORIOLE DRIVE
FORNEY, TX 75126
PHONE: FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 04/29/2020
License # 019903 EMPATHY IN HOME CARE LLC
Lic Expire 04/29/2022 2002 PRESTON TRAIL
Medicare 1: FORNEY, TEXAS 75126
Medicare 2:
Phone (469) 434-0698 Fax
Type: Parent Agency Administrator EWAEN EGHAREVBA

Owner Information
EMPATHY IN HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 09/29/2020
License # 020201 EVOLVE CARE STAFFING
Lic Expire 09/29/2022 2112 ASTER TRAIL
Medicare 1: FORNEY, TX 75126
Medicare 2:
Phone (682) 472-2429 Fax
Type: Parent Agency Administrator CHIOMA ONWUANAEGBULE

Owner Information
EVOLVE CARE STAFFING
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **KAUFMAN** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 318 EAST NASH STREET, UNIT 1
Medicare 1: 451780 TERRELL, TX 751602740
Medicare 2:
Phone (972) 563-8350 Fax (972) 563-8355
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 318 EAST NASH STREET, UNIT 1
Medicare 1: 451780 TERRELL, TX 751602740
Medicare 2:
Phone (972) 563-8350 Fax (972) 563-8355
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 318 EAST NASH STREET, UNIT 1
Medicare 1: 451780 TERRELL, TX 751602740
Medicare 2:
Phone (972) 563-8350 Fax (972) 563-8355
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 04 Date Licensed 11/26/2019
License # 019722 LIGHT SOURCE AGENCY
Lic Expire 11/26/2021 4118 INDIAN PAINTBRUSH LN
Medicare 1: HEARTLAND, TEXAS 75126
Medicare 2:
Phone (330) 957-9746 Fax
Type: Parent Agency Administrator HENRIETTA DENY

Owner Information
LIGHT SOURCE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 01/06/2016
License # 017209 LOVE ABUNDANTLY HOME CARE AGENCY LLC
Lic Expire 01/31/2022 3637 MONTICELLO WAY
Medicare 1: FORNEY, TEXAS 75126
Medicare 2:
Phone (469) 474-8743 Fax (972) 357-7418
Type: Parent Agency Administrator VALERIE BOLES

Owner Information
LOVE ABUNDANTLY HOME CARE AGENCY, LLC
3637 MONTICELLO WAY
HEARTLAND, TX 75126
PHONE: FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 09/28/2015
License # 017056 MBKC HEALTHCARE INC
Lic Expire 09/30/2021 1987 OBSIDIAN TRAIL
Medicare 1: FORNEY, TX 75126
Medicare 2:
Phone (469) 720-1900 Fax (469) 661-8817
Type: Parent Agency Administrator AKINOLA FAMAKINWA

Owner Information
MBKC HEALTHCARE INC.
1140 EMPIRE CENTRAL DRIVES STE #350
DALLAS, TX 75247
PHONE: FAX:
Services: Personal Assistance Services

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

County **KAUFMAN** Region 04 Date Licensed 04/05/2021
License # 020671 ORACLE HOME HEALTH INC
Lic Expire 04/05/2024 2013 BRAZORIA DR
Medicare 1: FORNEY, TEXAS 75126
Medicare 2:
Phone (214) 334-2209 Fax
Type: Parent Agency Administrator ISAAC SIMOTWO

Owner Information
ORACLE HOME HEALTH INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **KAUFMAN** Region 04 Date Licensed 06/10/2019
License # 019416 OVERCOMERS GLORY HOMEHEALTH AGENCY, LLC
Lic Expire 06/10/2021 2013 WELLINGTON POINT
Medicare 1: HEARTLAND, TEXAS 75126
Medicare 2:
Phone (469) 733-2334 Fax (855) 880-9311
Type: Parent Agency Administrator GLORIA OMOSIGHO

Owner Information
OVERCOMERS GLORY HOMEHEALTH AGENCY, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 07/17/2007
License # 011476 RISESUN CARE HOME HEALTH
Lic Expire 07/31/2021 617 W MOORE AVE STE A
Medicare 1: 747330 HHA-18 TERRELL, TX 75160
Medicare 2:
Phone (972) 551-1957 Fax (972) 551-1959
Type: Parent Agency Administrator ROSEMARY EBOCHUE

Owner Information
RISESUN CARE INC
811 W MOORE AVENUE SUITE E
TERRELL, TX 75160
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **KAUFMAN** Region 03 Date Licensed 02/04/2016
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 1701 S WASHINGTON STREET SUITE D
Medicare 1: 451688 KAUFMAN, TX 75142
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 04 Date Licensed 02/07/2020
License # 019814 THE SUMMIT HOME CARE INC
Lic Expire 02/07/2022 3309 AGATE TRAIL
Medicare 1: HEARTLAND, TX 75126
Medicare 2:
Phone (214) 607-7780 Fax (214) 607-7780
Type: Parent Agency Administrator MERABEL BUDZI

Owner Information
THE SUMMIT HOME CARE INC
3309 AGATE TRAIL
HEARTLAND, TX 75126
PHONE: FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 06/08/2018
License # 018778 TRUSAM HEALTHCARE SERVICES
Lic Expire 06/30/2020 3003 CASSINIA PARKWAY
Medicare 1: HEARTLAND, TX 75126
Medicare 2:
Phone (214) 429-9584 Fax (214) 429-9584
Type: Parent Agency Administrator TRUDY NYASHA CLARK

Owner Information
TRUSAM HEALTHCARE SERVICES LLC
3003 CASSINIA PARKWAY
HEARTLAND, TX 75126
PHONE: FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 09/30/2021 874 ED HALL DRIVE SUITE 105
Medicare 1: KAUFMAN, TX 75142
Medicare 2:
Phone (972) 962-7500 Fax (972) 932-3526
Type: Alternate Delivery Site Administrator KATHERINE KRAUSE

Owner Information
THE VISITING NURSE ASSOCIATION OF TEXAS
1420 W. MOCKINGBIRD LANE, SUITE 700
DALLAS, TX 75247
PHONE: (214) 689-0000 FAX: (214) 689-2300
Services: Hospice
In-Patient Hospice: NO

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

County **KAUFMAN** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 09/30/2021 874 ED HALL DRIVE SUITE 105
Medicare 1: KAUFMAN, TX 75142
Medicare 2:
Phone (972) 962-7500 Fax (972) 932-3526
Type: Alternate Delivery Site Administrator KATHERINE KRAUSE

Owner Information
THE VISITING NURSE ASSOCIATION OF TEXAS
1420 W. MOCKINGBIRD LANE, SUITE 700
DALLAS, TX 75247
PHONE: (214) 689-0000 FAX: (214) 689-2300
Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 09/30/2021 874 ED HALL DRIVE SUITE 105
Medicare 1: KAUFMAN, TX 75142
Medicare 2:
Phone (972) 962-7500 Fax (972) 932-3526
Type: Alternate Delivery Site Administrator KATHERINE KRAUSE

Owner Information
THE VISITING NURSE ASSOCIATION OF TEXAS
1420 W. MOCKINGBIRD LANE, SUITE 700
DALLAS, TX 75247
PHONE: (214) 689-0000 FAX: (214) 689-2300
Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 04 Date Licensed 01/31/2006
License # 010281 WINNERS COMMUNITY HEALTH SERVICES INC
Lic Expire 01/31/2022 500 EAST HIGH STREET
Medicare 1: 747273 HHA-18 TERRELL, TX 75160
Medicare 2:
Phone (972) 524-6913 Fax (972) 551-1268
Type: Parent Agency Administrator NUSI AMUSAN

Owner Information
WINNERS COMMUNITY HEALTH SERVICES INCORPORATED
500 EAST HIGH
TERRELL, TX 75160
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **KAUFMAN** Region 04 Date Licensed 02/14/2008
License # 011887 YETKIN ADVANCED HEALTHCARE INCORPORATED
Lic Expire 02/28/2022 2031 KINGS FOREST DRIVE
Medicare 1: 747354 HHA-18 HEARTLAND, TX 75126
Medicare 2:
Phone (972) 564-3471 Fax (972) 552-3610
Type: Parent Agency Administrator EMMANUEL AKINYEMI

Owner Information
YETKIN ADVANCED HEALTHCARE INCORPORATED
2031 KINGS FOREST DR
HEARTLAND, TX 75126
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **KAUFMAN** Region 04 Date Licensed 02/11/2004
License # 008905 YOUR HEALTH TEAM LLC
Lic Expire 02/28/2022 1512 FM 2727
Medicare 1: 679496 HHA-18 KAUFMAN, TX 75142
Medicare 2:
Phone (972) 962-8349 Fax (972) 962-2398
Type: Parent Agency Administrator WANDA JEAN CAMPBELL

Owner Information
YOUR HEALTH TEAM LLC
1512 FM 2727
KAUFMAN, TX 75142
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **KENDALL** Region 07 Date Licensed 03/01/2019
License # 019469 ALL COUNTY HOME HEALTH AND HOSPICE
Lic Expire 03/01/2023 37131 INTERSTATE 10 WEST, #400
Medicare 1: 67-1756 (HOSPICE BOERNE, TEXAS 78006
Medicare 2:
Phone (830) 331-1291 Fax (830) 331-1295
Type: Parent Agency Administrator JONATHAN "TRAVIS" JONES

Owner Information
MONUMENT HEALTHCARE, INC.
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **KENDALL** Region 07 Date Licensed 08/31/2020
License # 019862 BRANDING HEARTS HOME HEALTH
Lic Expire 04/03/2022 28720 IH-10 WEST, SUITE 610
Medicare 1: BOERNE, TEXAS 78006
Medicare 2:
Phone (937) 214-6514 Fax
Type: Parent Agency Administrator PHLLIP THOMAS

Owner Information
JESSICA SCHUTTE TOURON
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **KENDALL** Region 07 Date Licensed 03/05/2004
License # 008948 CREST HOME HEALTH
Lic Expire 03/31/2021 1100 N MAIN ST, SUITE 201
Medicare 1: 673124 HHA-18 BOERNE, TX 78006
Medicare 2:
Phone (830) 331-2005 Fax (830) 331-2045
Type: Parent Agency Administrator SCOTT GALLIARDT

Owner Information
SUNRISE PRIMARY CARE SERVICES INC
1221 ARISTA LN
ROCKWALL, TX 75032
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **KENDALL** Region 07 Date Licensed 11/01/2013
License # 015920 HOME INSTEAD SENIOR CARE FRANCHISE 577
Lic Expire 10/31/2021 206 S SAUNDERS ST SUITE 101
Medicare 1: BOERNE, TX 78006
Medicare 2:
Phone (830) 249-4988 Fax (830) 248-1389
Type: Parent Agency Administrator SHAY DOVER

Owner Information
PRESLAR SENIOR CARE LLC
PO BOX 895
BOERNE, TX 78006
PHONE: FAX:
Services: Personal Assistance Services

County **KENDALL** Region 07 Date Licensed 09/24/2019
License # 019753 INDEPENDENCE PLUS-TX, LLC
Lic Expire 09/24/2021 136 OLD SAN ANTONIO RD, STE 102
Medicare 1: 679169 BOERNE, TX 780063338
Medicare 2:
Phone (800) 366-7696 Fax
Type: Parent Agency Administrator DANILO COITE

Owner Information
INDEPENDENCE PLUS - TX, LLC
800 JORIE BLVD, SUITE 100
OAK BROOK, IL 60523
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **KENDALL** Region 07 Date Licensed
License # 020717 KET HOME CARE INCORPORATED DBA ALWAYS BEST CARE
Lic Expire 04/23/2024 136 OLD SAN ANTONIO RD, STE. 306
Medicare 1: BOERNE, TX 78006
Medicare 2:
Phone (210) 237-8100 Fax
Type: Parent Agency Administrator KENNETH THOMAS

Owner Information
KET HOME CARE INCORPORATED
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **KENDALL** Region 07 Date Licensed 11/26/2012
License # 015225 NURSE NEXT DOOR-N SAN ANTONIO/HILL COUNTRY
Lic Expire 11/30/2022 28604 IH 10 WEST STE. 3
Medicare 1: BOERNE, TX 78006
Medicare 2:
Phone (830) 981-2446 Fax (830) 981-4993
Type: Parent Agency 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

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County **KENDALL** Region 07 Date Licensed 09/21/2011
License # 014370 TEXAS KIDS HOME THERAPY AND NURSING PLLC
Lic Expire 09/30/2021 7 UPPER BALCONES ROAD
Medicare 1: BOERNE, TX 78006
Medicare 2:
Phone (210) 360-1662 Fax (210) 640-9823
Type: Parent Agency 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

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County **KENDALL** Region 07 Date Licensed 10/13/2015
License # 017225 VISITING ANGELS
Lic Expire 10/31/2021 124 E. BANDERA RD 406
Medicare 1: BOERNE, TX 78006
Medicare 2:
Phone (830) 331-8491 Fax (830) 331-8497
Type: Parent Agency Administrator JON MILLER

Owner Information
JMILL ENTERPRISES INC
1491 S. MAIN STREET
BOERNE, TX 78006
PHONE: FAX:
Services: Personal Assistance Services

County **KENT** Region 01 Date Licensed 04/14/2005
License # 009402 TEXAS HOME HEALTH
Lic Expire 11/30/2022 5201 INDIANA AVE 200 CENTRAL MUL
Medicare 1: 67Q9485001 LUBBOCK, TX 79413
Medicare 2:
Phone (806) 791-2100 Fax (806) 791-2105
Type: Branch Agency Administrator CRISTI PAULK

Owner Information
KINDSTAR, INC. - 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
Accreditation: CHAP - Deemed, Expires: 12/18/2023

County **KERR** Region 07 Date Licensed 06/07/2011
License # 014143 ALAMO HOSPICE
Lic Expire 06/30/2021 1595 S. MAIN STREET, SUITE 101, BOERNE, TEXAS 78006- 3329
Medicare 1: 671750 HOSPICE BOERNE, TEXAS 78006
Medicare 2:
Phone (830) 816-5024 Fax (830) 331-9058
Type: Parent Agency Administrator HOLLY HAYNES

Owner Information
ALAMO AREA HOME HOSPICE, LP
3021 LORNA RD., SUITE 200
BIRMINGHAM, AL 35216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/13/2022

County **KERR** Region 07 Date Licensed 05/11/2015
License # 012547 BROOKDALE AT HOME SAN ANTONIO
Lic Expire 04/30/2021 135 PLAZA DRIVE
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 496-1932 Fax (830) 895-3927
Type: Branch Agency Administrator IVORY DARDEN

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **KERR** Region 07 Date Licensed 10/27/2004
License # 009379 CARING SENIOR SERVICE OF THE HILL COUNTRY
Lic Expire 10/31/2021 2916 MEMORIAL BLVD
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 895-3111 Fax (830) 895-3112
Type: Parent Agency Administrator RICHARD PERRY

Owner Information
P-9 ENTERPRISES, INC.
2916 MEMORIAL BLVD.,
KERRVILLE, TX 78028
PHONE: FAX:
Services: Personal Assistance Services

County **KERR** Region 05 Date Licensed 04/05/2016
License # 017210 CARTER HEALTHCARE
Lic Expire 10/31/2021 1220 BANDERA HIGHWAY
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 625-4837 Fax (830) 625-2194
Type: Branch Agency Administrator JAMES CARTER

Owner Information
OMNIPRESENT HOME CARE, INC.
3105 S MERIDIAN AVE
OKLAHOMA CITY, OK 73119
PHONE: FAX:
Services: Licensed Home Health Services

County **KERR** Region 05 Date Licensed 11/22/2011
License # 013850 CARTER HEALTHCARE
Lic Expire 10/31/2022 1220 BANDERA HIGHWAY
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (866) 338-4854 Fax (830) 625-2194
Type: Branch Agency Administrator JAMES BRIAN CARTER

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

County **KERR** Region 07 Date Licensed
License # 019116 EMBRACE HOSPICE
Lic Expire 09/01/2022 1444 SIDNEY BAKER ST
Medicare 1: 671676 Hospice KERRVILLE, TX 78028
Medicare 2:
Phone (210) 691-3600 Fax
Type: Alternate Delivery Site Administrator KEITH BECKER JR

Owner Information
ADORATION HOSPICE CARE TEXAS, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **KERR** Region 07 Date Licensed 02/25/2021
License # 020548 HOME HELPERS HOME CARE, 58979
Lic Expire 02/25/2024 2812 COBBLER LN.
Medicare 1: KERRVILLE, TEXAS 78028
Medicare 2:
Phone (830) 353-3034 Fax
Type: Parent Agency Administrator CHARLES JOHNSON

Owner Information
TEXAS CAREGIVER HOME HEALTH, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **KERR** Region 07 Date Licensed 12/06/2019
License # 019737 KERRVILLE SENIOR SERVICES, LLC
Lic Expire 12/06/2021 1225 VIRGINIA DR.
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 257-5295 Fax (210) 855-1111
Type: Parent Agency Administrator MISTY BLEVINS

Owner Information
KERRVILLE SENIOR SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **KERR** Region 07 Date Licensed 02/09/2017
License # 017455 NEW CENTURY HOSPICE OF SAN ANTONIO
Lic Expire 01/31/2022 2210 BANDERA HWY STE B-2
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 955-5961 Fax (830) 955-5965
Type: Alternate Delivery Site Administrator IRMA HERRERA

Owner Information
COSMOS HOSPICE OF SAN ANTONIO LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **KERR** Region 07 Date Licensed 01/01/1990
License # 001190 PETERSON HOME CARE
Lic Expire 12/31/2020 250 CULLY DRIVE
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 257-3111 Fax (830) 896-5859
Type: Parent Agency Administrator PATRICIA GARCEZ

Owner Information
SID PETERSON MEMORIAL HOSPITAL
551 HILL COUNTRY DRIVE
KERRVILLE, TEXAS 78028
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **KERR** Region 07 Date Licensed 01/01/1990
License # 002114 PETERSON HOME CARE
Lic Expire 12/31/2020 250 CULLY DRIVE
Medicare 1: 677052 HHA-18 KERRVILLE, TEXAS 78028
Medicare 2:
Phone (830) 257-3111 Fax (830) 896-5859
Type: Parent Agency Administrator AMY IVES

Owner Information
SID PETERSON MEMORIAL HOSPITAL
551 HILL COUNTRY DRIVE
KERRVILLE, TEXAS 78028
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: JCAHO - Deemed, Expires: 03/30/2022

County **KERR** Region 07 Date Licensed 01/24/2007
License # 011006 PETERSON HOSPICE
Lic Expire 01/31/2023 250 CULLY DRIVE
Medicare 1: 671585 HOSPICE KERRVILLE, TEXAS 78028
Medicare 2:
Phone (830) 258-7799 Fax (830) 258-7009
Type: Parent Agency Administrator AMY IVES

Owner Information
SID PETERSON MEMORIAL HOSPITAL
551 HILL COUNTRY DRIVE
KERRVILLE, TEXAS 78028
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **KERR** Region 07 Date Licensed 09/19/2019
License # 019606 RIGHT AT HOME HILL COUNTRY
Lic Expire 09/19/2021 1001 WATER STREET BLDG. G
Medicare 1: KERRVILLE, TEXAS 78028
Medicare 2:
Phone 210 3796445 Fax
Type: Parent Agency Administrator JEFFERY CLARK

Owner Information
JS CLARK HOLDINGS LLC
125 WOODLAND BLVD
BOERNE, TEXAS 78006
PHONE: FAX:
Services: Personal Assistance Services

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

County **KERR** Region 07 Date Licensed 03/15/2018
License # 018823 TRI COUNTY HOME HEALTH
Lic Expire 03/31/2022 117 HUGO STREET SUITE B
Medicare 1: 458280 HHA-18 KERRVILLE, TX 78028
Medicare 2:
Phone (830) 895-3100 Fax (830) 895-3102
Type: Parent Agency Administrator JENIFER BROWN

Owner Information
HOME PREFERRED SENIOR CARE 5 LLC
117 HUGO SUITE B
KERRVILLE, TX 78028
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **KIMBLE** Region 01 Date Licensed 12/16/2015
License # 017417 HILL COUNTRY PREFERRED SENIOR CARE
Lic Expire 12/31/2021 102 N 8TH STREET
Medicare 1: JUNCTION, TX 76849
Medicare 2:
Phone (325) 446-3706 Fax (325) 446-4557
Type: Branch Agency Administrator JENNY VANCKHOVEN

Owner Information
HILL COUNTRY PREFERRED SENIOR CARE LLC
P O BOX 238
MASON, TX 76856
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **KIMBLE** Region 07 Date Licensed 07/12/1990
License # 002114 PETERSON HOME CARE
Lic Expire 12/31/2020 105 REID ROAD
Medicare 1: JUNCTION, TX 76849
Medicare 2:
Phone (915) 446-4080 Fax
Type: Branch Agency Administrator LAUNA KINDRICK

Owner Information
SID PETERSON MEMORIAL HOSPITAL
551 HILL COUNTRY DRIVE
KERRVILLE, TEXAS 78028
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **KLEBERG** Region 07 Date Licensed 06/01/2017
License # 013108 ALYDA HOME HEALTH
Lic Expire 02/28/2022 224 W KING AVE. SUITE B
Medicare 1: KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 595-3166 Fax (361) 271-1322
Type: Branch Agency Administrator WESLEY STRAWN

Owner Information
ALYDA HOME HEALTH INC
13731 TAJAMAR STREET
CORPUS CHRISTI, TX 78418
PHONE: FAX:
Services: Personal Assistance Services

County **KLEBERG** Region 07 Date Licensed 07/24/2015
License # 008378 ANGEL BRIGHT HOME HEALTH INC
Lic Expire 03/31/2023 1303 N. WASHINGTON ST
Medicare 1: BEEVILLE, TX 78102
Medicare 2:
Phone (361) 358-6616 Fax (361) 358-7767
Type: Branch Agency Administrator BRIAN FERNANDEZ

Owner Information
ANGEL BRIGHT HOME HEALTH INC
3221 HOLLY ROAD
CORPUS CHRISTI, TX 78415
PHONE: FAX:
Services: Personal Assistance Services

County **KLEBERG** Region 07 Date Licensed 05/16/2013
License # 015546 ANGELS OF GOD HOME HEALTH LLC
Lic Expire 05/31/2021 117 N 7TH STREET
Medicare 1: KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 221-9026 Fax (361) 221-9067
Type: Parent Agency Administrator MARY MCILWAIN

Owner Information
ANGELS OF GOD HOME HEALTH LLC
PO BOX 1132
KINGSVILLE, TX 78364
PHONE: (361) 228-4677 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **KLEBERG** Region 07 Date Licensed
License # 012169 GREATER VALLEY HOSPICE ALLIANCE LP
Lic Expire 08/31/2022 921 E JOHNSTON AVE
Medicare 1: KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 355-4953 Fax (361) 355-4953
Type: Alternate Delivery Site Administrator DANIELLE MARTINEZ

Owner Information
GREATER VALLEY HOSPICE ALLIANCE LP
605 MACO DRIVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **KLEBERG** Region 07 Date Licensed 03/26/2007
License # 011188 SOUTH TEXAS HOME HEALTH
Lic Expire 03/31/2021 601 E KLEBERG
Medicare 1: 747034 HHA-18 KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 221-9809 Fax (361) 221-9510
Type: Parent Agency Administrator MONICA CORTEZ

Owner Information
SOUTH TEXAS HOME HEALTH
5114 CR 6
BISHOP, TX 78343
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **KLEBERG** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 06/30/2022 800 E. KING AVE
Medicare 1: KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 592-6421 Fax (361) 592-5454
Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **KLEBERG** Region 07 Date Licensed 01/29/2014
License # 002358 URESTI SENIOR ASSISTANCE
Lic Expire 07/31/2021 900 WEST KING SUITE 1
Medicare 1: KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 592-5262 Fax (361) 592-0566
Type: Branch Agency Administrator PATRICIA URESTI PEREZ

Owner Information
E & O HOME HEALTH CARE INC
PO BOX 691
KINGSVILLE, TX 78363
PHONE: FAX:
Services: Personal Assistance Services

County **KLEBERG** Region 07 Date Licensed 07/29/1992
License # 002358 URESTI SENIOR ASSISTANCE
Lic Expire 07/31/2021 830 WEST KING
Medicare 1: 677517 HHA-18 KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 592-5262 Fax (361) 592-0390
Type: Parent Agency Administrator PATRICIA PEREZ

Owner Information
E & O HOME HEALTH CARE INC
PO BOX 691
KINGSVILLE, TX 78363
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **KLEBERG** Region 07 Date Licensed 09/28/2004
License # 006350 V I P PROVIDERS INC
Lic Expire 03/31/2023 1212 N 14TH ST SUITE 1
Medicare 1: KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 516-0893 Fax (361) 516-0893
Type: Branch Agency Administrator ISIDORA D FARIAS

Owner Information
V I P PROVIDERS INC
200 E SAM HOUSTONSTE A
PHARR, TX 78577
PHONE: (800) 370-4847 FAX:
Services: Personal Assistance Services

County **KNOX** Region 01 Date Licensed 02/07/1995
License # 003586 KNOX COUNTY HOSPITAL HOME CARE
Lic Expire 06/30/2021 701 SOUTH 5TH STREET
Medicare 1: 458324 HHA-18 KNOX CITY, TX 79529
Medicare 2:
Phone (940) 657-3013 Fax (940) 657-5377
Type: Parent Agency Administrator STEPHEN KUEHLER

Owner Information
KNOX COUNTY HOSPITAL DISTRICT
P O BOX 608
KNOX CITY, TX 79529
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LAMAR** Region 04 Date Licensed 10/07/2013
License # 002499 CYPRESS BASIN HOSPICE INC
Lic Expire 03/31/2022 707 LAMAR AVE SUITE G
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 905-4574 Fax (903) 905-4575
Type: Alternate Delivery Site Administrator ASHLEY JORDAN

Owner Information
CYPRESS BASIN HOSPICE INC
PO BOX 544
MOUNT PLEASANT, TX 75456
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **LAMAR** Region 04 Date Licensed 03/07/2017
License # 018042 ELARA CARING
Lic Expire 03/31/2023 4027 LAMAR AVE, SUITE A
Medicare 1: 459063 HHA-18 PARIS, TX 75462
Medicare 2:
Phone (903) 784-8088 Fax (903) 737-8714
Type: Parent Agency Administrator KENDRA YAROSS

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

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County **LAMAR** Region 04 Date Licensed 02/01/2016
License # 017314 ELARA CARING
Lic Expire 01/31/2022 4027 LAMAR AVE, SUITE C
Medicare 1: 677908 HHA-18 PARIS, TX 75462
Medicare 2:
Phone (903) 395-2811 Fax (903) 537-8996
Type: Parent Agency Administrator KENDRA YAROSS

Owner Information
COOPER HOME HEALTH, INC
14295 MIDWAY RD STE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LAMAR** Region 04 Date Licensed 09/24/2012
License # 015084 ELARA CARING
Lic Expire 09/30/2022 4027 LAMAR AVE, SUITE B
Medicare 1: 671759 HOSPICE PARIS, TX 75462
Medicare 2:
Phone (903) 794-2462 Fax (903) 255-0540
Type: Parent Agency Administrator TASHA BRYANT

Owner Information
CIMA HOSPICE OF TEXARKANA, LLC
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LAMAR** Region 04 Date Licensed 02/10/2021
License # 020526 EMBARK CARE
Lic Expire 02/10/2024 495 35TH STREET NE
Medicare 1: PARIS, TEXAS 75460
Medicare 2:
Phone (903) 204-4324 Fax (903) 204-4325
Type: Parent Agency Administrator DANA PHILLIPS

Owner Information
EMBARK CARE
PHONE: FAX:
Services: Personal Assistance Services

County **LAMAR** Region 04 Date Licensed 02/01/2016
License # 017249 GENCARE HOME HEALTH LLC
Lic Expire 01/31/2022 810 41ST STREET SW
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (888) 429-4487 Fax (877) 470-0792
Type: Parent Agency Administrator KATHERINE STEVENS

Owner Information
GENCARE HOME HEALTH, LLC
810 41ST STREET, SW
PARIS, TX 75460-6065
PHONE: FAX:
Services: Licensed Home Health Services

County **LAMAR** Region 04 Date Licensed 11/04/2008
License # 012399 GUARDIAN HEALTHCARE
Lic Expire 11/30/2022 117 1ST STREET SE
Medicare 1: 458041 HHA-18 PARIS, TX 75460
Medicare 2:
Phone (903) 737-9865 Fax (903) 737-9954
Type: Parent Agency Administrator BLAKELY HILL

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

County **LAMAR** Region 04 Date Licensed 05/22/2006
License # 010472 HEARTS & HANDS HOMECARE
Lic Expire 05/31/2021 100 NORTHEAST LOOP 286
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 784-5500 Fax (903) 784-5533
Type: Parent Agency Administrator MANDY HELBERG

Owner Information
H & H PARTNERS INC
P.O. BOX 775
PARIS, TEXAS 75461
PHONE: FAX:
Services: Personal Assistance Services

County **LAMAR** Region 04 Date Licensed 08/01/2018
License # 018860 HELPING HANDS HOMECARE
Lic Expire 07/31/2022 1017 S. COLLEGIATE DR
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 495-8276 Fax
Type: Parent Agency Administrator TIA RIDLEY RIDLEY

Owner Information
HILLS HELPING HANDS HOMECARE LLC
SAME
PARIS, TX 75460
PHONE: FAX:
Services: Personal Assistance Services

County **LAMAR** Region 04 Date Licensed 10/23/2020
License # 020262 KING VISION OF TYLER LLC
Lic Expire 10/23/2022 2555 RUBY WAY #8102
Medicare 1: PARIS, TEXAS 75460
Medicare 2:
Phone (504) 600-5364 Fax
Type: Parent Agency Administrator TRACY KING

Owner Information
KING VISION OF TYLER LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LAMAR** Region 04 Date Licensed 08/12/2016
License # 017572 LOVING KINDNESS HOME CARE
Lic Expire 08/31/2018 2612 LAMAR AVENUE
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 706-1839 Fax
Type: Parent Agency Administrator TRACY TOWNES

Owner Information
TRACY TOWNES LLC
815 S HOLLEY ST
BLOSSOM, TX 75416
PHONE: FAX:
Services: Personal Assistance Services

County **LAMAR** Region 04 Date Licensed 04/30/2014
License # 016263 MAYS HOME HEALTH OF PARIS TX LLC
Lic Expire 04/30/2022 385 STONE AVENUE
Medicare 1: 457586 HHA-18 PARIS, TX 75460
Medicare 2:
Phone (903) 785-6297 Fax (903) 784-2482
Type: Parent Agency Administrator SHARON HEVRON

Owner Information
MAYS HOME HEALTH OF PARIS TX, LLC
3310 LAMAR AVENUE SUITE A
PARIS, TX 75460
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **LAMAR** Region 04 Date Licensed 01/16/2009
License # 012513 MAYS PLUS INC
Lic Expire 01/31/2021 3059 CLARKSVILLE ST
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 783-0525 Fax (903) 783-0539
Type: Parent Agency Administrator BARBARA HUDGINS

Owner Information
MAYS PLUS INC
3310 A LAMAR AVENUE
PARIS, TX 75460
PHONE: FAX:
Services: Personal Assistance Services

County **LAMAR** Region 04 Date Licensed 12/21/2011
License # 014545 ON CALL ELDER CARE
Lic Expire 03/31/2022 147 NORTH COLLEGIATE DRIVE
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 905-4975 Fax (903) 784-6310
Type: Parent Agency 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** Region 04 Date Licensed 12/30/2011
License # 014630 ON CALL HOME HEALTH AND REHAB SERVICES
Lic Expire 12/31/2021 147 NORTH COLLEGIATE DRIVE
Medicare 1: 679762 HHA-18 PARIS, TX 75460
Medicare 2:
Phone (903) 784-6300 Fax (903) 784-6310
Type: Parent Agency Administrator PEPPER ANDREWS

Owner Information
OCHHR LLC
147 N COLLEGIATE DR
PARIS, TX 75460
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LAMAR** Region 04 Date Licensed 02/01/2016
License # 017247 ON CALL HOSPICE
Lic Expire 01/31/2022 147 N COLLEGIATE DR
Medicare 1: 741635 HOSPICE PARIS, TX 75460
Medicare 2:
Phone (903) 706-5003 Fax (903) 784-6310
Type: Parent Agency Administrator PEPPER ANDREWS

Owner Information
ON CALL HOSPICE LLC
147 N. COLLEGIATE DRIVE
PARIS, TX 75460
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LAMAR** Region 04 Date Licensed 05/07/2008
License # 012003 PARIS PEDIATRIC HOME HEALTH CARE INC
Lic Expire 05/31/2022 2735 NE LOOP 286
Medicare 1: PARIS, TEXAS 75460
Medicare 2:
Phone (903) 737-4337 Fax (903) 737-0926
Type: Parent Agency Administrator DEANNA NICHOLSON

Owner Information
PARIS PEDIATRIC HOME HEALTH CARE INC
PO BOX 6293
PARIS, TEXAS 75461
PHONE: FAX:
Services: Licensed Home Health Services

County **LAMAR** Region 04 Date Licensed 09/03/2009
License # 012836 PARIS SIGNATURE HOME HEALTH INC
Lic Expire 09/30/2021 420 N COLLEGIATE
Medicare 1: 747363 HHA-18 PARIS, TX 75460
Medicare 2:
Phone (903) 785-4900 Fax (903) 784-6658
Type: Parent Agency Administrator AMANDA JACKSON LILES

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
Accreditation: JCAHO - Deemed, Expires: 03/15/2022

County **LAMAR** Region 04 Date Licensed 04/11/2005
License # 009691 PLATINUM HOME HEALTH INC
Lic Expire 04/30/2022 140 S COLLEGIATE DR
Medicare 1: 457864 HHA-18 PARIS, TX 75460
Medicare 2:
Phone (903) 739-8070 Fax (903) 739-8370
Type: Parent Agency Administrator JANA SANDERS

Owner Information
CODY & JANA SANDERS INC
140 S COLLEGIATE DRIVE
PARIS, TX 75460
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LAMAR** Region 04 Date Licensed 06/16/2011
License # 014169 PLATINUM PALLIATIVE & HOSPICE CARE INC
Lic Expire 06/30/2021 140 SOUTH COLLEGIATE DRIVE SUITE 100
Medicare 1: 671728 HOSPICE PARIS, TX 75460
Medicare 2:
Phone (903) 783-1818 Fax (903) 739-8370
Type: Parent Agency Administrator JANA SANDERS

Owner Information
PLATINUM PALLIATIVE AND HOSPICE CARE INC
140 SOUTH COLLEGIATE DRIVE SUITE 100
PARIS, TX 75460-6319
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LAMAR** Region 04 Date Licensed 07/01/1984
License # 001497 RED RIVER HEALTH CARE SYSTEMS INC
Lic Expire 06/30/2022 2152 CLARKSVILLE STREET
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 785-4070 Fax (903) 785-9725
Type: Parent Agency 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 **LAMAR** Region 04 Date Licensed 12/18/2003
License # 008818 RED RIVER HOMECARE LLC
Lic Expire 12/31/2022 3185 LAMAR AVENUE
Medicare 1: 453151 HHA-18 PARIS, TX 75460
Medicare 2:
Phone (903) 739-9483 Fax (903) 739-8850
Type: Parent Agency Administrator ANGYE MICHAEL

Owner Information
RED RIVER HOMECARE, LLC
PO BOX 51266
LAFAYETTE, LA
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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

County **LAMAR** Region 04 Date Licensed 01/25/2019
License # 019223 SIGNATURE HOME DIALYSIS, LLC
Lic Expire 07/31/2021 3140 LAMAR AVENUE
Medicare 1: PARIS, TEXAS 75460
Medicare 2:
Phone (903) 785-0300 Fax (903) 784-6658
Type: Parent Agency Administrator AMANDA JACKSON-LILES

Owner Information
SIGNATURE HOME DIALYSIS, LLC
3140 LAMAR AVENUE
PARIS, TEXAS
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **LAMAR** Region 04 Date Licensed
License # 014739 SJ HOMECARE INC
Lic Expire 100 NORTHEAST LOOP 286
Medicare 1: PARIS, TEXAS 75460
Medicare 2:
Phone (903) 784-5500 Fax (903) 784-5533
Type: Branch Agency Administrator JACKIE BRISSET

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

County **LAMAR** Region 04 Date Licensed
License # 014739 SJ HOMECARE INC
Lic Expire 100 NORTHEAST LOOP 286
Medicare 1: PARIS, TEXAS 75460
Medicare 2:
Phone (903) 784-5500 Fax (903) 784-5533
Type: Branch Agency Administrator JACKIE BRISSET

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

County **LAMAR** Region 04 Date Licensed
License # 014739 SJ HOMECARE INC
Lic Expire 100 NORTHEAST LOOP 286
Medicare 1: PARIS, TEXAS 75460
Medicare 2:
Phone (903) 784-5500 Fax (903) 784-5533
Type: Branch Agency Administrator JACKIE BRISSET

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

County **LAMAR** Region 04 Date Licensed 03/14/2016
License # 017326 SUMMIT HOSPICE LLC
Lic Expire 03/31/2022 707 LAMAR AVE, SUITE D
Medicare 1: 451510 HOSPICE PARIS, TX 75460
Medicare 2:
Phone (903) 785-4357 Fax (903) 784-2487
Type: Parent Agency Administrator MACY WELCH

Owner Information
ENERGYDOCS LLC
16400 DALLAS PARKWAY, STE#100
DALLAS, TX 75248
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LAMAR** Region 01 Date Licensed 03/17/2011
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 2625 NE LOOP 286
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 783-0489 Fax (903) 783-0545
Type: Branch Agency Administrator JANET GRISSOM

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LAMAR** Region 01 Date Licensed 03/17/2011
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 2625 NE LOOP 286
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 783-0489 Fax (903) 783-0545
Type: Branch Agency Administrator JANET GRISSOM

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LAMAR** Region 04 Date Licensed 04/09/2021
License # 020688 TEXAS HOME HEALTH
Lic Expire 04/09/2023 2625 NE LOOP 286
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone 903 7830489 Fax 903 7830545
Type: Parent Agency Administrator BECKY BROOKS

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LAMAR** Region 04 Date Licensed 11/14/2011
License # 014472 WATERFORD HOSPICE LLC
Lic Expire 11/30/2021 420 N COLLEGIATE DRIVE
Medicare 1: 671740 HOSPICE PARIS, TX 75460
Medicare 2:
Phone (903) 785-1800 Fax (903) 784-6658
Type: Parent Agency Administrator AMANDA JACKSON-LILES

Owner Information
WATERFORD HOSPICE LLC
420 NORTH COLLEGIATE DRIVE
PARIS, TX 75460
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 11/30/2021

County **LAMB** Region 01 Date Licensed 01/01/2005
License # 009509 CALVERT HOME HEALTH CARE LLC
Lic Expire 12/31/2021 913 PHELPS AVE
Medicare 1: LITTLEFIELD, TX 79339
Medicare 2:
Phone (806) 385-1904 Fax (806) 385-5905
Type: Branch Agency Administrator JULIE STACY

Owner Information
CALVERT HOME HEALTH CARE, LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LAMPASAS** Region 05 Date Licensed 07/11/2016
License # 002197 LEE HEALTHCARE INC
Lic Expire 04/30/2022 2204 US HWY 281 S
Medicare 1: 67Q7412002 (HHA) LAMPASAS, TX 76550
Medicare 2:
Phone (512) 564-5002 Fax (512) 564-5102
Type: Branch Agency Administrator PAMELA PARSONS

Owner Information
LEE HEALTHCARE INC
PO BOX 766
HAMILTON, TX 76531
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **LAMPASAS** Region 05 Date Licensed
License # 010520 STANDARDS HOME HEALTH
Lic Expire 03/31/2023 506 B SOUTH KEY AVENUE
Medicare 1: LAMPASAS, TEXAS 76550
Medicare 2:
Phone (512) 772-4166 Fax
Type: Branch Agency Administrator RICKY GARCIA

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

County **LAVACA** Region 07 Date Licensed 11/06/2017
License # 018542 ADVANCED HH LLC
Lic Expire 11/30/2021 113 N. MAIN SUITE: A
Medicare 1: 67Q7247001 HALLETTSVILLE, TEXAS 77964
Medicare 2:
Phone (361) 596-8161 Fax (361) 596-8163
Type: Branch Agency Administrator KRISTEN SCHIEVELBEIN

Owner Information
ADVANCED HH, LLC
1212 CORPORATE DRIVE
IRVING, TX 78155
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LAVACA** Region 07 Date Licensed 03/24/2011
License # 013980 HELPING HEARTS SITTER SERVICE
Lic Expire 03/31/2021 405 B N. TEXANA
Medicare 1: HALLETTSVILLE, TX 77964
Medicare 2:
Phone (361) 798-9400 Fax (361) 798-9390
Type: Parent Agency Administrator SANDY SCHAEFER

Owner Information
HELPING HEARTS SITTER SERVICE, LLC
P.O. BOX 365
HALLETTRSVILLE, TEXAS 77964
PHONE: FAX:
Services: Personal Assistance Services

County **LAVACA** Region 07 Date Licensed 06/23/1995
License # 001930 HOSPICE OF SOUTH TEXAS INC
Lic Expire 06/30/2021 306 N TEXANA
Medicare 1: HALLETTSVILLE, TX 77964
Medicare 2:
Phone (361) 798-2077 Fax (361) 798-2176
Type: Alternate Delivery Site Administrator TERRY ROBINSON

Owner Information
HOSPICE OF SOUTH TEXAS INC
605 EAST LOCUST
VICTORIA, TX 77901
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/11/2023

County **LIBERTY** Region 04 Date Licensed 01/30/2003
License # 008437 ANGELS CARE HOME HEALTH
Lic Expire 01/31/2022 2345 NORTH MAIN STREET
Medicare 1: 679125 HHA-18 LIBERTY, TX 77575
Medicare 2:
Phone (936) 336-2224 Fax (936) 336-2231
Type: Parent Agency Administrator DANETTE STEARNS

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

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County **LIBERTY** Region 04 Date Licensed 04/30/2015
License # 017069 FIRST IN CARE HOME HEALTH
Lic Expire 04/30/2021 509 SOUTH WASHINGTON AVENUE STE 140
Medicare 1: 457837 HHA-18 CLEVELAND, TX 77327
Medicare 2:
Phone (281) 940-7365 Fax (866) 691-3181
Type: Parent Agency Administrator SUSAN MECHELLE JORDAN

Owner Information
WISDOM HOME HEALTH CARE, INC.
509 S. WASHINGTON AVE STE#140
CLEVELAND, TX 77327
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LIBERTY** Region 04 Date Licensed 10/07/2020
License # 020215 HELPING HANDS HOME HEALTHCARE
Lic Expire 10/07/2022 563 COUNTY ROAD 676
Medicare 1: DAYTON, TX 77535
Medicare 2:
Phone (281) 786-7541 Fax
Type: Parent Agency Administrator SHERAMIE SALAZAR

Owner Information
HELPING HANDS HOME HEALTHCARE
PHONE: FAX:
Services: Personal Assistance Services

County **LIBERTY** Region 04 Date Licensed 05/25/2011
License # 014264 IN HOME CARE
Lic Expire 05/31/2021 127 N SAN JACINTO SUITE 212
Medicare 1: 679614 HHA-18 CLEVELAND, TX 77327
Medicare 2:
Phone (855) 606-8773 Fax (888) 637-1743
Type: Parent Agency Administrator CANDY EVERITT-CURRIE

Owner Information
KAMAI INC
127 N SAN JACINTO AVE STE 212
CLEVELAND, TX 77327
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **LIBERTY** Region 04 Date Licensed 01/04/2012
License # 014865 NURSING AND BEYOND HOME HEALTH
Lic Expire 01/31/2020 20111 FM 2100 RD SUITE 106
Medicare 1: 673157 HHA-18 CROSBY, TEXAS 77532
Medicare 2:
Phone (281) 361-0715 Fax (281) 476-7443
Type: Parent Agency Administrator MELINDA TAYLOR

Owner Information
SIRION LLC
2300 GREEN OAK DR., SUIE #900-C
KINGWOOD, TX 77339-2048
PHONE: (281) 713-8674 FAX: (281) 476-7443
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **LIBERTY** Region 04 Date Licensed 12/22/2015
License # 017191 SOLACE HOME HEALTH CARE SERVICES
Lic Expire 12/31/2021 127 N SAN JACINTO AVE STE. 211
Medicare 1: CLEVELAND, TX 77327
Medicare 2:
Phone (281) 592-0977 Fax (281) 592-0970
Type: Parent Agency Administrator CHASITY WOOD

Owner Information
SOLACE HOME HEALTH CARE SERVICES, LLC
PO BOX 1624
CLEVELAND, TX 77328
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **LIBERTY** Region 06 Date Licensed 04/22/2004
License # 007959 TAWL HEALTH CARE INC
Lic Expire 02/28/2022 107 SOUTH ROOSEVELT
Medicare 1: CLEVELAND, TX 77327
Medicare 2:
Phone (281) 432-2340 Fax (281) 593-3511
Type: Branch Agency Administrator TONG MU

Owner Information
TAWL HEALTH CARE INC
9898 BISSONETT SUITE 600
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LIBERTY** Region 04 Date Licensed
License # 010904 TEXAS HOME HEALTH HOSPICE
Lic Expire 11/30/2022 400 BELCHER, SUITE 5 RM HOS
Medicare 1: 671560 Hospice CLEVELAND, TX 773273654
Medicare 2:
Phone (281) 915-6142 Fax (281) 747-1862
Type: Alternate Delivery Site Administrator LORI SAMUEL

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **LIBERTY** Region 04 Date Licensed 02/11/2004
License # 008904 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 02/28/2023 400 BELCHER SUITE 6
Medicare 1: 673151 HHA-18 CLEVELAND, TX 77327
Medicare 2:
Phone (281) 592-7102 Fax (281) 592-9537
Type: Parent Agency Administrator ERICA WRIGHT

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/24/2023

County **LIMESTONE** Region 05 Date Licensed 04/18/2002
License # 007477 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 11/30/2021 107 EAST COMMERCE STREET
Medicare 1: 45-1713 MEXIA, TX 76667
Medicare 2:
Phone (254) 694-6009 Fax (254) 472-0822
Type: Alternate Delivery Site Administrator AUDREY WILLIAMS

Owner Information
COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/27/2024

County **LIMESTONE** Region 05 Date Licensed 05/03/2010
License # 009082 HEIGHTS HOME HEALTH
Lic Expire 05/31/2023 621 MCCLINTIC DRIVE
Medicare 1: GROESBECK, TX 76642
Medicare 2:
Phone (254) 729-0336 Fax (254) 729-0339
Type: Branch Agency 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** Region 05 Date Licensed 02/08/2018
License # 018603 KUH-NEKT HEALTHCARE SOLUTIONS LLC
Lic Expire 05/29/2022 208 N PARIS ST
Medicare 1: MEXIA, TX 76667
Medicare 2:
Phone (888) 584-6358 Fax (833) 228-6565
Type: Parent Agency Administrator LA SHAWN HARBERT

Owner Information
KUH-NEKT HEALTHCARE SOLUTIONS, LLC.
1129 E. SUMPTER ST
MEXIA, TEXAS 76667
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LIMESTONE** Region 05 Date Licensed
License # 010507 TEXAS HOME HEALTH HOSPICE
Lic Expire 06/30/2022 314 SOUTH DR. JB RIGGS DR STE 314
Medicare 1: 671552 GROESBECK, TX 76642
Medicare 2:
Phone (254) 751-7644 Fax (254) 294-2235
Type: Alternate Delivery Site Administrator CANDICE GOSWICK

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

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

County **LIMESTONE** Region 05 Date Licensed
License # 010507 TEXAS HOME HEALTH HOSPICE
Lic Expire 06/30/2022 314 SOUTH DR. JB RIGGS DR STE 314
Medicare 1: 671552 GROESBECK, TX 76642
Medicare 2:
Phone (254) 751-7644 Fax (254) 294-2235
Type: Alternate Delivery Site Administrator CANDICE GOSWICK

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LLANO** Region 03 Date Licensed
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 1903 SOUTH FORD STREET STE 3
Medicare 1: LLANO, TEXAS 786432912
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed 12/29/2009
License # 013055 AMERICAN STAR HOME HEALTH & HOSPICE CARE INC
Lic Expire 12/31/2021 2345 50ST SUITE 301
Medicare 1: 74-7506 (HHA-18); LUBBOCK, TEXAS 79412
Medicare 2:
Phone (806) 687-6547 Fax (806) 687-7276
Type: Parent Agency Administrator ASIF QAMAR

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
Accreditation: CHAP - Deemed, Expires: 07/10/2022

County **LUBBOCK** Region 03 Date Licensed 02/08/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 3708 A 20TH ST
Medicare 1: LUBBOCK, TX 79410
Medicare 2:
Phone (806) 744-8999 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 03 Date Licensed 02/08/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 3708 A 20TH ST
Medicare 1: LUBBOCK, TX 79410
Medicare 2:
Phone (806) 744-8999 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 03 Date Licensed 02/08/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 3708 A 20TH ST
Medicare 1: LUBBOCK, TX 79410
Medicare 2:
Phone (806) 744-8999 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 03 Date Licensed 02/08/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 3708 A 20TH ST
Medicare 1: LUBBOCK, TX 79410
Medicare 2:
Phone (806) 744-8999 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 03 Date Licensed 02/08/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 3708 A 20TH ST
Medicare 1: LUBBOCK, TX 79410
Medicare 2:
Phone (806) 744-8999 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 03 Date Licensed 02/08/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 3708 A 20TH ST
Medicare 1: LUBBOCK, TX 79410
Medicare 2:
Phone (806) 744-8999 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 01 Date Licensed 03/28/2012
License # 015024 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 SENTRY PLAZA 2 BLDG 5225 S LOOP 289 S210
Medicare 1: LUBBOCK, TX 79424
Medicare 2:
Phone (806) 780-4180 Fax (806) 744-7458
Type: Parent Agency 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** Region 01 Date Licensed 11/28/2012
License # 015236 BEST IN HOME CARE LLC
Lic Expire 11/30/2022 2825 74TH STREET
Medicare 1: LUBBOCK, TX 79423
Medicare 2:
Phone (806) 368-7985 Fax (806) 398-4344
Type: Parent Agency Administrator TRACY NELSON

Owner Information
BEST IN HOME CARE LLC
5145 69TH ST
LUBBOCK, TX 79424
PHONE: FAX:
Services: Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 08/04/2015
License # 016950 BEYONDFAITH HOSPICE OF LUBBOCK LLC
Lic Expire 08/31/2021 4511 B UNIVERSITY
Medicare 1: 741629 HOSPICE LUBBOCK, TX 79413
Medicare 2:
Phone (806) 797-0000 Fax (806) 797-0101
Type: Parent Agency Administrator PENNY METZE

Owner Information
BEYONDFAITH HOSPICE OF LUBBOCK LLC
4511 B UNIVERSITY
LUBBOCK, TX 79413-3615
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed 10/11/2010
License # 013786 BRIGHTSTAR HEALTHCARE
Lic Expire 11/01/2022 6701 ABERDEEN SUITE 6
Medicare 1: LUBBOCK, TX 79424
Medicare 2:
Phone (806) 745-9996 Fax (806) 745-9998
Type: Parent Agency Administrator LISA VELASQUEZ

Owner Information
HIGHER EXPECTATIONS LLC
6701 ABERDEEN SUITE 6
LUBBOCK, TX 79424
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 01 Date Licensed 10/04/2008
License # 012273 CALVERT HOME HEALTH CARE
Lic Expire 10/31/2022 5301 66TH ST ROOM 1000
Medicare 1: LUBBOCK, TX 79424
Medicare 2:
Phone (806) 783-8878 Fax (806) 783-8986
Type: Branch Agency Administrator DANA MADISON

Owner Information
CORDOVA BAY LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LUBBOCK** Region 01 Date Licensed 01/01/2005
License # 009509 CALVERT HOME HEALTH CARE LLC
Lic Expire 12/31/2021 1717 NORFOLK AVENUE SUITE 2159
Medicare 1: LUBBOCK, TX 79416
Medicare 2:
Phone (806) 747-8972 Fax (806) 747-8965
Type: Branch Agency Administrator JULIE STACY

Owner Information
CALVERT HOME HEALTH CARE, LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LUBBOCK** Region 01 Date Licensed 01/01/2005
License # 009509 CALVERT HOME HEALTH CARE LLC
Lic Expire 12/31/2021 3026 54TH STREET STE 314
Medicare 1: LUBBOCK, TX 79413
Medicare 2:
Phone (806) 793-2662 Fax (806) 793-2636
Type: Branch Agency Administrator JULIE STACY

Owner Information
CALVERT HOME HEALTH CARE, LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LUBBOCK** Region 01 Date Licensed 01/01/2005
License # 009509 CALVERT HOME HEALTH CARE LLC
Lic Expire 12/31/2021 10207 INDIANA AVE
Medicare 1: 677109 HHA-18 LUBBOCK, TX 79423
Medicare 2:
Phone (806) 747-8972 Fax (806) 747-8965
Type: Parent Agency Administrator JULIE STACY

Owner Information
CALVERT HOME HEALTH CARE, LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LUBBOCK** Region 01 Date Licensed 09/11/2020
License # 020165 CALVERT HOSPICE LLC
Lic Expire 09/11/2022 10207 INDIANA AVENUE
Medicare 1: LUBBOCK, TEXAS 79423
Medicare 2:
Phone (806) 747-8972 Fax (806) 747-8965
Type: Parent Agency Administrator JULIE STACY

Owner Information
CALVERT HOSPICE, LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed 01/09/1989
License # 001401 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 01/31/2022 8806 UNIVERSITY AVENUE
Medicare 1: 457548 HHA-18 LUBBOCK, TX 79423
Medicare 2:
Phone (806) 792-2660 Fax (806) 792-1347
Type: Parent Agency Administrator VICTORIA CAUGHRON

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

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County **LUBBOCK** Region 03 Date Licensed 08/20/2013
License # 012311 CARE OPTIONS FOR KIDS
Lic Expire 09/30/2022 6502 SLIDE RD STE 204
Medicare 1: LUBBOCK, TX 79424
Medicare 2:
Phone (806) 686-0429 Fax (806) 300-0230
Type: Branch Agency Administrator BARBARA MENEFEE

Owner Information
OCI ACQUISTION, LLC
4300 SIGMA ROAD SUITE 130
DALLAS, TX 75244
PHONE: FAX:
Services: Licensed Home Health Services

County **LUBBOCK** Region 01 Date Licensed 01/15/2019
License # 019200 CARING HEARTS HOME CARE
Lic Expire 06/30/2023 4601 50TH STREET SUITE 202
Medicare 1: LUBBOCK, TEXAS 79414
Medicare 2:
Phone (806) 230-1234 Fax (806) 230-1234
Type: Parent Agency Administrator DIANA LESLIE

Owner Information
DPCC INC
PHONE: FAX:
Services: Personal Assistance Services

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

County **LUBBOCK** Region 01 Date Licensed 09/12/2016
License # 009669 CHILDREN'S HOME HEALTHCARE
Lic Expire 5225 S LOOP 289 STE 126
Medicare 1: LUBBOCK, TX 79424
Medicare 2:
Phone (806) 367-6612 Fax (806) 367-7148
Type: Branch Agency Administrator BUDDY WILSON

Owner Information
DJK HOME HEALTHCARE LLC
901 WATERFALL WAY SUITE 105
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 01 Date Licensed 08/20/2015
License # 016988 COMFORT KEEPERS #411
Lic Expire 08/31/2021 2517 74TH STREET
Medicare 1: LUBBOCK, TX 79423
Medicare 2:
Phone (806) 687-7800 Fax (806) 745-4559
Type: Parent Agency Administrator FELISA CARSON

Owner Information
2C PROFIT LLC
2517-74TH STREET
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services

County **LUBBOCK** Region 01 Date Licensed 12/18/2003
License # 008819 COMFORT KEEPERS #411
Lic Expire 12/31/2021 2517 74TH STREET
Medicare 1: LUBBOCK, TX 79423
Medicare 2:
Phone (806) 687-7800 Fax (806) 745-4559
Type: Parent Agency Administrator FELISA CARSON

Owner Information
2C PROFIT LLC
2517-74TH STREET
LUBBOCK, TX 79423
PHONE: FAX:
Services: Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 06/22/2020
License # 020007 CORNERSTONE CAREGIVING
Lic Expire 06/22/2022 4418 74TH ST. STE 51
Medicare 1: LUBBOCK, TEXAS 79424
Medicare 2:
Phone (806) 853-8575 Fax
Type: Parent Agency Administrator MICHALEA PEREZ

Owner Information
LUBBOCK TX CAREGIVING LLC
PHONE: FAX:
Services: Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 06/13/2013
License # 015600 CPCS
Lic Expire 06/30/2021 3402 73RD ST, SUITE F
Medicare 1: LUBBOCK, TX 79423
Medicare 2:
Phone (806) 722-4900 Fax (806) 722-4898
Type: Parent Agency Administrator BRADLEY MADISON

Owner Information
THREE SAINTS BAY LTD
10207 INDIANA AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 05/08/2003
License # 007152 CUIDADO CASERO HOME HEALTH LUBBOCK
Lic Expire 11/30/2022 2118 BROADWAY AVENUE
Medicare 1: LUBBOCK, TX 79401
Medicare 2:
Phone (806) 785-7903 Fax (806) 291-0402
Type: Branch Agency Administrator MELISSA AVILA

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

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County **LUBBOCK** Region 01 Date Licensed 12/01/1998
License # 007152 CUIDADO CASERO HOME HEALTH LUBBOCK
Lic Expire 11/30/2022 2118 BROADWAY
Medicare 1: 459427 HHA-18;67 LUBBOCK, TX 79401
Medicare 2:
Phone (806) 785-7903 Fax (806) 785-7918
Type: Parent Agency 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

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

County **LUBBOCK** Region 03 Date Licensed 01/13/2017
License # 017399 DAYBREAK COMMUNITY SERVICES TEXAS LLC
Lic Expire 05/31/2022 4620 71ST STREET
Medicare 1: LUBBOCK, TX 79424
Medicare 2:
Phone (806) 784-0722 Fax (806) 784-0753
Type: Branch Agency Administrator DEBBIE YOUNGBLOOD

Owner Information
DAYBREAK COMMUNITY SERVICES TEXAS LLC
4100 INTERNATIONAL PLAZA SUITE 800
FORT WORTH, TX 76109
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 01 Date Licensed 04/19/1990
License # 002112 DIRECT HEALTH CARE INC
Lic Expire 04/30/2023 7402 UNIVERSITY AVE
Medicare 1: 677264 HHA-18;67 LUBBOCK, TX 79423
Medicare 2:
Phone (806) 793-3999 Fax (806) 793-2592
Type: Parent Agency Administrator JENNY STROUD

Owner Information
DIRECT HEALTH CARE INC
5902 66TH STREET
LUBBOCK, TX 79424
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed 08/01/2013
License # 015691 EDUCARE COMMUNITY LIVING CORPORATION TEXAS
Lic Expire 07/31/2021 4601 SOUTH LOOP 289 SUITE 29
Medicare 1: LUBBOCK, TEXAS 79424
Medicare 2:
Phone (806) 792-2100 Fax
Type: Parent Agency Administrator KAY SMITH

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

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County **LUBBOCK** Region 01 Date Licensed 04/01/2011
License # 014033 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 03/31/2021 4225 85TH STREET
Medicare 1: 679022 HHA-18 LUBBOCK, TEXAS 79423
Medicare 2:
Phone 806 7943555 Fax 806 7949303
Type: Parent Agency 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

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County **LUBBOCK** Region 01 Date Licensed 05/02/1996
License # 004822 ESSENTIAL HOME HEALTH
Lic Expire 05/31/2021 2501 BAYLOR SUITE 100
Medicare 1: 457822 HHA-18 LUBBOCK, TX 79415
Medicare 2:
Phone (806) 747-4229 Fax (806) 747-5202
Type: Parent Agency 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; Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 01 Date Licensed 01/09/2015
License # 016596 FOREVER FAITHFUL HOME CARE
Lic Expire 01/31/2023 2802 34TH STREET
Medicare 1: LUBBOCK, TX 79410
Medicare 2:
Phone (806) 445-2353 Fax
Type: Parent Agency Administrator HEATH HALFORD

Owner Information
UNTEDWARD LLC
5808 13TH STREET
LUBBOCK, TX 79416
PHONE: FAX:
Services: Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 11/30/2007
License # 011726 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 5010 KENOSHA AVENUE SUITE C
Medicare 1: LUBBOCK, TX 79413
Medicare 2:
Phone (806) 747-0173 Fax (806) 747-0491
Type: Branch Agency Administrator LISA CUPPS

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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

County **LUBBOCK** Region 01 Date Licensed 12/03/2003
License # 008789 HOME INSTEAD SENIOR CARE
Lic Expire 12/31/2021 1010 SLIDE ROAD
Medicare 1: LUBBOCK, TX 79416
Medicare 2:
Phone (806) 281-4663 Fax (806) 281-4606
Type: Parent Agency Administrator STEPHANIE DODSON

Owner Information
TEAM BAUGH LLC
1010 SLIDE ROAD
LUBBOCK, TX 79416
PHONE: FAX:
Services: Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 09/04/1987
License # 001878 HOSPICE OF LUBBOCK INC
Lic Expire 09/30/2022 3702 21ST STREET
Medicare 1: 451519 HOSPICE LUBBOCK, TX 794101299
Medicare 2:
Phone (806) 795-2751 Fax (806) 795-8464
Type: Parent Agency Administrator JEREMY BROWN

Owner Information
HOSPICE OF LUBBOCK, INC
PO BOX 16800
LUBBOCK, TX 79490-6800
PHONE: (806) 795-2751 FAX: (806) 795-8464
Services: Hospice
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed 12/31/2014
License # 016805 HOSPICE OF THE SOUTH PLAINS
Lic Expire 12/31/2022 4413 82ND ST SUITE 135
Medicare 1: 671667 HOSPICE LUBBOCK, TX 79424
Medicare 2:
Phone (806) 783-0382 Fax (855) 867-5375
Type: Parent Agency Administrator ROBERT "SCOTT" MYERS

Owner Information
SOUTH PLAINS HEALTHCARE, INC.
4413 82ND ST SUITE 135
LUBBOCK, TX 79424
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed 05/23/2018
License # 007788 INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire 10/31/2022 6548 43RD ST
Medicare 1: LUBBOCK, TX 79407
Medicare 2:
Phone (806) 791-0042 Fax (806) 797-6694
Type: Branch Agency Administrator TWILA RUTTER

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 01/11/2007
License # 007781 INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire 10/31/2020 3305 101ST ST STE 200
Medicare 1: LUBBOCK, TX 79423
Medicare 2:
Phone (806) 791-0042 Fax (806) 797-6694
Type: Branch Agency Administrator ASHLEY MCPHAIL

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LUBBOCK** Region 01 Date Licensed 10/31/2001
License # 007788 INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire 10/31/2022 3305 101ST STREET, STE 200
Medicare 1: LUBBOCK, TX 79423
Medicare 2:
Phone (806) 791-0042 Fax (806) 797-6694
Type: Parent Agency Administrator TWILA RUTTER

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 01 Date Licensed 06/15/2015
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 06/30/2021 3305 101ST STREET SUITE 100
Medicare 1: LUBBOCK, TX 79423
Medicare 2:
Phone (806) 791-0043 Fax (806) 687-5958
Type: Alternate Delivery Site Administrator BRANDI LARSON

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

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **LUBBOCK** Region 01 Date Licensed 11/30/2007
License # 011741 KINDRED AT HOME
Lic Expire 11/30/2021 3223 SOUTH LOOP 289 SUITE 325
Medicare 1: 459496 HHA-18 LUBBOCK, TX 79423
Medicare 2:
Phone (806) 784-3838 Fax (806) 788-1515
Type: Parent Agency Administrator GRANT INNES

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LUBBOCK** Region 01 Date Licensed 08/01/1996
License # 005035 KINDRED HOSPICE
Lic Expire 07/31/2022 3223 SOUTH LOOP 289 SUITE 318
Medicare 1: 451520 HOSPICE LUBBOCK, TX 79423
Medicare 2:
Phone (806) 748-1041 Fax (806) 785-1753
Type: Parent Agency Administrator MEGGAN SCOTT

Owner Information
FAMILY HOSPICE, LTD.
655 BRAWLEY SCHOOL ROAD, SUITE 200
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 02/23/2024

County **LUBBOCK** Region 01 Date Licensed 07/08/2005
License # 009857 LEGACY OF LOVE HOSPICE, INC.
Lic Expire 07/31/2022 4409 71ST ST.
Medicare 1: 671515 HOSPICE LUBBOCK, TX 79424
Medicare 2:
Phone (806) 370-2100 Fax (806) 370-2100
Type: Parent Agency Administrator AMANDA CAMPBELL

Owner Information
LEGACY OF LOVE HOSPICE INC
4409 71ST ST
LUBBOCK, TX 79424
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed
License # 007334 OUTREACH HOME CARE
Lic Expire 05/31/2021 #10 BRIERCROFT OFFICE PARK STE 101
Medicare 1: LUBBOCK, TX 794123024
Medicare 2:
Phone 806 7943796 Fax 806 7946953
Type: Branch Agency Administrator CINDY GORDON

Owner Information
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 01 Date Licensed 08/18/2017
License # 018263 REHABCARE
Lic Expire 08/31/2021 6806 43RD STREET
Medicare 1: LUBBOCK, TX 79407
Medicare 2:
Phone (806) 281-5600 Fax (806) 799-3714
Type: Parent Agency Administrator ELIZABETH RAINBOLT

Owner Information
REHABCARE GROUP EAST LLC
SAME
KINGWOOD, TX 77339
PHONE: FAX:
Services: Licensed Home Health Services

County **LUBBOCK** Region 01 Date Licensed 12/22/2011
License # 014547 SYNERGY HOMECARE OF LUBBOCK
Lic Expire 12/31/2021 2505 79TH ST SUITE B
Medicare 1: LUBBOCK, TX 79423
Medicare 2:
Phone (806) 589-0400 Fax (888) 606-1222
Type: Parent Agency Administrator AMY PECK

Owner Information
MHK HOLDINGS INC.
2505 79TH STREET, SUITE B
LUBBOCK, TX 79423
PHONE: FAX:
Services: Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 11/29/2005
License # 009402 TEXAS HOME HEALTH
Lic Expire 11/30/2022 5201 INDIANA AVE STE ALA
Medicare 1: 67Q9485004 LUBBOCK, TX 79413
Medicare 2:
Phone (806) 791-2100 Fax (806) 791-2105
Type: Branch Agency Administrator CRISTI PAULK

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
Accreditation: CHAP - Deemed, Expires: 12/18/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **LUBBOCK** Region 01 Date Licensed 10/28/1997
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 3002 50TH STREET
Medicare 1: LUBBOCK, TX 79413
Medicare 2:
Phone (806) 792-9197 Fax (806) 793-7527
Type: Branch Agency Administrator JANET GRISSOM

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 01 Date Licensed 11/12/2004
License # 009402 TEXAS HOME HEALTH
Lic Expire 11/30/2022 5201 INDIANA AVE # 200 CENTRAL
Medicare 1: 679485 HHA-18 LUBBOCK, TX 79413
Medicare 2:
Phone 806 7912100 Fax 806 7912105
Type: Parent Agency Administrator CRISTI PAULK

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
Accreditation: CHAP - Deemed, Expires: 12/18/2023

County **LUBBOCK** Region 01 Date Licensed 10/28/1997
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 3002 50TH STREET
Medicare 1: LUBBOCK, TX 79413
Medicare 2:
Phone (806) 792-9197 Fax (806) 793-7527
Type: Branch Agency Administrator JANET GRISSOM

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 01 Date Licensed 12/03/2020
License # 020365 TEXAS HOME HEALTH
Lic Expire 12/03/2022 3002 50TH STREET
Medicare 1: LUBBOCK, TX 79413
Medicare 2:
Phone 806 7929197 Fax 806 7937527
Type: Parent Agency Administrator TARA PARMENTER

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **LUBBOCK** Region 01 Date Licensed 07/23/2008
License # 012120 TEXAS HOME HEALTH HOSPICE
Lic Expire 07/31/2021 5201 INDIANA AVE # 101 S
Medicare 1: 451774 HOSPICE LUBBOCK, TX 79413
Medicare 2:
Phone (806) 788-0158 Fax (806) 788-1561
Type: Parent Agency Administrator AMANDA HUNSAKER

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/15/2022

County **LUBBOCK** Region 01 Date Licensed 07/23/2008
License # 012120 TEXAS HOME HEALTH HOSPICE
Lic Expire 07/31/2021 5201 INDIANA AVE # 101 S
Medicare 1: 451774 HOSPICE LUBBOCK, TX 79413
Medicare 2:
Phone (806) 788-0158 Fax (806) 788-1561
Type: Parent Agency Administrator AMANDA HUNSAKER

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/15/2022

County **LUBBOCK** Region 01 Date Licensed 11/01/2016
License # 017836 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 1303 82ND STREET SUITE 150
Medicare 1: LUBBOCK, TX 794232385
Medicare 2:
Phone (806) 687-3124 Fax (806) 687-3358
Type: Parent Agency Administrator EVETTE HENDERSON, RN

Owner Information
FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/09/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **LUBBOCK** Region 01 Date Licensed
License # 020681 TRADITIONS HEALTH
Lic Expire 04/01/2024 4601 50TH STREET, SUITE 109
Medicare 1: LUBBOCK, TX 79414
Medicare 2:
Phone (806) 368-8039 Fax (806) 368-8051
Type: Alternate Delivery Site Administrator NANCY KERNELL

Owner Information
TRADITIONS HOSPICE OF PLAINVIEW, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed 12/22/2011
License # 014666 UMC HOME HEALTH
Lic Expire 12/31/2021 309 N SLIDE RD
Medicare 1: 677088 HHA-18 LUBBOCK, TX 79416
Medicare 2:
Phone (806) 747-5377 Fax (806) 747-5465
Type: Parent Agency Administrator LINDA VELARDEZ

Owner Information
LUBBOCK COUNTY HOSPITAL DISTRICT
P.O. BOX 5980
LUBBOCK, TEXAS 79408
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **LUBBOCK** Region 01 Date Licensed 09/11/2020
License # 020171 UMC HOME HEALTH AND HOSPICE, AN AMEDISYS PARTNER
Lic Expire 09/11/2022 6809 SLIDE ROAD, SUITE J
Medicare 1: LUBBOCK, TEXAS 79424
Medicare 2:
Phone (806) 516-8103 Fax (888) 910-5132
Type: Parent Agency Administrator JOSHUA LASATER

Owner Information
HOSPICE PARTNERSHIP OPERATING COMPANY, L.L.C.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/02/2024

County **LUBBOCK** Region 01 Date Licensed 09/10/2020
License # 020164 UMC HOME HEALTH AND HOSPICE, AN AMEDISYS PARTNER
Lic Expire 09/10/2022 6809 SLIDE ROAD, SUITE J
Medicare 1: LUBBOCK, TEXAS 79424
Medicare 2:
Phone (806) 516-8004 Fax (888) 910-5153
Type: Parent Agency Administrator KELLY GADISON

Owner Information
HOME HEALTH PARTNERSHIP OPERATING COMPANY, L.L.C.
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 03/04/2024

County **LUBBOCK** Region 01 Date Licensed 01/15/2004
License # 008861 VISITING ANGELS
Lic Expire 01/31/2022 3223 S. LOOP 289 SUITE 315
Medicare 1: LUBBOCK, TX 79423
Medicare 2:
Phone (806) 687-2780 Fax (806) 687-2784
Type: Parent Agency 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** Region 01 Date Licensed 07/01/2007
License # 011445 KINDRED AT HOME
Lic Expire 06/30/2022 1928 LOCKWOOD
Medicare 1: 458364 HHA-18;45 TAHOKA, TX 79373
Medicare 2:
Phone (806) 998-5340 Fax (806) 998-4958
Type: Parent Agency 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

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County **MADISON** Region 05 Date Licensed 03/29/2012
License # 014718 TRADITIONS HEALTH CARE
Lic Expire 03/31/2022 1608 EAST MAIN STREET SUITE 115
Medicare 1: 747834 HHA-18 MADISONVILLE, TX 77864
Medicare 2:
Phone (936) 348-2707 Fax (866) 908-8704
Type: Parent Agency Administrator JOANNA MATTHEWS

Owner Information
TRADITIONS HEALTH CARE OF MADISONVILLE, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MARION** Region 04 Date Licensed 04/04/2012
License # 014729 ACADEMY FOR SPEECH AND LANGUAGE AT HOME LLC
Lic Expire 04/30/2022 601 W LOOP 340
Medicare 1: WOODWAY, TX 76712
Medicare 2:
Phone (254) 207-0301 Fax (254) 207-0298
Type: Parent Agency 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** Region 04 Date Licensed 07/10/2018
License # 018825 AMAZING HEARTS HOMECARE AND STAFFING LLC
Lic Expire 07/31/2020 701 N CASS ST
Medicare 1: JEFFERSON, TX 75657
Medicare 2:
Phone (903) 742-4139 Fax (903) 742-4140
Type: Parent Agency Administrator TOSHA MOORE

Owner Information
AMAZING HEARTS HOMECARE AND STAFFING LLC
701 N CASS ST.
JEFFERSON, TX 75657
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MARION** Region 04 Date Licensed 11/01/2002
License # 008181 ELARA CARING
Lic Expire 316 NORTH POLK
Medicare 1: JEFFERSON, TX 75657
Medicare 2:
Phone (903) 665-2142 Fax (903) 793-1976
Type: Branch Agency Administrator REBA GAIL BUTLER

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

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County **MARION** Region 04 Date Licensed 03/19/2003
License # 008366 FIRST IN HOME HEALTH CARE
Lic Expire 03/31/2024 120 NORTH WALNUT STREET
Medicare 1: JEFFERSON, TX 75657
Medicare 2:
Phone (903) 665-6131 Fax (903) 665-7244
Type: Parent Agency 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

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County **MARION** Region 04 Date Licensed 10/13/2017
License # 018375 HERITAGE HOSPICE OF TEXARKANA LLC
Lic Expire 10/31/2021 4605 TEXAS BLVD
Medicare 1: 671646 HOSPICE TEXARKANA, TEXAS 75503
Medicare 2:
Phone (903) 792-0716 Fax
Type: Parent Agency Administrator CHRISTOPHER CLEMENS

Owner Information
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/30/2021

County **MARION** Region 04 Date Licensed 10/13/2017
License # 018375 HERITAGE HOSPICE OF TEXARKANA LLC
Lic Expire 10/31/2021 314 N POLK ST STE B
Medicare 1: JEFFERSON, TX 75657
Medicare 2:
Phone (903) 665-8898 Fax
Type: Alternate Delivery Site Administrator CHRISTOPHER CLEMENS

Owner Information
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MARTIN** Region 01 Date Licensed 09/07/2018
License # 019181 TRULITE HOME CARE
Lic Expire 09/07/2022 1200 BEAUGARD
Medicare 1: 678485 STANTON, TEXAS 79782
Medicare 2:
Phone (432) 607-2516 Fax (432) 607-2519
Type: Parent Agency Administrator TIFFANY SALAZAR

Owner Information
MARTIN COUNTY HOSPITAL DISTRICT
PO BOX 640
STANTON, TX 79782
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **MASON** Region 01 Date Licensed 12/16/2015
License # 017417 HILL COUNTRY PREFERRED SENIOR CARE
Lic Expire 12/31/2021 204 B E COLLEGE
Medicare 1: 677458 HHA-18 MASON, TX 76856
Medicare 2:
Phone (325) 347-5145 Fax (325) 347-6916
Type: Parent Agency Administrator JENNY VANCKHOVEN

Owner Information
HILL COUNTRY PREFERRED SENIOR CARE LLC
P O BOX 238
MASON, TX 76856
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **MATAGORDA** Region 06 Date Licensed 04/17/2003
License # 008427 ANGELS CARE HOME HEALTH
Lic Expire 04/30/2022 2803 7TH STREET
Medicare 1: 679345 HHA-18 BAY CITY, TX 77414
Medicare 2:
Phone (979) 244-0600 Fax (979) 244-4505
Type: Parent Agency Administrator ANGELA CRAWFORD

Owner Information
E MEDICAL GROUP INC
2803 7TH STREET
BAY CITY, TX 77414
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MATAGORDA** Region 06 Date Licensed 04/06/2018
License # 018689 ANGELS CARE HOSPICE
Lic Expire 04/30/2022 2807 7TH STREET
Medicare 1: 74-1739 BAY CITY, TX 77414
Medicare 2:
Phone 979 9432742 Fax 979 4816513
Type: Parent Agency Administrator MARIA LARA

Owner Information
RELIABLE HOSPICE, LLC
129 VISION PARK SUITE 105
SHENANDOAH, TX 77384
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 08/15/2021

County **MATAGORDA** Region 06 Date Licensed 02/27/2014
License # 016054 AT YOUR SIDE HOME CARE - SUGAR LAND
Lic Expire 02/28/2022 1005 AVE F
Medicare 1: BAY CITY, TX 77414
Medicare 2:
Phone (979) 245-1300 Fax (979) 244-4233
Type: Parent Agency Administrator MICHAEL PEGGS SR MD

Owner Information
PEGGS HOME HEALTH STAFFING OF TEXAS LLC
1713 MERLIN SUITE 3
BAY CITY, TX 77414
PHONE: FAX:
Services: Personal Assistance Services

County **MATAGORDA** Region 06 Date Licensed 11/07/2019
License # 019689 GOLD STANDARD HOME HEALTH LLC
Lic Expire 11/07/2021 3222 EL CAMINO ST.
Medicare 1: BAY CITY, TX 77414
Medicare 2:
Phone (979) 240-8756 Fax
Type: Parent Agency Administrator JEREMY ROOTH

Owner Information
GOLD STANDARD HOME HEALTH LLC
3222 EL CAMINO ST.
BAY CITY, TX 77414
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MATAGORDA** Region 06 Date Licensed 10/19/2020
License # 020248 HARMONY HOME CARE
Lic Expire 10/19/2022 1830 SEVENTH STREET, SUITE C
Medicare 1: BAY CITY, TEXAS 77414
Medicare 2:
Phone (979) 943-1833 Fax
Type: Parent Agency Administrator VERONICA HARVEY

Owner Information
HARMONY HEALTH AND WELLNESS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MATAGORDA** Region 06 Date Licensed 10/15/2014
License # 016603 SHINING NIGHTINGALE HEALTH CARE
Lic Expire 10/31/2023 3211 AVENUE F
Medicare 1: 679461 HHA-18 BAY CITY, TEXAS 77414
Medicare 2:
Phone (979) 323-7099 Fax (979) 323-0555
Type: Parent Agency Administrator IRMA OCHOA

Owner Information
AMIGOS CRISTIANOS, LLC
1700 6TH STREET
BAY CITY, TX 77414
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **MATAGORDA** Region 06 Date Licensed 12/04/2013
License # 015988
Lic Expire 12/31/2021
Medicare 1:
Medicare 2:
Phone (281) 334-2229 Fax (281) 334-1678
Type: Branch Agency Administrator BELINDA NORDEN

STAT HOME HEALTH HOUSTON BELLAIRE LLC
9307 W BROADWAY SUITE 401 A
PEARLAND, TX 77584

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
License # 013879
Lic Expire 11/30/2022
Medicare 1:
Medicare 2:
Phone (830) 758-0050 Fax (830) 758-0052
Type: Branch Agency Administrator IRMA VINTON

A AMAZING HOME CARE
1795 S VETERANS BLVD UNIT 1
EAGLE PASS, TEXAS 78852

Owner Information
A & AMAZING HOME CARE LLC
1325 N. FLORES SUITE 114
SAN ANTONIO, TX 78212
PHONE: FAX:
Services: Personal Assistance Services

County **MAVERICK** Region 07 Date Licensed 10/30/2007
License # 009636
Lic Expire 03/31/2023
Medicare 1:
Medicare 2:
Phone (830) 758-1800 Fax (830) 758-1874
Type: Branch Agency Administrator MOHAMED GHANNAM

A PLUS FAMILY CARE LLC
2298 N VETERANS BLVD SUITE # 2
EAGLE PASS, TX 78852

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

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County **MAVERICK** Region 07 Date Licensed 06/11/2010
License # 013388
Lic Expire 06/30/2022
Medicare 1: 747874 HHA-18
Medicare 2:
Phone (830) 776-7068 Fax (866) 571-0395
Type: Parent Agency Administrator CHELSEA CAMPOS

ANTHEM HEALTHCARE
3147 MEGAN STREET SUITE 4
EAGLE PASS, TX 78852

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
Accreditation: JCAHO - Deemed, Expires: 03/01/2022

County **MAVERICK** Region 02 Date Licensed 09/13/2011
License # 014398
Lic Expire 09/30/2021
Medicare 1:
Medicare 2:
Phone (830) 773-5733 Fax (830) 757-2969
Type: Branch Agency Administrator JOVIE CANTU

APC HOMEMAKER SERVICES
1109 FERRY STREET, SUITE C.
EAGLE PASS, TX 788524487

Owner Information
APC HOME HEALTH SERVICE, INC.
1805 BELL STREET
HARLINGEN, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MAVERICK** Region 07 Date Licensed 11/21/2011
License # 010629
Lic Expire 07/31/2022
Medicare 1:
Medicare 2:
Phone (830) 313-7185 Fax (830) 313-7187
Type: Branch Agency Administrator TORRIE COMMERFORD

AXIOM HOME HEALTH INC
714 NORTH BEDELL AVE
DEL RIO, TX 78852

Owner Information
AXIOM HOME HEALTH INC
5002 WEST AVE
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MAVERICK** Region 07 Date Licensed 09/01/2010
License # 010629
Lic Expire 07/31/2022
Medicare 1:
Medicare 2:
Phone (830) 757-8900 Fax (830) 757-8902
Type: Branch Agency Administrator TORRIE COMMERFORD

AXIOM HOME HEALTH INC
2322 N VETERANS BLVD # 1
EAGLE PASS, TX 78852

Owner Information
AXIOM HOME HEALTH INC
5002 WEST AVE
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MAVERICK** Region 07 Date Licensed 08/03/2009
License # 012757 EAGLE PASS HOME HEALTH SERVICES LLC
Lic Expire 08/31/2021 152 ZAMORA MEDICAL CIRCLE STE 5
Medicare 1: 747509 HHA-18 EAGLE PASS, TX 788526615
Medicare 2:
Phone 830 757 4000 Fax 830 757 4206
Type: Parent Agency Administrator ABRAHAM TIPA

Owner Information
EAGLE PASS HOME HEALTH SERVICES, LLC
2149 DEL RIO BLVD STE303
EAGLE PASS, TX 78852-3487
PHONE: (830) 757-4000 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 08/09/2022

County **MAVERICK** Region 07 Date Licensed 04/22/2020
License # 019892 EAGLE PASS HOSPICE AND PALLIATIVE CARE, LLC
Lic Expire 04/22/2022 152 ZAMORA MEDICAL CIRCLE, STE 4
Medicare 1: EAGLE PASS, TEXAS 78852
Medicare 2:
Phone 830 213 8122 Fax 830 213 8630
Type: Parent Agency Administrator ABRAHAM TIPA

Owner Information
EAGLE PASS HOSPICE AND PALLIATIVE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MAVERICK** Region 07 Date Licensed 11/22/2019
License # 019302 EDEN HOME HEALTH LLC
Lic Expire 03/20/2021 2435 N VETERANS BLVD. SUITE B
Medicare 1: EAGLE PASS, TEXAS 78852
Medicare 2:
Phone 830 7765459 Fax 830 7767611
Type: Parent Agency Administrator DORA MORALES

Owner Information
EDEN HOME HEALTH, LLC.
2988 TEHUACAN DR
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Personal Assistance Services

County **MAVERICK** Region 07 Date Licensed 01/05/2011
License # 009908 EN SU CASA CAREGIVERS
Lic Expire 07/31/2021 2557 N. VETERAN'S BLVD. STE C-2
Medicare 1: EAGLE PASS, TX 78852
Medicare 2:
Phone (830) 758-5959 Fax (210) 403-0360
Type: Branch Agency Administrator LAUREN RAMON

Owner Information
EN SU CASA PRIMARY HOME CARE INC
401 S. PRESA ST.,
SAN ANTONIO, TX 78205
PHONE: FAX:
Services: Personal Assistance Services

County **MAVERICK** Region 07 Date Licensed 04/24/2005
License # 009852 FORT DUNCAN HOME HEALTH AND HOSPICE CARE
Lic Expire 04/30/2021 2557 NORTH VETERANS BLVD
Medicare 1: 743115 HHA-18;45 EAGLE PASS, TEXAS 78852
Medicare 2:
Phone (830) 757-0966 Fax (830) 757-0976
Type: Parent Agency Administrator RAPHAEL SANTANA SANTANA

Owner Information
MAVERICK ADULT DAY CARE LLC
3147 MEGAN STREET STE#1
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **MAVERICK** Region 07 Date Licensed 11/19/2009
License # 013049 LA GUADALUPANA PRIMARY HOME CARE
Lic Expire 11/30/2021 338 N MONROE ST
Medicare 1: EAGLE PASS, TX 78852
Medicare 2:
Phone (830) 758-1307 Fax (830) 757-8503
Type: Parent Agency Administrator RICHARD GARZA

Owner Information
LA GUADALUPANA PRIMARY HOME CARE LLC
338 N MONROE STREET
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Personal Assistance Services

County **MAVERICK** Region 07 Date Licensed 11/17/1994
License # 003516 LOPEZ HEALTH SYSTEMS INC
Lic Expire 11/30/2022 1992 NORTH VETERANS BLVD SUITE 200
Medicare 1: EAGLE PASS, TX 78852
Medicare 2:
Phone (830) 757-3525 Fax (830) 757-0876
Type: Branch Agency Administrator VICTOR LOPEZ

Owner Information
LOPEZ HEALTH SYSTEMS INC
2209 N HWY 83
CRYSTAL CITY, TX 78839
PHONE: (830) 374-9800 FAX: (830) 374-9722
Services: Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MAVERICK** Region 07 Date Licensed 12/01/2002
License # 008267 MAVERICK HOME HEALTH AGENCY
Lic Expire 11/30/2021 2822 N VETERANS BLVD SUITE A
Medicare 1: 677144 HHA-18 EAGLE PASS, TX 78852
Medicare 2:
Phone (830) 773-5330 Fax (830) 773-4078
Type: Parent Agency Administrator VICTOR A GONZALEZ

Owner Information
RIO BRAVO HEALTH SYSTEM LLC
P O BOX 5805
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **MAVERICK** Region 07 Date Licensed 06/27/2006
License # 010575 MAVERICK HOSPICE CARE
Lic Expire 06/30/2022 2822 N VETERANS BLVD SUITE B
Medicare 1: 671598 HOSPICE EAGLE PASS, TX 78852
Medicare 2:
Phone (830) 757-1362 Fax (830) 757-4336
Type: Parent Agency Administrator JOSE HERNANDEZ

Owner Information
DOS FRONTERAS LLC
P.O. BOX 5450
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/28/2023

County **MAVERICK** Region 07 Date Licensed 12/15/2006
License # 010971 NATIONAL MEDICAL HOMECARE INC
Lic Expire 12/31/2021 1000 CROWN RIDGE BLVD SUITE F
Medicare 1: 457906 HHA-18 EAGLE PASS, TX 78852
Medicare 2:
Phone (830) 757-0900 Fax (830) 757-0908
Type: Parent Agency Administrator LYNDA MICHELLE ACOSTA

Owner Information
NATIONAL MEDICAL HOMECARE INC
85 NE LOOP 410 STE 500
SAN ANTONIO, TX 78216
PHONE: (830) 757-0900 FAX: (830) 757-0908
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **MAVERICK** Region 07 Date Licensed 08/06/2008
License # 012136 NEW GLORIOUS HOME HEALTH INC.
Lic Expire 08/31/2021 2149 DEL RIO BLVD SUITE 204
Medicare 1: 747431 HHA-18 EAGLE PASS, TX 78852
Medicare 2:
Phone (830) 758-0265 Fax (830) 758-1736
Type: Parent Agency Administrator ANGELICA MARTINEZ

Owner Information
NEW GLORIOUS HOME HEALTH, INC
2149 DEL RIO BLVD. #204
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **MAVERICK** Region 07 Date Licensed 06/02/2008
License # 012041 ST ISABEL HOME HEALTH INC
Lic Expire 06/30/2022 2149 DEL RIO HWY SUITE#102
Medicare 1: 747305 HHA-18 EAGLE PASS, TX 78852
Medicare 2:
Phone (830) 776-5602 Fax (830) 773-6719
Type: Parent Agency Administrator PATRICIA PENILLA

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
Accreditation: CHAP - Deemed, Expires: 11/19/2021

County **MCCULLOCH** Region 01 Date Licensed 11/01/2013
License # 016067 CARTER HEALTHCARE
Lic Expire 02/28/2022 2203 S BRIDGE STREET SUITE 100
Medicare 1: 453119 HHA-18 BRADY, TX 76825
Medicare 2:
Phone (325) 597-3107 Fax (325) 597-3109
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 08/10/2021

County **MCCULLOCH** Region 01 Date Licensed 12/16/2015
License # 017417 HILL COUNTRY PREFERRED SENIOR CARE
Lic Expire 12/31/2021 1417 S. BRIDGE STREET
Medicare 1: BRADY, TX 76825
Medicare 2:
Phone (325) 597-2898 Fax (325) 597-2415
Type: Branch Agency Administrator JENNY VANCKHOVEN

Owner Information
HILL COUNTRY PREFERRED SENIOR CARE LLC
P O BOX 238
MASON, TX 76856
PHONE: FAX:
Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MCCULLOCH** Region 07 Date Licensed 03/30/1987
License # 001190 PETERSON HOME CARE
Lic Expire 12/31/2020 1095 FORT MCKAVITT PO BOX 238
Medicare 1: MASON, TX 76856
Medicare 2:
Phone (915) 347-6609 Fax
Type: Branch Agency Administrator LAUNA KINDRICK

Owner Information
SID PETERSON MEMORIAL HOSPITAL
551 HILL COUNTRY DRIVE
KERRVILLE, TEXAS 78028
PHONE: FAX:
Services: Licensed Home Health Services

County **MCCULLOCH** Region 03 Date Licensed
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 107 E. MAIN STREET
Medicare 1: BRADY, TEXAS 768254523
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 06/30/2000
License # 007382 ABC HEALTH CARE INC
Lic Expire 06/30/2021 1300 VICTORIA ST.
Medicare 1: WACO, TEXAS 76705
Medicare 2:
Phone (254) 867-1181 Fax (254) 412-0428
Type: Parent Agency Administrator REV. BEULAH SWANSON

Owner Information
ABC HEALTH CARE INC
600 AUSTIN AVE SUITE 27
WACO, TX 76701
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MCLENNAN** Region 05 Date Licensed 05/11/2016
License # 017560 ALAMO HOSPICE OF WACO
Lic Expire 05/31/2022 6801 SANGER AVE., SUITE 145
Medicare 1: 671541 HOSPICE WACO, TX 76710
Medicare 2:
Phone (254) 313-0072 Fax (936) 327-9995
Type: Parent Agency Administrator TERRIE GRIFFITH

Owner Information
HOSPICE PARTNERS OF AMERICA HOLDING, LLC
3021 LORNA RD., SUITE 200
BIRMINGHAM, ALABAMA 35216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 06/02/2023

County **MCLENNAN** Region 07 Date Licensed
License # 013242 AMEDISYS HOSPICE OF SAN ANTONIO
Lic Expire 12/31/2021 510 N VALLEY MILLS DRIVE, SUITE 703
Medicare 1: 451738 WACO, TX 767106077
Medicare 2:
Phone (254) 246-4397 Fax (866) 767-8802
Type: Alternate Delivery Site Administrator BERNADINE DAILEY

Owner Information
AMEDISYS HOSPICE, LLC
5410 FREDERICKSDBURG RD BLDG A SUITE 310
SAN ANTONIO, TX 78229-3576
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 05/02/2011
License # 014127 AT HOME HEALTHCARE
Lic Expire 05/31/2021 131 S. FRONTAGE ROAD
Medicare 1: 457159 HHA-18 LORENA, TEXAS 76655
Medicare 2:
Phone (254) 751-1600 Fax (254) 751-1604
Type: Parent Agency Administrator RHONDA KELLY

Owner Information
NORTHEAST TEXAS HOME HEALTH AGENCY LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **MCLENNAN** Region 05 Date Licensed 05/02/2011
License # 014127 AT HOME HEALTHCARE
Lic Expire 05/31/2021 3010 WILLIAMS DRIVE STE 171
Medicare 1: GEORGETOWN, TEXAS 78628
Medicare 2:
Phone (512) 212-1943 Fax (512) 212-7886
Type: Branch Agency Administrator RHONDA KELLY

Owner Information
NORTHEAST TEXAS HOME HEALTH AGENCY LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MCLENNAN** Region 05 Date Licensed 09/01/2010
License # 013728 BAYLOR SCOTT & WHITE HOSPICE - WACO
Lic Expire 08/31/2022 2911 HERRING AVENUE SUITE 310
Medicare 1: 451569 HOSPICE WACO, TX 76708
Medicare 2:
Phone (254) 202-5100 Fax (254) 202-5180
Type: Parent Agency Administrator GLEN LEBLANC

Owner Information
SCOTT & WHITE MEMORIAL HOSPITAL
2401 SOUTH 31ST STREET
TEMPLE, TX 76508
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 10/25/2013
License # 015971 BLUEBONNET HEALTH SERVICES
Lic Expire 10/31/2021 307 LONDONDERRY
Medicare 1: 671532 HOSPICE WACO, TX 76712
Medicare 2:
Phone (254) 751-1790 Fax (254) 751-7295
Type: Parent Agency Administrator MARK WALSH

Owner Information
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 10/25/2013
License # 015980 BLUEBONNET HEALTH SERVICES OF WACO
Lic Expire 10/31/2021 720 N. 64TH STREET
Medicare 1: 453141 HHA-18 WACO, TX 76710
Medicare 2:
Phone (254) 772-5577 Fax (254) 772-5588
Type: Parent Agency Administrator MARK WALSH

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

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County **MCLENNAN** Region 03 Date Licensed 10/28/2009
License # 012311 CARE OPTIONS FOR KIDS
Lic Expire 09/30/2022 900 WASHINGTON AVENUE SUITE 602
Medicare 1: WACO, TX 76701
Medicare 2:
Phone (254) 296-9792 Fax (254) 296-9086
Type: Branch Agency Administrator BARBARA MENEFEE

Owner Information
OCI ACQUISTION, LLC
4300 SIGMA ROAD SUITE 130
DALLAS, TX 75244
PHONE: FAX:
Services: Licensed Home Health Services

County **MCLENNAN** Region 05 Date Licensed 09/30/2013
License # 007477 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 11/30/2021 300 WEST HWY 6
Medicare 1: 45-1713 WACO, TX 76712
Medicare 2:
Phone (254) 537-4600 Fax (254) 537-9126
Type: Alternate Delivery Site Administrator AUDREY WILLIAMS

Owner Information
COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES
Accreditation: CHAP - Deemed, Expires: 03/27/2024

County **MCLENNAN** Region 05 Date Licensed 11/07/2000
License # 007477 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 11/30/2021 6700 SANGER AVE
Medicare 1: 451713 HOSPICE WACO, TX 76710
Medicare 2:
Phone (254) 399-9099 Fax (254) 399-8397
Type: Parent Agency Administrator AUDREY WILLIAMS

Owner Information
COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/27/2024

County **MCLENNAN** Region 05 Date Licensed 08/16/2018
License # 019044 DEMIU HOME HEALTHCARE LLC
Lic Expire 11/30/2020 1904 ALEXANDER AVE
Medicare 1: WACO, TX 76708
Medicare 2:
Phone (254) 206-1204 Fax (254) 752-0945
Type: Parent Agency Administrator KERRIAN SMITH

Owner Information
DEMIU HOME HEALTHCARE LLC
1904 ALEXANDER AVE
WACO, TX 76708
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MCLENNAN** Region 05 Date Licensed 03/04/2016
License # 017302 GENTLE TRANSITIONS HOSPICE
Lic Expire 03/31/2022 510 AVENUE E
Medicare 1: 741709 HOSPICE MOODY, TEXAS 76557
Medicare 2:
Phone (254) 598-1389 Fax (888) 630-4428
Type: Parent Agency Administrator GWENN DALTON

Owner Information
GENTLE TRANSITIONS LLC
510 AVENUE E, PO 1509
MOODY, TX 76557
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 03/16/2009
License # 011758 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 1404 SOUTH NEW ROAD, SUITE 100
Medicare 1: WACO, TX 767111335
Medicare 2:
Phone (254) 751-0200 Fax (254) 751-1649
Type: Branch Agency Administrator LAURA THOMAS

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MCLENNAN** Region 05 Date Licensed 05/08/2004
License # 009082 HEIGHTS HOME HEALTH
Lic Expire 05/31/2023 3425 HILLCREST DRIVE
Medicare 1: WACO, TX 76708
Medicare 2:
Phone (254) 753-0431 Fax (524) 753-0696
Type: Branch Agency 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** Region 05 Date Licensed 08/13/2007
License # 011520 HOME INSTEAD SENIOR CARE FRANCHISE #664
Lic Expire 08/31/2021 511 N HEWITT DRIVE SUITE #3
Medicare 1: HEWITT, TX 76643
Medicare 2:
Phone (254) 666-7300 Fax (254) 666-7303
Type: Parent Agency Administrator JOEL RHODES

Owner Information
AMDAR LLC
511 N HEWITT DRIVE SUITE #3
HEWITT, TX 76643
PHONE: FAX:
Services: Personal Assistance Services

County **MCLENNAN** Region 05 Date Licensed
License # 013855 HOSPICE COMPASSUS
Lic Expire 6801 SANGER AVENUE, SUITE 190
Medicare 1: WACO, TX 76710
Medicare 2:
Phone (254) 870-5174 Fax (254) 741-1509
Type: Alternate Delivery Site Administrator KEVIN HOLLINGER

Owner Information
CLP REGENCY OF TEXAS, LLC
10 CADILLAC DRIVE STE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 12/23/2006
License # 011181 INTERIM HEALTHCARE OF WACO
Lic Expire 12/31/2021 7401 WOODWAY DRIVE
Medicare 1: 677694 HHA-18 WOODWAY, TX 76712
Medicare 2:
Phone (254) 751-9393 Fax (254) 751-7441
Type: Parent Agency Administrator LAURA WATERS

Owner Information
CENTRAL TEXAS HOMECARE LLC
3305 101ST STREET STE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **MCLENNAN** Region 05 Date Licensed
License # 011181 INTERIM HEALTHCARE OF WACO
Lic Expire 12/31/2021 2121 W. HWY 6
Medicare 1: 67Q7694002 WACO, TX 76710
Medicare 2:
Phone (254) 751-9393 Fax (254) 751-7441
Type: Branch Agency Administrator LAURA WATERS

Owner Information
CENTRAL TEXAS HOMECARE LLC
3305 101ST STREET STE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MCLENNAN** Region 05 Date Licensed 05/21/2012
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 05/31/2022 2420 WYCON DR STE 401
Medicare 1: 671795 HOSPICE WACO, TX 76712
Medicare 2:
Phone (254) 741-6570 Fax (254) 751-9390
Type: Parent Agency Administrator BRENDA EAKIN

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 07/27/2011
License # 014517 KINDRED AT HOME
Lic Expire 07/31/2021 5400 BOSQUE BOULEVARD, SUITE 245
Medicare 1: 457095 HHA-18 WACO, TX 76710
Medicare 2:
Phone (254) 405-6800 Fax (254) 741-1559
Type: Parent Agency Administrator REGINA ROBERTSON

Owner Information
OUTREACH HEALTH SERVICES OF NORTH TEXAS, LLC
12900 FOSTER ST # 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MCLENNAN** Region 05 Date Licensed 09/17/2008
License # 012591 KINDRED HOSPICE
Lic Expire 09/30/2022 8005 BAGBY AVENUE
Medicare 1: 671594 HOSPICE HEWITT, TX 766433576
Medicare 2:
Phone (254) 399-0963 Fax (254) 399-8200
Type: Parent Agency Administrator MISTI WORTHAM

Owner Information
ABC HOSPICE LLC
PO BOX 4060
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 02/14/2023

County **MCLENNAN** Region 05 Date Licensed 11/28/2016
License # 016942 NURSES UNLIMITED INC
Lic Expire 07/31/2021 6603 SANGER AVE
Medicare 1: WACO, TX 76710
Medicare 2:
Phone (254) 741-1326 Fax (254) 741-1431
Type: Branch Agency Administrator SAMANTHA YOUNG

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MCLENNAN** Region 05 Date Licensed 05/19/2015
License # 016811 PALS HOME HEALTH
Lic Expire 05/31/2023 3640 W WACO DR
Medicare 1: WACO, TX 76710
Medicare 2:
Phone (254) 307-8607 Fax (254) 765-2501
Type: Parent Agency Administrator NATASHA JAMES

Owner Information
PEDIATRIC ADVANCED LIFE SERVICES HOME HEALTH LLC
1122 W 6TH STREET
MCGREGOR, TX 76657
PHONE: FAX:
Services: Licensed Home Health Services

County **MCLENNAN** Region 05 Date Licensed 08/20/2019
License # 019539 PHOENIX CARE LLC
Lic Expire 08/20/2021 542 LOST GOLD RD.
Medicare 1: WACO, TX 76708
Medicare 2:
Phone (254) 366-8331 Fax
Type: Parent Agency Administrator ODETTE JAIMES

Owner Information
PHOENIX CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MCLENNAN** Region 03 Date Licensed 01/09/2018
License # 016865 PRILEO HOME CARE
Lic Expire 06/30/2021 6807 WOODWAY DRIVE STE # 1
Medicare 1: WACO, TX 76712
Medicare 2:
Phone (254) 732-2396 Fax (254) 732-0350
Type: Branch Agency Administrator CAROLIN LEONG

Owner Information
PRILEO HOME CARE TX LLC
8883 W. FLAMINGO ROAD, SUITE 103
LAS VEGAS, NV 89147
PHONE: FAX:
Services: Personal Assistance Services

County **MCLENNAN** Region 05 Date Licensed 11/26/2008
License # 012322 PROFESSIONAL HOME HEALTH
Lic Expire 11/30/2020 108 TOPEKO DR. SUITE 104
Medicare 1: 747409 HHA-18 WOODWAY, TEXAS 76712
Medicare 2:
Phone 254 339 1200 Fax 254 339 1210
Type: Parent Agency Administrator CONSOLATA BRYANT

Owner Information
ARMS OF COMFORT HOME HEALTH INC
345 WESTPARK WAY SUITE 101
EULESS, TX 76040-3936
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **MCLENNAN** Region 05 Date Licensed 03/04/2015
License # 016737 PROVIDENCE HOME CARE
Lic Expire 03/31/2021 301 OWEN LANE STE C
Medicare 1: 457377 HHA-18 WACO, TX 76710
Medicare 2:
Phone (254) 523-6970 Fax (254) 761-8787
Type: Parent Agency Administrator AMANDA ROBERTS

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** Region 05 Date Licensed 02/27/2007
License # 011100 RELIABLE HOME HEALTH SERVICES
Lic Expire 02/28/2021 6312 COBBS DR
Medicare 1: 743146 HHA-18 WACO, TX 76710
Medicare 2:
Phone (254) 772-1025 Fax (254) 772-1029
Type: Parent Agency Administrator THOMAS TATE

Owner Information
HOFFMEYER TATE INCORPORATED
6312 COBBS
WACO, TX 76710
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **MCLENNAN** Region 05 Date Licensed 11/25/2019
License # 019758 RIGHT AT HOME
Lic Expire 11/25/2021 605 TOWNE OAKS DR SUITE B
Medicare 1: WACO, TX 76710
Medicare 2:
Phone 254 3990788 Fax (254) 399-0773
Type: Parent Agency Administrator TRUNG GIANG

Owner Information
LEGIANG HOLDINGS LLC
605 TOWNE OAKS DR
WACO, TX 76710
PHONE: FAX:
Services: Personal Assistance Services

County **MCLENNAN** Region 05 Date Licensed 10/20/2017
License # 012292 STANDARDS HOME HEALTH
Lic Expire 09/30/2022 345 OWEN LANE SUITE 106
Medicare 1: WACO, TX 76710
Medicare 2:
Phone (254) 313-3221 Fax (254) 778-7002
Type: Branch Agency Administrator ROBYN HURST

Owner Information
SHH-STANDARDS HOME HEALTH INC
111 WEST 2ND STREET
CAMERON, TEXAS 76520
PHONE: FAX:
Services: Licensed Home Health Services

County **MCLENNAN** Region 05 Date Licensed 08/01/2017
License # 018352 TEXAS HOME HEALTH GROUP OF WACO LLC
Lic Expire 07/31/2021 8300 CENTRAL PARK DRIVE SUITE A
Medicare 1: 679200 HHA-18 WACO, TX 76712
Medicare 2:
Phone (254) 755-6179 Fax (254) 714-1465
Type: Parent Agency Administrator REGINA DONNELL

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
Accreditation: CHAP - Deemed, Expires: 06/28/2022

County **MCLENNAN** Region 05 Date Licensed 08/01/2017
License # 018352 TEXAS HOME HEALTH GROUP OF WACO LLC
Lic Expire 07/31/2021 8300 CENTRAL PARK DRIVE SUITE A
Medicare 1: WACO, TX 76712
Medicare 2:
Phone (254) 755-6179 Fax (254) 714-1465
Type: Branch Agency Administrator REGINA DONNELL

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

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MCLENNAN** Region 05 Date Licensed 06/02/2006
License # 010507 TEXAS HOME HEALTH HOSPICE
Lic Expire 06/30/2022 8300 CENTRAL PARK DRIVE SUITE A
Medicare 1: 671552 HOSPICE WACO, TX 76712
Medicare 2:
Phone 254 7560404 Fax 254 7571468
Type: Parent Agency Administrator CANDICE GOSWICK

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/25/2022

County **MCLENNAN** Region 05 Date Licensed 06/02/2006
License # 010507 TEXAS HOME HEALTH HOSPICE
Lic Expire 06/30/2022 8300 CENTRAL PARK DRIVE SUITE A
Medicare 1: 671552 HOSPICE WACO, TX 76712
Medicare 2:
Phone 254 7560404 Fax 254 7571468
Type: Parent Agency Administrator CANDICE GOSWICK

Owner Information
TEXAS HOME HEALTH HOSPICE, L.P.
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/25/2022

County **MCLENNAN** Region 05 Date Licensed 03/09/2001
License # 007587 TEXAS HOME HEALTH OF AMERICA
Lic Expire 03/31/2022 8300 CENTRAL PARK DRIVE SUITE A
Medicare 1: WACO, TX 76712
Medicare 2:
Phone (254) 755-6111 Fax (254) 714-1465
Type: Parent Agency Administrator KATHLEEN ELIZONDO

Owner Information
TEXAS HOME HEALTH OF AMERICA, L.P.
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MCLENNAN** Region 05 Date Licensed 08/27/2002
License # 008089 VISITING ANGELS
Lic Expire 08/31/2022 1514 AUSTIN AVE
Medicare 1: WACO, TX 76701
Medicare 2:
Phone (254) 772-8660 Fax (800) 240-7032
Type: Parent Agency Administrator JACOB NEUBERT

Owner Information
NICKSTER LLC.
1514 AUSTIN AVENUE
WACO, TX 76710
PHONE: FAX:
Services: Personal Assistance Services

County **MCMULLEN** Region 07 Date Licensed 07/23/2018
License # 018844 AT TWILIGHT HOSPICE & PALLIATIVE CARE
Lic Expire 07/31/2022 2625 N JOSEY LANE SUITE 301
Medicare 1: 971554 (HOSPICE) CARROLLTON, TX 78007
Medicare 2:
Phone (956) 752-6162 Fax
Type: Parent Agency Administrator HEATHER KENON

Owner Information
RGV HOSPICE CARE LLC
20534 NORTH SAM HOUSTON BLVD
RIO HONDO, TX 78593
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/18/2023

County **MEDINA** Region 07 Date Licensed 10/13/2016
License # 012175 ALAMO HOSPICE
Lic Expire 07/31/2022 405 LAFAYETTE
Medicare 1: CASTROVILLE, TX 78009
Medicare 2:
Phone (830) 355-2619 Fax (830) 893-0213
Type: Alternate Delivery Site Administrator GEORGETTE ROBBINS

Owner Information
ALAMO AREA HOME HOSPICE, LP
3021 LORNA RD., SUITE 200
BIRMINGHAM, AL 35216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MEDINA** Region 07 Date Licensed 07/24/2014
License # 016337 GOD'S COUNTRY PHC SERVICES
Lic Expire 07/31/2022 1705 19TH STREET STE A
Medicare 1: HONDO, TX 78861
Medicare 2:
Phone (830) 426-2786 Fax (830) 426-4786
Type: Parent Agency Administrator SANDRA ESPARZA

Owner Information
PURE LIFE LLC
1705 19TH STREET STE A
HONDO, TX 78861
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MENARD** Region 01 Date Licensed 12/16/2015
License # 017417 HILL COUNTRY PREFERRED SENIOR CARE
Lic Expire 12/31/2021 111 ELLIS STREET
Medicare 1: MENARD, TX 76859
Medicare 2:
Phone (325) 396-4527 Fax (325) 396-2769
Type: Branch Agency Administrator JENNY VANCKHOVEN

Owner Information
HILL COUNTRY PREFERRED SENIOR CARE LLC
P O BOX 238
MASON, TX 76856
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **MIDLAND** Region 01 Date Licensed 02/23/2007
License # 011404 ANGELS CARE HOME HEALTH OF WEST TEXAS
Lic Expire 02/28/2023 1030 ANDREWS HWY SUITE 109
Medicare 1: 677864 HHA-18 MIDLAND, TX 79701
Medicare 2:
Phone (432) 687-3327 Fax (432) 687-3861
Type: Parent Agency Administrator HEATHER KINCAID

Owner Information
MIDLAND CARESERVICES, LLC
1030 ANDREWS HWY, SUITE 109
MIDLAND, TX 79701
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MIDLAND** Region 01 Date Licensed 06/05/2007
License # 011373 CALVERT HOME HEALTH CARE
Lic Expire 06/30/2022 1030 ANDREWS HWY STE. 203
Medicare 1: 743175 HHA-18 MIDLAND, TX 79701
Medicare 2:
Phone (432) 218-7996 Fax (432) 699-4102
Type: Parent Agency Administrator JULIE STACY

Owner Information
HANDS OF COMPASSION HOME CARE LLC
1030 ANDREWS HWY SUITE 203
MIDLAND, TX 79701
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 05/06/2023

County **MIDLAND** Region 01 Date Licensed 07/20/2007
License # 011597 COMFORT KEEPERS 208
Lic Expire 07/31/2022 4305 N GARFIELD ST. SUITE 229
Medicare 1: MIDLAND, TEXAS 79705
Medicare 2:
Phone (432) 520-0414 Fax (432) 697-1329
Type: Parent Agency Administrator SUZETTE DORIA

Owner Information
THE DORIA GROUP INC
3313 HAYNES AVENUE
MIDLAND, TX 79707
PHONE: FAX:
Services: Personal Assistance Services

County **MIDLAND** Region 01 Date Licensed 10/22/2007
License # 011879 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2021 1004 N. BIG SPRING ST., SUITE 515
Medicare 1: 678352 HHA-18 MIDLAND, TEXAS 79701
Medicare 2:
Phone 432 5708899 Fax 432 5705669
Type: Parent Agency Administrator LESLEE MCCUTCHEN

Owner Information
BEST HOME CARE, LP
6688 NORTH CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MIDLAND** Region 01 Date Licensed
License # 020718 GRACIFIED HEALTHCARE LLC
Lic Expire 04/26/2024 8 BALMORAL CIR
Medicare 1: ODESSA, TEXAS 79765
Medicare 2:
Phone (512) 809-7273 Fax
Type: Parent Agency Administrator NANCY AKAH

Owner Information
GRACIFIED HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MIDLAND** Region 01 Date Licensed 08/26/2013
License # 015730 HCA WEST TEXAS
Lic Expire 08/31/2021 6415 NORTH STATE HIGHWAY 349 BLDG 13
Medicare 1: MIDLAND, TX 79705
Medicare 2:
Phone (432) 349-6718 Fax (888) 243-9359
Type: Parent Agency Administrator KENDALL WARREN

Owner Information
WARREN PROCUREMENT & LOGISTICS LLC
1607 SHELL AVENUE
MIDLAND, TX 79705
PHONE: FAX:
Services: Personal Assistance Services

County **MIDLAND** Region 01 Date Licensed 06/08/2012
License # 014864 HEART TO HEART HOSPICE OF PERMIAN BASIN
Lic Expire 06/30/2022 4214 ANDREWS HIGHWAY, SUITE 307
Medicare 1: 671778 HOSPICE MIDLAND, TX 79703
Medicare 2:
Phone (432) 999-3009 Fax (432) 444-1046
Type: Parent Agency Administrator CHRISTOPHER CURREY

Owner Information
CIRCLE OF CARE HOSPICE, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/21/2023

County **MIDLAND** Region 01 Date Licensed 05/02/2017
License # 018526 HOME CARE PLUS
Lic Expire 05/31/2021 808 W INDIANA
Medicare 1: 677296 HHA-18 MIDLAND, TX 79701
Medicare 2:
Phone (432) 570-7587 Fax (432) 620-6675
Type: Parent Agency Administrator STEPHANIE BIODROWSKI

Owner Information
CAREGIVERS PB INC
3303 W. ILLINOIS AVENUE, SPACE 7
MIDLAND, TX 79703-6232
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **MIDLAND** Region 01 Date Licensed 11/01/2017
License # 018490 HOME CARE PLUS
Lic Expire 10/31/2021 808 W INDIANA
Medicare 1: MIDLAND, TX 79701
Medicare 2:
Phone (432) 570-7587 Fax (432) 620-6675
Type: Parent Agency Administrator STEPHANIE BIODORWSKI

Owner Information
CAREGIVERS PB INC
3303 W. ILLINOIS AVENUE, SPACE 7
MIDLAND, TX 79703-6232
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MIDLAND** Region 01 Date Licensed 05/15/1997
License # 003840 HOME HOSPICE
Lic Expire 03/31/2023 808 W MISSOURI AVENUE
Medicare 1: MIDLAND, TX 79701
Medicare 2:
Phone (432) 570-0700 Fax (432) 570-0866
Type: Alternate Delivery Site Administrator AMY DRUMM

Owner Information
HOME HOSPICE OF ODESSA/MIDLAND LLC
619 N GRANT AVE STE 120
ODESSA, TX 79761
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MIDLAND** Region 01 Date Licensed 03/01/2020
License # 019836 HOME INSTEAD SENIOR CARE
Lic Expire 03/01/2022 3001 W ILLINOIS AVE
Medicare 1: MIDLAND, TEXAS 79701
Medicare 2:
Phone 432 6894663 Fax 432 6894606
Type: Parent Agency Administrator LORENA GARZA INIGUEZ

Owner Information
PERMIAN BASIN SENIOR CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MIDLAND** Region 01 Date Licensed 12/01/1988
License # 002022 HOSPICE OF MIDLAND INC.
Lic Expire 11/30/2022 911 WEST TEXAS AVENUE
Medicare 1: 451531 HOSPICE MIDLAND, TX 79701
Medicare 2:
Phone (432) 682-2855 Fax (432) 682-2989
Type: Parent Agency Administrator DEBORAH GOODMAN

Owner Information
HOSPICE OF MIDLAND INC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/02/2022

County **MIDLAND** Region 01 Date Licensed 07/12/2002
License # 007781 INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire 10/31/2020 1031 ANDREWS HWY STE 200
Medicare 1: MIDLAND, TX 79701
Medicare 2:
Phone (432) 550-7593 Fax (432) 618-0307
Type: Branch Agency Administrator ASHLEY MCPHAIL

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MIDLAND** Region 01 Date Licensed 10/31/2001
License # 007781 INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire 10/31/2020 3305 101ST STREET STE 200
Medicare 1: 677566 HHA-18 LUBBOCK, TEXAS 79423
Medicare 2:
Phone (432) 550-7593 Fax (432) 618-0307
Type: Parent Agency Administrator ASHLEY MCPHAIL

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MIDLAND** Region 01 Date Licensed 11/05/2009
License # 012962 INTERIM HOSPICE OF PERMIAN BASIN
Lic Expire 11/30/2021 1031 ANDREWS HWY, SUITE 100
Medicare 1: 671669 HOSPICE MIDLAND, TEXAS 797013908
Medicare 2:
Phone (432) 550-7593 Fax
Type: Parent Agency Administrator JESSICA SOTELO

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MIDLAND** Region 01 Date Licensed 09/30/2020
License # 020204 KINDRED HOSPICE
Lic Expire 09/30/2022 1031 ANDREWS HIGHTWAY, STE. 203
Medicare 1: MIDLAND, TX 797013914
Medicare 2:
Phone (432) 897-1401 Fax (432) 400-3032
Type: Parent Agency Administrator MELISSA CLABURN

Owner Information
HOSPICE OF TEXAS, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MIDLAND** Region 01 Date Licensed 10/31/2019
License # 019674 NEW HOPE HEALTHCARE SERVICES
Lic Expire 10/31/2021 2613 N MIDLAND DR. APT. 902
Medicare 1: MIDLAND, TEXAS 79707
Medicare 2:
Phone (317) 289-1698 Fax (317) 289-1698
Type: Parent Agency Administrator OLUWATOYIN OWASOYO

Owner Information
NEW HOPE HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MIDLAND** Region 01 Date Licensed 06/29/2005
License # 009842 ST JOSEPHS HOME HEALTH INC
Lic Expire 06/30/2021 30 VILLAGE CIRCLE
Medicare 1: 453104 HHA-18 MIDLAND, TX 79701
Medicare 2:
Phone (432) 684-5858 Fax (432) 684-4423
Type: Parent Agency Administrator DELMA CHAVEZ

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

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County **MIDLAND** Region 01 Date Licensed 12/09/2014
License # 016556 TEXAS HOME HEALTH
Lic Expire 12/31/2022 1020 ANDREWS HWY STE B.
Medicare 1: MIDLAND, TX 79701
Medicare 2:
Phone (432) 522-5080 Fax (432) 522-5094
Type: Parent Agency Administrator ELIZABETH LAWSON

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MIDLAND** Region 01 Date Licensed 03/28/2018
License # 018672 TRINITY PROVIDER SERVICES LLC
Lic Expire 03/31/2022 4400 N MIDLAND DR SUITE 2600
Medicare 1: MIDLAND, TEXAS 79707
Medicare 2:
Phone (432) 853-5659 Fax
Type: Parent Agency Administrator LEE SANCHEZ

Owner Information
TRINITY PROVIDER SERVICES, LLC
5105 KING RICHARDS ROW
MIDLAND, TX 79707
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MIDLAND** Region 01 Date Licensed 11/29/2016
License # 017931 TRIPPLE C HEALTH SYSTEMS INC
Lic Expire 11/30/2022 2008 W WALL
Medicare 1: 747447 HHA-18 MIDLAND, TX 79701
Medicare 2:
Phone (432) 686-7449 Fax (432) 684-6265
Type: Parent Agency Administrator ADAN RIVAS

Owner Information
TRIPPLE C HEALTH SYSTEMS INC
2008 W. WALL
MIDLAND, TX 79701
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/01/2022

County **MIDLAND** Region 01 Date Licensed 01/25/2013
License # 015342 VISITING ANGELS
Lic Expire 01/31/2023 10 DESTA DR., STE. 105E
Medicare 1: MIDLAND, TX 79705
Medicare 2:
Phone (432) 897-4094 Fax (432) 897-4095
Type: Parent Agency Administrator BERNADETTE OSTROFF

Owner Information
TUCKSTER HOMECARE INC
1031 ANDRES HWY., SUITE 201
MIDLAND, TX 79701
PHONE: FAX:
Services: Personal Assistance Services

County **MILAM** Region 05 Date Licensed 08/01/2018
License # 019662 HEARTS HOMES AND HANDS LLC
Lic Expire 10/23/2021 419 W. GILLIS
Medicare 1: CAMERON, TEXAS 76520
Medicare 2:
Phone (254) 627-1200 Fax
Type: Parent Agency Administrator KATHLEEN CASO

Owner Information
HEARTS HOMES AND HANDS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MILAM** Region 05 Date Licensed 03/31/2006
License # 010576 STANDARDS HOME HEALTH
Lic Expire 03/31/2024 115 N CENTRAL
Medicare 1: 453122 HHA-18 CAMERON, TX 76520
Medicare 2:
Phone (254) 697-2224 Fax (254) 697-2274
Type: Parent Agency Administrator RICKY GARCIA

Owner Information
STANDARDS OF CARE INC
111 WEST 2ND STREET
CAMERON, TEXAS 76520
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **MILAM** Region 05 Date Licensed 01/09/2017
License # 018020 STANDARDS HOSPICE INC
Lic Expire 01/31/2023 602 N TRAVIS AVE
Medicare 1: 671702 HOSPICE CAMERON, TX 765202564
Medicare 2:
Phone 254 2840045 Fax 254 6974011
Type: Parent Agency Administrator STARLYN HAVENS

Owner Information
STANDARDS HOSPICE INC
111 W 2ND STREET
CAMERON, TX 76520
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MILLS** Region 03 Date Licensed 05/07/2009
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 1006 6TH AVENUE
Medicare 1: 45-1688 GOLDTHWAITE, TX 76844
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **MITCHELL** Region 01 Date Licensed 08/01/2008
License # 012263 KINDRED AT HOME
Lic Expire 07/31/2022 271 WALNUT STREET
Medicare 1: 677000 HHA-18 COLORADO CITY, TX 79512
Medicare 2:
Phone (325) 728-2657 Fax (325) 728-3527
Type: Parent Agency Administrator JENNIFER CAMP

Owner Information
GBA WEST, LLC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTAGUE** Region 01 Date Licensed 01/15/2005
License # 005429 ANGELS CARE HOME HEALTH
Lic Expire 04/30/2022 1001 ROCK STREET
Medicare 1: BOWIE, TX 76230
Medicare 2:
Phone (940) 872-9888 Fax (940) 872-9889
Type: Branch Agency Administrator CONNIE GRAVES

Owner Information
FIRST CHOICE COMMUNITY HOME CARE INC
1908 ELMWOOD NORTH, SUITE 101-103
WICHITA FALLS, TX 76308
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MONTAGUE** Region 01 Date Licensed 12/11/1990
License # 002171 NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY
Lic Expire 12/31/2021 507 CROXTON
Medicare 1: 677291 HHA-18 NOCONA, TX 76255
Medicare 2:
Phone (940) 825-3235 Fax (940) 825-4314
Type: Parent Agency Administrator LANCE MEEKINS

Owner Information
NOCONA HOSPITAL DISTRICT
100 PARK RD
NOCONA, TX 76255
PHONE: (940) 825-3235 FAX: (940) 825-7196
Services: Licensed and Certified Home Health Services

County **MONTAGUE** Region 03 Date Licensed 05/30/2008
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 101 W HWY 82 SUITE B
Medicare 1: 45-1688 NOCONA, TX 76255
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **MONTAGUE** Region 03 Date Licensed 06/01/2006
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 800 LINDSEY STREET SUITE B
Medicare 1: 45-1688 BOWIE, TX 76230
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **MONTGOMERY** Region 06 Date Licensed 07/31/2018
License # 019813 A & E HEALTHCARE SERVICES LLC
Lic Expire 02/07/2022 2001 TIMBERLOCH PL STE 500
Medicare 1: THE WOODLANDS, TX 773801375
Medicare 2:
Phone (202) 403-7311 Fax
Type: Parent Agency 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

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County **MONTGOMERY** Region 06 Date Licensed 03/14/2008
License # 011928 A CARING TOUCH HOME HEALTH SERVICES & HOSPICE CARE
Lic Expire 06/30/2021 4000 SOUTH MEDFORD DRIVE, SUITE 9W
Medicare 1: 747006 HHA-18 LUFKIN, TEXAS 75901
Medicare 2:
Phone (936) 632-9400 Fax (936) 632-9425
Type: Parent Agency Administrator ROSE V DE BOND

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

County **MONTGOMERY** Region 06 Date Licensed 01/08/2021
License # 020442 A PERFECT HOME HEALTHCARE LLC
Lic Expire 01/08/2023 14019 WOLFTRAP LN
Medicare 1: CONROE, TEXAS 77384
Medicare 2:
Phone (201) 467-6491 Fax
Type: Parent Agency Administrator ABDEL-FAWZI ISSAH

Owner Information
A PERFECT HOME HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 03/23/2015
License # 016694 A PLUS COMFORTS OF HOME LLC
Lic Expire 03/31/2021 409 N LOOP 336W STE 6
Medicare 1: CONROE, TX 77301
Medicare 2:
Phone (337) 945-6307 Fax (337) 945-6307
Type: Parent Agency Administrator JAMIE MECHE

Owner Information
A PLUS COMFORTS OF HOME LLC
3266 EXPLORER WAY
CONROE, TX 77301
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 02/14/2019
License # 019258 ABC HOMEMAKER SERVICES
Lic Expire 02/14/2023 5523 BRIGHT TIMBER LANDING DR.
Medicare 1: SPRING, TX 77386
Medicare 2:
Phone 281 8888128 Fax 972 2943322
Type: Parent Agency Administrator MARIA VIVIANO

Owner Information
HNB SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 05/11/2016
License # 017552 ALAMO HOSPICE OF CONROE
Lic Expire 03/31/2022 2040 NORTH LOOP 336 WEST SUITE 324
Medicare 1: 671619 HOSPICE CONROE, TX 77304
Medicare 2:
Phone (936) 788-5900 Fax (936) 788-5902
Type: Parent Agency Administrator LORI BARNES

Owner Information
HOSPICE PARTNERS OF AMERICA HOLDING, LLC
3021 LORNA RD., SUITE 200
BIRMINGHAM, ALABAMA 35216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 05/31/2023

County **MONTGOMERY** Region 06 Date Licensed 09/04/2014
License # 016406 ALWAYS BEST CARE
Lic Expire 09/30/2022 26029 ALDINE WESTFIELD RD STE #206
Medicare 1: SPRING, TX 77373
Medicare 2:
Phone (832) 585-1941 Fax (832) 998-8137
Type: Parent Agency Administrator KELLY BRITTON

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

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County **MONTGOMERY** Region 06 Date Licensed 05/28/2014
License # 016234 AMADA SENIOR CARE
Lic Expire 05/31/2022 286 ED ENGLISH DRIVE, BLDG 8A
Medicare 1: SHENANDOAH, TX 77385
Medicare 2:
Phone (832) 209-8846 Fax (832) 377-3250
Type: Parent Agency Administrator AMY TICE

Owner Information
TICE GROUP INC.
150 PINE FOREST DR SUITE 504
THE WOODLANDS, TX 77384
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 07/02/2009
License # 012681 AMEDISYS HOSPICE
Lic Expire 07/31/2021 903C HILLCREST DRIVE
Medicare 1: 671647 HOSPICE CONROE, TX 773011106
Medicare 2:
Phone (281) 592-2830 Fax (281) 592-2837
Type: Parent Agency Administrator STEPHANIE BONDI

Owner Information
COMPASSIONATE CARE HOSPICE GROUP, INC.
5836 LINCOLN AVE
MORTON GROVE, IL 60053
PHONE: ( ) - 0 FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/19/2021

County **MONTGOMERY** Region 06 Date Licensed 01/12/2011
License # 012681 AMEDISYS HOSPICE
Lic Expire 07/31/2021 903C HILLCREST DRIVE
Medicare 1: CONROE, TX 77301
Medicare 2:
Phone (281) 592-2830 Fax (281) 592-2837
Type: Alternate Delivery Site Administrator STEPHANIE BONDI

Owner Information
COMPASSIONATE CARE HOSPICE GROUP, INC.
5836 LINCOLN AVE
MORTON GROVE, IL 60053
PHONE: ( ) - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **MONTGOMERY** Region 06 Date Licensed 01/15/2015
License # 016605 ANGELS AROUND HOME CARE
Lic Expire 01/31/2023 29710 SOUTH LEGENDS CHASE CT
Medicare 1: SPRING, TX 773862033
Medicare 2:
Phone (859) 619-2678 Fax (832) 952-0244
Type: Parent Agency Administrator WINNIE WAWERU

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

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County **MONTGOMERY** Region 04 Date Licensed 09/14/2005
License # 008437 ANGELS CARE HOME HEALTH
Lic Expire 01/31/2022 333 NORTH RIVERSHIRE DRIVE # 100
Medicare 1: CONROE, TX 77304
Medicare 2:
Phone (936) 494-1100 Fax (936) 494-1107
Type: Branch Agency Administrator DANETTE STEARNS

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

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County **MONTGOMERY** Region 06 Date Licensed 02/21/2020
License # 019697 ANNIE'S ANGELS PERSONAL HOME CARE
Lic Expire 11/13/2021 610 N LOOP 336 E, SUITE 104
Medicare 1: CONROE, TX 77301
Medicare 2:
Phone (281) 979-6143 Fax (281) 664-4311
Type: Parent Agency Administrator MARGARET ADAMS

Owner Information
GSAGA INTERESTS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 08/14/2002
License # 007603 ASSIST- MED INC
Lic Expire 12/31/2021 1110 N. LOOP 336 W SUITE 210
Medicare 1: CONROE, TX 77301
Medicare 2:
Phone (281) 419-1464 Fax (281) 419-1312
Type: Branch Agency Administrator RUTH BRIGGS

Owner Information
ASSIST-MED INC
SAME AS ABOVE
HOUSTON, TX 77077
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 04 Date Licensed 01/25/2008
License # 003487 AT HOME HEALTHCARE
Lic Expire 01/31/2022 26006 OAK RIDGE DRIVE
Medicare 1: THE WOODLANDS, TX 77380
Medicare 2:
Phone (832) 663-9021 Fax (281) 719-0974
Type: Branch Agency 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

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County **MONTGOMERY** Region 04 Date Licensed 10/02/2001
License # 002875 AT HOME HEALTHCARE
Lic Expire 26006 OAK RIDGE DRIVE
Medicare 1: THE WOODLANDS, TEXAS 77380
Medicare 2:
Phone (832) 327-8676 Fax (832) 327-8813
Type: Branch Agency Administrator RHONDA KELLY

Owner Information
NORTHEAST TEXAS HOME HEALTH AGENCY LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MONTGOMERY** Region 06 Date Licensed 06/02/2020
License # 019976 AT YOUR SIDE HOME CARE - MONTGOMERY
Lic Expire 06/02/2022 18001 HIGHWAY 105 STE. 200
Medicare 1: MONTGOMERY, TEXAS 77356
Medicare 2:
Phone (936) 274-9200 Fax (936) 274-9240
Type: Parent Agency Administrator TAMMIE SMITH

Owner Information
TF HOME CARE WITH HEART, INC.
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 07/13/2017
License # 018165 AT YOUR SIDE HOME CARE THE WOODLANDS
Lic Expire 07/31/2021 10200 GROGANS MILL RD SUITE 360
Medicare 1: THE WOODLANDS, TX 77380
Medicare 2:
Phone (281) 719-5221 Fax (281) 719-5237
Type: Parent Agency Administrator TAMARA FRANKS

Owner Information
SNTF HOME CARE LLC
82 S FAIR MANOR CIR
THE WOODLANDS, TX 77382
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MONTGOMERY** Region 06 Date Licensed 04/14/2010
License # 011223 ATC HOME HEALTH LLC
Lic Expire 04/30/2022 804 WEST DALLAS STREET # 2
Medicare 1: CONROE, TX 77301
Medicare 2:
Phone (936) 788-2282 Fax (936) 788-2283
Type: Branch Agency Administrator DINA SUCIU

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

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County **MONTGOMERY** Region 06 Date Licensed 04/03/2007
License # 011223 ATC HOME HEALTH LLC
Lic Expire 04/30/2022 20345 RIVER RIDGE DR
Medicare 1: 679720 HHA-18 PORTER, TX 77365
Medicare 2:
Phone (281) 354-7112 Fax (281) 354-7116
Type: Parent Agency Administrator DINA SUCIU

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

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County **MONTGOMERY** Region 06 Date Licensed 08/10/2006
License # 010674 AVATAR HOME HEALTH CARE AGENCY LLC
Lic Expire 08/31/2021 25325 BOROUGH PARK DRIVE #100
Medicare 1: 679618 HHA-18;67 THE WOODLANDS, TX 77380
Medicare 2:
Phone (281) 465-8220 Fax (281) 298-7502
Type: Parent Agency Administrator PRISCILLA ARGUEZ

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
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 03/23/2022

County **MONTGOMERY** Region 06 Date Licensed 08/05/2019
License # 019553 BRIGHTSTAR CARE NORTH HOUSTON/THE WOODLANDS
Lic Expire 08/05/2021 8505 TECHNOLOGY FOREST PL, STE 502
Medicare 1: THE WOODLANDS, TEXAS 77381
Medicare 2:
Phone (281) 367-7827 Fax (281) 367-7837
Type: Parent Agency Administrator ANDREA HORGER

Owner Information
ARH FOCUSED CARE GROUP LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MONTGOMERY** Region 06 Date Licensed 12/02/2013
License # 016069 BRISTOL HOSPICE - TEXAS LLC
Lic Expire 12/31/2021 2002 TIMBERLOCH PLACE SUITE 150
Medicare 1: 671708 HOSPICE THE WOODLANDS, TX 77380
Medicare 2:
Phone (281) 419-4476 Fax (281) 419-0525
Type: Parent Agency Administrator COLLEEN SWIHART

Owner Information
BRISTOL HOSPICE - TEXAS, L.L.C.
2002 TIMBERLOCH PLACE SUITE 150
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 02/06/2024

County **MONTGOMERY** Region 06 Date Licensed 07/20/2012
License # 012958 COMFORT KEEPERS CLEAR LAKE
Lic Expire 09/30/2021 14888 HWY 105 W. STE 209
Medicare 1: MONTGOMERY, TX 77356
Medicare 2:
Phone (936) 588-2211 Fax (936) 588-2212
Type: Branch Agency Administrator JOETTA WATSON

Owner Information
PAINTER'S HOME CARE LLC
10 MILLWRIGHT PLACE
THE WOODLANDS, TX 77382
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 07/15/2018
License # 019848 COMFORTHOME CAREGIVERS, LLC
Lic Expire 03/06/2022 1712 NORTH FRAZIER STREET
Medicare 1: CONROE, TEXAS 77304
Medicare 2:
Phone (832) 650-2237 Fax (832) 565-1591
Type: Parent Agency Administrator ELIZABETH DOWNS

Owner Information
COMFORTHOME CAREGIVERS LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **MONTGOMERY** Region 06 Date Licensed 08/05/2019
License # 019351 COMFORTING HANDS HOME CARE LLC
Lic Expire 25210 IBRIS RANCH DR.
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (832) 913-3335 Fax (832) 913-3335
Type: Parent Agency Administrator ARABION GILLYARD

Owner Information
COMFORTING HANDS HANDS HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 08/25/2009
License # 012807 COMPLETE NURSE SOLUTIONS LLC
Lic Expire 08/31/2021 232 FOREST PEAK WAY
Medicare 1: 747426 HHA-18 MONTGOMERY, TX 77316
Medicare 2:
Phone (936) 588-5206 Fax (936) 588-7329
Type: Parent Agency Administrator LYNETTE GILLESPIE

Owner Information
COMPLETE NURSE SOLUTIONS LLC
232 FOREST PEAK WAY
MONTGOMERY, TX 77316
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 05/10/2022

County **MONTGOMERY** Region 06 Date Licensed
License # 020713 DEDICATED HEARTS CAREGIVERS
Lic Expire 04/21/2024 12130 LA SALLE OAKS
Medicare 1: CONROE, TX 77304
Medicare 2:
Phone (936) 442-8223 Fax (936) 588-4504
Type: Parent Agency Administrator WAMESHIA HATCHETT

Owner Information
DEDICATED HEARTS CAREGIVERS
412 W PHILLIPS ST STE 124
CONROE, TX 77301
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 12/05/2019
License # 019733 DEPENDABLE HEALTHCARE
Lic Expire 12/05/2021 3210 LINDER GREEN DR.
Medicare 1: SPRING, TX 77386
Medicare 2:
Phone (832) 447-3364 Fax (832) 447-3364
Type: Parent Agency Administrator FRED AKLASSOU

Owner Information
DEPENDABLE HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 03/18/2016
License # 017319 DEVOTION HOSPICE
Lic Expire 03/31/2022 508 W LEWIS ST
Medicare 1: 741708 HOSPICE CONROE, TX 77301
Medicare 2:
Phone (281) 742-1142 Fax (346) 998-1442
Type: Parent Agency Administrator SHAWN STEVENS

Owner Information
BRITE HOSPICE, INC
26723 OAK HILL DR.
SPRING, TEXAS 77386
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/14/2023

County **MONTGOMERY** Region 06 Date Licensed 08/27/2015
License # 017134 ELARA CARING
Lic Expire 08/31/2021 200 RIVER POINTE DRIVE SUITE 110
Medicare 1: 671704 HOSPICE CONROE, TX 77304
Medicare 2:
Phone (855) 800-7673 Fax (888) 605-9190
Type: Parent Agency Administrator MARLENE GRAHAM

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

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 05/04/2012
License # 014888 ELARA CARING
Lic Expire 05/31/2022 2040 N LOOP 336 WEST SUITE 302
Medicare 1: 457882 HHA-18 CONROE, TX 77304
Medicare 2:
Phone (936) 539-9846 Fax (936) 539-9842
Type: Parent Agency Administrator CAROL RAY

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

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County **MONTGOMERY** Region 06 Date Licensed
License # 017398 ELYSIAN HOSPICE
Lic Expire 03/31/2022 704 LONGMIRE ROAD, SUITE 200-B
Medicare 1: 671786 CONROE, TEXAS 77304
Medicare 2:
Phone 936 4411530 Fax 936 4411531
Type: Alternate Delivery Site Administrator STEPHANIE MORRIS

Owner Information
ELYSIAN HOSPICE HOUSTON LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MONTGOMERY** Region 06 Date Licensed 07/01/2015
License # 016944 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 06/30/2021 800 ROCKMEAD DRIVE, SUITE 250
Medicare 1: 677913 HHA-18 KINGWOOD, TEXAS 77339
Medicare 2:
Phone 281 5702927 Fax 281 9135809
Type: Parent Agency Administrator SHANNON SIKES

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

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County **MONTGOMERY** Region 06 Date Licensed 09/01/2008
License # 012241 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 08/31/2022 2201 TIMBERLOCH PLACE, SUITE 225
Medicare 1: THE WOODLANDS, TEXAS 77380
Medicare 2:
Phone 281 4658812 Fax 281 4658917
Type: Branch Agency Administrator BOBBIE SOLET-KANGOT

Owner Information
DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MONTGOMERY** Region 06 Date Licensed 09/01/2008
License # 012241 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 08/31/2022 2201 TIMBERLOCH PLACE, SUITE 225
Medicare 1: THE WOODLANDS, TEXAS 77380
Medicare 2:
Phone 281 4658812 Fax 281 4658917
Type: Branch Agency Administrator BOBBIE SOLET-KANGOT

Owner Information
DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MONTGOMERY** Region 06 Date Licensed 09/01/2008
License # 012241 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 08/31/2022 2201 TIMBERLOCH PLACE, SUITE 225
Medicare 1: THE WOODLANDS, TEXAS 77380
Medicare 2:
Phone 281 4658812 Fax 281 4658917
Type: Branch Agency Administrator BOBBIE SOLET-KANGOT

Owner Information
DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MONTGOMERY** Region 06 Date Licensed 06/12/2015
License # 015693 ENCOMPASS HEALTH HOSPICE
Lic Expire 05/31/2021 2201 TIMBERLOCH PLACE, SUITE 225
Medicare 1: THE WOODLANDS, TEXAS 77380
Medicare 2:
Phone 281 4658397 Fax 281 4658710
Type: Alternate Delivery Site Administrator KATHRYN SYKES-WITZSCHE

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** Region 06 Date Licensed 10/28/2020
License # 020273 GRISWOLD HOME CARE OF NORTH HOUSTON
Lic Expire 10/28/2022 28611 WATERBEND CT
Medicare 1: SPRING, TX 77386
Medicare 2:
Phone (281) 528-0761 Fax (832) 299-1666
Type: Parent Agency Administrator GREGORY DETIVEAUX

Owner Information
THE DETIVEAUX CORPORATION
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 111 VISION PARK BLVD., STE#250
Medicare 1: 67Q7153002 SHENANDOAH, TEXAS 77384
Medicare 2:
Phone (979) 774-7770 Fax (979) 778-9435
Type: Branch Agency 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 **MONTGOMERY** Region 06 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 111 VISION PARK BLVD., STE#250
Medicare 1: 67Q7153002 SHENANDOAH, TEXAS 77384
Medicare 2:
Phone (979) 774-7770 Fax (979) 778-9435
Type: Branch Agency 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 **MONTGOMERY** Region 06 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 111 VISION PARK BLVD., STE#250
Medicare 1: 67Q7153002 SHENANDOAH, TEXAS 77384
Medicare 2:
Phone (979) 774-7770 Fax (979) 778-9435
Type: Branch Agency 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 **MONTGOMERY** Region 06 Date Licensed 08/03/2017
License # 018227 HANNACARE
Lic Expire 08/31/2021 10200 GROGAN'S MILL ROAD STE 192
Medicare 1: THE WOODLANDS, TX 77380
Medicare 2:
Phone (713) 321-0156 Fax (000) 000-0000
Type: Parent Agency Administrator INGRID CONNER

Owner Information
HANNA CARE LLC
2202 RIVA ROW APT 4227
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 01/09/2013
License # 015294 HARBOR HOSPICE 28 LP
Lic Expire 01/31/2023 33300 EGYPT LANE, SUITE F100
Medicare 1: 741515 HOSPICE MAGNOLIA, TEXAS 773542740
Medicare 2:
Phone (936) 441-5500 Fax (936) 756-5591
Type: Parent Agency Administrator SANDRA THORNTON

Owner Information
HARBOR HOSPICE 28 LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 01/18/2023

County **MONTGOMERY** Region 06 Date Licensed 10/28/2013
License # 015926 HEART TO HEART HOSPICE OF HOUSTON LLC.
Lic Expire 10/31/2021 100 INTERSTATE 45 N, SUITE 320
Medicare 1: 671660 HOSPICE CONROE, TX 773012890
Medicare 2:
Phone (832) 300-0134 Fax (832) 300-0139
Type: Parent Agency Administrator CLAUDIA THOMAS

Owner Information
HEART TO HEART HOSPICE OF HOUSTON, LLC.
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/16/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 12/11/2014
License # 016685 HOME CARE SELECT
Lic Expire 12/31/2022 3500 W DAVIS, STE 150B
Medicare 1: 747095 HHA-18 CONROE, TX 77304
Medicare 2:
Phone 936 7565800 Fax 936 4415850
Type: Parent Agency Administrator HOLLY GILSTRAP

Owner Information
BEIER AND ASSOICATES LLC
3091 COLLEGE PK DR STE 240 BOX 111
THE WOODLANDS, TX 77384
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MONTGOMERY** Region 04 Date Licensed 12/21/2007
License # 001674 HOME HEALTH CARE OF HUNTSVILLE
Lic Expire 04/30/2024 12603 HWY 105 WEST SUITE # 202A
Medicare 1: CONROE, TX 77304
Medicare 2:
Phone (936) 291-8439 Fax (936) 291-8582
Type: Branch Agency Administrator JAMES DESHAW

Owner Information
HOME HEALTH CARE OF HUNTSVILLE CO
PO BOX 6548
HUNTSVILLE, TEXAS 77342
PHONE: FAX:
Services: Licensed Home Health Services

County **MONTGOMERY** Region 06 Date Licensed 10/06/2010
License # 013613 HOME HEALTH SPECIALISTS
Lic Expire 02/26/2021 600 ROCKMEAD DR., SUITE 125
Medicare 1: 747738 HHA-18 KINGWOOD, TX 77339
Medicare 2:
Phone (281) 748-9383 Fax (855) 307-8003
Type: Parent Agency Administrator CHARLES FATAWARAN

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
Accreditation: CHAP - Deemed, Expires: 06/30/2021

County **MONTGOMERY** Region 06 Date Licensed 08/17/2018
License # 019038 HOME HELPERS HOME CARE FRANCHISE NO.58865
Lic Expire 08/17/2020 12805 WEST AIRPORT SUITE 275M
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (832) 510-3231 Fax (281) 240-6281
Type: Parent Agency Administrator MEI PACE

Owner Information
DEZHOU HOME CARE LLC
5010 PLANTATION COLONY DRIVE
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 05/01/2020
License # 019898 HOME INSTEAD SENIOR CARE
Lic Expire 03/31/2022 32731 EGYPT LANE, UNIT 502
Medicare 1: MAGNOLIA, TX 77354
Medicare 2:
Phone 936 4413223 Fax
Type: Parent Agency Administrator JUDY SALCIDO

Owner Information
KOINONIA HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 10/06/2020
License # 020213 HOMECARE CONTINUUM LLC
Lic Expire 10/06/2022 2495 SAWDUST ROAD # 201
Medicare 1: THE WOODLANDS, TX 77380
Medicare 2:
Phone (614) 779-6330 Fax (713) 391-8432
Type: Parent Agency Administrator CHANTAL ADEMBUH

Owner Information
HOMECARE CONTINUUM LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MONTGOMERY** Region 06 Date Licensed 08/31/2012
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 08/31/2022 322 SPRING HILL DR., STE B100
Medicare 1: 671626 HOSPICE SPRING, TX 773863401
Medicare 2:
Phone (832) 813-8155 Fax (855) 240-6518
Type: Parent Agency Administrator AMY GROVES

Owner Information
HERITAGE HEALTH AND HOSPICE CARE LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 03/07/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 08/31/2012
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 08/31/2022 322 SPRING HILL DR., STE B100
Medicare 1: 671626 HOSPICE SPRING, TX 773863401
Medicare 2:
Phone (832) 813-8155 Fax (855) 240-6518
Type: Parent Agency Administrator AMY GROVES

Owner Information
HERITAGE HEALTH AND HOSPICE CARE LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 03/07/2022

County **MONTGOMERY** Region 06 Date Licensed 08/31/2012
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 08/31/2022 322 SPRING HILL DR., STE B100
Medicare 1: 671626 HOSPICE SPRING, TX 773863401
Medicare 2:
Phone (832) 813-8155 Fax (855) 240-6518
Type: Parent Agency Administrator AMY GROVES

Owner Information
HERITAGE HEALTH AND HOSPICE CARE LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 03/07/2022

County **MONTGOMERY** Region 06 Date Licensed 08/31/2012
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 08/31/2022 322 SPRING HILL DR., STE B100
Medicare 1: 671626 HOSPICE SPRING, TX 773863401
Medicare 2:
Phone (832) 813-8155 Fax (855) 240-6518
Type: Parent Agency Administrator AMY GROVES

Owner Information
HERITAGE HEALTH AND HOSPICE CARE LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 03/07/2022

County **MONTGOMERY** Region 06 Date Licensed 12/28/2007
License # 011784 IN HIS CARE SENIOR SERVICES, INC
Lic Expire 12/31/2020 900 W DAVIS SUITE 104
Medicare 1: CONROE, TX 77301
Medicare 2:
Phone (936) 441-6470 Fax (936) 756-9104
Type: Parent Agency Administrator CYNTHIA RATCLIFF

Owner Information
IN HIS CARE SENIOR SERVICES, INC
818 STONE MOUNTAIN
CONROE, TX 77302
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 04/28/2016
License # 017374 INTERIM HEALTHCARE OF THE WOODLANDS/SPRING
Lic Expire 04/30/2022 719 SAWDUST ROAD SUITE 107
Medicare 1: THE WOODLANDS, TX 77380
Medicare 2:
Phone (281) 916-1440 Fax (281) 916-1400
Type: Parent Agency 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

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County **MONTGOMERY** Region 06 Date Licensed 07/09/2013
License # 015627 ITRUST HOME CARE LLC
Lic Expire 07/31/2021 79 WYNDEMERE
Medicare 1: MONTGOMERY, TX 77356
Medicare 2:
Phone (832) 799-1342 Fax (832) 553-3212
Type: Parent Agency 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** Region 06 Date Licensed 10/28/2020
License # 020275 LABAK HOME HEALTHCARE LLC
Lic Expire 10/28/2022 2334 URBAN FOREST CT.
Medicare 1: SPRING, TX 77386
Medicare 2:
Phone (713) 875-8966 Fax (469) 425-1239
Type: Parent Agency Administrator MOPELOLA ONIKOYI

Owner Information
LABAK HOME HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 05/06/2013
License # 015520 LIVING WATERS HOSPICE INC.
Lic Expire 05/31/2021 23315 JOHNSON ROAD
Medicare 1: 741543 HOSPICE NEW CANEY, TX 77357
Medicare 2:
Phone (832) 793-5600 Fax (832) 201-7590
Type: Parent Agency Administrator LESHEQUA GASPER-BOWLES

Owner Information
LIVING WATERS HOSPICE, INC.
23315 JOHNSON ROAD
NEW CANEY, TX 77357
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/09/2023

County **MONTGOMERY** Region 06 Date Licensed 11/04/2015
License # 017118 LT HOME HEALTHCARE
Lic Expire 11/30/2021 9595 SIX PINES DR STE # 6280
Medicare 1: THE WOODLANDS, TX 77380
Medicare 2:
Phone (832) 447-7130 Fax (832) 575-4900
Type: Parent Agency Administrator LINDA JENKINS

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

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County **MONTGOMERY** Region 06 Date Licensed 03/28/2008
License # 011945 MAGNIFICAT HOME HEALTHCARE SERVICES LLC
Lic Expire 03/31/2022 13414 MEDICAL COMPLEX DR UNIT 12
Medicare 1: 747264 HHA-18 TOMBALL, TX 77375
Medicare 2:
Phone (281) 741-5709 Fax (281) 741-5798
Type: Parent Agency Administrator ESTEFANIA HUNDLEY

Owner Information
MAGNIFICAT HOME HEALTHCARE SERVICES LLC
2205 N MAIN STREET SUITE B
PEARLAND, TX 77581
PHONE: (281) 741-5709 FAX: (281) 741-5798
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MONTGOMERY** Region 06 Date Licensed 01/21/2009
License # 014182 MAXIM HEALTHCARE SERVICES INC
Lic Expire 01/31/2023 460 WILDWOOD FOREST DR STE 150-S
Medicare 1: 679483 HHA-18 SPRING, TX 77380
Medicare 2:
Phone (832) 458-3793 Fax (877) 615-6497
Type: Parent Agency Administrator AUNDRIA MAYES

Owner Information
MAXIM HEALTHCARE SERVICES INC
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **MONTGOMERY** Region 06 Date Licensed 02/12/2016
License # 017271 MILLENNIUM HOSPICE AGENCY LLC
Lic Expire 02/28/2022 25325 BOROUGH PARK DRIVE SUITE #108
Medicare 1: 741658 HOSPICE SPRING, TX 77380
Medicare 2:
Phone (281) 681-4035 Fax (281) 681-4036
Type: Parent Agency Administrator PRISCILLA ARGUEZ

Owner Information
MILLENNIUM HOSPICE AGENCY LLC
25826 LAKE LAWN DRIVE
SPRING, TX 77380
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 09/12/2022

County **MONTGOMERY** Region 06 Date Licensed 02/04/2016
License # 017341 OASIS HOSPICE
Lic Expire 02/28/2022 12051 SLEEPY HOLLOW
Medicare 1: 671565 HOSPICE CONROE, TX 77385
Medicare 2:
Phone (281) 607-2310 Fax (281) 607-2314
Type: Parent Agency Administrator BETH SCOTT

Owner Information
FOUNDATION CAREPLUS GROUP INC
1120 MEDICAL PLAZA DRIVE SUITE 240
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MONTGOMERY** Region 06 Date Licensed 03/26/2014
License # 016147 PATHFINDER HOME HEALTH
Lic Expire 03/31/2022 318 BRIAR ROCK ROAD
Medicare 1: 679334 HHA-18 THE WOODLANDS, TEXAS 77380
Medicare 2:
Phone (281) 574-3701 Fax (281) 574-3710
Type: Parent Agency Administrator DANNY GOLDEN

Owner Information
PATHFINDER HEALTHCARE LLC
318 BRIAR ROCK ROAD
THE WOODLANDS, TEXAS 77380
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MONTGOMERY** Region 06 Date Licensed 11/05/2012
License # 015375 PATHFINDER HOME HEALTH
Lic Expire 11/30/2022 26009 BUDDE RD STE C100 B
Medicare 1: 458396 HHA-18 THE WOODLANDS, TEXAS 77380
Medicare 2:
Phone (936) 291-7284 Fax (936) 436-9308
Type: Parent Agency Administrator DANNY GOLDEN

Owner Information
PATHFINDER HEALTHCARE LLC
318 BRIAR ROCK ROAD
THE WOODLANDS, TEXAS 77380
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MONTGOMERY** Region 06 Date Licensed 09/11/1995
License # 003864 PATHFINDER HOME HEALTH
Lic Expire 09/30/2022 26009 BUDDE ROAD, SUITE C100
Medicare 1: 678058 HHA-18 THE WOODLANDS, TEXAS 77380
Medicare 2:
Phone (281) 364-9161 Fax (281) 298-1458
Type: Parent Agency Administrator MICHELLE HOKANSON

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

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County **MONTGOMERY** Region 06 Date Licensed 01/08/2009
License # 012397 PATHFINDER PEDIATRIC HOME CARE INC
Lic Expire 01/31/2021 25018 OAKHURST DR
Medicare 1: SPRING, TX 77386
Medicare 2:
Phone (281) 364-9695 Fax (281) 456-2479
Type: Parent Agency Administrator CHARLES M WILCOX

Owner Information
PATHFINDER PEDIATRIC HOME CARE INC
318 BRIAR ROCK RD
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Licensed Home Health Services

County **MONTGOMERY** Region 06 Date Licensed 01/15/2021
License # 020466 PRESTIGE HOMECARE
Lic Expire 01/15/2023 25126 ANDRIS LANE
Medicare 1: SPRING, TEXAS 77386
Medicare 2:
Phone (936) 249-7146 Fax
Type: Parent Agency Administrator KIERRA REYNOLDS

Owner Information
AK & PRESTIGE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 08/31/2018
License # 019049 RIGHT AT HOME
Lic Expire 08/31/2022 25132 OAKHURST DRIVE, SUITE 145
Medicare 1: SPRING, TX 77386
Medicare 2:
Phone (281) 402-8858 Fax (281) 407-2696
Type: Parent Agency Administrator MINDY WILDER

Owner Information
WILDER CARE CORPORATION
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 10/14/2008
License # 012264 ST AGNES CAREGIVERS INC
Lic Expire 10/31/2022 2419 CROCKETT MARTIN ST
Medicare 1: CONROE, TX 77306
Medicare 2:
Phone (936) 264-1743 Fax (936) 264-1927
Type: Parent Agency Administrator ANIEFIOK USORO

Owner Information
ST AGNES CAREGIVERS INC
P.O.BOX 2269
STAFFORD, TX 77497
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 12/19/2014
License # 016837 ST JOSEPH HOSPICE OF CONROE TEXAS
Lic Expire 12/31/2022 2255 N LOOP 336 W SUITE A
Medicare 1: 671765 HOSPICE CONROE, TX 77304
Medicare 2:
Phone (936) 703-5250 Fax (936) 703-5255
Type: Parent Agency Administrator MARYANN NYS

Owner Information
ST. JOSEPH HOSPICE OF HOUSTON LLC
10615 JEFFERSON HWY
BATON ROUGE, LA 70809
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 07/13/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 06/25/2012
License # 014887 SURECARE AT HOME
Lic Expire 06/30/2022 1717 WOODSTEAD CT STE 104
Medicare 1: THE WOODLANDS, TX 77380
Medicare 2:
Phone (281) 501-4760 Fax (281) 315-3636
Type: Parent Agency Administrator NANCY LARKIN

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** Region 06 Date Licensed 01/24/2007
License # 011013 SYNERGY HOMECARE
Lic Expire 01/31/2022 1104 WILSON ROAD STE C
Medicare 1: CONROE, TX 77301
Medicare 2:
Phone (936) 441-7760 Fax (936) 788-7750
Type: Parent Agency Administrator ANDREA MOSHER

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** Region 06 Date Licensed 07/15/2016
License # 017527 TEXAS ELITE HOSPICE LLC
Lic Expire 07/31/2022 23010 GABRIEL SUITE 109
Medicare 1: 741646 HOSPICE NEW CANEY, TX 77357
Medicare 2:
Phone (281) 689-5350 Fax (281) 689-5396
Type: Parent Agency Administrator MICHELLE PRIMEAUX-DAVIS

Owner Information
TEXAS ELITE HOSPICE, LLC
23010 GABRIEL SUITE 109
NEW CANEY, TEXAS 77357
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/12/2023

County **MONTGOMERY** Region 06 Date Licensed 09/24/2018
License # 019192 THERACARE HOME HEALTH
Lic Expire 09/24/2022 704 LONGMIRE ROAD, SUITE 200
Medicare 1: 67-8372 (HHA) CONROE, TX 77304
Medicare 2:
Phone 936 3270231 Fax 936 3270223
Type: Parent Agency Administrator LATONYA CURVEY

Owner Information
CANTEX HOME HEALTH NORTH HOUSTON LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **MONTGOMERY** Region 04 Date Licensed
License # 019192 THERACARE HOME HEALTH
Lic Expire 09/24/2022 301 HWY 59 LOOP S, SUITE H
Medicare 1: 67Q8372001 LIVINGSTON, TEXAS 77351
Medicare 2:
Phone (936) 327-0231 Fax (936) 327-0223
Type: Branch Agency Administrator LATONYA CURVEY

Owner Information
CANTEX HOME HEALTH NORTH HOUSTON LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **MONTGOMERY** Region 06 Date Licensed 12/06/2016
License # 017932 THREE OAKS HOSPICE HOUSTON
Lic Expire 12/31/2022 25211 GROGAN'S MILL ROAD, SUITE 330
Medicare 1: 741611 HOSPICE THE WOODLANDS, TX 77380
Medicare 2:
Phone (832) 431-5009 Fax (281) 978-2445
Type: Parent Agency Administrator MARIA CLARK

Owner Information
ALLIANCE HOSPICE, LLC
717 N. HARWOOD STREET, SUITE 550
DALLAS, TEXAS 75201
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 05/15/2023

County **MONTGOMERY** Region 06 Date Licensed 01/01/2017
License # 017937 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 12/31/2022 602 WEST SEMANDS STREET
Medicare 1: CONROE, TX 773011867
Medicare 2:
Phone (936) 756-5598 Fax (936) 756-5974
Type: Parent Agency Administrator BRITNEY BRAZELL

Owner Information
ADVOCATE PEDIATRIC HOME CARE, LLC
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/09/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 05/02/2016
License # 017485 TOTAL HOME HEALTH CONROE
Lic Expire 05/31/2022 2253 LOOP 336 SUITE D
Medicare 1: 679596 HHA-18 CONROE, TX 77304
Medicare 2:
Phone (936) 303-0011 Fax (936) 703-5213
Type: Parent Agency Administrator MELISSA RIDLEY

Owner Information
MONIHEALTH HOME CARE SERVICES INCORPORATED
2253 LOOP 336 SUITE D
CONROE, TX 77304
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **MONTGOMERY** Region 06 Date Licensed 05/22/2012
License # 014816 TRADITIONS HEALTH
Lic Expire 05/31/2022 1192-D WEST DALLAS
Medicare 1: 671772 HOSPICE CONROE, TX 77301
Medicare 2:
Phone (936) 539-2273 Fax (866) 908-8704
Type: Parent Agency Administrator LISA LEBLANC

Owner Information
TRADITIONS HOSPICE OF CONROE, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MONTGOMERY** Region 06 Date Licensed 10/01/2012
License # 015118 TRADITIONS HEALTH CARE
Lic Expire 09/30/2022 1192-D WEST DALLAS
Medicare 1: 458141 HHA-18 CONROE, TX 77301
Medicare 2:
Phone (713) 266-1062 Fax (866) 908-8704
Type: Parent Agency Administrator LISA LEBLANC

Owner Information
TRADITIONS HEALTH CARE OF HOUSTON/GALVESTON, LLC
PO BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **MONTGOMERY** Region 06 Date Licensed 12/11/2020
License # 020395 TRUE HEALTHCARE
Lic Expire 12/11/2022 10010 S. WHIMBREL CIRCLE
Medicare 1: CONROE, TEXAS 77385
Medicare 2:
Phone (346) 370-2853 Fax
Type: Parent Agency Administrator NOVIA MEARIDY

Owner Information
TRUE HEALTHCARE, LLC.
PHONE: FAX:
Services: Licensed Home Health Services

County **MONTGOMERY** Region 06 Date Licensed 01/13/2004
License # 008856 VISITING ANGELS
Lic Expire 01/31/2021 32815 TAMINA RD SUITE A
Medicare 1: MAGNOLIA, TX 77354
Medicare 2:
Phone (281) 356-2827 Fax (281) 259-9098
Type: Parent Agency Administrator ALEXANDER ELGUEZABAL JR

Owner Information
FOX E ENTERPRISES LLC DBA VISITING ANGELS
32815 TAMINA SUITE A
MAGNOLIA, TX 77354
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 04/18/2011
License # 006974 VITAS HEALTHCARE OF TEXAS L P
Lic Expire 11/30/2022 18550 IH 45 SOUTH (G WING)
Medicare 1: CONROE, TEXAS 77384
Medicare 2:
Phone (281) 292-1397 Fax (281) 292-7502
Type: Alternate Delivery Site Administrator WILLIAM WELLER

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MONTGOMERY** Region 06 Date Licensed 02/01/2010
License # 013350 WINDSONG HOME HEALTH AGENCY
Lic Expire 01/31/2022 5055 W PANTHER CREEK DRIVE #100
Medicare 1: 677283 HHA-18 THE WOODLANDS, TX 77381
Medicare 2:
Phone (281) 292-4321 Fax (281) 364-9569
Type: Parent Agency Administrator LAKISHIA JAWDJEE

Owner Information
FIVE STAR WOODLANDS LLC
400 CENTRE ST.ATTN: LICENSING
NEWTON, MA 2458
PHONE: (617) 796-8387 FAX: (617) 219-1435
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 03/29/2017
License # 017975 YOS HEALTH CARE SERVICES INC
Lic Expire 03/31/2021 15 SPRINGTIME CREEK DR
Medicare 1: THE WOODLANDS, TX 77354
Medicare 2:
Phone (866) 900-5007 Fax (866) 677-1896
Type: Parent Agency Administrator EMMANUEL SOFELA

Owner Information
YOS HEALTH CARE SERVICES INC
5225 MAPLE AV APT 4401
DALLAS, TX 75235-8449
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **MOORE** Region 01 Date Licensed 07/31/1992
License # 002372 MEMORIAL HOME HEALTH
Lic Expire 07/31/2021 209 S BLISS
Medicare 1: 677531 HHA-18 DUMAS, TX 79029
Medicare 2:
Phone (806) 935-4946 Fax (806) 935-2251
Type: Parent Agency Administrator JENNIFER ALLISON

Owner Information
MOORE COUNTY HOSPITAL DISTRICT
224 EAST 2ND STREET
DUMAS, TX 79029
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **MOORE** Region 01 Date Licensed 11/30/1989
License # 002076 MEMORIAL HOSPICE
Lic Expire 11/30/2020 209 S BLISS
Medicare 1: 451538 HOSPICE DUMAS, TX 79029
Medicare 2:
Phone (806) 935-4884 Fax (806) 935-2251
Type: Parent Agency Administrator JENNEFIER ALLISON

Owner Information
MOORE COUNTY HOSPITAL DISTRICT
224 E 2ND STREET
DUMAS, TEXAS 79029
PHONE: (806) 935-6500 FAX: (806) 935-9140
Services: Hospice
In-Patient Hospice: YES

County **MOORE** Region 01 Date Licensed 02/08/2007
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 1934 MEDI PARK DR (DMS)
Medicare 1: 45Q7754005 AMARILLO, TX 79106
Medicare 2:
Phone (806) 934-2000 Fax (806) 934-2013
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/18/2024

County **MOORE** Region 01 Date Licensed 02/08/2007
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 1934 MEDI PARK DR (DMS)
Medicare 1: 45Q7754005 AMARILLO, TX 79106
Medicare 2:
Phone (806) 934-2000 Fax (806) 934-2013
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/18/2024

County **MOORE** Region 01 Date Licensed 02/08/2007
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 1934 MEDI PARK DR (DMS)
Medicare 1: 45Q7754005 AMARILLO, TX 79106
Medicare 2:
Phone (806) 934-2000 Fax (806) 934-2013
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/18/2024

County **NACOGDOCHES** Region 04 Date Licensed 05/04/2005
License # 002409 A PINEYWOODS HOME HEALTH CARE INC
Lic Expire 08/31/2022 906 NORTH STREET
Medicare 1: NACOGDOCHES, TEXAS 759614430
Medicare 2:
Phone (936) 560-5141 Fax (936) 560-5128
Type: Branch Agency 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

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NACOGDOCHES** Region 04 Date Licensed 12/21/2010
License # 013780 ADVANTAGE PLUS HOMECARE
Lic Expire 12/31/2022 2719 WESTWARD DRIVE
Medicare 1: 747683 HHA-18 NACOGDOCHES, TX 75964
Medicare 2:
Phone (936) 559-9480 Fax (936) 559-9498
Type: Parent Agency Administrator LORI REYNOLDS

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
Accreditation: CHAP - Deemed, Expires: 01/04/2024

County **NACOGDOCHES** Region 04 Date Licensed 11/12/2004
License # 003546 ANGELS CARE HOME HEALTH
Lic Expire 01/31/2023 409 RUSSELL BOULEVARD SUITE C
Medicare 1: NACOGDOCHES, TX 75965
Medicare 2:
Phone (936) 462-7511 Fax (936) 462-7540
Type: Branch Agency Administrator BRANDY SIMMS

Owner Information
PERSONAL HOME HEALTHCARE AGENCY LLC
2000 S ROYALL
PALESTINE, TX 75801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NACOGDOCHES** Region 04 Date Licensed 06/01/2006
License # 010729 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2022 300 E MAIN STREET, SUITE 200
Medicare 1: 679432 HHA-18 NACOGDOCHES, TEXAS 75961
Medicare 2:
Phone 936 5643700 Fax 936 5640675
Type: Parent Agency Administrator JOSEPH BRACKIN

Owner Information
AHM ACTION HOME HEALTH, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NACOGDOCHES** Region 04 Date Licensed 06/24/2016
License # 015764 HEART TO HEART HOSPICE OF LUFKIN LLC
Lic Expire 04/30/2024 3316 N UNIVERSITY DRIVE SUITE B
Medicare 1: NACOGDOCHES, TX 75965
Medicare 2:
Phone (936) 569-9143 Fax (936) 569-9168
Type: Alternate Delivery Site Administrator CONNIE RUSSELL

Owner Information
HEART TO HEART HOSPICE OF LUFKIN, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NACOGDOCHES** Region 04 Date Licensed
License # 012656 KAMCARE HOME HEALTH SERVICES
Lic Expire 06/30/2021 416A NORTH STREET
Medicare 1: 74Q7328001 NACOGDOCHES, TX 75961
Medicare 2:
Phone (866) 344-2821 Fax (866) 288-4125
Type: Branch Agency Administrator ALETHEA THACKER

Owner Information
AGAPE HOME CARE SERVICES LLC
609 E LUFKIN AVENUE
LUFKIN, TX 75901
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NACOGDOCHES** Region 04 Date Licensed 08/31/2020
License # 020134 KING VISION, LLC
Lic Expire 08/31/2022 2304 CAROLE STREET
Medicare 1: NACOGDOCHES, TEXAS 75961
Medicare 2:
Phone (954) 261-1026 Fax
Type: Parent Agency Administrator TRACY KING

Owner Information
KING VISION, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NACOGDOCHES** Region 04 Date Licensed 11/27/2006
License # 003475 LIFECARE HEALTH SERVICES
Lic Expire 03/31/2022 1901 N STALLINGS DR SUITE #5
Medicare 1: NACOGDOCHES, TX 75964
Medicare 2:
Phone (936) 462-1000 Fax (936) 462-1005
Type: Branch Agency Administrator AMY WILCOX

Owner Information
LIFECARE HOME NURSING LLC
911 W LOOP 281 SUITE 204
LONGVIEW, TX 75604
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NACOGDOCHES** Region 04 Date Licensed 11/01/2002
License # 003475 LIFECARE HEALTH SERVICES
Lic Expire 03/31/2022 1901 N STALLINGS DR SUITE #5
Medicare 1: NACOGDOCHES, TX 75964
Medicare 2:
Phone (936) 462-1000 Fax (936) 462-1005
Type: Alternate Delivery Site Administrator AMY WILCOX

Owner Information
LIFECARE HOME NURSING LLC
911 W LOOP 281 SUITE 204
LONGVIEW, TX 75604
PHONE: FAX:
Services: Hospice; Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **NACOGDOCHES** Region 04 Date Licensed 04/08/2005
License # 009689 MOTHERWELL HOME HEALTH
Lic Expire 04/30/2022 418 WEST MAIN STREET
Medicare 1: 457899 HHA-18 NACOGDOCHES, TX 75961
Medicare 2:
Phone (936) 552-1609 Fax (936) 560-9982
Type: Parent Agency Administrator LINDA MARIE (BROWN) MOTHERWELL MOTHERW

Owner Information
LINDA MOTHERWELL
418 WEST MAIN STREET
NACOGDOCHES, TX 75961
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **NACOGDOCHES** Region 06 Date Licensed 02/12/2013
License # 012397 PATHFINDER PEDIATRIC HOME CARE INC
Lic Expire 7014 NORTH STREET
Medicare 1: NACOGDOCHES, TX 75965
Medicare 2:
Phone (281) 364-9695 Fax (888) 294-6679
Type: Branch Agency Administrator CHARLES M WILCOX

Owner Information
PATHFINDER PEDIATRIC HOME CARE INC
318 BRIAR ROCK RD
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Licensed Home Health Services

County **NACOGDOCHES** Region 03 Date Licensed 08/10/2012
License # 011196 TEXAS HOME HEALTH HOSPICE
Lic Expire 12/31/2022 2714 N UNIVERSITY DR # 100
Medicare 1: 67-1528 NACOGDOCHES, TX 75965
Medicare 2:
Phone (936) 568-0709 Fax (936) 559-9257
Type: Alternate Delivery Site Administrator DENISE WARDEN

Owner Information
KINDSTAR INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NACOGDOCHES** Region 04 Date Licensed 09/26/2001
License # 007744 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2022 4619 NORTH STREET
Medicare 1: 679108 HHA-18 NACOGDOCHES, TX 759651816
Medicare 2:
Phone 936 6325402 Fax 936 6324370
Type: Parent Agency Administrator JOEY BAKER

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 09/11/2022

County **NACOGDOCHES** Region 04 Date Licensed
License # 007744 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2022 4619 NORTH STREET
Medicare 1: NACOGDOCHES, TX 759651816
Medicare 2:
Phone 936 7159625 Fax 936 7159473
Type: Branch Agency Administrator JOEY BAKER

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **NAVARRO** Region 05 Date Licensed 06/04/1996
License # 006005 ANGELS AT HOME INC
Lic Expire 06/30/2022 618 W 2ND AVE
Medicare 1: 678315 HHA-18 CORSICANA, TX 75110
Medicare 2:
Phone (903) 874-5758 Fax (903) 874-5153
Type: Parent Agency Administrator BARBARA SHORTEN

Owner Information
ANGELS AT HOME INC
618 W 2ND AVE
CORSICANA, TX 75110
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NAVARRO** Region 04 Date Licensed 12/28/1994
License # 001440 CEDAR LAKE HOME HEALTH & HOSPICE
Lic Expire 12/31/2022 625 NORTH MAIN STREET
Medicare 1: CORSICANA, TX 75110
Medicare 2:
Phone (903) 874-4745 Fax (903) 874-4368
Type: Alternate Delivery Site Administrator CYNTHIA CALLOWAY

Owner Information
CEDAR LAKE NURSING SERVICE, INC
P. O. BOX 560
MALAKOFF, TEXAS 75148
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NAVARRO** Region 04 Date Licensed 12/28/1994
License # 001440 CEDAR LAKE HOME HEALTH & HOSPICE
Lic Expire 12/31/2022 625 NORTH MAIN STREET
Medicare 1: CORSICANA, TX 75110
Medicare 2:
Phone (903) 874-4745 Fax (903) 874-4368
Type: Branch Agency Administrator CYNTHIA CALLOWAY

Owner Information
CEDAR LAKE NURSING SERVICE, INC
P. O. BOX 560
MALAKOFF, TEXAS 75148
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NAVARRO** Region 05 Date Licensed 01/03/2008
License # 011829 ELARA CARING
Lic Expire 01/31/2022 110 N BEATON STREET
Medicare 1: 457087 HHA-18 CORSICANA, TX 75110
Medicare 2:
Phone (972) 937-1359 Fax (972) 937-1971
Type: Parent Agency Administrator TINA ANDERSON

Owner Information
HOME HEALTH OF TARRANT COUNTY, INC.
14295 MIDWAY RD STE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NAVARRO** Region 03 Date Licensed 06/30/2015
License # 017137 GARDENDALE HOSPICE LLC
Lic Expire 06/30/2021 753 W 2ND AVENUE
Medicare 1: CORSICANA, TX 75110
Medicare 2:
Phone (903) 874-3232 Fax (903) 874-3235
Type: Alternate Delivery Site Administrator JESUS BARRAGAN

Owner Information
GARDENDALE HOSPICE LLC
4101 MCEWEN SUITE 260
FARMERS BRANCH, TX 75244
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NAVARRO** Region 06 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 104 W. 3RD AVENUE
Medicare 1: 67Q7153005 CORSICANA, TEXAS 75110
Medicare 2:
Phone (903) 874-4777 Fax (903) 874-4001
Type: Branch Agency 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 **NAVARRO** Region 06 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 104 W. 3RD AVENUE
Medicare 1: 67Q7153005 CORSICANA, TEXAS 75110
Medicare 2:
Phone (903) 874-4777 Fax (903) 874-4001
Type: Branch Agency 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 **NAVARRO** Region 06 Date Licensed 07/06/2007
License # 011573 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 104 W. 3RD AVENUE
Medicare 1: 67Q7153005 CORSICANA, TEXAS 75110
Medicare 2:
Phone (903) 874-4777 Fax (903) 874-4001
Type: Branch Agency 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 **NAVARRO** Region 05 Date Licensed 08/18/2005
License # 009915 HAND IN HAND HOSPICE
Lic Expire 08/31/2022 208 SOUTH 31ST STREET
Medicare 1: 671518 HOSPICE CORSICANA, TX 75110
Medicare 2:
Phone (903) 874-7700 Fax (903) 874-7705
Type: Parent Agency Administrator MICHELLE TAYLOR

Owner Information
S. AND M. S. LLC
208 SOUTH 31ST STREET
CORSICANA, TX 75110
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NAVARRO** Region 05 Date Licensed 06/16/2005
License # 009815 HOME HELPERS DIRECT LINK
Lic Expire 06/30/2022 3205 MILLS DRIVE
Medicare 1: CORSICANA, TX 75110
Medicare 2:
Phone (903) 872-9155 Fax (903) 872-9201
Type: Parent Agency Administrator MARK THOMMARSON

Owner Information
SHEPHERDS TOUCH MINISTRIES INC
308 EAST GARRITY STREET
CORSICANA, TX 75110
PHONE: FAX:
Services: Personal Assistance Services

County **NAVARRO** Region 05 Date Licensed 06/26/2008
License # 012075 KINDRED AT HOME
Lic Expire 06/30/2022 639 NORTH 13TH STREET
Medicare 1: 45Q7096007 CORSICANA, TX 75110
Medicare 2:
Phone (903) 874-9147 Fax (903) 874-6732
Type: Branch Agency Administrator MARCIA LOWE

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **NAVARRO** Region 03 Date Licensed 03/08/2017
License # 017435 NEW CENTURY HOSPICE OF DALLAS
Lic Expire 01/31/2022 301 HOSPITAL DRIVE STE 101
Medicare 1: CORSICANA, TX 75110
Medicare 2:
Phone (903) 467-3232 Fax (903) 229-4019
Type: Alternate Delivery Site Administrator NARISSA ATTEBERRY

Owner Information
NEW CENTURY HOSPICE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 05/30/2023

County **NAVARRO** Region 03 Date Licensed 06/01/2000
License # 007339 OUTREACH HOME CARE
Lic Expire 05/31/2022 731 N MAIN ST
Medicare 1: CORSICANA, TX 75110
Medicare 2:
Phone (903) 874-4357 Fax (903) 872-2306
Type: Branch Agency Administrator MARY ELIZABETH ROBERTS

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **NEWTON** Region 04 Date Licensed 03/24/2009
License # 012630 CONSOLIDATED FIRST CHOICE HOME HEALTH INC
Lic Expire 03/31/2021 412 S. KAUFMAN ST.
Medicare 1: 679177 HHA-18 NEWTON, TEXAS 75966
Medicare 2:
Phone (409) 489-9573 Fax (409) 489-9128
Type: Parent Agency Administrator MAIRA REYES

Owner Information
CONSOLIDATED FIRST CHOICE HEALTH 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

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County **NOLAN** Region 01 Date Licensed 06/01/2006
License # 010716 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2021 1210 HAILEY STREET
Medicare 1: SWEETWATER, TEXAS 79556
Medicare 2:
Phone 325 2350888 Fax 325 2354803
Type: Branch Agency Administrator KIM TRAWICK

Owner Information
ENCOMPASS OF WEST TEXAS, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NOLAN** Region 01 Date Licensed 06/13/1989
License # 002146 ROLLING PLAINS HOME HEALTH
Lic Expire 06/30/2021 200 EAST ARIZONA
Medicare 1: 677027 HHA-18 SWEETWATER, TX 79556
Medicare 2:
Phone (325) 235-2030 Fax (325) 235-0613
Type: Parent Agency Administrator DONNA BOATRIGHT

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

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County **NUECES** Region 07 Date Licensed 09/24/2012
License # 015347 A* MED HOME HEALTH
Lic Expire 09/30/2022 6262 WEBER RD SUITE 325
Medicare 1: 747109 HHA-18 CORPUS CHRISTI, TX 78413
Medicare 2:
Phone (361) 933-0101 Fax (888) 874-5706
Type: Parent Agency Administrator RICHARD (TOMMY) HERMANN

Owner Information
AMOR HOME HEALTH INC
8901 EF LOWRY EXPWY STE A
TEXAS CITY, TX 77591
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **NUECES** Region 06 Date Licensed 05/02/2018
License # 018858 A*MED COMMUNITY HOSPICE
Lic Expire 05/31/2022 6262 WEBER ROAD, SUITE 325
Medicare 1: 451727 HOSPICE CORPUS CHRISTI, TX 78413
Medicare 2:
Phone (979) 848-8925 Fax (979) 848-8565
Type: Parent Agency Administrator RICHARD (TOMMY) HERMANN

Owner Information
AMED COMMUNITY HOSPICE AUSTIN INC
8901 E F LOWRY EXPWY SUITE A
TEXAS CITY, TX 77591
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 07/16/2008
License # 012214 AADI HOME HEALTH AND HOSPICE
Lic Expire 07/31/2024 3546 S ALAMEDA
Medicare 1: 679617 HHA-18;74 CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 452-3384 Fax (361) 400-5763
Type: Parent Agency Administrator OSCAR LIMAS

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
Accreditation: JCAHO - Deemed, Expires: 03/09/2022

County **NUECES** Region 07 Date Licensed 01/17/2019
License # 019209 AEON HOMECARE & HOSPICE, LLC
Lic Expire 03/31/2021 719 N UPPER BROADWAY, STE 100-A
Medicare 1: CORPUS CHRISTI, TEXAS 78401
Medicare 2:
Phone 361 8559393 Fax 361 8559392
Type: Parent Agency Administrator SHEILA TELLO

Owner Information
AEON HOMECARE & HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed
License # 010852 ALL SEASONS HOME CARE
Lic Expire 10/31/2022 5277 OLD BROWNSVILLE ROAD, STE 205, SPACE A
Medicare 1: CORPUS CHRISTI, TX 78405
Medicare 2:
Phone (956) 584-7444 Fax (956) 584-8573
Type: Branch Agency Administrator AMBROSE HERNANDEZ

Owner Information
LEGACY HOME CARE SERVICES INC
PO BOX 61180
CORPUS CHRISTI, TX 78466
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 10/25/2019
License # 019771 ALTUS HOSPICE
Lic Expire 4300 SOUTH PADRE LSLAND DR, SUITE 1?1
Medicare 1: 671621 Hospice CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 752-3016 Fax 361?723?1056
Type: Parent Agency Administrator YVONNE GARCIA

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NUECES** Region 07 Date Licensed 02/16/2010
License # 013108 ALYDA HOME HEALTH
Lic Expire 02/28/2022 224 W KING AVENUE SUITE B
Medicare 1: KINGSVILLE, TEXAS 78363
Medicare 2:
Phone (361) 723-0390 Fax (361) 271-1322
Type: Parent Agency Administrator WESLEY STRAWN

Owner Information
ALYDA HOME HEALTH INC
13731 TAJAMAR STREET
CORPUS CHRISTI, TX 78418
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 09/12/2017
License # 016852 AMERICAN MEDICAL HOSPICE & PALLIATIVE CARE
Lic Expire 06/30/2021 2820 SOUTH PADRE ISLAND DRIVE, SUITE 296
Medicare 1: CORPUS CHRISTI, TX 78415
Medicare 2:
Phone (361) 887-9761 Fax (361) 887-9762
Type: Alternate Delivery Site Administrator ERICA SANDOVAL

Owner Information
AMERICAN MEDICAL HOSPICE CARE LLC
506 VALLEY BROOK ROAD, STE 201
MCMURRAY, PA 15317
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 03/25/2003
License # 008378 ANGEL BRIGHT HOME HEALTH INC
Lic Expire 03/31/2023 3221 HOLLY RD
Medicare 1: 679294 HHA-18 CORPUS CHRISTI, TX 78415
Medicare 2:
Phone (361) 986-1102 Fax (361) 986-1152
Type: Parent Agency Administrator JOHN FERNANDEZ

Owner Information
ANGEL BRIGHT HOME HEALTH INC
3221 HOLLY ROAD
CORPUS CHRISTI, TX 78415
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 01/17/2008
License # 011827 ANGEL BRIGHT HOSPICE INC
Lic Expire 01/31/2022 3213 HOLLY RD
Medicare 1: 671608 HOSPICE CORPUS CHRISTI, TX 78415
Medicare 2:
Phone (361) 853-4300 Fax (361) 853-4310
Type: Parent Agency Administrator BLANCH FERNANDEZ

Owner Information
ANGEL BRIGHT HOSPICE INC
3213 HOLLY ROAD
CORPUS CHRISTI, TX 78415
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

County **NUECES** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 CORONA DRIVE #107
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 400-1886 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 CORONA DRIVE #107
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 400-1886 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 CORONA DRIVE #107
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 400-1886 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 CORONA DRIVE #107
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 400-1886 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 CORONA DRIVE #107
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 400-1886 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 444 CORONA DRIVE #107
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 400-1886 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 07/05/2011
License # 014373 APC HOME HEALTH SERVICES
Lic Expire 07/31/2021 4444 CORONA DR STE 120
Medicare 1: 457146 HHA-18 CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 814-3033 Fax (361) 814-5398
Type: Parent Agency Administrator ANDREW S. PAINTER

Owner Information
APC HOME HEALTH SERVICE, INC.
1805 BELL STREET
HARLINGEN, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NUECES** Region 02 Date Licensed 09/13/2011
License # 014398 APC HOMEMAKER SERVICES
Lic Expire 09/30/2021 4444 CORONA DR., STE. 120
Medicare 1: CORPUS CHRISTI, TX 784114322
Medicare 2:
Phone (361) 853-1696 Fax (361) 853-1699
Type: Branch Agency Administrator JOVIE CANTU

Owner Information
APC HOME HEALTH SERVICE, INC.
1805 BELL STREET
HARLINGEN, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 11/12/2015
License # 017286 APRIL SKYY HOME HEALTH CARE INC
Lic Expire 11/30/2021 5333 EVERHART ROAD STE 202 A
Medicare 1: 747674 HHA-18 CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 334-3361 Fax (361) 334-7322
Type: Parent Agency Administrator RODERICK RESIO

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

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County **NUECES** Region 07 Date Licensed 05/05/2016
License # 017636 AQTS
Lic Expire 05/31/2022 4646 CORONA DR SUITE 260
Medicare 1: 457958 HHA-18 CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 334-1609 Fax (361) 906-0478
Type: Parent Agency 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

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County **NUECES** Region 07 Date Licensed 05/06/2009
License # 012579 ASSIST HOME HEALTH
Lic Expire 05/31/2023 5262 S. STAPLES STE: 205
Medicare 1: 747600 HHA-18 CORPUS CHRISTI, TEXAS 78411
Medicare 2:
Phone (361) 462-4569 Fax (361) 356-4200
Type: Parent Agency Administrator VENESSA DE LA RIVAHERRERA

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
Accreditation: CHAP - Deemed, Expires: 06/23/2023

County **NUECES** Region 07 Date Licensed 03/28/2012
License # 014828 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 4444 CORONA DR SUITE 144
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 854-1110 Fax (855) 448-9769
Type: Parent Agency Administrator OSCAR SALINAS

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **NUECES** Region 07 Date Licensed 06/22/1992
License # 002352 BAYSIDE HOME HEALTH CARE INC
Lic Expire 06/30/2021 5842 S STAPLES STREET
Medicare 1: 677513 HHA-18 CORPUS CHRISTI, TX 78413
Medicare 2:
Phone (361) 980-9797 Fax (361) 980-8253
Type: Parent Agency Administrator CURTIS 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

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County **NUECES** Region 05 Date Licensed
License # 012109 BE HEALTHY AT HOME
Lic Expire 07/31/2022 345 S WATER ST.
Medicare 1: CORPUS CHRISTI, TX 78401
Medicare 2:
Phone (512) 295-7000 Fax
Type: Branch Agency Administrator BRANDIS WILMORE

Owner Information
BHH HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 06/15/1998
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 06/30/2021 818 EAST MAIN AVENUE
Medicare 1: ROBSTOWN, TX 78380
Medicare 2:
Phone (888) 411-0136 Fax (361) 767-9312
Type: Branch Agency Administrator MARCUS WILLIAMS WILLIAMS

Owner Information
FIRST PRIMARY HOME CARE, INC.
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 05/19/2009
License # 012607 BROOKDALE AT HOME CORPUS CHRISTI
Lic Expire 101 NORTH UPPER BROADWAY
Medicare 1: CORPUS CHRISTI, TX 78401
Medicare 2:
Phone (361) 887-2000 Fax (361) 887-8228
Type: Parent Agency Administrator BRENT TOWNSEND

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 01/17/2003
License # 008294 BROOKDALE HOME HEALTH CORPUS CHRISTI
Lic Expire 01/31/2024 101 NORTH UPPER BROADWAY
Medicare 1: 679637 HHA-18 CORPUS CHRISTI, TX 78401
Medicare 2:
Phone (361) 880-7912 Fax (361) 884-9414
Type: Parent Agency Administrator SYLVIA YBARRA

Owner Information
ARC THERAPY SERVICES LLC
111 WESTWOOD PLACE SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 03/08/2022

County **NUECES** Region 07 Date Licensed 05/18/2018
License # 018755 BRYTE-VEL HOME CARE SERVICES
Lic Expire 5206 MILL WOOD DR
Medicare 1: CORPUS CHRISTI, TX 78413
Medicare 2:
Phone 361 2881063 Fax 361 4002979
Type: Parent Agency Administrator MARIA ELENA OLIVARES

Owner Information
BRYTE-VEL, LLC
5206 MILL WOOD DR.
CORPUS CHRISTI, TX
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 01/15/2009
License # 012489 CARESTAT HOME CARE
Lic Expire 01/31/2023 4600 OCEAN DR. #405
Medicare 1: 747918 HHA-18 CORPUS CHRISTI, TEXAS 78412
Medicare 2:
Phone (361) 241-2244 Fax (361) 241-7220
Type: Parent Agency Administrator JOHN FLORES

Owner Information
SIXTEEN LAC INC
13310 LEOPARD SUITE 21
CORPUS CHRISTI, TX 78410
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/07/2021

County **NUECES** Region 07 Date Licensed 07/01/2019
License # 019458 CARESTAT HOSPICE SERVICES
Lic Expire 07/01/2021 13330 LEOPARD SUITE #20
Medicare 1: CORPUS CHRISTI, TX 78410
Medicare 2:
Phone 361 2423004 Fax 361 2423006
Type: Parent Agency Administrator OSCAR BARRERA

Owner Information
CARESTAT HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 07/28/1995
License # 003825 CARESTAT PROVIDER SERVICES
Lic Expire 07/31/2022 13330 LEOPARD ST SUITE # 21
Medicare 1: 678094 HHA-18 CORPUS CHRISTI, TX 78410
Medicare 2:
Phone (361) 241-4600 Fax (361) 241-4620
Type: Parent Agency Administrator OSCAR BARRERA

Owner Information
CARESTAT LLC
13330 LEOPARD ST SUITE 21
CORPUS CHRISTI, TX 78410
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 08/25/2004
License # 003825 CARESTAT PROVIDER SERVICES
Lic Expire 07/31/2022 13330 LEOPARD ST SUITE 21B
Medicare 1: CORPUS CHRISTI, TX 78410
Medicare 2:
Phone (361) 241-4600 Fax (361) 241-4620
Type: Branch Agency Administrator OSCAR BARRERA

Owner Information
CARESTAT LLC
13330 LEOPARD ST SUITE 21
CORPUS CHRISTI, TX 78410
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 10/01/2001
License # 007918 CARING SENIOR SERVICE OF CORPUS CHRISTI
Lic Expire 09/30/2022 4639 CORONA SUITE 36
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 883-9494 Fax (361) 883-4633
Type: Parent Agency Administrator JESSICA BALBOA

Owner Information
CARING SENIOR SERVICE USA LTD
201 E. PARK AVENUE
SAN ANTONIO, TX 78212
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 05/10/2007
License # 004883 CHAMPION CARE INC
Lic Expire 09/30/2021 2222 MORGAN AVENUE STE 115
Medicare 1: CORPUS CHRISTI, TX 78405
Medicare 2:
Phone (361) 881-9152 Fax (361) 881-9174
Type: Branch Agency Administrator YOLINDA TREVINO, RN

Owner Information
CHAMPION CARE INC
1419 MARKET
LAREDO, TX 78040
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NUECES** Region 07 Date Licensed 09/01/2017
License # 018434 CHRISTUS HOMECARE SPOHN
Lic Expire 08/31/2021 6200 SARATOGA BLVD SUITE 104
Medicare 1: 677814 HHA-18 CORPUS CHRISTI, TX 78414
Medicare 2:
Phone (361) 994-3400 Fax (361) 994-3498
Type: Parent Agency Administrator MARIBEL OCHOA

Owner Information
LHCG CXIII, LLC
PO BOX 51266
LAFAYETTE, LA
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NUECES** Region 07 Date Licensed 09/01/2017
License # 018397 CHRISTUS HOSPICE AND PALLIATIVE CARE SPOHN
Lic Expire 08/31/2021 6200 SARATOGA BLVD SUITE 104
Medicare 1: 451502 HOSPICE CORPUS CHRISTI, TX 78414
Medicare 2:
Phone (361) 994-3450 Fax (361) 994-3495
Type: Parent Agency Administrator TINA GROSS

Owner Information
LHCG CXIV LLC
PO BOX 51266
LAFAYETTE, LA
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 09/01/2014
License # 016554 COASTAL HOME HEALTH CARE
Lic Expire 08/31/2022 5277 OLD BROWNSVILLE RD, SUITE 210
Medicare 1: 747542 HHA-18 CORPUS CHRISTI, TX 78405
Medicare 2:
Phone (361) 758-5200 Fax (361) 758-5206
Type: Parent Agency Administrator CLARISSA NAVARRO

Owner Information
RESTORATIVE HEALTH SERVICES LLC
PO BOX 271476
CORPUS CHRISTI, TX 78427
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/28/2023

County **NUECES** Region 07 Date Licensed
License # 018098 COMPASSUS - SAN ANTONIO
Lic Expire 01/31/2023 326 S. ENTERPRISE PARKWAY, SUITE 326
Medicare 1: CORPUS CHRISTI, TX 78405
Medicare 2:
Phone (361) 232-4459 Fax (361) 402-6071
Type: Alternate Delivery Site Administrator IDA PICHON

Owner Information
COMPASSUS OP OF TEXAS LLC
10 CADILLAC DRIVE SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 07/10/2020
License # 020045 CORNERSTONE CAREGIVING
Lic Expire 07/10/2022 6262 WEBER RD STE 214
Medicare 1: CORPUS CHRISTI, TEXAS 78413
Medicare 2:
Phone 361 3335639 Fax
Type: Parent Agency Administrator KYLE MENDE

Owner Information
CORPUS CHRISTI TX CAREGIVING LLC
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 12/29/2003
License # 005343 DEL CIELO HOME CARE SERVICES
Lic Expire 03/31/2022 422 ENTERPRIZE PARKWAY
Medicare 1: 45Q9319001 CORPUS CHRISTI, TX 78405
Medicare 2:
Phone (361) 814-4500 Fax (361) 814-9797
Type: Branch Agency Administrator ANDRES ELIZONDO II

Owner Information
GOLD HORSES, LLC
PO DRAWER 3267
ALICE, TX 78333
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **NUECES** Region 06 Date Licensed
License # 016766 DEL CIELO HOSPICE & PALLIATIVE CARE
Lic Expire 04/30/2024 422 ENTERPRISE PARKWAY
Medicare 1: 741598 CORPUS CHRISTI, TEXAS 78405
Medicare 2:
Phone (361) 814-4500 Fax (361) 723-0212
Type: Alternate Delivery Site Administrator ANDRES ELIZONDO III

Owner Information
FAMILIA HEALTHCARE SERVICES, INC
9888 BISSONNET STREET SUITE 450-E
HOUSTON, TX 77036
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NUECES** Region 07 Date Licensed 11/06/2019
License # 019686 DEVOTED HEALTHCARE & HOSPICE SERVICES, LLC
Lic Expire 11/06/2021 3890 VAUGHN CIRCLE
Medicare 1: 971585 ROBSTOWN, TEXAS 78380
Medicare 2:
Phone (833) 338-6831 Fax (361) 298-2229
Type: Parent Agency Administrator TRACY HILDRETH

Owner Information
DEVOTED HEALTHCARE & HOSPICE SERVICES, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 05/28/2023

County **NUECES** Region 07 Date Licensed 05/21/2004
License # 002497 DOR ANS HOME HEALTH SERVICE INC
Lic Expire 03/31/2022 412 E MAIN AVE
Medicare 1: ROBSTOWN, TX 783803354
Medicare 2:
Phone (361) 387-0860 Fax (361) 387-4520
Type: Branch Agency Administrator KATHERINE SAENZ

Owner Information
DOR-AN'S HOME HEALTH SERVICES, INC.
PO BOX 832
ROBSTOWN, TX 78380
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NUECES** Region 07 Date Licensed 03/25/1993
License # 002497 DOR ANS HOME HEALTH SERVICE INC
Lic Expire 03/31/2022 518 E MAIN AVE STE B
Medicare 1: 677620 HHA-18 ROBSTOWN, TX 783803356
Medicare 2:
Phone (361) 387-4575 Fax (361) 387-9694
Type: Parent Agency Administrator KATHERINE SAENZ

Owner Information
DOR-AN'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

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County **NUECES** Region 07 Date Licensed 08/01/2013
License # 015681 EDUCARE COMMUNITY LIVING CORP TEXAS
Lic Expire 07/31/2021 4320 S.P.I.D STE B
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 814-8757 Fax (361) 814-8879
Type: Parent Agency 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

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County **NUECES** Region 07 Date Licensed 04/14/2015
License # 016866 ELARA CARING
Lic Expire 04/30/2024 4444 CORONA DR STE 234
Medicare 1: 741664 HOSPICE CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 248-4776 Fax (361) 248-4638
Type: Parent Agency Administrator ALICIA GARCIA

Owner Information
CIMA HOSPICE OF CORPUS CHRISTI, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 04/01/2007
License # 011265 ELARA CARING
Lic Expire 03/31/2022 4444 CORONA DRIVE SUITE 233
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 855-2090 Fax (361) 855-0973
Type: Parent Agency Administrator JACLYN SCHULTZ

Owner Information
CHARTWELL COMMUNITY SERVICES, INC.
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 09/04/2019
License # 019575 EMPIRE HOME HEALTH LLC
Lic Expire 09/04/2021 5826 ESPLANADE DRIVE, SUITE 303
Medicare 1: 747994 CORPUS CHRISTI, TEXAS 78414
Medicare 2:
Phone (361) 929-5557 Fax (361) 929-5567
Type: Parent Agency Administrator MICHELE ELIZABETH SEAY

Owner Information
EMPIRE HOME HEALTH, LLC
P.O. BOX 60806
CORPUS CHRISTI, TEXAS
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 09/21/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NUECES** Region 07 Date Licensed 09/27/2012
License # 015097 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 09/30/2022 5656 S. STAPLES STREET, SUITE 302
Medicare 1: 679302 HHA-18 CORPUS CHRISTI, TEXAS 78411
Medicare 2:
Phone 361 9860272 Fax 361 9851219
Type: Parent Agency 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

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County **NUECES** Region 07 Date Licensed 08/09/2017
License # 016722 FIRST HOME HEALTHCARE LLC
Lic Expire 02/28/2023 2222 MORGAN AVE, SUITE 111
Medicare 1: CORPUS CHRISTI, TX 78405
Medicare 2:
Phone (361) 356-6032 Fax (361) 356-6035
Type: Branch Agency Administrator ARELY MATHEWS

Owner Information
FIRST HOME HEALTHCARE LLC
PO BOX 1877
ALICE, TX
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 11/30/2007
License # 011736 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 4646 CORONA SUITE 220
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 853-7470 Fax (361) 853-7961
Type: Parent Agency Administrator EVANGELINA CANALS

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 01/27/2021
License # 020494 GLORYCARE HOME HEALTH INC
Lic Expire 01/27/2024 15342 CHIANTI LANE
Medicare 1: CORPUS CHRISTI, TEXAS 78410
Medicare 2:
Phone (774) 253-4035 Fax
Type: Parent Agency Administrator OLUBUNMI OGUNDIMINEGHA

Owner Information
GLORYCARE HOME HEALTH INC
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 10/20/2015
License # 012169 GREATER VALLEY HOSPICE ALLIANCE LP
Lic Expire 08/31/2022 4444 CORONA DR STE 131
Medicare 1: 671629 Hospice CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 645-7999 Fax (361) 645-7999
Type: Alternate Delivery Site Administrator DANIELLE MARTINEZ

Owner Information
GREATER VALLEY HOSPICE ALLIANCE LP
605 MACO DRIVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 07/03/2008
License # 012297 GUARDIAN HEALTHCARE
Lic Expire 07/31/2022 4444 CORONA DR STE 211
Medicare 1: 679129 HHA-18 CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 758-9336 Fax (361) 758-9356
Type: Parent Agency Administrator CRYSTAL CALLAHAM

Owner Information
KMAC INC
1500 N GREENVILLE AVE SUITE 300
RICHARDSON, TX 75081
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **NUECES** Region 07 Date Licensed 11/29/2018
License # 019123 GUARDIANS OF LIFE HOME CARE
Lic Expire 07/31/2021 14942 LAKE ATHENS AVENUE
Medicare 1: ROBSTOWN, TEXAS 78380
Medicare 2:
Phone (361) 257-0177 Fax (361) 792-4603
Type: Parent Agency Administrator DELLA RUSHER

Owner Information
D & P HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 09/28/2011
License # 014381 HARBOR HOSPICE OF CORPUS CHRISTI LP
Lic Expire 09/30/2021 5151 FLYNN PARKWAY, SUITE 406
Medicare 1: 741546 HOSPICE CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 452-3592 Fax (361) 232-5399
Type: Parent Agency Administrator KATHLEEN FLANIGAN

Owner Information
HARBOR HOSPICE OF CORPUS CHRISTI LP
3406 COLLEGE STREET, SUITE 200
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 04/05/2022

County **NUECES** Region 07 Date Licensed 02/21/2013
License # 015381 HARBOR HOSPICE OF PORTLAND LP
Lic Expire 02/28/2023 5151 FLYNN PARKWAY, SUITE 406A
Medicare 1: 671784 HOSPICE CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 579-7120 Fax (361) 894-8707
Type: Parent Agency Administrator LORI DEEN

Owner Information
HARBOR HOSPICE OF PORTLAND, LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 09/28/2022

County **NUECES** Region 03 Date Licensed 09/24/2014
License # 014884 HELPING HANDS HOME SERVICES
Lic Expire 06/30/2020 3765 SOUTH ALAMDA STREET STE 404
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 334-3449 Fax (361) 334-3471
Type: Branch Agency Administrator ALTON E BLAKELY

Owner Information
A N D HOME HEALTHCARE LLC
2000 N CENTRAL EXPRESSWAY STE 102
PLANO, TX 75074
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 03 Date Licensed
License # 016498 HOLY SAVIOR HOSPICE
Lic Expire 06/30/2022 1752 SANTA FE ST
Medicare 1: CORPUS CHRISTI, TEXAS 78404
Medicare 2:
Phone (361) 444-6888 Fax (361) 252-0096
Type: Alternate Delivery Site 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 07 Date Licensed 01/01/2016
License # 017299 HOME INSTEAD SENIOR CARE
Lic Expire 12/31/2021 5151 FLYNN PARKWAY SUITE 206
Medicare 1: CORPUS CHRISTI, TEXAS 78411
Medicare 2:
Phone (361) 814-3331 Fax (361) 814-4728
Type: Parent Agency Administrator KENNETH KIRKPATRICK

Owner Information
J & K INC.
5151 FLYNN PARKWAY STE#307
CORPUS CHRISTI, TX 78411
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 02/17/2017
License # 017971 HOMECARE DIMENSIONS INC
Lic Expire 02/28/2023 5449 BEAR LANE, SUITE 308
Medicare 1: CORPUS CHRISTI, TEXAS 78405
Medicare 2:
Phone (361) 855-4050 Fax (361) 854-3915
Type: Branch Agency Administrator ASHLEIGH STRICKLAND

Owner Information
HOMECARE DIMENSIONS, INC.
12500 NETWORK BLVD SUITE 210
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed Home Health Services

County **NUECES** Region 07 Date Licensed 01/28/2015
License # 016861 HOSANNA HEALTH CARE
Lic Expire 01/31/2023 1521 S. STAPLES, SUITE 206
Medicare 1: CORPUS CHRISTI, TEXAS 78404
Medicare 2:
Phone (361) 887-9000 Fax (361) 887-9010
Type: Branch Agency Administrator MARLA MUNOZ

Owner Information
HEALTH COM MANAGEMENT, LLC
116 W TOM LANDRY
MISSION, TX 78572
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NUECES** Region 07 Date Licensed 07/09/2015
License # 017029 HOSANNA HEALTH CARE
Lic Expire 07/31/2021 1521 SOUTH STAPLES, SUITE 206
Medicare 1: 679354 HHA-18 CORPUS CHRISTI, TX 78404
Medicare 2:
Phone (361) 887-9000 Fax (361) 887-9010
Type: Parent Agency Administrator MARLA MUNOZ

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; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 12/08/2015
License # 014065 KIDS FIRST PEDIATRIC HOMECARE
Lic Expire 04/30/2024 5926 S STAPLES STREET SUITE C2
Medicare 1: CORPUS CHRISTI, TX 78413
Medicare 2:
Phone (361) 225-3492 Fax (361) 225-4409
Type: Branch Agency Administrator MARC PICTROWSKI

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

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County **NUECES** Region 07 Date Licensed 03/20/2007
License # 011168 KINDRED HOSPICE
Lic Expire 03/31/2023 210 SOUTH CARANCAHUA STREET STE 200
Medicare 1: 671580 HOSPICE CORPUS CHRISTI, TX 78401
Medicare 2:
Phone (361) 992-2700 Fax (361) 883-1906
Type: Parent Agency Administrator TRACY ATCHISON

Owner Information
LIGHTHOUSE HOSPICE COASTAL BEND LLC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 12/17/2022

County **NUECES** Region 07 Date Licensed 02/06/2003
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 02/28/2023 5277 OLD BROWNSVILLE ROAD, SUITE 205
Medicare 1: 459433 HHA-18;45 CORPUS CHRISTI, TEXAS 78405
Medicare 2:
Phone (361) 855-0848 Fax (361) 853-4855
Type: Parent Agency Administrator AMBROSE HERNANDEZ

Owner Information
LEGACY HOME HEALTH AGENCY INC
6655 FIRST PARK TEN BLVD, SUITE 200
SAN ANTONIO, TEXAS 78213
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 03/23/2021
License # 020633 MANNA HOME PROVIDER SERVICES, LLC
Lic Expire 03/23/2024 5151 FLYNN PARKWAY SUITE 412-T
Medicare 1: CORPUS CHRISTI, TEXAS 78411
Medicare 2:
Phone (361) 688-1586 Fax
Type: Parent Agency Administrator DAMARIS GONZALEZ

Owner Information
MANNA HOME PROVIDER SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 09/14/2018
License # 019263 NATIONAL NURSING AND REHAB CORPUS CHRISTI
Lic Expire 09/14/2022 4444 CORONA DRIVE; STE 100
Medicare 1: 678464 HHA-18 CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 225-3492 Fax (361) 225-4409
Type: Parent Agency Administrator PATRICIA DISHER

Owner Information
REGENCY IHS HOME CARE SERVICES LLC
101 W GOODWIN AVE STE 600
VICTORIA, TEXAS 77901
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 05/18/2011
License # 015564 NURSE PLACEMENT SERVICES
Lic Expire 05/31/2021 4444 CORONA DR STE 120
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 814-3033 Fax (361) 814-5398
Type: Parent Agency Administrator JOHN M. SAENZ

Owner Information
NURSE PLACEMENT OF HARLINGEN, INC
1805 BELL STREET
HARLINGEN, TEXAS
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NUECES** Region 07 Date Licensed 02/09/2005
License # 006229 NURSES ON WHEELS INC
Lic Expire 08/31/2022 3206 REID DR
Medicare 1: 45Q9200004 CORPUS CHRISTI, TX 78404
Medicare 2:
Phone (361) 510-4678 Fax (361) 850-7577
Type: Branch Agency Administrator MARY GARCIA

Owner Information
NURSES ON WHEELS INC
1101 3RD STREET
CORPUS CHRISTI, TX 78404
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NUECES** Region 07 Date Licensed 02/15/2005
License # 006229 NURSES ON WHEELS INC
Lic Expire 08/31/2022 3206 REID DR STE 101
Medicare 1: CORPUS CHRISTI, TX 78404
Medicare 2:
Phone (361) 668-0486 Fax (361) 668-0556
Type: Alternate Delivery Site Administrator MARY GARCIA

Owner Information
NURSES ON WHEELS INC
1101 3RD STREET
CORPUS CHRISTI, TX 78404
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 05/11/2004
License # 006229 NURSES ON WHEELS INC
Lic Expire 08/31/2022 1101 3RD ST
Medicare 1: CORPUS CHRISTI, TEXAS 78404
Medicare 2:
Phone (361) 882-0181 Fax (361) 814-4918
Type: Alternate Delivery Site Administrator MARY GARCIA

Owner Information
NURSES ON WHEELS INC
1101 3RD STREET
CORPUS CHRISTI, TX 78404
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 08/19/1996
License # 006229 NURSES ON WHEELS INC
Lic Expire 08/31/2022 1101 3RD STREET
Medicare 1: 459200,451717 CORPUS CHRISTI, TX 78404
Medicare 2:
Phone (361) 814-1669 Fax (361) 814-4918
Type: Parent Agency Administrator MARY GARCIA

Owner Information
NURSES ON WHEELS INC
1101 3RD STREET
CORPUS CHRISTI, TX 78404
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 08/14/2017
License # 018453 ONE AT HOME TEXAS
Lic Expire 08/31/2021 8233-A LEOPARD ST BLDG 2
Medicare 1: 678236 HHA-18 CORPUS CHRISTI, TX 78409
Medicare 2:
Phone (361) 242-1109 Fax (361) 242-1157
Type: Parent Agency Administrator JENNIFER HARPER

Owner Information
CORPUS CHRISTI HOME CARE, INC.
3351 EXECUTIVE WAY
MIRAMAR, FLORIDA 33025
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NUECES** Region 07 Date Licensed 07/11/2018
License # 018026 OPUSCARE OF TEXAS
Lic Expire 12/31/2020 1315 SANTA FE SUITE 101
Medicare 1: CORPUS CHRISTI, TX 78404
Medicare 2:
Phone (210) 988-1461 Fax (210) 404-9887
Type: Alternate Delivery Site Administrator BETHANY VALENCIA

Owner Information
MY OWN HOSPICE LLC
200 NAVARRO STREET SUITE 100
SAN ANTONIO, TX 78205
PHONE: (210) 988-1461 FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 11/03/2000
License # 007476 ORION HEALTH SERVICES INC
Lic Expire 11/30/2022 5118 MOULTRIE DRIVE
Medicare 1: 679065 HHA-18 CORPUS CHRISTI, TEXAS 784133810
Medicare 2:
Phone (361) 855-8189 Fax (361) 855-4214
Type: Parent Agency Administrator TERESA CASTILLO

Owner Information
ORION HEALTH SERVICES INC
PO BOX 271056
CORPUS CHRISTI, TEXAS 78413
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NUECES** Region 07 Date Licensed
License # 007332 OUTREACH HOME CARE
Lic Expire 05/31/2021 4639 CORONA DRIVE #65
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone 361 8575075 Fax 361 8522027
Type: Branch Agency Administrator JULIA LERMA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 06 Date Licensed 05/14/2015
License # 012397 PATHFINDER PEDIATRIC HOME CARE INC
Lic Expire 01/31/2021 710 BUFFALO STREET SUITE 211
Medicare 1: CORPUS CHRISTI, TX 78401
Medicare 2:
Phone (281) 364-9695 Fax (281) 456-2479
Type: Branch Agency Administrator CHARLES M WILCOX

Owner Information
PATHFINDER PEDIATRIC HOME CARE INC
318 BRIAR ROCK RD
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Licensed Home Health Services

County **NUECES** Region 07 Date Licensed 01/01/2009
License # 012597 PORT HOMECARE SERVICES INC
Lic Expire 12/31/2022 5525 S. STAPLES ST A7
Medicare 1: 459268 HHA-18 CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 854-2273 Fax (361) 854-6419
Type: Parent Agency 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** Region 07 Date Licensed 01/03/2008
License # 011952 PRIME CARE HOME HEALTH INC
Lic Expire 01/31/2023 5926 S. STAPLES SUITE D1
Medicare 1: 677954 HHA-18 CORPUS CHRISTI, TX 784133843
Medicare 2:
Phone (361) 334-9112 Fax (361) 334-9114
Type: Parent Agency 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

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County **NUECES** Region 07 Date Licensed 09/30/2008
License # 010743 RESTORATIVE PEDIATRICS
Lic Expire 09/30/2021 3765 S. ALAMEDA STREET, SUITE 251B
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 937-7887 Fax (877) 589-4711
Type: Branch Agency Administrator BRENDA GARRETT

Owner Information
MANAGEMENT & BUSINESS ASSOCIATES INC
7330 SAN PEDRO STE 800
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Licensed Home Health Services

County **NUECES** Region 07 Date Licensed 03/21/2001
License # 007577 RISING STAR HOME CARE SERVICES INC
Lic Expire 03/31/2020 2802 CARVER DRIVE
Medicare 1: CORPUS CHRISTI, TX 78405
Medicare 2:
Phone (361) 882-7834 Fax (361) 882-5415
Type: Parent Agency Administrator VIOLET F RUSSELL EDWARDS

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

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County **NUECES** Region 07 Date Licensed 07/07/2020
License # 020037 RIVER CITY HOME CARE OF COASTAL BEND, LLC
Lic Expire 07/07/2022 5262 S. STAPLES RD. SUITE 215
Medicare 1: CORPUS CHRISTI, TEXAS 78412
Medicare 2:
Phone (361) 452-2323 Fax
Type: Parent Agency 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** Region 07 Date Licensed 05/12/2010
License # 013315 RIVER CITY HOSPICE
Lic Expire 05/31/2022 4646 CORONA DRIVE SUITE 160
Medicare 1: 671654 HOSPICE CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 882-5900 Fax (361) 882-5901
Type: Parent Agency Administrator MARY VARELA

Owner Information
REAL LIFE HEALTHCARE SYSTEMS LLC
PO BOX 20595
BEAUMONT, TX 77720
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/03/2022

County **NUECES** Region 07 Date Licensed 07/08/1996
License # 005773 SACRED HEART HOME HEALTH INC
Lic Expire 07/31/2022 3633 SOUTH STAPLES
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 289-5525 Fax (361) 289-5583
Type: Parent Agency 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: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 05/30/2014
License # 009483 SAENZ HOME HEALTH SERVICES INC
Lic Expire 12/31/2021 5934 SOUTH STAPLES STREET SUITE 209
Medicare 1: CORPUS CHRISTI, TX 78413
Medicare 2:
Phone (361) 985-0476 Fax (361) 985-0496
Type: Branch Agency Administrator DAVID OCHOA

Owner Information
SAENZ HOME HEALTH SERVICES INC
PO BOX 2
ROBSTOWN, TX 78380
PHONE: FAX:
Services: Licensed Home Health Services

County **NUECES** Region 07 Date Licensed 12/23/2004
License # 009483 SAENZ HOME HEALTH SERVICES INC
Lic Expire 12/31/2021 518 EAST MAIN AVENUE SUITE C
Medicare 1: 677910 HHA-18 ROBSTOWN, TX 78380
Medicare 2:
Phone (361) 387-1650 Fax (361) 387-3791
Type: Parent Agency Administrator DAVID OCHOA

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

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County **NUECES** Region 07 Date Licensed 07/02/2006
License # 010616 SAINT BENEDICTS HOME HEALTH INC
Lic Expire 07/31/2021 805 EAST AVE. A
Medicare 1: ROBSTOWN, TEXAS 78380
Medicare 2:
Phone (361) 387-1973 Fax (361) 387-5389
Type: Parent Agency Administrator BRENDA RAMON

Owner Information
SAINT BENEDICTS HOME HEALTH INC
424 E MAIN
ROBSTOWN, TX 78380
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 11/14/2003
License # 008750 SANTA FE HEALTH CARE INC
Lic Expire 11/30/2022 6262 WEBER RD. STE #302
Medicare 1: CORPUS CHRISTI, TX 78413
Medicare 2:
Phone (361) 853-3971 Fax (361) 853-4309
Type: Branch Agency Administrator PRISCILLA GARZA

Owner Information
SANTA FE HEALTH CARE INC.
PO BOX 510
BENAVIDES, TEXAS 78341
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NUECES** Region 07 Date Licensed 08/31/2000
License # 007471 SAVE HOME CARE INC
Lic Expire 08/31/2022 719 NORTH UPPER BROADWAY SUITE 100
Medicare 1: CORPUS CHRISTI, TX 78401
Medicare 2:
Phone (361) 855-9393 Fax (361) 855-9392
Type: Parent Agency Administrator SHEILA TELLO

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

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NUECES** Region 07 Date Licensed 08/21/1996
License # 005407 SAVE HOME HEALTH CARE INC
Lic Expire 08/31/2022 719 NORTH UPPER BROADWAY SUITE 100
Medicare 1: 459015 HHA-18 CORPUS CHRISTI, TX 78401
Medicare 2:
Phone (361) 855-9393 Fax (361) 855-9392
Type: Parent Agency Administrator SHEILA TELLO

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

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County **NUECES** Region 07 Date Licensed 04/27/2018
License # 012384 SELAH HOSPICE CARE INC.
Lic Expire 01/31/2023 400 MANN ST SUITE 105
Medicare 1: CORPUS CHRISTI, TX 78401
Medicare 2:
Phone (361) 730-7444 Fax (800) 517-4764
Type: Alternate Delivery Site Administrator VIRGINIA MAZARIEGO

Owner Information
SELAH HOSPICE CARE INC.
PO BOX 4034
MCALLEN, TX 78502
PHONE: (888) 407-4108 FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 06/22/2018
License # 017648 SENIOR HELPERS OF GREATER SAN ANTONIO
Lic Expire 09/30/2022 3833 SOUTH STAPLES ST
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 844-8181 Fax (361) 844-8183
Type: Branch Agency Administrator MARIA HOOPER

Owner Information
78 ENTERPRIZE LLC
12937 PARK FOREST
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 11/01/2016
License # 017616 SERENITY AND GRACE HOSPICE CARE LLC
Lic Expire 07/31/2022 9241 S. PADRE ISLAND DR. SUITE B
Medicare 1: CORPUS CHRISTI, TX 78418
Medicare 2:
Phone (361) 334-3542 Fax (844) 685-2273
Type: Alternate Delivery Site Administrator JOHN FLORES

Owner Information
SERENITY AND GRACE HOSPICE CARE, LLC
919 GRANT PL
CORPUS CHRISTI, TX 78411
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 07/27/2016
License # 017616 SERENITY AND GRACE HOSPICE CARE LLC
Lic Expire 07/31/2022 9241 S. PADRE ISLAND DR BLDG B
Medicare 1: 741621 HOSPICE CORPUS CHRISTI, TX 78418
Medicare 2:
Phone (361) 334-3542 Fax (844) 685-2273
Type: Parent Agency Administrator JOHN FLORES

Owner Information
SERENITY AND GRACE HOSPICE CARE, LLC
919 GRANT PL
CORPUS CHRISTI, TX 78411
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 06/28/2022

County **NUECES** Region 07 Date Licensed 03/09/2001
License # 007591 TEXAS HOME HEALTH OF AMERICA
Lic Expire 03/31/2022 5151 FLYNN PARKWAY SUITE 510
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 855-2947 Fax (361) 855-2892
Type: Parent Agency Administrator YOLANDA PILON

Owner Information
TEXAS HOME HEALTH OF AMERICA, L.P.
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 09/30/2016
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 06/30/2022 4918 EVERHART RD
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 452-1232 Fax (361) 452-1204
Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 05/08/2020
License # 019920 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 05/08/2022 4444 CORONA DRIVE, SUITE 106
Medicare 1: CORPUS CHRISTI, TX 784114323
Medicare 2:
Phone (361) 520-4038 Fax (361) 520-4049
Type: Parent Agency Administrator JOSEPH VALDEZ

Owner Information
FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/09/2023

County **NUECES** Region 06 Date Licensed 04/18/2008
License # 009281 TOUCH OF CLASS
Lic Expire 08/31/2022 5151 FLYNN PARKWAY SUITE #402
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 806-0322 Fax (361) 806-0337
Type: Branch Agency Administrator JANET BOWLES

Owner Information
TOUCH OF CLASS
PHONE: (281) 858-1165 FAX: (281) 345-9790
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 11/02/2011
License # 014579 TRIO HOME HEALTH CARE INC
Lic Expire 11/30/2021 4444 CORONA DRIVE # 205
Medicare 1: 678428 HHA-18 CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 881-8787 Fax (361) 881-8815
Type: Parent Agency Administrator VAN VILLA

Owner Information
TRIO HOME HEALTH CARE INC
4444 CORONA DRIVE # 205
CORPUS CHRISTI, TX 78411
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **NUECES** Region 07 Date Licensed 05/31/2017
License # 018082 TRIO HOSPICE INC
Lic Expire 05/31/2023 4444 CORONA STE 205 B
Medicare 1: 971570 (HOSPICE) CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 881-8787 Fax (361) 881-8815
Type: Parent Agency Administrator VAN VILLA

Owner Information
TRIO HOSPICE INC.
SAME AS ABOVE
CORPUS CHRISTI, TX 78414
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/23/2022

County **NUECES** Region 07 Date Licensed 03/17/2003
License # 002358 URESTI SENIOR ASSISTANCE
Lic Expire 07/31/2021 5959 SOUTH STAPLES # 104
Medicare 1: CORPUS CHRISTI, TX 78413
Medicare 2:
Phone (361) 985-1700 Fax (361) 985-1714
Type: Branch Agency Administrator PATRICIA PEREZ

Owner Information
E & O HOME HEALTH CARE INC
PO BOX 691
KINGSVILLE, TX 78363
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 12/13/2001
License # 007816 VASQUEZ FLORES HOME HEALTH CARE
Lic Expire 03/31/2021 3034 S ALAMEDA
Medicare 1: CORPUS CHRISTI, TX 78404
Medicare 2:
Phone (361) 881-9922 Fax (361) 881-9928
Type: Parent Agency Administrator PRISCILLA VASQUEZ

Owner Information
VASQUEZ FLORES HOME HEALTH CARE
PO BOX 8734
CORPUS CHRISTI, TX 78468
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **NUECES** Region 07 Date Licensed 09/14/2004
License # 009310 VISITING ANGELS OF THE COASTAL BEND
Lic Expire 09/30/2022 5262 SO STAPLES STE 220
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 854-2800 Fax (361) 906-3345
Type: Parent Agency Administrator CHARLIE KERR

Owner Information
KERR TECHNICAL SERVICES LLC
5262 SOUTH STAPLES STREET SUITE 220
CORPUS CHRISTI, TX 78411
PHONE: FAX:
Services: Personal Assistance Services

County **OCHILTREE** Region 01 Date Licensed 10/22/1993
License # 002657 HOSPICE OF OCHILTREE GENERAL HOSPITAL
Lic Expire 10/31/2021 2309 S CEDAR
Medicare 1: 451589 HOSPICE PERRYTON, TEXAS 79070
Medicare 2:
Phone (806) 435-2122 Fax (806) 435-3704
Type: Parent Agency Administrator SANDRA BURTON

Owner Information
OCHILTREE HOSPITAL DISTRICT
3101 GARRETT DR
PERRYTON, TX 79070
PHONE: (806) 435-3606 FAX: (806) 648-2813
Services: Hospice
In-Patient Hospice: YES

County **OCHILTREE** Region 01 Date Licensed 05/22/1984
License # 003137 OCHILTREE GENERAL HOSPITAL HOME HEALTH CARE DEPARTMENT
Lic Expire 05/31/2022 2309 S CEDAR
Medicare 1: 457640 HHA-18 PERRYTON, TEXAS 79070
Medicare 2:
Phone (806) 435-2122 Fax (806) 345-3704
Type: Parent Agency Administrator SANDRA BURTON

Owner Information
OCHILTREE HOSPITAL DISTRICT
3101 GARRETT DR
PERRYTON, TX 79070
PHONE: (806) 435-3606 FAX: (806) 648-2813
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ORANGE** Region 04 Date Licensed 06/01/2007
License # 003520 COMPLETE HOMECARE SERVICES INC
Lic Expire 05/31/2021 3425 MARTIN
Medicare 1: ORANGE, TX 77630
Medicare 2:
Phone (409) 882-0523 Fax (409) 886-4727
Type: Branch Agency Administrator ERNESTO DOMENECH

Owner Information
COMPLETE HOMECARE SERVICES INC
PO BOX 299
JASPER, TX 75951
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ORANGE** Region 04 Date Licensed 11/21/2019
License # 019709 HELPING HANDS SENIOR CARE
Lic Expire 11/21/2021 1818 24TH ST
Medicare 1: ORANGE, TEXAS 77630
Medicare 2:
Phone 409 221 5280 Fax 409 2385032
Type: Parent Agency Administrator RIDASHA HAFFORD

Owner Information
H B & G INVESTMENTS, LLC
1818 24TH ST
ORANGE, TX 77630
PHONE: (409) 221-5280 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ORANGE** Region 04 Date Licensed 09/16/2005
License # 009969 PRESCRIBED HOME HEALTH INC
Lic Expire 09/30/2021 2303 NORTH 16TH ST
Medicare 1: 677832 HHA-18 ORANGE, TX 77630
Medicare 2:
Phone (409) 670-0026 Fax (409) 670-0047
Type: Parent Agency Administrator PAMELA WILLEY

Owner Information
PRESCRIBED HOME HEALTH, INC.
198 MAGNOLIA DR
ORANGE, TX 77632
PHONE: (409) 670-0026 FAX: (409) 670-0047
Services: Licensed and Certified Home Health Services

County **ORANGE** Region 04 Date Licensed 04/27/2004
License # 009050 SABINE NECHES HOME HEALTH
Lic Expire 04/30/2021 150 LAMESA DR
Medicare 1: 457824 HHA-18 BRIDGE CITY, TX 77611
Medicare 2:
Phone (409) 735-3757 Fax (409) 735-3783
Type: Parent Agency Administrator ROBERT C LOVELACE

Owner Information
LAKES AREA MEDICAL SUPPLY, INC.
150 LAMESA
BRIDGE CITY, TX 77611
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ORANGE** Region 04 Date Licensed 07/11/2000
License # 007359 SOUTH WEST TEXAS HOME HEALTH INC
Lic Expire 07/31/2022 150 LAMESA DR
Medicare 1: 679081 HHA-18 BRIDGE CITY, TX 77611
Medicare 2:
Phone (409) 735-6100 Fax (409) 735-6773
Type: Parent Agency Administrator ROBERT CRAIG LOVELACE

Owner Information
SOUTH WEST TEXAS HOME HEALTH, INC.
150 LAMESA DRIVE
BRIDGE CITY, TX 77611
PHONE: FAX:
Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **ORANGE** Region 04 Date Licensed 08/22/2000
License # 005037 TEXAS TOTAL CARE INC
Lic Expire 07/31/2022 1880 NORTH MAIN STREET
Medicare 1: VIDOR, TX 77662
Medicare 2:
Phone (409) 832-3011 Fax (409) 832-3071
Type: Branch Agency Administrator DEBBIE DEWBERRY

Owner Information
TEXAS TOTAL CARE INC
21820 IH 10
VIDOR, TX 77662
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **ORANGE** Region 04 Date Licensed 07/15/1996
License # 005037 TEXAS TOTAL CARE INC
Lic Expire 07/31/2022 21820 IH 10
Medicare 1: 458025 HHA-18;67 VIDOR, TX 77662
Medicare 2:
Phone (409) 769-3414 Fax (409) 769-6740
Type: Parent Agency Administrator JULE ALTNAU

Owner Information
TEXAS TOTAL CARE INC
21820 IH 10
VIDOR, TX 77662
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/03/2023

County **ORANGE** Region 04 Date Licensed 05/01/1989
License # 002033 THE SOUTHEAST TEXAS HOSPICE
Lic Expire 04/30/2022 912 WEST CHERRY
Medicare 1: 451533 HOSPICE ORANGE, TX 77630
Medicare 2:
Phone (409) 886-0622 Fax (409) 886-0623
Type: Parent Agency Administrator MARY MCKENNA

Owner Information
THE SOUTHEAST TEXAS HOSPICE
PO BOX 2385
ORANGE, TX 77630
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ORANGE** Region 04 Date Licensed 06/03/2020
License # 019981 TRUE LIVING HOME HEALTH, LLC
Lic Expire 06/03/2022 415 KAY ST.
Medicare 1: BRIDGE CITY, TX 77611
Medicare 2:
Phone (806) 685-0258 Fax
Type: Parent Agency Administrator ANGELICA GARNICA

Owner Information
TRUE LIVING HOME HEALTH, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **PALO PINTO** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 937 FM 1821 NORTH SUITE A
Medicare 1: MINERAL WELLS, TX 76067
Medicare 2:
Phone (940) 325-5255 Fax (940) 325-5258
Type: Branch Agency Administrator JAMIE SMITH

Owner Information
INTEGRACARE HOME HEALTH SERVICES, INC.
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **PALO PINTO** Region 01 Date Licensed 07/01/2007
License # 011458 KINDRED HOSPICE
Lic Expire 06/30/2021 937 FM 1821 NORTH SUITE A-100
Medicare 1: 451703 HOSPICE MINERAL WELLS, TX 76067
Medicare 2:
Phone (940) 468-4194 Fax (940) 325-3353
Type: Parent Agency Administrator LATASHA GRAY

Owner Information
TRINITY HOSPICE OF TEXAS LLC
12900 FOSTER, SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/13/2023

County **PALO PINTO** Region 03 Date Licensed 03/13/2013
License # 015695 RENEW HOME HEALTH
Lic Expire 03/31/2024 2515 HIGHWAY 180 WEST SUITE B
Medicare 1: MINERAL WELLS, TX 76067
Medicare 2:
Phone (940) 325-4455 Fax (940) 325-4484
Type: Branch Agency Administrator PHILIP CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed Home Health Services

County **PALO PINTO** Region 03 Date Licensed 04/01/2002
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 401 W HUBBARD
Medicare 1: 45-1688 MINERAL WELLS, TX 76067
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **PANOLA** Region 04 Date Licensed 01/24/2007
License # 002514 HEART'SWAY HOSPICE OF NORTHEAST TEXAS
Lic Expire 04/30/2024 437 W PANOLA ST
Medicare 1: CARTHAGE, TX 75633
Medicare 2:
Phone (903) 690-9924 Fax (903) 690-9217
Type: Alternate Delivery Site Administrator POLLY MAINES

Owner Information
HOSPICE LONGVIEW INC
PO BOX 5608
LONGVIEW, TEXAS 75608
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **PANOLA** Region 04 Date Licensed 12/11/2003
License # 007741 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2021 1505 W PANOLA
Medicare 1: CARTHAGE, TX 75633
Medicare 2:
Phone (903) 690-9203 Fax (903) 690-0019
Type: Branch Agency Administrator JANET DALME

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **PARKER** Region 01 Date Licensed 08/27/2020
License # 020126 3:16 PEDIATRIC HOME HEALTHCARE, LLC
Lic Expire 08/27/2022 208 N MAIN STREET, SUITE 130
Medicare 1: WEATHERFORD, TEXAS 76086
Medicare 2:
Phone (817) 761-7337 Fax (817) 779-4767
Type: Parent Agency Administrator CHRISTI BAKER

Owner Information
3:16 PEDIATRIC HOME HEALTHCARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **PARKER** Region 01 Date Licensed 07/29/2004
License # 009222 ALPHA OMEGA HOSPICE LP
Lic Expire 941 HILLTOP DRIVE
Medicare 1: 451778 HOSPICE WEATHERFORD, TX 76086
Medicare 2:
Phone (817) 238-0770 Fax (817) 238-0786
Type: Parent Agency Administrator JACKIE HARTT

Owner Information
ALPHA-OMEGA HOSPICE LP
PO BOX 162041
FORT WORTH, TX 76161-2041
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 07/06/2023

County **PARKER** Region 01 Date Licensed 09/22/2015
License # 017048 AMERICAN HOME CARE SOLUTION
Lic Expire 09/30/2021 11875 CAMP BOWIE WEST BLVD
Medicare 1: ALEDO, TX 76008
Medicare 2:
Phone (817) 688-3466 Fax (877) 389-5792
Type: Parent Agency Administrator CHRISTINE CONNELLY

Owner Information
CONCARE LLC
108 VALHALLA CT
ALEDO, TX 76008-3159
PHONE: FAX:
Services: Personal Assistance Services

County **PARKER** Region 01 Date Licensed 06/11/2020
License # 020351 ANGELS CARE HOME HEALTH
Lic Expire 06/11/2022 2105 CLEAR LAKE RD
Medicare 1: 677099 WEATHERFORD, TX 76087
Medicare 2:
Phone (817) 807-0224 Fax (682) 804-7034
Type: Parent Agency Administrator KERRY LAYFIELD

Owner Information
E MEDICAL GROUP OF TEXAS NO 1 LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **PARKER** Region 01 Date Licensed 02/04/2018
License # 018609 BEYONDFAITH HOSPICE LLC
Lic Expire 02/28/2022 804 SANTA FE DRIVE, SUITE 100 B
Medicare 1: 741616 HOSPICE WEATHERFORD, TX 76086
Medicare 2:
Phone (817) 770-0207 Fax (817) 550-6019
Type: Parent Agency Administrator KIMBERLY MAHAN

Owner Information
BEYONDFAITH HOSPICE OF GARLAND, LLC
1475 RICHARDSON DRIVE, SUITE 265
RICHARDSON, TX 75080-4659
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **PARKER** Region 01 Date Licensed
License # 015793 CLEAR PATH HOME CARE LLC
Lic Expire 10/31/2021 119 N MAIN ST SUITE 212
Medicare 1: WEATHERFORD, TX 76086
Medicare 2:
Phone (817) 631-7710 Fax (817) 631-7711
Type: Branch Agency Administrator JAMES SIMMONDS

Owner Information
CLEAR PATH HOME CARE LLC
1515 WEST WALKER
BRECKENRIDGE, TX 76424
PHONE: FAX:
Services: Personal Assistance Services

County **PARKER** Region 03 Date Licensed 11/01/2006
License # 011086 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2022 1925 MARTIN DRIVE, SUITE 100
Medicare 1: WEATHERFORD, TEXAS 76086
Medicare 2:
Phone 817 3414350 Fax 817 3414355
Type: Branch Agency Administrator ERIC DENGLER

Owner Information
ENCOMPASS OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **PARKER** Region 01 Date Licensed 02/24/2011
License # 013916 HOME SWEET HOMEHEALTH
Lic Expire 02/28/2024 8402 E INTERSTATE 20
Medicare 1: 747777 HHA-18 ALEDO, TEXAS 760083204
Medicare 2:
Phone (817) 731-9100 Fax (817) 882-9700
Type: Parent Agency Administrator MARILYN SPARKS

Owner Information
HOME SWEET HOMEHEALTH LLC
6000 WESTERN PLACE SUITE #710
FORT WORTH, TX 76107
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACHC, Expires: 06/21/2021

County **PARKER** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 109 E RENTZ STREET
Medicare 1: WEATHERFORD, TX 760865621
Medicare 2:
Phone (817) 598-0566 Fax (817) 598-0571
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **PARKER** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 109 E RENTZ STREET
Medicare 1: WEATHERFORD, TX 760865621
Medicare 2:
Phone (817) 598-0566 Fax (817) 598-0571
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **PARKER** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 109 E RENTZ STREET
Medicare 1: WEATHERFORD, TX 760865621
Medicare 2:
Phone (817) 598-0566 Fax (817) 598-0571
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **PARKER** Region 01 Date Licensed 06/12/2007
License # 011531 KINDRED AT HOME
Lic Expire 813 SANTA FE DRIVE SUITE 100
Medicare 1: 679523 HHA-18 WEATHERFORD, TX 76086
Medicare 2:
Phone (817) 599-0192 Fax (817) 599-3694
Type: Parent Agency Administrator JESSICA MCDONALD

Owner Information
INTEGRACARE OF TEXAS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **PARKER** Region 01 Date Licensed 08/31/2017
License # 018361 LIFECARE HOME CARE
Lic Expire 08/31/2021 107 LARSON LANE, STE. 200
Medicare 1: 747521 HHA-18 ALEDO, TX 76008
Medicare 2:
Phone (817) 441-2747 Fax (817) 441-2772
Type: Parent Agency Administrator ELIZABETH KERR

Owner Information
BEYONDFAITH HOMECARE & REHAB OF FT. WORTH, LLC
5340 LEGACY DRIVE, STE 150
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **PARKER** Region 03 Date Licensed 04/22/2016
License # 017364 LIFECARE HOME CARE
Lic Expire 04/30/2022 107 LARSON LANE, STE 200A
Medicare 1: 67Q9291001 ALEDO, TX 76008
Medicare 2:
Phone (817) 298-3300 Fax (817) 441-2772
Type: Branch Agency Administrator MICHAEL MCGIBBON

Owner Information
HAVEN HOME HEALTH LLC
12160 NORTH ABRAMS RD SUITE 100
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **PARKER** Region 01 Date Licensed 02/15/2005
License # 009670 MAIN STREET HOMECARE
Lic Expire 05/29/2021 450 WEST MAIN STREET
Medicare 1: 679052 HHA-18 AZLE, TX 76020
Medicare 2:
Phone (817) 444-7992 Fax (817) 444-7768
Type: Parent Agency Administrator BETTY BUSCH

Owner Information
NURSES ETC INC
450 WEST MAIN STREET
AZLE, TX 76020
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **PARKER** Region 01 Date Licensed 12/15/1997
License # 006257 MAIN STREET HOSPICE
Lic Expire 12/31/2021 450 WEST MAIN STREET
Medicare 1: 451687 HOSPICE 450 W. MAIN STREET, TX 76020
Medicare 2:
Phone (817) 444-7992 Fax (817) 444-7768
Type: Parent Agency Administrator BETTY BUSCH

Owner Information
HOMEBOUND HOSPICE INC.
6420 SW BLVD
FORT WORTH, TX 76109-6905
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **PARKER** Region 03 Date Licensed 10/16/2006
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 928 E HWY 199
Medicare 1: 45-1688 SPRINGTOWN, TX 760822768
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **PARKER** Region 01 Date Licensed 03/22/2012
License # 014700 SYNERGY HOMECARE DFW
Lic Expire 03/31/2022 2110 FORT WORTH HIGHWAY
Medicare 1: WEATHERFORD, TX 76086
Medicare 2:
Phone (817) 927-1925 Fax (888) 667-1750
Type: Parent Agency Administrator DAVID LAURENZO

Owner Information
LAURENZO SERVICES INC
133 SAM BASS ROAD
WILLOW PARK, TX 76087
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **PARKER** Region 01 Date Licensed 02/23/2015
License # 016654 THUNDER HOME HEALTH SERVICES LLC
Lic Expire 02/28/2021 13805 GREEN HOOK RD
Medicare 1: ALEDO, TEXAS 76008
Medicare 2:
Phone (469) 735-0194 Fax (682) 200-2635
Type: Parent Agency Administrator NEVILLE TSHIAMALA

Owner Information
THUNDER HOME HEALTH SERVICES LLC
5508 SHADY SPRINGS TRL
FORT WORTH, TEXAS 76179
PHONE: FAX:
Services: Personal Assistance Services

County **PARKER** Region 01 Date Licensed 06/21/2016
License # 017472 WILLOW PARK HOMEHEALTH CARE SERVICES INC
Lic Expire 06/30/2022 4971 E I-20 SERVICE RD N SUITE 201
Medicare 1: WILLOW PARK, TX 76087
Medicare 2:
Phone (817) 441-2080 Fax (817) 441-2081
Type: Parent Agency Administrator BUNMI BAMIDELE

Owner Information
WILLOW PARK HOMEHEALTH SERVICES INC
4971 E 1-20 SERVICE ROAD N STE 201
WILLOW PARK, TX 76087
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **PARMER** Region 01 Date Licensed 07/19/2010
License # 013604 BLUEBONNET HOME HEALTH & HOSPICE COMPANY
Lic Expire 07/31/2022 304 EAST 11TH
Medicare 1: 677617 HHA-18;67 FRIONA, TX 79035
Medicare 2:
Phone (806) 247-0057 Fax (806) 247-0187
Type: Parent Agency Administrator PENNY PHILLIPS

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

County **PECOS** Region 01 Date Licensed 09/24/2004
License # 009326 PECOS COUNTY MEMORIAL HOSPITAL HOME HEALTH AND HOSPICE
Lic Expire 09/30/2022 387 W IH-10
Medicare 1: 673107 HHA-18;67 FORT STOCKTON, TX 79735
Medicare 2:
Phone (432) 336-7044 Fax (844) 315-6526
Type: Parent Agency Administrator KATHY SARABIA

Owner Information
PECOS COUNTY MEMORIAL HOSPITAL
PO BOX 1648
FORT STOCKTON, TX 79735
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/22/2021

County **POLK** Region 04 Date Licensed 08/25/1995
License # 002409 A PINEYWOODS HOME HEALTH CARE INC
Lic Expire 08/31/2022 1601 US HIGHWAY 59 LOOP NORTH SUITE 300
Medicare 1: LIVINGSTON, TX 77351
Medicare 2:
Phone (936) 327-7812 Fax (936) 327-7816
Type: Branch Agency 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** Region 04 Date Licensed 04/11/2017
License # 017994 A PLUS SITTING SERVICE LLC
Lic Expire 04/30/2021 125 EAST JULIA BELLE
Medicare 1: LIVINGSTON, TX 77351
Medicare 2:
Phone (936) 252-2074 Fax (936) 967-5600
Type: Parent Agency Administrator ANISSA HAYNES

Owner Information
A PLUS SITTING SERVICE LLC
2010 HWY 190 WEST #142
LIVINGSTON, TX 77351
PHONE: FAX:
Services: Personal Assistance Services

County **POLK** Region 04 Date Licensed 08/19/2015
License # 016984 ALL PERSONAL ASSISTANCE LLC
Lic Expire 08/31/2021 2410 HWY190 W STE B
Medicare 1: LIVINGSTON, TX 77351
Medicare 2:
Phone (936) 967-2552 Fax (936) 967-2551
Type: Parent Agency Administrator LACEY O PHILLIPS

Owner Information
ALL PERSONAL ASSISTANCE LLC
2410 US HWY 190 W STE B
LIVINGSTON, TX 77351
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **POLK** Region 04 Date Licensed 07/15/2005
License # 010286 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 07/31/2021 1106 W. CHURCH STREET, SUITE B
Medicare 1: 678324 HHA-18 LIVINGSTON, TEXAS 77351
Medicare 2:
Phone 936 3273624 Fax 936 3273625
Type: Parent Agency Administrator SCOTT BRACKIN

Owner Information
DOSIK, INC.
6688 NORTH CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **POLK** Region 04 Date Licensed 01/03/2014
License # 015951 HARBOR HOSPICE OF BRYAN-COLLEGE STATION LP
Lic Expire 01/31/2022 317 WEST CHURCH, SUITE 112A
Medicare 1: 741673 HOSPICE LIVINGSTON, TEXAS 77351
Medicare 2:
Phone (936) 327-8010 Fax (936) 327-8018
Type: Parent Agency Administrator BRYAN GASPARD

Owner Information
HARBOR HOSPICE OF BRYAN-COLLEGE STATION LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **POLK** Region 04 Date Licensed 05/29/2012
License # 014825 HARBOR HOSPICE OF LIVINGSTON LP
Lic Expire 05/31/2022 317 WEST CHURCH STREET SUITE 112
Medicare 1: 671760 HOSPICE LIVINGSTON, TX 77351
Medicare 2:
Phone (936) 327-8010 Fax (936) 327-8018
Type: Parent Agency Administrator BRENNA RODRIGUEZ

Owner Information
HARBOR HOSPICE OF LIVINGSTON LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 05/11/2022

County **POLK** Region 04 Date Licensed 07/29/2010
License # 011503 KAMCARE HOME HEALTH SERVICES LLC
Lic Expire 06/30/2022 416A NORTH STREET
Medicare 1: 67Q9719001 NACOGDOCHES, TEXAS 75961
Medicare 2:
Phone (866) 344-2821 Fax (866) 288-4125
Type: Branch Agency 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

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County **POLK** Region 04 Date Licensed 08/03/2010
License # 013607 KINDRED HOSPICE
Lic Expire 08/31/2022 210 WEST PARK DRIVE SUITE 107
Medicare 1: 671609 HOSPICE LIVINGSTON, TX 77351
Medicare 2:
Phone (936) 327-5888 Fax (936) 327-5899
Type: Parent Agency Administrator DANA PLACKER

Owner Information
AMERICAN HOSPICE INC
PO BOX 4060
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/05/2023

County **POTTER** Region 01 Date Licensed 01/30/2014
License # 016005 AMA RUBY SLIPPERS CARE INC
Lic Expire 01/31/2022 2300 N WESTERN
Medicare 1: AMARILLO, TX 79124
Medicare 2:
Phone (806) 410-2010 Fax (806) 410-2010
Type: Parent Agency Administrator CHERYL TWEET

Owner Information
AMA RUBY SLIPPERS CARE INC
2300N. WESTERN
AMARILLO, TX 79124
PHONE: FAX:
Services: Personal Assistance Services

County **POTTER** Region 01 Date Licensed 11/05/2009
License # 012959 AMARILLOS BEST HOMEHEALTH CARE INC
Lic Expire 11/30/2021 1900 COULTER UNIT N
Medicare 1: 747550 HHA-18 AMARILLO, TX 79106
Medicare 2:
Phone (806) 322-5858 Fax (806) 322-5859
Type: Parent Agency Administrator PATRICIA O'DONNELL

Owner Information
AMARILLOS BEST HOME HEALTHCARE INC
1900 S COULTER UNIT N
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 01 Date Licensed 09/14/2010
License # 011689 BSA COMPASSION HOME CARE
Lic Expire 10/31/2021 1300 SOUTH HARRISON STE 307
Medicare 1: AMARILLO, TX 79101
Medicare 2:
Phone (806) 322-0991 Fax (806) 322-0992
Type: Branch Agency Administrator DANA MADISON

Owner Information
CAMDEN BAY LTD
10207 INDIANA AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **POTTER** Region 01 Date Licensed 11/01/2007
License # 011689 BSA COMPASSION HOME CARE
Lic Expire 10/31/2021 5211 SW 9TH AVENUE
Medicare 1: 677943 HHA-18 AMARILLO, TX 79106
Medicare 2:
Phone (806) 351-8522 Fax (806) 355-7408
Type: Parent Agency Administrator DANA MADISON

Owner Information
CAMDEN BAY LTD
10207 INDIANA AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **POTTER** Region 01 Date Licensed 04/28/2005
License # 009721 BSA HOSPICE OF THE SOUTHWEST
Lic Expire 04/30/2022 5211 SW 9TH AVENUE
Medicare 1: 671501 HOSPICE AMARILLO, TX 79106
Medicare 2:
Phone (806) 356-0026 Fax (806) 358-3114
Type: Parent Agency Administrator RONNIE ATKINS

Owner Information
FMC - LUBBOCK LLC
5211 SW 9TH
AMARILLO, TX 79106
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

County **POTTER** Region 01 Date Licensed 02/21/1990
License # 002118 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 02/28/2023 1619 S KENTUCKY STE F-630
Medicare 1: 457381 HHA-18 AMARILLO, TX 79102
Medicare 2:
Phone 806 4637051 Fax 806 4637058
Type: Parent Agency Administrator CAROL TANKERSLEY

Owner Information
CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 01 Date Licensed 09/11/2020
License # 020668 CARING SENIOR SERVICE OF AMARILLO
Lic Expire 09/11/2022 1100 S FILLMORE STREET
Medicare 1: AMARILLO, TEXAS 79101
Medicare 2:
Phone (806) 373-8940 Fax
Type: Parent Agency Administrator ASHLEE WOTHAM

Owner Information
DTS TEXAS OPS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **POTTER** Region 01 Date Licensed 03/31/2005
License # 009669 CHILDREN'S HOME HEALTHCARE
Lic Expire 1612 S VAN BUREN STREET
Medicare 1: 457841 HHA-18 AMARILLO, TX 79102
Medicare 2:
Phone (806) 367-6612 Fax (806) 367-7148
Type: Parent Agency Administrator BUDDY WILSON

Owner Information
DJK HOME HEALTHCARE LLC
901 WATERFALL WAY SUITE 105
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 01 Date Licensed 03/31/2016
License # 017335 COMPASSION AT HOME
Lic Expire 03/31/2022 400 W 14TH ST SUITE 1000
Medicare 1: AMARILLO, TX 79101
Medicare 2:
Phone (806) 337-5953 Fax (806) 337-5956
Type: Parent Agency Administrator BRADLEY MADISON

Owner Information
CAMDEN BAY LTD
10207 INDIANA AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Personal Assistance Services

County **POTTER** Region 01 Date Licensed 09/30/2005
License # 010011 DELCORP HOME HEALTH SERVICES INC
Lic Expire 09/30/2021 1408 S JEFFERSON STREET SUITE 114
Medicare 1: 679534 HHA-18 AMARILLO, TX 79101
Medicare 2:
Phone (806) 373-8100 Fax (866) 325-5410
Type: Parent Agency Administrator DOROTHY OMEIRE

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

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **POTTER** Region 01 Date Licensed 12/01/2004
License # 009484 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2022 2505 LAKEVIEW DRIVE, SUITE 104
Medicare 1: 677447 HHA-18 AMARILLO, TEXAS 79109
Medicare 2:
Phone 806 3511700 Fax 806 3511777
Type: Parent Agency 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

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County **POTTER** Region 01 Date Licensed 08/05/2015
License # 016954 ENCOMPASS HEALTH HOSPICE
Lic Expire 08/31/2021 2505 LAKEVIEW DRIVE, SUITE 104
Medicare 1: 741634 HOSPICE AMARILLO, TEXAS 79109
Medicare 2:
Phone 806 2234741 Fax 806 5774816
Type: Parent Agency Administrator ADAM ALGER

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** Region 01 Date Licensed 03/22/2012
License # 014910 EPIC PEDIATRIC THERAPY
Lic Expire 03/31/2022 1901 MEDI-PARK DR SUITE 2048
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2101 Fax (806) 353-2674
Type: Parent Agency Administrator MIKAL HUFF

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **POTTER** Region 01 Date Licensed 07/31/2018
License # 018856 GIVING HOME HEALTH CARE LLC
Lic Expire 07/31/2022 1600 S COULTER #D404
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 350-3332 Fax (806) 553-3088
Type: Parent Agency Administrator CHANDRA CRAWFORD

Owner Information
GIVING HOME HEALTH CARE LLC
1600 S COULTER #D404
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 01 Date Licensed 09/19/2013
License # 015882 HIGH PLAINS SENIOR CARE
Lic Expire 09/30/2021 1600 COULTER, BUILDING F
Medicare 1: 459482 HHA-18 AMARILLO, TEXAS 79102
Medicare 2:
Phone (806) 355-1899 Fax (806) 355-4312
Type: Parent Agency Administrator CRAIG JOHNSON

Owner Information
HIGH PLAINS SENIOR CARE INC
1800 S WASHINGTON, SUITE 115
AMARILLO, TX 79102
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 01 Date Licensed 12/22/2016
License # 017941 HIGH PLAINS SENIOR CARE HOSPICE
Lic Expire 02/28/2021 1600 COULTER, BUILDING F
Medicare 1: 741672 HOSPICE AMARILLO, TEXAS 79102
Medicare 2:
Phone 806 3507100 Fax 806 3507104
Type: Parent Agency Administrator CRAIG JOHNSON

Owner Information
A P HEALTH AND PALLIATIVE CARE, INC.
6250 WESTPARK DR SUITE 250
HOUSTON, TX 77057
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **POTTER** Region 01 Date Licensed 04/01/2008
License # 012029 HOME CARE CONNECTIONS
Lic Expire 03/31/2022 3131 BELL STREET SUITE 211
Medicare 1: 679259 HHA-18 AMARILLO, TX 791065030
Medicare 2:
Phone (806) 356-8911 Fax (806) 356-8922
Type: Parent Agency Administrator ASHLEY FLAHERTY

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

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **POTTER** Region 01 Date Licensed 10/31/2001
License # 007787 INTERIM HEALTHCARE OF AMARILLO
Lic Expire 10/31/2021 3501 SOUTH SONCY STE 134
Medicare 1: 459426 HHA-18 AMARILLO, TX 79119
Medicare 2:
Phone (806) 467-1156 Fax (806) 467-1168
Type: Parent Agency Administrator TWILA RUTTER

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **POTTER** Region 01 Date Licensed 09/15/2009
License # 012937 KINDRED AT HOME
Lic Expire 2007 S COULTER STREET
Medicare 1: 457590 HHA-18 AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-3601 Fax (806) 355-5857
Type: Parent Agency Administrator TONI STONER

Owner Information
INTEGRACARE OF WEST TEXAS-HOME HEALTH, LLC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **POTTER** Region 01 Date Licensed 09/15/2009
License # 012961 KINDRED HOSPICE
Lic Expire 09/30/2021 3232 HOBBS AVENUE SUITE A
Medicare 1: 451663 HOSPICE AMARILLO, TX 79109
Medicare 2:
Phone (806) 372-7696 Fax (806) 372-2825
Type: Parent Agency Administrator ELIZABETH PARK

Owner Information
INTEGRACARE OF WEST TEXAS HOSPICE LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 02/24/2023

County **POTTER** Region 01 Date Licensed 11/07/2019
License # 019690 NUCLEAR CARE PARTNERS LLC
Lic Expire 11/07/2021 2505 LAKEVIEW DR. SUITE 300A
Medicare 1: AMARILLO, TX 79109
Medicare 2:
Phone (888) 525-5111 Fax (888) 525-5115
Type: Parent Agency Administrator STACY TODD

Owner Information
NUCLEAR CARE PARTNERS, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **POTTER** Region 01 Date Licensed 08/31/2011
License # 014315 NURSECORE OF AMARILLO
Lic Expire 08/31/2021 4 MEDICAL DRIVE SUITE C
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 358-7300 Fax (806) 358-7301
Type: Parent Agency Administrator JENNIFER OLIVER

Owner Information
NURSECORE MANAGEMENT SERVICES LLC
PO BOX 201925
ARLINGTON, TX 76006
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 01 Date Licensed 10/13/2011
License # 014415 OPEN HEART HOSPICE
Lic Expire 04/28/2022 1901 MEDI-PARK SUITE 1030
Medicare 1: 671768 HOSPICE AMARILLO, TEXAS 79106
Medicare 2:
Phone (806) 372-1506 Fax (806) 372-1660
Type: Parent Agency Administrator LINDA LITTLEFIELD

Owner Information
AMARILLO HOSPICE OF THE PLAINS LLC
2308 W 5TH STREET
PLAINVIEW, TX 79072
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/17/2022

County **POTTER** Region 01 Date Licensed
License # 007334 OUTREACH HOME CARE
Lic Expire 05/31/2021 7200 SW 45TH AVE. UNIT 11
Medicare 1: AMARILLO, TX 79109
Medicare 2:
Phone 806 3730986 Fax 806 3735128
Type: Branch Agency Administrator CINDY GORDON

Owner Information
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **POTTER** Region 01 Date Licensed
License # 007334 OUTREACH HOME CARE
Lic Expire 05/31/2021 7200 SW 45TH AVE UNIT 11
Medicare 1: AMARILLO, TX 79109
Medicare 2:
Phone 806 3730986 Fax 806 3735128
Type: Branch Agency Administrator CINDY GORDON

Owner Information
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 01 Date Licensed 03/17/2017
License # 017959 PRO CASE OF TEXAS LLC
Lic Expire 03/31/2021 7120 WEST INTERSTATE 40 STE 120
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 686-2525 Fax (844) 852-4286
Type: Parent Agency Administrator KIMBERLY MUNGER

Owner Information
PROFESSIONAL CASE MANAGEMENT OF TEXAS LLC
500 E 8TH AVENUE
DENVER, CO 80203
PHONE: FAX:
Services: Licensed Home Health Services

County **POTTER** Region 01 Date Licensed 10/10/1996
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 600 S TYLER ST SUITE 804
Medicare 1: AMARILLO, TX 79101
Medicare 2:
Phone (806) 467-0672 Fax (806) 467-0674
Type: Branch Agency Administrator JANET GRISSOM

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 01 Date Licensed 09/19/2003
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 1934 MEDI PARK DR
Medicare 1: 457754 HHA-18 AMARILLO, TX 79106
Medicare 2:
Phone (806) 352-3900 Fax (806) 352-3906
Type: Parent Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR INC
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
Accreditation: CHAP - Deemed, Expires: 01/18/2024

County **POTTER** Region 01 Date Licensed 09/19/2003
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 1934 MEDI PARK DR
Medicare 1: 457754 HHA-18 AMARILLO, TX 79106
Medicare 2:
Phone (806) 352-3900 Fax (806) 352-3906
Type: Parent Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/18/2024

County **POTTER** Region 01 Date Licensed 09/19/2003
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 1934 MEDI PARK DR
Medicare 1: 457754 HHA-18 AMARILLO, TX 79106
Medicare 2:
Phone (806) 352-3900 Fax (806) 352-3906
Type: Parent Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/18/2024

County **POTTER** Region 01 Date Licensed 10/10/1996
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 600 S TYLER ST SUITE 804
Medicare 1: AMARILLO, TX 79101
Medicare 2:
Phone (806) 467-0672 Fax (806) 467-0674
Type: Branch Agency Administrator JANET GRISSOM

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 01 Date Licensed 11/30/2020
License # 020357 TEXAS HOME HEALTH
Lic Expire 11/30/2022 600 S. TYLER STREET, SUITE 804
Medicare 1: AMARILLO, TX 79109
Medicare 2:
Phone 806 4670672 Fax 806 4670674
Type: Parent Agency Administrator TARA PARMENTER

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 01 Date Licensed 08/30/2011
License # 012120 TEXAS HOME HEALTH HOSPICE
Lic Expire 07/31/2021 1934 MEDI PARK DR RM HOS
Medicare 1: 45-1774 AMARILLO, TX 79106
Medicare 2:
Phone (806) 352-4303 Fax (806) 352-3911
Type: Alternate Delivery Site Administrator AMANDA HUNSAKER

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/15/2022

County **POTTER** Region 01 Date Licensed 08/30/2011
License # 012120 TEXAS HOME HEALTH HOSPICE
Lic Expire 07/31/2021 1934 MEDI PARK DR RM HOS
Medicare 1: 45-1774 AMARILLO, TX 79106
Medicare 2:
Phone (806) 352-4303 Fax (806) 352-3911
Type: Alternate Delivery Site Administrator AMANDA HUNSAKER

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/15/2022

County **POTTER** Region 01 Date Licensed 07/20/2017
License # 018182 TEXAS UNITED ENERGY WORKERS HEALTHCARE LLC
Lic Expire 07/31/2021 3501 S. SONCY ROAD SUITE 133
Medicare 1: AMARILLO, TX 79119
Medicare 2:
Phone (817) 718-0867 Fax (307) 856-2400
Type: Parent Agency Administrator TANYA HEFNER

Owner Information
TEXAS UNITED ENERGY WORKERS HEALTHCARE LLC
6666 W AMARILLO BLVD SUITE #6-7
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **POTTER** Region 01 Date Licensed 03/27/2015
License # 016709 VISITING ANGELS
Lic Expire 03/31/2021 6601 W I-40 STE 400
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 344-8264 Fax (806) 344-8672
Type: Parent Agency Administrator LINDA COMER

Owner Information
HARRY M HOMECARE INC
2314 LAKEVIEW
AMARILLO, TX 79109
PHONE: FAX:
Services: Personal Assistance Services

County **RAINS** Region 04 Date Licensed 06/18/2003
License # 007525 AMERICAN HOME CARE
Lic Expire 01/31/2022 600 E LENNON SUITE 130
Medicare 1: EMORY, TX 75440
Medicare 2:
Phone (903) 473-4401 Fax (903) 473-4403
Type: Branch Agency Administrator CHORLECIA PRITCHETT

Owner Information
TBHL INC
211 WEST MOORE AVE
TERRELL, TX 75160
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **RANDALL** Region 01 Date Licensed 12/01/2000
License # 007538 GOODCARE SERVICES
Lic Expire 11/30/2022 4107 W 49TH
Medicare 1: AMARILLO, TX 79109
Medicare 2:
Phone (806) 373-7373 Fax (806) 342-3300
Type: Parent Agency Administrator KENNETH CARGLE

Owner Information
THE KENDRA COMPANY LLC
4107 WEST 49TH
AMARILLO, TX 79101
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **RANDALL** Region 01 Date Licensed 01/22/2019
License # 019211 HIGH PLAINS HOME CARE ASSISTANCE
Lic Expire 01/22/2021 7306 SW 34TH, SUITE 2
Medicare 1: AMARILLO, TX 79121
Medicare 2:
Phone (806) 420-0012 Fax
Type: Parent Agency Administrator KIM DYSON MAY

Owner Information
HIGH PLAINS HCA LLC
106 DOLPHIN TERRACE
AMARILLO, TX 79118
PHONE: FAX:
Services: Personal Assistance Services

County **RANDALL** Region 01 Date Licensed 01/14/2008
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 06/30/2021 3501 S SONCY STE 134
Medicare 1: AMARILLO, TX 79119
Medicare 2:
Phone (806) 352-0241 Fax (806) 352-4753
Type: Alternate Delivery Site Administrator BRANDI LARSON

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **RANDALL** Region 01 Date Licensed 06/12/2007
License # 011386 THE BASICS AT JAN WERNER
Lic Expire 06/30/2021 3108 S FILLMORE
Medicare 1: AMARILLO, TX 79110
Medicare 2:
Phone 806 3739447 Fax 806 3739446
Type: Parent Agency Administrator ALANA CHILCOTE

Owner Information
AMARILLO MULTISERVICE CENTER FOR THE AGING INC
SAME
AMARILLO, TX 79110-1026
PHONE: (806) 374-5516 FAX: (806) 373-9446
Services: Licensed Home Health Services

County **RANDALL** Region 06 Date Licensed 09/01/2004
License # 009281 TOUCH OF CLASS
Lic Expire 08/31/2022 3505 OLSEN BLVD SUITE #215
Medicare 1: AMARILLO, TX 79109
Medicare 2:
Phone (806) 467-1700 Fax (806) 467-1321
Type: Branch Agency Administrator JANET BOWLES

Owner Information
TOUCH OF CLASS
PHONE: (281) 858-1165 FAX: (281) 345-9790
Services: Licensed Home Health Services; Personal Assistance Services

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County **RANDALL** Region 01 Date Licensed 02/06/2018
License # 018593 TRUE BLESSINGS LLC
Lic Expire 02/28/2022 1317 4TH AVENUE
Medicare 1: CANYON, TX 79015
Medicare 2:
Phone (806) 731-6266 Fax (806) 476-0579
Type: Parent Agency Administrator MARLA GALES

Owner Information
TRUE BLESSINGS LLC
PO BOX 665
CANYON, TX 79015
PHONE: FAX:
Services: Personal Assistance Services

County **RED RIVER** Region 04 Date Licensed 11/28/2005
License # 010155 COUNTRY HOME CARE
Lic Expire 11/30/2021 1505 W MAIN ST
Medicare 1: 677887 HHA-18 CLARKSVILLE, TX 75426
Medicare 2:
Phone (903) 427-8366 Fax (903) 427-8369
Type: Parent Agency Administrator TONYA PENDLETON

Owner Information
COUNTRY HOME CARE INC
1505 W MAIN STREET
CLARKSVILLE, TX 75426
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **RED RIVER** Region 04 Date Licensed 03/07/2017
License # 018042 ELARA CARING
Lic Expire 03/31/2023 389 US HWY 82 WEST
Medicare 1: CLARKSVILLE, TX 75426
Medicare 2:
Phone (903) 427-4598 Fax (903) 427-4609
Type: Branch Agency Administrator KENDRA YAROSS

Owner Information
HOMETOWN HOME HEALTH SERVICES INC.
3025 LAMAR AVE
PARIS, TX 75460-5013
PHONE: FAX:
Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **RED RIVER** Region 04 Date Licensed 05/12/2006
License # 010450 LEWIS HOME HEALTH CARE INC
Lic Expire 05/31/2023 157 NORTH MAIN STREET
Medicare 1: 679546 HHA-18 BOGATA, TX 75417
Medicare 2:
Phone (903) 632-2173 Fax (903) 632-2174
Type: Parent Agency 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

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County **REEVES** Region 01 Date Licensed 03/16/2017
License # 018091 AMERICAN HOME HEALTH & HOSPICE
Lic Expire 03/31/2021 1800 S EDDY STREET
Medicare 1: 677210 HHA-18;45 PECOS, TX 79772
Medicare 2:
Phone (432) 445-3330 Fax (432) 445-3331
Type: Parent Agency Administrator BRENDA MCKINNEY

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

County **ROBERTSON** Region 05 Date Licensed 02/02/2006
License # 010271 MERRYMAN HOME HEALTH INC
Lic Expire 05/30/2021 100 DECHERD STE A&B
Medicare 1: 679536 HHA-18 FRANKLIN, TX 77856
Medicare 2:
Phone (979) 828-1173 Fax (979) 828-3426
Type: Parent Agency Administrator KIMBERLY MCCORMICK

Owner Information
MERRYMAN HOME HEALTH INC
PO BOX 247
FRANKLIN, TX 77856
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ROBERTSON** Region 05 Date Licensed 08/05/2020
License # 020094 V'S SERVANT HEARTS HOME CARE SERVICE LLC
Lic Expire 08/05/2022 114 S. MAGNOLIA ST.
Medicare 1: HEARNE, TEXAS 77859
Medicare 2:
Phone (979) 393-0254 Fax
Type: Parent Agency Administrator LAVOSHA BENFORD

Owner Information
V'S SERVANT HEARTS HOME CARE SERVICE LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **ROCKWALL** Region 03 Date Licensed 05/04/2020
License # 019910 24/7 COMMUNITY HOME CARE INC.
Lic Expire 05/04/2022 293 BLACKHAW DRIVE
Medicare 1: FATE, TEXAS 75087
Medicare 2:
Phone (469) 964-3310 Fax (469) 732-3420
Type: Parent Agency Administrator LANEAN LANG

Owner Information
24/7 COMMUNITY HOME CARE INC.
PHONE: FAX:
Services: Personal Assistance Services

County **ROCKWALL** Region 03 Date Licensed 11/19/2018
License # 019337 ACTI-KARE RESPONSIVE IN-HOME CARE
Lic Expire 04/22/2021 232 DEVONPORT DRIVE
Medicare 1: ROCKWALL, TEXAS 75032
Medicare 2:
Phone (214) 771-1116 Fax
Type: Parent Agency Administrator ANGELA KIRBY

Owner Information
TILLIE J LLC
PHONE: FAX:
Services: Personal Assistance Services

County **ROCKWALL** Region 03 Date Licensed 08/03/2017
License # 018226 ALKRIST HOME HEALTH INC
Lic Expire 08/31/2019 596 PENDLETON DR
Medicare 1: ROCKWALL, TX 75032
Medicare 2:
Phone (972) 369-4435 Fax (972) 369-4435
Type: Parent Agency Administrator GRACE INYANG

Owner Information
ALKRIST HOME HEALTH INC
596 PENDLETON DRIVE
ROCKWALL, TX 75032
PHONE: FAX:
Services: Personal Assistance Services

County **ROCKWALL** Region 04 Date Licensed 10/01/2001
License # 007525 AMERICAN HOME CARE
Lic Expire 01/31/2022 500 TURTLE COVE BOULEVARD SUITE 150
Medicare 1: ROCKWALL, TX 75087
Medicare 2:
Phone (972) 771-4558 Fax (972) 771-4288
Type: Branch Agency Administrator CHORLECIA PRITCHETT

Owner Information
TBHL INC
211 WEST MOORE AVE
TERRELL, TX 75160
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **ROCKWALL** Region 03 Date Licensed 02/01/2007
License # 011332 CHILEX HOME CARE SERVICES
Lic Expire 01/31/2021 127 HAMPSHIRE LANE
Medicare 1: 677846 HHA-18 ROCKWALL, TX 75032
Medicare 2:
Phone (972) 772-2940 Fax (972) 772-2956
Type: Parent Agency Administrator HAPPINESS NWABUKO

Owner Information
CHILEX HOME CARE SERVICES INC
127 HAMPSHIRE LANE
ROCKWALL, TX 75032
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **ROCKWALL** Region 03 Date Licensed 09/03/2003
License # 008625 EXPEDIENT HOME HEALTH CARE
Lic Expire 09/30/2021 2455 RIDGE RD SUITE 205
Medicare 1: 679377 HHA-18 ROCKWALL, TX 75087
Medicare 2:
Phone (972) 772-5086 Fax (972) 771-5686
Type: Parent Agency Administrator DIANA WRIGHT

Owner Information
ALVERA REHAB ASSOCIATES INC
55 NOBLE COURT #110
ROCKWALL, TX 75032
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ROCKWALL** Region 03 Date Licensed 09/09/2013
License # 015759 FREEDOM AT HOME DIALYSIS LLC
Lic Expire 09/30/2021 810 E RALPH HALL PARKWAY #150
Medicare 1: ROCKWALL, TX 75032
Medicare 2:
Phone (469) 402-3450 Fax (469) 402-0940
Type: Parent Agency Administrator TANYA GRIFFIN

Owner Information
FREEDOM AT HOME DIALYSIS LLC
55 NOBLE COURT, SUITE 110
ROCKWALL, TX 75032
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **ROCKWALL** Region 03 Date Licensed 05/19/2016
License # 017408 HOME CARE ASSISTANCE
Lic Expire 05/31/2022 892 STEGER TOWNE ROAD
Medicare 1: ROCKWALL, TX 75032
Medicare 2:
Phone (972) 722-7833 Fax (844) 270-7015
Type: Parent Agency Administrator STEVE HANSON

Owner Information
LAKEPOINT COMPASSION HOME CARE LLC
190 DRYWELL CT
ROYSE CITY, TEXAS 75189
PHONE: FAX:
Services: Personal Assistance Services

County **ROCKWALL** Region 04 Date Licensed 10/14/2013
License # 015975 HOME CARE NETWORK
Lic Expire 10/31/2021 2602 RIDGE ROAD SUITE A
Medicare 1: ROCKWALL, TX 75087
Medicare 2:
Phone (972) 961-3983 Fax (972) 961-3984
Type: Branch Agency Administrator SAUNDRA HILL

Owner Information
HOME CARE NETWORK EAST INC
1701 N HAMPTON ROAD SUITE F
DESOTO, TEXAS 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ROCKWALL** Region 03 Date Licensed 11/18/2005
License # 009451 PHYSICIANS CHOICE HOMECARE
Lic Expire 12/31/2021 6800 HERITAGE PARKWAY #103
Medicare 1: ROCKWALL, TX 75087
Medicare 2:
Phone (972) 412-9916 Fax (972) 412-9971
Type: Branch Agency Administrator DELAUNTE CRAWFORD

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

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **ROCKWALL** Region 04 Date Licensed 04/07/2009
License # 011067 PHYSICIANS CHOICE HOMECARE
Lic Expire 02/28/2022 6800 HERITAGE PARKWAY #103
Medicare 1: ROCKWALL, TX 75087
Medicare 2:
Phone (972) 412-9916 Fax (972) 412-9971
Type: Branch Agency Administrator DELAUNTE CRAWFORD

Owner Information
GREENVILLE PHYSICIANS CHOICE HOMECARE LLC
4315 RIDGECREST DR
GREENVILLE, TX 75402
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ROCKWALL** Region 03 Date Licensed 04/16/2019
License # 019325 PRODIGY HOME HEALTH & HOSPICE CARE LLC
Lic Expire 04/16/2021 793 BOSLEY DRIVE
Medicare 1: FATE, TX 75087
Medicare 2:
Phone (408) 806-3840 Fax (408) 806-3840
Type: Parent Agency Administrator WALTER AKWO

Owner Information
PRODIGY HOME HEALTH & HOSPICE CARE LLC
793 BOSLEY DRIVE
FATE, TX 75087
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **ROCKWALL** Region 03 Date Licensed 05/04/2020
License # 019909 RADIANT HEART HOME CARE LLC
Lic Expire 05/04/2022 1281 STANFORD DR
Medicare 1: ROCKWALL, TX 75087
Medicare 2:
Phone (469) 500-5582 Fax
Type: Parent Agency Administrator GENEVIEVE MARTIN

Owner Information
PHONE: FAX:
Services: Personal Assistance Services

County **ROCKWALL** Region 03 Date Licensed 11/11/2019
License # 019586 RIGHT AT HOME
Lic Expire 09/10/2021 1101 RIDGE RD, STE 127
Medicare 1: ROCKWALL, TEXAS 75087
Medicare 2:
Phone (469) 314-1774 Fax (469) 440-8812
Type: Parent Agency Administrator RACHEL REYNOLDS

Owner Information
MIP SERVICES
PHONE: FAX:
Services: Personal Assistance Services

County **ROCKWALL** Region 03 Date Licensed 02/09/2018
License # 018607 SUNRISE HOME HEALTH
Lic Expire 02/28/2022 1221 ARISTA LANE
Medicare 1: 457937 HHA-18 ROCKWALL, TX 75032
Medicare 2:
Phone (214) 771-0771 Fax (972) 772-9425
Type: Parent Agency Administrator NEVILLE GOVENDER

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

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County **ROCKWALL** Region 03 Date Licensed 05/27/1988
License # 001939 SUNRISE HOME HEALTH SERVICES
Lic Expire 05/31/2022 1221 ARISTA
Medicare 1: 677158 HHA-18 ROCKWALL, TX 75032
Medicare 2:
Phone (972) 278-1414 Fax (972) 772-9425
Type: Parent Agency Administrator NEVILLE GOVENDER

Owner Information
SUNRISE HOME HEALTH SERVICES OF AMERICA INC
PO BOX 494728
GARLAND, TX 75049
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **ROCKWALL** Region 03 Date Licensed 02/15/2019
License # 019259 SUPERIOR HELPERS
Lic Expire 02/15/2021 1648 TROWBRIDGE CIRCLE
Medicare 1: ROCKWALL, TEXAS 750320021
Medicare 2:
Phone (469) 974-8262 Fax (833) 970-2263
Type: Parent Agency Administrator CHRISTOPHER TOUOBOUN

Owner Information
SUPERIOR HELPERS LIMITED LIABILITY COMPANY
1648 TROWBRIDGE CIRCLE
ROCKWALL, TEXAS 75032
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ROCKWALL** Region 03 Date Licensed 04/07/2011
License # 014017 TEXAS PRIME HEALTHCARE INC
Lic Expire 04/30/2021 618 EAST LAMAR STREET
Medicare 1: 747860 HHA-18 ROYSE CITY, TX 75189
Medicare 2:
Phone (972) 635-6666 Fax (972) 635-6667
Type: Parent Agency Administrator REX O. UZZI REX O. UZZI

Owner Information
TEXAS PRIME HEALTHCARE INC
516 DYANN DRIVE
ROYSE CITY, TEXAS 75189
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/04/2022

County **RUNNELS** Region 01 Date Licensed 07/09/2012
License # 014917 BALLINGER HOME HEALTH INC
Lic Expire 07/31/2022 818 HUTCHINS AVENUE
Medicare 1: 457773 HHA-18 BALLINGER, TX 76821
Medicare 2:
Phone (325) 365-3889 Fax (325) 365-5685
Type: Parent Agency Administrator MICHELLE AGUILERA

Owner Information
BALLINGER HOME HEALTH INC.
PO BOX 214
BALLINGER, TX 76821
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **RUNNELS** Region 01 Date Licensed 08/23/2012
License # 015166 HOSPICE OF BALLINGER
Lic Expire 08/31/2022 818 HUTCHINGS AVE
Medicare 1: 671570 HOSPICE BALLINGER, TX 76821
Medicare 2:
Phone (325) 365-2375 Fax (325) 365-5484
Type: Parent Agency Administrator MICHELLE AGUILERA

Owner Information
BALLINGER HOME HEALTH INC.
PO BOX 214
BALLINGER, TX 76821
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **RUNNELS** Region 01 Date Licensed 09/02/1994
License # 003174 NORTH RUNNELS HOME HEALTH AGENCY
Lic Expire 09/30/2022 500 S MAIN STREET
Medicare 1: 458191 HHA-18 WINTERS, TX 79567
Medicare 2:
Phone (325) 754-4141 Fax (325) 754-4337
Type: Parent Agency Administrator JEANNIE FREE

Owner Information
NORTH RUNNELS COUNTY HOSPITAL
PO BOX 185
WINTERS, TX 79567
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **RUSK** Region 04 Date Licensed 08/28/2017
License # 018426 ACEA HOME HEALTH LLC
Lic Expire 08/31/2021 306 SHAWNEE TRAIL
Medicare 1: HENDERSON, TX 75654
Medicare 2:
Phone (903) 652-3475 Fax (903) 652-7315
Type: Parent Agency Administrator JAMES TAYLOR

Owner Information
ACEA HOME HEALTH LLC
306 SHAWNEE TRAIL
HENDERSON, TX 75654
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **RUSK** Region 04 Date Licensed 06/29/2011
License # 014194 ACROSS THE BOARD HOME HEALTHCARE
Lic Expire 06/30/2021 611 ZION
Medicare 1: HENDERSON, TX 75652
Medicare 2:
Phone (903) 889-2025 Fax (866) 903-6770
Type: Parent Agency 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

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County **RUSK** Region 04 Date Licensed 02/15/2008
License # 011889 ADVANCING AT HOME HEALTH CARE LLC
Lic Expire 02/28/2022 702 FAIRPARK DR. SUITE 101
Medicare 1: 747038 HHA-18 HENDERSON, TX 75654
Medicare 2:
Phone (903) 657-6050 Fax (903) 657-4361
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 01/30/2024

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **RUSK** Region 04 Date Licensed 05/15/2008
License # 012010 ANGEL CARE HOSPICE LLC
Lic Expire 05/31/2021 702 FAIR PARK DRIVE SUITE 102
Medicare 1: 671638 HOSPICE HENDERSON, TX 75654
Medicare 2:
Phone (903) 657-2461 Fax (903) 657-8796
Type: Parent Agency Administrator REGINA MICHELLE NAYFA-ADAMS

Owner Information
ANGEL CARE HOSPICE, LLC
702 FAIR PARK DRIVE SUITE 102
HENDERSON, TX 75654
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/17/2021

County **RUSK** Region 04 Date Licensed 06/17/2013
License # 015639 ASSISTCARE
Lic Expire 06/30/2021 315 WILSON ST.
Medicare 1: 459266 HHA-18 HENDERSON, TX 75652
Medicare 2:
Phone (903) 657-4413 Fax (903) 655-0225
Type: Parent Agency Administrator MICHELLE L SPRINGFIELD

Owner Information
SPRINGFIELD & SPRINGFIELD INVESTMENTS LLC
315 WILSON ST.
HENDERSON, TX 75652
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **RUSK** Region 04 Date Licensed 05/06/1994
License # 002875 AT HOME HEALTHCARE
Lic Expire 506 HWY 79 NORTH
Medicare 1: 458072 HHA-18 HENDERSON, TX 75652
Medicare 2:
Phone (903) 657-1004 Fax (903) 657-2260
Type: Parent Agency Administrator RHONDA KELLY

Owner Information
NORTHEAST TEXAS HOME HEALTH AGENCY LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **RUSK** Region 04 Date Licensed 02/06/2017
License # 017904 ATB HOME HEALTHCARE
Lic Expire 02/28/2021 611 ZION ST SUITE 2
Medicare 1: HENDERSON, TX 75652
Medicare 2:
Phone (903) 722-4193 Fax (903) 392-8996
Type: Parent Agency Administrator LARRY COLEMAN

Owner Information
BIRTHED TO CARE
611 ZION ST SUITE 2
HENDERSON, TX 75652
PHONE: FAX:
Services: Personal Assistance Services

County **RUSK** Region 04 Date Licensed 11/30/2000
License # 007572 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 11/30/2022 102 E. MAIN
Medicare 1: HENDERSON, TEXAS 75652
Medicare 2:
Phone (903) 657-5100 Fax (877) 463-1310
Type: Branch Agency Administrator KRISTALA EVANS

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

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County **RUSK** Region 04 Date Licensed 09/15/2014
License # 016464 HAPPY AT HOME HEALTHCARE
Lic Expire 09/30/2022 125 SOUTH MAIN STREET
Medicare 1: 677275 HHA-18 HENDERSON, TX 75654
Medicare 2:
Phone (903) 722-9002 Fax (903) 722-9004
Type: Parent Agency 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

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County **RUSK** Region 04 Date Licensed 02/27/2013
License # 015396 LIFESPAN HOME HEALTH
Lic Expire 02/28/2023 102 E. MAIN
Medicare 1: HENDERSON, TEXAS 75652
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator KRISTALA EVANS

Owner Information
ADVANCE HI-TECH NURSING INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP, Expires: 05/01/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SABINE** Region 05 Date Licensed
License # 007810 OUTREACH HOME CARE
Lic Expire 11/30/2022 390 SABINE STREET SUITE B
Medicare 1: HEMPHILL, TX 75948
Medicare 2:
Phone 409 7871636 Fax 409 7873690
Type: Branch Agency Administrator ANDREA AGUILERA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **SAN JACINTO** Region 04 Date Licensed 06/07/2012
License # 014854 BLESSED ASSURANCE HOMEHEALTH CARE INC
Lic Expire 06/30/2022 11231 HWY 150 SUITE A
Medicare 1: SHEPHERD, TX 77371
Medicare 2:
Phone (936) 585-4519 Fax (936) 585-4772
Type: Parent Agency 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** Region 07 Date Licensed 12/17/2018
License # 019251 BRIGGS HOMECARE LLC
Lic Expire 12/17/2022 604 MOORE AVE
Medicare 1: PORTLAND, TX 78374
Medicare 2:
Phone (361) 643-2323 Fax (361) 643-1212
Type: Parent Agency Administrator TASHA BURNETT

Owner Information
BRIGGS HOMECARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **SAN SABA** Region 01 Date Licensed 04/26/2017
License # 018129 ELARA CARING
Lic Expire 04/30/2023 3657 HIGHWAY 377 SOUTH, SUITE C
Medicare 1: BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 372-3897 Fax (325) 372-3968
Type: Branch Agency Administrator ELIZABETH DIANNE ELLIOTT

Owner Information
BRADY HEALTH CARE SERVICES, INC
3657 HIGHWAY 377 SOUTH, SUITE A
BROWNWOOD, TX 76801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **SCURRY** Region 01 Date Licensed 04/24/1984
License # 001523 COGDELL HOME HEALTH AND HOSPICE
Lic Expire 04/30/2022 1700 COGDELL BLVD
Medicare 1: 457656 HHA-18;74 SNYDER, TX 79549
Medicare 2:
Phone (325) 574-7340 Fax (325) 573-1882
Type: Parent Agency Administrator SHERRI LIEB

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

County **SCURRY** Region 01 Date Licensed 02/03/2020
License # 020020 COMFORT KEEPERS
Lic Expire 02/03/2022 2703 COLLEGE AVE
Medicare 1: SNYDER, TEXAS 79549
Medicare 2:
Phone (325) 268-1531 Fax (325) 573-3223
Type: Parent Agency 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** Region 01 Date Licensed 12/01/2008
License # 012325 KINDRED AT HOME
Lic Expire 11/30/2022 100 NORTH MAIN STREET
Medicare 1: 747259 HHA-18 ALBANY, TX 76430
Medicare 2:
Phone (325) 762-2854 Fax (325) 762-3746
Type: Parent Agency 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

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SHELBY** Region 04 Date Licensed 08/25/1995
License # 002409 A PINEYWOODS HOME HEALTH CARE INC
Lic Expire 08/31/2022 919 NACOGDOCHES ST
Medicare 1: CENTER, TX 75935
Medicare 2:
Phone 936 5910116 Fax (936) 591-0302
Type: Branch Agency 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 **SHELBY** Region 04 Date Licensed 05/31/2016
License # 013942 AFFINITY HEALTH CARE
Lic Expire 03/31/2023 203 HURST ST.
Medicare 1: CENTER, TEXAS 75935
Medicare 2:
Phone (936) 657-4050 Fax (888) 659-2676
Type: Alternate Delivery Site Administrator QUINCY MARTINDALE

Owner Information
AFFINITY HOSPICE LLC
2708 SOUTH MEDFORD DRIVE
LUFKIN, TX 75901
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **SHELBY** Region 04 Date Licensed 01/01/2003
License # 008274 ELARA CARING
Lic Expire 12/31/2022 202 TENAHA
Medicare 1: CENTER, TX 75935
Medicare 2:
Phone (936) 590-9303 Fax (936) 590-9306
Type: Branch Agency Administrator ROBIN WEBB

Owner Information
JHS OPERATIONS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **SMITH** Region 04 Date Licensed 01/10/2006
License # 002409 A PINEYWOODS HOME HEALTH CARE INC
Lic Expire 08/31/2022 215 WINCHESTER DR STE 100
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (430) 205-3800 Fax (430) 205-3999
Type: Branch Agency 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** Region 03 Date Licensed 10/21/2016
License # 017692 A PROMISE PALLIATVE CARE AND HOSPICE
Lic Expire 10/31/2022 700 N MAIN STREET
Medicare 1: 741685 HOSPICE LINDALE, TX 75771
Medicare 2:
Phone (903) 980-6142 Fax (903) 200-1510
Type: Parent Agency Administrator SILAS SHELTON, LVN

Owner Information
ZENITH HOSPICE CARE INC
8204 ELMBROOK DRIVE SUITE 210
DALLAS, TX 75247
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **SMITH** Region 04 Date Licensed 03/24/2003
License # 008374 AMCARE PRO HOME HEALTH OF EAST TEXAS
Lic Expire 03/31/2024 401 E FRONT ST STE 229
Medicare 1: 679290 HHA-18 TYLER, TEXAS 75702
Medicare 2:
Phone (903) 593-1737 Fax (903) 593-1752
Type: Parent Agency Administrator MUFADDAL BOOTWALA

Owner Information
ALLEGIANCE HOME HEALTH SERVICES LLC
1222 E ARAPAHO RD STE 305
RICHARDSON, TEXAS 75081
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 03/24/2006
License # 003546 ANGELS CARE HOME HEALTH
Lic Expire 01/31/2023 1820 SHILOH ROAD SUITE 1400
Medicare 1: TYLER, TX 75703
Medicare 2:
Phone (903) 561-2252 Fax (903) 561-2253
Type: Branch Agency Administrator BRANDY SIMMS

Owner Information
PERSONAL HOME HEALTHCARE AGENCY LLC
2000 S ROYALL
PALESTINE, TX 75801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 01/11/1995
License # 003487 AT HOME HEALTHCARE
Lic Expire 01/31/2022 9846 HWY 31 EAST
Medicare 1: 458347 TYLER, TX 75705
Medicare 2:
Phone (903) 592-8001 Fax (903) 596-7479
Type: Parent Agency Administrator JENNIFER HUFFMAN

Owner Information
HELPING HANDS HOMECARE, LTD
9846 HIGHWAY 31 EAST
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SMITH** Region 04 Date Licensed 12/09/1987
License # 001881 AT HOME HEALTHCARE
Lic Expire 12/31/2021 419 S BECKHAM
Medicare 1: 677132 HHA-18 TYLER, TX 75702
Medicare 2:
Phone (903) 592-8001 Fax (903) 787-7636
Type: Parent Agency Administrator RHONDA KELLY

Owner Information
MEHLING & ASSOCIATES, INC DBA AT HOME HEALTHCARE
9846 HWY 31 EAST
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **SMITH** Region 04 Date Licensed 07/01/1999
License # 007113 AT HOME HEALTHCARE
Lic Expire 06/30/2022 423 S BECKHAM
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (903) 593-9945 Fax (903) 525-3861
Type: Parent Agency Administrator JENNIFER DOBBINS

Owner Information
BIENVILLE HOLDINGS LTD
423 S BECKHAM AVENUE
TYLER, TX 75702
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 09/11/2001
License # 002875 AT HOME HEALTHCARE
Lic Expire 05/31/2022 419 S BECKHAM
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (903) 597-7700 Fax (903) 592-1903
Type: Branch Agency Administrator RHONDA KELLY

Owner Information
NORTHEAST TEXAS HOME HEALTH AGENCY LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **SMITH** Region 04 Date Licensed 04/02/2002
License # 007898 AT HOME SUPPORT
Lic Expire 04/30/2021 421 S. BECKHAM
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (903) 593-9330 Fax (903) 525-3862
Type: Parent Agency Administrator JENNIFER HUFFMAN

Owner Information
BIENVILLE HOLDINGS LTD
423 S BECKHAM AVENUE
TYLER, TX 75702
PHONE: FAX:
Services: Personal Assistance Services

County **SMITH** Region 04 Date Licensed 04/19/2016
License # 014848 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 921 SHILOH ROAD SUITE C 120
Medicare 1: TYLER, TX 75703
Medicare 2:
Phone (903) 939-2800 Fax (903) 581-7057
Type: Branch Agency Administrator TYLER FRANKLIN

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **SMITH** Region 04 Date Licensed 03/28/2012
License # 014848 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 212 OLD GRANDE BLD STE A110
Medicare 1: TYLER, TX 75703
Medicare 2:
Phone (903) 509-3742 Fax (903) 509-3744
Type: Parent Agency Administrator TYLER FRANKLIN

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **SMITH** Region 04 Date Licensed 03/20/2006
License # 010346 BALM IN GILEAD HOME HEALTH SERVICES INC
Lic Expire 03/31/2024 626 WHITEOAK LANE
Medicare 1: 679545 HHA-18 TYLER, TX 75703
Medicare 2:
Phone (903) 561-9419 Fax (903) 561-2633
Type: Parent Agency Administrator NGOZI ONWUZURUMBA

Owner Information
BALM IN GILEAD HOME HEALTH SERVICES INC.
4546 SOUTH BROADWAY SUITE C
TYLER, TX 75703
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 03/08/2021
License # 020575 BETTER HOME CARE LLC
Lic Expire 03/08/2023 1600 RICE RD APT 1228
Medicare 1: TYLER, TEXAS 75703
Medicare 2:
Phone (903) 504-2735 Fax
Type: Parent Agency Administrator BRENDA CAMPBELL

Owner Information
BETTER HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **SMITH** Region 04 Date Licensed 09/20/2011
License # 014367 BEULAH HOME HEALTH AGENCY INC
Lic Expire 09/30/2021 3613 ROCK CREEK DRIVE
Medicare 1: 747788 HHA-18 TYLER, TX 75707
Medicare 2:
Phone (903) 525-9037 Fax (903) 525-9076
Type: Parent Agency Administrator VINCENT UDOSEN UDOSEN

Owner Information
BEULAH HOME HEALTH AGENCY INC
3613 ROCK CREEK DRIVE
TYLER, TX 75707-1635
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 03 Date Licensed
License # 018474 BLUE HAVEN HOSPICE, LLC
Lic Expire 08/31/2021 116 E. HERITAGE DR
Medicare 1: TYLER, TEXAS 75703
Medicare 2:
Phone (214) 667-8040 Fax (214) 667-8045
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **SMITH** Region 03 Date Licensed
License # 018474 BLUE HAVEN HOSPICE, LLC
Lic Expire 08/31/2021 116 E. HERITAGE DR
Medicare 1: TYLER, TEXAS 75703
Medicare 2:
Phone (214) 667-8040 Fax (214) 667-8045
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **SMITH** Region 04 Date Licensed 09/14/2016
License # 017818 BRIDGEWAY HEALTH SERVICES
Lic Expire 09/30/2022 1101 E SOUTHEAST LOOP 323 STE 110
Medicare 1: 673165 HHA-18 TYLER, TX 75701
Medicare 2:
Phone (903) 509-3374 Fax (903) 509-3380
Type: Parent Agency Administrator DEBORAH ELLIS

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 **SMITH** Region 04 Date Licensed 04/01/2013
License # 015531 CHOICE HOMECARE
Lic Expire 03/31/2021 1409 S, BECKHAM AVE. SUITE B
Medicare 1: 458261 HHA-18 TYLER, TX 75701
Medicare 2:
Phone (903) 363-9932 Fax (888) 333-8977
Type: Parent Agency Administrator AMBER TAFT

Owner Information
INTEGRITY FAMILY HOME CARE LLC
6760 OLD JACKSONVILLE HIGHWAY SUITE 101
TYLER, TX 75703
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **SMITH** Region 04 Date Licensed 12/01/2012
License # 015333 CHOICE HOSPICE
Lic Expire 11/30/2022 6760 OLD JACKSONVILLE HWY; SUITE 106
Medicare 1: 451740 HOSPICE TYLER, TEXAS 75703
Medicare 2:
Phone (903) 509-3015 Fax (903) 509-5971
Type: Parent Agency Administrator KATIE SANDLIN

Owner Information
LEGACY HOSPICE, LLC
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SMITH** Region 04 Date Licensed 12/01/2012
License # 015333 CHOICE HOSPICE
Lic Expire 11/30/2022 6760 OLD JACKSONVILLE HWY; SUITE 106
Medicare 1: TYLER, TX 75703
Medicare 2:
Phone (903) 509-3015 Fax (903) 509-5971
Type: Alternate Delivery Site Administrator KATIE SANDLIN

Owner Information
LEGACY HOSPICE, LLC
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **SMITH** Region 04 Date Licensed 08/23/2017
License # 018468 CHOICE PLUSCARE
Lic Expire 08/31/2021 4200 OLD OMEN ROAD SUITE 2202
Medicare 1: TYLER, TX 75707
Medicare 2:
Phone (903) 566-0734 Fax (903) 566-2915
Type: Parent Agency Administrator ROBBIE BROWN

Owner Information
CIVPLUS CARE, LLC
6760 OLD JACKSONVILLE HIGHWAY SUITE 101
TYLER, TX 75703-0566
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 09/01/2017
License # 018435 CHRISTUS HOMECARE
Lic Expire 08/31/2021 821 E SOUTHEAST LOOP 323 SUITE 560
Medicare 1: 743197 HHA-18 TYLER, TX 75701
Medicare 2:
Phone (903) 534-6267 Fax (903) 534-6296
Type: Parent Agency Administrator TRISHA WOOLARD

Owner Information
LHCG CXII, LLC
PO BOX 51266
LAFAYETTE, TX 70505-1266
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **SMITH** Region 04 Date Licensed 10/15/2015
License # 017402 DIVINE HEALTH CARE SERVICES INC
Lic Expire 10/31/2021 3200 TROUP HIGHWAY SUITE 228
Medicare 1: 679265 HHA-18 TYLER, TX 75701
Medicare 2:
Phone (903) 595-2400 Fax (903) 595-2415
Type: Parent Agency Administrator HAJARA BABALE

Owner Information
DIVINE HEALTH CARE SERVICES INC
3200 TROUP HIGHWAY SUITE 228
TYLER, TX 75701
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 01/01/2003
License # 008273 ELARA CARING
Lic Expire 12/31/2021 3320 TROUP HIGHWAY, SUITE 240
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 509-0959 Fax (903) 509-1068
Type: Branch Agency Administrator MELLISA DUNAVANT

Owner Information
JHS OPERATIONS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **SMITH** Region 04 Date Licensed 03/04/2005
License # 009754 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 03/31/2024 724 WSW 323 LOOP, SUITE D
Medicare 1: 459457 HHA-18 TYLER, TEXAS 75701
Medicare 2:
Phone 903 5264663 Fax 903 5262388
Type: Parent Agency Administrator KAREN ANNE ZITEK

Owner Information
AHM ACTION HOME HEALTH, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **SMITH** Region 04 Date Licensed 07/03/2020
License # 020035 ENCOMPASS HEALTH HOSPICE
Lic Expire 07/03/2022 724 WSW 323 LOOP, SUITE C
Medicare 1: TYLER, TEXAS 75701
Medicare 2:
Phone (903) 405-3853 Fax (903) 705-0743
Type: Parent Agency Administrator MARSHA JONES

Owner Information
ENCOMPASS HOME HEALTH OF EAST TEXAS, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **SMITH** Region 04 Date Licensed 11/30/2007
License # 011762 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 100 E FERGUSON STREET SUITE 600
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (903) 526-2914 Fax (903) 526-1461
Type: Parent Agency Administrator SHERRY GOOLSBY

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 12/13/2012
License # 015265 HARBOR HOSPICE 27 LP
Lic Expire 12/31/2022 727 E FRONT STREET SUITE 100
Medicare 1: 741565 HOSPICE TYLER, TX 75702
Medicare 2:
Phone (903) 525-9390 Fax (903) 525-9285
Type: Parent Agency Administrator MARQUETTE LONG

Owner Information
HARBOR HOSPICE 27 LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 03/12/2024

County **SMITH** Region 04 Date Licensed 04/03/2014
License # 016126 HARBOR HOSPICE OF LONGVIEW LP
Lic Expire 04/30/2022 727 EAST FRONT STREET SUITE 100B
Medicare 1: 741609 HOSPICE TYLER, TX 75702
Medicare 2:
Phone (903) 525-9390 Fax (903) 525-9285
Type: Parent Agency Administrator MARQUETTE LONG

Owner Information
HARBOR HOSPICE OF LONGVIEW LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 09/14/2021

County **SMITH** Region 04 Date Licensed 04/03/2014
License # 016127 HARBOR HOSPICE OF TEXARKANA LP
Lic Expire 04/30/2022 727 EAST FRONT STREET SUITE 100A
Medicare 1: 741659 HOSPICE TYLER, TX 75702
Medicare 2:
Phone (903) 525-9390 Fax (903) 525-9285
Type: Parent Agency Administrator MARQUETTE LONG

Owner Information
HARBOR HOSPICE OF TEXARKANA LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **SMITH** Region 04 Date Licensed 10/25/2013
License # 015986 HEART TO HEART HOSPICE OF TYLER LTD
Lic Expire 10/31/2021 7925 S BROADWAY AVENUE SUITE 1140
Medicare 1: 451756 HOSPICE TYLER, TX 75703
Medicare 2:
Phone (903) 593-6619 Fax 903593 6695
Type: Parent Agency Administrator GINA DAUGHTRY

Owner Information
HEART TO HEART HOSPICE OF TYLER LTD
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/03/2022

County **SMITH** Region 04 Date Licensed 07/14/2017
License # 018169 HEATON HEALTH SERVICES AGENCY LLC
Lic Expire 07/31/2021 1820 SHILOH ROAD, SUITE 1503
Medicare 1: TYLER, TEXAS 75703
Medicare 2:
Phone (903) 630-5493 Fax (903) 965-6384
Type: Parent Agency Administrator CLAYTON HEATON

Owner Information
HEATON HEALTH SERVICES AGENCY LLC
11807 VERMILLION ST
TYLER, TX 75703-7758
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 03/14/2018
License # 018670 HERITAGE HOSPICE OF EAST TEXAS
Lic Expire 03/31/2022 5070 KINSEY DRIVE
Medicare 1: 671761 TYLER, TX 75703
Medicare 2:
Phone (903) 218-6870 Fax
Type: Parent Agency Administrator SEAN SEELBACH

Owner Information
KELTON HOSPICE INC
4605 TEXAS BLVD
TEXARKANA, TX 75503
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SMITH** Region 04 Date Licensed 09/03/2002
License # 008095 HOME AID CAREGIVERS LTD
Lic Expire 09/30/2021 1530 SSW LOOP 323 SUITE 113
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 533-1300 Fax (903) 510-2978
Type: Parent Agency Administrator JOSEPH COKER

Owner Information
HOME AID CAREGIVERS LTD
1530 SSW LOOP 323 SUITE 127
TYLER, TX 75701
PHONE: FAX:
Services: Personal Assistance Services

County **SMITH** Region 04 Date Licensed 08/10/2017
License # 018433 HOME INSTEAD SENIOR CARE
Lic Expire 08/31/2021 620 SHELLEY DRIVE
Medicare 1: TYLER, TEXAS 75701
Medicare 2:
Phone (903) 258-9061 Fax (903) 705-0090
Type: Parent Agency Administrator ELLEN TRANT

Owner Information
BUCKSKIN 903 VENTURES, LLC
5380 OLD BULLARD RD STE 600-264
TYLER, TX 75703
PHONE: FAX:
Services: Personal Assistance Services

County **SMITH** Region 04 Date Licensed 07/07/1989
License # 002043 HOSPICE OF EAST TEXAS
Lic Expire 07/31/2022 4111 UNIVERSITY BLVD
Medicare 1: 451534 HOSPICE TYLER, TX 75701
Medicare 2:
Phone (903) 266-3400 Fax (903) 566-0291
Type: Parent Agency Administrator MARJORIE REAM

Owner Information
HOSPICE OF EAST TEXAS
4111 UNIVERSITY BLVD
TYLER, TX 75701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES
Accreditation: CHAP - Deemed, Expires: 04/07/2023

County **SMITH** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 112 E LINE ST SUITE 202
Medicare 1: TYLER, TX 757025760
Medicare 2:
Phone (903) 787-7502 Fax (903) 787-7506
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **SMITH** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 112 E LINE ST SUITE 202
Medicare 1: TYLER, TX 757025760
Medicare 2:
Phone (903) 787-7502 Fax (903) 787-7506
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **SMITH** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 112 E LINE ST SUITE 202
Medicare 1: TYLER, TX 757025760
Medicare 2:
Phone (903) 787-7502 Fax (903) 787-7506
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **SMITH** Region 04 Date Licensed 03/18/2009
License # 012516 HUMILITY HOME HEALTH SERVICES INC
Lic Expire 03/31/2024 4546 SOUTH BROADWAY AVE SUITE A
Medicare 1: 747329 HHA-18 TYLER, TX 75703
Medicare 2:
Phone (903) 939-0290 Fax (903) 504-5145
Type: Parent Agency Administrator OKWUCHI NWASURUBA

Owner Information
HUMILITY HOME HEALTH SERVICES INC
612 PRESTONWOOD CIRCLE
TYLER, TX 75703
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 12/31/2021

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SMITH** Region 04 Date Licensed 10/22/2018
License # 019032 INTERIM HEALTHCARE
Lic Expire 01/03/2021 1731 S. BECKHAM AVE.
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (904) 412-1585 Fax (254) 946-0178
Type: Parent Agency Administrator GERALD LANGSTON

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

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County **SMITH** Region 05 Date Licensed 06/26/2008
License # 012075 KINDRED AT HOME
Lic Expire 06/30/2022 1700 S SE 323 LOOP SUITE 110
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 595-5266 Fax (903) 595-5289
Type: Branch Agency Administrator MARCIA LOWE

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **SMITH** Region 03 Date Licensed
License # 019243 KLARUS HOME CARE INC
Lic Expire 11/30/2022 1540 RICE RD STE 300
Medicare 1: TYLER, TEXAS 75703
Medicare 2:
Phone (214) 440-1004 Fax
Type: Branch Agency Administrator MARIA CRISTINA BACUD

Owner Information
KLARUS HOME CARE LLC
6421 CAMP BOWIE BLVD, SUITE #100
FORT WORTH, TX 76116
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **SMITH** Region 04 Date Licensed 01/21/2009
License # 012918 MAXIM HEALTHCARE SERVICES INC
Lic Expire 01/31/2021 1828 ESE LOOP 323 SUITE 101
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 581-8881 Fax (877) 799-3230
Type: Parent Agency Administrator STEFANIE HARRIS

Owner Information
MAXIM HEALTHCARE SERVICES INC
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 12/12/2018
License # 019147 MVP PEDIATRIC HOME HEALTH CORP
Lic Expire 12/12/2023 9952 FM 346 E
Medicare 1: WHITEHOUSE, TEXAS 75791
Medicare 2:
Phone (903) 508-4848 Fax (903) 508-4849
Type: Parent Agency 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** Region 04 Date Licensed 02/02/2001
License # 007537 NEW CONCEPT HEALTH SERVICES INC
Lic Expire 02/28/2022 3800 PALUXY DR., SUITE 582
Medicare 1: 679039 HHA-18 TYLER, TEXAS 75703
Medicare 2:
Phone (903) 561-1662 Fax (903) 561-1543
Type: Parent Agency Administrator JOSEPH DAVID

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

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County **SMITH** Region 04 Date Licensed 01/07/2008
License # 011800 NIGHTINGALE HOME HEALTH AGENCY
Lic Expire 01/31/2021 1405 SOUTH FLEISHER AVENUE SUITE 315
Medicare 1: 747287 HHA-18 TYLER, TX 75701
Medicare 2:
Phone (903) 509-4440 Fax (903) 534-8999
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 12/01/2021

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SMITH** Region 03 Date Licensed
License # 014790 ONE POINT HOSPICE
Lic Expire 05/31/2022 700 N MAIN ST, SUITE B
Medicare 1: LINDALE, TX 75771
Medicare 2:
Phone (903) 730-6181 Fax (972) 777-9895
Type: Alternate Delivery Site 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 **SMITH** Region 03 Date Licensed 07/12/2017
License # 007339 OUTREACH HOME CARE
Lic Expire 05/31/2022 3110 GOLDEN ROAD
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (866) 270-9747 Fax (972) 840-7201
Type: Branch Agency Administrator COLBY BRYANT

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 01/24/2005
License # 009541 PARADIGM HOMECARE
Lic Expire 01/31/2022 777 S BROADWAY AVENUE SUITE 200
Medicare 1: 457833 HHA-18 TYLER, TX 75701
Medicare 2:
Phone (903) 581-1223 Fax (903) 581-1253
Type: Parent Agency 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

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County **SMITH** Region 04 Date Licensed 02/28/2013
License # 015400 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 02/28/2023 3200 TROUP HIGHWAY SUITE 135
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 592-7442 Fax (903) 593-9917
Type: Parent Agency Administrator PAM HANSON-LONG

Owner Information
PEDIATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **SMITH** Region 04 Date Licensed 09/17/2007
License # 011585 PREMIER HEALTH CARE SERVICES I
Lic Expire 09/30/2021 1021 E SOUTHEAST LOOP 323 SUITE 110
Medicare 1: 747071 TYLER, TX 75701
Medicare 2:
Phone (903) 526-3477 Fax (469) 374-5426
Type: Parent Agency 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

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County **SMITH** Region 04 Date Licensed 08/22/2008
License # 012274 PREMIER HEALTHCARE SERVICES LAKESIDE
Lic Expire 03/31/2024 1021 E. SOUTHEAST LOOP 323 SUITE 110B
Medicare 1: 673137 TYLER, TX 75701
Medicare 2:
Phone (903) 526-0443 Fax (903) 526-3482
Type: Parent Agency 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

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County **SMITH** Region 04 Date Licensed 05/21/2009
License # 012611 RIGHT AT HOME OF NORTHEAST TEXAS
Lic Expire 05/31/2021 420 E 5TH STREET
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 253-0778 Fax (903) 705-7199
Type: Parent Agency Administrator MATT BLOCKER

Owner Information
NETHC LLC
420 E 5TH STREET
TYLER, TX 75701
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO, Expires: 09/28/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SMITH** Region 04 Date Licensed 03/01/2017
License # 018063 SELECT HOME HEALTH
Lic Expire 1124 S FLEISHEL AVENUE
Medicare 1: 743119 HHA-18 TYLER, TX 75701
Medicare 2:
Phone (903) 617-6872 Fax (903) 617-6873
Type: Parent Agency Administrator ALESA STERRETT

Owner Information
FELLOWSHIP HEALTH TEAM LLC
PO BOX 4608
TYLER, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 03/07/2023

County **SMITH** Region 04 Date Licensed 02/20/2019
License # 019348 THE COMMUNITY INTEGRATION PROJECT
Lic Expire 04/25/2021 19462 KING RANCH DR.
Medicare 1: FLINT, TX 75762
Medicare 2:
Phone (903) 452-3363 Fax (903) 220-0651
Type: Parent Agency Administrator LISA CHAPMAN

Owner Information
THE COMMUNITY INTEGRATION PROJECT
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 03 Date Licensed 05/05/2010
License # 007367 THERAPY 2000 INC
Lic Expire 07/31/2022 100 E FERGUSON SUITE 1204
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (214) 467-9787 Fax (214) 741-3655
Type: Branch Agency Administrator VANESSA RICHARDSON

Owner Information
PHONE: FAX:
Services: Licensed Home Health Services

County **SMITH** Region 04 Date Licensed 04/23/2019
License # 019342 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 04/23/2023 100 E. FERGUSON STREET, SUITE 608
Medicare 1: TYLER, TEXAS 757025756
Medicare 2:
Phone (903) 705-0070 Fax (903) 405-3932
Type: Parent Agency Administrator MARCO HERNANDEZ

Owner Information
FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/09/2023

County **SMITH** Region 04 Date Licensed 01/31/2019
License # 019280 TRADITIONS HEALTH
Lic Expire 1820 SHILOH ROAD, SUITE 1105
Medicare 1: 67-1592 TYLER, TEXAS 75703
Medicare 2:
Phone (903) 787-5897 Fax (903) 787-5912
Type: Parent Agency Administrator PATTI DISOTELL

Owner Information
TRADITIONS HOSPICE OF TYLER, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **SMITH** Region 04 Date Licensed 10/01/2014
License # 016542 TRADITIONS HEALTH
Lic Expire 09/30/2022 1820 SHILOH RD #1101
Medicare 1: 457951 HHA-18 TYLER, TX 75703
Medicare 2:
Phone (903) 509-4555 Fax (866) 908-8704
Type: Parent Agency Administrator LATRINA MARTIN

Owner Information
TRADITIONS HEALTH CARE OF TYLER, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 09/25/1998
License # 006918 UNICARE HOME HEALTH SERVICES
Lic Expire 09/30/2022 3300 S BROADWAY AVE STE 208
Medicare 1: 459429 HHA-18 TYLER, TX 75701
Medicare 2:
Phone (903) 531-9949 Fax (903) 531-9951
Type: Parent Agency Administrator GRACE UKPONG

Owner Information
UNICARE HOME HEALTH SERVICES OF TYLER, INC.
3300 S BROADWAY AVE STE 208
TYLER, TX 75701
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SMITH** Region 04 Date Licensed 05/02/2018
License # 018735 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 02/28/2022 1409 S BECKHAM SUITE 100
Medicare 1: 67Q7037006 TYLER, TX 75701
Medicare 2:
Phone (903) 535-6051 Fax (903) 535-6058
Type: Branch Agency Administrator KIMBRA BOGUE

Owner Information
EAST TEXAS HOME HEALTH SERVICES LLC
ONE BURTON HILLS BOULEVARD, STE#250
NASHVILLE, TN 37215-6195
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 10/24/2023

County **SMITH** Region 04 Date Licensed 05/01/2019
License # 019357 VIRTUOUS HOMECARE LLC
Lic Expire 05/01/2021 832 LOFTIN STREET
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 593-7770 Fax (903) 593-7723
Type: Parent Agency Administrator KRISTIE KNOWLTON

Owner Information
VIRTUOUS HOMECARE LLC
832 LOFTIN STREET
TYLER, TX 75701
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **SMITH** Region 04 Date Licensed 02/21/2012
License # 014739 VISITING ANGELS
Lic Expire 419 W HOUSTON ST
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (903) 581-5122 Fax (903) 561-6376
Type: Parent Agency Administrator JACQUELYN BRISSET

Owner Information
SJ HOMECARE INC
419 W HOUSTON ST
TYLER, TX 75702
PHONE: FAX:
Services: Personal Assistance Services

County **SMITH** Region 04 Date Licensed 02/21/2012
License # 014739 VISITING ANGELS
Lic Expire 419 W HOUSTON ST
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (903) 581-5122 Fax (903) 561-6376
Type: Parent Agency Administrator JACQUELYN BRISSET

Owner Information
SJ HOMECARE INC
419 W HOUSTON ST
TYLER, TX 75702
PHONE: FAX:
Services: Personal Assistance Services

County **SMITH** Region 04 Date Licensed 02/21/2012
License # 014739 VISITING ANGELS
Lic Expire 419 W HOUSTON ST
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (903) 581-5122 Fax (903) 561-6376
Type: Parent Agency Administrator JACQUELYN BRISSET

Owner Information
SJ HOMECARE INC
419 W HOUSTON ST
TYLER, TX 75702
PHONE: FAX:
Services: Personal Assistance Services

County **SOMERVELL** Region 05 Date Licensed 04/30/1995
License # 002197 LEE HEALTHCARE INC
Lic Expire 04/30/2022 907 NE BIG BEND TRAIL SUITE B
Medicare 1: 67Q7412001 GLEN ROSE, TX 76043
Medicare 2:
Phone (254) 897-7087 Fax (254) 898-8261
Type: Branch Agency Administrator PAMELA PARSONS

Owner Information
LEE HEALTHCARE INC
PO BOX 766
HAMILTON, TX 76531
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **STARR** Region 07 Date Licensed 05/01/2018
License # 019579 A RAY OF LIGHT HOSPICE, LLC
Lic Expire 09/05/2021 5991 E. HWY 83
Medicare 1: 971595 Hospice RIO GRANDE CITY, TEXAS 78582
Medicare 2:
Phone (956) 317-1860 Fax (956) 352-1110
Type: Parent Agency Administrator ERNESTO GARCIA

Owner Information
A RAY OF LIGHT HOSPICE, LLC
2411 PALMHURST DR.
PALMHURST, TX 78573
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 09/24/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **STARR** Region 07 Date Licensed 08/01/2013
License # 015683 A SPECIAL HOME HEALTH LLC
Lic Expire 07/31/2021 602 N FLORES STREET
Medicare 1: 747969 HHA-18 RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 488-6828 Fax (956) 488-6829
Type: Parent Agency Administrator MARTHA PEREZ

Owner Information
A SPECIAL HOME HEALTH LLC
P O BOX 1150
RIO GRANDE CITY, TEXAS 78582
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 01/20/2022

County **STARR** Region 07 Date Licensed
License # 010852 ALL SEASONS HOME CARE
Lic Expire 10/31/2022 227 N FM 3167, SPACE A
Medicare 1: RIO GRANDE CITY, TEXAS 78582
Medicare 2:
Phone (956) 487-2700 Fax (956) 487-3718
Type: Branch Agency 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** Region 07 Date Licensed 02/10/2009
License # 012537 ANGELITOS PREVENTIVE HEALTH CARE
Lic Expire 02/28/2021 2544 CENTRAL PALM DRIVE SUITE 107
Medicare 1: 678290 RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 488-8434 Fax (956) 488-8823
Type: Parent Agency Administrator MARIA PENA

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

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County **STARR** Region 07 Date Licensed 09/20/2017
License # 014187 ANGELS OF COMFORT
Lic Expire 06/30/2021 605 W. MAIN STREET SUITE #2
Medicare 1: RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 256-3777 Fax (956) 391-2117
Type: Branch Agency Administrator PEDRO ANDRES TREVINO

Owner Information
ANGELS OF COMFORT INC
605 W MAIN STREET #2
RIO GRANDE CITY, TX 78582
PHONE: FAX:
Services: Personal Assistance Services

County **STARR** Region 02 Date Licensed 09/13/2011
License # 014398 APC HOMEMAKER SERVICES
Lic Expire 09/30/2021 5739 E. HIGHWAY 83
Medicare 1: RIO GRANDE CITY, TX 785829565
Medicare 2:
Phone (956) 487-4744 Fax (956) 487-0085
Type: Branch Agency Administrator JOVIE CANTU

Owner Information
APC HOME HEALTH SERVICE, INC.
1805 BELL STREET
HARLINGEN, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **STARR** Region 07 Date Licensed 09/14/2018
License # 019605 BORDER CARE
Lic Expire 09/19/2021 116 N. LOPEZ ST.
Medicare 1: RIO GRANDE CITY, TEXAS 78582
Medicare 2:
Phone (956) 345-1308 Fax (956) 352-1202
Type: Parent Agency Administrator LAURO GARZA

Owner Information
LAURO E. GARZA
705 WEST BLUEBONNET
RIO GRANDE, TEXAS 78582
PHONE: FAX:
Services: Personal Assistance Services

County **STARR** Region 07 Date Licensed 01/21/2009
License # 012407 CARIDAD HEALTHCARE INC
Lic Expire 01/31/2023 4902 WEST US HIGHWAY 83 STE 2
Medicare 1: 747774 HHA 97161 ROMA, TX 78584
Medicare 2:
Phone (956) 519-3227 Fax (866) 802-0209
Type: Parent Agency Administrator ALFREDO VILLARREAL

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
Accreditation: CHAP - Deemed, Expires: 09/16/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **STARR** Region 07 Date Licensed 05/01/2017
License # 018029 DNA HEALTH PROVIDER LLC
Lic Expire 04/30/2021 5491 EAST HWY 83 SUITE A
Medicare 1: RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 844-3129 Fax (956) 352-1058
Type: Parent Agency Administrator DIANA LOPEZ

Owner Information
DNA HEALTH PROVIDER LLC
PO BOX 2
GARCIASVILLE, TX 78547
PHONE: FAX:
Services: Personal Assistance Services

County **STARR** Region 07 Date Licensed 12/03/2008
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 02/28/2023 227 N FM 3167
Medicare 1: RIO GRANDE CITY, TEXAS 78582
Medicare 2:
Phone (956) 487-2700 Fax (956) 487-3718
Type: Branch Agency Administrator AMBROSE HERNANDEZ

Owner Information
LEGACY HOME HEALTH AGENCY INC
6655 FIRST PARK TEN BLVD, SUITE 200
SAN ANTONIO, TEXAS 78213
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **STARR** Region 07 Date Licensed 08/20/2015
License # 017227 LVN HEALTH CARE
Lic Expire 08/31/2021 2544 CENTRAL PALM DR STE 102
Medicare 1: 747045 HHA-18 RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 716-1500 Fax (956) 716-1554
Type: Parent Agency Administrator ALVARO PENA

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

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County **STARR** Region 07 Date Licensed 01/08/2020
License # 019767 MERAKI HOME CARE, INC.
Lic Expire 01/08/2022 3462 W. US HWY 83, STE. 2
Medicare 1: RIO GRANDE CITY, TEXAS 78582
Medicare 2:
Phone (956) 317-1679 Fax (956) 317-1430
Type: Parent Agency Administrator LEO D. GARZA

Owner Information
MERAKI HOME CARE, INC.
PHONE: FAX:
Services: Personal Assistance Services

County **STARR** Region 07 Date Licensed 01/21/2016
License # 010559 NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC
Lic Expire 06/30/2022 3446 W HWY 83 STE E
Medicare 1: RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 317-1294 Fax (956) 317-1279
Type: Branch Agency 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** Region 07 Date Licensed 07/01/2001
License # 007972 PRESTIGE HOME CARE SERVICES LLC
Lic Expire 06/30/2023 5107 S. EMBASSY ST., SUITE A
Medicare 1: RIO GRANDE CITY, TEXAS 78582
Medicare 2:
Phone (956) 487-7551 Fax (956) 488-1479
Type: Parent Agency 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

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County **STARR** Region 07 Date Licensed 05/13/2011
License # 014098 PRESTIGE HOME HEALTH SERVICES LLC
Lic Expire 05/31/2023 400 E 2ND STREET SUITE A
Medicare 1: 747837 HHA-18 RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 716-8505 Fax (956) 716-8915
Type: Parent Agency Administrator SERGIO TREVINO

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
Accreditation: CHAP - Deemed, Expires: 02/04/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **STARR** Region 07 Date Licensed 07/22/2015
License # 017093 SALUD HEALTH CARE SERVICES INC
Lic Expire 07/31/2021 2544 CENTRAL PALM DRIVE STE 106
Medicare 1: 747643 HHA-18 RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 487-5025 Fax (956) 487-5024
Type: Parent Agency Administrator ALVARO PENA

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; Licensed Home Health Services; Personal Assistance Services

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County **STARR** Region 07 Date Licensed 02/14/2018
License # 018616 SIEMPRE AQUI HOME HEALTH CARE LLC
Lic Expire 02/28/2022 5033 E SAN DIEGO RD
Medicare 1: RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 353-3634 Fax (956) 353-3963
Type: Parent Agency Administrator YOLANDA SANCHEZ

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** Region 07 Date Licensed 07/01/1995
License # 004024 STARR HOME HEALTH AGENCY
Lic Expire 06/30/2021 5344 E HWY 83 BLDG B SUITE 2
Medicare 1: RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 487-0597 Fax (956) 487-7680
Type: Parent Agency Administrator MARIO LUIS GUERRA JR

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

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County **STARR** Region 07 Date Licensed 10/05/1993
License # 002643 SUNGLO HOME HEALTH SERVICES INC
Lic Expire 10/31/2021 100 EAST 2ND STREET
Medicare 1: 677734 HHA-18 RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 488-0999 Fax (956) 487-4687
Type: Parent Agency Administrator MARICELA ALVAREZ

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

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County **STARR** Region 07 Date Licensed 04/12/2002
License # 007356 TAYLOR HOME HEALTH INC
Lic Expire 06/30/2021 101 S AVASOLO STE 5
Medicare 1: RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 488-1436 Fax (956) 488-2316
Type: Branch Agency 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 **STARR** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 06/30/2022 5346 E HWY 83 STE 3
Medicare 1: RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 487-4896 Fax (956) 487-7175
Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **STARR** Region 07 Date Licensed 01/08/2021
License # 020441 THERABEE HOME HEALTH THERAPY SERVICES, LLC.
Lic Expire 01/08/2023 5419 JM MARTINEZ ST
Medicare 1: RIO GRANDE CITY, TEXAS 78582
Medicare 2:
Phone (956) 566-0344 Fax (956) 420-0111
Type: Parent Agency Administrator MARIA D. PENA

Owner Information
THERABEE HOME HEALTH THERAPY SERVICES, LLC.
196 LAS LOMAS
RIO GRANDE CITY, TEXAS 78582
PHONE: FAX:
Services: Licensed Home Health Services

County **STARR** Region 07 Date Licensed 12/04/2014
License # 016548 THERAPY ACADEMY AT HOME PLLC
Lic Expire 12/31/2022 756 N FM 2360
Medicare 1: RIO GRANDE CITY, TX 785829726
Medicare 2:
Phone (956) 263-1371 Fax (956) 263-1270
Type: Parent Agency Administrator MELISSA ZARATE

Owner Information
THERAPY ACADEMY AT HOME, PLLC
756 N FM 2360
RIO GRANDE CITY, TX 78582
PHONE: FAX:
Services: Licensed Home Health Services

County **STARR** Region 07 Date Licensed 07/11/2013
License # 015637 UNA BENDICION HOME HEALTH LLC
Lic Expire 07/31/2021 1736 RIVERSIDE STREET
Medicare 1: 747942 HHA-18 RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 263-1924 Fax (956) 317-1361
Type: Parent Agency Administrator MAYRA REYES

Owner Information
UNA BENDICION HOME HEALTH LLC
1736 RIVERSIDE STREET
RIO GRANDE CITY, TX 78582
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 12/22/2023

County **STARR** Region 07 Date Licensed 11/05/2007
License # 011884 UNIDOS HOME CARE SERVICE
Lic Expire 11/30/2022 49 S LOS BARRERAS RD
Medicare 1: RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 352-6687 Fax (956) 352-6678
Type: Parent Agency Administrator SYLVIA MUNIZ

Owner Information
REM MANAGEMENT LLC
49 S LOS BARRERAS RD
RIO GRANDE CITY, TX 78582
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **STEPHENS** Region 01 Date Licensed 11/06/2014
License # 015321 BEYONDFAITH HOSPICE LLC
Lic Expire 01/31/2023 101 WEST WALKER
Medicare 1: BRECKENRIDGE, TX 76424
Medicare 2:
Phone (940) 521-9119 Fax (254) 559-2185
Type: Alternate Delivery Site Administrator BECKY RICHARDSON

Owner Information
BEYONDFAITH HOSPICE, LLC
604 OAK STREET SUITE 105
GRAHAM, TX 76450-3070
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **STEPHENS** Region 01 Date Licensed 06/05/2018
License # 015793 CLEAR PATH HOME CARE LLC
Lic Expire 10/31/2021 2222 SOUTH HIGHWAY 377 SUITE 8
Medicare 1: BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 430-0151 Fax (325) 430-0152
Type: Branch Agency Administrator JAMES SIMMONDS

Owner Information
CLEAR PATH HOME CARE LLC
1515 WEST WALKER
BRECKENRIDGE, TX 76424
PHONE: FAX:
Services: Personal Assistance Services

County **STEPHENS** Region 01 Date Licensed 10/03/2013
License # 015793 CLEAR PATH HOME CARE LLC
Lic Expire 10/31/2021 1515 WEST WALKER ST
Medicare 1: BRECKENRIDGE, TEXAS 76424
Medicare 2:
Phone (254) 559-2030 Fax (254) 559-2056
Type: Parent Agency Administrator JAMES SIMMONDS

Owner Information
CLEAR PATH HOME CARE LLC
1515 WEST WALKER
BRECKENRIDGE, TX 76424
PHONE: FAX:
Services: Personal Assistance Services

County **STEPHENS** Region 03 Date Licensed 03/13/2013
License # 015695 RENEW HOME HEALTH
Lic Expire 03/31/2024 514 W WALKER
Medicare 1: BRECKENRIDGE, TX 76424
Medicare 2:
Phone (254) 559-9582 Fax (254) 559-9427
Type: Branch Agency Administrator PHILIP CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed Home Health Services

County **STEPHENS** Region 01 Date Licensed
License # 018251
Lic Expire 05/31/2023
Medicare 1:
Medicare 2:
Phone (254) 559-9582 Fax (254) 559-9427
Type: Branch Agency Administrator PHILIP CRISWELL

RENEW HOME HEALTH
514 W WALKER
BRECKENRIDGE, TEXAS 76424

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed Home Health Services

County **STEPHENS** Region 03 Date Licensed 01/02/2008
License # 007938
Lic Expire 03/31/2023
Medicare 1:
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

SOLARIS HOSPICE INC
1110 E WALKER SUITE 300
BRECKENRIDGE, TX 76424

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **SUTTON** Region 01 Date Licensed 05/02/2016
License # 017378
Lic Expire 05/31/2022
Medicare 1: 741700 HOSPICE
Medicare 2:
Phone (325) 387-1144 Fax (325) 387-2396
Type: Parent Agency Administrator VIRGIL KOLB

ALVIS F JOHNSON HOME HEALTH AND HOSPICE
308 HUDSPETH STREET
SONORA, TX 76950

Owner Information
SUTTON COUNTY HOSPITAL DISTRICT
P.O. BOX 455
SONORA, TX 76950
PHONE: (915) 387-2521 FAX: (915) 387-2396
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 03/01/2015
License # 016794
Lic Expire
Medicare 1:
Medicare 2:
Phone (817) 731-4444 Fax (817) 763-0771
Type: Parent Agency Administrator NORLIE FLORES

1ST CHOICE HOME HEALTH AGENCY
8000 JACKSBORO HWY
FORT WORTH, TEXAS 76135

Owner Information
MIRA VISTA ENTERPRISE INC
12500 BELLA VINO DR
FORT WORTH, TX 76126
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/23/2007
License # 011502
Lic Expire 02/28/2023
Medicare 1: 679358 HHA-18
Medicare 2:
Phone (817) 225-6822 Fax (817) 225-2348
Type: Parent Agency Administrator NNE ELANGWE FORMUSOH

1ST PRUDENTIAL HEALTH CARE SERVICES INC
2900 ST. MARIA DRIVE
MANSFIELD, TX 760632870

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

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County **TARRANT** Region 03 Date Licensed 09/23/2015
License # 017049
Lic Expire 12/30/2021
Medicare 1:
Medicare 2:
Phone (310) 905-3760 Fax (214) 594-7678
Type: Parent Agency Administrator JAMES COLBATH

24HR HOMECARE LLC
613 WILLOW RIDGE ROAD
FORT WORTH, TEXAS 76103

Owner Information
24HR HOMECARE LLC
300 NORTH SEPULVEDA BLVD SUITE 1065
EL SEGUNDO, CA 90245
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/14/2020
License # 019780
Lic Expire 01/14/2022
Medicare 1:
Medicare 2:
Phone (817) 933-9185 Fax (817) 417-0503
Type: Parent Agency Administrator LOLIN STEVENSON

A BRIGHTSTART SERVICES, INC
2903 ALYSON WAY
GRAND PRAIRIE, TEXAS 75052

Owner Information
BRIGHTSTAR HOME HEALTHCARE
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 08/02/2018
License # 018864 A FRIENDLY NEIGHBOR HOME CARE LLC
Lic Expire 08/31/2020 12612 HARVEST GROVE DROVE
Medicare 1: FORT WORTH, TX 76244
Medicare 2:
Phone (816) 255-7920 Fax
Type: Parent Agency Administrator SHAUNTA PARKER

Owner Information
A FRIENDLY NEIGHBOR HOME CARE LLC
4500 MERCANTILE PLAZA, SUITE 300
FORT WORTH, TX 76137
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 05/01/2013
License # 015515 A NURSE ANGELS HOME HEALTH, INC
Lic Expire 04/30/2021 6719 FAIRGLEN DRIVE
Medicare 1: ARLINGTON, TX 76002
Medicare 2:
Phone (817) 522-1066 Fax (817) 628-1677
Type: Parent Agency Administrator CATHERINE LENOIR

Owner Information
A NURSE ANGELS HOME HEALTH, INC.
PO BOX 183491
ARLINGTON, TX 76096
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 11/06/2017
License # 018425 A PEACEFUL HEART HOME CARE LLC
Lic Expire 02/28/2020 5750 RUFE SNOW DRIVE SUITE 135
Medicare 1: NORTH RICHLAND HILLS, TX 76180
Medicare 2:
Phone (888) 482-6116 Fax (877) 211-9810
Type: Parent Agency Administrator RACHEL CHOMBA

Owner Information
A PEACEFUL HEART HOME CARE LLC
5750 RUFE SNOW DRIVE SUITE 135
NORTH RICHLAND HILLS, TX 76180
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/20/2020
License # 020114 A REACHING HAND HEALTHCARE LLC
Lic Expire 08/20/2022 3121 EVANGELINE RD
Medicare 1: FORT WORTH, TX 76140
Medicare 2:
Phone (817) 818-8900 Fax
Type: Parent Agency Administrator ALEXANDRIA LEWIS

Owner Information
A REACHING HAND HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 03/25/2008
License # 011939 A TO Z PEDIATRIC THERAPY
Lic Expire 03/31/2022 5604 DAVIS BLVD
Medicare 1: NORTH RICHLAND HILLS, TX 76180
Medicare 2:
Phone (817) 581-0111 Fax (866) 497-2746
Type: Parent Agency Administrator PHILLIP MARSH

Owner Information
A TO Z THERAPY MANAGEMENT LLC
PO BOX 1972
KELLER, TX 76244
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 07/14/1998
License # 006576 A&T MOORE HEALTH CARE CORPORATION
Lic Expire 07/31/2021 801 E. ABRAM STREET, STE. 206
Medicare 1: ARLINGTON, TX 76010
Medicare 2:
Phone (817) 277-8606 Fax (817) 277-8607
Type: Parent Agency Administrator AUDRA MOORE

Owner Information
A&T MOORE HEALTH CARE CORPORATION
PO BOX 121202
ARLINGTON, TEXAS 76012
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/30/2020
License # 020354 AAMOPE CARE CORP
Lic Expire 11/30/2022 6934 SOUTH FWY,
Medicare 1: FORT WORTH, TX 76134
Medicare 2:
Phone 817 5023522 Fax 817 6152126
Type: Parent Agency Administrator OLUWASANJO OJO

Owner Information
AAMOPE CARE CORP
3213 HERITAGE LN,
FORT WORTH, TX 76140
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/30/2016
License # 017722 ABUNDANT HOME HEALTH LLC
Lic Expire 09/30/2022 2221 AVENUE J
Medicare 1: 457803 HHA-18 ARLINGTON, TEXAS 76006
Medicare 2:
Phone (817) 633-3152 Fax (817) 394-2587
Type: Parent Agency Administrator LAILANI MENDOZA

Owner Information
ABUNDANT HOME HEALTH LLC
2221 AVENUE J
ARLINGTON, TX 76006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 07/01/2016
License # 017575 ABUNDANT HOSPICE SERVICES LLC
Lic Expire 06/30/2022 1201 N WATSON RD SUITE 226
Medicare 1: 671668 HOSPICE ARLINGTON, TX 76006
Medicare 2:
Phone (817) 633-8300 Fax (817) 633-8302
Type: Parent Agency Administrator MARI-TONI SANTIAGO

Owner Information
ABUNDANT HOSPICE SERVICES, LLC
224 REDWOOD CT
KELLER, TX 76248
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed
License # 019905 ACAPPELLA IN HOME CARE
Lic Expire 03/13/2022 300 E PENNSYLVANIA AVE.
Medicare 1: FORT WORTH, TX 76104
Medicare 2:
Phone 214 8660085 Fax
Type: Branch Agency Administrator THOMAS IVES

Owner Information
CARING PEOPLE TX OPERATING, LLC
4450 S TIFFANY DR S
WEST PALM, FL 33407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 07/05/2007
License # 011459 ACCESS HOME HEALTHCARE SERVICES
Lic Expire 07/31/2022 5700 LENORE STREET UNIT A
Medicare 1: 747094 FORT WORTH, TX 76134
Medicare 2:
Phone (817) 230-3847 Fax (817) 294-0338
Type: Parent Agency Administrator ABBEY SUNMONU

Owner Information
SUMMY HEALTHLINK CORPORATION
112 DIAMOND ROSE DRIVE
BURLESON, TX 76028
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 12/04/2012
License # 015250 ACCLAIM HOMECARE SVC LLC
Lic Expire 12/31/2022 2401 AVENUE J SUITE 221 A
Medicare 1: ARLINGTON, TX 76006
Medicare 2:
Phone (817) 608-0088 Fax (817) 608-0099
Type: Parent Agency Administrator FUNMILAYO AKINTADE

Owner Information
ACCLAIM HOMECARE SVC., LLC
2401 AVE J SUITE 221A
ARLINGTON, TX 76006
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 05/06/2019
License # 019363 ACCLAIMED HOME HEALTH CARE
Lic Expire 05/06/2021 3610 WEST PIONEER PARKWAY SUITE 124
Medicare 1: PANTEGO, TEXAS 76013
Medicare 2:
Phone (817) 779-3026 Fax (214) 988-1669
Type: Parent Agency Administrator IRENE SUMMERS

Owner Information
ACCLAIMED SOLUTIONS LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 10/29/2013
License # 015839 ACCOMMODATING HEALTHCARE SERVICES LLC
Lic Expire 10/31/2021 3020 S.E. LOOP 820
Medicare 1: FORT WORTH, TEXAS 76140
Medicare 2:
Phone (817) 339-6733 Fax (866) 277-7703
Type: Parent Agency Administrator CALANDRA ROLLINS

Owner Information
ACCOMMODATING HEALTHCARE SERVICES, LLC
2706A SE LOOP 820
FORT WORTH, TX 76140
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 01/17/2019
License # 019210 ACCURATE CHOICE HEALTHCARE SERVICES INC
Lic Expire 01/17/2021 206 LEMON DRIVE
Medicare 1: ARLINGTON, TX 76018
Medicare 2:
Phone (682) 333-8424 Fax (682) 259-7202
Type: Parent Agency Administrator CORDELIA EZUGWU

Owner Information
ACCURATE CHOICE HEALTHCARE SERVICES INC
206 LEMON DRIVE
ARLINGTON, TX 76018
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 12/08/2017
License # 018497 ACCURATE HEALTHCARE
Lic Expire 12/31/2021 9012 FRIENDSWOOD DR
Medicare 1: FORT WORTH, TX 76123
Medicare 2:
Phone (972) 697-9800 Fax (682) 316-3656
Type: Parent Agency Administrator JAMES GITAU

Owner Information
ACCURATE HEALTHCARE INC
9012 FRIENDSWOOD DRIVE
FORTH WORTH, TX 76123
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/07/2015
License # 016895 ACREDABLE HEALTHCARE SERVICES LLC
Lic Expire 07/31/2021 2215 CROMWELL DR
Medicare 1: ARLINGTON, TEXAS 76018
Medicare 2:
Phone (972) 534-3108 Fax (972) 534-3108
Type: Parent Agency Administrator SAMUEL ASADU

Owner Information
ACREDABLE HEALTHCARE SERVICES, LLC
6102 SKILLMAN STREET, SUITE 110
DALLAS, TEXAS 75231
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 05/21/2007
License # 011342 ACT SENIOR CARE
Lic Expire 05/31/2021 1032 PIONEER PKWY STE 400
Medicare 1: ARLINGTON, TX 76013
Medicare 2:
Phone (817) 299-9797 Fax (817) 794-0103
Type: Parent Agency Administrator THEAN KOAY

Owner Information
ALLSTAR SENIOR CARE INC
1032 PIONEER PKWY STE 400
ARLINGTON, TX 76031
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/10/2011
License # 014466 ACTION THERAPY SERVICES
Lic Expire 11/30/2021 1600 AIRPORT FREEWAY SUITE 372
Medicare 1: BEDFORD, TX 76022
Medicare 2:
Phone (817) 595-2955 Fax (817) 595-5764
Type: Parent Agency Administrator MATTHEW HOLBROOK

Owner Information
ADVANCED ACTION THERAPY SERVICES INC
7904 NE LOOP 820 STE C
NORTH RICHLAND HILLS, TX 76180
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 10/21/2020
License # 020255 AEDEL GLOBAL HEALTH SERVICES LLC
Lic Expire 10/21/2022 2824 PINO
Medicare 1: GRAND PRAIRIE, TX 75054
Medicare 2:
Phone (401) 626-8800 Fax
Type: Parent Agency 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

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County **TARRANT** Region 03 Date Licensed 03/19/1996
License # 004346 AGAPE HOME CARE INC
Lic Expire 03/31/2024 8509 WESTERN HILLS BLVD SUITE 200
Medicare 1: FORT WORTH, TX 76108
Medicare 2:
Phone (817) 336-4663 Fax (817) 336-5267
Type: Parent Agency Administrator MELISSA OVERCASH

Owner Information
AGAPE HOME CARE, INC.
8509 WESTERN HILLS BLVD. SUITE 200
FORT WORTH, TX 76108
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 12/15/2016
License # 018034 AGELESS LIVING HOME HEALTH LLC
Lic Expire 12/31/2022 1112 E COPELAND RD SUITE 300
Medicare 1: ARLINGTON, TX 76011
Medicare 2:
Phone (817) 505-2575 Fax (833) 214-0911
Type: Parent Agency Administrator CHRISTINA BORREGO

Owner Information
AGELESS LIVING HOME HEALTH LLC
431 WOLFE ROAD SUITE 102
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 10/26/2017
License # 018403 ALEVCARE HOSPICE
Lic Expire 10/26/2021 315 S MAIN ST
Medicare 1: 74-1754 MANSFIELD, TX 76063
Medicare 2:
Phone (469) 630-2538 Fax (469) 533-3998
Type: Parent Agency Administrator CRAIG PORTER

Owner Information
C-PORT LLC SERIES B-HOSPICE
3901 ARLINGTON HIGHLANDS BLVD SUITE 200
ARLINGTON, TX 76018-6050
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 10/29/2021

County **TARRANT** Region 03 Date Licensed 03/15/2017
License # 018055 ALL CARE PROFESSIONAL HOME HEALTH INC
Lic Expire 03/31/2024 4275 LITTLE ROAD SUITE 106
Medicare 1: 457994 HHA-18 ARLINGTON, TX 76016
Medicare 2:
Phone (817) 457-2688 Fax (817) 457-2689
Type: Parent Agency Administrator CHRISTY SPERRY

Owner Information
ALL CARE PROFESSIONAL HOME HEALTH INC
3909 GREEN OAKS BOULEVARD WEST SUITE C
ARLINGTON, TX 76016
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 11/25/2019
License # 019716 ALL HEART HOME CARE SERVICES
Lic Expire 11/25/2021 2956 MERE LANE
Medicare 1: GRAND PRAIRIE, TX 75054
Medicare 2:
Phone (469) 636-4576 Fax
Type: Parent Agency Administrator LATOYA BROWN

Owner Information
ALL HEART HOME CARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 06/04/2010
License # 013377 ALLIED TENDER CARE HEALTH SERVICES INC
Lic Expire 06/30/2022 901 CLINIC DRIVE SUITE A107
Medicare 1: 747703 HHA-18 EULESS, TX 76039
Medicare 2:
Phone (817) 684-7778 Fax (817) 684-1111
Type: Parent Agency Administrator SUNNY MBAH

Owner Information
ALLIED TENDER CARE HEALTH SERVICES INC
901 CLINIC DRIVE, SUITE A107
EULESS, TX 76039
PHONE: (817) 684-7778 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 06/14/2000
License # 007345 ALLSTAR HEALTHCARE INC
Lic Expire 06/30/2022 1100 W PIONEER PARKWAY
Medicare 1: 679001 HHA-18 ARLINGTON, TX 76013
Medicare 2:
Phone (817) 461-3341 Fax (817) 795-7074
Type: Parent Agency Administrator THEAN KOAY

Owner Information
ALLSTAR HEALTHCARE INC
1030 W PIONEER PARKWAY
ARLINGTON, TX 76013
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TARRANT** Region 03 Date Licensed 07/24/2020
License # 020340 ALLSTAR HEALTHCARE SERVICES INC
Lic Expire 07/24/2022 3600 WEST PIONEER PARKWAY STE 10
Medicare 1: PANTEGO, TEXAS 76013
Medicare 2:
Phone (817) 458-4220 Fax (817) 900-0552
Type: Parent Agency Administrator CALLISTUS OLISAEKE

Owner Information
ALLSTAR HEALTHCARE SERVICES INC
3600 WEST PIONEER PARKWAY STE 10
PANTEGO, TEXAS 76013
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 06/22/2005
License # 009830 ALLSTAR HOSPICE
Lic Expire 06/30/2021 1032 WEST PIONEER PARKWAY SUITE 200
Medicare 1: 671516 HOSPICE ARLINGTON, TX 76013
Medicare 2:
Phone (817) 794-0048 Fax (817) 277-0232
Type: Parent Agency 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** Region 03 Date Licensed 07/10/2010
License # 013632 ALMOND HEALTHCARE SERVICES LLC
Lic Expire 07/31/2022 5840 WEST I-20 SUITE 130
Medicare 1: 747105 HHA-18 ARLINGTON, TX 76017
Medicare 2:
Phone (817) 476-6006 Fax (817) 476-6020
Type: Parent Agency Administrator RUTH ODAY

Owner Information
ALMOND HEALTH CARE SERVICES LLC
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

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County **TARRANT** Region 03 Date Licensed 04/29/2014
License # 016174 ALON HEALTHCARE SERVICES INC
Lic Expire 04/30/2022 2921 BROWN TRAIL SUITE 261
Medicare 1: BEDFORD, TX 76021
Medicare 2:
Phone (817) 896-2372 Fax (817) 770-4249
Type: Parent Agency Administrator OGBONNA ANYAIKE

Owner Information
ALON HEALTHCARE SERVICES INC
2921 BROWN TRAIL SUITE 261
BEDFORD, TX 76012
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/06/2007
License # 011684 ALPHA HEALTHCARE SERVICES
Lic Expire 07/31/2021 1111 W ARKANSAS LN SUITE # B
Medicare 1: ARLINGTON, TX 76013
Medicare 2:
Phone (817) 467-7955 Fax (817) 467-7055
Type: Parent Agency Administrator BOLANLE MUSTAPHA

Owner Information
OUR ALPHA HEALTHCARE SERVICES INC
SAME
ARLINGTON, TX 76013
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 01/30/2019
License # 019235 ALPHA OMEGA GROUP HOME INC
Lic Expire 01/30/2021 2811 HARDY PLACE
Medicare 1: ARLINGTON, TX 76010
Medicare 2:
Phone (682) 554-7885 Fax (682) 252-4705
Type: Parent Agency Administrator ELIZABETH UWAGBAI

Owner Information
ALPHA OMEGA HOMECARE INC
2811 HARDY PLACE
ARLINGTON, TX 76010
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 05/31/2017
License # 018081 ALPHA TRINITY COMMUNITY CARE
Lic Expire 05/31/2021 610 S INDUSTRIAL BLVD SUITE 130
Medicare 1: EULESS, TX 76040
Medicare 2:
Phone (817) 858-9889 Fax (817) 358-9956
Type: Parent Agency Administrator IVERT TAMBE

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

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County **TARRANT** Region 03 Date Licensed 08/06/2019
License # 019511 ALWAYS LOVE AND CARE, LLC
Lic Expire 08/06/2021 2813 MUSKRAT DR
Medicare 1: KELLER, TX 76244
Medicare 2:
Phone (817) 379-2920 Fax (817) 379-2920
Type: Parent Agency Administrator LATICIA LOVE

Owner Information
ALWAYS LOVE AND CARE, LLC
P O BOX 1304
KELLER, TX 76244
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/16/2014
License # 016153 AMADA SENIOR CARE INC
Lic Expire 04/30/2022 405 AIRPORT FREEWAY, SUITE 3
Medicare 1: BEDFORD, TX 76021
Medicare 2:
Phone (817) 755-8787 Fax (817) 756-1109
Type: Parent Agency Administrator ANGELLA FREDERICK

Owner Information
SOLA SENIOR CARE, INC.
405 AIRPORT FREEWAY SUITE 1
BEDFORD, TX 76021
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/04/2020
License # 020089 AMAT HOME HEALTHCARE SERVICES
Lic Expire 08/04/2022 7048 MIRAMAR.
Medicare 1: GRAND PRAIRIE, TEXAS 75054
Medicare 2:
Phone (214) 994-9356 Fax (682) 518-3107
Type: Parent Agency Administrator ANIAGU O NWAFOR

Owner Information
AMAT HOME HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/03/2007
License # 011220 AMERICAN OUTCOMES MANAGEMENT INC OF NEW YORK
Lic Expire 04/30/2021 6310 SOUTHWEST BLVD SUITE 204
Medicare 1: FORT WORTH, TX 76109
Medicare 2:
Phone (817) 263-4700 Fax (817) 263-1116
Type: Parent Agency Administrator CAROLYN BRYEANS

Owner Information
AMERICAN OUTCOMES MANAGEMENT INC OF NEW YORK
6310 SOUTHWEST BLVD SUITE 204
FORT WORTH, TX 76109
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 07/06/2000
License # 004828 AMERICANSENIOR
Lic Expire 08/31/2021 8205 MIDCITIES BLVD SUITE 300
Medicare 1: NORTH RICHLAND HILLS, TX 76182
Medicare 2:
Phone (817) 595-9888 Fax (817) 589-8887
Type: Branch Agency Administrator WING CHUN

Owner Information
WINGHING CHUN INC
1177 ROCKINGHAM DRIVE SUITE 200
RICHARDSON, TX 75093
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 04/16/2020
License # 019879 AMERICARE FORT WORTH
Lic Expire 2100 N. MAIN ST. SUITE 226
Medicare 1: FORT WORTH, TEXAS 76164
Medicare 2:
Phone 817 3499075 Fax
Type: Parent Agency Administrator MARTIN BAYLOR

Owner Information
HBCS ENTERPRISES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/15/2017
License # 018099 ANGEL WINGS HOSPICE
Lic Expire 02/28/2023 1201 N WATSON ROAD STE 187
Medicare 1: 741641 HOSPICE ARLINGTON, TX 76006
Medicare 2:
Phone (817) 583-6636 Fax (817) 538-9508
Type: Parent Agency Administrator DOROTHEA LEE

Owner Information
ANGEL WINGS HEALHCARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/22/2022

County **TARRANT** Region 03 Date Licensed 06/13/2011
License # 014153 ANGELS AT HAND HEALTH CARE
Lic Expire 06/30/2021 1001 W . EULESS BLVD , SUITE 403
Medicare 1: 747819 HHA-18 EULESS, TX 76040
Medicare 2:
Phone (214) 462-7233 Fax (214) 300-9086
Type: Parent Agency Administrator ESTHER PAUL

Owner Information
VAGILANT HOME HEALTH SERVICES INC
805 CHRISSY CREEK LANE
EULESS, TX 76040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 08/14/2014
License # 016376 ANGELS AT WORK TINA SAMPLE LLC
Lic Expire 08/31/2020 1428 PARK CREST DRIVE
Medicare 1: CROWLEY, TX 76036
Medicare 2:
Phone (214) 697-6063 Fax (214) 412-2496
Type: Parent Agency Administrator TINA SAMPLE

Owner Information
ANGELS AT WORK TINA SAMPLE LLC
2739 SIERRA SPRINGS DR
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 09/04/2020
License # 020148 ANGELS ON BOARD HEALTHCARE
Lic Expire 09/04/2022 604 BOGEY LANE
Medicare 1: MANSFIELD, TEXAS 760635451
Medicare 2:
Phone (817) 823-7888 Fax 18008873039
Type: Parent Agency 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** Region 03 Date Licensed 09/15/2020
License # 020176 ANGELS OVER TEXAS, LLC.
Lic Expire 09/15/2022 7749 PARKWOOD PLAZA DR
Medicare 1: FORT WORTH, TEXAS 76137
Medicare 2:
Phone (817) 993-6333 Fax (817) 993-6794
Type: Parent Agency Administrator WENDY TOOMBS

Owner Information
ANGELS OVER TEXAS, LLC.
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/12/2019
License # 019521 ANGELZ OF CARE SERVICES
Lic Expire 08/12/2021 3600 WEST PIONEER PARKWAY # 17
Medicare 1: PANTEGO, TEXAS 76013
Medicare 2:
Phone (817) 779-4039 Fax (817) 779-4008
Type: Parent Agency Administrator HARRIETTE JACKSON

Owner Information
ANGELZ OF CARE SERVICES
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 08/25/2003
License # 008612 APPLESOFT HOMECARE SVC LLC
Lic Expire 08/31/2021 1201 N WATSON SUITE #200
Medicare 1: 679444 HHA-18 ARLINGTON, TX 76006
Medicare 2:
Phone (817) 695-5893 Fax (817) 652-8881
Type: Parent Agency Administrator FUNMILAYO AKINTADE

Owner Information
APPLESOFT HOMECARE SVC LLC
1201 NORTH WATSON RD SUITE 200
ARLINGTON, TEXAS 76006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 01/20/2021
License # 020474 ARIEL HOME HEALTHCARE
Lic Expire 01/20/2023 700 HIGHLANDER BLVD SUITE 170
Medicare 1: ARLINGTON, TX 76015
Medicare 2:
Phone (469) 984-3897 Fax (877) 504-7060
Type: Parent Agency Administrator ESTHER HORNER

Owner Information
ARIEL HOME HEALTHCARE, INC
P.O BOX 180695
ARLINGTON, TX 76096
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 05/16/2011
License # 014100 ARK HOME HEALTH CARE PEDIATRIC SERVICES
Lic Expire 05/31/2021 1240 SOUTHRIDGE COURT, SUITE 102
Medicare 1: HURST, TEXAS 76053
Medicare 2:
Phone (817) 952-3093 Fax (817) 952-3095
Type: Parent Agency Administrator CATHY WILLIAMSON

Owner Information
HEALING ARK HOME HEALTH PEDIATRIC SERVICES INC
1240 SOUTHRIDGE COURT
HURST, TEXAS 76053
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 01/26/2021
License # 020490 ARRYS HAVEN, LLC
Lic Expire 01/26/2024 1002 TABASCO TRAIL
Medicare 1: ARLINGTON, TX 76002
Medicare 2:
Phone (682) 777-4324 Fax (682) 226-6086
Type: Parent Agency Administrator OLUWASEYI YOUNG-HARRY

Owner Information
ARRYS HAVEN LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/02/2015
License # 016699 ASANA HOSPICE
Lic Expire 01/31/2021 6300 RIDGLEA PL STE 1107
Medicare 1: 451700 HOSPICE FORT WORTH, TX 76116
Medicare 2:
Phone (817) 570-7190 Fax (732) 384-2311
Type: Parent Agency Administrator JOSH LASATER

Owner Information
HOSPICE HOLDINGS DFW, LLC
360 HAMILTON AVENUE SUITE 1110
WHITE PLAINS, NY 10601
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 05/18/2009
License # 012709 ASIA HOME HEALTHCARE INCORPORATED
Lic Expire 05/31/2021 222 OVERLEAF DRIVE
Medicare 1: 747285 HHA-18 KELLER, TX 76248
Medicare 2:
Phone (469) 688-0414 Fax (817) 840-6406
Type: Parent Agency 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

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County **TARRANT** Region 03 Date Licensed 07/10/2009
License # 012700 ASPIRA HOME HEALTH
Lic Expire 07/31/2021 101 BOURLAND ROAD, SUITE F.
Medicare 1: 747473 HHA-18 KELLER, TX 76248
Medicare 2:
Phone (817) 431-8528 Fax (817) 431-2216
Type: Parent Agency Administrator MARTHA OLMOS

Owner Information
ASPIRA HEALTHCARE INC
1834 KELLER PARKWAY SUITE 200
KELLER, TX 76248
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TARRANT** Region 03 Date Licensed 11/19/2013
License # 015871 ASSISTING HANDS OF FORT WORTH WEST
Lic Expire 11/30/2021 4521 S. HULEN ST SUITE 110
Medicare 1: FORT WORTH, TX 76109
Medicare 2:
Phone (817) 803-3777 Fax (817) 803-3779
Type: Parent Agency 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** Region 03 Date Licensed 10/19/2017
License # 018390 ASSURED BEST CARE HOME HEALTH LLC
Lic Expire 10/31/2021 1201 N WATSON RD. SUITE 220
Medicare 1: ARLINGTON, TX 76006
Medicare 2:
Phone (628) 238-5150 Fax (682) 238-1449
Type: Parent Agency 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

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County **TARRANT** Region 03 Date Licensed 02/01/2012
License # 012525 AT HOME HEALTHCARE
Lic Expire 03/31/2024 6530 HAWKS CREEK COURT SUITE 107
Medicare 1: FORT WORTH, TX 76114
Medicare 2:
Phone (817) 810-0411 Fax (817) 810-0240
Type: Branch Agency 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

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County **TARRANT** Region 04 Date Licensed 06/14/2002
License # 007685 AT HOME HEALTHCARE
Lic Expire 07/31/2022 6530 HAWKS CREEK COURT, #107
Medicare 1: 67Q9076001 FT. WORTH, TEXAS 76114
Medicare 2:
Phone (817) 864-1730 Fax (817) 864-1707
Type: Branch Agency 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

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 08/29/2007
License # 011849 AVAILABLE HOME CARE INC
Lic Expire 08/31/2022 3630 W PIONEER PARKWAY SUITE 115
Medicare 1: 679589 HHA-18 ARLINGTON, TX 76013
Medicare 2:
Phone (817) 457-3200 Fax (817) 423-7716
Type: Parent Agency Administrator RENEE MCGHEE

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

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County **TARRANT** Region 03 Date Licensed 03/17/2014
License # 015023 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 1000 ST LOUIS AVE SUITE 102
Medicare 1: FORT WORTH, TX 76104
Medicare 2:
Phone (817) 921-5020 Fax (817) 698-9506
Type: Branch Agency Administrator AUDREY MCMANEMIN

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 03/28/2012
License # 015023 AVEANNA HEALTHCARE
Lic Expire 03/31/2022 1200 SUMMIT AVENUE SUITE 880
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 698-9500 Fax (817) 698-9506
Type: Parent Agency Administrator AUDREY MCMANEMIN

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: CHAP, Expires: 05/10/2022

County **TARRANT** Region 03 Date Licensed 06/23/2014
License # 016426 AVIATOR HOME HEALTH
Lic Expire 06/30/2022 9500 RAY WHITE ROAD SUITE 200
Medicare 1: 747301 HHA-18 FORT WORTH, TX 762449105
Medicare 2:
Phone (972) 548-2163 Fax (972) 347-6306
Type: Parent Agency Administrator JOSHUA BATES

Owner Information
ROBNITA HEALTHCARE SERVICES INC
1836 WEST VIRGINIA STREET SUITE 207
MCKINNEY, TX 75069
PHONE: 972 5482163 FAX: 972 3476306
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 06/11/2020
License # 019995 AZM HOME CARE LLC
Lic Expire 06/11/2022 408 N FIELDER ROAD APT 98
Medicare 1: ARLINGTON, TX 76012
Medicare 2:
Phone (512) 760-4547 Fax
Type: Parent Agency Administrator VIOLET LEWIS

Owner Information
AZM HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/31/2006
License # 010848 AZZA HOME HEALTH CARE AGENCY
Lic Expire 10/31/2022 6501 NICOLE WAY
Medicare 1: 743126 HHA-18 ARLINGTON, TX 76002
Medicare 2:
Phone (817) 467-2910 Fax (866) 236-9040
Type: Parent Agency Administrator AGATHA OKOJIE

Owner Information
AZZA PROVIDER SERVICES INC
6501 NICOLE WAY
ARLINGTON, TX 76002
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 01/31/2011
License # 014062 BCP HEALTH CARE INCORPORATED
Lic Expire 01/31/2023 3008 NADAR
Medicare 1: 747648 HHA-18 GRAND PRAIRIE, TEXAS 75054
Medicare 2:
Phone (682) 222-7900 Fax (866) 526-1436
Type: Parent Agency Administrator DONATUS BENSON

Owner Information
BCP HEALTH CARE INCORPORATED
3008 NADAR
GRAND PRAIRIE, TX 75054
PHONE: (682) 222-7900 FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 02/25/2011
License # 013919 BEAR CREEK HOSPICE
Lic Expire 04/01/2021 2529 E LANCASTER SUITE C
Medicare 1: 671718 HOSPICE FORT WORTH, TX 76013
Medicare 2:
Phone (817) 907-6714 Fax (817) 529-5031
Type: Parent Agency Administrator PATRICIA ROBERTS HARRIS

Owner Information
PALLIATIVE PERFORMANCE GROUP LLC
2529 E LANCASTER STE C
FORT WORTH, TX 76013
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 12/19/2012
License # 015279 BENEVOLENT HEARTS HOME CARE
Lic Expire 12/31/2022 4001 AIRPORT FREEWAY, SUITE 190
Medicare 1: BEDFORD, TEXAS 76021
Medicare 2:
Phone (817) 349-6558 Fax (817) 380-5771
Type: Parent Agency Administrator DAWN BRANSKY

Owner Information
DAWN MECOM, INC.
6604 BAKER CT.
COLLEYVILLE, TX 76034
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/16/2015
License # 017083 BEST SUNSHINE HOME CARE LLC
Lic Expire 10/31/2019 2501 FOREST PARK BLVD SUITE 1F
Medicare 1: FORT WORTH, TEXAS 76110
Medicare 2:
Phone (682) 582-5969 Fax (425) 606-5398
Type: Parent Agency Administrator CELESTIN KAGORORA

Owner Information
BEST SUNSHINE HOME CARE LLC
9112 WINDSWEPT DR. #1712
FORT WORTH, TX 76116
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/02/2001
License # 007624 BESTCARE HOME HEALTH INC
Lic Expire 04/30/2021 7215 A BAKER BLVD
Medicare 1: 459495 HHA-18 RICHLAND HILLS, TX 76118
Medicare 2:
Phone (817) 595-9566 Fax (817) 595-9567
Type: Parent Agency Administrator ROBERT RICHEY

Owner Information
BESTCARE HOME HEALTH INC
7215 A BAKER BLVD
RICHLAND HILLS, TX 76118
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 03/10/2004
License # 008959 BISHOP HOSPICE LLC
Lic Expire 03/31/2022 2712 HURSTVIEW
Medicare 1: 451776 HOSPICE HURST, TX 76054
Medicare 2:
Phone (214) 287-5053 Fax (214) 260-0757
Type: Parent Agency Administrator AL SUTTON

Owner Information
BISHOP HOSPICE LLC
2712 HURSTVIEW
HURST, TX 76054
PHONE: (214) 287-5053 FAX: (214) 260-0757
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 11/18/2019
License # 019450 BLESSINGS HOSPICE, LLC
Lic Expire 06/27/2023 2221 AVENUE J SUITE 109
Medicare 1: 971557 ARLINGTON, TEXAS 76006
Medicare 2:
Phone (817) 464-8555 Fax (817) 394-7700
Type: Parent Agency Administrator JAMES SANTIAGO

Owner Information
BLESSINGS HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/23/2023

County **TARRANT** Region 03 Date Licensed 06/25/2009
License # 012666 BLISS HOME HEALTH CARE INC
Lic Expire 06/30/2021 2108 WEST PIONEER PARKWAY SUITE #113
Medicare 1: 747632 PANTEGO, TX 76013
Medicare 2:
Phone (817) 375-0333 Fax (817) 375-0335
Type: Parent Agency Administrator LILIAN SHEPARD

Owner Information
BLISS HOME HEALTH CARE INC
2108 W PIONEER PARKWAY STE 113
ARLINGTON, TX 76016
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 10/28/2020
License # 020272 BLOSSOM AGENCY,LLC
Lic Expire 10/28/2022 209 CHASEMORE LN.
Medicare 1: ARLINGTON, TEXAS 76018
Medicare 2:
Phone (682) 367-9149 Fax
Type: Parent Agency Administrator DUY LE

Owner Information
BLOSSOM AGENCY, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/04/2017
License # 018836 BLUEBIRD HOMECARE
Lic Expire 10/31/2021 101 SUMMIT AVENUE SUITE 403
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 717-7718 Fax (817) 632-2371
Type: Parent Agency 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** Region 03 Date Licensed 06/18/2019
License # 019428 BOUNTIFUL COMMUNITY HOME HEALTH L.L.C.
Lic Expire 06/18/2021 5601 BRIDGE ST. SUITE 300
Medicare 1: FORT WORTH, TX 76112
Medicare 2:
Phone (817) 586-4314 Fax (817) 887-5106
Type: Parent Agency Administrator TIMIERA CLARK

Owner Information
BOUNTIFUL COMMUNITY HOME HEALTH L.L.C.
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 06/12/2015
License # 017033 BRIDGEWAY HEALTH SERVICES
Lic Expire 06/30/2021 3880 HULEN, SUITE 670
Medicare 1: 677823 HHA-18 FORT WORTH, TX 76107
Medicare 2:
Phone (979) 776-5620 Fax (979) 774-4698
Type: Parent Agency Administrator DEBORAH ELLIS

Owner Information
CHH HOME HEALTH LLC
3880 HULEN STREET, SUITE 670
FORT WORTH, TX 76107
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 01/27/2012
License # 014989 BRIDGEWAY HEALTH SERVICES INC
Lic Expire 3880 HULEN ST., SUITE 670
Medicare 1: 458178 HHA-18 FORT WORTH, TX 76107
Medicare 2:
Phone (817) 332-0400 Fax (817) 332-0411
Type: Parent Agency Administrator DEBORAH ELLIS

Owner Information
BRIDGEWAY HEALTH SERVICES LLC
3880 HULEN SUITE #670
FORT WORTH, TX 76107
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 11/01/2013
License # 016019 BRIGHTSTAR - FORT WORTH
Lic Expire 10/31/2021 1340 SOUTH MAIN STREET SUITE 130
Medicare 1: GRAPEVINE, TX 76051
Medicare 2:
Phone (817) 377-3420 Fax (817) 377-3424
Type: Parent Agency Administrator KRIS DAVIS

Owner Information
DAVIS MANAGED SERVICES, INC
1340 S MAIN ST #130
GRAPEVINE, TX 76051
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/11/2013
License # 015360 BROOKDALE HOSPICE DFW
Lic Expire 02/28/2023 4025 WOODLAND PARK BLVD SUITE 190
Medicare 1: 671785 HOSPICE ARLINGTON, TX 76013
Medicare 2:
Phone (817) 633-9125 Fax (817) 633-9130
Type: Parent Agency Administrator ANGELA KASICH

Owner Information
ARC THERAPY SERVICES LLC
111 WESTWOOD PLACE SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/09/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 01/23/2008
License # 011835 CALVARY HILL HEALTH SERVICES LLC
Lic Expire 01/31/2022 709 COLD CREEK DRIVE
Medicare 1: 747106 HHA-18 ARLINGTON, TX 76002
Medicare 2:
Phone (214) 448-6567 Fax (682) 518-8124
Type: Parent Agency Administrator OLUYEMISI BABAJIDE

Owner Information
CALVARY HILL HEALTH SERVICES LLC
709 COLD CREEK DR
ARLINGTON, TX 76002
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 07/20/1994
License # 002934 CARDIOVASCULAR HOME CARE INC
Lic Expire 07/31/2021 7261 HAWKINS VIEW DR
Medicare 1: 458125 HHA-18 FORT WORTH, TX 76132
Medicare 2:
Phone (817) 847-8888 Fax (817) 847-1884
Type: Parent Agency Administrator BRIDGETTE CAMPBELL

Owner Information
CARDIOVASCULAR HOME CARE INC
2501 PARKVIEW DRIVE STE 426
FORT WORTH, TX 76102
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 02/03/2021
License # 020506 CARE CREW LLC
Lic Expire 02/03/2024 13101 WILLOW RANCH WAY
Medicare 1: HASLET, TEXAS 76052
Medicare 2:
Phone (817) 242-4717 Fax (817) 785-9783
Type: Parent Agency Administrator ANN SOLIMAN

Owner Information
CARE CREW LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/18/2018
License # 018712 CARE FOCUS HOME HEALTH CARE INC
Lic Expire 04/30/2020 4505 CATHERINE DR.
Medicare 1: MANSFIELD, TEXAS 76063
Medicare 2:
Phone (469) 345-5163 Fax (817) 225-2161
Type: Parent Agency Administrator VIVIAN NGANG

Owner Information
CARE FOCUS HOME HEALTH CARE INC
3251 MATLOCK ROAD #14201
MANSFIELD, TX 76063
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 03/20/2016
License # 017849 CARE OF EXCELLENCE HOME HEALTH
Lic Expire 03/31/2022 751 US HIGHWAY 287 NORTH SUITE 104
Medicare 1: 679654 HHA-18 MANSFIELD, TX 76063
Medicare 2:
Phone (817) 842-4263 Fax (817) 842-8464
Type: Parent Agency Administrator MELINDA CONN

Owner Information
CARE OF EXCELLENCE HOME HEALTH, LLC
751 US HIGHWAY 287 NORTH SUITE 104
MANSFIELD, TX 76063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 03/29/2022

County **TARRANT** Region 03 Date Licensed 02/12/2018
License # 018748 CARE PARTNERS @ HOME
Lic Expire 02/28/2022 2300 POOL ROAD STE 346
Medicare 1: 457702 HHA-18 GRAPEVINE, TX 76051
Medicare 2:
Phone (682) 253-5310 Fax (682) 253-2050
Type: Parent Agency Administrator KATINA KING

Owner Information
US CARENET HOLDINGS LLC
PO BOX 200
AUGUSTA, GA 30903-0200
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 09/23/2021

County **TARRANT** Region 03 Date Licensed 04/10/2019
License # 019320 CARE SOLUTIONS HOME HEALTH SERVICES INC .
Lic Expire 04/10/2021 905 W EMBERCREST DR
Medicare 1: ARLINGTON, TX 76017
Medicare 2:
Phone (817) 419-6500 Fax (817) 419-6501
Type: Parent Agency Administrator KEHINDE ADELANA

Owner Information
CARE SOLUTIONS HOME HEALTH SERVICES INC
AS ABOVE
,
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/12/2017
License # 017997 CAREGIVERS OF HOPE LLC
Lic Expire 04/30/2021 845 FOREST HOLLOW DRIVE
Medicare 1: HURST, TX 76053
Medicare 2:
Phone (817) 280-9660 Fax (817) 285-0950
Type: Parent Agency Administrator DORIS BANGURA

Owner Information
CAREGIVERS OF HOPE LLC
845 FOREST HOLLOW DR
HURST, TX 76053-7166
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/19/2020
License # 020246 CAREMATE WELLNESS SOLUTIONS, LLC
Lic Expire 10/19/2022 3901 ARLINGTON HIGHLANDS BLVD. SUITE 200
Medicare 1: ARLINGTON, TEXAS 76018
Medicare 2:
Phone (682) 305-0665 Fax
Type: Parent Agency Administrator CLINTON PINKNEY

Owner Information
CAREMATE WELLNESS SOLUTIONS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/23/2015
License # 012995 CAREPATH HOME HEALTH NETWORK
Lic Expire 11/30/2021 13740 MIDWAY ROAD SUITE 800
Medicare 1: DALLAS, TX 76017
Medicare 2:
Phone (972) 925-0618 Fax (972) 925-0307
Type: Alternate Delivery Site Administrator DANIEL EZEUKWU

Owner Information
CAREPARTH HEALTHCARE SYSTEM LLP
720 WEST NATHAN LOWE RD SUITE 100
ARLINGTON, TX 76017
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 11/10/2009
License # 012995 CAREPATH HOME HEALTH NETWORK
Lic Expire 11/30/2021 720 WEST NATHAN LOWE ROAD SUITE 100
Medicare 1: 747441 HHA-18;74 ARLINGTON, TX 76017
Medicare 2:
Phone (817) 375-5790 Fax (817) 375-5066
Type: Parent Agency Administrator DANIEL EZEUKWU

Owner Information
CAREPARTH HEALTHCARE SYSTEM LLP
720 WEST NATHAN LOWE RD SUITE 100
ARLINGTON, TX 76017
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 08/31/2022

County **TARRANT** Region 03 Date Licensed 02/14/2020
License # 019834 CARETOWN
Lic Expire 02/14/2022 1508 MONTE CARLO DR
Medicare 1: MANSFIELD, TEXAS 76063
Medicare 2:
Phone (682) 706-5698 Fax
Type: Parent Agency Administrator CHRISTIANA OMODUGBA-UDEH

Owner Information
CARETOWN LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/27/2010
License # 013583 CARETRENDS HEALTH SERVICE
Lic Expire 09/30/2022 1611 POWDER HORN LN
Medicare 1: 747689 ARLINGTON, TX 76018
Medicare 2:
Phone (817) 466-6641 Fax (817) 472-4288
Type: Parent Agency Administrator LAJA AKINTAYO

Owner Information
CARETRENDS INC
1611 POWDER HORN LANE
ARLINGTON, TX 76018
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 03/16/2021
License # 020606 CARING SENIOR SERVICE OF FORT WORTH
Lic Expire 03/16/2024 4200 SOUTH FWY SUITE 265
Medicare 1: FORT WORTH, TEXAS 76115
Medicare 2:
Phone (817) 210-4778 Fax
Type: Parent Agency Administrator SELENE CHAUDHRY

Owner Information
JEWA ENTERPRISES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/10/2020
License # 019823 CARTER PEDIATRIC HOME HEALTH
Lic Expire 02/11/2022 505 PARK MEADOWS DR.
Medicare 1: CROWLEY, TX 76036
Medicare 2:
Phone (408) 449-0492 Fax
Type: Parent Agency Administrator LOUIS MANGONG

Owner Information
CARTER HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 01/03/2018
License # 018543 CHAMPION HEALTH CARE
Lic Expire 01/31/2022 4804 ALANDALE DRIVE
Medicare 1: FOREST HILL, TX 76119
Medicare 2:
Phone (682) 302-4267 Fax (682) 703-1080
Type: Parent Agency Administrator GLORIA FLENNOY

Owner Information
GLORIA JEAN FLENNOY
4804 ALANDALE DRIVE
FOREST HILL, TX 76119
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/26/2014
License # 016697 CHOICE HOMECARE
Lic Expire 09/30/2020 1452 HUGHES ROAD, SUITE 300
Medicare 1: 747181 HHA-18 GRAPEVINE, TEXAS 76051
Medicare 2:
Phone 844 310 0056 Fax 817 704 4335
Type: Parent Agency Administrator NORA METTLEN

Owner Information
THREE OF A KIND, LLC
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 09/26/2014
License # 016697 CHOICE HOMECARE
Lic Expire 09/30/2020 1452 HUGHES ROAD, SUITE 300
Medicare 1: GRAPEVINE, TEXAS 76051
Medicare 2:
Phone (817) 310-0056 Fax (817) 704-4335
Type: Branch Agency Administrator MELODY WASHINGTON

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

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County **TARRANT** Region 03 Date Licensed
License # 016319 CHOICE HOSPICE
Lic Expire 07/31/2022 1452 HUGHES ROAD; SUITE 300
Medicare 1: GRAPEVINE, TEXAS 76051
Medicare 2:
Phone (817) 409-4833 Fax (888) 556-2591
Type: Alternate Delivery Site Administrator JOE ALLEN

Owner Information
CHARIS HOSPICE, LLC
6760 OLD JACKSONVILLE HWY, STE 102
TYLER, TX 75703
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 12/27/1994
License # 001565 CHRISTIAN CARE HOME HEALTH
Lic Expire 12/31/2021 5100 RANDOL MILL ROAD
Medicare 1: FORT WORTH, TX 76112
Medicare 2:
Phone (817) 496-4730 Fax (972) 682-7947
Type: Branch Agency Administrator KRISTEN MAZZA

Owner Information
CHRISTIAN CARE CENTERS INC
900 WIGGINS PKWY
MESQUITE, TX 75150
PHONE: (972) 686-2460 FAX: (866) 216-7525
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 11/08/2014
License # 016517 CKD HOMECARE SERVICES
Lic Expire 11/30/2022 1015 E DALLAS STREET STE 2
Medicare 1: MANSFIELD, TX 76063
Medicare 2:
Phone (844) 767-3931 Fax (817) 704-3188
Type: Parent Agency Administrator CHIKETA KELLY

Owner Information
CKD HOSPICE & PALLIATIVE CARE INC
1015 E DALLAS STREET STE 2
MANSFIELD, TX 76063
PHONE: (844) 767-3931 FAX: (817) 704-3188
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 10/14/2009
License # 012896 CLASSIC HOME CARE
Lic Expire 10/31/2021 4025 WOODLAND PARK BLVD SUITE 130
Medicare 1: 747434 HHA-18 ARLINGTON, TX 76013
Medicare 2:
Phone (817) 792-2030 Fax (817) 792-2031
Type: Parent Agency Administrator STACY HULSEY BROWN

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; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 11/16/2016
License # 017742 CLASSIC HOSPICE & SENIOR CARE
Lic Expire 11/30/2020 4025 WOODLAND PARK BLVD STE 130
Medicare 1: 74-1757 ARLINGTON, TX 76013
Medicare 2:
Phone (817) 792-2030 Fax (817) 792-2031
Type: Parent Agency Administrator AMANDA WILLIAMS

Owner Information
CLASSIC HOSPICE LLC
4025 WOODLAND PARK BLVD SUITE 130
ARLINGTON, TX 76013-4301
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 09/18/2021

County **TARRANT** Region 03 Date Licensed 09/27/2005
License # 009989 COMFORT KEEPERS
Lic Expire 09/30/2021 8205 CAMP BOWIE WEST SUITE 216
Medicare 1: FORT WORTH, TX 76116
Medicare 2:
Phone (817) 560-8085 Fax (817) 560-7760
Type: Parent Agency Administrator MICHAEL CHAPMAN

Owner Information
M L CHAPMAN INCORPORATED
350 ARBOR CT #216
EULESS, TX 76039
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/20/2014
License # 016291 COMFORT KEEPERS #108
Lic Expire 01/31/2022 1105 ARWINE CT
Medicare 1: EULESS, TX 76040
Medicare 2:
Phone (817) 282-0828 Fax (817) 282-3060
Type: Parent Agency Administrator ASHVIN AMIN

Owner Information
SHREENIDHI GROUP LLC
4525 RED BARN
RICHARDSON, TX 76040
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/18/2004
License # 009489 COMFORT KEEPERS 302
Lic Expire 10/31/2021 2364 HIGHWAY 287 N. STE 117
Medicare 1: MANSFIELD, TEXAS 76063
Medicare 2:
Phone (817) 453-3727 Fax (817) 453-1140
Type: Parent Agency Administrator ANDREA JEANS

Owner Information
JEANUINE INC
P.O. BOX 2189
MANSFIELD, TEXAS 76063
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/15/2012
License # 014813 COMMUNITY CARE HEALTH AGENCY INC
Lic Expire 02/28/2022 200 EAST MAIN ST. SUITE J
Medicare 1: 747245 HHA-18 CROWLEY, TEXAS 760362679
Medicare 2:
Phone (972) 266-8511 Fax (972) 266-8522
Type: Parent Agency Administrator EVALYNE SUDOI

Owner Information
COMMUNITY CARE HEALTH AGENCY INC
1600 E PIONEER PARKWAY SUITE 343
ARLINGTON, TX 76010-6542
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP, Expires: 09/01/2021

County **TARRANT** Region 03 Date Licensed 05/01/1996
License # 005213 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 04/30/2022 6100 WESTERN PLACE SUITE 105
Medicare 1: 451501 HOSPICE FORT WORTH, TX 76107
Medicare 2:
Phone (817) 870-2795 Fax 817 9893220
Type: Parent Agency Administrator AMY WOOD

Owner Information
COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/27/2024

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 03/18/2003
License # 005213 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 04/30/2022 1111 SUMMIT AVENUE
Medicare 1: 451501 FORT WORTH, TX 76102
Medicare 2:
Phone (817) 870-9995 Fax (817) 870-9996
Type: Alternate Delivery Site Administrator LAUREN PARRISH HORTON

Owner Information
COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: YES
Accreditation: CHAP - Deemed, Expires: 03/27/2024

County **TARRANT** Region 03 Date Licensed 07/26/2005
License # 009882 COMPASSIONATE HEALTHCARE
Lic Expire 07/31/2021 3309 WINTHROP AVE #89
Medicare 1: FORT WORTH, TX 76116
Medicare 2:
Phone (817) 570-9901 Fax (817) 570-9801
Type: Parent Agency Administrator CYNTHIA HARRIS

Owner Information
FORT WORTH H & H ENTERPRISES INC
3309 WINTHROP AVE #89
FORT WORTH, TX 76616
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/09/2020
License # 020304 COMPASSIONATE HEARTS HOME HEALTH CARE LLC
Lic Expire 11/09/2022 6000 ALTERSGATE LN APT 2106
Medicare 1: ARLINGTON, TEXAS 76001
Medicare 2:
Phone (682) 272-8732 Fax (817) 549-9078
Type: Parent Agency Administrator JACKLINE NAMARA

Owner Information
COMPASSIONATE HEARTS HOME HEALTH CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/23/2014
License # 016710 COMPASSUS - FORT WORTH
Lic Expire 10/31/2022 2630 WEST FREEWAY SUITE 130
Medicare 1: 451791 HOSPICE FORT WORTH, TX 76102
Medicare 2:
Phone (817) 735-8741 Fax (817) 735-8836
Type: Parent Agency Administrator NICOLE PATTERSON

Owner Information
COVENANT HOSPICE AND PALLIATIVE CARE LLC
10 CADILLAC DRIVE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/24/2023

County **TARRANT** Region 03 Date Licensed 06/17/2019
License # 019427 CONGENIAL INC.
Lic Expire 06/17/2021 1751 TOWNE CROSSING BLVD #1204
Medicare 1: MANSFIELD, TEXAS 76063
Medicare 2:
Phone (443) 635-1452 Fax
Type: Parent Agency Administrator OLAWANDE OGUNJULUGBE

Owner Information
CONGENIAL INC.
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 06/14/2013
License # 015605 CONNECT HOME HEALTH PEDIATRICS
Lic Expire 06/30/2021 7001 BOULEVARD 26 SUITE # 327
Medicare 1: NORTH RICHLAND HILLS, TX 76180
Medicare 2:
Phone (817) 247-8437 Fax (866) 702-7217
Type: Parent Agency Administrator EZRA KUENZI

Owner Information
CONNECT HOME HEALTH, LLC.
7001 BOULEVARD 26 SUITE # 327
NORTH RICHLAND HILLS, TX 76180
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 01/01/2001
License # 007555 COOK CHILDRENS HOME HEALTH
Lic Expire 12/31/2021 1101 W VICKERY BLVD
Medicare 1: 677672 HHA-18 FORT WORTH, TX 76104
Medicare 2:
Phone (682) 885-6294 Fax (682) 885-2499
Type: Parent Agency Administrator MICHAEL "BRADY" GENDKE

Owner Information
COOK CHILDRENS HOME HEALTH
801 SEVENTH AVENUE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 03/09/2020
License # 019423 COUSINS HOME CARE AGENCY
Lic Expire 06/13/2021 1506 W PIONEER PKWY SUITE 210
Medicare 1: ARLINGTON, TEXAS 76013
Medicare 2:
Phone (888) 444-3950 Fax (888) 507-2831
Type: Parent Agency Administrator JOSEPH RAY

Owner Information
COUSINS HOME HEALTH CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/01/2003
License # 008457 CROWN HOME HEALTH SERVICES
Lic Expire 01/31/2022 6850 MANHATTAN BLVD STE #110
Medicare 1: 679099 FORT WORTH, TX 76120
Medicare 2:
Phone (817) 446-8100 Fax (817) 446-8102
Type: Parent Agency Administrator JACQUELYN WILLIAMS

Owner Information
NNENNA ACHO
8426 ODELL STREET
NORTH RICHLAND HILLS, TX 76180
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 03/07/2007
License # 004165 CUIDADO CASERO HOME HEALTH & HOSPICE
Lic Expire 12/31/2021 833 W. EULESS BLVD.
Medicare 1: EULESS, TX 76040
Medicare 2:
Phone (817) 640-0646 Fax (817) 640-7174
Type: Branch Agency Administrator KATHRYN BOLTON

Owner Information
C & L ESPERANZA HOME HEALTH INC
1110 N CARROLL AVENUE
SOUTHLAKE, TX 76092
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 09/11/2002
License # 004165 CUIDADO CASERO HOME HEALTH & HOSPICE
Lic Expire 12/31/2021 833 W. EULESS BLVD.
Medicare 1: EULESS, TX 76040
Medicare 2:
Phone (817) 640-0646 Fax (817) 640-7174
Type: Branch Agency Administrator KATHRYN BOLTON

Owner Information
C & L ESPERANZA HOME HEALTH INC
1110 N CARROLL AVENUE
SOUTHLAKE, TX 76092
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 12/11/1995
License # 004165 CUIDADO CASERO HOME HEALTH & HOSPICE
Lic Expire 12/31/2021 833 W EULESS BLVD.
Medicare 1: 678229 HHA-18;45 EULESS, TX 76040
Medicare 2:
Phone (817) 640-0646 Fax (817) 640-7174
Type: Parent Agency Administrator KATHRYN BOLTON

Owner Information
C & L ESPERANZA HOME HEALTH INC
1110 N CARROLL AVENUE
SOUTHLAKE, TX 76092
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 02/15/2013
License # 015646 CUSTOM CARE HOME HEALTH
Lic Expire 02/28/2023 4811 MERLOT AVE, STE 110
Medicare 1: 679672 GRAPEVINE, TEXAS 76051
Medicare 2:
Phone (972) 242-5959 Fax (972) 242-5954
Type: Parent Agency Administrator THOMAS GLEASON

Owner Information
CUSTOM CARE HEALTHCARE, INC.
6006 LBJ FREEWAY, STE 110
DALLAS, TX 75240
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TARRANT** Region 03 Date Licensed 06/25/2009
License # 013152 CUSTOM CARE HOSPICE
Lic Expire 06/30/2021 4811 MERLOT AVENUE, SUITE 110
Medicare 1: 451635 HOSPICE GRAPEVINE, TX 76051
Medicare 2:
Phone (972) 242-5959 Fax (972) 242-5954
Type: Parent Agency Administrator THOMAS GLEASON

Owner Information
KEYSTONE HOSPICE CARE, INC.
1445 MACARTHUR DRIVE SUITE 200
CARROLLTON, TX 75007
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 10/16/2019
License # 019648 DACY HEALTHCARE LLC
Lic Expire 10/16/2021 3605 RIVERHEAD DRIVE
Medicare 1: ARLINGTON, TEXAS 76015
Medicare 2:
Phone (817) 899-0540 Fax
Type: Parent Agency Administrator COMFORT BLASSINGAME

Owner Information
DACY HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 05/12/2016
License # 017399 DAYBREAK COMMUNITY SERVICES TEXAS LLC
Lic Expire 05/31/2022 2929 ALTAMESA BLVD
Medicare 1: FORT WORTH, TX 76133
Medicare 2:
Phone (800) 299-5161 Fax (817) 447-3033
Type: Parent Agency Administrator DEBBIE YOUNGBLOOD

Owner Information
DAYBREAK COMMUNITY SERVICES TEXAS LLC
4100 INTERNATIONAL PLAZA SUITE 800
FORT WORTH, TX 76109
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 10/10/2020
License # 020099 DELFIN CARE
Lic Expire 08/11/2022 12112 WILLET RD
Medicare 1: HASLET, TEXAS 76052
Medicare 2:
Phone 682 2664433 Fax
Type: Parent Agency Administrator ARWIN DELFIN

Owner Information
DELFIN CARE PROVIDER, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/17/2019
License # 019328 DESTINATION LIFE LLC
Lic Expire 04/17/2021 1759 BROAD PARK CIRCLE S #113
Medicare 1: MANSFIELD, TEXAS 76063
Medicare 2:
Phone (817) 473-1312 Fax (84) 481-2427
Type: Parent Agency Administrator ZEMELDA CARR

Owner Information
DESTINATION LIFE LLC
SAME AS ABOVE
MANSFIELD, TX 76063
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 10/16/2020
License # 020243 DEVOTED HEARTS 4 U
Lic Expire 10/16/2022 9500 RAY WHITE RD STE 200
Medicare 1: FORT WORTH, TEXAS 76244
Medicare 2:
Phone (817) 851-1039 Fax
Type: Parent Agency Administrator DEMKIA CHAPPELL

Owner Information
DEVOTED HEARTS 4 U
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/01/2012
License # 015032 DFW HOME HEALTH
Lic Expire 06/30/2022 3909 HULEN STREET, 3RD FLOOR
Medicare 1: 457575 HHA-18 FORT WORTH, TEXAS 76107
Medicare 2:
Phone (817) 529-7555 Fax (817) 529-7560
Type: Parent Agency Administrator DANA DAVIS

Owner Information
LHCG XXXIII, LLC
PO BOX 51266
LAFAYETTE, LA
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TARRANT** Region 03 Date Licensed 01/01/2020
License # 019849 DFW HOME HEALTH ARLINGTON
Lic Expire 01/01/2022 1720 OAK VILLAGE BLVD SUITE 100
Medicare 1: 457818 ARLINGTON, TEXAS 76017
Medicare 2:
Phone 817 6332273 Fax 817 6332274
Type: Parent Agency Administrator KATHLEEN MCCLUSKEY

Owner Information
LHCG CXXXVII, LLC
PO BOX 51266
LAFAYETTE, LOUISIANA 70505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 04/30/2015
License # 016784 DIAMOND HEART HEALTHCARE INC
Lic Expire 04/30/2021 7700 CRESSWELL
Medicare 1: ARLINGTON, TX 76001
Medicare 2:
Phone (817) 881-3135 Fax (682) 320-8798
Type: Parent Agency 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

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County **TARRANT** Region 03 Date Licensed 07/20/2018
License # 019266 DIGNIFIED HOMECARE FOR SENIORS LLC
Lic Expire 02/20/2021 732 W.HURST BLVD SUITE 134
Medicare 1: HURST, TEXAS 76053
Medicare 2:
Phone (817) 891-0645 Fax
Type: Parent Agency Administrator JESSE MITAMBO

Owner Information
DIGNIFIED HOMECARE FOR SENIORS LLC
4699 FOSSIL VISTA DR # 5111
HALTOM CITY, TEXAS 76137
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/09/1995
License # 004154 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 11/30/2022 6000 WESTERN PLACE DRIVE SUITE E0720
Medicare 1: FORT WORTH, TX 76107
Medicare 2:
Phone (817) 838-4777 Fax (877) 463-1310
Type: Parent Agency 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

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County **TARRANT** Region 03 Date Licensed 03/16/2021
License # 020608 DISTINCT HOME HEALTH SERVICE LLC
Lic Expire 03/16/2024 2832 NORTH CAMINO LAGOS
Medicare 1: GRAND PRAIRIE, TEXAS 75054
Medicare 2:
Phone (682) 554-2234 Fax (214) 988-2024
Type: Parent Agency Administrator SHELLEY ALENI

Owner Information
DISTINCT HOME HEALTH SERVICE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 03/13/2000
License # 007277 DIVINE CARE HEALTH SERVICES
Lic Expire 03/31/2022 6850 MANHATTAN BOULEVARD SUITE 104
Medicare 1: 679011 HHA-18 FORT WORTH, TX 76120
Medicare 2:
Phone (817) 930-0930 Fax (817) 446-0109
Type: Parent Agency Administrator NDUBUISI DAVID ACHO

Owner Information
NDUBUISI DAVID ACHO
8426 ODELL STREET
NORTH RICHLAND, TX 76180
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/25/2021
License # 020547 DIVINE MIRACLE HOME CARE LLC
Lic Expire 02/25/2024 3201 E PIONEER PARKWAY SUITE 39
Medicare 1: ARLINGTON, TX 76010
Medicare 2:
Phone (682) 347-4044 Fax
Type: Parent Agency Administrator EBENEZER FOWOBAJE

Owner Information
DIVINE MIRACLE HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/28/2012
License # 014746 DIVINE TOUCH HEALTH SERVICES
Lic Expire 02/28/2022 410 ROCKY CREEK DRIVE
Medicare 1: 747142 HHA-18 MANSFIELD, TX 76063
Medicare 2:
Phone (817) 225-2160 Fax (817) 225-2161
Type: Parent Agency Administrator VIVIAN NGANG

Owner Information
DIVINE TORCH HEALTH SERVICES INC
410 ROCKY CREEK DRIVE
MANSFIELD, TX 76063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 01/08/2020
License # 019768 DIVINITY HOSPICE, LLC
Lic Expire 01/08/2022 5601 BRIDGE STREET, SUITE 300
Medicare 1: 971560 (HOSPICE) FORT WORTH, TEXAS 76112
Medicare 2:
Phone (817) 492-7020 Fax (817) 492-7019
Type: Parent Agency Administrator BRENDA HARVEY

Owner Information
DIVINITY HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 05/13/2023

County **TARRANT** Region 03 Date Licensed 04/05/2017
License # 017984 EAGLE HOME HEALTHCARE SERVICES
Lic Expire 04/30/2021 1015 E DALLAS STREET STE 2
Medicare 1: 747541 HHA-18 MANSFIELD, TX 76063
Medicare 2:
Phone (817) 539-9092 Fax (866) 591-9619
Type: Parent Agency Administrator CHIKETA KELLY

Owner Information
NEW DIRECTION HOME HEALTHCARE OF DFW, INC.
1015 E DALLAS STREET STE 2
MANSFIELD, TX 76063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 12/05/2006
License # 010923 EL PASSION HOME HEALTH AGENCY INC
Lic Expire 12/31/2021 7209 WIND ELM COURT
Medicare 1: 743128 HHA-18 ARLINGTON, TX 76002
Medicare 2:
Phone (817) 992-3348 Fax 18175827635
Type: Parent Agency Administrator ELIZABETH AJEIGBE

Owner Information
EL PASSION HOME HEALTH AGENCY INC
7209 WIND ELM CT
ARLINGTON, TX 76002
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 04/26/2017
License # 018139 ELARA CARING
Lic Expire 04/30/2021 2261 BROOKHOLLOW PLAZA DR. STE. 308 E
Medicare 1: 677492 HHA-18 ARLINGTON, TX 76006
Medicare 2:
Phone (469) 828-0019 Fax (469) 828-4532
Type: Parent Agency Administrator TINA ANDERSON

Owner Information
OMNICARE ASSOCIATES, INC.
17480 DALLAS PKWY, STE 210
DALLAS, TX 75287
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 04/26/2017
License # 018139 ELARA CARING
Lic Expire 04/30/2021 2261 BROOKHOLLOW PLAZA DRIVE SUITE 308C
Medicare 1: ARLINGTON, TX 76006
Medicare 2:
Phone (817) 557-1350 Fax (817) 997-7463
Type: Branch Agency Administrator KAREN TORTI

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

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County **TARRANT** Region 03 Date Licensed 04/01/2007
License # 011270 ELARA CARING
Lic Expire 03/31/2021 2261 BROOKHOLLOW PLAZA DR SUITE 308A
Medicare 1: ARLINGTON, TX 76006
Medicare 2:
Phone (817) 469-7455 Fax (817) 469-7477
Type: Parent Agency Administrator CYNTHIA FINNEY

Owner Information
CHARTWELL COMMUNITY SERVICES, INC.
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 06/11/2020
License # 019994 ELITE CAREGIVERS OF TEXAS LLC
Lic Expire 06/11/2022 3933 ESKER DR
Medicare 1: FORT WORTH, TEXAS 76137
Medicare 2:
Phone (817) 929-8882 Fax
Type: Parent Agency Administrator DEBORAH JONES

Owner Information
ELITE CAREGIVERS OF TEXAS LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 08/14/2012
License # 015002 ELITE NURSING HOME HEALTHCARE LLC
Lic Expire 12/30/2020 315 E WALL STREET
Medicare 1: GRAPEVINE, TEXAS 76051
Medicare 2:
Phone (682) 323-7213 Fax (682) 323-5966
Type: Parent Agency Administrator MELODY WALLS

Owner Information
ELITE NURSING HOME HEALTHCARE LLC
700 HIGHLANDER BLVD STE 170
ARLINGTON, TX 76015
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed
License # 012079 ELYSIAN HOSPICE LLC
Lic Expire 06/30/2022 6221 SOUTHWEST BOULEVARD, SUITE 200A
Medicare 1: BENBROOK, TEXAS 76132
Medicare 2:
Phone 682 6107686 Fax 682 6107687
Type: Alternate Delivery Site Administrator LATOSHA HOLLIS

Owner Information
ELYSIAN HOSPICE LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 05/01/2017
License # 018428 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 04/30/2021 2000 E. LAMAR BLVD., SUITE 155
Medicare 1: 677830 HHA-18 ARLINGTON, TEXAS 76006
Medicare 2:
Phone 817 5420217 Fax 817 5420264
Type: Parent Agency Administrator JENNIFER STETTLER

Owner Information
ENCOMPASS HOME HEALTH OF DFW, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 07/01/2015
License # 016949 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 06/30/2021 901 W. ROSEDALE STREET, SUITE 250
Medicare 1: 457975 HHA-18 FORT WORTH, TEXAS 76104
Medicare 2:
Phone 817 7374300 Fax 817 7374305
Type: Parent Agency Administrator ERIC DENGLER

Owner Information
ENCOMPASS OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 06/03/2011
License # 014255 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 06/30/2021 1501 HUGHES RD., SUITE 100
Medicare 1: 679428 HHA-18 GRAPEVINE, TEXAS 76051
Medicare 2:
Phone 817 3295449 Fax 817 3292145
Type: Parent Agency Administrator LINDA FARRIS

Owner Information
ENCOMPASS HOME HEALTH OF DFW, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 11/01/2006
License # 011086 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2022 901 W. ROSEDALE STREET, SUITE 250
Medicare 1: 679167 HHA-18 FORT WORTH, TEXAS 76104
Medicare 2:
Phone 817 7374300 Fax 817 7374305
Type: Parent Agency Administrator ERIC DENGLER

Owner Information
ENCOMPASS OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 09/06/2013
License # 015841 ENCOMPASS HEALTH HOSPICE
Lic Expire 09/30/2021 901 W. ROSEDALE ST., SUITE 250
Medicare 1: 671733 HOSPICE FORT WORTH, TEXAS 76104
Medicare 2:
Phone 817 7374300 Fax 817 7374305
Type: Parent Agency Administrator ADAM ALGER

Owner Information
APEX HOSPICE, LLC
6888 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 07/20/2011
License # 014228 ENVOY HOSPICE
Lic Expire 07/31/2021 1412 W MAGNOLIA AVENUE SUITE 100
Medicare 1: 671712 HOSPICE FORT WORTH, TX 76104
Medicare 2:
Phone (817) 289-3990 Fax (817) 289-3995
Type: Parent Agency Administrator ALICIA RICHARDSON

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 06 Date Licensed 08/24/2012
License # 013330 EVEROSE HEALTHCARE INC
Lic Expire 05/31/2022 3020 MATLOCK RD. STE. 210
Medicare 1: ARLINGTON, TX 76015
Medicare 2:
Phone (817) 557-8252 Fax (817) 557-8255
Type: Branch Agency Administrator TED DIEP NGUYEN

Owner Information
EVEROSE HEALTHCARE INC
11200 WESTHEIMER RD SUITE 100
HOUSTON, TX 77042
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/10/2009
License # 012699 EXCELLENT HOME HEALTH SERVICES
Lic Expire 07/31/2021 1144 W PIONEER PKWY STE H PIONEER PLAZA
Medicare 1: 747494 HHA-18 ARLINGTON, TX 76013
Medicare 2:
Phone (817) 962-0290 Fax (817) 962-0292
Type: Parent Agency Administrator BEATRICE JOHNSON

Owner Information
EXCELLENT HEALTHCARE SERVICES INC
1122 PO BOX 1122
ARLINGTON, TX 76004
PHONE: (817) 962-0290 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 07/05/2000
License # 007358 EXCEPTIONAL HOME CARE INC
Lic Expire 07/31/2021 2817 STARK SUITE A
Medicare 1: FORT WORTH, TX 76112
Medicare 2:
Phone (817) 457-8324 Fax (817) 457-9617
Type: Parent Agency Administrator SHELLEY REED-POUNCY

Owner Information
EXCEPTIONAL HOME CARE INC
2817 STARK SUITE A
FORT WORTH, TX 76112
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 03/02/2020
License # 019474 EXTENDED FAMILY HOME CARE
Lic Expire 07/09/2021 4303 S BOWEN RD STE 137
Medicare 1: ARLINGTON, TEXAS 76016
Medicare 2:
Phone (817) 928-5600 Fax (817) 928-5660
Type: Parent Agency Administrator KELLEY MONROE

Owner Information
INTERTWINED SENIOR CARE, LLC
5512 LAVACA RD
GRAND PRAIRIE, TEXAS 75052
PHONE: 817 3440004 FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/27/2020
License # 020271 FACO HEALTHCARE SERVICES
Lic Expire 10/27/2022 2412 HENDERSON DRIVE UNIT 1135
Medicare 1: ARLINGTON, TEXAS 76010
Medicare 2:
Phone (817) 618-2240 Fax (888) 384-2344
Type: Parent Agency Administrator NGWA STANDLY

Owner Information
BIZ N MARKETING INC
2412 HENDERSON DRIVE UNIT 1135
ARLINGTON, TEXAS 76013
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/17/2014
License # 016570 FAMILIAS PRIMARY CARE SERVICES
Lic Expire 04/30/2021 1201 N. WATSON ROAD SUITE 294
Medicare 1: ARLINGTON, TX 76006
Medicare 2:
Phone (682) 706-3963 Fax (682) 706-3955
Type: Parent Agency Administrator MERCY NKERBU

Owner Information
DIA-ZZZ-LY ADULT CARE LLC
1201 N. WATSON ROAD SUITE 294
ARLINGTON, TX 76006
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/08/2008
License # 011801 FIRST RESPONSE HOME HEALTH SERVICES LLC
Lic Expire 01/31/2022 4444 MALLOW OAK DRIVE
Medicare 1: 747160 HHA-18 FORT WORTH, TX 76123
Medicare 2:
Phone (817) 361-7040 Fax (817) 361-9244
Type: Parent Agency Administrator JUDITH TAN-PASCUAL

Owner Information
FIRST RESPONSE HOME HEALTH SERVICES LLC
4444 MALLOW DRIVE
FORT WORTH, TX 76123-1820
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 11/19/2018
License # 019109 FIRST WATCH HOME CARE
Lic Expire 11/19/2020 1601 EAST LAMAR BLVD STE 107
Medicare 1: ARLINGTON, TEXAS 76011
Medicare 2:
Phone (817) 617-2335 Fax (817) 549-6578
Type: Parent Agency Administrator OLUTOPE OKE

Owner Information
LEXISCOM GROUP LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/16/2004
License # 009467 FLORENCE HEALTH CARE SERVICES & TRAINING CENTER INC
Lic Expire 12/31/2021 2308 CREST PARK DRIVE
Medicare 1: 677863 HHA-18 ARLINGTON, TEXAS 76006
Medicare 2:
Phone (817) 652-4409 Fax (817) 652-4431
Type: Parent Agency Administrator FLORENCE OKOLIE

Owner Information
FLORENCE HEALTH CARE SERVICES & TRAINING CENTER INC
2308 CREST PARK DR
ARLINGTON, TEXAS 76006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 12/30/2019
License # 019755 FMA HOME HEALTH SERVICES, INC.
Lic Expire 12/30/2021 7210 JESSIE COURT
Medicare 1: ARLINGTON, TEXAS 76002
Medicare 2:
Phone (817) 899-4955 Fax (817) 522-4481
Type: Parent Agency Administrator OLUFEMI FAGBOHUN

Owner Information
FMA HOME HEALTH SERVICES INC.
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 12/22/2017
License # 018530 FORT WORTH HOME CARE ASSISTANCE
Lic Expire 12/31/2021 4628 SW LOOP 820
Medicare 1: FORT WORTH, TX 76109
Medicare 2:
Phone (817) 720-5556 Fax (817) 887-1201
Type: Parent Agency Administrator ELIZABETH FREDERICK

Owner Information
EEM ENTERPRISES INC
1007 MESQUITE DRIVE
KELLER, TX 76248
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 06/28/2019
License # 019453 FOTA CARE INC. CORPORATION
Lic Expire 06/28/2021 727 SOUTH DEERFIELD CIRCLE, SUITE A
Medicare 1: ARLINGTON, TEXAS 76015
Medicare 2:
Phone (682) 227-2035 Fax
Type: Parent Agency Administrator WILLIAM FOMINYAM

Owner Information
FOTA CARE INC. CORPORATION
N/A
,
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/20/2012
License # 015423 FREEDOM HOSPICE
Lic Expire 11/30/2020 9001 AIRPORT FREEWAY SUITE 570
Medicare 1: 671527 HOSPICE NORTH RICHLAND HILLS, TX 76180
Medicare 2:
Phone (817) 265-0151 Fax (817) 265-0145
Type: Parent Agency 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

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 01/10/2012
License # 015073 FULFORD HOME HEALTH LLC
Lic Expire 01/31/2022 1506 W. PIONEER PARKWAY, SUITE 206
Medicare 1: 679701 HHA-18 ARLINGTON, TX 76013
Medicare 2:
Phone (817) 542-0077 Fax (817) 542-0099
Type: Parent Agency Administrator SYLVIA MUSASIA

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

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County **TARRANT** Region 03 Date Licensed 06/22/2018
License # 019414 GENESIS REHABILITATION SERVICES
Lic Expire 06/07/2021 1101 E ARBROOK BLVD
Medicare 1: ARLINGTON, TEXAS 76014
Medicare 2:
Phone (469) 984-0297 Fax (817) 617-4423
Type: Parent Agency Administrator KURT DINKLE

Owner Information
GENESIS ELDERCARE REHABILITATION SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 10/20/2006
License # 010817 GILEAD COMMUNITY HOME HEALTH INC
Lic Expire 10/31/2021 2104 ROOSEVELT DR SUITE M
Medicare 1: 679722 HHA-18; 97 DALWORTHINGTON GARDENS, TX 76013
Medicare 2:
Phone (817) 801-7100 Fax (817) 801-7101
Type: Parent Agency Administrator ROBERT BARKER

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
Accreditation: ACH - Deemed, Expires: 06/05/2022

County **TARRANT** Region 03 Date Licensed 11/23/2010
License # 011756 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 6850 MANHATTAN BLVD, SUITE 206
Medicare 1: FORT WORTH, TX 76112
Medicare 2:
Phone (817) 451-4690 Fax (817) 451-4689
Type: Branch Agency Administrator KATRINA JOHNSON

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/13/2020
License # 019829 GLORIOUS HOME CARE SERVICE LLC
Lic Expire 02/13/2022 5637 INDIAN HILL DR.
Medicare 1: ARLINGTON, TX 76018
Medicare 2:
Phone (682) 320-8394 Fax NA
Type: Parent Agency Administrator AFISHETU USMAN

Owner Information
GLORIOUS HOME CARE SERVICE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/13/2019
License # 019255 GOLDEN GATE HEALTHCARE SERVICES
Lic Expire 07/31/2021 4851 DUNLAP DR.
Medicare 1: FORT WORTH, TX 76119
Medicare 2:
Phone (682) 320-4007 Fax
Type: Parent Agency Administrator SHAWNTAE SHARPE

Owner Information
A SHARP & CLEAN SPECIALTY SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/11/2018
License # 019143 GOLDEN PATH IN HOME CARE
Lic Expire 03/31/2021 2000 E LAMAR BLVD STE 616
Medicare 1: ARLINGTON, TX 76006
Medicare 2:
Phone (262) 748-2596 Fax (414) 236-5648
Type: Parent Agency Administrator JAMATHY KING

Owner Information
GOLDEN PATH IN HOME CARE INC.
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/01/2017
License # 018578 GOOD SAMARITAN SOCIETY - HOME HEALTH
Lic Expire 11/30/2021 607 W. MAGNOLIA AVE SUITE 205B
Medicare 1: FORT WORTH, TEXAS 76104
Medicare 2:
Phone 817 385 9139 Fax 817 665 3024
Type: Branch Agency Administrator TRACI WOOLFOLK

Owner Information
GOOD SAMARITAN SOCIETY HCBS-TX, LLC
700 NORTH TOWN EAST BLVD., SUITE 159
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 12/01/2017
License # 018578 GOOD SAMARITAN SOCIETY - HOME HEALTH
Lic Expire 11/30/2021 607 W. MAGNOLIA AVE. SUITE 205
Medicare 1: FORT WORTH, TEXAS 76104
Medicare 2:
Phone 817 510 3601 Fax 817 510 3602
Type: Branch Agency Administrator TRACI WOOLFOLK

Owner Information
GOOD SAMARITAN SOCIETY HCBS-TX, LLC
700 NORTH TOWN EAST BLVD., SUITE 159
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 10/01/2017
License # 018525 GOOD SAMARITAN SOCIETY - HOSPICE
Lic Expire 09/30/2021 607 W MAGNOLIA SUITE 206
Medicare 1: 671584 HOSPICE FORT WORTH, TEXAS 76104
Medicare 2:
Phone (817) 608-6120 Fax (817) 282-1062
Type: Parent Agency Administrator TIFFANY CLARK

Owner Information
GOOD SAMARITAN SOCIETY HCBS-TX, LLC
700 NORTH TOWN EAST BLVD., SUITE 159
MESQUITE, TX 75150
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed
License # 009630 GOOD SHEPHERD HOSPICE OF DALLAS LLC
Lic Expire 03/31/2023 1212 E LANCASTER AVE
Medicare 1: FORT WORTH, TX 761026632
Medicare 2:
Phone (682) 300-1272 Fax (888) 732-7208
Type: Alternate Delivery Site Administrator 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

County **TARRANT** Region 03 Date Licensed 05/14/2020
License # 019940 GRACE HOMESTEAD LLC
Lic Expire 05/14/2022 9016 BELSHIRE DRIVE
Medicare 1: NORTH RICHLAND HILLS, TEXAS 76182
Medicare 2:
Phone (469) 235-7900 Fax (855) 444-7164
Type: Parent Agency Administrator GAIL GUDZA

Owner Information
GRACE HOMESTEAD LLC
700 LAVACA STSTE 1401
AUSTIN, TX 78701
PHONE: (469) 247-1129 FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/13/2015
License # 016601 GREAT PROVIDER CAREGIVERS LLC
Lic Expire 01/31/2023 2221 AVENUE J STE 106
Medicare 1: ARLINGTON, TEXAS 76006
Medicare 2:
Phone (817) 635-6088 Fax (817) 633-3976
Type: Parent Agency 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** Region 03 Date Licensed 07/02/2019
License # 019461 GREENFIELD-VILLAGE HOME HEALTH CARE AGENCY LLC
Lic Expire 07/02/2021 2442 S. COLLINS ST, STE 108
Medicare 1: ARLINGTON, TX 76014
Medicare 2:
Phone (817) 400-8041 Fax 18663810194
Type: Parent Agency Administrator CLEOPATRA ADELODUN

Owner Information
GREENFIELD-VILLAGE HOME HEALTH CARE AGENCY LLC
2242 S COLLINS ST STE 108
ARLINGTON, TX 76014
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 02/25/2016
License # 017536 GREENLEAF HOSPICE LLC
Lic Expire 02/28/2022 1290 HWY 157 N
Medicare 1: 741547 HOSPICE MANSFIELD, TX 76063
Medicare 2:
Phone (682) 518-3877 Fax (682) 518-3879
Type: Parent Agency Administrator JAMIE PRUITT

Owner Information
GREENLEAF HOSPICE LLC
1290 HWY 157 N
MANSFIELD, TX 76063
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/30/2024

County **TARRANT** Region 03 Date Licensed 12/14/2012
License # 015268 GRISWOLD HOME CARE NORTH FORT WORTH - SOUTHLAKE OFFICE
Lic Expire 12/31/2020 3412 BALBOA CT.
Medicare 1: GRAPEVINE, TX 76092
Medicare 2:
Phone (817) 428-2888 Fax (817) 288-0588
Type: Parent Agency Administrator YU DING

Owner Information
J & F HEALTHY LIFESTYLE LLC
3412 BALBOA CT
GRAPEVINE, TX 76092
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/21/2006
License # 011216 GUARDIAN HEALTHCARE
Lic Expire 09/30/2022 1320 S UNIVERSITY DR, SUITE 220
Medicare 1: 677125 HHA-18 FORT WORTH, TX 76107
Medicare 2:
Phone (817) 882-8200 Fax (817) 882-8789
Type: Parent Agency 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** Region 03 Date Licensed 06/03/2009
License # 012642 GUIDANCE HEALTHCARE SERVICES
Lic Expire 06/30/2021 5005 SUMMER CREEK DRIVE
Medicare 1: 747292 HHA-18 ARLINGTON, TX 76018
Medicare 2:
Phone (817) 468-3697 Fax (817) 466-4161
Type: Parent Agency Administrator MAUREEN CHIDUME

Owner Information
GUIDANCE HEALTHCARE SERVICES INC
5005 SUMMER CREEK DR
ARLINGTON, TEXAS 76018
PHONE: (817) 468-3697 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 08/20/2008
License # 012189 HALLMARK HEALTHCARE LLC
Lic Expire 08/31/2022 2307 CENTRAL DRIVE SUITE B2
Medicare 1: 747211 BEDFORD, TX 76021
Medicare 2:
Phone (817) 553-1900 Fax (817) 553-1902
Type: Parent Agency 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

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County **TARRANT** Region 03 Date Licensed 01/16/2020
License # 019787 HAND IN HOME CARE
Lic Expire 01/16/2022 4303 LONGMEADOW WAY
Medicare 1: FORT WORTH, TEXAS 76133
Medicare 2:
Phone (817) 406-8520 Fax (817) 406-8520
Type: Parent Agency Administrator SHERRY BURROWS

Owner Information
NATIONAL HAND IN HAND IN HOME SERVICES, L L C
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 03/24/2005
License # 009654 HAPPY DAYS HOME HEALTH CARE LLC
Lic Expire 03/31/2024 905 WEST EMBERCREST DR
Medicare 1: 677828 HHA-18 ARLINGTON, TX 76017
Medicare 2:
Phone (817) 419-6500 Fax (817) 419-6501
Type: Parent Agency Administrator KEHINDE ADELANA

Owner Information
HAPPY DAYS HOME HEALTH CARE LLC
AS ABOVE
ARLINGTON, TX 76017
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 03/14/2014
License # 016082 HARBOR HOSPICE OF ARLINGTON LP
Lic Expire 03/31/2022 6471 SOUTHWEST BOULEVARD SUITE A
Medicare 1: BENBROOK, TX 76132
Medicare 2:
Phone (817) 237-2255 Fax (817) 237-2355
Type: Parent Agency Administrator ASHLEY JEFFREY

Owner Information
HARBOR HOSPICE OF ARLINGTON LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 02/11/2024

County **TARRANT** Region 03 Date Licensed 10/03/2012
License # 015108 HARBOR HOSPICE OF FORT WORTH LP
Lic Expire 10/31/2022 6471 SOUTHWEST BOULEVARD
Medicare 1: 741516 HOSPICE BENBROOK, TX 76132
Medicare 2:
Phone (817) 237-2255 Fax (817) 237-2355
Type: Parent Agency Administrator ASHLEY JEFFREY

Owner Information
HARBOR HOSPICE OF FORT WORTH LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 10/11/2022

County **TARRANT** Region 03 Date Licensed 11/16/2012
License # 015209 HARBOR HOSPICE OF WEST DALLAS-FORT WORTH, L.P.
Lic Expire 11/30/2022 6471 SOUTHWEST BLVD STE B
Medicare 1: 741574 HOSPICE BENBROOK, TX 76132
Medicare 2:
Phone (817) 237-2255 Fax (817) 237-2355
Type: Parent Agency Administrator ASHLEY JEFFERY

Owner Information
HARBOR HOSPICE OF WEST DALLAS-FORT WORTH, L.P.
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 09/18/2009
License # 012897 HEALTH MASTERS HOMECARE INC
Lic Expire 09/30/2021 1100 CIRCLE DRIVE SUITE 200
Medicare 1: 679041 HHA-18 FORT WORTH, TX 76119
Medicare 2:
Phone (817) 927-9550 Fax (817) 927-9558
Type: Parent Agency Administrator KIMBERLY GRIMMETT

Owner Information
RW BOSS HEALTH MASTERS HOMECARE INC
978 VILLAGE PARKWAY
COPPELL, TX 75019
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 01/22/2019
License # 019214 HEART AND HANDS PRIVATE CARE
Lic Expire 01/22/2021 824 WOODMARKDR.
Medicare 1: CROWLEY, TEXAS 76036
Medicare 2:
Phone (682) 250-8990 Fax (817) 717-2117
Type: Parent Agency Administrator DAISHA JACKSON-FRANCIS

Owner Information
DAISHA JACKSON-FRANCIS
P.O. BOX 1021
CROWLEY, TX 76036
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/03/2019
License # 019728 HEART OF LOVE HOMECARE LLC
Lic Expire 12/03/2021 8125 STOWE SPRINGS LN
Medicare 1: ARLINGTON, TEXAS 76002
Medicare 2:
Phone (682) 360-4270 Fax
Type: Parent Agency Administrator SASHA-GAY BAXTER-MANTLE

Owner Information
HEART OF LOVE HOMECARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/17/2018
License # 018710 HEART TO HEART HOSPICE INPATIENT CENTER
Lic Expire 07/02/2023 6940 RIVER PARK CIRCLE
Medicare 1: 74-1794 (HOSPICE FORT WORTH, TX 76116
Medicare 2:
Phone (817) 524-8471 Fax (817) 751-0770
Type: Parent Agency Administrator DEBORAH MOORE

Owner Information
CARE PLUS PALLIATIVE AND HOSPICE CARE, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: (817) 524-8471 FAX: (817) 751-0770
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/08/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 10/28/2013
License # 016183 HEART TO HEART HOSPICE OF FORT WORTH LLC
Lic Expire 10/31/2021 6100 SOUTHWEST BLVD., SUITE 200
Medicare 1: 671505 HOSPICE FORT WORTH, TEXAS 76109
Medicare 2:
Phone (817) 731-9700 Fax (817) 731-9708
Type: Parent Agency Administrator DEBORAH MOORE

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
Accreditation: CHAP - Deemed, Expires: 07/03/2022

County **TARRANT** Region 03 Date Licensed 12/01/2016
License # 017940 HEART TO HEART HOSPICE OF MANSFIELD
Lic Expire 12/09/2022 717 HWY 287 N, SUITE 601
Medicare 1: 741507 HOSPICE MANSFIELD, TEXAS 76063
Medicare 2:
Phone (817) 676-1903 Fax (817) 731-9700
Type: Parent Agency Administrator DEBORAH MOORE

Owner Information
LMS HOSPICE LLC.
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 10/27/2020
License # 020268 HEARTBEAT HEALTHCARE SERVICES, INC
Lic Expire 10/27/2022 1815 LONDON LANE APT 504
Medicare 1: ARLINGTON, TEXAS 76017
Medicare 2:
Phone (469) 490-7682 Fax
Type: Parent Agency Administrator AUGUSTINE NWANGUMA

Owner Information
HEARTBEAT HEALTHCARE SERVICES, INC.
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 03/28/2018
License # 018673 HEAVEN SENT HEALTHCARE
Lic Expire 06/30/2020 6333 DAVIS ROAD
Medicare 1: FORT WORTH, TX 76140
Medicare 2:
Phone (817) 235-0358 Fax (817) 887-0960
Type: Parent Agency Administrator MICHAEL CRAIG DAVIS

Owner Information
C&M MITCHELL HEALTHCARE GROUP LLC
6333 DAVIS ROAD
FORT WORTH, TX 76140
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/28/1994
License # 002847 HELPING RESTORE ABILITY
Lic Expire 02/28/2022 4300 BELTWAY PLACE, SUITE 130
Medicare 1: ARLINGTON, TX 76018
Medicare 2:
Phone (817) 469-1977 Fax (817) 461-2334
Type: Parent Agency Administrator VICKI NIEDERMAYER

Owner Information
HELPING RESTORE ABILITY
4300 BELTWAY PLACE SUITE 130
ARLINGTON, TX 76018
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 06/24/2003
License # 008525 HELPING RESTORE ABILITY
Lic Expire 06/30/2022 4300 BELTWAY SUITE 130
Medicare 1: ARLINGTON, TX 76018
Medicare 2:
Phone 817 4691977 Fax 817 4612334
Type: Parent Agency Administrator VICKI NIEDERMAYER

Owner Information
HELPING RESTORE ABILITY
4300 BELTWAY PLACE SUITE 130
ARLINGTON, TX 76018
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 11/10/2011
License # 014470 HIS GRACE HOME HEALTH CARE LLC
Lic Expire 11/30/2021 1201 N. WATSON RD. SUITE 261
Medicare 1: 747850 HHA-18 ARLINGTON, TX 76006
Medicare 2:
Phone (817) 443-7023 Fax (817) 423-2061
Type: Parent Agency Administrator ROGELIO GALINSUGA

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

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County **TARRANT** Region 03 Date Licensed

License # 020707 HOLISTAT LLC

Lic Expire 04/15/2024 313 TIMBERLAKE DR

Medicare 1: AZLE, TX 76020

Medicare 2:

Phone (682) 288-8336 Fax

Type: Parent Agency Administrator GINA CALEAP

Owner Information

HOLISTAT LLC

PHONE: FAX:

Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 06/27/2014

License # 016498 HOLY SAVIOR HOSPICE

Lic Expire 06/30/2022 1600 AIRPORT FREEWAY SUITE 503

Medicare 1: 671780 HOSPICE BEDFORD, TX 76022

Medicare 2:

Phone (972) 402-9300 Fax (972) 402-9303

Type: Parent Agency 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

Accreditation: ACHC, Expires: 10/03/2022

County **TARRANT** Region 03 Date Licensed 04/29/2019

License # 019352 HOME CARE ASSISTANCE

Lic Expire 04/29/2021 6507 S. COOPER STREET, SUITE #D 129

Medicare 1: ARLINGTON, TEXAS 76001

Medicare 2:

Phone (972) 768-0367 Fax

Type: Parent Agency Administrator GARY HIGHTOWER

Owner Information

HIGHTOWERPOWER INC.

5760 LEGACY DRIVE, B3-508

PLANO, TEXAS 75024

PHONE: FAX:

Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/28/2017

License # 017935 HOME CARE ASSISTANCE OF NORTH CENTRAL TEXAS

Lic Expire 02/28/2023 5708 COLLEYVILLE BLVD., SUITE B

Medicare 1: COLLEYVILLE, TEXAS 76034

Medicare 2:

Phone (817) 349-7599 Fax (817) 428-6000

Type: Parent Agency Administrator GENE PARKS

Owner Information

TEXAS PREMIUM HOME CARE CORP

2705 SUMMERTREE LANE

COLLEYVILLE, TEXAS 76034

PHONE: FAX:

Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/08/2021

License # 020516 HOME CARE IN GODS HOLY HAND LLC

Lic Expire 02/08/2023 6308 WINIFRED DR.

Medicare 1: FORT WORTH, TX 76133

Medicare 2:

Phone (817) 263-4200 Fax

Type: Parent Agency Administrator BILLY BURDINE

Owner Information

HOME CARE IN GODS HOLY HAND LLC

PHONE: FAX:

Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 05/04/2020

License # 019911 HOME HELPERS HOME CARE

Lic Expire 05/04/2022 9112 STROMCROW DR

Medicare 1: FORT WORTH, TX 76179

Medicare 2:

Phone 817 8735102 Fax 817 8735001

Type: Parent Agency 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** Region 03 Date Licensed 12/19/2014

License # 016572 HOME INSTEAD SENIOR CARE

Lic Expire 12/31/2022 8209 MID CITIES BLVD. SUITE 200

Medicare 1: NORTH RICHLAND HILLS, TX 76182

Medicare 2:

Phone (817) 427-5555 Fax (817) 562-8051

Type: Parent Agency Administrator TIFFANY PLOTT

Owner Information

DIVINE OPPORTUNITIES LLC

424 KELLER PARKWAY

KELLER, TX 76248-2301

PHONE: FAX:

Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/01/2015
License # 016797 HOME INSTEAD SENIOR CARE #451
Lic Expire 12/31/2022 4833 BRYANT IRVIN COURT SUITE 100
Medicare 1: FORT WORTH, TX 76107
Medicare 2:
Phone (817) 377-0992 Fax (817) 427-5580
Type: Parent Agency 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** Region 03 Date Licensed 12/05/2019
License # 019840 HOME INSTEAD SENIOR CARE #826
Lic Expire 12/05/2021 8101 BOAT CLUB RD #318
Medicare 1: FORT WORTH, TEXAS 76179
Medicare 2:
Phone (682) 708-3455 Fax
Type: Parent Agency Administrator CHELSEA MCCURRY

Owner Information
PB&K, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/15/2014
License # 016559 HOME INSTEAD SENIOR CARE 297
Lic Expire 12/31/2020 1900 COUNTRY CLUB DR., SUITE 150
Medicare 1: MANSFIELD, TEXAS 76063
Medicare 2:
Phone (817) 427-3262 Fax (888) 427-1418
Type: Parent Agency Administrator TONYA LANGE

Owner Information
DAC SENIOR CARE MANAGEMENT, LLC
2201 DOTTIE LYNN PARKWAY, SUITE #115
FORT WORTH, TX 76120-4434
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 07 Date Licensed 02/17/2017
License # 017971 HOMECARE DIMENSIONS INC
Lic Expire 02/28/2023 7461 AIRPORT FREEWAY
Medicare 1: RICHLAND HILLS, TEXAS 76188
Medicare 2:
Phone (817) 849-2098 Fax (682) 708-3807
Type: Branch Agency Administrator ASHLEIGH STRICKLAND

Owner Information
HOMECARE DIMENSIONS, INC.
12500 NETWORK BLVD SUITE 210
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 10/01/2019
License # 019437 HOMEWATCH CAREGIVERS OF KELLER GRAPEVINE
Lic Expire 06/24/2021 2200 POOL RD, SUITE 102
Medicare 1: GRAPEVINE, TX 76051
Medicare 2:
Phone 817 6747000 Fax 817 6747000
Type: Parent Agency Administrator ROBERT SMITH

Owner Information
RKS & ASSOCIATES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 03/17/2021
License # 020613 HOMEWATCH CAREGIVERS OF SW FORT WORTH
Lic Expire 03/17/2024 5350 W. VICKERY BLVD.
Medicare 1: FORT WORTH, TEXAS 76107
Medicare 2:
Phone (214) 762-2902 Fax
Type: Parent Agency Administrator MARK JORREY

Owner Information
CALISTA GROUP INC.
3913 BUCKNER CT.
BEDFORD, TEXAS 76021
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/25/2016
License # 017540 HOMEWELL SENIOR CARE OF NORTH TARRANT COUNTY
Lic Expire 07/31/2022 5751 KROGER DRIVE SUITE 293B
Medicare 1: KELLER, TX 76244
Medicare 2:
Phone (817) 382-0622 Fax (817) 887-5383
Type: Parent Agency Administrator ROOHA KURIKESU

Owner Information
ARBEK INC
5751 KROGER DR SUITE 293
KELLER, TX 76244
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 02/03/2021
License # 020504 HONEY BEAR PERSONAL CARE INC
Lic Expire 02/03/2023 1201 N WATSON RD SUITE 187
Medicare 1: ARLINGTON, TEXAS 76006
Medicare 2:
Phone (214) 797-1000 Fax (817) 538-9508
Type: Parent Agency Administrator LONNIE LEWIS

Owner Information
HONEY BEAR PERSONAL CARE INC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 05/01/2006
License # 010413 HOPE HOME CARE INC
Lic Expire 04/30/2022 703 BRIAR MEADOW COURT
Medicare 1: 679761 HHA-18 KELLER, TX 76248
Medicare 2:
Phone (817) 498-3403 Fax (817) 498-3407
Type: Parent Agency Administrator SUSAN ONYEABOR

Owner Information
HOPE HOME CARE, INC
703 BRIAR MEADOW COURT
KELLER, TEXAS 76248
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 05/08/2014
License # 016194 HOSPICE CARE PARTNERS
Lic Expire 05/31/2022 2015 E LAMAR BLVD SUITE 100
Medicare 1: 671504 HOSPICE ARLINGTON, TX 76006
Medicare 2:
Phone (817) 203-2900 Fax (817) 203-2902
Type: Parent Agency Administrator ROBERT WELEBA

Owner Information
HOSPICE CARE PARTNERS LLC
2015 E LAMAR BLVD
ARLINGTON, TX 76006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 06/29/2021

County **TARRANT** Region 03 Date Licensed 02/20/2002
License # 007850 HOSPICE HEALTHCARE NETWORK
Lic Expire 02/28/2021 306 EAST RANDOL MILL ROAD SUITE 700
Medicare 1: 451720 HOSPICE ARLINGTON, TX 76011
Medicare 2:
Phone (817) 461-2614 Fax (817) 860-1016
Type: Parent Agency 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** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 524 E LAMAR BLVD. STE. 152
Medicare 1: ARLINGTON, TX 760113929
Medicare 2:
Phone (817) 557-2016 Fax (817) 872-0615
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 524 E LAMAR BLVD. STE. 152
Medicare 1: ARLINGTON, TX 760113929
Medicare 2:
Phone (817) 557-2016 Fax (817) 872-0615
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 524 E LAMAR BLVD. STE. 152
Medicare 1: ARLINGTON, TX 760113929
Medicare 2:
Phone (817) 557-2016 Fax (817) 872-0615
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 02/20/2014
License # 016453 HYGIA HEALTHCARE LLC
Lic Expire 02/28/2022 4204 SW GREEN OAKS BLVD SUITE 120
Medicare 1: 747232 HHA-18 ARLINGTON, TX 76017
Medicare 2:
Phone (817) 478-7600 Fax (888) 557-9438
Type: Parent Agency Administrator AARON STEWART

Owner Information
HYGIA HEALTHCARE LLC
4200 SW GREEN OAKS BLVD STE 140
ARLINGTON, TX 76017
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 03/26/2021
License # 020653 I TO I QUALITY HOME CARE SERVICE LLC
Lic Expire 03/26/2023 331 KINGFISHER LN
Medicare 1: ARLINGTON, TEXAS 76002
Medicare 2:
Phone (817) 454-0807 Fax
Type: Parent Agency Administrator ITESHA HORTON

Owner Information
I TO I QUALITY HOME CARE SERVICE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/21/2020
License # 019839 IDEAL CARE HOME HEALTH
Lic Expire 02/21/2022 2883 COMAL DR.
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (512) 949-7545 Fax (512) 949-7545
Type: Parent Agency Administrator ELMINE BUJANG

Owner Information
IDEAL CARE HOME HEALTH LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 06/26/2006
License # 010573 IMMACULATE HEALTHCARE SERVICES INC
Lic Expire 06/30/2022 4923 STEEPLE CHASE CT
Medicare 1: 679688 GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (972) 602-2008 Fax (972) 602-3509
Type: Parent Agency Administrator OLARINRE AJAYI

Owner Information
IMMACULATE HEALTHCARE SERVICES INC
4923 STEEPLE CHASE COURT
GRAND PRAIRIE, TEXAS 75052
PHONE: (972) 602-2008 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 12/09/2019
License # 019740 INDEPENDENCE AT HOME, HOME CARE LLC
Lic Expire 12/09/2021 609 OAKLAND HILLS DR.
Medicare 1: ARLINGTON, TX 76018
Medicare 2:
Phone (817) 919-8934 Fax
Type: Parent Agency Administrator DENICE DAVIES

Owner Information
INDEPENDENCE AT HOME, HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/09/2016
License # 017730 INTEGRATED CARE GIVING
Lic Expire 11/30/2020 120 WANDA WAY STE 203
Medicare 1: HURST, TX 76053
Medicare 2:
Phone (817) 952-3355 Fax (817) 952-3368
Type: Parent Agency Administrator SAMIRA YUSSIF

Owner Information
SAMIRA YUSSIF
1508 SANIBEL LANE
ARLINGTON, TX 76018
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 01 Date Licensed 10/11/2011
License # 010782 INTERIM HEALTHCARE
Lic Expire 05/31/2021 6815 MANHATTAN STE 400
Medicare 1: FORT WORTH, TX 76120
Medicare 2:
Phone (817) 847-6300 Fax (817) 847-6310
Type: Branch Agency Administrator SUZANNE CHILDERS

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 05/07/2018
License # 019707 JOHNSON'S GENTLE CARE
Lic Expire 11/20/2021 3901 ARLINGTON HIGHLANDS BLVD STE 200
Medicare 1: ARLINGTON, TEXAS 76018
Medicare 2:
Phone (817) 404-7004 Fax (817) 693-1880
Type: Parent Agency Administrator TRISHANNA HARGROVE

Owner Information
JOHNSON'S GENTLE CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/05/2019
License # 019678 JOJAMONI HOMEHEALTH CARE LLC
Lic Expire 11/05/2021 113 SILVERWOOD DRIVE
Medicare 1: MANSFIELD, TX 76063
Medicare 2:
Phone (469) 450-7802 Fax
Type: Parent Agency Administrator GRACE MUTUTO

Owner Information
JOJAMONI HOMEHEALTH CARE LLC
113 SILVERWOOD DR
MANSFIELD, TX 76063
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 09/12/2017
License # 018315 JULIDAN HEALTHCARE SERVICES
Lic Expire 09/30/2021 301 MATLOCK MEADOW DRIVE
Medicare 1: ARLINGTON, TX 76002
Medicare 2:
Phone (682) 407-6668 Fax (817) 549-1161
Type: Parent Agency Administrator DANIEL ARHEWOH

Owner Information
JULIDAN ASSOCIATES LLC
301 MATLOCK MEADOW DR
ARLINGTON, TX 76002
PHONE: 973 3429267 FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 2560 SW GRAPEVINE PARKWAY
Medicare 1: 678210 HHA-18 GRAPEVINE, TX 76051
Medicare 2:
Phone (817) 514-8284 Fax (817) 514-8505
Type: Parent Agency Administrator JAMIE SMITH

Owner Information
INTEGRACARE HOME HEALTH SERVICES, INC.
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 04/12/2016
License # 018615 KLARUS HOME CARE
Lic Expire 08/01/2022 4100 INTERNATIONAL PLAZA SUITE 750
Medicare 1: FORT WORTH, TX 76109
Medicare 2:
Phone (817) 349-9050 Fax (817) 349-9055
Type: Parent Agency Administrator BEVERLY STUBBS

Owner Information
CLEBURNE KLARUS LLC
106 HYDE PARK STE 300
CLEBURNE, TX 76033-4586
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 04/12/2016
License # 017548 KLARUS HOME CARE
Lic Expire 04/30/2022 4100 INTERNATIONAL PLAZA SUITE 750
Medicare 1: 679784 HHA-18 FORT WORTH, TX 76109
Medicare 2:
Phone (817) 349-9050 Fax (817) 349-9055
Type: Parent Agency Administrator BEVERLY STUBBS

Owner Information
KLARUS HOME CARE LLC
6421 CAMP BOWIE BLVD, SUITE #100
FORT WORTH, TX 76116
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TARRANT** Region 03 Date Licensed 08/03/2018
License # 018868 KLARUS HOSPICE CARE
Lic Expire 08/31/2022 4100 INTERNATIONAL PLAZA, SUITE 750
Medicare 1: 97-1506 (HOSPICE FORT WORTH, TX 76109
Medicare 2:
Phone (817) 264-3341 Fax (817) 264-3341
Type: Parent Agency Administrator MELISSA HEISS

Owner Information
CARRINGTON HOSPICE CARE INC
1506 W PIONEER PARKWAY SUITE 202A
ARLINGTON, TX 76013-6230
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/31/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 03/01/2007
License # 011105 KM HOME HEALTH SERVICES
Lic Expire 06/30/2022 2959 VOLTURNO DRIVE
Medicare 1: 743193 HHA-18 GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (817) 419-6084 Fax (817) 652-3310
Type: Parent Agency Administrator KATHEREN NWAKANMA

Owner Information
KM PROVIDERS INC
2959 VOLTURNO DRIVE
GRAND PRAIRIE, TEXAS 75052
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 04 Date Licensed 12/17/2014
License # 016569 KMJ HOME HEALTH SERVICES INC
Lic Expire 3008 ENGLAND PARKWAY
Medicare 1: GRAND PRAIRIE, 3008 ENGLAND PARKWAY 75054
Medicare 2:
Phone (903) 480-0082 Fax (866) 920-5070
Type: Parent Agency Administrator JEMIMA LAMPTEY

Owner Information
KMJ HOME HEALTH SERVICES INC
908 E PALENSTINE AVENUE
PALESTINE, TX 75801
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/10/2019
License # 019193 KNIGHTS OF COMFORT
Lic Expire 06/30/2021 10412 BEAR CREEK TRAIL
Medicare 1: 97-1530 (HOSPICE FORT WORTH, TX 76244
Medicare 2:
Phone (817) 494-0500 Fax (817) 585-5843
Type: Parent Agency Administrator WALDFELD RIOS

Owner Information
KNIGHTS OF COMFORT HOSPICE L.L.C.
10412 BEAR CREEK TRAIL
FORT WORTH, TX 76244
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/16/2022

County **TARRANT** Region 03 Date Licensed 05/28/2013
License # 015565 LAKEVIEW PRIMARY HOMECARE LLC
Lic Expire 05/31/2021 5409 SOUTH COLLINS STREET SUITE 101
Medicare 1: ARLINGTON, TEXAS 76018
Medicare 2:
Phone (214) 900-5323 Fax (972) 807-9186
Type: Parent Agency Administrator HAPPINESS ASADU

Owner Information
LAKEVIEW PRIMARY HOMECARE LLC
SAME
DALLAS, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/31/2018
License # 019307 LAURENT HOME HEALTH
Lic Expire 12/31/2020 1201 N. WATSON RD, SUITE 292
Medicare 1: ARLINGTON, TEXAS 76006
Medicare 2:
Phone (817) 633-0310 Fax (817) 472-9134
Type: Parent Agency Administrator MITZI WRIGHT

Owner Information
CAREWELL HEALTH SERVICES INC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 11/02/2018
License # 019434 LEARNING SERVICES HOME AND COMMUNITY LLC
Lic Expire 06/21/2021 325 MIRON DR #150
Medicare 1: SOUTHLAKE, TX 76092
Medicare 2:
Phone 855 744 5377 Fax 888 863 6906
Type: Parent Agency Administrator ALISA VAKRINOS

Owner Information
LEARNING SERVICES HOME AND COMMUNITY LLC
131 LANGLEY DRIVE, SUITE B
LAWRENCEVILLE, GA 30046
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 04/11/2011
License # 014028 LEGEND HOSPICE INC
Lic Expire 04/30/2021 1001 W EULESS BLVD SUITE 107
Medicare 1: 671731 HOSPICE EULESS, TEXAS 76040
Medicare 2:
Phone 214 3244565 Fax 214 9194510
Type: Parent Agency Administrator LARRY BARTHEL

Owner Information
LEGEND HOSPICE INC
8344 E RL THORTON FWY SUITE 315
DALLAS, TX 75228-7134
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 08/06/2021

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 07/05/2016
License # 017646 LG CHARITY HOME HEALTH CARE SERVICES INC
Lic Expire 06/01/2023 1201 N WATSON RD, SUITE 205
Medicare 1: 747063 HHA-18 ARLINGTON, TEXAS 76006
Medicare 2:
Phone (817) 617-2381 Fax (817) 617-2379
Type: Parent Agency Administrator LOVELINE NCHE

Owner Information
LG CHARITY HOME HEALTH CARE SERVICES INC
9535 FOREST LANE STE #246
DALLAS, TX 75243
PHONE: 469 372 0882 FAX: 469 372 0900
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 08/08/2000
License # 007387 LIBBYS HOME HEALTH CARE
Lic Expire 08/31/2022 6632 MEADOWRIDGE COURT
Medicare 1: 679031 HHA-18 NORTH RICHLAND HILLS, TX 76180
Medicare 2:
Phone (817) 498-7733 Fax (817) 590-8586
Type: Parent Agency Administrator MARIAMMA ZACHARIA

Owner Information
LIBBYS HEALTH CARE MANAGEMENT,INC
6633 BLVD 26
NORTH RICHLAND HILLS, TX 76180
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 04/18/2013
License # 015489 LIFESPAN HOME HEALTH
Lic Expire 04/30/2021 6000 WESTERN PLACE DRIVE SUITE E0720
Medicare 1: FORT WORTH, TX 76107
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator SEANNETTE ALEXANDER

Owner Information
ADVANCE HI-TECH NURSING INC
6243 IH 10 WEST, STE 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 01/07/2013
License # 015436 LIFESPRING HOME CARE
Lic Expire 01/31/2021 9608 BARTLETT CIRCLE, SUITE A
Medicare 1: 679009 HHA-18 FT. WORTH, TX 76108
Medicare 2:
Phone (817) 249-6800 Fax (817) 249-6802
Type: Parent Agency Administrator ELIZABETH A VAN DYCK

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

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County **TARRANT** Region 03 Date Licensed 01/02/2006
License # 010363 LIPET HOME CARE INC
Lic Expire 01/31/2022 2008 E RANDOL MILL ROAD SUITE 115
Medicare 1: 679319 HHA-18 ARLINGTON, TX 76011
Medicare 2:
Phone (817) 794-5959 Fax (817) 794-0999
Type: Parent Agency 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

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County **TARRANT** Region 03 Date Licensed 01/03/2019
License # 019178 LONE STAR HOSPICE CARE LLC
Lic Expire 01/03/2023 2317 STARLIGHT CT, GATE CODE 5777#
Medicare 1: 971565 (HOSPICE) ARLINGTON, TX 76016
Medicare 2:
Phone (817) 323-6516 Fax (817) 704-3269
Type: Parent Agency Administrator ANKUR CHAWLA

Owner Information
LONE STAR HOSPICE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/25/2023

County **TARRANT** Region 03 Date Licensed 02/24/2012
License # 014659 LOVING HOPE HOSPICE
Lic Expire 02/28/2022 350 WESTPARK WAY, SUITE 220
Medicare 1: 671787 HOSPICE EULESS, TEXAS 76040
Medicare 2:
Phone (877) 832-1144 Fax (469) 208-8494
Type: Parent Agency Administrator STAN THOMAS

Owner Information
SUPREME HOSPICE INC
915 S MAIN STREET SUITE A
FORT WORTH, TX 76104-3408
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 06/13/2006
License # 010526 MAGNOLIA HOSPICE
Lic Expire 06/30/2021 1250 E COPELAND RD STE 260
Medicare 1: 671563 HOSPICE ARLINGTON, TX 76011
Medicare 2:
Phone (214) 275-6200 Fax (214) 624-6939
Type: Parent Agency Administrator SHANNON POUNCEY

Owner Information
BRENTWOOD HOSPICE, LLC
1250 EAST COPELAND ROAD, SUITE #260
ARLINGTON, TX 76011
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 07/01/2020
License # 020028 MAGNOLIA HOSPICE
Lic Expire 07/01/2022 1250 E COPELAND RD SUITE 260
Medicare 1: 971614 ARLINGTON, TEXAS 76011
Medicare 2:
Phone (214) 275-6200 Fax (214) 624-6939
Type: Parent Agency Administrator SHANNON POUNCEY

Owner Information
RHI MAGNOLIA OF NORTH TEXAS, LLC
101 W RENNER STE 420
RICHARDSON, TX 75082
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/18/2023

County **TARRANT** Region 03 Date Licensed 12/02/2019
License # 019724 MARTEL HEALING COMMUNITY CARE LLC
Lic Expire 12/02/2021 1425 STEVE DRIVE
Medicare 1: CROWLEY, TEXAS 760361396
Medicare 2:
Phone (817) 887-9421 Fax (817) 887-9431
Type: Parent Agency Administrator JUAN F MARTEL PEREZ

Owner Information
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/10/2019
License # 019321 MAVIDA CARE AGENCY LLC
Lic Expire 04/10/2021 2612 WISTERIA CT
Medicare 1: ARLINGTON, TEXAS 76014
Medicare 2:
Phone (214) 400-8683 Fax
Type: Parent Agency Administrator BUKOLA OLAJIDE

Owner Information
MAVIDA CARE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/22/2009
License # 012933 MAXIM HEALTHCARE SERVICES INC
Lic Expire 01/31/2023 901 WEST ROSEDALE ST STE 200
Medicare 1: FORT WORTH, TX 76104
Medicare 2:
Phone (817) 877-0904 Fax (877) 306-4576
Type: Parent Agency Administrator HOLLIN MACKLIN

Owner Information
MAXIM HEALTHCARE SERVICES INC
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 09/21/2009
License # 012863 MEDICALL HOME HEALTH SERVICES LLC
Lic Expire 09/30/2021 320 CHEYENNE TRAIL
Medicare 1: 747443 HHA-18 KELLER, TX 76248
Medicare 2:
Phone (817) 380-1735 Fax (817) 439-6794
Type: Parent Agency Administrator CHARLES MUGISHA

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

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County **TARRANT** Region 03 Date Licensed 08/18/2017
License # 018258 MERCY HOME CARE AGENCY L.L.C.
Lic Expire 08/31/2021 1705 FOREST RIDGE #B
Medicare 1: BEDFORD, TX 76022
Medicare 2:
Phone (972) 948-3441 Fax
Type: Parent Agency Administrator KOPILA GOPALI

Owner Information
MERCY HOME CARE AGENCY LLC
4779 ASPEN DR
MESQUITE, TX 75150
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 03/05/2020
License # 019527 MERITED HOME CARE LLC
Lic Expire 08/14/2021 2328 OVERBROOK LANE
Medicare 1: BEDFORD, TEXAS 76021
Medicare 2:
Phone (817) 508-8906 Fax
Type: Parent Agency Administrator FRANCINE FOSTER

Owner Information
MERITED HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 06/08/2006
License # 010518 METRO TEX HEALTHCARE INC
Lic Expire 06/30/2021 3610 W. PIONEER PARKWAY STE 203
Medicare 1: 743145 HHA-18 PANTEGO, TX 760134519
Medicare 2:
Phone (817) 299-9490 Fax (817) 277-8044
Type: Parent Agency Administrator SAADATU IYAMAH

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

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County **TARRANT** Region 03 Date Licensed 12/22/2014
License # 016957 MIDAS HEALTHCARE SERVICES INC
Lic Expire 12/31/2020 1111 WEST ARKANSAS LANE SUITE A
Medicare 1: 743160 HHA-18 ARLINGTON, TX 76013
Medicare 2:
Phone (817) 784-9454 Fax (817) 467-7055
Type: Parent Agency Administrator KAZEEM OYEWALE

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

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County **TARRANT** Region 03 Date Licensed 10/22/2010
License # 013670 MIG HOME HEALTH CARE INC
Lic Expire 10/31/2020 3610 W PIONEER PKWY SUITE 206
Medicare 1: 747845 HHA-18 PANTEGO, TX 76013
Medicare 2:
Phone (469) 337-2693 Fax (682) 518-6355
Type: Parent Agency Administrator JOSEPHINE NZEPAH

Owner Information
MOTHER IS GOLD HOME HEALTH CARE INC
3610 W PIONEER PKWY SUITE 206
PANTEGO, TX 76013
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/24/2015
License # 016786 MISSION CARE HOME HEALTH SERVICES
Lic Expire 02/28/2021 1201 N WATSON RD STE 154
Medicare 1: 747578 HHA-18 ARLINGTON, TX 76006
Medicare 2:
Phone (214) 785-2491 Fax (214) 785-2492
Type: Parent Agency Administrator MAJUVI FRANCIA

Owner Information
ALL- AGES HOME HEALTH CARE LLC
1201 N WATSON RD., STE 154
ARLINGTON, TX 76006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed
License # 012847 MORAS HOME CARE INC
Lic Expire 09/30/2021 4200 SOUTH FREEWAY SUITE# 2410
Medicare 1: FORT WORTH, TEXAS 76115
Medicare 2:
Phone (972) 658-6756 Fax (972) 530-0503
Type: Branch Agency Administrator HALIMA MORA

Owner Information
MORA'S HOME CARE, INC
PO BOX 450878
GARLAND, TX 75045
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 01/01/2021
License # 020456 MORNING STAR QUALITY HOME HEALTHCARE
Lic Expire 01/01/2023 1250 E. COPELAND RD., SUITE 240
Medicare 1: 677804 ARLINGTON, TX 76011
Medicare 2:
Phone (214) 388-2300 Fax (214) 275-6499
Type: Parent Agency Administrator BRUCE DAVIS

Owner Information
TWILIGHT HOME HEALTHCARE TX LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 01/11/2008
License # 011813 MORNINGSTAR DFW HOME HEALTH INC
Lic Expire 01/31/2022 7203 PORT PHILLIP DRIVE
Medicare 1: 747270 ARLINGTON, TX 76002
Medicare 2:
Phone (817) 419-9484 Fax (817) 419-9802
Type: Parent Agency Administrator CAROL OWEH

Owner Information
MORNINGSTAR DFW HOME HEALTH INC
7203 PORT PHILLIP DRIVE
ARLINGTON, TX 76002
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/12/2019
License # 019250 MY NURSE FAMILY
Lic Expire 02/12/2023 2501 AVENUE J STE 115
Medicare 1: ARLINGTON, TEXAS 76006
Medicare 2:
Phone (817) 500-5914 Fax (817) 382-8656
Type: Parent Agency Administrator BRITTANY THOMAS

Owner Information
TEXAS BOY LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 06/10/2019
License # 019415 MYCHOICE HOME CARE LLC
Lic Expire 06/10/2021 5120 LEERAY ROAD
Medicare 1: FORT WORTH, TEXAS 76244
Medicare 2:
Phone (817) 547-0635 Fax (817) 549-5371
Type: Parent Agency Administrator ANNA MUGISHA

Owner Information
MYCHOICE HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 03/08/2017
License # 017435 NEW CENTURY HOSPICE OF DALLAS
Lic Expire 01/31/2022 4150 INTERNATIONAL PLAZA SUITE 550
Medicare 1: FORT WORTH, TX 76109
Medicare 2:
Phone (817) 246-9100 Fax (817) 246-9109
Type: Alternate Delivery Site Administrator NARISSA ATTEBERRY

Owner Information
NEW CENTURY HOSPICE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 05/30/2023

County **TARRANT** Region 03 Date Licensed 08/29/2011
License # 014312 NEXSTEP HOME HEALTHCARE
Lic Expire 08/31/2021 101 W DALLAS ST
Medicare 1: 747798 HHA-18 MANSFIELD, TX 76063
Medicare 2:
Phone (817) 225-6555 Fax (888) 247-9848
Type: Parent Agency Administrator CRAIG TIPPING

Owner Information
NEXSTEP HOME HEALTHCARE LLC
990 HWY 287 N SUITE 106 #339
MANSFIELD, TEXAS 76063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 09/15/2015
License # 017104 NOAH'S ARK HOME HEALTHCARE INC
Lic Expire 09/30/2019 1201 N WATSON ROAD SUITE 297A
Medicare 1: 747620 HHA-18 ARLINGTON, TX 76006
Medicare 2:
Phone (817) 809-4880 Fax (817) 393-4910
Type: Parent Agency Administrator MERCY NKERBU

Owner Information
NOAH'S ARK HOME HEALTHCARE INC.
1201 N WATSON ROAD SUITE #297A
ARLINGTON, TX 76006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 11/13/2003
License # 006875 NOVEL HOME HEALTHCARE AGENCY
Lic Expire 02/28/2022 610 S INDUSTRIAL BLVD SUITE 130
Medicare 1: EULESS, TX 76040
Medicare 2:
Phone (817) 858-9889 Fax (817) 358-9956
Type: Branch Agency Administrator IVERT TAMBE

Owner Information
NOVEL HEALTHCARE SERVICES INC
7920 BELTLINE RD SUITE 255
DALLAS, TX 75254
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 02/06/2017
License # 017900 NURSE NEXT DOOR FORT WORTH
Lic Expire 02/28/2021 4420 WEST VICKERY BOULEVARD SUITE 102
Medicare 1: FORT WORTH, TEXAS 76107
Medicare 2:
Phone (817) 900-3810 Fax (866) 692-0752
Type: Parent Agency Administrator LEE HECKER

Owner Information
CARING TALENT FORT WORTH, LLC
5049 EDWARDS RANCH ROAD 4TH FLOOR
FORT WORTH, TX 76109
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 12/03/2015
License # 017301 NURSECORE OF ARLINGTON
Lic Expire 12/31/2021 2517 8TH AVE STE 101
Medicare 1: FORT WORTH, TX 76110
Medicare 2:
Phone 817 7950567 Fax 817 6493965
Type: Parent Agency Administrator KATHRYN KELLEY

Owner Information
NURSECORE MANAGEMENT SERVICES LLC
PO BOX 201925
ARLINGTON, TX 76006
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 01/17/1997
License # 005223 NURSECORE OF FORT WORTH
Lic Expire 01/31/2022 2517 8TH AVENUE SUITE 101
Medicare 1: FORT WORTH, TX 76110
Medicare 2:
Phone (817) 926-2355 Fax (817) 926-1160
Type: Parent Agency Administrator KATHRYN KELLY

Owner Information
NURSECORE MANAGEMENT SERVICES LLC
PO BOX 201925
ARLINGTON, TX 76006
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/08/2021
License # 020514 OMNI HOME CARE AGENCY
Lic Expire 02/08/2023 8008 SPLITRAIL CT
Medicare 1: ARLINGTON, TX 76002
Medicare 2:
Phone 214 6864480 Fax
Type: Parent Agency Administrator SAMEH BEKHEET

Owner Information
OMNI HOME CARE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/10/2018
License # 018694 ONE ACCORD HOME HEALTH INC
Lic Expire 04/30/2022 315 S MAIN ST
Medicare 1: MANSFIELD, TX 76063
Medicare 2:
Phone (682) 292-8663 Fax (682) 334-7663
Type: Parent Agency 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** Region 03 Date Licensed 03/22/2021
License # 020625 ONE ON ONE PRIVATE CARE LLC
Lic Expire 03/22/2023 8834 LONGBRANCH TRL
Medicare 1: FORT WORTH, TEXAS 76116
Medicare 2:
Phone (817) 751-5672 Fax
Type: Parent Agency Administrator CASSAUNDRA SIMS

Owner Information
ONE ON ONE PRIVATE CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed
License # 014790 ONE POINT HOSPICE
Lic Expire 05/31/2022 787 FM 1187 E STE C
Medicare 1: CROWLEY, TX 76036
Medicare 2:
Phone (972) 784-4066 Fax (972) 777-9893
Type: Alternate Delivery Site 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

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 01/31/2020
License # 019799 OPTIMAL HEALTH HOME CARE LLC
Lic Expire 01/31/2022 7301 MATLOCK ROAD, SUITE 111
Medicare 1: ARLINGTON, TEXAS 76002
Medicare 2:
Phone (817) 779-4805 Fax (817) 438-8006
Type: Parent Agency 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** Region 03 Date Licensed 11/29/2018
License # 019124 OUR HANDS YOUR HEART LLC
Lic Expire 05/31/2021 437 ALICE ST
Medicare 1: ARLINGTON, TX 76010
Medicare 2:
Phone (817) 366-0702 Fax
Type: Parent Agency Administrator FLOR RODRIQUEZ

Owner Information
OUR HANDS YOUR HEART LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/14/2006
License # 007339 OUTREACH HOME CARE
Lic Expire 05/31/2022 2601 SCOTT AVE STE 604
Medicare 1: FT WORTH, TX 761032301
Medicare 2:
Phone 817 7325078 Fax 817 7639569
Type: Branch Agency Administrator COLBY BRYANT

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 08/14/2015
License # 016968 OVERTURE HOME CARE
Lic Expire 08/31/2021 3750 S UNIVERSITY DRIVE SUITE 250
Medicare 1: FORT WORTH, TX 76109
Medicare 2:
Phone (817) 887-9401 Fax (888) 509-1810
Type: Parent Agency Administrator ZACH TARRANT

Owner Information
OVERTURE HOME CARE LLC
4225 BENBROOK HWY
FORT WORTH, TX 76116
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed
License # 016968 OVERTURE HOME CARE
Lic Expire 08/31/2021 6647 BLVD. 26 #103
Medicare 1: NORTH RICHLAND HILLS, TX 76180
Medicare 2:
Phone (817) 887-9401 Fax
Type: Branch Agency Administrator DENISE HELMS

Owner Information
OVERTURE HOME CARE LLC
4225 BENBROOK HWY
FORT WORTH, TX 76116
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/15/2019
License # 019481 PEACE AND JOY HOSPICE LLC
Lic Expire 07/15/2021 1201 N WATSON RD SUITE 261
Medicare 1: ARLINGTON, TX 76006
Medicare 2:
Phone (682) 554-6695 Fax (817) 422-9442
Type: Parent Agency Administrator SHIRLEEN GALINSUGA

Owner Information
PEACE AND JOY HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 05/18/2020
License # 019949 PEACEFUL KEEPER FAMILY SERVICES
Lic Expire 05/18/2022 4161 TOCCATA STREET UNIT 130
Medicare 1: GRAND PRAIRIE, TEXAS 75052
Medicare 2:
Phone (817) 412-8881 Fax
Type: Parent Agency Administrator BOBBIE FINCH

Owner Information
BOBBIE M. FINCH
P. O. BOX 201062
ARLINGTON, TX 76006
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 03/30/2012
License # 014722 PEDIALIFE HOME HEALTH INC
Lic Expire 03/31/2022 5500 EAST LOOP 820 SOUTH SUITE 211
Medicare 1: FORT WORTH, TX 76119
Medicare 2:
Phone (817) 563-5433 Fax (817) 563-5435
Type: Parent Agency Administrator DEVELLE COLEMAN

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

County **TARRANT** Region 03 Date Licensed 08/23/2011
License # 014301 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 08/31/2021 1300 SUMMIT AVE #430
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 710-7442 Fax (817) 710-7029
Type: Parent Agency Administrator JULIE GOLIGHTLY

Owner Information
PEDIATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 03/29/2011
License # 013986 PHAMILY HOME HEALTH CARE
Lic Expire 03/31/2024 624 MATLOCK CENTRE CIRCLE SUITE B
Medicare 1: ARLINGTON, TX 76015
Medicare 2:
Phone (817) 966-6570 Fax (817) 277-1208
Type: Parent Agency Administrator ANDY PHAM

Owner Information
PHAMILY HOME HEALTH CARE
624 MATLOCK CENTRE CIRCLE SUITE B
ARLINGTON, TX 76015
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 09/21/2020
License # 020071 PRECISE HOME CARE LLC
Lic Expire 07/23/2022 4500 MERCANTILE PLAZA SUITE 300
Medicare 1: FORT WORTH, TX 76137
Medicare 2:
Phone (817) 966-6671 Fax na
Type: Parent Agency Administrator AKINTUNDE GEORGE

Owner Information
PRECISE HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 05/11/2017
License # 018052 PREFERRED CARE AT HOME OF NORTH FORT WORTH & NORTH DALLAS
Lic Expire 05/31/2021 9500 RAY WHITE ROAD SUITE 200
Medicare 1: FORT WORTH, TX 76244
Medicare 2:
Phone (817) 918-3485 Fax (817) 953-3078
Type: Parent Agency Administrator ELEASCIA VALDES

Owner Information
EJV HOME CARE SERVICES, LLC.
P.O. BOX 822541
NORTH RICHLAND HILLS, TX 76182
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/15/2008
License # 012168 PREFERRED THERAPY SERVICES
Lic Expire 08/31/2021 2350 AIRPORT FREEWAY SUITE 150
Medicare 1: BEDFORD, TX 76022
Medicare 2:
Phone (817) 508-0030 Fax (877) 267-4771
Type: Parent Agency Administrator JASON ERIC POWELL

Owner Information
ERIC POWELL & ASSOCIATES PLLC
801 LITTLE CUB WAY
EULESS, TX 76039
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 11/06/2007
License # 011903 PREMIER HEALTH CARE SERVICES II
Lic Expire 11/30/2021 815 TRAILWOOD DRIVE SUITE 120
Medicare 1: 679151 HHA-18 HURST, TX 76053
Medicare 2:
Phone (817) 285-8100 Fax (469) 374-5426
Type: Parent Agency Administrator FRANKLIN HUNTER

Owner Information
PHCS II INC
1666 NORTH HAMPTON ROAD SUITE 202
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 03/30/2002
License # 008343 PROFESSIONAL CARETAKERS INC
Lic Expire 03/31/2022 6050 HARRIS PARKWAY
Medicare 1: FORT WORTH, TX 76132
Medicare 2:
Phone (817) 921-9500 Fax (817) 921-9576
Type: Parent Agency Administrator HOWARD PETERSEN

Owner Information
PROFESSIONAL CARETAKERS, INC
PO BOX 34659
FORT WORTH, TX 76162
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/01/2001
License # 007581 PROFESSIONAL HOME HEALTH CARE INC
Lic Expire 12/31/2021 345 WESTPARK WAY SUITE 101
Medicare 1: 459470 HHA-18 EULESS, TX 76040
Medicare 2:
Phone (817) 268-0010 Fax (817) 268-0722
Type: Parent Agency Administrator CONSOLATA BRYANT

Owner Information
PROFESSIONAL HOME HEALTH CARE INC
345 WESTPARK WAY SUITE 101
EULESS, TX 76040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/18/2004
License # 008914 PROFESSIONAL HOSPICE
Lic Expire 02/28/2021 345 WESTPARK WAY #101
Medicare 1: 451764 HOSPICE EULESS, TEXAS 76040
Medicare 2:
Phone (817) 268-1946 Fax (817) 268-0209
Type: Parent Agency Administrator CONSOLATA BRYANT

Owner Information
DIVINE HOSPICE INC
345 WESTPARK WAY SUITE 101
EULESS, TX 76040
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 12/12/2008
License # 012351 PROMPTIME HOME HEALTHCARE SERVICES INC
Lic Expire 12/31/2022 5409 S. COLLINS STREET SUITE 131
Medicare 1: 747387 HHA-18 ARLINGTON, TX 76018
Medicare 2:
Phone (817) 557-4111 Fax (817) 466-2685
Type: Parent Agency Administrator SAMUEL ASADU

Owner Information
PROMPTIME HOME HEALTHCARE SERVICES INC
2215 CROMWELL DRIVE
ARLINGTON, TX 76108
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 03/29/2010
License # 013198 PROVIDENCE HEALTHCARE SERVICES
Lic Expire 03/31/2022 1010 W EULESS BLVD STE 250
Medicare 1: EULESS, TX 76040
Medicare 2:
Phone (817) 545-3538 Fax (817) 358-3906
Type: Parent Agency 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** Region 03 Date Licensed 12/22/2004
License # 009477 PRUDENTIAL HEALTH CARE SERVICES INC
Lic Expire 12/31/2021 351 W RANDOL MILL ROAD
Medicare 1: 457926 HHA-18 ARLINGTON, TX 76011
Medicare 2:
Phone (817) 608-0455 Fax (817) 608-0644
Type: Parent Agency Administrator THOMPSON OHONBA

Owner Information
PRUDENTIAL HEALTH CARE SERVICES INC
7011 LAKE ROBERTS WAY
ARLINGTON, TX 76002
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/27/2014
License # 016053 QUALITY FIRST SENIOR CARE
Lic Expire 06/30/2022 3163 KINGSWOOD COURT
Medicare 1: MANSFIELD, TX 76063
Medicare 2:
Phone (817) 472-1040 Fax (817) 549-8539
Type: Parent Agency Administrator ANADELIA PEDRAZA

Owner Information
JJ & B UNITED LLC
PO BOX 151345
ARLINGTON, TX 76015
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 03/29/2011
License # 013987 RADIANT CARE HOSPICE LLC
Lic Expire 03/31/2023 7137 COLLEYVILLE BLVD STE 102
Medicare 1: 671727 HOSPICE COLLEYVILLE, TX 76034
Medicare 2:
Phone (817) 421-4400 Fax (817) 865-6351
Type: Parent Agency Administrator VIVIAN POBLETE

Owner Information
RADIANT CARE HOSPICE LLC
7137 COLLEYVILLE BLVD STE 102
COLLEYVILLE, TX 76034
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 08/12/2008
License # 012154 REDICARE HOME HEALTH SERVICES INCORPORATED
Lic Expire 08/31/2021 5808 COLDSWORTH COURT
Medicare 1: 747510 ARLINGTON, TX 76018
Medicare 2:
Phone (817) 467-3500 Fax (817) 467-6133
Type: Parent Agency Administrator PETER-CLAVER CLASSO

Owner Information
REDICARE HOME HEALTH SERVICES INCORPORATED
5808 COLDSWORTH CT
ARLINGTON, TX 76018
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 08/07/2015
License # 017181 REGENT HOME HEALTH
Lic Expire 08/31/2021 1412 W MAGNOLIA AVE STE 300
Medicare 1: 747290 HHA-18 FORT WORTH, TX 76104
Medicare 2:
Phone (817) 417-5344 Fax (817) 417-4745
Type: Parent Agency Administrator MATTHEW KING

Owner Information
BLESSED TOUCH HOME HEALTH AGENCY INC
1412 W MAGNOLIA AVE STE 300
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 11/22/2021

County **TARRANT** Region 03 Date Licensed 01/29/2003
License # 008308 REHAB AT HOME HEALTHCARE SERVICES
Lic Expire 01/31/2023 2301 W LAMAR BLVD
Medicare 1: 679281 HHA-18 ARLINGTON, TX 76012
Medicare 2:
Phone (817) 469-9756 Fax (817) 469-9758
Type: Parent Agency Administrator RENE CUEVAS

Owner Information
KINETICARE REHAB SERVICES PC
2301 W LAMAR BLVD
ARLINGTON, TX 76012
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 05/20/2020
License # 019954 RELIABLE CAREGIVERS OF TEXAS, LLC
Lic Expire 05/20/2022 4200 S. FREEWAY. SUITE # 520
Medicare 1: FORT WORTH, TEXAS 76115
Medicare 2:
Phone (817) 918-2489 Fax
Type: Parent Agency 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
License # 018752 RELIANT AT HOME
Lic Expire 01/31/2022 3600 HULEN STREET, SUITE D-2
Medicare 1: 673171 HHA-18 FORT WORTH, TX 76107
Medicare 2:
Phone (817) 377-0889 Fax (817) 377-0890
Type: Parent Agency Administrator LANELL BOAZ

Owner Information
RELIANT HOME HEALTH OF FORT WORTH, LLC
1101 RAINTREE CIR
BENBROOK, TX 75013
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed
License # 018474 RELIANT AT HOME HOSPICE
Lic Expire 08/31/2021 3600 HULEN DRIVE SUITE D-2
Medicare 1: FORT WORTH, TEXAS 76107
Medicare 2:
Phone (817) 377-0889 Fax (214) 667-8045
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed
License # 018474 RELIANT AT HOME HOSPICE
Lic Expire 08/31/2021 3600 HULEN DRIVE SUITE D-2
Medicare 1: FORT WORTH, TEXAS 76107
Medicare 2:
Phone (817) 377-0889 Fax (214) 667-8045
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information
BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 03/13/2013
License # 015695 RENEW HOME HEALTH
Lic Expire 03/31/2024 1021 WASHINGTON AVE SUITE 2O2
Medicare 1: FORT WORTH, TX 76104
Medicare 2:
Phone (817) 291-6400 Fax (817) 291-6407
Type: Branch Agency Administrator PHILIP CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 03/13/2013
License # 015695 RENEW HOME HEALTH
Lic Expire 03/31/2024 1021 WASHINGTON AVE
Medicare 1: 457893 HHA-18 FORT WORTH, TX 76104
Medicare 2:
Phone (817) 921-6400 Fax (817) 921-6407
Type: Parent Agency Administrator PHIL CRISWELL RN

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 01/22/2008
License # 011831 RESTORATIVE CARE HOME HEALTH SERVICES INC
Lic Expire 01/31/2022 221 BEDFORD ROAD SUITE 208
Medicare 1: 747132 HHA-18 BEDFORD, TX 76022
Medicare 2:
Phone (817) 285-8515 Fax (817) 285-8869
Type: Parent Agency Administrator ALICE JOHNSON

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; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 06/17/2011
License # 014176 RESTORING FUNCTION HHC LLC
Lic Expire 06/30/2021 4955 S HULEN ST
Medicare 1: 747775 HHA-18 FORT WORTH, TX 76132
Medicare 2:
Phone (817) 500-4159 Fax (866) 778-1508
Type: Parent Agency Administrator JESSICA BUSBY

Owner Information
RESTORING FUNCTION HHC LLC
4955 S. HULEN ST.
FORT WORTH, TX 76132
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: JCAHO - Deemed, Expires: 12/07/2021

County **TARRANT** Region 03 Date Licensed 10/16/2009
License # 012903 RIGHT AT HOME
Lic Expire 10/31/2021 8851 CAMP BOWIE WEST SUITE 220
Medicare 1: FORT WORTH, TEXAS 76116
Medicare 2:
Phone (817) 560-2727 Fax (817) 560-2606
Type: Parent Agency Administrator QUENTAS JONES

Owner Information
QF ENTERPRISES INC
PO BOX 123213
FORT WORTH, TEXAS 76121
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 05/26/2009
License # 012623 RIGHT AT HOME
Lic Expire 05/31/2021 4215 W PIPELINE RD
Medicare 1: EULESS, TX 76040
Medicare 2:
Phone (817) 282-3295 Fax (817) 282-3289
Type: Parent Agency Administrator LORRI PRATT

Owner Information
LORLYN, INC
4215 W PIPELINE ROAD
EULESS, TX 76040
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 10/12/2020
License # 020225 RIGHT AT HOME HEALTHCARE LLC
Lic Expire 10/12/2022 2117 WASHINGTON CIR. APT. 106
Medicare 1: ARLINGTON, TEXAS 76011
Medicare 2:
Phone (817) 224-2206 Fax (817) 224-2206
Type: Parent Agency Administrator MICHELLE PERRY

Owner Information
RIGHT AT HOME HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/08/2006
License # 010724 ROPHEKA HOMEHEALTH AGENCY
Lic Expire 09/30/2022 360 PLACE 1201 N WATSON RD # 297
Medicare 1: 679783 HHA-18 ARLINGTON, TX 76006
Medicare 2:
Phone (817) 466-9751 Fax (817) 466-4525
Type: Parent Agency Administrator MERCY NKERBU

Owner Information
ROPHEKA HOMEHEALTH AGENCY INC
1507 LOVELAND DRIVE
ARLINGTON, TX 76018
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/06/2023

County **TARRANT** Region 03 Date Licensed 09/30/1996
License # 004927 ROSA'S FIRST QUALITY HOME HEALTHCARE LLC
Lic Expire 09/30/2021 306 EAST RANDOL MILL ROAD SUITE 100
Medicare 1: 459196 HHA-18 ARLINGTON, TX 76011
Medicare 2:
Phone (817) 461-0154 Fax (817) 275-9792
Type: Parent Agency Administrator BALINDA ANTOINE

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
Accreditation: CHAP - Deemed, Expires: 03/07/2023

County **TARRANT** Region 03 Date Licensed 10/28/2019
License # 019668 SAFEPOINT HEALTHCARE SERVICES
Lic Expire 10/28/2021 3610 WEST PIONEER PARKWAY SUITE 123
Medicare 1: PANTEGO, TEXAS 76013
Medicare 2:
Phone (469) 327-5151 Fax (469) 327-5843
Type: Parent Agency Administrator JONAH GRINAGE

Owner Information
JIMMY GRINAGE
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 03/01/2016
License # 017296 SATORI IN HOME CARE INC
Lic Expire 06/30/2020 2305 ST CLAIRE DR
Medicare 1: ARLINGTON, TX 76012
Medicare 2:
Phone (817) 224-2281 Fax (469) 547-0820
Type: Parent Agency Administrator JEREMY TOMSIC

Owner Information
SATORI IN HOME CARE INC
2305 ST CLAIRE DR
ARLINGTON, TX 76012
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/27/2006
License # 010897 SCOF HEALTHCARE PROVIDERS
Lic Expire 11/30/2021 1201 NORTH WATSON ROAD, SUITE 268
Medicare 1: 743100 HHA-18 ARLINGTON, TEXAS 76006
Medicare 2:
Phone (817) 459-1220 Fax (817) 459-1224
Type: Parent Agency Administrator OSAS EREGIE

Owner Information
SCOF ENTERPRISE INC.
1201 N. WATSON ROAD, SUITE 268
ARLINGTON, TX 76006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 11/19/2018
License # 019110 SENIOR HELPERS
Lic Expire 07/31/2021 1137 S MAIN ST
Medicare 1: GRAPEVINE, TEXAS 76051
Medicare 2:
Phone (734) 306-0789 Fax
Type: Parent Agency Administrator NIKITA MEHTA

Owner Information
INNOVATIVE AGING CONCEPTS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/22/2013
License # 015726 SENIOR HELPERS OF GREATER FORT WORTH
Lic Expire 08/31/2021 1307 8TH AVENUE SUITE 311
Medicare 1: FORT WORTH, TX 76104
Medicare 2:
Phone (817) 344-7948 Fax (866) 591-7596
Type: Parent Agency Administrator STEPHEN CONWAY

Owner Information
REDWING D SUPREME, LLC
1307 8TH AVENUE SUITE 311
FORT WORTH, TX 76104
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/26/2007
License # 011293 SENIORS HOME HEALTHCARE SERVICES
Lic Expire 04/30/2022 700 HIGHLANDER BLVD, SUITE 170
Medicare 1: 747210 HHA-18 ARLINGTON, TEXAS 76015
Medicare 2:
Phone (817) 385-8888 Fax (877) 504-7060
Type: Parent Agency Administrator ESTHER HORNER

Owner Information
TYNET HEALTHCARE INC
P.O BOX 180695
ARLINGTON, TX 76096
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 04/20/2017
License # 018149 SERENE MEADOWS HOSPICE LLC
Lic Expire 04/30/2021 1140 E-F WEST PIONEER PKWY
Medicare 1: 741593 HOSPICE ARLINGTON, TEXAS 76013
Medicare 2:
Phone (817) 754-1911 Fax (817) 754-1910
Type: Parent Agency Administrator DEZMOND JOHNSON

Owner Information
SERENE MEADOWS HOSPICE, LLC
1201 NORTH WATSON ROAD SUITE #278
ARLINGTON, TX 76006
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 08/08/2006
License # 010668 SERENITY HOSPICE
Lic Expire 08/31/2021 700 PENNSYLVANIA AVE
Medicare 1: 671651 HOSPICE FORT WORTH, TX 76104
Medicare 2:
Phone (817) 348-9863 Fax (817) 878-5788
Type: Parent Agency Administrator CRISTELA FLORES

Owner Information
CRISTELA FLORES SERENITY HOSPICE LLC
3108 MARYS LANE
FORT WORTH, TEXAS 76104
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 11/09/2021

County **TARRANT** Region 03 Date Licensed 09/06/2011
License # 014323 SILVERLINE HOME HEALTH AGENCY INC
Lic Expire 09/30/2021 1050 BONANZA DR
Medicare 1: 747793 HHA-18 ARLINGTON, TX 76001
Medicare 2:
Phone (682) 518-1050 Fax (682) 518-7250
Type: Parent Agency Administrator IHUOMA PAUL

Owner Information
SILVERLINE HOME HEALTH AGENCY INC
1050 BONANZA DR
ARLINGTON, TX 76001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 05/02/2017
License # 018030 SINCERELY HOME HEALTH SERVICES
Lic Expire 05/31/2021 4200 SOUTH FWY STE 205
Medicare 1: FORT WORTH, TX 76115
Medicare 2:
Phone (682) 330-1221 Fax (682) 334-7772
Type: Parent Agency Administrator CARLY BOHANNON

Owner Information
SINCERELY HOME HEALTH SERVICES LLC
4901 SLEEPY RIDGE CIRCLE
FORT WORTH, TX 76133
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/13/2011
License # 013829 SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC
Lic Expire 01/31/2023 404 RACQUET CLUB BLVD
Medicare 1: BEDFORD, TX 76022
Medicare 2:
Phone (682) 738-3056 Fax (682) 738-3272
Type: Parent Agency Administrator BETTS HOOVER

Owner Information
SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC
404 RACQUET CLUB
BEDFORD, TX 76022
PHONE: FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 12/29/2017
License # 018537 SOLEO HEALTH INC
Lic Expire 12/31/2021 2912 W 6TH ST SUITE 150
Medicare 1: FORT WORTH, TX 76107
Medicare 2:
Phone (817) 916-1206 Fax (817) 381-4419
Type: Parent Agency Administrator MAUREEN OSANJO

Owner Information
SOLEO HEALTH INC
2912 W. 6TH STREET SUITE #120
FORT WORTH, TX 76107
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 02/03/2019
License # 019470 SOUTHERN LOVE HOME CARE LLC
Lic Expire 07/08/2021 6850 MANHATTAN BLVD SUITE 700-3
Medicare 1: FORT WORTH, TEXAS 76120
Medicare 2:
Phone (337) 397-1337 Fax
Type: Parent Agency Administrator NICOLE BOOTH

Owner Information
SOUTHERN LOVE HOME CARE LLC
PO BOX 15062
FORT WORTH, TX 76119
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/20/2010
License # 013536 SPLENDOR CARE HEALTH SERVICES INC
Lic Expire 08/31/2022 1001 W EULESS BLVD SUITE #405
Medicare 1: 747597 HHA-18 EULESS, TX 76040
Medicare 2:
Phone (817) 675-8088 Fax (817) 479-9827
Type: Parent Agency Administrator SYLVESTER IYAMAH

Owner Information
SPLENDOR CARE HEALTH SERVICES INC
1001 W EULESS BLVD SUITE #405
EULESS, TX 76040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/10/2015
License # 016641 ST AGATHA CARE GIVERS INC
Lic Expire 02/28/2021 6729 SAPPHIRE CIRCLE N
Medicare 1: COLLEYVILLE, TX 76034
Medicare 2:
Phone (817) 424-2902 Fax (817) 251-1963
Type: Parent Agency Administrator ANTHONIA AGBOJE

Owner Information
ST AGATHA CARE GIVERS, INC.
6729 SAPPHIRE CIRCLE N
COLLEYVILLE, TX 76034
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/13/2012
License # 014639 ST GABRIELS HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 02/28/2022 1313 COLLEGE AVENUE
Medicare 1: 671742 HOSPICE FORT WORTH, TEXAS 761044518
Medicare 2:
Phone (817) 306-4545 Fax (817) 887-2704
Type: Parent Agency Administrator RUTH DOWDY

Owner Information
ST GABRIELS HOSPICE AND PALLIATIVE CARE LLC
2501 PARKVIEW DRIVE SUITE105
FORT WORTH, TX 76102-5815
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 08/12/2013
License # 015947 ST JUDE'S HOME HEALTH AGENCY
Lic Expire 08/31/2021 2402 AUTUMN OAKS TRAIL
Medicare 1: 743185 ARLINGTON, TX 76006
Medicare 2:
Phone (817) 385-4793 Fax (817) 385-4761
Type: Parent Agency Administrator BERNADINE UDEOZOH

Owner Information
ST JUDE'S CARE SERVICES, INC.
2402 AUTUMN OAKS TRL
ARLINGTON, TX 76006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 07 Date Licensed
License # 016375 ST. GABRIEL'S HOSPICE AND PALLIATIVE CARE
Lic Expire 08/31/2022 1313 COLLEGE AVENUE, SUITE A
Medicare 1: FORT WORTH, TEXAS 76104
Medicare 2:
Phone (817) 306-4545 Fax (817) 887-2704
Type: Alternate Delivery Site Administrator CESILIA PUENTE

Owner Information
SGHPC-SA LLC
2501 PARKVIEW DRIVE SUITE 105
FORT WORTH, TX 76102
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 07 Date Licensed
License # 016375 ST. GABRIEL'S HOSPICE AND PALLIATIVE CARE
Lic Expire 08/31/2022 1313 COLLEGE AVENUE, SUITE A
Medicare 1: FORT WORTH, TEXAS 76104
Medicare 2:
Phone (817) 306-4545 Fax (817) 887-2704
Type: Alternate Delivery Site Administrator CESILIA PUENTE

Owner Information
SGHPC-SA LLC
2501 PARKVIEW DRIVE SUITE 105
FORT WORTH, TX 76102
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 04/16/2015
License # 016744 ST. MARTINO HOME HEALTH INC
Lic Expire 04/30/2021 1117 W PIONEER PKWY STE. 110
Medicare 1: ARLINGTON, TX 76013
Medicare 2:
Phone (817) 501-7727 Fax (817) 459-3314
Type: Parent Agency Administrator AGNES STURGEON

Owner Information
ST. MARTINO HOME HEALTH INC
205 E ARKANSAS LN STE 119
ARLINGTON, TX 76010
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 11/04/2016
License # 017873 STEWARD HOME HEALTHCARE INC
Lic Expire 11/30/2020 1220 BROWN TRAIL SUITE B
Medicare 1: 747587 HHA-18 BEDFORD, TX 76022
Medicare 2:
Phone (817) 545-7878 Fax (469) 675-6507
Type: Parent Agency Administrator ROSAMMA GEORGE

Owner Information
STEWARD HOME HEALTHCARE INC
1220 BROWN TRAIL SUITE #B
BEDFORD, TX 76022
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 03/01/2014
License # 016245 SUNRISE HOME HEALTH SERVICES
Lic Expire 02/28/2022 2117 CENTRAL DRIVE STE 104
Medicare 1: 459463 HHA-18 BEDFORD, TX 76021
Medicare 2:
Phone (817) 283-2100 Fax (817) 283-2150
Type: Parent Agency 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

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County **TARRANT** Region 03 Date Licensed 12/07/2011
License # 014515 SWEET PEA SENIOR SERVICES
Lic Expire 12/31/2021 3508 SUTTER COURT
Medicare 1: FORT WORTH, TX 76137
Medicare 2:
Phone (817) 773-7477 Fax (866) 605-0549
Type: Parent Agency Administrator RODDY C GORDON II RODDY C GORDON II

Owner Information
SWEET PEA SOLUTIONS LLC
3508 SUTTER COURT
FORT WORTH, TX 76137
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/16/2017
License # 018380 SYLVAN MEADOWS HOME CARE SERVICES
Lic Expire 10/31/2021 746 E PIPELINE ROAD
Medicare 1: HURST, TX 76053
Medicare 2:
Phone (817) 845-8383 Fax (817) 284-4000
Type: Parent Agency Administrator LYNETTE BAPTISTE

Owner Information
SYLVAN MEADOWS COMMUNITY SERVICES
SAME
HURST, TX 76053
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/08/2020
License # 020384 SYNERGY HOMECARE OF SOUTHLAKE
Lic Expire 12/08/2022 3901 AIRPORT FRWY, STE 116
Medicare 1: BEDFORD, TEXAS 76021
Medicare 2:
Phone 817 6577796 Fax 817 4844222
Type: Parent Agency Administrator CAROLINE TABE

Owner Information
IMPULSE HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 03/05/2009
License # 012487 TEAM SELECT HOME CARE
Lic Expire 03/31/2023 219 SOUTH MAIN STREET, SUITE 201
Medicare 1: FORT WORTH, TX 76104
Medicare 2:
Phone (903) 306-1324 Fax (903) 705-4343
Type: Parent Agency Administrator DANA TARRANT

Owner Information
VIVICARE HEALTH PARTNERS LLC
2999 N. 44TH STREET STE 100
PHOENIX, AZ 85018
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 11/05/1996
License # 005005 TENDER HEART HOME HEALTH LLC
Lic Expire 11/30/2021 3210 W PARK ROW DRIVE
Medicare 1: 459213 HHA-18 ARLINGTON, TX 76013
Medicare 2:
Phone (817) 265-0066 Fax (817) 265-0089
Type: Parent Agency Administrator KOFO SERIKI

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; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 12/06/2004
License # 009440 TENDER HEART HOSPICE CARE
Lic Expire 12/31/2022 3210 W PARK ROW DRIVE
Medicare 1: 451797 HOSPICE ARLINGTON, TX 76013
Medicare 2:
Phone (817) 265-0066 Fax (817) 265-0089
Type: Parent Agency Administrator KOFO SERIKI

Owner Information
TENDER HEART HOSPICE CARE LLC
3210 W PARK ROW DR
ARLINGTON, TX 76013
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 11/19/2012
License # 015211 TEXAS ANGELS HOME HEALTH CARE INCORPORATED
Lic Expire 02/26/2021 3509 HULEN STREET STE 151
Medicare 1: FORT WORTH, TX 76107
Medicare 2:
Phone (817) 727-4525 Fax (817) 727-4576
Type: Parent Agency Administrator TODD H REEB

Owner Information
TEXAS ANGELS HOME HEALTH CARE INCORPORATED
3509 HULEN STREET, SUITE 151
FORT WORTH, TEXAS 76107
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 10/24/2000
License # 007463 TEXAS CARDIAC CARE
Lic Expire 10/31/2021 8851 CAMP BOWIE WEST BLVD SUITE 250
Medicare 1: 679032 HHA-18 FORT WORTH, TX 76116
Medicare 2:
Phone (817) 448-9522 Fax (817) 448-9523
Type: Parent Agency Administrator DOUG KLEMENT

Owner Information
CARDIAC CARE OF TEXAS P L LC
8851 CAMP BOWIE WEST SUITE 250
FORT WORTH, TX 76116
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TARRANT** Region 03 Date Licensed 07/25/2017
License # 018197 TEXAS HEALTHCARE SERVICES
Lic Expire 07/31/2021 4200 SOUTH FWY SUITE 615
Medicare 1: FORT WORTH, TX 76115
Medicare 2:
Phone (682) 240-2382 Fax
Type: Parent Agency Administrator DENJOM RAI

Owner Information
NAMASTE TRADE LLC
4200 SOUTH FWY SUITE 615
FORT WORTH, TX 76115
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/09/2013
License # 015948 TEXAS HOME CARE
Lic Expire 08/31/2021 7008 ALLEN PLACE DR
Medicare 1: FORT WORTH, TX 76116
Medicare 2:
Phone (817) 528-9005 Fax (817) 927-0055
Type: Parent Agency Administrator STEVE COOK

Owner Information
CATERED LIVING LLC
P.O. BOX 100848
FORT WORTH, TEXAS 76185
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/14/2017
License # 018324 TEXAS HOME HEALTH GROUP OF FORT WORTH LLC
Lic Expire 08/31/2021 700 HIGHLANDER BLVD STE 205
Medicare 1: 747526 HHA-18 ARLINGTON, TX 76015
Medicare 2:
Phone 817 7967160 Fax 817 5496537
Type: Parent Agency Administrator ROBERT CLEVELAND

Owner Information
TEXAS HOME HEALTH GROUP OF FORT WORTH, LLC
17855 N DALLAS PARKW SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 12/31/2023

County **TARRANT** Region 03 Date Licensed 04/09/2021
License # 020687 TEXAS HOME HEALTH OF AMERICA
Lic Expire 04/09/2024 3880 HULEN STREET
Medicare 1: FORT WORTH, TX 76107
Medicare 2:
Phone (972) 201-3373 Fax 214 7261596
Type: Parent Agency Administrator LANI CAPESTANY

Owner Information
TEXAS HOME HEALTH OF AMERICA, L.P.
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/28/2018
License # 019079 THERACARE HOME HEALTH
Lic Expire 09/28/2020 6221 SOUTHWEST BOULEVARD, SUITE 200
Medicare 1: 67-9084 BENBROOK, TEXAS 76132
Medicare 2:
Phone (972) 434-9400 Fax (972) 434-9450
Type: Parent Agency Administrator KIMBERLY MOORE

Owner Information
CANTEX HOME HEALTH TARRANT COUNTY LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 03/22/2018
License # 017833 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 6115 CAMP BOWIE BLVD SUITE 290
Medicare 1: FORT WORTH, TX 761165500
Medicare 2:
Phone (817) 831-1105 Fax (817) 840-9285
Type: Branch Agency Administrator MARCO HERNANDEZ

Owner Information
FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 03/22/2018
License # 017833 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 6115 CAMP BOWIE BLVD SUITE 290
Medicare 1: FORT WORTH, TX 761165500
Medicare 2:
Phone (817) 831-1105 Fax (817) 840-9285
Type: Branch Agency Administrator MARCO HERNANDEZ

Owner Information
FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 05/11/2020
License # 019926 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 05/11/2022 6115 CAMP BOWIE BOULEVARD, SUITE 290
Medicare 1: FORT WORTH, TX 761165500
Medicare 2:
Phone (817) 831-1105 Fax (817) 840-9285
Type: Parent Agency Administrator BLAKE ERDELY

Owner Information
FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/09/2023

County **TARRANT** Region 03 Date Licensed 01/26/2021
License # 020489 TINY TOTS
Lic Expire 01/26/2023 216 KENOSHA LN
Medicare 1: ARLINGTON, TEXAS 76002
Medicare 2:
Phone (214) 270-6861 Fax
Type: Parent Agency Administrator JOAN WILLIAM

Owner Information
TINY TOTS
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/29/2015
License # 017192 TOTAL HOSPICE AND PALLIATIVE CARE
Lic Expire 12/31/2021 500 GRAPEVINE HIGHWAY, SUITE 225
Medicare 1: 741669 HOSPICE HURST, TX 76054
Medicare 2:
Phone 817 3281628 Fax 817 5202108
Type: Parent Agency Administrator MARGARET BALL

Owner Information
ABS PALLIATIVE AND HOSPICE CARE, LLC
717 N. HARWOOD STREET, SUITE 550
DALLAS, TEXAS 75201
PHONE: 817 9091426 FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 06/07/2023

County **TARRANT** Region 06 Date Licensed 12/18/2006
License # 009281 TOUCH OF CLASS
Lic Expire 08/31/2022 3016 SE LOOP 820
Medicare 1: FORT WORTH, TX 76140
Medicare 2:
Phone (817) 451-9435 Fax (817) 451-9485
Type: Branch Agency Administrator JANET BOWLES

Owner Information
TOUCH OF CLASS
PHONE: (281) 858-1165 FAX: (281) 345-9790
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed
License # 020714 TRADITIONS HEALTH
Lic Expire 11/30/2022 801 FOREST RIDGE DRIVE, SUITE 100
Medicare 1: 451796 BEDFORD, TEXAS 76022
Medicare 2:
Phone (817) 358-4777 Fax (866) 908-8704
Type: Parent Agency Administrator GLENDA DELACERDA

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** Region 03 Date Licensed 06/12/2007
License # 011615 TRANSITIONAL HOME HEALTH CARE
Lic Expire 06/30/2022 1601 EAST LAMAR BLVD SUITE 204
Medicare 1: 677810 HHA-18 ARLINGTON, TX 76011
Medicare 2:
Phone (817) 303-4441 Fax (817) 303-4424
Type: Parent Agency Administrator VERONICA ANENE

Owner Information
GLOWTORCH ENTERPRISES INC
PO BOX 172992
ARLINGTON, TEXAS 76011
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 08/20/2020
License # 020115 TRINITY HOME AND HEALTH CARE
Lic Expire 08/20/2022 8716 ICE HOUSE DR.
Medicare 1: NORTH RICHLAND HILLS, TEXAS 76180
Medicare 2:
Phone (214) 709-1283 Fax (817) 582-4121
Type: Parent Agency Administrator LIZET OLIVARES

Owner Information
TRINITY HOME AND HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 04/23/2001
License # 007598 TRINITY TERRACE
Lic Expire 04/30/2021 1600 TEXAS STREET
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 338-3414 Fax (817) 338-2413
Type: Parent Agency Administrator DAVID HENTON

Owner Information
THE CUMBERLAND REST INC
1600 TEXAS ST
FORT WORTH, TX 76102
PHONE: (817) 338-2400 FAX: (817) 338-8233
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 11/05/2014
License # 016513 TRUCARE PERSONAL CARE SERVICES LLC
Lic Expire 11/30/2020 1506 W PIONEER PKWY # 220
Medicare 1: ARLINGTON, TX 76013
Medicare 2:
Phone (682) 276-1715 Fax (844) 273-5390
Type: Parent Agency Administrator TANGULON GARDNER

Owner Information
TRUCARE PERSONAL CARE SERVICES LLC
3917 PYRACANTHA DR
ARLINGTON, TX 76017
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 12/22/2010
License # 013788 TRUECARE DFW INC
Lic Expire 12/31/2022 1120 E PIONEER PKWY SUITE 102
Medicare 1: ARLINGTON, TX 76010
Medicare 2:
Phone (214) 621-0731 Fax (817) 299-0630
Type: Parent Agency Administrator ELAINE NGUYEN

Owner Information
TRUECARE DFW INC
1816 JOCYLE ST
ARLINGTON, TX 76010
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 10/22/2020
License # 020259 TRUECARE HOME SERVICES, LLC
Lic Expire 10/22/2022 12720 RED CEDAR DRIVE
Medicare 1: EULESS, TX 76040
Medicare 2:
Phone (609) 510-7982 Fax
Type: Parent Agency Administrator FUNMILAYO ADEYINKA

Owner Information
TRUECARE HOME SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 03/10/2021
License # 020582 UNIQUE HOME CARE SERVICES, INC.
Lic Expire 03/10/2024 8124 MODESTO DRIVE
Medicare 1: ARLINGTON, TEXAS 76001
Medicare 2:
Phone (281) 989-8293 Fax (682) 222-7277
Type: Parent Agency Administrator DR. VICTOR AKHIDENOR

Owner Information
UNIQUE HOME CARE SERVICES, INC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 05/16/2016
License # 017574 UNITED HOME HEALTHCARE LLC
Lic Expire 05/31/2022 6401 SEAFORD RD
Medicare 1: 677842 HHA-18 ARLINGTON, TX 76001
Medicare 2:
Phone (817) 659-2225 Fax (817) 659-2223
Type: Parent Agency Administrator NICOLE TRINH

Owner Information
UNITED HOME HEALTHCARE LLC
6401 SEAFORD RD
ARLINGTON, TX 76001
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TARRANT** Region 03 Date Licensed 04/06/2006
License # 006647 UNIVERSAL HEALTH SERVICES
Lic Expire 08/31/2022 5651 BRIDGE STREET
Medicare 1: FORT WORTH, TEXAS 76112
Medicare 2:
Phone (817) 451-1404 Fax (817) 451-2204
Type: Alternate Delivery Site Administrator ANA ANA NACCARATO

Owner Information
WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC
1208 COUNTRY CLUB LANE
FORT WORTH, TX 76112
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 08/27/1998
License # 006647 UNIVERSAL HEALTH SERVICES
Lic Expire 08/31/2022 1208 COUNTRY CLUB LANE STE #C
Medicare 1: 451679 HOSPICE FORT WORTH, TX 76112
Medicare 2:
Phone (817) 451-1404 Fax (817) 451-2204
Type: Parent Agency Administrator ANA NACCARATO

Owner Information
WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC
1208 COUNTRY CLUB LANE
FORT WORTH, TX 76112
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 01/01/1998
License # 006531 UNIVERSAL HEALTH SERVICES
Lic Expire 12/31/2021 1208 COUNTRY CLUB LANE STE #B
Medicare 1: 458238 HHA-18 FORT WORTH, TX 76112
Medicare 2:
Phone (817) 451-1404 Fax (817) 451-5029
Type: Parent Agency Administrator ANA NACCARATO

Owner Information
WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC
1208 COUNTRY CLUB LANE
FORT WORTH, TX 76112
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 09/01/1998
License # 006848 UNIVERSAL STAFFING INC
Lic Expire 08/31/2021 1208 COUNTRY CLUB LANE #D
Medicare 1: FORT WORTH, TX 76112
Medicare 2:
Phone (817) 451-1404 Fax (817) 451-2204
Type: Parent Agency 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

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County **TARRANT** Region 03 Date Licensed 12/01/2004
License # 009618 US HOME HEALTH CARE INC
Lic Expire 11/30/2022 117 W BEDFORD EULESS ROAD
Medicare 1: 679473 HHA-18 HURST, TX 76053
Medicare 2:
Phone (817) 268-0041 Fax (817) 285-8847
Type: Parent Agency Administrator ABIGAIL UDEME

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

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County **TARRANT** Region 03 Date Licensed 05/04/2006
License # 010434 VANA HOME HEALTH INC
Lic Expire 05/31/2021 2638 AERO DRIVE
Medicare 1: 679699 HHA-18 GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (817) 557-1642 Fax (817) 987-2724
Type: Parent Agency Administrator VERONIQUE NJOTU

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

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County **TARRANT** Region 03 Date Licensed 10/30/2017
License # 018412 VIRTUOUS HEALTH SERVICES LLC
Lic Expire 10/31/2021 3901 ARLINGTON HIGHLANDS BLVD., SUITE 247
Medicare 1: ARLINGTON, TEXAS 76018
Medicare 2:
Phone (817) 405-6274 Fax (817) 779-7445
Type: Parent Agency Administrator ENGGA MICKENS

Owner Information
VIRTUOUS HEALTH SERVICES LLC
6960 REGATTA DR.
GRAND PRAIRIE, TX 75054
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 07/24/2014
License # 016587 VISITING ANGELS
Lic Expire 07/31/2022 1020 SUMMIT AVE
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 877-1616 Fax (817) 394-7994
Type: Parent Agency Administrator DALE BROCK

Owner Information
DWB PARTNERS LLC
PO BOX 672
FORT WORTH, TX 76101
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/30/2014
License # 016670 VISITING ANGELS
Lic Expire 07/31/2022 630 E SOUTHLAKE BLVD, #135
Medicare 1: SOUTHLAKE, TX 76092
Medicare 2:
Phone (817) 684-1996 Fax (817) 310-0517
Type: Parent Agency Administrator DALE BROCK

Owner Information
DWB PARTNERS LLC
PO BOX 672
FORT WORTH, TX 76101
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/01/2016
License # 017248 VISITING ANGELS HEB
Lic Expire 05/31/2022 1550 NORWOOD DRIVE SUITE #101
Medicare 1: HURST, TX 76054
Medicare 2:
Phone (817) 952-3223 Fax (817) 952-3225
Type: Parent Agency Administrator GREGORY MOON

Owner Information
M&E SENIOR SOLUTIONS, LLC
7001 TAMARACK ROAD
FORT WORTH, TX 76116
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 06/18/2007
License # 011402 VISITING ANGELS OF ARLINGTON
Lic Expire 03/31/2020 1601 E LAMAR BLVD SUITE 109
Medicare 1: ARLINGTON, TX 76011
Medicare 2:
Phone (817) 795-6316 Fax (817) 795-6318
Type: Parent Agency Administrator JULIE AMENDOLA

Owner Information
SENIOR ADVANTAGE HOME CARE INC
1601 E LAMAR BLVD STE 109
ARLINGTON, TX 76011
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/01/1998
License # 006982 VITAS HEALTHCARE OF TEXAS LP
Lic Expire 11/30/2020 6100 WESTERN PLACE SUITE 800
Medicare 1: 451553 HOSPICE FORT WORTH, TX 76107
Medicare 2:
Phone (817) 870-7070 Fax (817) 870-7090
Type: Parent Agency Administrator STEVEN WELKER

Owner Information
VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 11/08/2012
License # 012429 VIVA PEDIATRICS
Lic Expire 03/31/2021 6100 WESTERN PLACE STE #320
Medicare 1: FORT WORTH, TX 76107
Medicare 2:
Phone (817) 564-0107 Fax (817) 546-8097
Type: Branch Agency 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 **TARRANT** Region 03 Date Licensed 10/04/2013
License # 015797 VN HOME HEALTH CARE
Lic Expire 10/31/2021 124 W PIONEER PKWY SUITE #130
Medicare 1: ARLINGTON, TX 76010
Medicare 2:
Phone (817) 299-8888 Fax (817) 288-0899
Type: Parent Agency Administrator TOMMY KHONG

Owner Information
VIETWELL CORP.
124 W PIONEER PKWY SUITE #130
ARLINGTON, TX 76010
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/30/1995
License # 004131 VOLUNTEERS OF AMERICA TEXAS INC
Lic Expire 11/30/2021 300 E MIDWAY DR
Medicare 1: EULESS, TX 76039
Medicare 2:
Phone (817) 529-7359 Fax (817) 571-7527
Type: Parent Agency 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

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County **TARRANT** Region 03 Date Licensed 02/12/2021
License # 020540 WATERMARK AT HOME
Lic Expire 02/12/2023 5301 BRYANT IRVIN RD
Medicare 1: FORT WORTH, TEXAS 76132
Medicare 2:
Phone (817) 294-2280 Fax
Type: Parent Agency Administrator CRYSTAL TACHELL

Owner Information
WATERMARK BROADWAY CITYVIEW, LLC
2020 W RUDASILL RD.
TUCSON, ARIZONA 85704
PHONE: (817) 346-9407 FAX: (817) 294-3232
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/02/2015
License # 016890 WESTSIDE CAREGIVERS LLC
Lic Expire 07/31/2021 1212 W EL PASO
Medicare 1: FORT WORTH, TEXAS 76102
Medicare 2:
Phone (817) 560-3975 Fax (866) 931-1601
Type: Parent Agency Administrator KAREN WILLIAMS WILLIAMS

Owner Information
WESTSIDE CAREGIVERS LLC
118 BEAR PATH TRAIL
FORT WORTH, TX 76126
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 11/19/2020
License # 020330 WHHC
Lic Expire 11/19/2022 602 LITTLE CREEK DRIVE
Medicare 1: DUNCANVILLE, TX 75116
Medicare 2:
Phone (817) 312-4390 Fax
Type: Parent Agency Administrator LASHUN WILLIAMS

Owner Information
WHHC LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/01/2004
License # 009253 WILCARE DALLAS INC
Lic Expire 06/30/2022 624 MATLOCK CENTRE CIR #A
Medicare 1: ARLINGTON, TX 76015
Medicare 2:
Phone (817) 277-0210 Fax (817) 277-1208
Type: Parent Agency Administrator ANDY PHAM

Owner Information
WILCARE DALLAS INC
624 MATLOCK CENTRE CIR
ARLINGTON, TX 76015
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TARRANT** Region 03 Date Licensed 02/10/2020
License # 019816 WINGS OF FAITH LLC
Lic Expire 02/10/2022 6100 PATHWAY COURT
Medicare 1: ARLINGTON, TEXAS 76016
Medicare 2:
Phone (817) 455-6008 Fax
Type: Parent Agency Administrator BELINDA DIAZ

Owner Information
WINGS OF FAITH LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/07/2020
License # 020040 WITHGRACE CARE SERVICES LLC
Lic Expire 07/07/2022 3613 FRAZIER CT
Medicare 1: EULESS, TEXAS 76040
Medicare 2:
Phone (817) 349-2723 Fax (817) 518-9463
Type: Parent Agency Administrator NANCY TWESIGE

Owner Information
WITHGRACE CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TAYLOR** Region 01 Date Licensed 08/03/2005
License # 009732 ANGELS CARE HOME HEALTH OF SAN ANGELO
Lic Expire 01/31/2023 1961 INDUSTRIAL BLVD
Medicare 1: ABILENE, TX 79602
Medicare 2:
Phone (325) 690-0063 Fax (325) 690-0640
Type: Branch Agency Administrator SHANNON GEBAUER

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

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County **TAYLOR** Region 03 Date Licensed 10/18/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2585 S DANVILLE
Medicare 1: ABILENE, TX 79605
Medicare 2:
Phone (325) 690-0583 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 03 Date Licensed 10/18/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2585 S DANVILLE
Medicare 1: ABILENE, TX 79605
Medicare 2:
Phone (325) 690-0583 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 03 Date Licensed 10/18/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2585 S DANVILLE
Medicare 1: ABILENE, TX 79605
Medicare 2:
Phone (325) 690-0583 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 03 Date Licensed 10/18/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2585 S DANVILLE
Medicare 1: ABILENE, TX 79605
Medicare 2:
Phone (325) 690-0583 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 03 Date Licensed 10/18/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2585 S DANVILLE
Medicare 1: ABILENE, TX 79605
Medicare 2:
Phone (325) 690-0583 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 03 Date Licensed 10/18/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 2585 S DANVILLE
Medicare 1: ABILENE, TX 79605
Medicare 2:
Phone (325) 690-0583 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 01 Date Licensed 06/13/2006
License # 010529 BIG COUNTRY HEALTHCARE SERVICES
Lic Expire 06/30/2022 749 GATEWAY ST. BUILDING F SUITE 702
Medicare 1: 679576 HHA-18 ABILENE, TX 79602
Medicare 2:
Phone (325) 675-0559 Fax (325) 675-0591
Type: Parent Agency Administrator JOHNNIE HUDSON

Owner Information
BIG COUNTRY HEALTHCARE SERVICES
286 PACK SADDLE PASS
ABILENE, TX 79602
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 01 Date Licensed 09/13/1991
License # 002242 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 09/30/2022 749 GATEWAY STREET SUITE 101
Medicare 1: 457383 HHA-18 ABILENE, TX 79602
Medicare 2:
Phone (325) 672-2264 Fax (325) 672-5575
Type: Parent Agency Administrator SHANNON STEIGLEDER

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

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County **TAYLOR** Region 01 Date Licensed 08/01/2013
License # 015680 EDUCARE COMMUNITY LIVING CORPORATION TEXAS
Lic Expire 07/31/2021 749 GATEWAY SUITE B 202
Medicare 1: ABILENE, TEXAS 79602
Medicare 2:
Phone (325) 676-1473 Fax (325) 676-1473
Type: Parent Agency Administrator SHARON NOBLES

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

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TAYLOR** Region 01 Date Licensed 08/06/2014
License # 016494 ELARA CARING
Lic Expire 08/31/2022 749 GATEWAY STE. E-502A
Medicare 1: 678097 HHA-18 ABILENE, TX 79602
Medicare 2:
Phone (325) 677-2903 Fax (325) 677-2530
Type: Parent Agency Administrator ELIZABETH DIANNE ELLIOTT

Owner Information
PRIMARY NURSE CARE, INC.
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TAYLOR** Region 01 Date Licensed 04/01/2007
License # 011268 ELARA CARING
Lic Expire 03/31/2021 749 GATEWAY STREET SUITE 502 BUILDING E
Medicare 1: ABILENE, TX 79602
Medicare 2:
Phone (325) 692-4403 Fax (325) 695-5226
Type: Parent Agency Administrator TAMARA JOHNSON

Owner Information
CHARTWELL COMMUNITY SERVICES, INC.
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 01 Date Licensed 06/01/2006
License # 010716 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2021 ONE VILLAGE DRIVE, SUITE 200
Medicare 1: 679184 HHA-18 ABILENE, TEXAS 79606
Medicare 2:
Phone 325 6953888 Fax 325 6955044
Type: Parent Agency Administrator DANA WHITE

Owner Information
ENCOMPASS OF WEST TEXAS, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TAYLOR** Region 01 Date Licensed 06/30/2020
License # 020023 ENCOMPASS HEALTH HOSPICE
Lic Expire 06/30/2022 ONE VILLAGE DRIVE, SUITE 200A
Medicare 1: ABILENE, TEXAS 79606
Medicare 2:
Phone 325 2660260 Fax 325 4803195
Type: Parent Agency Administrator KIM TRAWICK

Owner Information
ENCOMPASS OF WEST TEXAS, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/01/2024

County **TAYLOR** Region 01 Date Licensed 08/25/2005
License # 009922 GENERATIONS HOME HEALTH
Lic Expire 08/31/2021 1290 SOUTH WILLIS SUITE 209
Medicare 1: 457924 HHA-18 ABILENE, TX 79605
Medicare 2:
Phone (325) 690-5913 Fax (325) 690-1890
Type: Parent Agency Administrator SHIRLEY SPARKS

Owner Information
SPARKS & EDINGTON LLC
1290 SOUTH WILLIS SUITE 209
ABILENE, TX 79605
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TAYLOR** Region 01 Date Licensed 09/01/1993
License # 002613 HENDRICK HOSPICE CARE INC
Lic Expire 08/31/2022 1651 PINE STREET
Medicare 1: 451539 HOSPICE ABILENE, TX 79601
Medicare 2:
Phone (325) 670-2273 Fax (325) 670-3233
Type: Parent Agency Administrator KAREN TUCEK

Owner Information
HENDRICK HOSPICE CARE, INC.
PO BOX 1922
ABILENE, TX 79604
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TAYLOR** Region 01 Date Licensed 10/11/2001
License # 002613 HENDRICK HOSPICE CARE INC
Lic Expire 08/31/2022 1651 PINE STREET
Medicare 1: ABILENE, TX 79601
Medicare 2:
Phone (325) 670-2273 Fax (325) 670-3233
Type: Alternate Delivery Site Administrator KAREN TUCEK

Owner Information
HENDRICK HOSPICE CARE, INC.
PO BOX 1922
ABILENE, TX 79604
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TAYLOR** Region 01 Date Licensed 03/29/1985
License # 001638 HENDRICK HOUSECALLS
Lic Expire 07/31/2021 1393 AMBLER STREET
Medicare 1: 457761 HHA-18 ABILENE, TX 79601
Medicare 2:
Phone (325) 670-2490 Fax (325) 677-5643
Type: Parent Agency Administrator DONNA LYNN SPECKELS

Owner Information
HENDRICK MEDICAL CENTER
1900 PINE STREET
ABILENE, TX 79601
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TAYLOR** Region 01 Date Licensed 10/29/2015
License # 017352 HOME INSTEAD SENIOR CARE
Lic Expire 01/31/2022 441 LONE STAR DR
Medicare 1: ABILENE, TX 79602
Medicare 2:
Phone (325) 670-9610 Fax (325) 670-9611
Type: Parent Agency Administrator ACACIA ABSHIRE

Owner Information
HI FORT WORTH, LLC
13323 CALIFORNIA STREET
OMAHA, NE 68154-5420
PHONE: FAX:
Services: Personal Assistance Services

County **TAYLOR** Region 01 Date Licensed 07/01/2000
License # 007488 HOSPICE OF THE BIG COUNTRY
Lic Expire 06/30/2021 4601 HARTFORD
Medicare 1: 451558 HOSPICE ABILENE, TX 79605
Medicare 2:
Phone (325) 793-5450 Fax (325) 793-5459
Type: Parent Agency Administrator ANGELIA LANE

Owner Information
THE WEST TEXAS REHABILITATION CENTER
4601 HARTFORD
ABILENE, TEXAS 79605
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TAYLOR** Region 01 Date Licensed 03/11/2011
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 06/30/2021 4400 BUFFALO GAP RD STE 2500
Medicare 1: ABILENE, TX 79606
Medicare 2:
Phone (325) 677-2047 Fax (325) 677-9150
Type: Alternate Delivery Site Administrator BRANDI LARSON

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TAYLOR** Region 01 Date Licensed 09/01/2016
License # 017913 KINDER HEARTS HOME HEALTH
Lic Expire 08/31/2022 842 NORTH MOCKINGBIRD LANE
Medicare 1: 679193 HHA-18 ABILENE, TX 79603
Medicare 2:
Phone (325) 672-6135 Fax (325) 437-0355
Type: Parent Agency Administrator JONATHAN JONES

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

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County **TAYLOR** Region 01 Date Licensed 09/01/2016
License # 017766 KINDER HEARTS HOSPICE
Lic Expire 08/31/2022 842 NORTH MOCKINGBIRD LANE
Medicare 1: 671790 HOSPICE ABILENE, TX 79603
Medicare 2:
Phone (325) 672-6135 Fax (325) 437-0355
Type: Parent Agency Administrator JONATHAN TRAVIS JONES

Owner Information
EUREKA HEALTHCARE, INC.
27101 PUERTA REAL SUITE 450
MISSION VIEJO, CA 92691
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/30/2022

County **TAYLOR** Region 01 Date Licensed 02/09/2018
License # 018608 KINDRED AT HOME
Lic Expire 10/29/2022 4400 BUFFALO GAP ROAD, SUITE 2400
Medicare 1: ABILENE, TEXAS 79606
Medicare 2:
Phone (325) 695-1962 Fax (325) 695-0225
Type: Parent Agency Administrator JUSTIN GILBERT

Owner Information
INTEGRACARE OF ABILENE, LLC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213-2696
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TAYLOR** Region 01 Date Licensed 07/16/2009
License # 012710 KINDRED AT HOME
Lic Expire 100 CHESTNUT STREET
Medicare 1: 747379 HHA-18 ABILENE, TEXAS 79602
Medicare 2:
Phone (325) 691-9947 Fax (325) 698-6657
Type: Parent Agency Administrator SHANDRA CHAPMAN

Owner Information
INTEGRACARE OF ABILENE, LLC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213-2696
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TAYLOR** Region 01 Date Licensed 03/01/2012
License # 014755 KINDRED HOSPICE
Lic Expire 02/28/2022 4400 BUFFALO GAP RD, SUITE 1200
Medicare 1: 451751 HOSPICE ABILENE, TEXAS 796068717
Medicare 2:
Phone (325) 691-9948 Fax (325) 793-9203
Type: Parent Agency Administrator JAMYE HUFFMAN

Owner Information
INTEGRACARE HOSPICE OF ABILENE LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 04/23/2023

County **TAYLOR** Region 01 Date Licensed 08/31/2017
License # 018371 LIFECARE HOME CARE
Lic Expire 08/31/2021 1290 SOUTH WILLIS STREET, SUITE 107
Medicare 1: 747518 HHA-18 ABILENE, TX 79605
Medicare 2:
Phone (325) 437-7019 Fax (325) 437-7020
Type: Parent Agency Administrator ELIZABETH KERR

Owner Information
BEYONDFAITH HOMECARE & REHAB OF ABILENE LLC
5340 LEGACY DRIVE STE 150
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TAYLOR** Region 01 Date Licensed 05/21/2018
License # 007334 OUTREACH HOME CARE
Lic Expire 05/31/2021 102 S. WASHINGTON ST
Medicare 1: SEYMOUR, TX 763802537
Medicare 2:
Phone (940) 888-5586 Fax (940) 888-5743
Type: Branch Agency Administrator CINDY GORDON

Owner Information
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 01 Date Licensed 05/25/2017
License # 018251 RENEW HOME HEALTH
Lic Expire 05/31/2023 6382 BUFFALO GAP RD. STE C
Medicare 1: 747859 HHA-18 ABILENE, TX 79606
Medicare 2:
Phone (325) 692-9100 Fax (325) 692-9102
Type: Parent Agency Administrator PHIL CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TAYLOR** Region 01 Date Licensed 01/10/1997
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 3303 N 3RD STREET SUITE A
Medicare 1: ABILENE, TX 79603
Medicare 2:
Phone (325) 673-3281 Fax (325) 673-4059
Type: Branch Agency Administrator JANET GRISSOM

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 01 Date Licensed 01/10/1997
License # 003467 TEXAS HOME HEALTH
Lic Expire 01/31/2022 3303 N 3RD STREET SUITE A
Medicare 1: ABILENE, TX 79603
Medicare 2:
Phone (325) 673-3281 Fax (325) 673-4059
Type: Branch Agency Administrator JANET GRISSOM

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 01 Date Licensed 11/30/2020
License # 020358 TEXAS HOME HEALTH
Lic Expire 11/30/2022 3303 N. 3RD ST., SUITE A
Medicare 1: ABILENE, TX 79603
Medicare 2:
Phone 325 6733281 Fax 325 6734059
Type: Parent Agency Administrator TRACY FOLLER

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TAYLOR** Region 01 Date Licensed 06/27/2019
License # 019451 THERACARE SERVICES, LLC
Lic Expire 06/27/2021 209 S. DANVILLE DR., SUITE B107,
Medicare 1: 747992 HHA ABILENE, TX 79605
Medicare 2:
Phone (325) 480-8020 Fax (888) 958-2089
Type: Parent Agency Administrator RAMIL PABLICO

Owner Information
THERACARE SERVICES, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 09/29/2023

County **TAYLOR** Region 01 Date Licensed 10/27/2017
License # 018408 TOUCHING HEARTS AT HOME
Lic Expire 10/31/2021 3926 S. TREADAWAY BLVD. STE. A-1
Medicare 1: ABILENE, TEXAS 79602
Medicare 2:
Phone (325) 704-4474 Fax (325) 704-4476
Type: Parent Agency Administrator STEVEN CUNNINGHAM

Owner Information
SSKP, LLC
4601 BUFFALO GAPE RD, STE B-3
ABILENE, TEXAS 79606
PHONE: (325) 704-4474 FAX:
Services: Personal Assistance Services

County **TAYLOR** Region 01 Date Licensed 01/14/2008
License # 011817 VISITING ANGELS
Lic Expire 01/31/2022 4090 S. DANVILLE DR., STE. A
Medicare 1: ABILENE, TX 79605
Medicare 2:
Phone (325) 437-9500 Fax (325) 437-9501
Type: Parent Agency Administrator BRITTNEY GILLIAM

Owner Information
CREIGHTOR INC
4090 S. DANVILLE DR. STE A
ABILENE, TX 79605
PHONE: FAX:
Services: Personal Assistance Services

County **TERRY** Region 01 Date Licensed 04/12/1991
License # 002205 BRMC HOME CARE
Lic Expire 04/30/2022 801 E. TAHOKA RD
Medicare 1: 677415 HHA-18 BROWNFIELD, TX 79316
Medicare 2:
Phone (806) 637-0063 Fax (806) 637-1032
Type: Parent Agency Administrator JERRY JASPER

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

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County **TERRY** Region 01 Date Licensed 06/07/2011
License # 007781 INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire 10/31/2020 1119 EAST TAHOKA ROAD
Medicare 1: BROWNFIELD, TX 793163821
Medicare 2:
Phone (806) 637-4448 Fax 8066374485ashleymcphail@interimhhcom
Type: Branch Agency Administrator ASHLEY MCPHAIL

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TERRY** Region 01 Date Licensed 05/31/2011
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 06/30/2021 1119 EAST TAHOKA ROAD
Medicare 1: BROWNFIELD, TX 79316
Medicare 2:
Phone (806) 637-4448 Fax (806) 637-4485
Type: Alternate Delivery Site Administrator BRANDI LARSON

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TITUS** Region 04 Date Licensed 10/31/2016
License # 017835 AVEANNA HEALTHCARE
Lic Expire 10/31/2022 508 SOUTH JEFFERSON AVENUE
Medicare 1: MOUNT PLEASANT, TX 75455
Medicare 2:
Phone (430) 222-0079 Fax (903) 717-3102
Type: Parent Agency Administrator ANDREW ALVAREZ

Owner Information
AB INNOVATIONS HEALTH SERVICES
400 INTERSTATE NORTH PARKWAY SE, SUITE 1600
ATLANTA, GA 30339
PHONE: (430) 222-0079 FAX:
Services: Licensed Home Health Services

County **TITUS** Region 04 Date Licensed 06/28/2002
License # 007990 CHAMBERS HOME HEALTH AGENCY OF NORTHEAST TEXAS COMPANY
Lic Expire 06/30/2021 201 W 20TH ST., SUITE 102
Medicare 1: 679171 HHA-18 MOUNT PLEASANT, TX 75455
Medicare 2:
Phone 903 5729700 Fax 903 5722447
Type: Parent Agency Administrator MELISSA CHAMBERS

Owner Information
CHAMBERS HOME HEALTH AGENCY OF NORTHEAST TEXAS COMPANY
P O BOX 1820
MOUNT PLEASANT, TX 75456-1820
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **TITUS** Region 04 Date Licensed 12/13/2016
License # 017788 CHAMBERS HOSPICE
Lic Expire 12/31/2020 201 W. 20TH STREET, SUITE 101
Medicare 1: 741684 HOSPICE MOUNT PLEASANT, TEXAS 75455
Medicare 2:
Phone 903 5723777 Fax 903 5733779
Type: Parent Agency Administrator SUSAN PEPPER

Owner Information
CCD HOSPICE MP, LLC
201 W. 20TH STREET, SUITE 101
MOUNT PLEASANT, TX 75455
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TITUS** Region 04 Date Licensed 03/29/1993
License # 002499 CYPRESS BASIN HOSPICE INC
Lic Expire 03/31/2022 207 MORGAN STREET
Medicare 1: 451575 HOSPICE MOUNT PLEASANT, TX 75455
Medicare 2:
Phone (903) 577-1510 Fax (903) 577-9377
Type: Parent Agency Administrator ASHLEY JORDAN

Owner Information
CYPRESS BASIN HOSPICE INC
PO BOX 544
MOUNT PLEASANT, TX 75456
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/28/2021

County **TITUS** Region 04 Date Licensed 01/01/2003
License # 008273 ELARA CARING
Lic Expire 12/31/2021 1605 W 16TH STREET
Medicare 1: MOUNT PLEASANT, TX 75455
Medicare 2:
Phone (903) 380-5081 Fax (903) 380-5084
Type: Branch Agency Administrator MELLISA DUNAVANT

Owner Information
JHS OPERATIONS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TITUS** Region 04 Date Licensed 06/21/2013
License # 015767 HEART TO HEART HOSPICE OF EAST TEXAS LLC
Lic Expire 06/30/2023 203 W 20TH ST STE A
Medicare 1: MOUNT PLEASANT, TX 75455
Medicare 2:
Phone (903) 575-9111 Fax (903) 575-9117
Type: Alternate Delivery Site Administrator CHRISTINE BLACK

Owner Information
HEART TO HEART HOSPICE OF EAST TEXAS LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **TITUS** Region 04 Date Licensed 07/01/2008
License # 012107 HNB HOME HEALTH AGENCY
Lic Expire 06/30/2022 406 2ND ST
Medicare 1: 747153 HHA-18 MOUNT PLEASANT, TX 75455
Medicare 2:
Phone (903) 577-5666 Fax (903) 577-5658
Type: Parent Agency Administrator ELIZABETH BROWN

Owner Information
HNB HOME HEALTH AGENCY INC
PO BOX 482
MOUNT PLEASANT, TX 75456
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 05/06/2024

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TITUS** Region 03 Date Licensed 10/05/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 302 N JEFFERSON AVENUE SUITE101
Medicare 1: MT PLEASANT, TX 754553935
Medicare 2:
Phone (430) 222-2028 Fax (430) 222-2032
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TITUS** Region 03 Date Licensed 10/05/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 302 N JEFFERSON AVENUE SUITE101
Medicare 1: MT PLEASANT, TX 754553935
Medicare 2:
Phone (430) 222-2028 Fax (430) 222-2032
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TITUS** Region 03 Date Licensed 10/05/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 302 N JEFFERSON AVENUE SUITE101
Medicare 1: MT PLEASANT, TX 754553935
Medicare 2:
Phone (430) 222-2028 Fax (430) 222-2032
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TITUS** Region 04 Date Licensed 07/26/2011
License # 014392 KINDRED AT HOME
Lic Expire 106 MORGAN
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

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

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County **TITUS** Region 04 Date Licensed 10/03/2017
License # 016092 LESTER DIERKSEN MEMORIAL HOSPICE
Lic Expire 12/31/2021 2605 W FERGUSON RD
Medicare 1: 67-1514 MT PLEASANT, TX 75455
Medicare 2:
Phone (903) 572-3204 Fax (903) 572-8827
Type: Alternate Delivery Site Administrator ANNETTE MUGNO

Owner Information
HOSPICE CARE OF TEXAS, LLP
500 FAULCONER DRIVE SUITE 200
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TITUS** Region 04 Date Licensed 04/30/2014
License # 016263 MAYS HOME HEALTH OF PARIS TX LLC
Lic Expire 04/30/2022 1603 W 16TH STREET
Medicare 1: MOUNT PLEASANT, TX 75455
Medicare 2:
Phone (903) 577-0748 Fax (903) 577-0947
Type: Branch Agency Administrator SHARON HEVRON

Owner Information
MAYS HOME HEALTH OF PARIS TX, LLC
3310 LAMAR AVENUE SUITE A
PARIS, TX 75460
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TITUS** Region 04 Date Licensed 06/16/2017
License # 018405 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 06/30/2024 509 WEST 1ST STREET
Medicare 1: MT. PLEASANT, TX 754554336
Medicare 2:
Phone (903) 401-8958 Fax (903) 401-8145
Type: Parent Agency Administrator MARCO HERNANDEZ

Owner Information
P & H HEALTHCARE SOLUTIONS, LLC
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/09/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TOM GREEN** Region 01 Date Licensed 02/20/2019
License # 019268 ANGELO KIDNEY CONNECTION, PLLC
Lic Expire 2901 SHERWOOD WAY, SUITE 100
Medicare 1: SAN ANGELO, TEXAS 76901
Medicare 2:
Phone (325) 617-2496 Fax (325) 617-2497
Type: Parent Agency Administrator MELANIE BAUMGARTNER

Owner Information
ANGELO KIDNEY CONNECTION, PLLC
PO BOX 61074
SAN ANGELO, TEXAS 76906
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **TOM GREEN** Region 01 Date Licensed 01/12/2005
License # 009732 ANGELS CARE HOME HEALTH OF SAN ANGELO
Lic Expire 01/31/2023 2412 COLLEGE HILLS BLVD STE 220
Medicare 1: 679429 HHA-18 SAN ANGELO, TX 769048425
Medicare 2:
Phone 325 6555099 Fax 325 6555114
Type: Parent Agency Administrator SHANNON GEBAUER

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

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County **TOM GREEN** Region 01 Date Licensed 02/01/1999
License # 006924 BAPTIST RETIREMENT COMMUNITY PERSONAL ASSISTANCE SERVICES
Lic Expire 01/31/2023 902 NORTH MAIN
Medicare 1: 458102 HHA-18;45 SAN ANGELO, TX 76903
Medicare 2:
Phone (325) 655-7391 Fax (325) 653-4754
Type: Parent Agency Administrator CRISTINA RIVAS

Owner Information
BAPTIST MEMORIALS MINISTRIES
P.O. BOX 5661
SAN ANGELO, TEXAS 76903
PHONE: (325) 655-7391 FAX: (325) 653-1413
Services: Personal Assistance Services

County **TOM GREEN** Region 01 Date Licensed 06/05/2008
License # 002242 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 09/30/2022 215 S IRVING
Medicare 1: SAN ANGELO, TX 76903
Medicare 2:
Phone (325) 944-3666 Fax (325) 944-2033
Type: Branch Agency Administrator SHANNON STEIGLEDER

Owner Information
CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TOM GREEN** Region 01 Date Licensed 11/01/2013
License # 016070 CARTER HEALTHCARE
Lic Expire 10/31/2021 2725 SHERWOOD WAY STE 700
Medicare 1: 677824 HHA-18 SAN ANGELO, TX 76901
Medicare 2:
Phone (325) 944-8181 Fax (325) 944-8455
Type: Parent Agency Administrator DAVID BERNARD

Owner Information
CARTER HEALTHCARE OF SAN ANGELO LLC
3105 S MERIDIAN AVE
OKLAHOMA CITY, OK 73119
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: JCAHO - Deemed, Expires: 08/11/2021

County **TOM GREEN** Region 01 Date Licensed 03/12/2009
License # 012503 COMFORT KEEPERS #767
Lic Expire 03/31/2021 3121 EXECUTIVE DRIVE
Medicare 1: SAN ANGELO, TX 76904
Medicare 2:
Phone (325) 949-0700 Fax (325) 949-0778
Type: Parent Agency Administrator FELISA CARSON

Owner Information
4C2W, LLC
2517-74TH STREET
LUBBOCK, TX 79423
PHONE: FAX:
Services: Personal Assistance Services

County **TOM GREEN** Region 01 Date Licensed 12/31/2020
License # 020424 CONCHO HEARTS HOSPICE, LLC
Lic Expire 12/31/2022 2007 W BEAUREGARD AVE
Medicare 1: 971627 SAN ANGELO, TEXAS 76901
Medicare 2:
Phone (325) 482-0129 Fax (325) 387-8478
Type: Parent Agency Administrator SHANDY CHILDS

Owner Information
CONCHO HEARTS HOSPICE LLC
112 BLACK ALDER DR
FORT WORTH, TEXAS 76131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/19/2024

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TOM GREEN** Region 01 Date Licensed 08/28/2003
License # 008619 CONCHO VALLEY HOME HEALTH CARE
Lic Expire 08/31/2022 430 W BEAUREGARD AVE STE B
Medicare 1: 679383 HHA-18 SAN ANGELO, TX 76903
Medicare 2:
Phone (324) 944-8916 Fax (325) 944-8929
Type: Parent Agency Administrator ANNIE LOUISE TOWNSEND

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

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County **TOM GREEN** Region 01 Date Licensed 08/01/2013
License # 015682 EDUCARE COMMUNITY LIVING CORP TEXAS
Lic Expire 07/31/2021 3324 WEST LOOP 306
Medicare 1: SAN ANGELO, TX 76904
Medicare 2:
Phone (324) 942-8050 Fax (325) 949-0526
Type: Parent Agency 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

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County **TOM GREEN** Region 01 Date Licensed 06/01/2006
License # 010716 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2021 334 W. HIGHLAND BLVD
Medicare 1: SAN ANGELO, TEXAS 76903
Medicare 2:
Phone 325 4860400 Fax 325 4860403
Type: Branch Agency Administrator KIM TRAWICK

Owner Information
ENCOMPASS OF WEST TEXAS, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TOM GREEN** Region 01 Date Licensed 07/18/2016
License # 017679 HOME PREFERRED SENIOR CARE
Lic Expire 07/31/2022 3180 EXECUTIVE DR., SUITE 109
Medicare 1: 679469 HHA-18 SAN ANGELO, TEXAS 76904
Medicare 2:
Phone (325) 703-2999 Fax (325) 703-2997
Type: Parent Agency Administrator SHEILA LONG

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

County **TOM GREEN** Region 01 Date Licensed 10/24/2018
License # 019035 HOSPICE OF SAN ANGELO
Lic Expire 10/24/2022 36 EAST TWOHIG SUITE 1100
Medicare 1: 45-1532 (HOSPICE SAN ANGELO, TX 76903
Medicare 2:
Phone (325) 658-6524 Fax (325) 658-8895
Type: Parent Agency Administrator AMY NICHOLS

Owner Information
THE WEST TEXAS REHABILITATION CENTER
4601 HARTFORD
ABILENE, TEXAS 79605
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/10/2021

County **TOM GREEN** Region 01 Date Licensed 02/12/2021
License # 020541 INSPIRED COMMUNITY LIVING
Lic Expire 02/12/2023 1108 MILLSPAUGH ST
Medicare 1: SAN ANGELO, TX 76901
Medicare 2:
Phone (325) 300-1490 Fax (325) 313-0808
Type: Parent Agency Administrator JEANNETTA JAMES

Owner Information
INSPIRED COMMUNITY LIVING
2708 UNIVERSITY AVE
SAN ANGELO, TX 76904
PHONE: FAX:
Services: Personal Assistance Services

County **TOM GREEN** Region 01 Date Licensed 01/14/2008
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 06/30/2021 3280 SHERWOOD WAY
Medicare 1: SAN ANGELO, TX 76901
Medicare 2:
Phone (325) 223-1957 Fax (325) 223-5140
Type: Alternate Delivery Site Administrator BRANDI LARSON

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TOM GREEN** Region 01 Date Licensed 10/31/2003
License # 008792 INTREPID USA HEALTHCARE SERVICES
Lic Expire 10/31/2022 3310 WEST LOOP 306
Medicare 1: 679211 HHA-18 SAN ANGELO, TX 76904
Medicare 2:
Phone (325) 658-5550 Fax (325) 949-5044
Type: Parent Agency Administrator RHONDA SCHREIBER

Owner Information
INTREPID OF WEST TEXAS INC
4055 VALLEY VIEW LANE 5TH FLOOR
DALLAS, TX 75244
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: ACH - Deemed, Expires: 10/23/2022

County **TOM GREEN** Region 01 Date Licensed 11/30/2007
License # 011731 KINDRED AT HOME
Lic Expire 11/30/2021 1518 W BEAUREGARD
Medicare 1: SAN ANGELO, TX 76901
Medicare 2:
Phone (325) 949-1108 Fax (325) 944-8712
Type: Branch Agency Administrator ROSA CERVANTEZ

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TOM GREEN** Region 01 Date Licensed 10/21/1998
License # 006693 KINDRED HOSPICE
Lic Expire 10/31/2021 116 WEST CONCHO AVENUE
Medicare 1: 451697 HOSPICE SAN ANGELO, TX 76903
Medicare 2:
Phone (325) 481-0123 Fax (325) 481-3211
Type: Parent Agency Administrator LISA COLLIER

Owner Information
FAMILY HOSPICE, LTD.
655 BRAWLEY SCHOOL ROAD, SUITE 200
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 12/06/2022

County **TOM GREEN** Region 01 Date Licensed 11/02/2017
License # 007334 OUTREACH HOME CARE
Lic Expire 05/31/2021 17 S. CHADBOURNE STREET SUITE 500
Medicare 1: SAN ANGELO, TX 76903
Medicare 2:
Phone (325) 676-2281 Fax (325) 676-1469
Type: Branch Agency Administrator CINDY GORDON

Owner Information
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TOM GREEN** Region 01 Date Licensed 09/15/2020
License # 020175 OXYATLANTIC HOSPICE, LLC
Lic Expire 09/15/2022 4001 SUL ROSS STREET # 261
Medicare 1: SAN ANGELO, TX 76904
Medicare 2:
Phone (432) 924-7027 Fax
Type: Parent Agency Administrator EVELYN THOMPSON

Owner Information
OXYATLANTIC HOSPICE, LLC
4001 SUL ROSS ST. # 261
SAN ANGELO, TX 76904
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **TOM GREEN** Region 01 Date Licensed 08/20/2008
License # 012186 SAN ANGELO HOME HEALTH
Lic Expire 08/31/2021 423 S IRVING STREET
Medicare 1: 747233 HHA-18 SAN ANGELO, TX 76903
Medicare 2:
Phone (325) 655-6600 Fax (325) 655-6602
Type: Parent Agency Administrator JOANNE POYNOR

Owner Information
WEST TEXAS HEALTHCARE LLC
423 S IRVING STREET
SAN ANGELO, TX 76903-6940
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TOM GREEN** Region 01 Date Licensed 07/25/1984
License # 003134 SHANNON HOME HEALTH SERVICES
Lic Expire 07/31/2021 2030 PULLIAM STREET SUITE 6
Medicare 1: 457646 HHA-18 SAN ANGELO, TX 76905
Medicare 2:
Phone (325) 659-7480 Fax (325) 659-7497
Type: Parent Agency Administrator CASIE FEATHERS

Owner Information
SHANNON MEDICAL CENTER
P O BOX 1879
SAN ANGELO, TEXAS 76902
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TOM GREEN** Region 03 Date Licensed
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 201 S DAUGHERTY AVE
Medicare 1: EASTLAND, TX 764482607
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **TOM GREEN** Region 03 Date Licensed
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 1428 W SOUTHWEST LOOP 323, SUITE A
Medicare 1: 4624832 (Branch I TYLER, TEXAS 757032456
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **TOM GREEN** Region 01 Date Licensed 04/23/2020
License # 019893 TEXAS HOME HEALTH OF AMERICA
Lic Expire 04/23/2022 4202 SHERWOOD WAY, SUITE A
Medicare 1: SAN ANGELO, TX 76904
Medicare 2:
Phone 432 5225080 Fax 432 5225094
Type: Parent Agency Administrator ROBERT ANGLIN

Owner Information
TEXAS HOME HEALTH OF AMERICA, L.P.
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TOM GREEN** Region 01 Date Licensed 03/23/2005
License # 009652 TLC IN HOME CARE INC
Lic Expire 03/31/2023 1932 SHERWOOD WAY
Medicare 1: SAN ANGELO, TX 76901
Medicare 2:
Phone (325) 658-1307 Fax (325) 658-1216
Type: Parent Agency Administrator ANGIE CONLEY

Owner Information
TLC IN HOME CARE INC
1932 SHERWOOD WAY
SAN ANGELO, TX 76901
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 06/05/2017
License # 018092 A J PRESTIGE HOME HEALTH CARE LLC
Lic Expire 06/30/2021 5625 KLEBERG TRAILS
Medicare 1: AUSTIN, TX 78747
Medicare 2:
Phone (512) 573-1786 Fax (512) 857-0087
Type: Parent Agency Administrator GHERRY POLYCARPE

Owner Information
A.J. PRESTIGE HOME HEALTH CARE LLC
5625 KIEBERG TRAILS
AUSTIN, TX 78747
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 03/20/2007
License # 011166 ADVENTIST HOME HEALTH
Lic Expire 03/31/2021 2401 PECAN STREET WEST, SUITE 202
Medicare 1: 747081 HHA-18 PFLUGERVILLE, TX 78660
Medicare 2:
Phone (512) 252-2280 Fax (512) 252-2281
Type: Parent Agency Administrator SABAINAH OGUNRINADE

Owner Information
ADVENTIST HOME HEALTH SERVICES INC
2401 PECAN STREET, W. SUITE 202
PFLUGERVILLE, TEXAS 78660
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed
License # 123456 AGENCY PROD TEST
Lic Expire 10/01/2022 123 TEST ONLY
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone Fax
Type: Parent Agency Administrator

Owner Information
HHSC ONLY - NOT FOR PROVIDER USE
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 07/30/2020
License # 020088 AGING IN YOUR OWN HOME LLC
Lic Expire 07/30/2022 7768 YAUPON DR.
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone (512) 221-2203 Fax
Type: Parent Agency Administrator ANEKO NEWTON-JACKSON

Owner Information
AGING IN YOUR OWN HOME LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 10/27/2020
License # 020270 ALAMO HEALTH CARE INC
Lic Expire 10/27/2022 18821 SHALLOW POND TRAIL
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (512) 551-2616 Fax (512) 551-2147
Type: Parent Agency Administrator WILLIAM ASSAMOI

Owner Information
ALAMO HEALTH CARE INC
18821 SHALLOW POND TRAIL
PFLUGERVILLE, TEXAS 78660
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 12/30/2020
License # 020423 ALRAYAN HOME CARE,LLC
Lic Expire 12/30/2022 14010 MACQUARIE DR
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (208) 440-9501 Fax
Type: Parent Agency Administrator MOHAMMED ALZAIDI

Owner Information
ALRAYAN HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed
License # 019773 ALTUS HOSPICE
Lic Expire 10/25/2021 2211 SOUTH I-35, SUITE 110
Medicare 1: AUSTIN, TEXAS 78741
Medicare 2:
Phone (737) 610-5157 Fax (737) 610-5047
Type: Alternate Delivery Site Administrator HEATHER COURTNEY

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed
License # 019773 ALTUS HOSPICE
Lic Expire 10/25/2021 2211 SOUTH I-35, SUITE 110
Medicare 1: AUSTIN, TEXAS 78741
Medicare 2:
Phone (737) 610-5157 Fax (737) 610-5047
Type: Alternate Delivery Site Administrator HEATHER COURTNEY

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 01/18/2011
License # 013833 AMEDISYS HOSPICE
Lic Expire 01/31/2021 9130 JOLLYVILLE RD, STE 170
Medicare 1: 671753 HOSPICE AUSTIN, TX 787597482
Medicare 2:
Phone (512) 393-6003 Fax (512) 393-6007
Type: Parent Agency Administrator DAVID REICH

Owner Information
COMPASSIONATE CARE HOSPICE OF CENTRAL TEXAS, LLC
102 WONDER WORLD DRIVE, SUITE#307
SAN MARCOS, TX 78666
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 08/28/2021

County **TRAVIS** Region 05 Date Licensed 11/20/2018
License # 019112 AMERICARE BEE CAVE
Lic Expire 07/31/2021 15317 FALCONHEAD GROVE LOOP
Medicare 1: AUSTIN, TX 78738
Medicare 2:
Phone (512) 887-5504 Fax
Type: Parent Agency Administrator LINDA COOPER

Owner Information
ELDER SUPPORT, LLC
15317 FALCONHEAD GROVE LOOP
AUSTIN, TX 78738
PHONE: (512) 423-4393 FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 03 Date Licensed 02/10/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13915 BURNET ROAD SUITE 303
Medicare 1: AUSTIN, TX 78728
Medicare 2:
Phone (512) 996-9559 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 03 Date Licensed 02/10/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13915 BURNET ROAD SUITE 303
Medicare 1: AUSTIN, TX 78728
Medicare 2:
Phone (512) 996-9559 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 03 Date Licensed 02/10/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13915 BURNET ROAD SUITE 303
Medicare 1: AUSTIN, TX 78728
Medicare 2:
Phone (512) 996-9559 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 03 Date Licensed 02/10/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13915 BURNET ROAD SUITE 303
Medicare 1: AUSTIN, TX 78728
Medicare 2:
Phone (512) 996-9559 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 03 Date Licensed 02/10/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13915 BURNET ROAD SUITE 303
Medicare 1: AUSTIN, TX 78728
Medicare 2:
Phone (512) 996-9559 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 03 Date Licensed 02/10/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 13915 BURNET ROAD SUITE 303
Medicare 1: AUSTIN, TX 78728
Medicare 2:
Phone (512) 996-9559 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 12/02/2014
License # 016658 A-PRIME MEDICAL HOME HEALTH INC
Lic Expire 12/31/2022 13419 US HWY 290 E BLDG 11, UNIT B
Medicare 1: 747621 HHA-18 MANOR, TEXAS 78653
Medicare 2:
Phone (512) 476-9600 Fax (512) 258-3555
Type: Parent Agency Administrator BIBIAN ONUORAH

Owner Information
A-PRIME MEDICAL HOME HEALTH INC.
13419 U.S. HWY 290 EAST BLD#11 UNIT C,D
MANOR, TX 78653
PHONE: (512) 476-9600 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 07/23/2010
License # 013479 ASHBY PREMIUM HOME CARE
Lic Expire 07/31/2022 505 E HUNTLAND DRIVE SUITE 190
Medicare 1: AUSTIN, TX 78752
Medicare 2:
Phone (512) 458-5271 Fax (512) 458-2034
Type: Parent Agency Administrator TRISHA ATWATER

Owner Information
ASHBY PHC, LP
505 E HUNTLAND DRIVE SUITE 190
AUSTIN, TX 78752
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 12/04/2018
License # 019132 ASSISTACARE, LLC
Lic Expire 05/30/2021 19200 WHITE HORSE COVE
Medicare 1: SPICEWOOD, TEXAS 78669
Medicare 2:
Phone (804) 937-8625 Fax (518) 690-8157
Type: Parent Agency Administrator VENITA SMITH

Owner Information
ASSISTACARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 08/30/2016
License # 017603 ASSISTING HANDS OF WEST AUSTIN
Lic Expire 08/31/2022 2906 S 1ST ST STE #103
Medicare 1: AUSTIN, TX 78704
Medicare 2:
Phone (512) 999-7379 Fax (210) 446-5053
Type: Parent Agency Administrator EMILY KNOX

Owner Information
LESASS LLC
2608 S. 3RD ST.
AUSTIN, TX 78704
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 12/12/2019
License # 019695 AUSTIN CARE FOR ELDERLY LLC
Lic Expire 11/12/2021 16016 SPILLMAN RANCH LOOP
Medicare 1: AUSTIN, TX 78738
Medicare 2:
Phone (949) 444-1474 Fax
Type: Parent Agency Administrator LIBBY CASEY

Owner Information
AUSTIN CARE FOR ELDERLY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 06/08/2020
License # 019985 AUSTIN DEMENTIA AND AGING HOME CARE LLC
Lic Expire 06/08/2022 6809 WEST GATE BLVD #205
Medicare 1: AUSTIN, TEXAS 78745
Medicare 2:
Phone 512 426 6265 Fax
Type: Parent Agency Administrator STEPHEN ILLINGWORTH

Owner Information
AUSTIN DEMENTIA AND AGING HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 08/16/2019
License # 019531 AVALENT HOME HEALTHCARE LLC
Lic Expire 08/16/2021 18912 KEELI LN
Medicare 1: PFLUGERVILLE, TX 78660
Medicare 2:
Phone (281) 310-1951 Fax (281) 310-1953
Type: Parent Agency Administrator SHANE JACKSON

Owner Information
AVALENT HOME HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 01/30/2012
License # 014927 AVEANNA HEALTHCARE
Lic Expire 01/31/2022 3721 EXECUTIVE CENTER SUITE 201
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 372-3777 Fax (512) 372-3336
Type: Parent Agency Administrator REYNALDO RAMOS

Owner Information
EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 02/13/1998
License # 006537 AVEANNA HEALTHCARE
Lic Expire 02/28/2022 2028 EAST BEN WHITE BLVD, SUITE 210
Medicare 1: 677661 HHA-18 AUSTIN, TX 78741
Medicare 2:
Phone (512) 248-0400 Fax (512) 248-0441
Type: Parent Agency Administrator ELAINE FOGG

Owner Information
PEDIATRIC SERVICES OF AMERICA INC
SIX CONCOURSE PARKWAY, SUITE 1100
ATLANTA, GA 30328-6117
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 04/21/2024

County **TRAVIS** Region 05 Date Licensed 05/15/2013
License # 015542 BEACON HOSPICE OF GEORGETOWN
Lic Expire 05/31/2021 7800 SHOAL CREEK BLVD. SUITE 105N
Medicare 1: AUSTIN, TX 78757
Medicare 2:
Phone (512) 443-7100 Fax (512) 443-7109
Type: Parent Agency Administrator BRYAN GASPARD

Owner Information
HARBOR HOSPICE OF GEORGETOWN LP
3406 COLLEGE ST #200
BEAUMONT, TX 77701-4612
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 07/01/2015
License # 017027 BELLCOA HOME HEALTH SERVICE INC
Lic Expire 06/30/2021 7801 N LAMAR BLVD SUITE D-79
Medicare 1: 457871 HHA-18 AUSTIN, TX 78752
Medicare 2:
Phone (512) 533-9990 Fax (512) 533-9992
Type: Parent Agency 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

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County **TRAVIS** Region 05 Date Licensed 06/30/2020
License # 020025 BIOSCRIP INFUSION SERVICES
Lic Expire 06/30/2022 5446 WEST HIGHWAY 290, SUITE 203
Medicare 1: AUSTIN, TEXAS 787358830
Medicare 2:
Phone (512) 637-4949 Fax (855) 737-4299
Type: Parent Agency Administrator DIANE SEATON

Owner Information
INFUSION PARTNERS, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 12/19/2017
License # 018520 BLUE WATER HOMECARE INC
Lic Expire 12/31/2021 660 S BAGDAD ROAD SUITE 210
Medicare 1: LEANDER, TX 78641
Medicare 2:
Phone (512) 872-2955 Fax (512) 649-9072
Type: Parent Agency Administrator JENNIFER PRESCOTT

Owner Information
BLUE WATER HOMECARE, INC.
2104 NAN LANE
CEDAR PARK, TX 78613
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 05/21/2013
License # 015640 BRIGHTSTAR HEALTHCARE
Lic Expire 05/31/2021 1317 PICADILLY DR. SUITE B-201
Medicare 1: PFLUGERVILLE, TX 78660
Medicare 2:
Phone (512) 452-9800 Fax (512) 452-9801
Type: Parent Agency Administrator GEORGE SANCHEZ

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

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County **TRAVIS** Region 05 Date Licensed 09/04/2014
License # 012567 BROOKDALE AT HOME AUSTIN
Lic Expire 04/30/2021 1034 LIBERTY PARK DR
Medicare 1: AUSTIN, TX 78746
Medicare 2:
Phone (512) 328-3775 Fax (512) 329-6504
Type: Branch Agency Administrator HELEN COLLIE

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 04/29/2009
License # 012567 BROOKDALE AT HOME AUSTIN
Lic Expire 04/30/2021 4409 GAINES RANCH LOOP
Medicare 1: AUSTIN, TX 78735
Medicare 2:
Phone (512) 721-3100 Fax (512) 899-1711
Type: Parent Agency Administrator HELEN COLLIE

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed
License # 012567 BROOKDALE AT HOME AUSTIN
Lic Expire 04/30/2021 3636 EXECUTIVE CENTER DRIVE, SUITE 260
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 534-0201 Fax
Type: Branch Agency Administrator HELEN COLLIE

Owner Information
BKD PERSONAL ASSISTANCE SERVICES LLC
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 07/24/2002
License # 008036 BROOKDALE HOME HEALTH AUSTIN
Lic Expire 07/31/2021 3636 EXECUTIVE CENTER DR. BLDG 8 STE 216
Medicare 1: 679682 HHA-18 AUSTIN, TX 78731
Medicare 2:
Phone (512) 372-1595 Fax (512) 241-1647
Type: Parent Agency Administrator ERIN BEARD

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

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County **TRAVIS** Region 05 Date Licensed 06/14/2012
License # 014874 BROOKDALE HOSPICE AUSTIN
Lic Expire 06/30/2022 3636 EXECUTIVE CENTER DR. BLD 8 STE 210
Medicare 1: 671752 HOSPICE AUSTIN, TX 78731
Medicare 2:
Phone (512) 795-0204 Fax (512) 340-0634
Type: Parent Agency Administrator ROBIN NUNNELLY

Owner Information
ARC THERAPY SERVICES LLC
111 WESTWOOD PLACE SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/18/2022

County **TRAVIS** Region 05 Date Licensed 09/08/1998
License # 006793 C C HOME HEALTH CENTRAL INC
Lic Expire 09/30/2021 1805 RUTHERFORD LANE SUITE 210
Medicare 1: 458129 HHA-18 AUSTIN, TX 78754
Medicare 2:
Phone (512) 419-7738 Fax (512) 419-9022
Type: Parent Agency Administrator MELISSA AVILA

Owner Information
CUIDADO CASERO HOME HEALTH CENTRAL INC
1110 N CARROLL AVENUE
SOUTHLAKE, TX 76092
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 07/21/2010
License # 013472 CAPITOL HOME HEALTH
Lic Expire 07/31/2022 9015 MOUNTAIN RIDGE DRIVE STE#210
Medicare 1: 747581 HHA-18 AUSTIN, TX 78759
Medicare 2:
Phone (512) 467-6900 Fax (512) 467-6906
Type: Parent Agency Administrator MELISA ARNETTE

Owner Information
CAPITOL HOME HEALTH INC
9015 MOUNTAIN RIDGE DRIVE STE#210
AUSTIN, TX 78759
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 06/30/2023

County **TRAVIS** Region 05 Date Licensed 04/28/2015
License # 016776 CAPITOL HOSPICE
Lic Expire 04/30/2021 9015 MOUNTAIN RIDGE DR STE #140
Medicare 1: 741607 HOSPICE AUSTIN, TX 78759
Medicare 2:
Phone (512) 637-6928 Fax (512) 637-6929
Type: Parent Agency Administrator BRYAN WEIL

Owner Information
ATX HOSPICE INC
9015 MOUNTAIN RIDGE DRIVE, STE#210B
AUSTIN, TX 78759
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 04/20/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 07 Date Licensed
License # 002798 CAPROCK HOME HEALTH SERVICES, INC.
Lic Expire 02/28/2023 8705 SHOAL CREEK BLVD STE 112
Medicare 1: AUSTIN, TX 78757
Medicare 2:
Phone (512) 416-9318 Fax (512) 416-9392
Type: Branch Agency Administrator ADRIANE RUMFIELD

Owner Information
CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 01/25/2021
License # 020484 CARE AT HOME LLC
Lic Expire 01/25/2023 7600 CAMERON RD
Medicare 1: AUSTIN, TX 787522020
Medicare 2:
Phone (512) 565-2626 Fax (512) 713-0876
Type: Parent Agency Administrator JESSICA HENDERSON

Owner Information
CARE AT HOME LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 03 Date Licensed 09/30/2010
License # 012311 CARE OPTIONS FOR KIDS
Lic Expire 09/30/2022 12708 RIATA VISTA CIRCLE SUITE A106
Medicare 1: AUSTIN, TX 78727
Medicare 2:
Phone (512) 795-2422 Fax (512) 852-4485
Type: Branch Agency Administrator BARBARA MENEFEE

Owner Information
OCI ACQUISTION, LLC
4300 SIGMA ROAD SUITE 130
DALLAS, TX 75244
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 10/10/2017
License # 018368 CAREFOR PAS
Lic Expire 01/01/2020 3724 EXECUTIVE CENTER DRIVE SUITE 201
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 338-4533 Fax (512) 338-4471
Type: Parent Agency Administrator KRISTI TINDALL

Owner Information
NCM PAS LLC
3724 EXECUTIVE CENTER DRIVE SUITE 201
AUSTIN, TX 78731
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 08/14/2018
License # 019640 CARING SENIOR SERVICE OF AUSTIN
Lic Expire 06/24/2021 223 WEST ANDERSON LANE, B355
Medicare 1: AUSTIN, TEXAS 78752
Medicare 2:
Phone (512) 310-2273 Fax
Type: Parent Agency Administrator JILL MOSLEY

Owner Information
DTS TEXAS OPS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 10/07/2015
License # 017210 CARTER HEALTHCARE
Lic Expire 10/31/2021 3435 GREYSTONE DR STE 104
Medicare 1: 747416 HHA-18 AUSTIN, TX 78731
Medicare 2:
Phone (512) 394-7581 Fax (512) 382-7188
Type: Parent Agency Administrator JAMES CARTER

Owner Information
OMNIPRESENT HOME CARE, INC.
3105 S MERIDIAN AVE
OKLAHOMA CITY, OK 73119
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TRAVIS** Region 05 Date Licensed 11/22/2011
License # 013850 CARTER HEALTHCARE
Lic Expire 10/31/2022 3545 GREYSTONE DRIVE STE 104
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 394-7581 Fax (512) 382-7188
Type: Branch Agency Administrator JAMES BRIAN CARTER

Owner Information
CARTER HEALTHCARE OF CENTRAL TEXAS LLC
7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300
AUSTIN, TX 78752
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 10/15/2010
License # 013850 CARTER HEALTHCARE
Lic Expire 10/31/2022 3435 GREYSTONE DR. SUITE 104-A
Medicare 1: 457892 HHA-18 AUSTIN, TX 78731
Medicare 2:
Phone (830) 625-4837 Fax (888) 622-4329
Type: Parent Agency Administrator 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 and Certified Home Health Services; Licensed Home Health Services

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County **TRAVIS** Region 05 Date Licensed 09/03/2015
License # 017013 CATER-2-U HOME HEALTH CARE SERVICES LLC
Lic Expire 09/30/2021 209 S. 12TH STREET, BLDG 1, STE 101
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (512) 758-1032 Fax (512) 840-0477
Type: Parent Agency Administrator EDDIE STAMPS

Owner Information
CATER-2-U HOME HEALTH CARE SERVICES, LLC
14913 LIPTON LANE
PFLUGERVILLE, TEXAS 78660
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 11/23/2015
License # 017147 CELLA BELLA'S HOSPICE CORPORATION
Lic Expire 11/30/2021 1823 FORTVIEW RD STE #101
Medicare 1: 741618 HOSPICE AUSTIN, TX 78704
Medicare 2:
Phone (512) 912-2302 Fax (512) 912-9570
Type: Parent Agency Administrator CHRISTIAN MANRIQUE

Owner Information
CELLA BELLAS HOSPICE CORPORATION
1823 FORTVIEW RD. #101
AUSTIN, TX 78704
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/12/2022

County **TRAVIS** Region 05 Date Licensed 10/21/2011
License # 014434 CELLA BELLAS SENIOR SERVICES
Lic Expire 10/31/2021 1823 FORTVIEW RD # 101
Medicare 1: AUSTIN, TX 78704
Medicare 2:
Phone (512) 912-7707 Fax (512) 912-9570
Type: Parent Agency Administrator MARY DURAN

Owner Information
CELLA BELLAS SENIOR SERVICES
12502 EAGLE NEST DR
BUDA, TX 78610
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 02/11/2014
License # 016030 CHOICE AUSTIN HOMECARE
Lic Expire 02/28/2022 11183 CIRLCE DRIVE SUITE B
Medicare 1: 747955 HHA-18 AUSTIN, TX 78736
Medicare 2:
Phone (877) 418-4301 Fax (888) 872-4232
Type: Parent Agency Administrator LORRY SNYDER

Owner Information
CHOICE HOMECARE OF Â€ŽNACOGDOCHES, Â€ŽLLC
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 04/13/2024

County **TRAVIS** Region 05 Date Licensed 07/17/2014
License # 016319 CHOICE HOSPICE
Lic Expire 07/31/2022 3724 EXECUTIVE CENTER DRIVE; SUITE 220
Medicare 1: 741592 HOSPICE AUSTIN, TX 78731
Medicare 2:
Phone (737) 484-0080 Fax (737) 454-0086
Type: Parent Agency Administrator MARIE SOMMERVILLE

Owner Information
CHARIS HOSPICE, LLC
6760 OLD JACKSONVILLE HWY, STE 102
TYLER, TX 75703
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/30/2021

County **TRAVIS** Region 07 Date Licensed 09/17/2013
License # 015904 CIRCLE OF CARE
Lic Expire 09/30/2021 4005 BANISTER LANE STE#180 C
Medicare 1: AUSTIN, TX 78704
Medicare 2:
Phone (512) 615-9004 Fax (512) 615-9005
Type: Branch Agency Administrator CHARLOTTE CHANDLER

Owner Information
CTW HOME HEALTH INC
4553 N LOOP 1604 W STE#1119
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 06/03/2014
License # 016423 COMFORCARE
Lic Expire 06/30/2022 1017 RANCH ROAD 620 SOUTH STE 220
Medicare 1: LAKEWAY, TX 78734
Medicare 2:
Phone (512) 402-9599 Fax (512) 402-9590
Type: Parent Agency Administrator WILLIAM MASSEY

Owner Information
GPM HOME CARE LLC
51 COTTONDALE ROAD
AUSTIN, TX 78738
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 07/16/2015
License # 016918 COMFORT KEEPERS #983
Lic Expire 07/31/2021 5424 W HIGHWAY 290 STE 105
Medicare 1: AUSTIN, TX 78735
Medicare 2:
Phone (512) 766-0100 Fax (844) 766-0107
Type: Parent Agency Administrator TRAVIS SMITH

Owner Information
TEXCARE SERVICES LLC
706B W. BEN WHITE BLVD., STE#170 B
AUSTIN, TX 78704
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 01/11/2008
License # 011815 CONTINENTAL HEALTHCARE INC
Lic Expire 01/31/2022 205 SOUTH WILD BASIN RD BLD 3
Medicare 1: 747082 HHA-18 AUSTIN, TX 78746
Medicare 2:
Phone (512) 906-1756 Fax (512) 906-1877
Type: Parent Agency Administrator TANYA OTTI

Owner Information
CONTINENTAL HEALTHCARE, INC
205 SOUTH WILD BASIN RD BLD 3
AUSTIN, TX 78746
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 04/06/1995
License # 003655 CORAM CVS/SPECIALTY INFUSION SERVICES
Lic Expire 04/30/2022 1905A KRAMER LANE SUITE #500
Medicare 1: AUSTIN, TX 78758
Medicare 2:
Phone (512) 832-1330 Fax (512) 832-1240
Type: Parent Agency Administrator JAMES RANKIN

Owner Information
CORAM ALTERNATE SITE SERVICES INC
ONE CVS DRIVE, MC #1160
WOONSOCKET, RI 2895
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 03/02/2021
License # 020555 CURA STAFFING SERVICES
Lic Expire 03/02/2023 600 CONGRESS AVENUE, FLOOR 14
Medicare 1: AUSTIN, TEXAS 78701
Medicare 2:
Phone (469) 712-6899 Fax
Type: Parent Agency Administrator TAYLOR PRICE

Owner Information
HUNTINGTON CREEK CAPITAL XI, LLC
600 CONGRESS AVE FL 14
AUSTIN, TEXAS 78701
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 11/30/2000
License # 007556 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 11/30/2022 1701 DIRECTORS BLVD SUITE 200
Medicare 1: AUSTIN, TX 78744
Medicare 2:
Phone (512) 419-1962 Fax (877) 463-1310
Type: Parent Agency Administrator CHARLES CRADY

Owner Information
DISABILITY SERVICES OF THE SOUTHWEST INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 01/01/2018
License # 018662 EDWARDS HOME HEALTH
Lic Expire 12/31/2021 8411 N IH35
Medicare 1: 747966 HHA-18 AUSTIN, TEXAS 78753
Medicare 2:
Phone (512) 763-4690 Fax 18663394149
Type: Parent Agency Administrator EDWARD MARROQUIN

Owner Information
EDWARD HEALTH CARE, INC.
1106 CLAYTON LANE, STE. 218E
AUSTIN, TX 78723
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 09/10/2012
License # 015057 EDWARD'S HOME HEALTH & HOSPICE
Lic Expire 8411 N IH35
Medicare 1: 747789 HHA-18;74 AUSTIN, TEXAS 78753
Medicare 2:
Phone (512) 763-4690 Fax 18663394149
Type: Parent Agency Administrator EDWARD MARROQUIN

Owner Information
EDWARD'S HOME HEALTH, INC.
1106 CLAYTON LANE SUITE 218 E
AUSTIN, TEXAS 78723
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 01/01/2018
License # 018574 ELDER HOME HEALTHCARE
Lic Expire 12/31/2021 1512 W. HOWARD LN
Medicare 1: 747954 AUSTIN, TX 78728
Medicare 2:
Phone (512) 900-2488 Fax (512) 275-6411
Type: Parent Agency Administrator MIMI ANH-NGOC TRAN

Owner Information
ELDER HOME HEALTHCARE
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TRAVIS** Region 05 Date Licensed 04/22/2011
License # 014052 ELDER HOMECARE INC
Lic Expire 04/30/2021 1512 W HOWARD LN
Medicare 1: AUSTIN, TX 78728
Medicare 2:
Phone (512) 371-6828 Fax (512) 275-6411
Type: Parent Agency Administrator MIMI TRAN

Owner Information
ELDER HOMECARE INC
1512 W. HOWARD LANE
AUSTIN, TX 78728
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 05/24/2018
License # 018759 EMBARK HOME CARE
Lic Expire 05/31/2022 2316 CHRISTOFF LOOP
Medicare 1: AUSTIN, TX 78748
Medicare 2:
Phone (512) 522-1564 Fax
Type: Parent Agency Administrator LAURA ADAMS

Owner Information
EMBARK HOME CARE LLC
2316 CHRISTOFF LOOP
AUSTIN, TX 78748
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 06/01/2010
License # 013546 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2022 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 115
Medicare 1: 678267 HHA-18 AUSTIN, TEXAS 78744
Medicare 2:
Phone 512 3264191 Fax 512 3264519
Type: Parent Agency Administrator MOLLY THOMAS

Owner Information
ENCOMPASS HOME HEALTH OF AUSTIN, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TRAVIS** Region 05 Date Licensed 06/01/2010
License # 013546 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 05/31/2022 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 115
Medicare 1: 678267 HHA-18 AUSTIN, TEXAS 78744
Medicare 2:
Phone 512 3264191 Fax 512 3264519
Type: Parent Agency Administrator MOLLY THOMAS

Owner Information
ENCOMPASS HOME HEALTH OF AUSTIN, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TRAVIS** Region 07 Date Licensed 12/01/2004
License # 009490 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2022 8920 BUSINESS PARK DRIVE, SUITE 200
Medicare 1: AUSTIN, TEXAS 78759
Medicare 2:
Phone 512 3391023 Fax 512 3394687
Type: Branch Agency Administrator BEAU POLLARO

Owner Information
HALLMARK HOMECARE, L.P.
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TRAVIS** Region 05 Date Licensed 09/11/2015
License # 017023 ENCOMPASS HEALTH HOSPICE
Lic Expire 09/30/2021 7901 E. RIVERSIDE DRIVE, BLDG. 2, SUITE 120
Medicare 1: 741638 HOSPICE AUSTIN, TEXAS 78744
Medicare 2:
Phone (512) 284-9642 Fax (512) 291-7246
Type: Parent Agency Administrator JILL VEZORAK

Owner Information
ENCOMPASS HOME HEALTH OF AUSTIN, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 06 Date Licensed 10/25/2010
License # 013330 EVEROSE HEALTHCARE INC
Lic Expire 05/31/2022 10308 N. INTERSTATE 35
Medicare 1: AUSTIN, TX 78753
Medicare 2:
Phone (512) 323-6099 Fax (512) 323-6733
Type: Branch Agency Administrator TED DIEP NGUYEN

Owner Information
EVEROSE HEALTHCARE INC
11200 WESTHEIMER RD SUITE 100
HOUSTON, TX 77042
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 04/16/2018
License # 014707 FAMILY TREE IN-HOME CARE
Lic Expire 03/31/2022 8213 SHOAL CREEK BLVD STE 104
Medicare 1: AUSTIN, TX 78757
Medicare 2:
Phone (512) 337-8882 Fax (713) 333-9995
Type: Branch Agency Administrator ALEX BONETTI

Owner Information
ABSF, LLC
3600 S GESSNER, SUITE 150
HOUSTON, TX 77063
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 06/27/1997
License # 005778 FIRST CARE HOME HEALTH SERVICES
Lic Expire 06/30/2021 1317 PICADILLY DRIVE, SUITE C-303
Medicare 1: 459475 PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (512) 990-2425 Fax (512) 990-2684
Type: Parent Agency Administrator PAUL INAMETI

Owner Information
SYLVIA E INAMETI
17105 BISHOPS GATE DRIVE
PFLUGERVILLE, TX 78660
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 04/19/2006
License # 019221 FIRST DIVINE HOME HEALTHCARE
Lic Expire 11/15/2022 7901 CAMERON ROAD BUILDING 3 SUITE 302
Medicare 1: 679668 HHA-18 AUSTIN, TEXAS 78754
Medicare 2:
Phone (512) 251-7077 Fax (512) 990-8387
Type: Parent Agency Administrator FLORENCE TUBONEMI

Owner Information
FIRST DIVINE HOME HEALTHCARE AGENCY, INC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 09/30/2019
License # 019170 FIRSTLIGHT HOME CARE OF AUSTIN
Lic Expire 12/28/2020 3930 BEE CAVES ROAD, BUILDING 2, UNIT H
Medicare 1: AUSTIN, TEXAS 78746
Medicare 2:
Phone (512) 329-2555 Fax
Type: Parent Agency Administrator KIMBERLY MITCHELL

Owner Information
SCRUGGS FAMILY HOLDINGS INC.
4304 ADIRONDACK SUMMIT DRIVE
AUSTIN, TEXAS 78738
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 09/03/2010
License # 013551 GENERATIONS HEALTH CARE INC
Lic Expire 09/30/2022 7703 NORTH LAMAR BLVD SUITE 160
Medicare 1: 747595 HHA 74170 AUSTIN, TX 78752
Medicare 2:
Phone (737) 240-3003 Fax (737) 240-3004
Type: Parent Agency Administrator MARLO MARION

Owner Information
GENERATIONS HEALTH CARE INC
2819 NW LOOP 410 SUITE B
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 11/30/2007
License # 011732 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 3307 NORTHLAND DRIVE SUITE #260
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 454-3581 Fax (512) 453-1748
Type: Parent Agency Administrator LAVERNE FOWLER

Owner Information
HARDEN HOME HEALTH, LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 06/01/2011
License # 014207 GUCCI HEALTHCARE SERVICES INC
Lic Expire 05/31/2021 111 WEST ANDERSON LANE STE. D220
Medicare 1: 747927 HHA-18 AUSTIN, TX 78752
Medicare 2:
Phone (512) 992-0905 Fax (512) 582-0112
Type: Parent Agency Administrator GODWIN DURU

Owner Information
GUCCI HEALTHCARE SERVICES INC
111 WEST ANDERSON LANE, STE#D220
AUSTIN, TX 78752
PHONE: (512) 567-8276 FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 03/13/2012
License # 014688 HALCYON HOME LLC
Lic Expire 03/31/2022 8133 MESA DR STE 200
Medicare 1: 747931 HHA-18;74 AUSTIN, TX 78759
Medicare 2:
Phone (512) 815-9009 Fax (512) 233-5161
Type: Parent Agency Administrator TANYA ROBERTS

Owner Information
HALCYON HOME, LLC
8133 MESA DR STE 200
AUSTIN, TX 78759
PHONE: (512) 815-9009 FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/30/2023

County **TRAVIS** Region 05 Date Licensed 07/23/2020
License # 020530 HALO SENIOR CARE
Lic Expire 07/23/2022 2101 S INTERSTATE 35
Medicare 1: AUSTIN, TX 78741
Medicare 2:
Phone (512) 394-4124 Fax (885) 507-7092
Type: Parent Agency Administrator NATASCHA DORSEY

Owner Information
SLG HALO, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 10/22/2018
License # 019224 HANA CARE TEXAS
Lic Expire 10/22/2022 223 W ANDERSON LANE SUITE A110
Medicare 1: 453107 AUSTIN, TX 787521109
Medicare 2:
Phone (512) 284-7757 Fax (512) 777-5044
Type: Parent Agency Administrator RYAN KIM

Owner Information
HANA HOME HEALTH CARE, INC.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 05/03/2007
License # 011306 HARBOR HOSPICE OF AUSTIN LP
Lic Expire 05/31/2024 7800 SHOAL CREEK BLVD. SUITE 105N
Medicare 1: 671630 HOSPICE AUSTIN, TX 78757
Medicare 2:
Phone (512) 443-7100 Fax (512) 443-7109
Type: Parent Agency Administrator DARLEEN PARK

Owner Information
HARBOR HOSPICE OF AUSTIN LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/27/2021

County **TRAVIS** Region 05 Date Licensed 10/08/2013
License # 015952 HEART TO HEART HOSPICE OF AUSTIN LTD
Lic Expire 10/31/2021 4009 BANISTER LANE, SUITE 100
Medicare 1: 671529 HOSPICE AUSTIN, TX 78704
Medicare 2:
Phone (512) 707-2600 Fax (512) 707-2688
Type: Parent Agency Administrator CHRISTY BAKER

Owner Information
HEART TO HEART HOSPICE OF AUSTIN LTD
7240 CHASE OAKS BLVD.,
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/06/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 05/26/2005
License # 009777 HILL COUNTRY CARE PROVIDERS
Lic Expire 05/31/2022 3355 BEE CAVE RD STE 102 B
Medicare 1: AUSTIN, TX 78746
Medicare 2:
Phone (512) 402-1119 Fax (512) 614-4242
Type: Parent Agency Administrator JULIETTE VERDOORN

Owner Information
VERDOORN INC
3300 BEE CAVE RD SUITE 650 BOX#128
AUSTIN, TEXAS 78746
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 02/03/2016
License # 017252 HOME & COMMUNITY HEALTH SERVICES LLC
Lic Expire 02/28/2022 9038 NORTH INTERSTATE 35, UNIT B
Medicare 1: AUSTIN, TX 78753
Medicare 2:
Phone (512) 284-7819 Fax (512) 727-7689
Type: Parent Agency Administrator MUSU TURAY

Owner Information
HOME & COMMUNITY HEALTH SERVICES, LLC
510 SOUTH CONGRESS AVE., STE#110
AUSTIN, TX 78704
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 02/07/2018
License # 012728 HOME CARE ASSISTANCE
Lic Expire 07/31/2021 3500 RANCH ROAD 620 STE F200
Medicare 1: BEE CAVE, TX 78738
Medicare 2:
Phone (512) 623-7800 Fax (512) 551-0323
Type: Branch Agency Administrator ANDREW HODGE

Owner Information
AUSTIN HOME CARE ASSISTANCE LLC
9707 ANDERSON MILL RD STE 345
AUSTIN, TX 78750
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 07/21/2009
License # 012728 HOME CARE ASSISTANCE
Lic Expire 07/31/2021 9707 ANDERSON MILL RD STE 330
Medicare 1: AUSTIN, TX 78750
Medicare 2:
Phone (512) 623-7800 Fax (512) 551-0323
Type: Parent Agency Administrator ANDREW HODGE

Owner Information
AUSTIN HOME CARE ASSISTANCE LLC
9707 ANDERSON MILL RD STE 345
AUSTIN, TX 78750
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 01/22/2018
License # 018566 HOME HELPERS AND DIRECT LINK OFFICE #58890
Lic Expire 01/31/2022 6500 CHAMPION GRANDVIEW WAY #15208
Medicare 1: AUSTIN, TX 78750
Medicare 2:
Phone (512) 549-0308 Fax
Type: Parent Agency Administrator CHRISTOPHER GRAHAM

Owner Information
ICARE PREMIUM SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 02/28/2019
License # 019326 HOME INSTEAD SENIOR CARE
Lic Expire 02/28/2024 1217 W SLAUGHTER LN #130
Medicare 1: AUSTIN, TX 78748
Medicare 2:
Phone (512) 347-9207 Fax (512) 347-9227
Type: Parent Agency Administrator TASHA GORMAN

Owner Information
JT SENIOR CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 09/28/2007
License # 011643 HOME THERAPY AUSTIN
Lic Expire 09/30/2021 3724 EXECUTIVE DRIVE BLDG 9 SUITE 220
Medicare 1: 679646 HHA-18 AUSTIN, TX 78731
Medicare 2:
Phone (512) 637-1550 Fax (512) 637-1551
Type: Parent Agency Administrator LORRY SNYDER

Owner Information
HOME THERAPY SPECIALISTS, INC.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 04/21/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 07 Date Licensed 02/17/2017
License # 017971 HOMECARE DIMENSIONS INC
Lic Expire 02/28/2023 8107 SPRINGDALE ROAD STE #110
Medicare 1: 67Q8191001 AUSTIN, TX 78724
Medicare 2:
Phone (512) 973-9540 Fax (512) 973-9323
Type: Branch Agency Administrator ASHLEIGH STRICKLAND

Owner Information
HOMECARE DIMENSIONS, INC.
12500 NETWORK BLVD SUITE 210
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TRAVIS** Region 05 Date Licensed 08/14/2019
License # 019523 HOMEWATCH CAREGIVERS OF AUSTIN LAKEWAY
Lic Expire 08/14/2021 6101 W COURTYARD DRIVE, SUITE 150
Medicare 1: AUSTIN, TX 78730
Medicare 2:
Phone (512) 455-8888 Fax (512) 455-8888
Type: Parent Agency Administrator CHRISTENA KOTOBI

Owner Information
KOTOBI & ASSOCIATES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 03/25/2021
License # 020646 HOMEWATCH CAREGIVERS OF CENTRAL AUSTIN
Lic Expire 03/25/2024 11615 ANGUS RD, SUITE 121
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone (210) 965-5300 Fax
Type: Parent Agency Administrator BRANDON GRIGG

Owner Information
GRIGG HOLDINGS, INC.
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 08/16/2016
License # 017579 HONOR PC TEXAS INC
Lic Expire 08/31/2022 11009 METRIC BLVD. BLDG J, SUITE 100
Medicare 1: AUSTIN, TX 78758
Medicare 2:
Phone (512) 900-3489 Fax (415) 367-1335
Type: Parent Agency Administrator ISAAC IPSON

Owner Information
HONOR PC TEXAS, INC
2151 SALVIO STREET #310
CONCORD, CA 94520
PHONE: (214) 494-8808 FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 06/29/2016
License # 017489 HOPE & GRACE HOSPICE INC
Lic Expire 06/30/2022 13740 N HIGHWAY 183 BUILDING H UNIT 1
Medicare 1: 741667 HOSPICE AUSTIN, TX 78750
Medicare 2:
Phone (512) 358-4222 Fax (512) 250-8896
Type: Parent Agency Administrator ANGELA N NJOKU

Owner Information
HOPE & GRACE HOSPICE INC
SAME AS ABOVE
AUSTIN, TX 78750-1821
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/27/2023

County **TRAVIS** Region 05 Date Licensed 02/08/2021
License # 020515 HOPING HEARTS HOME CARE
Lic Expire 02/08/2023 3800 N. LAMAR BLVD SUITE 200
Medicare 1: AUSTIN, TEXAS 78756
Medicare 2:
Phone (737) 268-2302 Fax
Type: Parent Agency Administrator JENEE BOATSWAIN

Owner Information
HOPING HEARTS HOME CARE, LLC.
PO BOX 19625
AUSTIN, TX 78760
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 10/01/1986
License # 001791 HOSPICE AUSTIN
Lic Expire 09/30/2021 4107 SPICEWOOD SPRINGS RD, SUITE 100
Medicare 1: 451515 HOSPICE AUSTIN, TX 78759
Medicare 2:
Phone (512) 342-4700 Fax (512) 795-9053
Type: Parent Agency Administrator MARJORIE MULANAX

Owner Information
HOSPICE AUSTIN
4107 SPICEWOOD SPRINGS ROAD
AUSTIN, TX 78759
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/02/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 10/06/1997
License # 001791 HOSPICE AUSTIN
Lic Expire 09/30/2021 2820 E MARTIN LUTHER KING BLVD
Medicare 1: AUSTIN, TX 78702
Medicare 2:
Phone (512) 322-0747 Fax (512) 477-7970
Type: Alternate Delivery Site Administrator MARJORIE MULANAX

Owner Information
HOSPICE AUSTIN
4107 SPICEWOOD SPRINGS ROAD
AUSTIN, TX 78759
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

County **TRAVIS** Region 05 Date Licensed 01/17/2014
License # 013855 HOSPICE COMPASSUS
Lic Expire 3809 S 2ND STREET SUITE B-400
Medicare 1: AUSTIN, TX 78704
Medicare 2:
Phone (512) 462-0538 Fax (512) 462-0565
Type: Alternate Delivery Site Administrator KEVIN HOLLINGER

Owner Information
CLP REGENCY OF TEXAS, LLC
10 CADILLAC DRIVE STE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 07/21/2021

County **TRAVIS** Region 07 Date Licensed
License # 014286 HOSPICE OF SAN ANTONIO
Lic Expire 08/31/2021 7500 RIALTO BLVD BLDG 1 SUITE 250
Medicare 1: AUSTIN, TX 78735
Medicare 2:
Phone (512) 549-2249 Fax (512) 549-2249
Type: Alternate Delivery Site Administrator FRANK HART

Owner Information
SIXRSIG LLC
85 NE LOOP 410 STE 607
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 05/29/2015
License # 017045 JORDAN HEALTH SERVICES, A PART OF THE ELARA CARING NETWORK
Lic Expire 05/31/2021 1 CHISHOLM TRAIL, SUITE 250 B
Medicare 1: 678232 HHA-18 ROUND ROCK, TX 78681
Medicare 2:
Phone (512) 246-1451 Fax (512) 246-1453
Type: Parent Agency Administrator HEIDI TINCH

Owner Information
ACCORD HOME CARE, INC. DBA ELARA CARING
14295 MIDWAY RD., STE#400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 07/17/2006
License # 010617 K AND J SUNSHINE HOME HEALTH CARE INC
Lic Expire 07/31/2022 111 W ANDERSON LANE SUITE E-346A
Medicare 1: 679734 HHA-18 AUSTIN, TX 78752
Medicare 2:
Phone (512) 990-8027 Fax (512) 458-8027
Type: Parent Agency Administrator JANE DIKE

Owner Information
K AND J SUNSHINE HOME HEALTH CARE INC
1101 PURPLE MARTIN DRIVE
PFLUGERVILLE, TX 78660
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 02/03/2020
License # 019800 KEEP SAFE CARE - CENTRAL AUSTIN
Lic Expire 02/03/2022 1704 WEST AVENUE UNIT 303
Medicare 1: AUSTIN, TX 78701
Medicare 2:
Phone 512 6323080 Fax
Type: Parent Agency Administrator JEFFREY FRY

Owner Information
BERLOW FRY, INC.
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 11/30/2007
License # 011739 KINDRED AT HOME
Lic Expire 11/30/2021 3307 NORTHLAND DRIVE, SUITE 302
Medicare 1: 457050 HHA-18 AUSTIN, TX 787314943
Medicare 2:
Phone (512) 342-0331 Fax (512) 206-4414
Type: Parent Agency Administrator LAURA URIAS

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 02/11/2002
License # 007845 KINDRED HOSPICE
Lic Expire 02/28/2022 3307 NORTHLAND DRIVE SUITE 300
Medicare 1: 451715 HOSPICE AUSTIN, TX 78731
Medicare 2:
Phone (512) 651-9227 Fax (512) 380-9385
Type: Parent Agency Administrator CRISTY FARMER

Owner Information
ODYSSEY HEALTHCARE OPERATING A LP
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/13/2023

County **TRAVIS** Region 05 Date Licensed 03/01/2019
License # 019404 LEARNING SERVICES HOME AND COMMUNITY LLC
Lic Expire 05/31/2021 9050 N. CAPITAL OF TEXAS HWY, BLDG 3, STE 160
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone (866) 820-5200 Fax (866) 870-2937
Type: Parent Agency Administrator RUTH ESTES

Owner Information
LEARNING SERVICES HOME AND COMMUNITY LLC
131 LANGLEY DRIVE, SUITE B
LAWRENCEVILLE, GA 30046
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 03/05/2013
License # 015414 LIFESPAN HOME HEALTH
Lic Expire 03/31/2024 1701 DIRECTORS BLVD. STE 200
Medicare 1: 747944 HHA-18 AUSTIN, TX 78744
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator CHARLES "CD" CRADY

Owner Information
ADVANCE HI-TECH NURSING INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP, Expires: 05/01/2023

County **TRAVIS** Region 05 Date Licensed 04/30/2018
License # 018806 LIFESPRING HOME HEALTH
Lic Expire 04/30/2022 7703 N LAMAR BLVD SUITE 330
Medicare 1: 679049 HHA-18 AUSTIN, TX 78752
Medicare 2:
Phone (512) 206-4250 Fax (844) 440-2813
Type: Parent Agency Administrator AMY PETTY

Owner Information
LIFESPRING IN-HOME HEALTH LLC
500 E 4TH STREET # 313
AUSTIN, TX 78701
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 08/09/2010
License # 013520 LONGHORN VILLAGE
Lic Expire 08/31/2022 12501 LONGHORN PARKWAY
Medicare 1: AUSTIN, TX 78732
Medicare 2:
Phone (512) 266-5600 Fax (512) 597-2964
Type: Parent Agency Administrator LYNN NALODKA

Owner Information
LONGHORN VILLAGE
12001 LONGHORN PARKWAY
AUSTIN, TX 78732
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 10/14/2011
License # 014425 LOVING GRACE HEALTH CARE INC
Lic Expire 10/31/2021 111 WEST ANDERSON LANE STE D204
Medicare 1: 747947 HHA-18 AUSTIN, TX 78752
Medicare 2:
Phone (512) 673-9362 Fax (512) 206-4977
Type: Parent Agency Administrator OLASIMBO OBAWOLE

Owner Information
LOVING GRACE HEALTH CARE INC
111 WEST ANDERSON LANE, STE#D204
AUSTIN, TX 78752
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 07/01/2020
License # 020027 MAGNOLIA HOSPICE
Lic Expire 07/01/2022 1421 N. WELLS BRANCH PARKWAY
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (512) 610-9503 Fax (512) 610-9503
Type: Parent Agency Administrator GRACE MILLS

Owner Information
RHI MAGNOLIA OF CENTRAL TEXAS, LLC
101 W RENNER RD STE 402
RICHARDSON, TEXAS 75082
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 01/21/2009
License # 012913 MAXIM HEALTHCARE SERVICES INC
Lic Expire 01/31/2023 3636 EXECUTIVE CENTER DR. SUITE 150
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 340-0171 Fax (866) 431-5957
Type: Parent Agency Administrator KATHERINE MARTINEZ

Owner Information
MAXIM HEALTHCARE SERVICES INC
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 08/09/1994
License # 003605 MEALS ON WHEELS CENTRAL TEXAS IN-HOME CARE
Lic Expire 08/31/2022 3227 EAST 5TH STREET
Medicare 1: AUSTIN, TX 78702
Medicare 2:
Phone (512) 477-3796 Fax (512) 477-6437
Type: Parent Agency Administrator MARSHA WIER

Owner Information
HELPING THE AGING NEEDY AND DISABLED INC
3227 EAST 5TH STREET
AUSTIN, TX 78702
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 01/13/2015
License # 016600 MGA HOMECARE
Lic Expire 01/31/2023 9737 GREAT HILLS TRAIL #120
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone (512) 872-2180 Fax (512) 872-2181
Type: Parent Agency Administrator DREW ALLISON

Owner Information
MGA HEALTHCARE TEXAS, LLC
7025 N SCOTTSDALE ROAD, SUITE 200
SCOTTSDALE, AZ 85253
PHONE: (214) 292-9900 FAX: (214) 292-9809
Services: Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 11/17/2023

County **TRAVIS** Region 03 Date Licensed 11/07/2013
License # 015128 MGA HOMECARE
Lic Expire 07/31/2022 9737 GREAT HILLS TRAIL #120
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone (512) 872-2180 Fax (512) 872-2181
Type: Branch Agency Administrator OZIEL CUEVAS

Owner Information
MGA HEALTHCARE TEXAS, LLC
7025 N SCOTTSDALE ROAD, SUITE 200
SCOTTSDALE, AZ 85253
PHONE: (214) 292-9900 FAX: (214) 292-9809
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 11/08/2018
License # 019072 MORNING GLORY RESIDENTIAL LIVING AND HOME HEALTH CARE LLC
Lic Expire 11/08/2022 1205 GOLDEN EAGLE STREET
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (512) 649-8224 Fax (512) 649-1440
Type: Parent Agency Administrator JANE TAYLOR

Owner Information
MORNING GLORY RESIDENTIAL LIVING AND HOME HEALTH CARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 03/09/2017
License # 017945 MUVE HOME HEALTH LLC
Lic Expire 03/31/2024 5329 SERENE HILLS DRIVE STE 200
Medicare 1: LAKEWAY, TX 78738
Medicare 2:
Phone (512) 357-8212 Fax (512) 290-9210
Type: Parent Agency Administrator PEGGY GLAWE

Owner Information
MUVE HOME HEALTH LLC
5329 SERENE HILLS DRIVE SUITE 200
LAKEWAY, TX 78738
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 01/19/2016
License # 017517 NEW CENTURY HOSPICE OF AUSTIN
Lic Expire 01/31/2022 9430 RESEARCH BLVD STE 11-100
Medicare 1: 671502 HOSPICE AUSTIN, TX 78759
Medicare 2:
Phone (512) 342-8288 Fax (512) 342-8122
Type: Parent Agency Administrator ANDRES GONZALES

Owner Information
ANGEL HEART HOSPICE LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACHC, Expires: 07/03/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 04/18/1984
License # 003114 NEW HOPE HEALTH CARE INC
Lic Expire 04/30/2021 2028 EAST BEN WHITE BLVD SUITE #230
Medicare 1: AUSTIN, TX 78741
Medicare 2:
Phone (512) 442-7132 Fax (512) 442-7629
Type: Parent Agency Administrator PATRICIA STINSON-SUNBURY

Owner Information
NEW HOPE HEALTH CARE, INC
2028 EAST BEN WHITE #324
AUSTIN, TX 78741
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 11/12/2013
License # 015865 NURSES CASE MANAGEMENT LLC
Lic Expire 11/30/2021 7800 NORTH MOPAC EXPRESSWAY SUITE 300
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone (512) 338-4533 Fax (512) 338-4471
Type: Parent Agency 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

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County **TRAVIS** Region 05 Date Licensed 07/29/2015
License # 016942 NURSES UNLIMITED INC
Lic Expire 07/31/2021 8140 N MOPAC EXPWY SUITE 150 BLDG 1
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone 512 3809339 Fax 512 3809165
Type: Parent Agency Administrator REGANALD MACKEY

Owner Information
NURSES UNLIMITED, INC.
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 02/12/2009
License # 012448 OLIVER HOME HEALTHCARE AGENCY LLC
Lic Expire 07/30/2021 6448 HWY 290 EAST SUITE F-102/F-103
Medicare 1: AUSTIN, TX 78723
Medicare 2:
Phone (512) 482-0499 Fax (512) 605-3719
Type: Parent Agency Administrator JOHN OLIVER

Owner Information
OLIVER HOME HEALTHCARE AGENCY LLC
P O BOX 4647
AUSTIN, TX 78765
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 09/15/2015
License # 017099 OUR FAMILY HOME CARE
Lic Expire 09/30/2021 6000 N LAMAR BLVD #215
Medicare 1: AUSTIN, TX 78752
Medicare 2:
Phone (512) 522-2949 Fax (512) 852-6776
Type: Parent Agency Administrator VIRGINIA EBEST

Owner Information
OUR FAMILY HOME CARE
PO BOX 301232
AUSTIN, TX 78703
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 12/03/2020
License # 020368 PARAGON INFUSION SERVICES, INC.
Lic Expire 12/03/2022 720 WEST 34TH STREET, #225
Medicare 1: AUSTIN, TEXAS 78705
Medicare 2:
Phone (512) 823-2000 Fax (866) 491-5888
Type: Parent Agency Administrator TERRIA DEASFERNANDEZ

Owner Information
PATHWRITE, INC.
3033
DENTON, TX 76205
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 02/03/2016
License # 017255 PATIENT'S PREMIER CHOICE LLC
Lic Expire 02/28/2022 1508 DESSAU RIDGE LANE, SUITE #203
Medicare 1: AUSTIN, TX 78754
Medicare 2:
Phone (855) 905-0222 Fax (512) 904-0222
Type: Parent Agency 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

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County **TRAVIS** Region 05 Date Licensed 11/10/2014
License # 016519 PEDIATRIC HEALTHCARE CONNECTION
Lic Expire 11/30/2022 9011 MOUNTAIN RIDGE DRIVE, SUITE #130
Medicare 1: AUSTIN, TEXAS 78759
Medicare 2:
Phone (512) 777-4092 Fax (866) 311-9885
Type: Parent Agency Administrator JULIE GAUT

Owner Information
TOTS IN TOW, LLC
12617 LEE PARK LANE
AUSTIN, TX 78732
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 05/11/2018
License # 018747 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 05/31/2022 8501 NORTH MOPAC EXPRESSWAY SUITE 430
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone (512) 900-8791 Fax (512) 614-4201
Type: Parent Agency Administrator JULIE GOLIGHTLY

Owner Information
PEDIATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 07/03/2012
License # 015151 PINNACLE SENIOR CARE
Lic Expire 07/31/2022 7800 SHOAL CREEK BLVD STE 118 W
Medicare 1: 677950 HHA-18 AUSTIN, TX 78757
Medicare 2:
Phone (512) 374-0700 Fax (512) 374-0740
Type: Parent Agency Administrator DEBORAH LEMON

Owner Information
COUNTRY STYLE HEALTH CARE, LLC
P. O BOX 99278
TROY, MI 48099
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 03/15/2022

County **TRAVIS** Region 05 Date Licensed 08/18/2020
License # 020111 PRACTICAL CARE CONTINUUM, LLC
Lic Expire 08/18/2022 1507 NORTH STREET, UNIT 1
Medicare 1: AUSTIN, TEXAS 78756
Medicare 2:
Phone 512 4004331 Fax 512 843 8545
Type: Parent Agency Administrator SAMANTHA YOUNG

Owner Information
PRACTICAL CARE CONTINUUM, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 09/26/2017
License # 018340 PROPEDIA HEALTH SERVICES INC
Lic Expire 01/01/2024 2401 W PECAN STREET SUITE 106
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (512) 487-9635 Fax (512) 551-4007
Type: Parent Agency Administrator FELIX NTAH

Owner Information
PROPEDIA HEALTH SERVICES INC
804 RUNNERS RIDGE
PFLUGERVILLE, TX 78660
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 12/14/2016
License # 017964 RAINIER HOMECARE
Lic Expire 12/31/2020 10711 BURNET ROAD SUITE 304
Medicare 1: 747604 HHA-18 AUSTIN, TX 78758
Medicare 2:
Phone (512) 219-0233 Fax (512) 219-1110
Type: Parent Agency Administrator CHRISTINA GRABOSKI

Owner Information
TEXAS ACCEPTANCE HOME HEALTHCARE, LLC
10711 BURNET RD STE 304
AUSTIN, TX 78758
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 08/18/2023

County **TRAVIS** Region 05 Date Licensed 02/20/2015
License # 016651 RAINIER HOSPICE
Lic Expire 02/28/2021 10711 BURNET RD STE 304
Medicare 1: 741620 HOSPICE AUSTIN, TX 78758
Medicare 2:
Phone (512) 840-5798 Fax (512) 597-2118
Type: Parent Agency Administrator JAMES FRITSCHEN

Owner Information
TLC HOSPICE OF AUSTIN LLC
10711 BURNET RD STE 304
AUSTIN, TX 78758
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 06/03/2022

County **TRAVIS** Region 05 Date Licensed 11/07/2012
License # 015185 REDBUD HOMECARE SERVICES LLC
Lic Expire 11/30/2023 11200 MENCHACA RD SUITE 305
Medicare 1: AUSTIN, TX 78748
Medicare 2:
Phone (512) 523-8245 Fax (512) 692-2530
Type: Parent Agency Administrator ANNE WALKER-MCBAY

Owner Information
REDBUD HOMECARE SERVICES LLC
16222 OAK GROVE ROAD SUITE#2A
BUDA, TX 78610
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed
License # 020034 REMARKABLE HOSPICE
Lic Expire 1421 N WELLS BRANCH PARKWAY
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (512) 610-9503 Fax (512) 610-9503
Type: Alternate Delivery Site Administrator GRACE MILLS

Owner Information
EDITION HEALTH SERVICES INC
101 W RENNER RD
RICHARDSON, TEXAS 75082
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 06 Date Licensed 06/18/2008
License # 009621 RESOURCE CARE CORPORATION
Lic Expire 11/30/2020 7701 NORTH LAMAR #202
Medicare 1: AUSTIN, TX 78752
Medicare 2:
Phone (512) 837-4600 Fax (512) 837-4607
Type: Branch Agency 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

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County **TRAVIS** Region 05 Date Licensed 04/23/2019
License # 019339 RICHCREEK HEALTHCARE LLC
Lic Expire 04/23/2021 1503 RICHCREEK RD. UNIT A
Medicare 1: AUSTIN, TEXAS 78757
Medicare 2:
Phone (512) 614-6943 Fax
Type: Parent Agency Administrator REGINALD ST. GERMAIN

Owner Information
RICHCREEK HEALTHCARE LLC
2700 WEST ANDERSON LANE, SUITE 205-47
AUSTIN, TX 78757
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 04/29/2009
License # 012568 RIGHT AT HOME 1202
Lic Expire 04/30/2023 5555 N LAMAR BLVD SUITE C111
Medicare 1: AUSTIN, TX 78751
Medicare 2:
Phone (512) 465-9900 Fax (512) 465-9901
Type: Parent Agency Administrator KATRINA VANBENTHUYSEN

Owner Information
EDWIN YOUNG HEALTHCARE INC
5555 N. LAMAR BLVD., SUITE #C111
AUSTIN, TX 78751
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 02/01/2021
License # 020497 RO HEALTH, INC.
Lic Expire 02/01/2023 4408 SPICEWOOD SPRINGS ROAD
Medicare 1: AUSTIN, TEXAS 78759
Medicare 2:
Phone 512 7179062 Fax 888 6072889
Type: Parent Agency Administrator CRAIG YUEN

Owner Information
RO HEALTH, INC.
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 05/01/2014
License # 016399 ROBINSON CREEK HOME HEALTH AND HOSPICE
Lic Expire 08/01/2022 5316 HWY 290 SUITE 360
Medicare 1: 677433 HHA-18;45 AUSTIN, TX 78735
Medicare 2:
Phone (512) 328-7606 Fax (512) 328-1028
Type: Parent Agency Administrator STEPHANIE RICE

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

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 01/01/1999
License # 007053 ROSY HEALTH CARE SERVICES LTD
Lic Expire 12/31/2021 3724 AIRPORT BOULEVARD
Medicare 1: AUSTIN, TX 78722
Medicare 2:
Phone (512) 251-7555 Fax (512) 719-0908
Type: Parent Agency Administrator ROSEMARY UZUH

Owner Information
ROSY HEALTH CARE SERVICES LTD.
3724 AIRPORT BLVD
AUSTIN, TX 78722
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 08/19/2002
License # 008065 ROSY IN HOME SERVICES INC
Lic Expire 08/31/2022 3724 AIRPORT BOULEVARD
Medicare 1: 679338 HHA-18 AUSTIN, TX 78722
Medicare 2:
Phone (512) 479-1820 Fax (512) 719-0908
Type: Parent Agency Administrator ROSEMARY UZUH

Owner Information
ROSY IN HOME SERVICES INC
SAME
AUSTIN, TX 78722
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 09/12/2011
License # 014687 RWW HOME & COMMUNITY REHAB SERVICES INC
Lic Expire 09/30/2021 9020 CAPITAL OF TEXAS HIGHWAY, SUITE I-200
Medicare 1: AUSTIN, TEXAS 78759
Medicare 2:
Phone (888) 299-3998 Fax (855) 222-6934
Type: Parent Agency Administrator JULIANNE KRISSINGER

Owner Information
RWW HOME & COMMUNITY REHAB SERVICES, INC.
9901 LINN STATION ROAD
LOUISVILLE, KY 40223
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 03/27/2013
License # 015450 SENIOR SITTERS LLC
Lic Expire 03/31/2021 13740 RESEARCH BLVD. STE. M7
Medicare 1: AUSTIN, TX 78750
Medicare 2:
Phone (512) 250-5800 Fax (512) 250-5801
Type: Parent Agency Administrator YVETTE ESPINOZA

Owner Information
SENIOR SITTERS, LLC
11475 BRISTLE OAK TRAIL
AUSTIN, TX 78750
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 10/21/2011
License # 014436 SENIORMINDED HOME CARE
Lic Expire 10/31/2021 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

Owner Information
COMFORT MINDED HOME CARE LLC
1717 WEST SIXTH STREET STE#235
AUSTIN, TX 78703
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 07/11/2016
License # 016739 SETON HOME CARE
Lic Expire 03/31/2021 9430 RESEARCH BLVD SUITE 310
Medicare 1: 67Q7154001 AUSTIN, TX 78759
Medicare 2:
Phone (512) 863-3842 Fax (844) 809-2238
Type: Branch Agency Administrator AMANDA ROBERTS

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** Region 05 Date Licensed 03/05/2015
License # 016740 SETON HOSPICE
Lic Expire 03/31/2021 9430 RESEARCH BLVD STE 310
Medicare 1: 451543 HOSPICE AUSTIN, TX 78759
Medicare 2:
Phone 512 7568003 Fax 512 7568046
Type: Parent Agency Administrator BRYAN WALKER

Owner Information
SETON HIGHLAND LAKES HOSPICE LLC
309 INDUSTRIAL BOULEVARD
BURNET, TX 78611
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 03/28/2014
License # 016116 SILVERADO HOSPICE- AUSTIN
Lic Expire 03/31/2022 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

Owner Information
SILVERADO HOSPICE OF HOUSTON, INC
6400 OAK CANYON #200
IRVINE, CA 92618
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 11/14/2023

County **TRAVIS** Region 05 Date Licensed 02/05/2016
License # 017261 SOAL HOME HEALTH SERVICES LLC
Lic Expire 02/28/2022 1621 E 6TH STREET #1148
Medicare 1: AUSTIN, TEXAS 78702
Medicare 2:
Phone (512) 770-6293 Fax (888) 473-9584
Type: Parent Agency Administrator ALEJANDRA DELGADO

Owner Information
SOAL HOME HEALTH SERVICES LLC
1621 E 6TH ST SUITE 1148
AUSTIN, TEXAS 78702
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 12/31/2018
License # 019571 SONDER HOSPICE
Lic Expire 08/30/2021 4611 BEE CAVES RD, SUITE 213
Medicare 1: 971572 WEST LAKE HILLS, TEXAS 78746
Medicare 2:
Phone (512) 354-7222 Fax
Type: Parent Agency Administrator PATTY KLAERNER

Owner Information
AUSTIN COMMUNITY HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/05/2023

County **TRAVIS** Region 05 Date Licensed 06/07/2011
License # 014142 SONRISAS THERAPIES- PEDIATRIC HOME AND HEALTHCARE SERVICES LLC
Lic Expire 06/30/2021 2100 EAST MARTIN LUTHER KING JR BLVD
Medicare 1: AUSTIN, TX 78702
Medicare 2:
Phone (512) 900-7934 Fax (512) 900-7954
Type: Parent Agency Administrator LAURA FROELICH

Owner Information
SONRISAS THERAPIES -PEDIATRIC HOME AND HEALTHCARE SERVICES LLC
2100 EAST MARTIN LUTHER KING JR., BLVD.,
AUSTIN, TX 78702
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 06/21/2012
License # 014885 SPECIAL KIDS CARE
Lic Expire 06/30/2022 1524 S INTERSTATE 35 SUITE 365
Medicare 1: AUSTIN, TX 78704
Medicare 2:
Phone (512) 382-0222 Fax (512) 382-0765
Type: Parent Agency Administrator LESLIE RUTLEDGE

Owner Information
KIDS HOME CARE OF TEXAS, INC.
1225 NORTH LOOP WEST SUITE 500
HOUSTON, TX 77008
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 10/12/2018
License # 019604 STARLING HEALTHCARE SERVICES INC.
Lic Expire 10/22/2020 12531 TX-71 #3104
Medicare 1: BEE CAVE, TEXAS 78738
Medicare 2:
Phone (469) 270-0917 Fax (469) 804-3024
Type: Parent Agency Administrator ANTHONIA OZOR

Owner Information
STARLING HEALTHCARE SERVICES INC.
12531 TX-71 #3104
BEE CAVE, TEXAS 78738
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 03/11/2020
License # 019853 SUNCREST HOSPICE AUSTIN LLC
Lic Expire 03/11/2022 9020 CAPITAL OF TEXAS N SUITE 1-360
Medicare 1: 971604 Hospice AUSTIN, TEXAS 78759
Medicare 2:
Phone (512) 543-1381 Fax (512) 713-0650
Type: Parent Agency Administrator ANNE NISLEY

Owner Information
SUNCREST HOSPICE AUSTIN LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/23/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 03/28/2018
License # 018677 SWEET REMEDY CARE SERVICES LLC
Lic Expire 03/31/2022 6500 RIVER PLACE BLVD. BUILDING 7, SUITE 250
Medicare 1: AUSTIN, TEXAS 78730
Medicare 2:
Phone (512) 695-9733 Fax
Type: Parent Agency Administrator DETRA WASHINGTON

Owner Information
SWEET REMEDY CARE SERVICES LLC
P.O. BOX 142543
AUSTIN, TX 78714
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 04/30/2014
License # 016178 SYNERGY HOMECARE
Lic Expire 04/30/2022 11111 S-IH 35 FRONTAGE RD SUITE 103
Medicare 1: AUSTIN, TX 78747
Medicare 2:
Phone (512) 872-6116 Fax (512) 872-6118
Type: Parent Agency Administrator YAMMILE GALLEGOS

Owner Information
A.L.L. LONESTAR INC.
2110A BOCA RATON DRIVE ST. 207
AUSTIN, TX 78747
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 07/24/2019
License # 019493 SYNERGY HOMECARE OF CENTRAL AUSTIN
Lic Expire 07/24/2021 7500 RIALTO BLVD, BUILDING 1
Medicare 1: AUSTIN, TEXAS 78735
Medicare 2:
Phone (512) 318-2348 Fax (512) 375-3131
Type: Parent Agency Administrator JULIE TYGER

Owner Information
TYGER HOMECARE LLC
5940 SALCON CLIFF DRIVE
AUSTIN, TEXAS 78749
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 02/01/2021
License # 020496 SYNERGY HOMECARE OF WEST AUSTIN
Lic Expire 02/01/2023 7000 N MOPAC EXPRESSWAY SUITE 2067
Medicare 1: AUSTIN, TEXAS 78731
Medicare 2:
Phone (903) 705-2221 Fax
Type: Parent Agency Administrator SHARMEEN YOUSAF

Owner Information
ALSAIF LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 03 Date Licensed 04/10/2017
License # 012487 TEAM SELECT HOME CARE
Lic Expire 03/31/2023 709 W. 34TH STREET, UNIT C
Medicare 1: AUSTIN, TX 78705
Medicare 2:
Phone (512) 910-2473 Fax (512) 290-9219
Type: Branch Agency Administrator DANA TARRANT

Owner Information
VIVICARE HEALTH PARTNERS LLC
2999 N. 44TH STREET STE 100
PHOENIX, AZ 85018
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 11/20/2020
License # 020333 TEAM SELECT HOME CARE OF TEXAS, LLC
Lic Expire 11/20/2022 709 W. 34TH STREET, UNIT C
Medicare 1: AUSTIN, TX 78705
Medicare 2:
Phone (512) 910-2473 Fax (512) 290-9219
Type: Parent Agency Administrator LAURA QUINTANILLA

Owner Information
TEAM SELECT HOME CARE OF TEXAS, LLC
2999 N. 44TH STREET, SUITE 100
PHOENIX, AZ 85018
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 07/27/2020
License # 020077 TEXAS ANGELS OF HOPE LLC
Lic Expire 07/27/2022 6801 WILLIAM WALLACE WAY
Medicare 1: AUSTIN, TEXAS 78754
Medicare 2:
Phone 512 6144287 Fax 512 2913414
Type: Parent Agency Administrator ALBERTA JOHNSON

Owner Information
TEXAS ANGELS OF HOPE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 10/16/2009
License # 012904 TEXAS HOME CARE PARTNERS LLC
Lic Expire 10/31/2021 3160 BEE CAVE RD SUITE 302
Medicare 1: AUSTIN, TX 78746
Medicare 2:
Phone (512) 358-4556 Fax (512) 358-4982
Type: Parent Agency Administrator DEBORAH GARCIA

Owner Information
TEXAS HOME CARE PARTNERS LLC
3160 BEE CAVE RD STE#302
AUSTIN, TX 78746
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 12/11/2016
License # 017838 TEXAS HOME HEALTH HOSPICE-AUSTIN LLC
Lic Expire 12/31/2022 3520 EXECUTIVE CENTER DRIVE SUITE 320
Medicare 1: 671554 HOSPICE AUSTIN, TX 78731
Medicare 2:
Phone (512) 372-4194 Fax (512) 372-4351
Type: Parent Agency Administrator TAMI HATFIELD

Owner Information
TEXAS HOME HEALTH HOSPICE-AUSTIN, LLC
17855 N DALLAS PKWY SUITE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/03/2023

County **TRAVIS** Region 05 Date Licensed 03/09/2001
License # 007587 TEXAS HOME HEALTH OF AMERICA
Lic Expire 03/31/2022 3520 EXECUTIVE CENTER DRIVE SUITE 165
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-9690 Fax (512) 634-1871
Type: Branch Agency Administrator KATHLEEN ELIZONDO

Owner Information
TEXAS HOME HEALTH OF AMERICA, L.P.
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 09/30/2017
License # 018406 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2021 2512 S IH 35 SUITE 320
Medicare 1: 747786 AUSTIN, TX 78704
Medicare 2:
Phone (512) 326-1679 Fax (512) 326-1683
Type: Parent Agency Administrator RENE THURMAN

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 11/09/2021

County **TRAVIS** Region 05 Date Licensed 08/19/2005
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2022 3520 EXECUTIVE CENTER DRIVE SUITE G100
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-0093 Fax (512) 527-0407
Type: Branch Agency Administrator CASSIE MITCHELL

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 08/19/2005
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2022 3520 EXECUTIVE CENTER DRIVE SUITE G100
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-0093 Fax (512) 527-0407
Type: Branch Agency Administrator CASSIE MITCHELL

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 09/28/2001
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2022 3520 EXECUTIVE CENTER DRIVE SUITE G100
Medicare 1: 679120 HHA-18 AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-9690 Fax (512) 527-0407
Type: Parent Agency Administrator CASSIE MITCHELL

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 02/15/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 09/28/2001
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2022 3520 EXECUTIVE CENTER DRIVE SUITE G100
Medicare 1: 679120 HHA-18 AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-9690 Fax (512) 527-0407
Type: Parent Agency Administrator CASSIE MITCHELL

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 02/15/2023

County **TRAVIS** Region 05 Date Licensed
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2022 2802 SOUTH FIRST STREET
Medicare 1: LUFKIN, TX 75901
Medicare 2:
Phone 936 6325402 Fax 936 6324370
Type: Branch Agency Administrator JOEY BAKER

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 09/30/2022 2802 SOUTH FIRST STREET
Medicare 1: LUFKIN, TX 75901
Medicare 2:
Phone 936 6325402 Fax 936 6324370
Type: Branch Agency Administrator JOEY BAKER

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **TRAVIS** Region 05 Date Licensed 10/23/2019
License # 019660 TEXAS STAR WELLCARE LLC
Lic Expire 10/23/2021 3821 GILDAS PATH
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (512) 872-9590 Fax
Type: Parent Agency Administrator MICHAEL HAMILTON

Owner Information
TEXAS STAR WELL CARE LLC
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACH - Deemed, Expires: 11/02/2023

County **TRAVIS** Region 05 Date Licensed 12/07/2017
License # 018493 THE MEDICAL TEAM INC
Lic Expire 12/31/2021 14205 BURNET RD STE 650
Medicare 1: 97-1529 (HOSPICE AUSTIN, TX 78728
Medicare 2:
Phone (512) 418-9555 Fax (512) 418-9777
Type: Parent Agency Administrator LORI GILLIAM

Owner Information
THE MEDICAL TEAM, INC.
1902 CAMPUS COMMONS DRIVE, SUITE 650
RESTON, VA 20191
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 12/07/2021

County **TRAVIS** Region 05 Date Licensed 06/29/2000
License # 007354 THE MEDICAL TEAM INC
Lic Expire 06/30/2021 14205 BURNET ROAD SUITE 650
Medicare 1: 679078 HHA-18 AUSTIN, TX 78728
Medicare 2:
Phone (512) 418-9555 Fax (512) 418-9777
Type: Parent Agency Administrator JESSICA HAZELWOOD

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

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County **TRAVIS** Region 05 Date Licensed 02/05/2002
License # 007838 THE MEDICAL TEAM PERSONAL CARE SERVICES
Lic Expire 02/28/2021 1806 W. STASSNEY LANE SUITE 102
Medicare 1: AUSTIN, TX 78745
Medicare 2:
Phone (512) 985-9058 Fax (512) 985-9343
Type: Parent Agency Administrator TRACIE CLEMONS

Owner Information
CUSTOM CARE TEAM, INC.
84 N. E. LOOP 410, STE#250
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 06/10/2020
License # 020267 THREE OAKS HOSPICE AUSTIN
Lic Expire 06/10/2022 7800 SHOAL CREEK BOULEVARD, SUITE 145 SOUTH
Medicare 1: 451788 Hospice AUSTIN, TEXAS 78757
Medicare 2:
Phone 512 3236500 Fax 512 3230404
Type: Parent Agency Administrator ANGELA TOBLER

Owner Information
THREE OAKS HOSPICE AUSTIN, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 11/01/2016
License # 017864 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 3508 FAR WEST BLVD SUITE #130
Medicare 1: AUSTIN, TX 787313081
Medicare 2:
Phone (512) 828-3990 Fax (512) 241-1277
Type: Parent Agency Administrator IDALIA ARAGUZ, RN

Owner Information
FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: ACHC, Expires: 12/09/2023

County **TRAVIS** Region 05 Date Licensed 09/15/2014
License # 016424 TOTAL CARE PROVIDER LLC
Lic Expire 09/30/2022 9038 NORTH INTERSTATE 35, UNIT B
Medicare 1: AUSTIN, TX 78753
Medicare 2:
Phone (512) 215-8150 Fax (512) 727-5869
Type: Parent Agency 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

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County **TRAVIS** Region 05 Date Licensed 09/03/2020
License # 020145 TRUE HEART HOSPICE AND PALLIATIVE CARE OF TEXAS LLC
Lic Expire 09/03/2022 7719 WOOD HOLLOW DR. STE 216
Medicare 1: AUSTIN, TEXAS 78731
Medicare 2:
Phone (512) 649-2274 Fax (512) 651-1851
Type: Parent Agency Administrator JAMES IGO

Owner Information
TRUE HEART HOSPICE AND PALLIATIVE CARE OF TEXAS LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 04/04/2018
License # 018686 TRUE HEART HOSPICE LLC
Lic Expire 04/30/2022 7719 WOOD HOLLOW DR. STE. 216
Medicare 1: 74-1744 AUSTIN, TX 78731
Medicare 2:
Phone (512) 649-2274 Fax (512) 651-1851
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 09/04/2021

County **TRAVIS** Region 05 Date Licensed 05/30/2007
License # 011429 VISITING ANGELS
Lic Expire 05/31/2022 1510 W 34TH ST SUITE 200-5
Medicare 1: AUSTIN, TX 78703
Medicare 2:
Phone (512) 452-8282 Fax (512) 452-8289
Type: Parent Agency 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** Region 05 Date Licensed 02/08/2017
License # 018074 VISITING ANGELS AUSTIN LLC
Lic Expire 02/28/2023 9811 ANDERSON MILL ROAD SUITE #175
Medicare 1: AUSTIN, TX 78750
Medicare 2:
Phone (512) 250-2103 Fax (512) 250-2126
Type: Parent Agency Administrator TIFFANI HERRINGTON

Owner Information
AVERY INVESTMENTS OF AUSTIN LLC
9811 ANDERSON MILL RD #175
AUSTIN, TX 78750
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 11/28/2012
License # 015235 VIVA PEDIATRICS
Lic Expire 11/30/2022 7718 WOOD HOLLOW DR., SUITE G18
Medicare 1: AUSTIN, TEXAS 78731
Medicare 2:
Phone (512) 518-2310 Fax (512) 518-2311
Type: Parent Agency Administrator CRISTINA RUIZ

Owner Information
VIVA MEDICAL GROUP LLC
3400 WATERVIEW PARKWAY, SUITE 115
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 11/26/2020
License # 020078 WISTERIA HOME CARE
Lic Expire 07/27/2022 900 EAST PECAN ST, SUITE 300-158
Medicare 1: PFLUGERVILLE, TX 78660
Medicare 2:
Phone (281) 698-7730 Fax
Type: Parent Agency Administrator SUZANA BENI

Owner Information
WISTERIA HOME CARE
PO BOX 2424
PFLUGERVILLE, TX 78691
PHONE: FAX:
Services: Personal Assistance Services

County **TRINITY** Region 04 Date Licensed 03/03/1999
License # 002409 A PINEYWOODS HOME HEALTH CARE INC
Lic Expire 08/31/2022 105 WEST FRONT STREET
Medicare 1: GROVETON, TX 75845
Medicare 2:
Phone (936) 642-0700 Fax (936) 642-1089
Type: Branch Agency 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 **TYLER** Region 04 Date Licensed 11/21/2011
License # 014479 1ST QUALITY HOSPICE LLC
Lic Expire 11/30/2021 716 WEST BLUFF STREET
Medicare 1: 671729 HOSPICE WOODVILLE, TX 75979
Medicare 2:
Phone (409) 331-9909 Fax (409) 331-9913
Type: Parent Agency Administrator DIANA MCKEE

Owner Information
1ST QUALITY HOSPICE LLC
716 WEST BLUFF STREET
WOODVILLE, TX 75979
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TYLER** Region 04 Date Licensed 06/01/2009
License # 012677 CARE PLUS HOME HEALTH
Lic Expire 05/31/2021 208 WEST BLUFF STREET, SUITE A
Medicare 1: 677428 HHA-18 WOODVILLE, TX 75979
Medicare 2:
Phone (409) 283-3600 Fax (409) 283-7126
Type: Parent Agency Administrator ROBBYE DAVIS

Owner Information
AC & JW, INC.
101 NORTH PECAN STREET
WOODVILLE, TX 75979
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TYLER** Region 04 Date Licensed 10/13/1995
License # 004081 EAST TEXAS HOME HEALTH
Lic Expire 10/31/2021 14046 MAIN STREET
Medicare 1: 678137 HHA-18 CHESTER, TX 75936
Medicare 2:
Phone (936) 969-2103 Fax (936) 969-2101
Type: Parent Agency Administrator KRISTA FOXWORTH

Owner Information
EAST TEXAS HOME HEALTH INC
14046 MAIN ST
CHESTER, TX 75936
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **TYLER** Region 04 Date Licensed 12/01/2016
License # 017893 HOMECARE SOLUTIONS OF EAST TEXAS INC
Lic Expire 11/30/2022 208 WEST BLUFF STREET, SUITE B
Medicare 1: 679222 HHA-18 WOODVILLE, TX 75979
Medicare 2:
Phone 409 3319492 Fax 409 3319490
Type: Parent Agency Administrator ROBBYE DAVIS

Owner Information
HOMECARE SOLUTIONS OF EAST TEXAS, INC.
718 WEST BLUFF
WOODVILLE, TX 75979
PHONE: FAX:
Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **UPSHUR** Region 04 Date Licensed 10/13/2015
License # 017073 STAYKARE SOLUTIONS LLC
Lic Expire 10/31/2021 329 N ROBERTS
Medicare 1: GILMER, TX 75644
Medicare 2:
Phone (903) 680-0657 Fax (903) 680-0657
Type: Parent Agency Administrator NANCY HOOKS

Owner Information
STAYKARE SOLUTIONS LLC
PO BOX 1
GILMER, TX 75644
PHONE: FAX:
Services: Personal Assistance Services

County **UPSHUR** Region 04 Date Licensed 03/01/2018
License # 018735 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 02/28/2022 104 BUFFALO STREET
Medicare 1: 67Q7037001 GILMER, TX 75644
Medicare 2:
Phone (903) 843-4320 Fax (903) 843-4318
Type: Branch Agency Administrator KIMBRA BOGUE

Owner Information
EAST TEXAS HOME HEALTH SERVICES LLC
ONE BURTON HILLS BOULEVARD, STE#250
NASHVILLE, TN 37215-6195
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **UVALDE** Region 07 Date Licensed 07/15/2009
License # 010629 AXIOM HOME HEALTH INC
Lic Expire 07/31/2022 1044 GARNER FIELD ROAD
Medicare 1: UVALDE, TX 78801
Medicare 2:
Phone (830) 278-9100 Fax (830) 278-9101
Type: Branch Agency Administrator TORRIE COMMERFORD

Owner Information
AXIOM HOME HEALTH INC
5002 WEST AVE
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **UVALDE** Region 07 Date Licensed 07/18/2008
License # 002798 CAPROCK HOME HEALTH SERVICES, INC.
Lic Expire 02/28/2023 104 E NORTH STREET SUITE D
Medicare 1: UVALDE, TX 78801
Medicare 2:
Phone (830) 278-8108 Fax (830) 278-1859
Type: Branch Agency Administrator ADRIANE RUMFIELD

Owner Information
CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **UVALDE** Region 07 Date Licensed 08/01/2005
License # 009908 EN SU CASA CAREGIVERS
Lic Expire 07/31/2021 3040 E. MAIN ST.
Medicare 1: UVALDE, TX 78801
Medicare 2:
Phone (830) 591-2313 Fax (830) 591-2311
Type: Branch Agency Administrator LAUREN RAMON

Owner Information
EN SU CASA PRIMARY HOME CARE INC
401 S. PRESA ST.,
SAN ANTONIO, TX 78205
PHONE: FAX:
Services: Personal Assistance Services

County **UVALDE** Region 07 Date Licensed 04/26/2006
License # 003516 LOPEZ HEALTH SYSTEMS INC
Lic Expire 11/30/2022 702 E MAIN
Medicare 1: UVALDE, TX 78801
Medicare 2:
Phone (830) 374-9800 Fax (830) 591-9425
Type: Branch Agency Administrator VICTOR LOPEZ

Owner Information
LOPEZ HEALTH SYSTEMS INC
2209 N HWY 83
CRYSTAL CITY, TX 78839
PHONE: (830) 374-9800 FAX: (830) 374-9722
Services: Licensed Home Health Services; Personal Assistance Services

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County **UVALDE** Region 07 Date Licensed 11/13/1995
License # 002170 LOPEZ HEALTH SYSTEMS INC
Lic Expire 11/30/2022 702 E. MAIN
Medicare 1: UVALDE, TX 78801
Medicare 2:
Phone (830) 757-3525 Fax (830) 757-0876
Type: Branch Agency Administrator AMPARO LOPEZ

Owner Information
LOPEZ HEALTH SYSTEMS INC
2209 N HWY 83
CRYSTAL CITY, TX 78839
PHONE: (830) 374-9800 FAX: (830) 374-9722
Services: Licensed and Certified Home Health Services

County **UVALDE** Region 07 Date Licensed 03/05/2015
License # 008267 MAVERICK HOME HEALTH AGENCY
Lic Expire 11/30/2021 1022 GARNER FIELD ROAD
Medicare 1: UVALDE, TX 78801
Medicare 2:
Phone (830) 278-8370 Fax (830) 278-2900
Type: Branch Agency 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 **UVALDE** Region 07 Date Licensed 02/14/2011
License # 013889 SUPERIOR HOME HEALTH OF EAGLE PASS LLC
Lic Expire 08/31/2020 2404 E MAIN ST
Medicare 1: UVALDE, TEXAS 788015319
Medicare 2:
Phone (830) 773-1014 Fax (830) 773-1440
Type: Branch Agency Administrator PATSY BISCAINO

Owner Information
SUPERIOR HOME HEALTH OF EAGLE PASS LLC
8000 VANTAGE DRIVE
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **UVALDE** Region 07 Date Licensed 09/01/2010
License # 013889 SUPERIOR HOME HEALTH OF EAGLE PASS LLC
Lic Expire 08/31/2020 115 WEST MAIN ST
Medicare 1: 459377 HHA-18 UVALDE, TEXAS 78801
Medicare 2:
Phone (830) 773-1014 Fax (830) 773-1440
Type: Parent Agency Administrator PATSY BISCAINO

Owner Information
SUPERIOR HOME HEALTH OF EAGLE PASS LLC
8000 VANTAGE DRIVE
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **UVALDE** Region 07 Date Licensed 02/14/1995
License # 003630 UVALDE HOSPICE
Lic Expire 02/28/2023 100 ROYAL LANE
Medicare 1: 451675 HOSPICE UVALDE, TEXAS 78801
Medicare 2:
Phone (830) 278-6691 Fax (830) 278-7533
Type: Parent Agency Administrator HEIDI MATHEWSON

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
Accreditation: JCAHO, Expires: 06/21/2022

County **VAL VERDE** Region 07 Date Licensed 06/30/2015
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 06/30/2021 1810 VETERANS BLVD STE D
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone (830) 469-3882 Fax (210) 298-0133
Type: Branch Agency Administrator MARCUS WILLIAMS WILLIAMS

Owner Information
FIRST PRIMARY HOME CARE, INC.
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **VAL VERDE** Region 07 Date Licensed 01/13/2004
License # 008855 CARE ETC
Lic Expire 01/31/2022 711 SOUTH MAIN STREET
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone (830) 775-6858 Fax (830) 469-1987
Type: Parent Agency Administrator ROSALINDA (ROSIE) PHILLIPS

Owner Information
CARECETERA HOME CARE, INC.
711 S MAIN ST
DEL RIO, TX 78840
PHONE: FAX:
Services: Personal Assistance Services

County **VAL VERDE** Region 07 Date Licensed 12/17/2013
License # 016133 CARTER HEALTHCARE
Lic Expire 12/31/2021 2409 VETERANS BOULEVARD SUITE 10
Medicare 1: 679357 HHA-18 DEL RIO, TX 78840
Medicare 2:
Phone (830) 778-5566 Fax (830) 778-5588
Type: Parent Agency Administrator DAVID BERNARD

Owner Information
CARTER HEALTHCARE OF DEL RIO, LLC
3105 S MERIDIAN AVE
OKLAHOMA CITY, OK 73119
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: JCAHO - Deemed, Expires: 08/11/2021

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **VAL VERDE** Region 07 Date Licensed 09/20/2016
License # 017639 DEL RIO GRANDE HOME HEALTHCARE
Lic Expire 09/30/2022 1302 W GARZA STREET
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone 830 4691108 Fax 830 4693051
Type: Parent Agency Administrator MAYRA RODRIGUEZ

Owner Information
DEL RIO GRANDE HOME HEALTHCARE, LLC
1302 W GARZA STREET
DEL RIO, TX 78840
PHONE: FAX:
Services: Personal Assistance Services

County **VAL VERDE** Region 07 Date Licensed 01/31/2000
License # 007353 HOSPICE OF VAL VERDE REGIONAL MEDICAL CENTER
Lic Expire 05/31/2022 801 NORTH BEDELL AVENUE
Medicare 1: 451604 HOSPICE DEL RIO, TX 78840
Medicare 2:
Phone (830) 774-4580 Fax (830) 774-2485
Type: Parent Agency Administrator EDNA RIVERA

Owner Information
VAL VERDE HOSPITAL CORPORATION
801 N BEDELL AVENUE
DEL RIO, TX 78840
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 11/04/2021

County **VAL VERDE** Region 07 Date Licensed 11/19/2009
License # 013049 LA GUADALUPANA PRIMARY HOME CARE
Lic Expire 11/30/2021 2008 VETERANS BLVD
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone (830) 768-3300 Fax (830) 768-3344
Type: Branch Agency Administrator RICHARD GARZA

Owner Information
LA GUADALUPANA PRIMARY HOME CARE LLC
338 N MONROE STREET
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Personal Assistance Services

County **VAL VERDE** Region 07 Date Licensed 11/17/1994
License # 003516 LOPEZ HEALTH SYSTEMS INC
Lic Expire 11/30/2022 600 E 12TH STREET
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone (830) 774-0069 Fax (830) 774-0112
Type: Branch Agency Administrator VICTOR LOPEZ

Owner Information
LOPEZ HEALTH SYSTEMS INC
2209 N HWY 83
CRYSTAL CITY, TX 78839
PHONE: (830) 374-9800 FAX: (830) 374-9722
Services: Licensed Home Health Services; Personal Assistance Services

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County **VAL VERDE** Region 07 Date Licensed 03/05/2015
License # 008267 MAVERICK HOME HEALTH AGENCY
Lic Expire 11/30/2021 2044 N BEDELL STE 2
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone (830) 768-7707 Fax (830) 768-1702
Type: Branch Agency 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** Region 06 Date Licensed 07/30/2012
License # 007241 RESOURCE HOME HEALTH SERVICES
Lic Expire 08/31/2020 901 BEDELL AVENUE, SUITE H
Medicare 1: DEL RIO, TX 77036
Medicare 2:
Phone (830) 775-5647 Fax (830) 775-5626
Type: Branch Agency Administrator ROSE NWABUISI

Owner Information
RESOURCE HEALTH SERVICES INC
7211 REGENCY SQUARE BLVD SUITE 102
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **VAL VERDE** Region 07 Date Licensed 09/01/2010
License # 013889 SUPERIOR HOME HEALTH OF EAGLE PASS LLC
Lic Expire 08/31/2020 159 BRADDIE DR STE 1
Medicare 1: DEL RIO, TEXAS 788403159
Medicare 2:
Phone (830) 773-1014 Fax (830) 773-1440
Type: Branch Agency Administrator PATSY BISCAINO

Owner Information
SUPERIOR HOME HEALTH OF EAGLE PASS LLC
8000 VANTAGE DRIVE
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **VAL VERDE** Region 07 Date Licensed 03/01/1990
License # 002109 VAL VERDE HOME NURSES INC
Lic Expire 02/28/2022 2116 VETERANS BLVD SUITE #5
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone (830) 774-2198 Fax (830) 774-5178
Type: Parent Agency 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** Region 07 Date Licensed 01/04/2017
License # 018262 VIDA REAL HOME CARE
Lic Expire 01/31/2023 900 AVENUE C
Medicare 1: DEL RIO, TEXAS 78840
Medicare 2:
Phone (830) 320-8008 Fax (833) 772-1223
Type: Parent Agency 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** Region 04 Date Licensed 12/14/2001
License # 007685 AT HOME HEALTHCARE
Lic Expire 07/31/2022 2201 N TRADE DAY BLVD
Medicare 1: 67Q9076002 CANTON, TX 75103
Medicare 2:
Phone (903) 567-2454 Fax (903) 567-6151
Type: Branch Agency 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

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County **VAN ZANDT** Region 04 Date Licensed 02/10/2017
License # 016834 AUTUMN WOODS HOSPICE
Lic Expire 03/31/2021 121 EAST FRANK STREET PO BOX 588
Medicare 1: GRAND SALINE, TEXAS 75140
Medicare 2:
Phone (903) 962-7597 Fax (903) 962-3406
Type: Alternate Delivery Site Administrator SHAUN DIERKSEN

Owner Information
DIERKSEN HOSPICE LLC
2703 SHILLING
TEXARKANA, TX 75503
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **VAN ZANDT** Region 03 Date Licensed 08/29/2016
License # 015841 ENCOMPASS HEALTH HOSPICE
Lic Expire 09/30/2021 450 CENTURY PARKWAY, SUITE 140
Medicare 1: 671733 ALLEN, TEXAS 75013
Medicare 2:
Phone 214 3837443 Fax 214 3837448
Type: Alternate Delivery Site Administrator ADAM ALGER

Owner Information
APEX HOSPICE, LLC
6888 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **VAN ZANDT** Region 04 Date Licensed 09/11/2006
License # 010730 GOLDEN YEARS HOMECARE SPECIALIST INCORPORATED
Lic Expire 09/30/2022 106 N 4TH STREET
Medicare 1: 679683 HHA-18 WILLS POINT, TX 75169
Medicare 2:
Phone (903) 873-2770 Fax (903) 873-6291
Type: Parent Agency Administrator CALVIN CUNIGAN

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

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County **VAN ZANDT** Region 04 Date Licensed 10/23/2012
License # 015155 HEALTH AT HOME
Lic Expire 10/31/2022 1108 SOUTH BUFFALO STREET
Medicare 1: 747828 HHA-18 CANTON, TEXAS 75103
Medicare 2:
Phone (903) 963-1300 Fax (888) 958-5845
Type: Parent Agency 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
Accreditation: ACHC, Expires: 04/15/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **VAN ZANDT** Region 04 Date Licensed 07/15/2013
License # 015835 NEW LIFE HOME HEALTHCARE
Lic Expire 07/31/2021 379 INDUSTRIAL BLVD
Medicare 1: 747339 HHA-18 WILLS POINT, TX 75169
Medicare 2:
Phone (972) 248-7848 Fax (972) 798-8457
Type: Parent Agency Administrator ROY KOSHY

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

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County **VAN ZANDT** Region 04 Date Licensed 08/01/2018
License # 018862 YOURHOME ADVANTAGE HEALTHCARE SERVICES LLC
Lic Expire 07/31/2022 19729 ST. HWY 64
Medicare 1: CANTON, TX 75103
Medicare 2:
Phone (903) 265-9197 Fax (903) 287-1071
Type: Parent Agency Administrator KAREN MILLER

Owner Information
YOURHOME ADVANTAGE HEALTHCARE SERVICES, LLC
P.O BOX 549
CANTON, TX 75103
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **VICTORIA** Region 06 Date Licensed 02/09/2004
License # 008427 ANGELS CARE HOME HEALTH
Lic Expire 04/30/2022 6502 NURSERY DRIVE SUITE #100 A
Medicare 1: VICTORIA, TX 77904
Medicare 2:
Phone (361) 485-2105 Fax (361) 485-2150
Type: Branch Agency Administrator ANGELA CRAWFORD

Owner Information
E MEDICAL GROUP INC
2803 7TH STREET
BAY CITY, TX 77414
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **VICTORIA** Region 07 Date Licensed 04/04/2016
License # 017714 ARISCO HOME HEALTHCARE SERVICES INC
Lic Expire 08/31/2021 118 NORTH MAIN STREET SUITE C
Medicare 1: 677934 HHA-18 VICTORIA, TX 77901
Medicare 2:
Phone (361) 573-3377 Fax (361) 573-3388
Type: Parent Agency Administrator NNENNA UGBOAJA

Owner Information
ARISCO HOME HEALTHCARE SERVICES INC
118 NORTH MAIN STREET SUITE C
VICTORIA, TX 77901-6557
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **VICTORIA** Region 07 Date Licensed 01/01/2019
License # 019305 CARING SENIOR SERVICE OF VICTORIA
Lic Expire 01/01/2021 103 E RED RIVER
Medicare 1: VICTORIA, TEXAS 77901
Medicare 2:
Phone 361 5751117 Fax 361 5751117
Type: Parent Agency Administrator STEPHANNE WILLIAMS

Owner Information
LBSC, INC
103 E RED RIVER
VICTORIA, TX 77901
PHONE: FAX:
Services: Personal Assistance Services

County **VICTORIA** Region 05 Date Licensed 11/22/2011
License # 013850 CARTER HEALTHCARE
Lic Expire 10/31/2022 5606 N NAVARRO 200 U
Medicare 1: VICTORIA, TX 77904
Medicare 2:
Phone (830) 625-9837 Fax (830) 625-2194
Type: Branch Agency Administrator JAMES BRIAN CARTER

Owner Information
CARTER HEALTHCARE OF CENTRAL TEXAS LLC
7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300
AUSTIN, TX 78752
PHONE: FAX:
Services: Licensed Home Health Services

County **VICTORIA** Region 07 Date Licensed 08/24/2017
License # 018286 CITIZENS MEDICAL CENTER HOME HEALTH AGENCY
Lic Expire 08/31/2021 2710 HOSPITAL DRIVE SUITE 202
Medicare 1: 457024 HHA-18 VICTORIA, TEXAS 77901
Medicare 2:
Phone (361) 579-1305 Fax (361) 333-1535
Type: Parent Agency Administrator KATIE SCIBA

Owner Information
CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
PO BOX 1846
VICTORIA, TX 77902
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **VICTORIA** Region 07 Date Licensed 05/01/2012
License # 014889 COMFORT KEEPERS 296
Lic Expire 04/30/2022 1007 E AIRLINE RD SUITE A
Medicare 1: VICTORIA, TX 77901
Medicare 2:
Phone (361) 578-7778 Fax (361) 578-5248
Type: Parent Agency Administrator TRACY MORGAN

Owner Information
SK WYATT INC
P O BOX 7920
VICTORIA, TX 77903
PHONE: FAX:
Services: Personal Assistance Services

County **VICTORIA** Region 07 Date Licensed 12/19/2008
License # 012523 CROSSROADS HOME HEALTH
Lic Expire 12/31/2022 6502 NURSERY DR STE 303
Medicare 1: 457503 HHA-18 VICTORIA, TX 779041181
Medicare 2:
Phone 361 5782436 Fax 361 5724350
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 05/05/2023

County **VICTORIA** Region 07 Date Licensed 04/10/2007
License # 011246 CROWN HOSPICE LLC
Lic Expire 04/30/2024 1101 SALEM ROAD SUITE #A #B #C #D
Medicare 1: 671581 HOSPICE VICTORIA, TX 77904
Medicare 2:
Phone (361) 575-5900 Fax (361) 575-5905
Type: Parent Agency Administrator JO BHATIA

Owner Information
CROWN HOSPICE, LLC
1101 SALEM ROAD SUITE #A #B #C #D
VICTORIA, TX 77904
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 09/10/2022

County **VICTORIA** Region 07 Date Licensed 03/26/2015
License # 016790 EXCEL COMPLETE HOME HEALTHCARE INC
Lic Expire 03/31/2023 3804 JOHN STOCKBAUER DRIVE SUITE E
Medicare 1: 677920 HHA-18 VICTORIA, TX 77904
Medicare 2:
Phone (361) 575-4500 Fax (361) 575-4502
Type: Parent Agency Administrator LISA ARMSTRONG

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

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County **VICTORIA** Region 07 Date Licensed 06/11/2012
License # 014870 HARBOR HOSPICE OF VICTORIA LP
Lic Expire 06/30/2022 5606 NORTH NAVARRO STREET SUITE 306
Medicare 1: 741502 HOSPICE VICTORIA, TX 77904
Medicare 2:
Phone (361) 579-7120 Fax (361) 894-8707
Type: Parent Agency Administrator JAMYE HUFF

Owner Information
HARBOR HOSPICE OF VICTORIA LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 08/02/2022

County **VICTORIA** Region 07 Date Licensed 07/31/2020
License # 020347 HOME INSTEAD SENIOR CARE
Lic Expire 07/31/2022 104 KELLY DR. STE. B
Medicare 1: VICTORIA, TEXAS 77904
Medicare 2:
Phone (361) 433-0330 Fax (361) 333-5030
Type: Parent Agency Administrator PIETRO JORDAO

Owner Information
RJ SENIOR CARE LLC
104 KELLY DR. STE. B
VICTORIA, TEXAS 77904
PHONE: FAX:
Services: Personal Assistance Services

County **VICTORIA** Region 07 Date Licensed 08/04/2017
License # 001930 HOSPICE OF SOUTH TEXAS INC
Lic Expire 06/30/2021 1005 MALLETTE DR
Medicare 1: VICTORIA, TX 77904
Medicare 2:
Phone (361) 572-4300 Fax (361) 572-8109
Type: Alternate Delivery Site Administrator TERRY ROBINSON

Owner Information
HOSPICE OF SOUTH TEXAS INC
605 EAST LOCUST
VICTORIA, TX 77901
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES
Accreditation: CHAP - Deemed, Expires: 10/11/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **VICTORIA** Region 07 Date Licensed 06/22/1988
License # 001930 HOSPICE OF SOUTH TEXAS INC
Lic Expire 06/30/2021 605 EAST LOCUST
Medicare 1: 451525 HOSPICE VICTORIA, TX 77901
Medicare 2:
Phone (361) 572-4300 Fax (361) 572-8109
Type: Parent Agency Administrator MARY BOGDAN

Owner Information
HOSPICE OF SOUTH TEXAS INC
605 EAST LOCUST
VICTORIA, TX 77901
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES
Accreditation: CHAP - Deemed, Expires: 10/11/2023

County **VICTORIA** Region 07 Date Licensed 10/13/2020
License # 020231 INNOVATIVE HOME SERVICES BY GREATWOOD HOMES
Lic Expire 10/13/2022 9606 NE ZAC LENTZ PARKWAY
Medicare 1: VICTORIA, TEXAS 77904
Medicare 2:
Phone 361 5822100 Fax (361) 582-2220
Type: Parent Agency Administrator JAMIE CORONA

Owner Information
S-H OPCO VICTORIA, LLC
6737 W WASHINGTON ST STE 2300
MILWAUKEE, WI 53214
PHONE: (949) 407-0700 FAX: (949) 407-8000
Services: Personal Assistance Services

County **VICTORIA** Region 07 Date Licensed 11/30/2007
License # 011735 KINDRED AT HOME
Lic Expire 11/30/2021 1501 EAST MOCKINGBIRD LANE SUITE 301
Medicare 1: 457126 HHA-18 VICTORIA, TX 77904
Medicare 2:
Phone (361) 576-2179 Fax (361) 578-4972
Type: Parent Agency Administrator AMY HROCH

Owner Information
GIRLING HEALTH CARE, INC.
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **VICTORIA** Region 07 Date Licensed 01/19/2016
License # 017441 NEW CENTURY HOSPICE OF SOUTH TEXAS
Lic Expire 01/31/2022 1501 E MOCKINGBIRD LANE, STE 301 B
Medicare 1: VICTORIA, TX 77904
Medicare 2:
Phone (361) 572-0622 Fax (361) 572-0674
Type: Alternate Delivery Site Administrator SCOTT DINKENS

Owner Information
COSMOS HOSPICE OF CORPUS CHRISTI LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/05/2024

County **VICTORIA** Region 07 Date Licensed 01/19/2016
License # 017441 NEW CENTURY HOSPICE OF SOUTH TEXAS
Lic Expire 01/31/2022 4550 CORONA DRIVE
Medicare 1: 671607 HOSPICE CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 572-0622 Fax (361) 572-0674
Type: Parent Agency Administrator SCOTT DINKENS

Owner Information
COSMOS HOSPICE OF CORPUS CHRISTI LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/05/2024

County **VICTORIA** Region 07 Date Licensed 10/24/2013
License # 007332 OUTREACH HOME CARE
Lic Expire 05/31/2021 6412 N NAVARRO SUITE I
Medicare 1: VICTORIA, TX 77904
Medicare 2:
Phone (361) 578-3632 Fax (361) 573-6328
Type: Branch Agency Administrator JULIA LERMA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: (214) 703-1310 FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

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County **VICTORIA** Region 07 Date Licensed 12/21/2009
License # 013045 SENIOR HELPERS
Lic Expire 04/30/2022 502 W COLORADO STE B
Medicare 1: VICTORIA, TX 77901
Medicare 2:
Phone (361) 894-8901 Fax (361) 894-8905
Type: Parent Agency Administrator WENDY MCHANEY

Owner Information
SUCCURRO, INC.
502 W COLORADO STE B
VICTORIA, TX 77901
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **VICTORIA** Region 07 Date Licensed 05/26/2011
License # 009272 TEXAS HOME HEALTH HOSPICE
Lic Expire 08/31/2021 101 W. GOODWIN AVE ST 925 ADS
Medicare 1: 45-1779 VICTORIA, TX 77901
Medicare 2:
Phone (361) 293-9099 Fax (361) 293-9098
Type: Alternate Delivery Site Administrator CHRISTINE BRASHER

Owner Information
KINDSTAR INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **VICTORIA** Region 07 Date Licensed 05/26/2011
License # 009272 TEXAS HOME HEALTH HOSPICE
Lic Expire 08/31/2021 101 W. GOODWIN AVE ST 925 ADS
Medicare 1: 45-1779 VICTORIA, TX 77901
Medicare 2:
Phone (361) 293-9099 Fax (361) 293-9098
Type: Alternate Delivery Site Administrator CHRISTINE BRASHER

Owner Information
KINDSTAR INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **VICTORIA** Region 07 Date Licensed 08/26/2004
License # 009272 TEXAS HOME HEALTH HOSPICE
Lic Expire 08/31/2021 101 W. GOODWIN AVE ST 925
Medicare 1: 451779 HOSPICE VICTORIA, TX 77901
Medicare 2:
Phone (361) 998-3102 Fax (361) 333-1745
Type: Parent Agency Administrator CHRISTINE BRASHER

Owner Information
KINDSTAR INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/28/2022

County **VICTORIA** Region 07 Date Licensed 08/26/2004
License # 009272 TEXAS HOME HEALTH HOSPICE
Lic Expire 08/31/2021 101 W. GOODWIN AVE ST 925
Medicare 1: 451779 HOSPICE VICTORIA, TX 77901
Medicare 2:
Phone (361) 998-3102 Fax (361) 333-1745
Type: Parent Agency Administrator CHRISTINE BRASHER

Owner Information
KINDSTAR INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 04/28/2022

County **VICTORIA** Region 07 Date Licensed 04/29/2015
License # 016780 TEXAS HOME HEALTH OF AMERICA
Lic Expire 04/30/2023 101 W GOODWIN AVENUE SUITE 360
Medicare 1: VICTORIA, TX 77901
Medicare 2:
Phone (361) 237-4505 Fax (361) 237-3610
Type: Parent Agency Administrator SANDRA GRANDLUND

Owner Information
TEXAS HOME HEALTH OF AMERICA, L.P.
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Personal Assistance Services

County **VICTORIA** Region 07 Date Licensed 03/26/2004
License # 008990 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 03/31/2023 101 W GOODWIN AVENUE STE 370
Medicare 1: 673133 HHA-18 VICTORIA, TX 77901
Medicare 2:
Phone (361) 576-4683 Fax (361) 576-1018
Type: Parent Agency Administrator KATHRYN WIEDMAN

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 02/18/2022

County **VICTORIA** Region 07 Date Licensed 07/25/2006
License # 010635 VICTORIAN HEALTHCARE SERVICES INC
Lic Expire 07/31/2022 2922 ROSEDALE ST
Medicare 1: 679615 HHA-18 HOUSTON, TX 77004
Medicare 2:
Phone (361) 579-0085 Fax (361) 579-0161
Type: Parent Agency Administrator SEGUN OGUNGBEMI

Owner Information
VICTORIAN HEALTHCARE SERVICES INC
120 SOUTH MAIN # 317
VICTORIA, TX 77901
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **VICTORIA** Region 07 Date Licensed 10/30/2015
License # 017112 WORLD OF WORDS SPEECH & FEEDING SERVICES LLC
Lic Expire 10/31/2021 120 APPALOOSA DR.
Medicare 1: VICTORIA, TX 77904
Medicare 2:
Phone (361) 220-6455 Fax (361) 703-1135
Type: Parent Agency Administrator BLANCA KUZET

Owner Information
WORLD OF WORDS SPEECH & FEEDING SERVICES, LLC
PO BOX 7174
VICTORIA, TX 77903
PHONE: FAX:
Services: Licensed Home Health Services

County **WALKER** Region 04 Date Licensed 08/16/2012
License # 015131 1ST CHOICE HOSPICE LLC
Lic Expire 08/31/2022 3001 OLD HOUSTON ROAD
Medicare 1: 671636 HOSPICE HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 295-7100 Fax (866) 594-8929
Type: Parent Agency Administrator AMANDA SHERWOOD

Owner Information
1ST CHOICE HOSPICE, LLC
3001 OLD HOUSTON ROAD
HUNTSVILLE, TX 77340-6830
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WALKER** Region 04 Date Licensed 06/04/2018
License # 019576 CONCEPTS IN CARE
Lic Expire 09/04/2021 321 DAHLIA ROAD
Medicare 1: HUNTSVILLE, TX 77320
Medicare 2:
Phone (405) 514-6365 Fax
Type: Parent Agency Administrator KEILEIGH NEUGEBAUER

Owner Information
CHAR-LEE CORPORATION
4795 JACKSON SQUARE DRIVE
CONROE, TX 77304
PHONE: FAX:
Services: Personal Assistance Services

County **WALKER** Region 04 Date Licensed 06/14/2004
License # 009771 CONSIDER THE LILIES HOME CARE INC
Lic Expire 09/30/2022 284 INTERSTATE 45 SOUTH SUITE 4
Medicare 1: HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 294-0900 Fax (936) 294-0901
Type: Parent Agency Administrator VICKI HOGAN

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

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County **WALKER** Region 06 Date Licensed 10/28/2013
License # 015926 HEART TO HEART HOSPICE OF HOUSTON LLC.
Lic Expire 10/31/2021 3201 UNIVERSITY EAST, SUITE 350
Medicare 1: BRYAN, TX 77802
Medicare 2:
Phone (979) 704-5546 Fax (979) 704-5547
Type: Alternate Delivery Site Administrator CLAUDIA THOMAS

Owner Information
HEART TO HEART HOSPICE OF HOUSTON, LLC.
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WALKER** Region 04 Date Licensed 04/02/1985
License # 000688 HOME HEALTH CARE OF HUNTSVILLE
Lic Expire 04/30/2021 2505 LAKE ROAD SUITE 6
Medicare 1: HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 291-8439 Fax (936) 291-8582
Type: Parent Agency Administrator JAMES DESHAW

Owner Information
HOME HEALTH CARE OF HUNTSVILLE CO
PO BOX 6548
HUNTSVILLE, TEXAS 77342
PHONE: FAX:
Services: Personal Assistance Services

County **WALKER** Region 04 Date Licensed 04/02/1985
License # 001674 HOME HEALTH CARE OF HUNTSVILLE
Lic Expire 04/30/2024 2505 LAKE ROAD SUITE 6
Medicare 1: 679340 HHA-18 HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 291-8439 Fax (936) 291-8582
Type: Parent Agency Administrator JAMES DESHAW

Owner Information
HOME HEALTH CARE OF HUNTSVILLE CO
PO BOX 6548
HUNTSVILLE, TEXAS 77342
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WALKER** Region 04 Date Licensed 06/30/2007
License # 011646 HOSPICE COMPASSUS HOUSTON
Lic Expire 1523 NORMAL PARK DRIVE, SUITE C
Medicare 1: 451729 HOSPICE HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 755-3108 Fax (866) 955-8545
Type: Parent Agency Administrator CATHLEEN CAREY-HAMLIN

Owner Information
CLP REGENCY OF TEXAS LLC
10 CADILLAC DRIVE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/29/2022

County **WALKER** Region 04 Date Licensed 08/03/2018
License # 019379 HUNTSVILLE MEMORIAL HOSPICE
Lic Expire 05/15/2023 284 INTERSTATE 45 S; SUITE 1
Medicare 1: 971534 HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 436-4344 Fax (866) 470-1149
Type: Parent Agency Administrator VICTORIA PRESSWOOD

Owner Information
HOPESTONE HOSPICE & Â€ŽPALLIATIVE CARE, Â€ŽLLCÂ€Ž
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: JCAHO - Deemed, Expires: 11/08/2022

County **WALKER** Region 04 Date Licensed 07/17/2012
License # 014937 RYZOLVE LLC
Lic Expire 07/31/2022 9309 HWY 75 S STE 102
Medicare 1: NEW WAVERLY, TX 77358
Medicare 2:
Phone (936) 355-9490 Fax (800) 295-5512
Type: Parent Agency Administrator OLUBUKUN OGUNDEJI

Owner Information
RYZOLVE LLC
9309 HWY 75 S STE 102
NEW WAVERLY, TX 77358
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WALKER** Region 04 Date Licensed 12/04/2013
License # 016006 STAT HOME HEALTH HOUSTON LLC
Lic Expire 12/31/2021 521 I-45 SOUTH SUITE 1-B
Medicare 1: HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 291-1979 Fax (936) 291-3159
Type: Branch Agency Administrator BELINDA NORDEN

Owner Information
STAT HOME HEALTH HOUSTON LLC
10615 JEFFERSON HWY
BATON ROUGE, LA 70809
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WALKER** Region 04 Date Licensed 12/04/2013
License # 016006 STAT HOME HEALTH HOUSTON LLC
Lic Expire 12/31/2021 521 HWY 45 SOUTH STE 1
Medicare 1: HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 291-1979 Fax (936) 291-3159
Type: Branch Agency Administrator BELINDA NORDEN

Owner Information
STAT HOME HEALTH HOUSTON LLC
10615 JEFFERSON HWY
BATON ROUGE, LA 70809
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WALKER** Region 04 Date Licensed 12/04/2013
License # 016006 STAT HOME HEALTH HOUSTON LLC
Lic Expire 12/31/2021 521 I-45 SOUTH SUITE 1-C
Medicare 1: 458398 HHA-18 HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 291-1979 Fax (936) 291-3159
Type: Parent Agency Administrator BELINDA NORDEN

Owner Information
STAT HOME HEALTH HOUSTON LLC
10615 JEFFERSON HWY
BATON ROUGE, LA 70809
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WALKER** Region 05 Date Licensed 08/01/2017
License # 018330 TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC
Lic Expire 07/31/2021 119 C MEDICAL PARK LANE
Medicare 1: HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 293-8434 Fax (936) 293-8990
Type: Branch Agency Administrator JAMES LANG

Owner Information
TEXAS HOME HEALTH GROUP OF COLLEGE STATION, LLC
1605 ROCK PRAIRIE ROAD SUITE 206
COLLEGE STATION, TX 77845
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WALKER** Region 04 Date Licensed 01/15/1993
License # 002485 THEE HOSPICE
Lic Expire 01/31/2022 2505 LAKE ROAD SUITE 2 & 3
Medicare 1: 451574 HOSPICE HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 291-8439 Fax (936) 291-8582
Type: Parent Agency Administrator JAMES DESHAW

Owner Information
HOME HEALTH CARE OF HUNTSVILLE CO
PO BOX 6548
HUNTSVILLE, TEXAS 77342
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WALLER** Region 06 Date Licensed 08/08/2014
License # 016364 ANOINTED HANDS HOME HEALTHCARE
Lic Expire 08/31/2022 6024 CYPRESS LANE
Medicare 1: BROOKSHIRE, TEXAS 77423
Medicare 2:
Phone (832) 428-7283 Fax (832) 669-9920
Type: Parent Agency Administrator MICHELLE STAMPS

Owner Information
MICHELLE STAMPS
P.O. BOX 674
BROOKSHIRE, TX 77423
PHONE: FAX:
Services: Personal Assistance Services

County **WALLER** Region 06 Date Licensed 07/17/2020
License # 020061 CROSS STONE HOSPICE
Lic Expire 07/17/2022 6001 GEORGE BUSH DRIVE
Medicare 1: KATY, TEXAS 77493
Medicare 2:
Phone (713) 553-1321 Fax
Type: Parent Agency Administrator KRISTOPHER DUSEK

Owner Information
CROSS STONE HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WALLER** Region 06 Date Licensed 07/28/2017
License # 018209 DAILY HOME HOME CARE SERVICES, LLC
Lic Expire 07/31/2021 3603 SOUTH FRONT STREET STE 110
Medicare 1: BROOKSHIRE, TX 77423
Medicare 2:
Phone (281) 934-1917 Fax (281) 656-4504
Type: Parent Agency Administrator HUE GINGER PHAM

Owner Information
DAILY HOME CARE SERVICES, LLC
14942 HAVENRIDGE DR.
HOUSTON, TX 77083
PHONE: FAX:
Services: Personal Assistance Services

County **WALLER** Region 06 Date Licensed 12/30/2008
License # 012532 FAITH AND CARE HOME HEALTH AGENCY INC
Lic Expire 12/31/2022 835 1ST STREET
Medicare 1: 457903 HHA-18 HEMPSTEAD, TX 77445
Medicare 2:
Phone (979) 826-2428 Fax (979) 826-3811
Type: Parent Agency Administrator HAZEL MUSE

Owner Information
FAITH AND CARE HOME HEALTH AGENCY INC
835 1ST STREET
HEMPSTEAD, TX 77445
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WALLER** Region 06 Date Licensed 03/03/1999
License # 006878 PRIME CARE MEDICAL SERVICES
Lic Expire 03/31/2023 900 12TH STREET
Medicare 1: 679123 HHA-18 HEMPSTEAD, TX 77445
Medicare 2:
Phone (979) 826-3198 Fax (979) 826-3158
Type: Parent Agency Administrator MONICA SANCROFT

Owner Information
MONICA DELORES SANCROFT
PO BOX 1071
HEMPSTEAD, TX 77445
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WASHINGTON** Region 05 Date Licensed 11/16/2012
License # 015210 GENTLETOUCH HEALTHCARE INC
Lic Expire 11/30/2022 102 E ALAMO ST STE 201
Medicare 1: BRENHAM, TX 77833
Medicare 2:
Phone (979) 353-1224 Fax (979) 383-2213
Type: Parent Agency Administrator TONYON BOYO

Owner Information
GENTLETOUCH HEALTHCARE INC
102 E ALAMO ST STE 201
BRENHAM, TX 77833
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WASHINGTON** Region 05 Date Licensed 03/16/2009
License # 011732 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 305 NORTH PARK STREET
Medicare 1: BRENHAM, TX 77833
Medicare 2:
Phone (979) 236-4714 Fax (979) 836-2883
Type: Branch Agency Administrator LAVERNE FOWLER

Owner Information
HARDEN HOME HEALTH, LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WASHINGTON** Region 05 Date Licensed 07/23/2008
License # 012119 GOLDEN YEARS HOMECARE SPECIALISTS II
Lic Expire 07/31/2022 2403 SOUTH MARKET STREET SUITE F
Medicare 1: 747726 HHA-18 BRENHAM, TX 77833
Medicare 2:
Phone (979) 251-7705 Fax (979) 251-7648
Type: Parent Agency Administrator HELEN HARRIS

Owner Information
CUNIGAN & HARRIS ASSOCIATES INC
2501 MUSTANG ROAD
BRENHAM, TX 77833
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WASHINGTON** Region 05 Date Licensed 02/11/1995
License # 002186 HOSPICE BRAZOS VALLEY INC
Lic Expire 02/28/2024 302 E. BLUE BELL ROAD
Medicare 1: BRENHAM, TX 77833
Medicare 2:
Phone (979) 277-9525 Fax (979) 277-9575
Type: Alternate Delivery Site Administrator CRAIG BORCHARDT

Owner Information
HOSPICE BRAZOS VALLEY INC
502 WEST 26TH STREET
BRYAN, TX 77803
PHONE: ( ) - 512 FAX:
Services: Hospice
In-Patient Hospice: NO

County **WASHINGTON** Region 05 Date Licensed 12/04/2013
License # 012568 RIGHT AT HOME 1202
Lic Expire 04/30/2023 346 STONE HILL DRIVE STE 110
Medicare 1: BRENHAM, TX 77833
Medicare 2:
Phone (979) 221-6685 Fax (979) 476-2000
Type: Branch Agency Administrator KATRINA VANBENTHUYSEN

Owner Information
EDWIN YOUNG HEALTHCARE INC
5555 N. LAMAR BLVD., SUITE #C111
AUSTIN, TX 78751
PHONE: FAX:
Services: Personal Assistance Services

County **WASHINGTON** Region 05 Date Licensed 08/01/2017
License # 018330 TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC
Lic Expire 07/31/2021 526 WEST MAIN
Medicare 1: BRENHAM, TX 77833
Medicare 2:
Phone (979) 830-0105 Fax (979) 830-0997
Type: Branch Agency Administrator JAMES LANG

Owner Information
TEXAS HOME HEALTH GROUP OF COLLEGE STATION, LLC
1605 ROCK PRAIRIE ROAD SUITE 206
COLLEGE STATION, TX 77845
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 12/02/2019
License # 019725 A PLUS PRIMARY CARE ,LLC
Lic Expire 12/02/2021 7128 ROSSON LANE SUITE #6
Medicare 1: LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 401-3846 Fax (956) 568-3876
Type: Parent Agency Administrator JESUS RAMIREZ

Owner Information
A PLUS PRIMARY CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 10/01/2008
License # 012249 ABC HOME HEALTH LLC
Lic Expire 09/30/2020 709 EAST CALTON ROAD SUITE 109
Medicare 1: 747311 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 523-3749 Fax (956) 523-3750
Type: Parent Agency Administrator REYNALDO VALDEZ

Owner Information
ABC HOME HEALTH LLC
709 EAST CALTON ROAD SUITE 109
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 11/30/2021

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 04/10/2012
License # 014738 ALFA HOME HEALTH
Lic Expire 04/30/2022 6900 MCPHERSON ROAD
Medicare 1: 747936 HHA-18 LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 568-2240 Fax (956) 568-1860
Type: Parent Agency Administrator OSEAS GOMEZ

Owner Information
D.A.N. HEALTH CARE LLC
6900 MCPHERSON ROAD
LAREDO, TX 78041
PHONE: (956) 568-2240 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WEBB** Region 07 Date Licensed 12/01/2000
License # 007611 ALL SEASONS HOME CARE
Lic Expire 11/30/2021 1602 FARRAGUT ST
Medicare 1: LAREDO, TEXAS 78040
Medicare 2:
Phone (956) 727-2169 Fax (956) 723-7000
Type: Parent Agency Administrator JORGE MADRIGALES

Owner Information
JORGE AND MYRA ENTERPRISES INC
1616 WASHINGTON ST
LAREDO, TX 78040-4464
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 10/05/2017
License # 018362 ALPHA PRIMARY CARE LLC
Lic Expire 10/31/2021 624 FOREST LOOP
Medicare 1: LAREDO, TX 78045
Medicare 2:
Phone (956) 568-7701 Fax (956) 568-7733
Type: Parent Agency Administrator JACQUELINE HERRERA

Owner Information
ALPHA PRIMARY CARE LLC
624 FOREST LOOP
LAREDO, TX 78045
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 05/01/2018
License # 019779 ALTUS HOSPICE
Lic Expire 10/25/2021 6909 SPRINGFIELD AVENUE
Medicare 1: 67-1614 LAREDO, TX 78041
Medicare 2:
Phone 956?718?3000 Fax 956?722?3006
Type: Parent Agency Administrator PEDRO PALOMO

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WEBB** Region 07 Date Licensed 07/23/2018
License # 019088 AMAZING HOME HEALTH CARE
Lic Expire 07/23/2020 320 LAKE CLARK CT
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone 956 6455367 Fax 956 3385670
Type: Parent Agency Administrator CHRISTINA SANDOVAL

Owner Information
AMAZING QUALITY HOME CARE, LLC
320 LAKE CLARK CT
LAREDO, TX 78041
PHONE: 956 6455367 FAX: 956 3385670
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 08/17/2011
License # 003177 AMERICAN MEDICAL HOME HEALTH SERVICES
Lic Expire 11/30/2021 4205 JAIME ZAPATA MEMORIAL BLVD. STE#30
Medicare 1: 67Q7522003 LAREDO, TX 78043
Medicare 2:
Phone (956) 795-1900 Fax (956) 795-1920
Type: Branch Agency Administrator ERICA SANDOVAL

Owner Information
HUB CITY HOME HEALTH INC
506 VALLEY BROOK ROAD, STE 201
MCMURRAY, PA 15317
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/03/2024

County **WEBB** Region 07 Date Licensed 10/16/2003
License # 008697 AMISTAD HOME HEALTH INC
Lic Expire 10/31/2021 5702 MCPHERSON STE 8B
Medicare 1: 679491 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 729-0949 Fax (956) 729-7963
Type: Parent Agency Administrator CARLOS GARZA

Owner Information
AMISTAD HOME HEALTH INC
P O BOX 1728
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 09/28/2009
License # 012874 AT YOUR SERVICE HOME HEALTH
Lic Expire 11/30/2021 1413 FARRAGUT STREET SUITE C
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 763-1833 Fax (956) 727-7801
Type: Parent Agency Administrator VELMA N. BARRERA

Owner Information
AT YOUR SERVICE HOME HEALTH INC
1413 FARRAGUT STREET SUITE C
LAREDO, TX 78040
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 12/23/2010
License # 014043 AVEANNA HEALTHCARE
Lic Expire 12/31/2022 1505 CALLE DEL NORTE SUITE 440
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 722-6221 Fax (956) 722-6275
Type: Parent Agency Administrator NANCY MORALES

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** Region 07 Date Licensed 05/05/2017
License # 010629 AXIOM HOME HEALTH INC
Lic Expire 07/31/2022 1510 CALLE DEL NORTE SUITE # 5
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (210) 530-9111 Fax (210) 366-9072
Type: Branch Agency Administrator TORRIE COMMERFORD

Owner Information
AXIOM HOME HEALTH INC
5002 WEST AVE
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 05/01/2003
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 06/30/2021 1414 N MEADOW AVE
Medicare 1: LAREDO, TX 78043
Medicare 2:
Phone (866) 725-6802 Fax (956) 725-1112
Type: Branch Agency Administrator MARCUS WILLIAMS WILLIAMS

Owner Information
FIRST PRIMARY HOME CARE, INC.
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 07/31/2012
License # 014967 BIENVENIDOS ATTENDANT SERVICES INC
Lic Expire 07/31/2022 1413 FARRAGUT STREET SUITE B
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 727-7800 Fax (956) 727-7801
Type: Parent Agency Administrator VELMA N BARRERA

Owner Information
BIENVENIDOS ATTENDANT SERVICES, INC.
SAME AS PHYSICAL ADDRESS
LAREDO, TX 78040
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 09/30/2020
License # 020209 BLISSFUL PRIMARY HOME CARE LLC
Lic Expire 09/30/2022 334 LA COMA RD
Medicare 1: LAREDO, TEXAS 78043
Medicare 2:
Phone (956) 482-5376 Fax (361) 586-4839
Type: Parent Agency Administrator ALEXANDRA QUIROGA

Owner Information
BLISSFUL PRIMARY HOME CARE LLC
1719 GUADALUPE ST STE 6 PMB#123
LAREDO, TEXAS 78043
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 12/24/2018
License # 019805 BLUE HORIZONS HOSPICE OF LAREDO
Lic Expire 02/05/2022 1945 LOCKHILL SELMA ROAD SUITE 201
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (956) 539-7477 Fax (888) 734-1462
Type: Parent Agency Administrator ANDREA MONTES

Owner Information
MERALLAHTX, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 06/28/2007
License # 011437 BORDER SKILLED SERVICES INC
Lic Expire 06/30/2022 6425 POLARIS DR STE 11
Medicare 1: 747258 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 724-9999 Fax (956) 717-8854
Type: Parent Agency Administrator ALBERTO GARZA-GONGORA

Owner Information
BORDER SKILLED SERVICES INC
6425 POLARIS DRIVE STE. 11
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 06/12/2024

County **WEBB** Region 07 Date Licensed 01/06/2011
License # 013807 BRIGHTSTAR CARE
Lic Expire 01/31/2023 615A GALE STREET
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 712-9988 Fax (956) 791-4888
Type: Parent Agency Administrator MATTHEW WONG

Owner Information
PW HEALTH SERVICES, LLC
615A GALE ST.
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 07/18/2019
License # 019572 BRIGHTSTAR CARE
Lic Expire 07/18/2021 615A GALE ST
Medicare 1: 679547 ((HHA) LAREDO, TX 78041
Medicare 2:
Phone (956) 712-9988 Fax (956) 791-4888
Type: Parent Agency Administrator MATTHEW WONG

Owner Information
TRUCARE HEALTH SERVICES, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 06/08/2010
License # 013381 C.T.J. CARINO PRIMARY CARE LLC
Lic Expire 06/30/2022 909 MARKET STREET SUITE B
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 753-0008 Fax (956) 753-5677
Type: Parent Agency Administrator CELINDA GALLEGOS

Owner Information
CTJ CARINO PRIMARY CARE LLC
909 MARKET STREET, STE B
LAREDO, TX 78040
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 08/06/2013
License # 015689 CARE GUARDIAN HEALTH SERVICES INC
Lic Expire 08/31/2021 1701 JACAMAN RD SUITE RP8-F
Medicare 1: 747960 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 725-5539 Fax (956) 725-5546
Type: Parent Agency Administrator YOLLY JIMENEZ

Owner Information
CARE GUARDIAN HEALTH SERVICES INC
1701 JACAMAN ROAD SUITE RP8-F
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 08/13/2021

County **WEBB** Region 07 Date Licensed 07/25/2007
License # 011500 CARESTAT'S BUENA AVENTURA
Lic Expire 07/31/2021 2412 JACAMAN RD SUITE 104
Medicare 1: 747295 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 727-1900 Fax (956) 727-1718
Type: Parent Agency Administrator VERONICA CANTU

Owner Information
SEVENTEEN LAC INC
PO BOX 450249
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 10/05/2021

County **WEBB** Region 07 Date Licensed 04/17/2017
License # 018004 CARIDAD HOME CARE SERVICES LLC
Lic Expire 04/30/2021 3002 N. MEADOW SUITE A
Medicare 1: LAREDO, TEXAS 78040
Medicare 2:
Phone (956) 791-0913 Fax (956) 284-0189
Type: Parent Agency 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** Region 07 Date Licensed 11/07/2017
License # 018429 CARING DOVE'S HOME HEALTH CARE SERVICE
Lic Expire 11/30/2019 214 GRANADA DRIVE
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 324-0063 Fax
Type: Parent Agency Administrator IMELDA GONZALEZ

Owner Information
IMELDA GONZALEZ
214 GRANADA DRIVE
LAREDO, TX 78041
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 09/06/1996
License # 004883 CHAMPION CARE INC
Lic Expire 09/30/2021 1419 MARKET STREET
Medicare 1: 459052 LAREDO, TEXAS 78040
Medicare 2:
Phone (956) 712-2156 Fax (956) 727-7801
Type: Parent Agency Administrator YOLINDA TREVINO, RN

Owner Information
CHAMPION CARE INC
1419 MARKET
LAREDO, TX 78040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 10/01/2013
License # 015784 CHAMPION PALOMITA SERVICES
Lic Expire 09/30/2021 116 MICHOACAN LOOP
Medicare 1: LAREDO, TX 78045
Medicare 2:
Phone (956) 857-7086 Fax (956) 583-4621
Type: Parent Agency Administrator YOLINDA TREVINO

Owner Information
CHAMPION PALOMITA SERVICES INC
116 MICHOACAN LOOP
LAREDO, TX 78045
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 10/02/2013
License # 015787 CHAMPION PRIMARY CARE
Lic Expire 10/31/2021 116 MICHOACAN LOOP
Medicare 1: LAREDO, TX 78045
Medicare 2:
Phone (956) 857-7086 Fax (956) 583-4621
Type: Parent Agency Administrator YOLINDA TREVINO

Owner Information
CHAMPION PRIMARY CARE INC
116 MICHOACAN LOOP
LAREDO, TX 78045
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 08/25/2017
License # 018279 CHAMPION TELE-HEALTH SERVICES
Lic Expire 08/31/2021 1419 MARKET STREET
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 857-7086 Fax (956) 583-4621
Type: Parent Agency Administrator YOLINDA TREVINO, RN

Owner Information
CHAMPION TELE-HEALTH SERVICES LLC
1419 MARKET STREET
LAREDO, TX 78040
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 07/03/2019
License # 019467 CLAUDIA'S HOME CARE PROVIDER, LLC
Lic Expire 07/03/2021 6999 MCPHERSON RD. SUITE 105 #8
Medicare 1: LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 771-2273 Fax (832) 565-1490
Type: Parent Agency Administrator CLAUDIA ARREDONDO

Owner Information
CLAUDIA'S HOME CARE PROVIDER LLC
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 12/10/2015
License # 017246 CMV HOME HEALTH LLC
Lic Expire 12/31/2021 7128 ROSSON LANE STE 5
Medicare 1: 457440 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 568-3120 Fax (956) 568-3876
Type: Parent Agency Administrator CARLOS CANALES

Owner Information
CMV HOME HEALTH LLC
7128 ROSSON LANE STE.5
LAREDO, TEXAS 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 10/07/2005
License # 010032 COMMUNITY HOME CARE INC
Lic Expire 10/31/2020 6108 MCPHERSON AVE STE 10
Medicare 1: 677968 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 725-3888 Fax (956) 725-3898
Type: Parent Agency Administrator CRISTINA GOMEZ

Owner Information
COMMUNITY HOME CARE INC
6108 MCPHERSON AVENUE SUITE 10
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 09/30/2001
License # 007772 COMPLETE CHOICE CARE INC
Lic Expire 09/30/2022 709 ALTA VISTA DRIVE SUITE 104
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 725-3270 Fax (956) 725-8812
Type: Parent Agency Administrator BONIFACE EMEREMNU

Owner Information
COMPLETE CHOICE CARE INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 01/28/2011
License # 013857 DEL ALMA HOME HEALTH LLC
Lic Expire 01/31/2023 313 W VILLAGE #108 STE 1
Medicare 1: 747852 HHA-18 LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 753-8698 Fax (956) 791-0616
Type: Parent Agency Administrator DIANA CASTILLO

Owner Information
DEL ALMA HOME HEALTH LLC
5901 MCPHERSON ROAD SUITE 9A
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 07/24/2013
License # 015666 DIVINAS MANOS HOME HEALTH LLC
Lic Expire 07/31/2021 7109 N. BARTLETT AVE. SUITE #204
Medicare 1: 747953 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 728-8322 Fax (956) 728-8353
Type: Parent Agency Administrator AMARO GUTIERREZ

Owner Information
DIVINAS MANOS HOME HEALTH LLC
1103 CORPUS CHRISTI
LAREDO, TX 78040-5258
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 12/09/2023

County **WEBB** Region 07 Date Licensed 07/14/2008
License # 012103 DNA HOME HEALTH SERVICES LLC
Lic Expire 07/31/2022 6550 SPRINGFIELD STE. 203
Medicare 1: 747294 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 753-5800 Fax (956) 753-5801
Type: Parent Agency Administrator DORA SANCHEZ

Owner Information
DNA HOME 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
Accreditation: CHAP - Deemed, Expires: 12/11/2021

County **WEBB** Region 07 Date Licensed 01/13/2012
License # 014576 ESTRELLA PROVIDER SERVICES LLC
Lic Expire 01/31/2022 107 CALLE DEL NORTE SUITE 17
Medicare 1: LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 723-1234 Fax (866) 239-0666
Type: Parent Agency Administrator JOSE CRESENCIO GONZALEZ

Owner Information
ESTRELLA PROVIDER SERVICES LLC
6414 MCPHERSON RD #2
LAREDO, TX 78041
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 10/24/2005
License # 010070 EXCELLENT NURSING CARE PC
Lic Expire 10/31/2022 201 W HILLSIDE RD STE 9
Medicare 1: 677941 HHA-18 LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 725-2786 Fax (956) 723-9833
Type: Parent Agency Administrator DARLENE JIMENEZ

Owner Information
EXCELLENT NURSING CARE P.C
802 GALVESTON SUITE C
LAREDO, TX 78040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 09/19/2007
License # 011592 FARIAS HOME HEALTH CARE LLC
Lic Expire 09/30/2022 501 MARINA, STE. 2
Medicare 1: 747093 HHA-18 LAREDO, TEXAS 78046
Medicare 2:
Phone (956) 701-3509 Fax (956) 701-3511
Type: Parent Agency Administrator JESUS RAMIREZ

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

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County **WEBB** Region 07 Date Licensed 04/24/2015
License # 016765 FC PRIMARY HOME CARE
Lic Expire 04/30/2024 1420 E SAUNDERS ST.
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 568-6975 Fax (956) 568-6969
Type: Parent Agency Administrator CHRISTINE MADRIGAL

Owner Information
FC PRIMARY HOME CARE LLC
3511 S MALINCHE
LAREDO, TX 78046
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 09/12/2017
License # 018312 FIESTA PRIMARY HOME CARE LLC
Lic Expire 09/30/2021 6508 N BARTLETT AVENUE SUITE E
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 602-0275 Fax (956) 726-9305
Type: Parent Agency 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** Region 07 Date Licensed 05/19/2009
License # 012608 FIRST AIDE HOME CARE LLC
Lic Expire 05/31/2021 1617 CHACON STREET
Medicare 1: 747382 HHA-18 LAREDO, TX 78043
Medicare 2:
Phone (956) 725-2433 Fax (956) 722-3057
Type: Parent Agency Administrator VICTOR ALVARADO

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; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 03/08/2022

County **WEBB** Region 07 Date Licensed 02/15/2013
License # 015454 FRIENDLY CARE HOME HEALTH SERVICES LLC
Lic Expire 02/28/2023 313 W VILLAGE #108 STE 7
Medicare 1: 747296 HHA-18 LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 724-7100 Fax (956) 724-7101
Type: Parent Agency Administrator DIANA CASTILLO

Owner Information
FRIENDLY CARE HOME HEALTH SERVICES LLC
6414 MCPHERSON RD., SUITE 2
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 08/28/2021

County **WEBB** Region 07 Date Licensed 02/12/2008
License # 011880 FRIENDLY CARE PRIMARY SERVICES
Lic Expire 02/28/2023 2319 CHIHUAHUA
Medicare 1: LAREDO, TX 78043
Medicare 2:
Phone (956) 753-6040 Fax (956) 753-6850
Type: Parent Agency Administrator MARTHA SANDERSON

Owner Information
FRIENDLY CARE PRIMARY SERVICES LLC
2319 CHIHUAHUA
LAREDO, TX 78043
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 03/25/2008
License # 012125 FRIENDS HEALTH CARE SERVICES INC
Lic Expire 03/31/2022 5415 SPRINGFIELD AVE 2 B
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 795-8705 Fax (956) 791-2554
Type: Branch Agency Administrator DAVID SUAREZ

Owner Information
FRIENDS HEALTH CARE SERVICES INC
401 S KANSAS AVENUE SUITE D
WESLACO, TX 78596
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 08/21/2009
License # 012799 GDM PRIMARY HOME CARE INC
Lic Expire 08/31/2019 6508 NORTH BARTLETT SUITE E
Medicare 1: LAREDO, TX 78045
Medicare 2:
Phone (956) 727-0311 Fax (956) 726-9305
Type: Parent Agency Administrator MARIA ELVIRA MONTEMAYOR

Owner Information
GDM PRIMARY HOME CARE INC
6508 NORTH BARTLETT SUITE E
LAREDO, TX 78045
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 03/26/2004
License # 008989 GLOBAL NURSING SERVICES INC
Lic Expire 03/31/2022 6801 MCPHERSON SUITE 221
Medicare 1: 679475 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 712-8147 Fax (956) 722-1665
Type: Parent Agency Administrator CHRISTINE GARZA

Owner Information
GLOBAL NURSING SERVICES INC
6801 MCPHERSON STREET SUITE 221
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed
License # 010995 HANDS OF ANGELS HOME CARE
Lic Expire 01/31/2022 1502 ZAPATA HWY STE. 4
Medicare 1: LAREDO, TEXAS 78046
Medicare 2:
Phone (956) 793-3286 Fax (956) 440-1287
Type: Branch Agency Administrator ELSA NELLY BURKHOLDER

Owner Information
HANDS OF ANGELS HOME HEALTH CARE INC
1617 PALM VALLEY DRIVE EAST
HARLINGEN, TX 78552
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 06/01/2013
License # 015684 HEALING EXPERTS HOME HEALTH LLC
Lic Expire 05/31/2021 6510 POLARIS DR., STE. 2
Medicare 1: 747374 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 284-0780 Fax (956) 568-0158
Type: Parent Agency Administrator IRMA CEPEDA

Owner Information
HEALING EXPERTS HOME HEALTH LLC
2412 JACAMAN ROAD UNIT 102
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 03/15/2022

County **WEBB** Region 07 Date Licensed 01/27/2006
License # 010416 HEALING HANDS HOME HEALTH CARE LLC
Lic Expire 01/31/2021 6510 POLARIS DRIVE SUITE 3
Medicare 1: 679502 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 727-9111 Fax (956) 727-9107
Type: Parent Agency Administrator IRMA CEPEDA

Owner Information
HEALING HANDS HOME HEALTH CARE LLC
6510 POLARIS DRIVE SUITE 3
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 12/19/2008
License # 012362 HEALING HANDS PROVIDER SERVICE LLC
Lic Expire 12/31/2020 6510 POLARIS DR. STE. 4
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 284-0768 Fax (956) 568-8994
Type: Parent Agency 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** Region 07 Date Licensed 06/29/2001
License # 002164 HEALTH CARE UNLIMITED INC
Lic Expire 11/30/2022 315 CALLE DEL NORTE SUITE 205
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 796-9187 Fax (956) 796-9146
Type: Branch Agency Administrator JOSEPH RAMON III

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

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 10/12/2009
License # 013070 HEART 2 HEART SKILLED NURSING
Lic Expire 10/31/2021 1520 E. SAN PEDRO, SUITE 201
Medicare 1: 747342 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 724-5651 Fax (956) 724-5654
Type: Parent Agency Administrator ROXANA REYNA

Owner Information
JAR HEALTH CARE PLLC
1520 E SAN PEDRO SUITE 201
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WEBB** Region 07 Date Licensed 08/08/2008
License # 012145 HEAVENLY NURSES HOME HEALTH LLC
Lic Expire 08/31/2022 9803 STERLING LOOP SUITE 190
Medicare 1: 747424 HHA-18 LAREDO, TEXAS 78045
Medicare 2:
Phone (956) 726-9700 Fax (956) 796-9574
Type: Parent Agency 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

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County **WEBB** Region 07 Date Licensed 05/08/2014
License # 016193 HOSPICE SPECIALTY INC
Lic Expire 05/31/2022 1220 SCOTT STREET
Medicare 1: 741544 HOSPICE LAREDO, TX 78040
Medicare 2:
Phone (956) 722-0106 Fax (956) 727-1406
Type: Parent Agency Administrator ANNA LIZA GUAJARDO

Owner Information
HOSPICE SPECIALTY INC
1220 SCOTT STREET
LAREDO, TX 78040
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WEBB** Region 07 Date Licensed 12/17/2015
License # 017187 INTERIM HEALTHCARE
Lic Expire 12/31/2021 104 E CALTON RD STE 102
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 722-2273 Fax (956) 722-2274
Type: Parent Agency Administrator JESSICA MENDOZA

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

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County **WEBB** Region 07 Date Licensed 09/01/2017
License # 018292 LA ESPERANZA HOME HEALTH INC
Lic Expire 08/31/2021 5703 SPRINGFIELD AVENUE
Medicare 1: 74-1774 LAREDO, TX 78041
Medicare 2:
Phone (956) 723-4702 Fax (956) 723-4721
Type: Parent Agency Administrator CARLOS RAMIREZ

Owner Information
LA ESPERANZA HOME HEALTH INC
5703 SPRINGFIELD AVENU
LAREDO, TX 78041-3282
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 01/17/2022

County **WEBB** Region 07 Date Licensed 08/20/2008
License # 012188 LA ESPERANZA HOME HEALTH INC
Lic Expire 08/31/2021 5703 SPRINGFIELD AVE
Medicare 1: 747307 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 723-4702 Fax (956) 723-4721
Type: Parent Agency Administrator CARLOS RAMIREZ

Owner Information
LA ESPERANZA HOME HEALTH INC
5703 SPRINGFIELD AVENU
LAREDO, TX 78041-3282
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: CHAP, Expires: 11/16/2021

County **WEBB** Region 07 Date Licensed 12/11/2017
License # 007540 LA FUENTE PRIMARY HOME CARE
Lic Expire 02/28/2023 435 ST. THOMAS DRIVE
Medicare 1: LAREDO, TX 78045
Medicare 2:
Phone (956) 485-2400 Fax (956) 485-1193
Type: Branch Agency Administrator VERONICA ALEMAN

Owner Information
LA FUENTE INCORPORATED
PO BOX 280
SULLIVAN CITY, TX 78595
PHONE: (956) 485-9650 FAX: (956) 485-9652
Services: Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 02/13/2003
License # 008322 LA LUZ PRIMARY HOME CARE LLC
Lic Expire 02/28/2021 2349 EAST SAUNDERS
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 724-7859 Fax (956) 724-5801
Type: Parent Agency Administrator NORA D HERNANDEZ

Owner Information
LA LUZ PRIMARY HOME CARE LLC
2349 E SAUNDERS
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 09/01/2010
License # 013548 LA MISERICORDIA HOME CARE SERVICE LLC
Lic Expire 08/31/2022 2333 E SAUNDERS ST
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 712-2834 Fax (956) 723-9949
Type: Parent Agency Administrator MARIO MARTINEZ

Owner Information
LA MISERICORDIA HOME CARE SERVICE LLC
2333 E SAUNDERS
LAREDO, TX 78041
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 11/10/2017
License # 018444 LAREDO GENTLE HANDS HOSPICE AND PALLIATIVE CARE
Lic Expire 11/30/2021 5415 SPRINGFIELD AVE. SUITE 2C
Medicare 1: 74-1761 LAREDO, TX 78041
Medicare 2:
Phone (956) 334-7937 Fax (956) 242-6084
Type: Parent Agency Administrator DIANA CASTILLO

Owner Information
LAREDO GENTLE HANDS HOSPICE CARE LLC
5415 SPRINGFIELD AVE SUITE 2C
LAREDO, TX 78041
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/29/2021

County **WEBB** Region 07 Date Licensed
License # 020721 LAREDO HOME CARE PROVIDER SERVICES LLC
Lic Expire 04/27/2024 962 LAUREN LANE
Medicare 1: LAREDO, TEXAS 780456625
Medicare 2:
Phone (956) 324-1181 Fax (956) 253-4108
Type: Parent Agency Administrator RAQUEL HERRERA

Owner Information
LAREDO HOME CARE PROVIDER SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 03/24/1998
License # 006398 LAREDO PRIMARY CARE
Lic Expire 03/31/2023 200 W LYON STREET
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 725-3804 Fax (956) 725-0182
Type: Parent Agency 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** Region 07 Date Licensed 12/20/2006
License # 010954 LAREDO SKILLED SERVICES INC
Lic Expire 12/31/2022 2101 SOUTH EJIDO AVE
Medicare 1: 747257 HHA-18 LAREDO, TX 78046
Medicare 2:
Phone (956) 724-4280 Fax (956) 724-2263
Type: Parent Agency Administrator ALEX GARCIA

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; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 11/21/2014
License # 016549 LAS PALMAS HEALTH SERVICES
Lic Expire 11/30/2022 10609 PORFIRIO DR.
Medicare 1: 679707 HHA-18 LAREDO, TEXAS 78045
Medicare 2:
Phone (956) 722-0394 Fax (956) 722-0098
Type: Parent Agency Administrator ANA RODRIGUEZ

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

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County **WEBB** Region 07 Date Licensed 08/17/2011
License # 014290 LIONSITOS PRIMARY HOME CARE
Lic Expire 08/31/2021 1506 EISENHOWER DRIVE
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 523-0429 Fax (956) 725-1694
Type: Parent Agency Administrator GUADALUPE DE LEON JR

Owner Information
LIONSITOS PRIMARY HOME CARE INC
1506 EISENHOWER DRIVE
LAREDO, TX 78040
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 05/12/2016
License # 017394 LONE STAR HEALTH SERVICES PLLC
Lic Expire 05/31/2022 313 W. VILLAGE BLVD., STE. 108
Medicare 1: LAREDO, TEXAS 780412275
Medicare 2:
Phone (956) 602-1612 Fax (956) 602-1211
Type: Parent Agency Administrator SAMUEL CANTU

Owner Information
LONE STAR HEALTH SERVICES, PLLC
2920 PALO BLANCO
LAREDO, TEXAS 78046
PHONE: FAX:
Services: Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 04/14/2024

County **WEBB** Region 07 Date Licensed 04/27/2017
License # 018024 M & J PRIMARY HOME CARE LLC
Lic Expire 04/30/2021 6108 MCPHERSON RD STE 5
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 568-1479 Fax (956) 568-1519
Type: Parent Agency Administrator SANDRA SALGADO

Owner Information
M & J PRIMARY HOME CARE LLC
6108 MCPHERSON ROAD SUITE 5
LAREDO, TX 78041
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 10/14/2015
License # 017076 MANNA PROVIDER SERVICES LLC
Lic Expire 10/31/2021 1915 WOODLAND DR
Medicare 1: LAREDO, TX 78045
Medicare 2:
Phone (956) 602-1671 Fax (956) 602-1671
Type: Parent Agency Administrator HERMELINDA JIMENEZ

Owner Information
MANNA PROVIDER SERVICES LLC
1915 WOODLAND DRIVE
LAREDO, TX 78045
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 05/28/2019
License # 019393 MANOS CON CARINO PROVIDER SERVICES
Lic Expire 05/28/2021 9505 MINES RD SUITE #208
Medicare 1: LAREDO, TEXAS 78045
Medicare 2:
Phone (956) 441-1362 Fax (956) 441-1304
Type: Parent Agency Administrator EVELYN GARCIA

Owner Information
CASA COMPASIVA, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 05/28/2009
License # 012627 MAR-DEL HOME HEALTH LLC
Lic Expire 05/31/2021 1401 CALLE DEL NORTE #5
Medicare 1: 747608 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 753-7007 Fax (956) 723-3535
Type: Parent Agency Administrator JOSEFA RUIZ

Owner Information
MAR-DEL HOME HEALTH LLC
1401 CALLE DEL NORTE #5
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 04/19/2023

County **WEBB** Region 07 Date Licensed 07/18/2013
License # 015660 MEDLIFE HOME HEALTH SERVICES INC
Lic Expire 07/31/2021 133 LAKE CHAPALA DR
Medicare 1: 747923 HHA-18 LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 462-5974 Fax (956) 267-5744
Type: Parent Agency Administrator MONICA LOZANO

Owner Information
MEDLIFE HOME HEALTH SERVICES INC
1505 CALLE DEL NORTE SUITE 250
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 07/07/2020
License # 020038 MI DULCE MARIA PROVIDER CARE
Lic Expire 07/07/2022 2412 SABANA
Medicare 1: LAREDO, TEXAS 78046
Medicare 2:
Phone 956 8036061 Fax
Type: Parent Agency Administrator CANDI ROSSEL

Owner Information
CANDI M ROSSEL HOME HEALTH SERVICES, INC
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 05/18/2020
License # 019948 MI HOGAR HOME CARE PROVIDER SERVICES, LLC
Lic Expire 05/18/2022 1701 JACAMAN RD. RP8-D
Medicare 1: LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 615-1000 Fax (956) 615-1001
Type: Parent Agency Administrator ANA GARZA

Owner Information
MI HOGAR HOME CARE PROVIDER SERVICES, LLC
10517 SAVITEE DR.
LAREDO, TEXAS 78045
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 07/27/2011
License # 014236 MORNING GLORY PROVIDER SERVICES
Lic Expire 07/31/2021 4001 MCPHERSON RD STE 204
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 725-5808 Fax (956) 568-9679
Type: Parent Agency Administrator MARISELA LEAL

Owner Information
M & R MANAGEMENT LLC
PO BOX 15153
ZAPATA, TX 78076
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 06/12/2009
License # 012774 NEW BEGINNING HOME CARE INC
Lic Expire 06/30/2021 2212 MCDONELL SUITE 3
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 724-6755 Fax (956) 729-0399
Type: Parent Agency Administrator HECTOR LOZANO

Owner Information
NEW BEGINNING HOME CARE INC
2212 MCDONELL SUITE 3
LAREDO, TX 78040
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed
License # 010559 NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC
Lic Expire 06/30/2022 6999 MCPHERSON ROAD #324-2
Medicare 1: LAREDO, TEXAS 78041
Medicare 2:
Phone 956 5328433 Fax 956 6273699
Type: Branch Agency Administrator ANA 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 **WEBB** Region 07 Date Licensed 09/08/2003
License # 006229 NURSES ON WHEELS INC
Lic Expire 08/31/2022 6423 MCPHERSON RD SUITE 16C
Medicare 1: 45Q9200001 LAREDO, TX 78041
Medicare 2:
Phone (361) 527-9139 Fax (361) 527-4137
Type: Branch Agency Administrator MARY GARCIA

Owner Information
NURSES ON WHEELS INC
1101 3RD STREET
CORPUS CHRISTI, TX 78404
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WEBB** Region 07 Date Licensed 09/26/2003
License # 006229 NURSES ON WHEELS INC
Lic Expire 08/31/2022 6423 MCPHERSON RD SUITE 16C
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (361) 527-9139 Fax (361) 527-4137
Type: Alternate Delivery Site 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

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 01/01/1998
License # 006274 NURSING FROM THE HEART HOME CARE INC
Lic Expire 12/31/2022 1505 CALLE DEL NORTE STE 250
Medicare 1: 459047 HHA-18 LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 727-4444 Fax (956) 727-4677
Type: Parent Agency 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

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County **WEBB** Region 07 Date Licensed 03/03/2015
License # 016663 NURSING FROM THE HEART PRIMARY CARE LLC
Lic Expire 03/31/2023 1505 CALLE DEL NORTE STE 350
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 568-3699 Fax (956) 568-3678
Type: Parent Agency 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** Region 07 Date Licensed 02/22/2017
License # 018051 NURSING SERVICES AND CONSULTANTS OF LAREDO
Lic Expire 02/28/2023 7917 MCPHERSON AVENUE SUITE 210
Medicare 1: LAREDO, TX 78045
Medicare 2:
Phone (956) 725-9211 Fax (956) 725-9996
Type: Branch Agency Administrator HECTOR ALVARADO ALVARADO

Owner Information
NSCL INC
PO BOX 398
BENAVIDES, TEXAS 78341
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 05/23/2013
License # 015560 OUR GUARDIAN ANGELS HOME HEALTH
Lic Expire 05/31/2021 105 WASHINGTONIA DRIVE
Medicare 1: LAREDO, TEXAS 78045
Medicare 2:
Phone (956) 235-7158 Fax (956) 602-1157
Type: Parent Agency Administrator SANDRA VILLARREAL

Owner Information
OUR GUARDIAN ANGELS HOME HEALTH INC
1203 E 28TH STREET
MISSION, TX 78754
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 06/25/2019
License # 019441 PALOMA BLANCA PROVIDER SERVICES, LLC
Lic Expire 06/25/2021 1101 SHILOH #3
Medicare 1: LAREDO, TEXAS 78045
Medicare 2:
Phone (956) 727-8068 Fax (956) 727-8068
Type: Parent Agency Administrator SYLVIA LOZANO

Owner Information
PALOMA BLANCA PROVIDER SERVICES, LLC
P. O. BOX 450152
LAREDO, TEXAS 78045
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 05/12/2014
License # 016201 PALOMITA PROVIDER SERVICE LLC
Lic Expire 05/31/2022 815 SALINAS SUITE B
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 518-0088 Fax (956) 272-0108
Type: Parent Agency Administrator EUNICE VASQUEZ

Owner Information
PALOMITA PROVIDER SERVICE LLC
815 SALINAS SUITE B
LAREDO, TX 78040
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 02/22/2011
License # 013907 PALOMITAS "R" US INC
Lic Expire 02/28/2023 7220-A BOB BULLOCK LOOP SUITE 302
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 753-3294 Fax (956) 723-0118
Type: Parent Agency Administrator YOLANDA CARRILLO

Owner Information
PALOMITAS R US INC
PO BOX 451592
LAREDO, TEXAS 78045
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 02/14/2003
License # 008323 PRECIOUS GARDEN PRIMARY CARE
Lic Expire 02/28/2022 1817 CORPUS CHRISTI STREET
Medicare 1: LAREDO, TX 78043
Medicare 2:
Phone (956) 722-9311 Fax (956) 723-8616
Type: Parent Agency Administrator CYNTHIA VAZQUEZ

Owner Information
CYNTHIA T VAZQUEZ
1817 CORPUS CHRISTI STREET
LAREDO, TX 78043
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 05/10/2005
License # 009748 PRO HEALTH NURSING INC
Lic Expire 05/31/2021 1303 CALLE DEL NORTE SUITE 400
Medicare 1: 677899 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 724-2006 Fax (956) 724-2014
Type: Parent Agency Administrator MIGUEL SAUCEDO

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

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County **WEBB** Region 06 Date Licensed 07/30/2012
License # 007241 RESOURCE HOME HEALTH SERVICES
Lic Expire 08/31/2020 502 W CALTON ROAD UNIT 107 RM B
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 712-8000 Fax (956) 712-8133
Type: Branch Agency Administrator ROSE NWABUISI

Owner Information
RESOURCE HEALTH SERVICES INC
7211 REGENCY SQUARE BLVD SUITE 102
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 09/07/2019
License # 019505 RIGHT AT HOME PRIMARY HOME CARE LLC
Lic Expire 1618 CHIHUAHUA STREET
Medicare 1: LAREDO, TEXAS 78043
Medicare 2:
Phone (832) 431-1180 Fax
Type: Parent Agency Administrator THELMA BYFIELD

Owner Information
RIGHT AT HOME PRIMARY HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 11/14/2011
License # 014471 ROCHA PRIMARY CARE LLC
Lic Expire 11/30/2021 803 MCCLELLAND AVE
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 286-3333 Fax (956) 726-1898
Type: Parent Agency Administrator ROGER C ROCHA JR

Owner Information
ROCHA PRIMARY CARE LLC
803 MCCLELLAND AVE
LAREDO, TX 78040
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 01/21/2011
License # 010616 SAINT BENEDICTS HOME HEALTH INC
Lic Expire 07/31/2021 5711 MCPHERSON RD STE 200
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 728-8088 Fax (956) 728-8483
Type: Branch Agency Administrator BRENDA RAMON

Owner Information
SAINT BENEDICTS HOME HEALTH INC
424 E MAIN
ROBSTOWN, TX 78380
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 10/03/2016
License # 017660 SAINT BERNADETTE'S PRIMARY HOME CARE
Lic Expire 04/30/2021 910 HIDALGO ST
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 337-2235 Fax (956) 377-2607
Type: Parent Agency Administrator MARYLOU GONZALEZ

Owner Information
SAINT BERNADETTE'S PRIMARY HOME CARE LLC
3419 S BUENA VISTA AVE
LAREDO, TX 78046
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 06/14/2007
License # 007114 SALDIVAR PRIMARY HOME CARE
Lic Expire 09/30/2022 2601 E. SAUNDERS, SUITE 5
Medicare 1: LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 717-5009 Fax (956) 717-5876
Type: Branch Agency Administrator MARGOT SALDIVAR

Owner Information
SALDIVAR COASTAL SERVICES INC
P. O. BOX 3504
ALICE, TEXAS 78332
PHONE: (361) 396-1200 FAX: (361) 396-1203
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 09/22/2005
License # 009982 SALUD HOME HEALTH INC
Lic Expire 09/30/2022 2920 SOUTH MALINCHE AVE.
Medicare 1: 679541 LAREDO, TX 78046
Medicare 2:
Phone (956) 718-9987 Fax (956) 718-1916
Type: Parent Agency Administrator MIGUEL ANGEL GALLEGOS

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

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County **WEBB** Region 07 Date Licensed 05/26/2006
License # 010492 SAN AGUSTIN HOME HEALTH SERVICES
Lic Expire 05/31/2021 1401 CALLE DEL NORTE STE 6 UNIT 35
Medicare 1: 67-9694 LAREDO, TX 78041
Medicare 2:
Phone (956) 717-1204 Fax (956) 717-2604
Type: Parent Agency Administrator REYNA CARRILLO

Owner Information
HUMBERTO VELA JR
1001 CORPUS CHRISTI STREET
LAREDO, TX 78040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 06/13/2022

County **WEBB** Region 07 Date Licensed 08/01/2001
License # 007687 SANDS CARE HEALTH SERVICES LC
Lic Expire 07/31/2022 201 WEST HILLSIDE SUITE 8
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 728-1565 Fax (956) 728-1566
Type: Parent Agency Administrator ANDREA LAURA SANDS

Owner Information
SANDS CARE HEALTH SERVICES LC
201 WEST HILLSIDE SUITE 8
LAREDO, TX 78041-6905
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed
License # 012384 SELAH HOSPICE CARE INC.
Lic Expire 01/31/2023 6999 MCPHERSON RD STE. 104-16
Medicare 1: LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 441-0038 Fax
Type: Alternate Delivery Site 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** Region 07 Date Licensed 01/12/2017
License # 017853 SERENITY HOME CARE SERVICES
Lic Expire 01/31/2022 6414 MCPHERSON RD #2
Medicare 1: 741726 HOSPICE LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 725-5533 Fax (956) 725-5536
Type: Parent Agency Administrator JOSE MARTINEZ

Owner Information
SERENITY HOSPICE CARE LLC
6414 MCPHERSON RD., #2
LAREDO, TX 78041
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/07/2024

County **WEBB** Region 07 Date Licensed 12/01/2006
License # 010911 SERENITY HOME CARE SERVICES
Lic Expire 6414 MCPHERSON RD SUITE 2
Medicare 1: 747028 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 725-5533 Fax (956) 725-5536
Type: Parent Agency Administrator JOSE ANTONIO MARTINEZ

Owner Information
LAREDO QUALITY HOME HEALTH INC
6414 MCPHERSON ROAD SUITE 2
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 10/10/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 04/05/2021
License # 020670 SERENITY PROVIDER SERVICES, LLC
Lic Expire 04/05/2023 107 CALLE DEL NORTE STE. 17
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 452-0202 Fax (956) 725-5536
Type: Parent Agency 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** Region 07 Date Licensed 06/29/2009
License # 012669 ST. JUDES SPECIALTY HOME AND HEALTH CARE SERVICES INC
Lic Expire 06/30/2021 1220 SCOTT STREET
Medicare 1: 747388 HHA-18 LAREDO, TEXAS 78040
Medicare 2:
Phone (956) 722-0106 Fax (956) 727-1406
Type: Parent Agency 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
Accreditation: JCAHO - Deemed, Expires: 04/12/2022

County **WEBB** Region 07 Date Licensed 03/31/2006
License # 010364 STAR OF LIFE HOME CARE INC
Lic Expire 03/31/2021 2919 SPRINGFIELD AVENUE
Medicare 1: 679661 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 568-0111 Fax (956) 753-0112
Type: Parent Agency 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
Accreditation: CHAP - Deemed, Expires: 03/07/2022

County **WEBB** Region 07 Date Licensed 04/29/2016
License # 017580 STAR PLUS HOME CARE
Lic Expire 07/30/2022 3825 N 10TH ST, STE B
Medicare 1: 679448 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone 956 8004405 Fax 956 8004408
Type: Parent Agency Administrator JOSE MARIA ALVAREZ III

Owner Information
HOME INSTEAD CARE LLC
315 CALLE DEL NORTE UNIT 203
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 11/22/2011
License # 014482 STEPCARE INC
Lic Expire 11/30/2021 1505 CALLE DEL NORTE STE 260B
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 725-1001 Fax (956) 729-1614
Type: Parent Agency Administrator BONIFACE EMEREMNU

Owner Information
STEPCARE INC
1505 CALLE DEL NORTE SUITE 260B
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 10/20/2011
License # 014431 SUNSHINE THERAPY & NURSING SERVICES
Lic Expire 10/31/2021 1319 EAST HILLSIDE RD STE B
Medicare 1: 747980 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 723-6600 Fax (956) 723-6614
Type: Parent Agency Administrator SELINA RAMOS

Owner Information
LAREDO KIDS ADVANCED THERAPY INC
1319 E HILLSIDE RD STE B
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WEBB** Region 07 Date Licensed 01/21/2009
License # 012406 SUPERIOR CARE HOME HEALTH SERVICES LLC
Lic Expire 01/31/2023 804 OKANE STREET
Medicare 1: 747450 HHA-18 LAREDO, TX 78040
Medicare 2:
Phone (956) 791-6477 Fax (956) 721-0663
Type: Parent Agency Administrator ROGELIO ESPINOZA

Owner Information
SUPERIOR CARE HOME HEALTH SERVICES LLC
SAME AS PHYSICAL ADDRESS
LAREDO, TX 78040-4009
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 07/26/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 08/21/2013
License # 015724 SUPERIOR CARE PRIMARY HOME CARE PROVIDER LLC
Lic Expire 08/31/2021 804 OKANE
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 724-5299 Fax (956) 724-5296
Type: Parent Agency Administrator BRISELDA G ESPINOZA

Owner Information
SUPERIOR CARE PRIMARY HOME CARE PROVIDER LLC
2402 LOGAN AVENUE
LAREDO, TX 78040
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 05/23/2008
License # 012028 SUPERIOR NURSING CARE
Lic Expire 05/31/2023 1505 CALLE DEL NORTE SUITE 375
Medicare 1: 747254 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 728-0411 Fax (956) 728-0415
Type: Parent Agency Administrator MELISSA CIGARROA

Owner Information
HEALTHPROV L L C
316 WESTMONT DRIVE
LAREDO, TEXAS 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WEBB** Region 07 Date Licensed 03/01/2012
License # 014675 SUPERSTAR HOME THERAPY
Lic Expire 02/28/2022 6262 MCPHERSON SUITE 110
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 722-7733 Fax (956) 722-7799
Type: Parent Agency Administrator GUADALUPE GARZA JR

Owner Information
5 STAR THERAPY PLLC
6550 SPRINGFIELD AVENUE SUITE 101
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed Home Health Services

County **WEBB** Region 07 Date Licensed 09/02/2002
License # 008583 TEXAS HEALTH STAFFING SERVICES INC
Lic Expire 09/30/2021 1115 CHIHUAHUA STREET SUITE A
Medicare 1: 679185 LAREDO, TX 780405289
Medicare 2:
Phone (956) 791-3012 Fax (956) 791-5863
Type: Parent Agency 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

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County **WEBB** Region 07 Date Licensed 05/02/2017
License # 018031 TEXAS PALOMITA SERVICES
Lic Expire 05/31/2021 1104 MARKET STREET #A
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 441-1839 Fax (956) 441-1858
Type: Parent Agency Administrator RAQUEL RODRIGUEZ

Owner Information
RAQUEL ALEJANDRA RODRIGUEZ
905 MCCLELLAND AVE STE 2
LAREDO, TX 78040
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 04/30/2004
License # 009337 TEXAS PROVIDER CARE LLC
Lic Expire 04/30/2022 1620 CHIHUAHUA ST
Medicare 1: LAREDO, TX 78043
Medicare 2:
Phone (956) 791-5234 Fax (956) 726-0145
Type: Parent Agency Administrator JOSE JAIMES

Owner Information
TEXAS PROVIDER CARE LLC
2404 ROSARIO STREET
LAREDO, TX 78043
PHONE: FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 06/30/2022 1103 CORPUS CHRISTI
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 728-7905 Fax (956) 791-0941
Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 10/15/2003
License # 008692 TORRES HOME HEALTH SERVICE L C
Lic Expire 10/31/2023 7511 MCPHERSON RD STE 6A
Medicare 1: 679490 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 712-3579 Fax (956) 712-3981
Type: Parent Agency 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** Region 07 Date Licensed 01/11/2007
License # 010986 TORRES PRIMARY HOME CARE INC
Lic Expire 01/31/2023 5415 SPRINGFIELD STE 3B
Medicare 1: LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 712-3726 Fax (956) 712-3730
Type: Parent Agency 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** Region 07 Date Licensed 12/23/2014
License # 016577 TOUCHED BY AN ANGEL HOME CARE INCORPORATED
Lic Expire 12/31/2023 6419 MCPHERSON ROAD SUITE I
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 337-0136 Fax (956) 723-4122
Type: Parent Agency 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** Region 07 Date Licensed 03/07/2007
License # 011405 UNITED HOME HEALTH
Lic Expire 03/31/2022 1605 EAST DEL MAR STE 103
Medicare 1: 679506 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 857-5900 Fax (956) 718-2354
Type: Parent Agency 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

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County **WEBB** Region 07 Date Licensed 10/14/2013
License # 015861 VANGUARD HEALTHCARE
Lic Expire 10/31/2021 6999 MCPHERSON ROAD STE 105
Medicare 1: 747298 HHA-18 LAREDO, TEXAS 78041
Medicare 2:
Phone 956 6869500 Fax 956 6869511
Type: Parent Agency Administrator OLGA GARCIA

Owner Information
HANDS THAT HEAL HOME HEALTH LLC
P.O. BOX 451628
LAREDO, TEXAS 78045
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WEBB** Region 07 Date Licensed 10/03/2018
License # 019073 VARA HOSPICE
Lic Expire 10/03/2022 3619 DAVIS AVENUE
Medicare 1: 971598 Hospice LAREDO, TX 78041
Medicare 2:
Phone (833) 663-8271 Fax 9564507251, EFFECTIVE 01012020
Type: Parent Agency Administrator JOSE ALVARADO

Owner Information
VARA HOSPICE, LLC
203 SABAL LOOP
LAREDO, TX 78045
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 10/07/2023

County **WHARTON** Region 06 Date Licensed 06/21/2004
License # 008427 ANGELS CARE HOME HEALTH
Lic Expire 04/30/2022 315 N ALABAMA ROAD SUITE A
Medicare 1: WHARTON, TX 77488
Medicare 2:
Phone (979) 282-2629 Fax (979) 282-2647
Type: Branch Agency Administrator ANGELA CRAWFORD

Owner Information
E MEDICAL GROUP INC
2803 7TH STREET
BAY CITY, TX 77414
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WHARTON** Region 06 Date Licensed 06/20/2000
License # 001994 HOUSTON HOSPICE
Lic Expire 10/31/2022 1102 N. MECHANIC SUITE B
Medicare 1: EL CAMPO, TEXAS 77437
Medicare 2:
Phone (979) 578-0314 Fax (979) 578-0242
Type: Alternate Delivery Site Administrator RANA MCCLELLAND

Owner Information
HOUSTON HOSPICE
1905 HOLCOMBE
HOUSTON, TX 77030-4123
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 06/12/2021

County **WHARTON** Region 06 Date Licensed 11/24/2014
License # 016538 SACRED CARE HOME HEALTH LLC
Lic Expire 11/30/2022 1506 N ALABAMA RD STE. B
Medicare 1: 747971 HHA-18 WHARTON, TEXAS 77488
Medicare 2:
Phone (979) 531-3068 Fax (979) 318-3899
Type: Parent Agency Administrator SHIRLEY BRISTOW

Owner Information
SACRED CARE HOME HEALTH LLC
PO BOX 1268
WHARTON, TX 77488
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WHARTON** Region 06 Date Licensed 01/13/2005
License # 008158 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 10/31/2022 10358 US 59 HWY SUITE B
Medicare 1: WHARTON, TX 77488
Medicare 2:
Phone (979) 532-8584 Fax (979) 532-8574
Type: Branch Agency Administrator KATHRYN WIEDMAN

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WHARTON** Region 06 Date Licensed 10/18/2002
License # 008158 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 10/31/2022 10358 US 59 HWY SUITE B
Medicare 1: 679233 HHA-18 WHARTON, TX 77488
Medicare 2:
Phone (979) 532-8584 Fax (979) 532-8574
Type: Parent Agency Administrator KATHRYN WIEDMAN

Owner Information
TEXAS HOME HEALTH SKILLED SERVICES, L.P.
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/03/2022

County **WHARTON** Region 06 Date Licensed 01/15/2015
License # 016604 VISITING ANGELS SOUTHEAST CENTRAL TEXAS
Lic Expire 01/31/2023 704 CHURCH STREET
Medicare 1: EAST BERNARD, TX 77435
Medicare 2:
Phone (979) 335-4025 Fax (979) 335-4121
Type: Parent Agency Administrator KIMBERLY HAAK

Owner Information
RVLK QUALITY CARE LLC
PO BOX 1321
EAST BERNARD, TX 77435
PHONE: FAX:
Services: Personal Assistance Services

County **WHEELER** Region 01 Date Licensed 03/12/1993
License # 002472 PARKVIEW HOSPITAL HOME HEALTH AGENCY
Lic Expire 03/31/2023 901 S SWEETWATER
Medicare 1: 677604 HHA-18 WHEELER, TX 79096
Medicare 2:
Phone (806) 826-1370 Fax (806) 826-1396
Type: Parent Agency Administrator MONICA KIDD

Owner Information
NORTH WHEELER COUNTY HOSPITAL DISTRICT
PO BOX 1030
WHEELER, TEXAS 79096
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WHEELER** Region 01 Date Licensed 04/06/2005
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 211 N MAIN
Medicare 1: 45Q7754003 SHAMROCK, TX 79079
Medicare 2:
Phone (806) 256-1100 Fax (806) 256-1101
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/18/2024

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WHEELER** Region 01 Date Licensed 04/06/2005
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 211 N MAIN
Medicare 1: 45Q7754003 SHAMROCK, TX 79079
Medicare 2:
Phone (806) 256-1100 Fax (806) 256-1101
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/18/2024

County **WHEELER** Region 01 Date Licensed 04/06/2005
License # 008662 TEXAS HOME HEALTH
Lic Expire 09/30/2022 211 N MAIN
Medicare 1: 45Q7754003 SHAMROCK, TX 79079
Medicare 2:
Phone (806) 256-1100 Fax (806) 256-1101
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information
KINDSTAR, INC. - DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 01/18/2024

County **WICHITA** Region 01 Date Licensed 10/25/2015
License # 017332 1ST TEXAS HOME HEALTH
Lic Expire 10/31/2021 900 8TH ST. STE 520
Medicare 1: 679027 HHA-18 WICHITA FALLS, TEXAS 763016806
Medicare 2:
Phone (940) 763-9500 Fax (940) 763-9501
Type: Parent Agency Administrator LISA REYNA

Owner Information
INTEGRATED MANAGEMENT SOLUTIONS, INC
PO BOX 529
WHITESBORO, TX 76273
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **WICHITA** Region 01 Date Licensed 04/08/1997
License # 005429 ANGELS CARE HOME HEALTH
Lic Expire 04/30/2022 1908 ELMWOOD NORTH AVENUE SUITE 101-103
Medicare 1: 459298 HHA-18 WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 322-1391 Fax (940) 322-2967
Type: Parent Agency Administrator SKYLAR BLISARD

Owner Information
FIRST CHOICE COMMUNITY HOME CARE INC
1908 ELMWOOD NORTH, SUITE 101-103
WICHITA FALLS, TX 76308
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WICHITA** Region 01 Date Licensed 01/19/2021
License # 020349 ANGELS CARE HOSPICE
Lic Expire 06/11/2022 1908 N ELMWOOD N, STE 102
Medicare 1: 451610 WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 500-2537 Fax (940) 784-7206
Type: Parent Agency Administrator TERESA ROGAN

Owner Information
E HOSPICE GROUP OF TEXAS NO. 1, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 08/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WICHITA** Region 01 Date Licensed 09/13/1996
License # 004895 AT HOME CARE LLC
Lic Expire 09/30/2021 1109 BROOK AVENUE
Medicare 1: 459071 WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 766-4663 Fax (940) 766-2236
Type: Parent Agency Administrator CHARLENE CLUTE

Owner Information
AT HOME CARE LLC
POBOX 1373
WICHITA FALLS, TX 76307
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WICHITA** Region 01 Date Licensed 09/10/2002
License # 008104 BESTCARE HEALTH SERVICES INC
Lic Expire 09/30/2022 5800 KELL WEST BOULEVARD SUITE 500
Medicare 1: 679231 HHA-18 WICHITA FALLS, TX 76310
Medicare 2:
Phone (940) 692-9824 Fax (940) 692-4163
Type: Parent Agency Administrator ROBERT RICHEY

Owner Information
BESTCARE HEALTH SERVICES, INC
5800 KELL WEST BLVD SUITE 500
WICHITA FALLS, TX 76310
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WICHITA** Region 01 Date Licensed 09/02/2009
License # 012834 BESTCARE SPECIALTY SERVICES INC
Lic Expire 09/30/2021 5800 KELL BLVD SUITE 500
Medicare 1: WICHITA FALLS, TX 76310
Medicare 2:
Phone (940) 692-9826 Fax (940) 692-4163
Type: Parent Agency Administrator ROBERT W RICHEY

Owner Information
BESTCARE SPECIALTY SERVICES INC
7215 BAKER BLVD
RICHLAND HILLS, TX 76119
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WICHITA** Region 01 Date Licensed 01/28/2016
License # 017245 BEYONDFAITH HOSPICE OF WICHITA FALLS LLC
Lic Expire 01/31/2022 1702 KELL BLVD
Medicare 1: 741656 HOSPICE WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 696-8901 Fax (940) 696-8902
Type: Parent Agency Administrator MITZI G THOMAS

Owner Information
BEYONDFAITH HOSPICE OF JACKSBORO, LLC
604 OAK STREET SUITE 105
GRAHAM, TEXAS 76450
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WICHITA** Region 01 Date Licensed 07/03/2008
License # 002242 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 09/30/2022 3917 CALL FIELD RD
Medicare 1: WICHITA FALLS, TEXAS 76308
Medicare 2:
Phone (940) 761-1119 Fax (940) 761-3240
Type: Branch Agency Administrator SHANNON STEIGLEDER

Owner Information
CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WICHITA** Region 01 Date Licensed 10/31/2015
License # 017180 CARETEAM OF WICHITA FALLS
Lic Expire 10/31/2021 1106 TRAVIS ST SUITE #110
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 723-5273 Fax (940) 723-5277
Type: Parent Agency Administrator LACEY MORGAN

Owner Information
CTWF LLC
PO BOX 5042
WICHITA FALLS, TX 76307
PHONE: FAX:
Services: Personal Assistance Services

County **WICHITA** Region 01 Date Licensed 07/01/1988
License # 001997 ELECTRA MEMORIAL HOSPITAL HOME HEALTH SERVICES
Lic Expire 06/30/2022 113 WEST CLEVELAND STREET
Medicare 1: 677142 HHA-18 ELECTRA, TX 76360
Medicare 2:
Phone (940) 495-2900 Fax (940) 495-2930
Type: Parent Agency Administrator REBECCA MCCAIN

Owner Information
ELECTRA HOSPITAL DISTRICT
PO BOX 1112
ELECTRA, TX 76360
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WICHITA** Region 01 Date Licensed 09/28/2013
License # 015831 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 09/30/2021 4001 CEDAR ELM LANE
Medicare 1: 678008 HHA-18 WICHITA FALLS, TEXAS 76308
Medicare 2:
Phone 940 6912273 Fax 940 6913364
Type: Parent Agency Administrator LINDA FARRIS

Owner Information
ENCOMPASS OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WICHITA** Region 01 Date Licensed 10/06/2015
License # 017233 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2021 4001 CEDAR ELM LANE
Medicare 1: 679665 HHA-18 WICHITA FALLS, TEXAS 76308
Medicare 2:
Phone 940 6912273 Fax 940 6913364
Type: Parent Agency Administrator LINDA FARRIS

Owner Information
ENCOMPASS OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WICHITA** Region 01 Date Licensed 03/01/2011
License # 014102 FALLS HOME HEALTH SERVICES INC
Lic Expire 02/28/2023 4090 REGENT DRIVE
Medicare 1: 677259 HHA-18 WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 766-1990 Fax (940) 766-0064
Type: Parent Agency Administrator ROBERT TERRY

Owner Information
FALLS HOME HEALTH SERVICES INC
1401 HOLLIDAY SUITE 216
WICHITA FALLS, TX 76301
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WICHITA** Region 01 Date Licensed 10/31/2016
License # 017926 HEALING HANDS HEALTHCARE LLC
Lic Expire 10/31/2022 901 INDIANA AVE STE # 665
Medicare 1: 677101 HHA-18 WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 432-0588 Fax (940) 432-0275
Type: Parent Agency Administrator SUMMER NAPIER

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
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 12/04/2023

County **WICHITA** Region 01 Date Licensed 01/22/2018
License # 018568 HEALING HANDS PRIMARY HOME CARE LLC
Lic Expire 01/31/2022 901 INDIANA AVE STE # 665
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 432-0588 Fax (940) 432-0275
Type: Parent Agency Administrator SUMMER NAPIER

Owner Information
HEALING HANDS PRIMARY HOME CARE LLC
901 INDIANA AVE SUIE 665
WICHITA FALLS, TX 76301
PHONE: FAX:
Services: Personal Assistance Services

County **WICHITA** Region 01 Date Licensed 09/22/1988
License # 001947 HOSPICE OF WICHITA FALLS
Lic Expire 09/30/2021 4909 JOHNSON ROAD
Medicare 1: 451526 HOSPICE WICHITA FALLS, TX 76310
Medicare 2:
Phone (940) 691-0982 Fax (940) 687-1294
Type: Parent Agency Administrator ALISA ECHOLS

Owner Information
HOSPICE OF WICHITA FALLS INC
PO BOX 4804
WICHITA FALLS, TX 76308
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES
Accreditation: CHAP - Deemed, Expires: 05/04/2024

County **WICHITA** Region 03 Date Licensed 11/25/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 807 8TH STREET SUITE 304
Medicare 1: WICHITA FALLS, TX 763013317
Medicare 2:
Phone (940) 767-1611 Fax (940) 767-1613
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WICHITA** Region 03 Date Licensed 11/25/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 807 8TH STREET SUITE 304
Medicare 1: WICHITA FALLS, TX 763013317
Medicare 2:
Phone (940) 767-1611 Fax (940) 767-1613
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WICHITA** Region 03 Date Licensed 11/25/2015
License # 009235 HOSPICE PLUS
Lic Expire 08/31/2022 807 8TH STREET SUITE 304
Medicare 1: WICHITA FALLS, TX 763013317
Medicare 2:
Phone (940) 767-1611 Fax (940) 767-1613
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC.
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WICHITA** Region 01 Date Licensed 11/01/2003
License # 008793 INTREPID USA HEALTHCARE SERVICES
Lic Expire 10/31/2021 4007 CALL FIELD ROAD STE D
Medicare 1: 677297 HHA-18 WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 696-9239 Fax (940) 696-9678
Type: Parent Agency Administrator RHONDA SCHREIBER

Owner Information
F C OF TEXAS INC
3220 KELLER SPRINGS ROAD, SUITE 108
CARROLLTON, TEXAS 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: ACH - Deemed, Expires: 10/24/2022

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WICHITA** Region 01 Date Licensed 09/01/2016
License # 017913 KINDER HEARTS HOME HEALTH
Lic Expire 08/31/2022 4822 KEMP BOULEVARD SUITE 100
Medicare 1: WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 696-5700 Fax (940) 696-5702
Type: Branch Agency 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

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County **WICHITA** Region 01 Date Licensed 08/15/2018
License # 017766 KINDER HEARTS HOSPICE
Lic Expire 08/31/2022 4822 KEMP BOULEVARD SUITE 100
Medicare 1: 671790 WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 696-5700 Fax (940) 696-5702
Type: Alternate Delivery Site Administrator JONATHAN "TRAVIS" JONES

Owner Information
EUREKA HEALTHCARE, INC.
27101 PUERTA REAL SUITE 450
MISSION VIEJO, CA 92691
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WICHITA** Region 01 Date Licensed 09/20/2009
License # 012938 KINDRED AT HOME
Lic Expire 09/30/2021 4309 OLD JACKSBORO HWY SUITE F
Medicare 1: 677249 HHA-18 WICHITA FALLS, TX 76302
Medicare 2:
Phone (940) 720-0514 Fax (940) 720-0713
Type: Parent Agency Administrator GRANT INNES

Owner Information
INTEGRACARE OF WICHITA FALLS, LLC
12900 FOSTER SUITE 400
OVERLAND PARK, TX 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WICHITA** Region 01 Date Licensed 09/02/2008
License # 012422 KINDRED HOSPICE
Lic Expire 09/30/2022 4210 KELL BOULEVARD, STE. 204
Medicare 1: 451716 HOSPICE WICHITA FALLS, TX 763094821
Medicare 2:
Phone (940) 716-9035 Fax (940) 716-9094
Type: Parent Agency Administrator KAREN NOACK

Owner Information
COMPASS HOSPICE, INC
2559 S W GRAPEVINE PARKWAY SUITE 300
GRAPEVINE, TX 76051-4149
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 03/12/2023

County **WICHITA** Region 03 Date Licensed
License # 018326 LIFECARE HOME CARE
Lic Expire 08/31/2021 3010 BUCHANAN STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 696-8004 Fax (940) 696-8009
Type: Branch Agency Administrator ROBIN SCHERINGER

Owner Information
BEYONDFAITH HOMECARE & REHAB OF GRAHAM LLC
5340 LEGACY DRIVE, SUITE 150
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WICHITA** Region 01 Date Licensed 03/03/2017
License # 017942 NO PLACE LIKE HOME SENIOR CARE SERVICES
Lic Expire 03/31/2023 719 SCOTT AVENUE STE 500
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 782-9089 Fax (940) 293-9953
Type: Parent Agency Administrator KRISTIN HARDISON

Owner Information
NOSIDRAH ENTERPRISES LLC
4502 LAKE PARK DRIVE
WICHITA FALLS, TX 76302
PHONE: FAX:
Services: Personal Assistance Services

County **WICHITA** Region 01 Date Licensed 05/21/2018
License # 007334 OUTREACH HOME CARE
Lic Expire 05/31/2021 4245 KEMP BLVD STE 820
Medicare 1: WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 766-0571 Fax (940) 766-4878
Type: Branch Agency Administrator CINDY GORDON

Owner Information
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WICHITA** Region 01 Date Licensed 10/21/2019
License # 019654 PREMIER CONCIERGE SERVICE
Lic Expire 10/21/2021 4600 TAFT BLVD. #224
Medicare 1: WICHITA FALLS, TEXAS 76308
Medicare 2:
Phone (940) 691-1710 Fax (940) 691-3742
Type: Parent Agency Administrator KRISTOPHER AWTREY

Owner Information
PRESBYTERIAN MANOR, INC.
4600 TAFT BLVD
WICHITA FALLS, TX 76308
PHONE: (940) 691-1710 FAX: (940) 691-3742
Services: Personal Assistance Services

County **WICHITA** Region 01 Date Licensed 05/16/1995
License # 003390 ROLLING MEADOWS HOME HEALTH AGENCY
Lic Expire 05/31/2021 3006 MCNEIL
Medicare 1: WICHITA FALLS, TX 76309
Medicare 2:
Phone (940) 691-7511 Fax (940) 696-5154
Type: Parent Agency Administrator ANGELA MCCOY

Owner Information
WICHITA FALLS RETIREMENT FOUNDATION
3006 MCNEIL
WICHITA FALLS, TX 76309
PHONE: (940) 691-7511 FAX: (940) 696-5154
Services: Licensed Home Health Services; Personal Assistance Services

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County **WICHITA** Region 03 Date Licensed 12/20/2011
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 2405 KEMP BLVD, SUITE A
Medicare 1: 45-1688 WICHITA FALLS, TX 763095354
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **WICHITA** Region 01 Date Licensed 12/03/2013
License # 015894 VISITING ANGELS
Lic Expire 12/31/2021 1812 ROSE STREET
Medicare 1: WICHITA FALLS, TEXAS 76301
Medicare 2:
Phone (940) 257-6265 Fax (940) 257-6534
Type: Parent Agency Administrator LORI WINDAL

Owner Information
WOODS HOMECARE INC
1401 HOLLIDAY STE #330
WICHITA FALLS, TX 76301
PHONE: FAX:
Services: Personal Assistance Services

County **WICHITA** Region 01 Date Licensed 04/01/1988
License # 001943 WICHITA HOME HEALTH SERVICE INC
Lic Expire 03/31/2022 4245 KEMP BLVD SUITE 120
Medicare 1: 457047 HHA-18 WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 322-7113 Fax (940) 766-6025
Type: Parent Agency Administrator CHRYSTAL EVERETT

Owner Information
WICHITA HOME HEALTH SERVICE, INC.
3202 SAM HOUSTON DRIVE
VICTORIA, TX 77904
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: JCAHO - Deemed, Expires: 02/02/2022

County **WILBARGER** Region 01 Date Licensed 01/07/2002
License # 005429 ANGELS CARE HOME HEALTH
Lic Expire 04/30/2022 4001 WILBARGER STREET
Medicare 1: VERNON, TX 76384
Medicare 2:
Phone (940) 553-1300 Fax (940) 553-1305
Type: Branch Agency Administrator CONNIE GRAVES

Owner Information
FIRST CHOICE COMMUNITY HOME CARE INC
1908 ELMWOOD NORTH, SUITE 101-103
WICHITA FALLS, TX 76308
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WILBARGER** Region 01 Date Licensed 05/14/2014
License # 001947 HOSPICE OF WICHITA FALLS
Lic Expire 09/30/2021 5020 WILBARGER STREET
Medicare 1: VERNON, TX 76384
Medicare 2:
Phone (940) 691-0982 Fax (940) 552-2247
Type: Alternate Delivery Site Administrator ALISA ECHOLS

Owner Information
HOSPICE OF WICHITA FALLS INC
PO BOX 4804
WICHITA FALLS, TX 76308
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 05/04/2024

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WILBARGER** Region 01 Date Licensed 03/29/1995
License # 003251 HOSPITAL HOME HEALTH OF WILBARGER GENERAL HOSPITAL
Lic Expire 03/31/2022 920 HILLCREST DRIVE
Medicare 1: 458423 HHA-18 VERNON, TX 76384
Medicare 2:
Phone (940) 553-2825 Fax (940) 553-2978
Type: Parent Agency Administrator BARBIE LYTLE

Owner Information
WILBARGER COUNTY HOSPITAL DISTRICT
920 HILLCREST DRIVE
VERNON, TX 76384
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WILBARGER** Region 01 Date Licensed 07/26/2011
License # 014404 KINDRED AT HOME
Lic Expire 07/31/2021 3908 WILBARGER ST
Medicare 1: 457124 HHA-18 VERNON, TX 76384
Medicare 2:
Phone (940) 552-5351 Fax (940) 553-4152
Type: Parent Agency Administrator SAMUAL 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

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County **WILLACY** Region 07 Date Licensed 06/22/2017
License # 018125 AHAPPY HOME HOME CARE LLC
Lic Expire 06/30/2021 219 W HIDALGO AVE STE G.
Medicare 1: RAYMONDVILLE, TX 785803525
Medicare 2:
Phone (956) 690-4252 Fax (800) 850-7145
Type: Parent Agency 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** Region 07 Date Licensed 10/17/2016
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 06/30/2022 957 E. HIDALGO, STE. B
Medicare 1: RAYMONDVILLE, TX 78580
Medicare 2:
Phone (956) 690-4092 Fax (956) 690-4093
Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WILLIAMSON** Region 05 Date Licensed 07/27/2018
License # 019424 A PLACE AT HOME
Lic Expire 06/14/2021 310 W MAIN STREET SUITE 105
Medicare 1: ROUND ROCK, TEXAS 78664
Medicare 2:
Phone (512) 354-2332 Fax (512) 549-2358
Type: Parent Agency Administrator JOHN WALTON

Owner Information
FAMILY CARE NETWORK LLC
PHONE: (512) 354-2332 FAX: (512) 549-2358
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 09/15/2014
License # 016597 ABIDING HOME HEALTH OF CEDAR PARK
Lic Expire 09/30/2022 715 DISCOVERY BLVD #511
Medicare 1: 457986 HHA-18 CEDAR PARK, TX 78613
Medicare 2:
Phone (512) 259-8444 Fax (512) 259-8440
Type: Parent Agency 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** Region 05 Date Licensed 06/02/2016
License # 017486 ABIDING HOME HEALTH OF DFW LLC
Lic Expire 06/30/2022 715 DISCOVERY BLVD, STE 511B
Medicare 1: 679057 CEDAR PARK, TX 78613
Medicare 2:
Phone (817) 543-2900 Fax (817) 795-5757
Type: Parent Agency Administrator MARTHA BURGESS

Owner Information
PRIMO HEALTHCARE HOLDINGS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WILLIAMSON** Region 05 Date Licensed 03/06/2015
License # 016720 ABIDING HOME HEALTH OF NEW BRAUNFELS
Lic Expire 03/31/2021 2115 STEPHAN'S PLACE SUITE 1400
Medicare 1: 747977 HHA-18 NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 387-5090 Fax (830) 387-5085
Type: Parent Agency Administrator MARTHA BURGESS

Owner Information
PRIMO HEALTHCARE HOLDINGS, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services
Accreditation: CHAP - Deemed, Expires: 01/28/2022

County **WILLIAMSON** Region 05 Date Licensed 05/11/2020
License # 019927 ACTI-KARE RESPONSIVE IN-HOME CARE
Lic Expire 05/11/2022 16760 RONALD REAGAN BLVD #614
Medicare 1: LEANDER, TX 78641
Medicare 2:
Phone (512) 798-3049 Fax
Type: Parent Agency Administrator REBECCA APO

Owner Information
BELIOR INC
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 03 Date Licensed
License # 018805 ADVANCED HOME HEALTH SERVICES
Lic Expire 11/30/2021 3201 SOUTH AUSTIN AVENUE, SUITE 110
Medicare 1: 67Q9671001 GEORGETOWN, TEXAS 78626
Medicare 2:
Phone (855) 775-5455 Fax (512) 271-2701
Type: Branch Agency Administrator KRISTEN SCHIEVELBEIN

Owner Information
ADVANCED HH, LLC
1212 CORPORATE DRIVE
IRVING, TX 78155
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WILLIAMSON** Region 05 Date Licensed 03/09/2020
License # 019773 ALTUS HOSPICE
Lic Expire 10/25/2021 285 INNER LOOP
Medicare 1: 671714 GEORGETOWN, TX 78626
Medicare 2:
Phone (512) 960-3843 Fax (512) 614-2932
Type: Parent Agency Administrator HEATHER COURTNEY

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 03/09/2020
License # 019773 ALTUS HOSPICE
Lic Expire 10/25/2021 285 INNER LOOP
Medicare 1: 671714 GEORGETOWN, TX 78626
Medicare 2:
Phone (512) 960-3843 Fax (512) 614-2932
Type: Parent Agency Administrator HEATHER COURTNEY

Owner Information
ENVOY HOSPICE, LLC
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 04/11/2016
License # 017349 AMADA SENIOR CARE AUSTIN
Lic Expire 04/30/2022 1104 S MAYS STE 117
Medicare 1: ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 580-5120 Fax (512) 580-5116
Type: Parent Agency Administrator TANYA BRIGHT

Owner Information
WESTERN CARE INC
1104 S MAYS STE 117
ROUND ROCK, TX 78664
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 09/27/2000
License # 007439 ANGEL HEALTHCARE LP
Lic Expire 09/30/2021 1400 CHISHOLM TRAIL, SUITE G
Medicare 1: ROUND ROCK, TEXAS 78681
Medicare 2:
Phone (512) 453-6449 Fax (512) 453-6490
Type: Parent Agency Administrator DAVID P. SIDDALL

Owner Information
ANGEL HEALTHCARE, LP
PO BOX 28982
AUSTIN, TEXAS 78755
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WILLIAMSON** Region 05 Date Licensed 05/23/2001
License # 007626 APICON HOME HEALTH AGENCY INC
Lic Expire 05/31/2021 1850 ROUND ROCK AVE
Medicare 1: 679088 HHA-18 ROUND ROCK, TX 78681
Medicare 2:
Phone (512) 249-0899 Fax (512) 249-0892
Type: Parent Agency Administrator CECILIA OBILOM

Owner Information
APICON HOME HEALTH AGENCY INC
1800 ROUND ROCK AVENUE
ROUND ROCK, TX 78681-4024
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WILLIAMSON** Region 05 Date Licensed 09/18/2015
License # 017036 APICON PERSONAL CARE ASSISTANT AND COMMUNITY CARE SERVICES INC
Lic Expire 12/22/2019 1850 ROUND ROCK AVENUE SUITE 6
Medicare 1: ROUND ROCK, TX 78681
Medicare 2:
Phone (512) 740-7466 Fax (512) 610-0679
Type: Parent Agency Administrator CECILIA OBILOM

Owner Information
APICON PERSONAL CARE ASSISTANT AND COMMUNITY CARE SERVICES INC
1850 ROUND ROCK AVE., STE#700
ROUND ROCK, TX 78681
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed
License # 015971 BLUEBONNET HEALTH SERVICES
Lic Expire 10/31/2021 1101 SATELLITE VIEW, SUITE 103
Medicare 1: ROUND ROCK, TEXAS 78665
Medicare 2:
Phone (512) 708-0821 Fax (512) 388-6006
Type: Alternate Delivery Site Administrator MARK WALSH

Owner Information
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 01/10/2000
License # 007220 CARING HOME HEALTH
Lic Expire 01/31/2023 504-B LEANDER ROAD
Medicare 1: GEORGETOWN, TX 78626
Medicare 2:
Phone (512) 863-4748 Fax (512) 869-2900
Type: Parent Agency 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

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County **WILLIAMSON** Region 05 Date Licensed 12/16/2015
License # 017185 CHRISTY GRACE HEALTH CENTER INC
Lic Expire 12/31/2021 2000 SOUTH INTERSTATE 35 SUITE Q8C
Medicare 1: ROUND ROCK, TX 78681
Medicare 2:
Phone (512) 586-9963 Fax (512) 271-8358
Type: Parent Agency 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

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County **WILLIAMSON** Region 05 Date Licensed 05/08/2019
License # 019370 COMFORT HEALTH PROVIDER
Lic Expire 05/08/2021 709 TOM KITE DR
Medicare 1: ROUND ROCK, TX 78664
Medicare 2:
Phone (713) 530-5349 Fax (512) 379-0230
Type: Parent Agency Administrator TOYIN BAKARE

Owner Information
COMFORT HEALTH PROVIDER LLC
PHONE: (713) 530-5349 FAX: (512) 379-0230
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 01/22/2020
License # 019790 DEVOTED DOVES HOME CARE
Lic Expire 01/22/2022 876 EXPEDITION WAY
Medicare 1: ROUND ROCK, TEXAS 78665
Medicare 2:
Phone (512) 400-6064 Fax
Type: Parent Agency Administrator ASHLEY MCCLARY

Owner Information
DDHC ENTERPRISES LLC
7600 CHEVY CHASE DRIVE, SUITE 300
AUSTIN, TEXAS 78752
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WILLIAMSON** Region 05 Date Licensed 10/23/2019
License # 019343 DIESERU HEALTHCARE SERVICES LLC
Lic Expire 04/23/2021 3219 ELIZABETH ANNE LANE
Medicare 1: ROUND ROCK, TEXAS 78664
Medicare 2:
Phone (682) 360-1115 Fax NA
Type: Parent Agency Administrator JACOB DIESERU

Owner Information
DIESERU HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 04/26/2017
License # 018188 ELARA CARING
Lic Expire 04/30/2021 1 CHISHOLM TRAIL, SUITE 250 A
Medicare 1: 457661 HHA-18 ROUND ROCK, TX 78681
Medicare 2:
Phone (512) 733-1515 Fax (512) 733-1525
Type: Parent Agency 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

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County **WILLIAMSON** Region 05 Date Licensed 04/26/2017
License # 018188 ELARA CARING
Lic Expire 04/30/2021 1 CHISHOLM TRAIL, SUITE 250 A
Medicare 1: 457661 HHA-18 ROUND ROCK, TX 78681
Medicare 2:
Phone (512) 733-1515 Fax (512) 733-1525
Type: Parent Agency 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

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County **WILLIAMSON** Region 05 Date Licensed 04/26/2017
License # 018188 ELARA CARING
Lic Expire 1 CHISHOLM TRAIL, SUITE 250 C
Medicare 1: ROUND ROCK, TX 78681
Medicare 2:
Phone (830) 798-2989 Fax (830) 798-2600
Type: Branch Agency 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

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County **WILLIAMSON** Region 05 Date Licensed 04/26/2017
License # 018188 ELARA CARING
Lic Expire 1 CHISHOLM TRAIL, SUITE 250 C
Medicare 1: ROUND ROCK, TX 78681
Medicare 2:
Phone (830) 798-2989 Fax (830) 798-2600
Type: Branch Agency 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

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County **WILLIAMSON** Region 07 Date Licensed
License # 019094 ELYSIAN HOSPICE
Lic Expire 08/01/2022 525 ROUND ROCK DRIVE WEST, SUITE A170-B
Medicare 1: ROUND ROCK, TEXAS 78681
Medicare 2:
Phone 512 4594663 Fax 512 438 2731
Type: Alternate Delivery Site Administrator PAULA SLOAN

Owner Information
ELYSIAN HOSPICE SAN ANTONIO LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 07 Date Licensed
License # 019094 ELYSIAN HOSPICE
Lic Expire 08/01/2022 525 ROUND ROCK DRIVE WEST, SUITE A170-B
Medicare 1: ROUND ROCK, TEXAS 78681
Medicare 2:
Phone 512 4594663 Fax 512 438 2731
Type: Alternate Delivery Site Administrator PAULA SLOAN

Owner Information
ELYSIAN HOSPICE SAN ANTONIO LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 07/28/2017
License # 018213 EMERALD CHOICE HOME CARE SOLUTIONS
Lic Expire 07/31/2021 2681 GATTIS SCHOOL ROAD SUITE #150
Medicare 1: ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 712-8175 Fax
Type: Parent Agency Administrator TAMIRAT BEKELE

Owner Information
EMERALD CHOICE HOME CARE SOLUTIONS LLC
1500 FLINTWOOD DR
RICHARDSON, TX 75081
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 07/01/2015
License # 016937 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 06/30/2021 285 SE INNER LOOP, SUITE 108
Medicare 1: 679647 HHA-18 GEORGETOWN, TEXAS 78626
Medicare 2:
Phone 512 7631393 Fax 512 7631419
Type: Parent Agency Administrator MARY ROMERO

Owner Information
ENCOMPASS HOME HEALTH OF AUSTIN, LLC
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WILLIAMSON** Region 05 Date Licensed 03/08/2021
License # 020019 EXCELLENT HOME HEALTH
Lic Expire 06/26/2022 1 CHISHOLM TRAIL ROAD SUITE 450
Medicare 1: ROUND ROCK, TEXAS 78681
Medicare 2:
Phone (512) 998-1324 Fax
Type: Parent Agency Administrator JORAH MURRAY

Owner Information
EXCELLENT HOME HEALTH
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 09/15/2011
License # 014348 GEORGETOWN LIVING HOME HEALTH & COMPANIONS
Lic Expire 09/30/2021 2700 SHELL ROAD
Medicare 1: 747887 HHA-18 GEORGETOWN, TX 78628
Medicare 2:
Phone (512) 843-0117 Fax (512) 843-0127
Type: Parent Agency Administrator ERIC CORUM

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; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 06/27/2022

County **WILLIAMSON** Region 05 Date Licensed 02/20/2004
License # 008925 GILEAD HOME HEALTH
Lic Expire 02/28/2022 2300 GREENHILL DRIVE BLDG 5 SUITE 500
Medicare 1: 679474 HHA-18 ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 323-5858 Fax (512) 323-5860
Type: Parent Agency Administrator OLUFUNMILAYO OGUNLEYE

Owner Information
GILEAD HEALTH CARE INC
2300 GREENHILL DR SUITE 500
ROUND ROCK, TX 78664
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Accreditation: CHAP - Deemed, Expires: 05/27/2023

County **WILLIAMSON** Region 05 Date Licensed 12/28/2016
License # 017819 GILEAD HOSPICE LLC
Lic Expire 12/31/2022 2300 GREENHILL DRIVE SUITE 530
Medicare 1: 741701 HOSPICE ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 215-5238 Fax (512) 215-5254
Type: Parent Agency Administrator OLUFUNMILAYO OGUNLEYE

Owner Information
GILEAD HOSPICE LLC
2300 GREENHILL DRIVE SUITE 530
ROUND ROCK, TX 78664-2786
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 01/13/2021
License # 020454 GLORIOUS HEALTHCARE SERVICES LLC
Lic Expire 01/13/2023 113 MUENSTER DR
Medicare 1: HUTTO, TX 78634
Medicare 2:
Phone (240) 501-5142 Fax
Type: Parent Agency Administrator MIRABEL FONJI

Owner Information
GLORIOUS HEALTHCARES SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WILLIAMSON** Region 05 Date Licensed 09/18/2015
License # 017038 GUIDING ANGELS
Lic Expire 01/05/2022 1205 WATER SPANIEL WAY
Medicare 1: ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 212-1108 Fax (512) 212-1168
Type: Parent Agency Administrator GLADYS EZIMAKO

Owner Information
GLADYS EZIMAKO
1205 WATER SPANIEL WAY
ROUND ROCK, TX 78664
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 01/21/2005
License # 009538 HEAVENLY CARE HOME HEALTH
Lic Expire 01/31/2023 13266 POND SPRINGS ROAD
Medicare 1: AUSTIN, TX 78729
Medicare 2:
Phone (512) 432-5503 Fax (512) 340-0556
Type: Parent Agency Administrator ALICE LATINO

Owner Information
HEAVENLY CAREGIVER SERVICES INC
13266 POND SPRINGS RD
AUSTIN, TX 78729
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WILLIAMSON** Region 05 Date Licensed 12/03/2020
License # 020371 HEAVENLY HOME CARE, LLC
Lic Expire 12/03/2022 145 SULPHUR RIVER LOOP
Medicare 1: HUTTO, TEXAS 78634
Medicare 2:
Phone 512 6423404 Fax
Type: Parent Agency Administrator OGECHI EZIMAKO

Owner Information
HEAVENLY HOME CARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 11/15/2013
License # 015984 HOME INSTEAD SENIOR CARE
Lic Expire 11/30/2021 2851 JOE DIMAGGIO BLVD # 26
Medicare 1: ROUND ROCK, TX 78665
Medicare 2:
Phone (512) 374-1414 Fax (512) 374-1469
Type: Parent Agency Administrator TYSON MURPHY

Owner Information
MURPHY FAMILY INVESTMENTS INC
2851 JOE DIMAGGIO BLVD #26
ROUND ROCK, TX 78665
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 12/01/2017
License # 018479 HOMESLICE CAREGIVERS
Lic Expire 11/30/2021 3327 HIDALGO LOOP
Medicare 1: ROUND ROCK, TX 78665
Medicare 2:
Phone (512) 992-5210 Fax (512) 201-4390
Type: Parent Agency Administrator ADEDOLAPO ADEKOYA

Owner Information
GRACE PARTAKERS HOMECARE LLC
3327 HIDALGO LOOP
ROUND ROCK, TX 78665
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 02/02/2018
License # 018591 HOMEWATCH CAREGIVERS OF GEORGETOWN
Lic Expire 02/28/2022 2406 DAWN DRIVE
Medicare 1: GEORGETOWN, TX 78628
Medicare 2:
Phone (512) 942-5284 Fax
Type: Parent Agency Administrator BO DONOHOO

Owner Information
BOUDINE & ASSOCIATES LLC
633 PINNACLE DRIVE
GEORGETOWN, TX 78626
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 11/01/2017
License # 018417 HOMEWELL SENIOR CARE OF NORTH/WEST AUSTIN
Lic Expire 10/31/2021 930 S BELL # 203
Medicare 1: CEDAR PARK, TX 78613
Medicare 2:
Phone (512) 222-6196 Fax (512) 580-3462
Type: Parent Agency 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** Region 07 Date Licensed
License # 014286 HOSPICE OF SAN ANTONIO
Lic Expire 08/31/2021 1201 SAM BASS RD SUITE 200
Medicare 1: ROUND ROCK, TX 78681
Medicare 2:
Phone (512) 856-5668 Fax (512) 856-5668
Type: Alternate Delivery Site Administrator FRANK HART

Owner Information
SIXRSIG LLC
85 NE LOOP 410 STE 607
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed
License # 019525 JOL HEALTHCARE
Lic Expire 04/18/2024 2006 S. BAGDAD ROAD, STE D
Medicare 1: LEANDER, TEXAS 78641
Medicare 2:
Phone (512) 786-4198 Fax (512) 597-0883
Type: Branch Agency Administrator KATIE TREVINO

Owner Information
JOL HOME HEALTH KYLE, LLC
2006 SOUTH BAGDAD ROAD, STE 180
LEANDER, TEXAS 78641
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WILLIAMSON** Region 05 Date Licensed
License # 019564 JOL HEALTHCARE
Lic Expire 08/01/2021 2006 S. BAGDAD ROAD, STE 130
Medicare 1: LEANDER, TX 78641
Medicare 2:
Phone 15127813921 Fax (512) 597-0883
Type: Alternate Delivery Site Administrator KATIE TREVINO

Owner Information
JOL HOSPICE KYLE, LLC
2006 SOUTH BAGDAD ROAD, STE 180
LEANDER, TX 78641
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 09/08/2005
License # 009947 KINDRED HOSPICE
Lic Expire 09/30/2021 2913 WILLIAMS DRIVE SUITE #320
Medicare 1: 671517 HOSPICE GEORGETOWN, TX 78628
Medicare 2:
Phone (512) 868-0505 Fax (512) 868-0622
Type: Parent Agency Administrator LISA WILLINGHAM

Owner Information
BETHANY HOSPICE LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 02/17/2023

County **WILLIAMSON** Region 05 Date Licensed 06/12/2019
License # 019418 KINESIS HOME HEALTH CARE LLC
Lic Expire 06/12/2021 3122 ARGENTO PLACE
Medicare 1: 747985 CEDAR PARK, TEXAS 78613
Medicare 2:
Phone (512) 516-3466 Fax NA
Type: Parent Agency Administrator HILDA CASTILLO

Owner Information
KINESIS HOME HEALTH CARE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: ACH - Deemed, Expires: 03/16/2023

County **WILLIAMSON** Region 05 Date Licensed 08/11/2016
License # 017570 LOVELY SAINTS HOME CARE INC
Lic Expire 08/31/2018 1508 HIDDEN SPRINGS PATH
Medicare 1: ROUND ROCK, TX 78665
Medicare 2:
Phone (512) 998-1276 Fax (512) 494-5724
Type: Parent Agency Administrator MAUREEN OKOYE

Owner Information
LOVELY SAINTS HOME CARE INC
1508 HIDDEN SPRINGS PATH
ROUND ROCK, TX 78665
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 11/23/2020
License # 020341 MAGNOLIAS HOME HEALTH AGENCY, LLC
Lic Expire 11/23/2022 1517 FOPPIANO LOOP
Medicare 1: ROUND ROCK, TEXAS 78665
Medicare 2:
Phone (512) 551-9905 Fax (512) 551-9905
Type: Parent Agency Administrator LATASHA MACK

Owner Information
MAGNOLIAS HOME HEALTH AGENCY LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WILLIAMSON** Region 05 Date Licensed 12/30/2005
License # 010220 NEW ERA HOMECARE SOLUTIONS INC
Lic Expire 12/31/2022 3000 JOE DIMAGGIO BOULEVARD STE#9
Medicare 1: ROUND ROCK, TX 78665
Medicare 2:
Phone (512) 771-6193 Fax (512) 692-9142
Type: Parent Agency Administrator OJ DOUGLAS IGWE

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

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County **WILLIAMSON** Region 07 Date Licensed
License # 018649 PALOMA HOSPICE AND PALLIATIVE CARE
Lic Expire 02/28/2022 3000 JOE DIMAGGIO BLVD STE 84
Medicare 1: 671695 Hospice ROUND ROCK, TX 78665
Medicare 2:
Phone (210) 988-1680 Fax (210) 988-1740
Type: Alternate Delivery Site Administrator ALEX STEVENS

Owner Information
PALLIATIVE PLUS, LLC
1227 WOODSEY CT
SOUTHLAKE, TX 76092
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 01/17/2022

County **WILLIAMSON** Region 05 Date Licensed 07/26/2012
License # 015251 PREFERRED CARE AT HOME
Lic Expire 07/31/2022 715 DISCOVERY BLVD SUITE 120
Medicare 1: CEDAR PARK, TX 78613
Medicare 2:
Phone (512) 238-0222 Fax (512) 238-0212
Type: Parent Agency Administrator MARIA ELENA GUTIERREZ

Owner Information
VINEYARD HEALTH SERVICES LLC
SAME AS PHYSICAL ADDRESS
CEDAR PARK, TX 78613
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 09/25/2017
License # 018339 REHABCARE
Lic Expire 09/30/2021 2851 JOE DIMAGGIO BLVD, UNIT 12
Medicare 1: ROUND ROCK, TX 78665
Medicare 2:
Phone (512) 244-4368 Fax (512) 255-6056
Type: Parent Agency Administrator VICTORIA MERCHANT

Owner Information
REHABCARE GROUP EAST LLC
SAME
KINGWOOD, TX 77339
PHONE: FAX:
Services: Licensed Home Health Services

County **WILLIAMSON** Region 05 Date Licensed
License # 019485 RESOLUTIONS HOSPICE AUSTIN
Lic Expire 05/01/2024 507 OLD AUSTIN HIGHWAY
Medicare 1: BASTROP, TEXAS 78602
Medicare 2:
Phone (512) 343-5555 Fax (512) 412-6205
Type: Alternate Delivery Site Administrator GRANT GALLINGER

Owner Information
ROLLING HILLS HEALTHCARE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 05/01/2019
License # 019485 RESOLUTIONS HOSPICE AUSTIN
Lic Expire 05/01/2024 1101 ARROW POINT DRIVE, STE 301
Medicare 1: 671631 CEDAR PARK, TEXAS 78613
Medicare 2:
Phone (512) 343-5555 Fax (512) 628-6183
Type: Parent Agency Administrator GRANT GALLINGER

Owner Information
ROLLING HILLS HEALTHCARE, INC.
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 03/04/2016
License # 017507 RIGHT AT HOME HILL COUNTRY
Lic Expire 03/31/2022 2681 GATTIS SCHOOL RD STE 250
Medicare 1: ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 531-9453 Fax (512) 853-9387
Type: Parent Agency Administrator SYDNEY GREENWALT

Owner Information
TJ DARILEK II INC
2681 GATTIS SCHOOL RD SUITE 250
ROUND ROCK, TX 78664
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WILLIAMSON** Region 05 Date Licensed 03/21/2014
License # 016224 ROYALTY CARE HOME HEALTH SERVICES INC
Lic Expire 03/31/2022 3000 JOE DIMAGGIO BLVD. BLDG 400 STE 13
Medicare 1: 747022 HHA-18 ROUND ROCK, TEXAS 78665
Medicare 2:
Phone (512) 244-4254 Fax (512) 255-0314
Type: Parent Agency Administrator FEBRONIA LWENJE

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

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County **WILLIAMSON** Region 05 Date Licensed 09/30/2009
License # 012877 SENIOR HELPERS
Lic Expire 09/30/2021 1201 SAM BASS ROAD
Medicare 1: ROUND ROCK, TX 78681
Medicare 2:
Phone (512) 388-4357 Fax (512) 597-3109
Type: Parent Agency Administrator MOIRE HAYES

Owner Information
HILL COUNTRY CAREGIVERS INC
1201 SAM BASS ROAD
ROUND ROCK, TX 78681
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 01/13/2021
License # 020460 SHUNAMMITE HOME CARE LLC
Lic Expire 01/13/2023 1648 BAYLAND ST
Medicare 1: ROUND ROCK, TEXAS 78664
Medicare 2:
Phone (512) 297-8312 Fax
Type: Parent Agency Administrator ANNA KAMGA

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

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County **WILLIAMSON** Region 05 Date Licensed 07/02/2019
License # 019459 SPRING HILLS HOME CARE ROUND ROCK
Lic Expire 07/02/2021 4050 SUNRISE ROAD
Medicare 1: ROUND ROCK, TX 78665
Medicare 2:
Phone (702) 779-0147 Fax (702) 779-0149
Type: Parent Agency Administrator ANDRE GOMEZ

Owner Information
SPRING HILLS HOME CARE SERVICES - ROUND ROCK LLC
515 PLAINFIELD AVENUE, SUITE 200
EDISON, NEW JERSEY 8817
PHONE: (702) 779-0147 FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 03/15/2006
License # 010520 STANDARDS HOME HEALTH
Lic Expire 03/31/2023 4801 UNIVERSITY BLVD, SUITE 400
Medicare 1: 457506 HHA-18 ROUND ROCK, TEXAS 78665
Medicare 2:
Phone (512) 402-7820 Fax (512) 402-7821
Type: Parent Agency Administrator RICARDO GARCIA

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 Health Services

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County **WILLIAMSON** Region 05 Date Licensed 03/30/2017
License # 017978 STRIVE HEALTH SERVICES LLC
Lic Expire 03/31/2023 1915 S. AUSTIN AVE. STE 108
Medicare 1: GEORGETOWN, TX 78626
Medicare 2:
Phone (512) 688-5694 Fax (512) 688-5695
Type: Parent Agency 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

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County **WILLIAMSON** Region 05 Date Licensed
License # 020710 SYNERGY HOMECARE ROUND ROCK
Lic Expire 04/21/2024 1 CHISHOLM TRAIL, SUITE 450
Medicare 1: ROUND ROCK, TEXAS 78681
Medicare 2:
Phone (818) 239-6573 Fax
Type: Parent Agency Administrator SAHAR MAHMOOD

Owner Information
LEANING SHOULDERS LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WILLIAMSON** Region 05 Date Licensed 10/05/2004
License # 009343 TEXAS HOME HEALTH
Lic Expire 10/31/2021 1111 N INTERSTATE 35 #204
Medicare 1: 457821 HHA-18 ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 238-6000 Fax (512) 238-9559
Type: Parent Agency Administrator DENA BARTZ

Owner Information
KINDSTAR, INC. - 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
Accreditation: CHAP - Deemed, Expires: 12/31/2023

County **WILLIAMSON** Region 05 Date Licensed 08/01/2017
License # 018337 TEXAS HOME HEALTH GROUP OF TAYLOR LLC
Lic Expire 07/31/2021 567 CHRIS KELLEY BLVD. SUITE 201
Medicare 1: 677035 HHA-18 HUTTO, TX 786342086
Medicare 2:
Phone (512) 755-8005 Fax (512) 352-3004
Type: Parent Agency Administrator PAUL CSER

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
Accreditation: CHAP - Deemed, Expires: 12/04/2021

County **WILLIAMSON** Region 05 Date Licensed 09/27/2013
License # 015885 THERACARE HOME HEALTH
Lic Expire 09/30/2021 525 ROUND ROCK WEST DRIVE SUITE A170
Medicare 1: 679293 HHA-18 ROUND ROCK, TX 786811241
Medicare 2:
Phone (512) 459-4663 Fax (512) 459-4665
Type: Parent Agency Administrator KIMBERLY FULLENWIDER

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

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County **WILLIAMSON** Region 05 Date Licensed
License # 015885 THERACARE HOME HEALTH
Lic Expire 09/30/2021 525 ROUND ROCK WEST DRIVE, #A170-A
Medicare 1: ROUND ROCK, TEXAS 78681
Medicare 2:
Phone 512 4594663 Fax 512 4594665
Type: Branch Agency Administrator KIMBERLY FULLENWIDER

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

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County **WILLIAMSON** Region 06 Date Licensed 09/01/2004
License # 009281 TOUCH OF CLASS
Lic Expire 08/31/2022 1516 PALM VALLEY BLVD BLDG A
Medicare 1: ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 716-3903 Fax (512) 716-3935
Type: Branch Agency Administrator JANET BOWLES

Owner Information
TOUCH OF CLASS
PHONE: (281) 858-1165 FAX: (281) 345-9790
Services: Licensed Home Health Services; Personal Assistance Services

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County **WILLIAMSON** Region 05 Date Licensed 12/20/2019
License # 019882 TRADITIONS HEALTH
Lic Expire 12/20/2021 2681 GATTIS SCHOOL ROAD, SUITE 180
Medicare 1: 741557 ROUND ROCK, TEXAS 78664
Medicare 2:
Phone (512) 368-7275 Fax (866) 908-8704
Type: Parent Agency Administrator NICOLE MCMAHAN

Owner Information
TRADITIONS HOSPICE OF ROUND ROCK, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 07/18/2017
License # 018176 TRANQUILITY HOSPICE CARE INC
Lic Expire 07/31/2021 2700 SHELL ROAD
Medicare 1: 741722 HOSPICE GEORGETOWN, TX 78628
Medicare 2:
Phone (512) 688-5607 Fax (512) 436-0802
Type: Parent Agency Administrator BEEBEE BARTELL

Owner Information
TRANQUILITY HOSPICE CARE, INC.
2700 SHELL ROAD
GEORGETOWN, TX 78628-9237
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WILLIAMSON** Region 05 Date Licensed 02/17/2016
License # 017276 VALERIAN HOME HEALTH AND HOSPICE, LLC
Lic Expire 02/28/2022 4701 CAMPUS VILLAGE DRIVE
Medicare 1: 747935 HHA-18;74 ROUND ROCK, TX 78665
Medicare 2:
Phone (512) 248-0016 Fax (888) 983-1560
Type: Parent Agency Administrator TED WITTEK

Owner Information
VALERIAN HOME HEALTH AND HOSPICE LLC
8310-1 CAPITAL TEXAS HIGHWAY STE#275
AUSTIN, TX 78731-1026
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 07/28/2023

County **WILLIAMSON** Region 05 Date Licensed 12/08/2010
License # 014003 VISITING ANGELS
Lic Expire 12/31/2022 707 S. MAIN ST. SUITE 201
Medicare 1: GEORGETOWN, TX 78626
Medicare 2:
Phone 877 9075078 Fax 512 8634188
Type: Parent Agency Administrator RYAN SEARIGHT

Owner Information
RYNOMAN INC
707 S MAIN ST. #201
GEORGETOWN, TEXAS 78626
PHONE: FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 01/01/2016
License # 017320 WESLEYAN HOME HEALTH
Lic Expire 12/31/2021 139 ESTRELLA CROSSING
Medicare 1: 457709 HHA-18 GEORGETOWN, TEXAS 78628
Medicare 2:
Phone (512) 869-5800 Fax (512) 869-2494
Type: Parent Agency Administrator MAMIE LISTER

Owner Information
WESLEYAN HOMES, INC.
P. O. BOX 486
GEORGETOWN, TX 78627
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **WILLIAMSON** Region 05 Date Licensed 08/01/2011
License # 014240 WESLEYAN HOSPICE
Lic Expire 07/31/2021 139 ESTRELLA CROSSING
Medicare 1: 671546 HOSPICE GEORGETOWN, TEXAS 78628
Medicare 2:
Phone (877) 863-8848 Fax (512) 863-3117
Type: Parent Agency Administrator MAMIE LISTER

Owner Information
WESLEYAN HOMES, INC.
P. O. BOX 486
GEORGETOWN, TX 78627
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILSON** Region 07 Date Licensed 03/28/1994
License # 002830 CONNALLY MEMORIAL HOME HEALTH
Lic Expire 03/31/2021 1303 HOSPITAL BLVD
Medicare 1: 458056 HHA-18 FLORESVILLE, TEXAS 78114
Medicare 2:
Phone (830) 393-1540 Fax (830) 393-1550
Type: Parent Agency Administrator CAITLYN THAYER

Owner Information
WILSON COUNTY MEMORIAL HOSPITAL DISTRICT
499 10TH STREET
FLORESVILLE, TEXAS 78114
PHONE: (830) 393-3122 FAX: (830) 393-8626
Services: Licensed and Certified Home Health Services; Personal Assistance Services

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County **WILSON** Region 07 Date Licensed 06/30/2017
License # 018199 SPEECH STRONG INC
Lic Expire 06/30/2021 1816 10TH ST.
Medicare 1: FLORESVILLE, TX 78114
Medicare 2:
Phone (210) 802-4808 Fax (210) 802-4809
Type: Parent Agency Administrator KRISTY SILVA

Owner Information
SPEECH STRONG INC
5886 DE ZAVALA ROAD #102-493
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed Home Health Services

County **WISE** Region 03 Date Licensed 03/08/2013
License # 015420 A DIFFERENT KIND OF PERFECT PEDIATRIC THERAPY LLC
Lic Expire 03/31/2021 1555 W HWY 380 SUITE #2
Medicare 1: DECATUR, TX 76234
Medicare 2:
Phone (817) 823-9077 Fax (817) 887-3695
Type: Parent Agency Administrator ERIN BARNES

Owner Information
A DIFFERENT KIND OF PERFECT PEDIATRIC THERAPY LLC
P.O. BOX 2138
DECATUR, TEXAS 76234
PHONE: FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WISE** Region 03 Date Licensed 10/11/2005
License # 010041 ANGELS CARE HOME HEALTH
Lic Expire 10/31/2021 106 S WASHBURN ST
Medicare 1: 457786 HHA-18 DECATUR, TX 76234
Medicare 2:
Phone (940) 627-6888 Fax (940) 627-5174
Type: Parent Agency Administrator SAMANTHA MOORE

Owner Information
E MEDICAL GROUP OF NORTH TEXAS INC
106 S WASHBURN STREET
DECATUR, TX 76234
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WISE** Region 03 Date Licensed 02/01/2016
License # 017542 ELARA CARING
Lic Expire 01/31/2022 1502 10TH STREET STE B
Medicare 1: 459238 HHA-18 BRIDGEPORT, TX 76426
Medicare 2:
Phone (940) 683-6370 Fax (940) 683-2691
Type: Parent Agency Administrator ELIZABETH DIANNE ELLIOTT

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

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County **WISE** Region 03 Date Licensed 03/31/2008
License # 011969 ELARA CARING
Lic Expire 03/31/2022 1502 10TH STREET SUITE C
Medicare 1: 679221 HHA-18 BRIDGEPORT, TX 76426
Medicare 2:
Phone (940) 442-5302 Fax (940) 442-5311
Type: Parent Agency Administrator ELIZABETH DIANNE ELLIOTT

Owner Information
HOMECARELINK LTD
14295 MIDWAY RD STE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WISE** Region 04 Date Licensed 08/20/2007
License # 011650 GOJO HOME HEALTH
Lic Expire 08/31/2021 602 E WHALEY
Medicare 1: 747087 HHA-18 LONGVIEW, TX 75601
Medicare 2:
Phone (940) 683-3300 Fax (940) 683-3302
Type: Parent Agency Administrator CYNTHIA CALLOWAY

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
Accreditation: CHAP - Deemed, Expires: 01/28/2024

County **WISE** Region 01 Date Licensed
License # 010782 INTERIM HEALTHCARE
Lic Expire 05/31/2021 1903 DOCTORS HOSPITAL DRIVE
Medicare 1: BRIDGEPORT, TX 76426
Medicare 2:
Phone (940) 638-0044 Fax
Type: Branch Agency Administrator KATHY FUSTON

Owner Information
INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **WISE** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 1300 HALSELL SUITE 101
Medicare 1: BRIDGEPORT, TX 76426
Medicare 2:
Phone (940) 683-8171 Fax (940) 683-2475
Type: Branch Agency Administrator JAMIE SMITH

Owner Information
INTEGRACARE HOME HEALTH SERVICES, INC.
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **WISE** Region 03 Date Licensed 03/13/2013
License # 015695 RENEW HOME HEALTH
Lic Expire 03/31/2024 1816 S FM 51 SUITE 600
Medicare 1: DECATUR, TX 76234
Medicare 2:
Phone (940) 626-8063 Fax (940) 626-8067
Type: Branch Agency Administrator PHILIP CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1021 WASHINGTON AVE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed Home Health Services

County **WISE** Region 03 Date Licensed 11/25/2015
License # 017150 RIGHT AT HOME
Lic Expire 11/30/2021 800 HIGHWAY 287 NORTH SUITE E
Medicare 1: RHOME, TX 76078
Medicare 2:
Phone (817) 636-6100 Fax (817) 636-6102
Type: Parent Agency 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
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 91 BARNETT SHALE DRIVE
Medicare 1: 451688 BRIDGEPORT, TX 76426
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **WISE** Region 01 Date Licensed 04/01/2002
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 1415 S FM 51
Medicare 1: 451688 HOSPICE DECATUR, TEXAS 76234
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Parent Agency Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: ACH - Deemed, Expires: 04/13/2022

County **WOOD** Region 04 Date Licensed 07/30/2018
License # 017642 CARING HEARTS HOSPICE
Lic Expire 06/30/2022 201 W BROAD STREET STE 100
Medicare 1: MINEOLA, TX 75773
Medicare 2:
Phone (903) 638-8141 Fax (903) 340-8527
Type: Alternate Delivery Site Administrator DANNY WEEMS

Owner Information
L S AND S S INC
1837 W MAIN
GUN BARREL CITY, TX 75156
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WOOD** Region 04 Date Licensed 10/31/2011
License # 002514 HEART'SWAY HOSPICE OF NORTHEAST TEXAS
Lic Expire 04/30/2024 300 NORTH MAIN SUITE A&B
Medicare 1: WINNSBORO, TX 75494
Medicare 2:
Phone (903) 342-9100 Fax (903) 342-9108
Type: Alternate Delivery Site Administrator POLLY MAINES

Owner Information
HOSPICE LONGVIEW INC
PO BOX 5608
LONGVIEW, TEXAS 75608
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WOOD** Region 04 Date Licensed 07/27/2010
License # 013491 REFLECTIONS HOSPICE OF TEXAS LLC
Lic Expire 07/31/2022 502 EAST GOODE STREET
Medicare 1: 671673 HOSPICE QUITMAN, TEXAS 75783
Medicare 2:
Phone (903) 763-8225 Fax (903) 763-8218
Type: Parent Agency Administrator JESSICA PEEK

Owner Information
REFLECTIONS HOSPICE OF TEXAS LLC
P.O. BOX
QUITMAN, TX 75783
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO
Accreditation: CHAP - Deemed, Expires: 03/11/2023

County **WOOD** Region 04 Date Licensed 05/02/2018
License # 018735 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 02/28/2022 117 NORTH WINNSBORO
Medicare 1: 67Q7037003 QUITMAN, TX 75783
Medicare 2:
Phone (903) 763-3181 Fax (903) 856-0084
Type: Branch Agency Administrator KIMBRA BOGUE

Owner Information
EAST TEXAS HOME HEALTH SERVICES LLC
ONE BURTON HILLS BOULEVARD, STE#250
NASHVILLE, TN 37215-6195
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Accreditation: CHAP - Deemed, Expires: 10/24/2023

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **YOAKUM** Region 01 Date Licensed 09/27/2002
License # 008127 YOAKUM COUNTY HOSPITAL HOME HEALTH
Lic Expire 09/30/2021 412 MUSTANG AVENUE
Medicare 1: 679220 HHA-18 DENVER CITY, TX 79323
Medicare 2:
Phone (806) 592-3676 Fax (806) 592-3678
Type: Parent Agency Administrator SUANN PARRISH

Owner Information
COUNTY OF YOAKUM
PO BOX 1130
DENVER CITY, TX 79323
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **YOUNG** Region 01 Date Licensed 01/17/2013
License # 015321 BEYONDFAITH HOSPICE LLC
Lic Expire 01/31/2023 604 OAK STREET SUITE 105
Medicare 1: 671777 HOSPICE GRAHAM, TX 76450
Medicare 2:
Phone (940) 521-9915 Fax 940 521 9119
Type: Parent Agency Administrator BECKY RICHARDSON

Owner Information
BEYONDFAITH HOSPICE, LLC
604 OAK STREET SUITE 105
GRAHAM, TX 76450-3070
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 104 NORTH AVENUE E
Medicare 1: OLNEY, TX 76374
Medicare 2:
Phone (940) 564-4696 Fax (940) 564-4695
Type: Branch Agency Administrator JAMIE SMITH

Owner Information
INTEGRACARE HOME HEALTH SERVICES, INC.
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 457 OAK STREET
Medicare 1: GRAHAM, TX 76450
Medicare 2:
Phone (940) 549-6999 Fax (940) 549-6296
Type: Branch Agency Administrator JAMIE SMITH

Owner Information
INTEGRACARE HOME HEALTH SERVICES, INC.
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **YOUNG** Region 03 Date Licensed 07/25/2007
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 115 E MAIN
Medicare 1: 45-1688 OLNEY, TX 76374
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **YOUNG** Region 03 Date Licensed 11/21/2002
License # 007938 SOLARIS HOSPICE INC
Lic Expire 03/31/2023 509 ELM STREET
Medicare 1: 45-1688 GRAHAM, TX 76450
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information
SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: (940) 627-1011 FAX:
Services: Hospice
In-Patient Hospice: NO

County **YOUNG** Region 01 Date Licensed 07/31/1986
License # 001773 YOUNG COUNTY HOME HEALTH CARE
Lic Expire 07/31/2022 700 ELM STREET
Medicare 1: 677065 HHA-18 GRAHAM, TX 76450
Medicare 2:
Phone (940) 549-4039 Fax (940) 549-9814
Type: Parent Agency Administrator HARRY TALBOTT

Owner Information
YOUNG COUNTY HOME HEALTH CARE INC
2735 WIND RIVER LANE SUITE 153
DENTON, TX 76210
PHONE: FAX:
Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **ZAPATA** Region 07 Date Licensed 05/10/2007
License # 004883 CHAMPION CARE INC
Lic Expire 09/30/2021 1911 N HIGHWAY 83
Medicare 1: ZAPATA, TX 78076
Medicare 2:
Phone (956) 765-1111 Fax (956) 765-5084
Type: Branch Agency Administrator YOLINDA TREVINO

Owner Information
CHAMPION CARE INC
1419 MARKET
LAREDO, TX 78040
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ZAPATA** Region 07 Date Licensed 02/14/2018
License # 018618 DEL MAR PRIMARY HOME CARE LLC
Lic Expire 02/28/2022 1705 N. HIGHWAY 83 SUITE 2
Medicare 1: ZAPATA, TX 78076
Medicare 2:
Phone (956) 750-3099 Fax (956) 750-3199
Type: Parent Agency Administrator AMADO RAMIREZ

Owner Information
DEL MAR PRIMARY HOME CARE LLC
PO BOX 1093
ZAPATA, TEXAS 78076
PHONE: FAX:
Services: Personal Assistance Services

County **ZAPATA** Region 07 Date Licensed 07/07/2009
License # 012686 MI PUEBLO HOME HEALTH CARE LLC
Lic Expire 11/30/2021 1507 NORTH US HWY 83 SUITE 2
Medicare 1: 747501 HHA-18 ZAPATA, TX 78076
Medicare 2:
Phone (956) 765-0088 Fax (956) 765-0099
Type: Parent Agency Administrator MARISOL GONZALEZ

Owner Information
MI PUEBLO HOME HEALTH CARE, LLC
P.O. BOX 14998
ZAPATA, TEXAS 78076
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

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County **ZAPATA** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 06/30/2022 1301 N. US HWY 83, UNIT B
Medicare 1: ZAPATA, TX 78076
Medicare 2:
Phone (956) 765-9719 Fax (956) 765-3720
Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

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County **ZAVALA** Region 07 Date Licensed 11/12/1990
License # 002170 LOPEZ HEALTH SYSTEMS INC
Lic Expire 11/30/2022 2209 NORTH HIGHWAY 83
Medicare 1: 677290 HHA-18 CRYSTAL CITY, TX 78839
Medicare 2:
Phone (830) 374-9800 Fax (830) 374-9722
Type: Parent Agency Administrator AMPARO LOPEZ

Owner Information
LOPEZ HEALTH SYSTEMS INC
2209 N HWY 83
CRYSTAL CITY, TX 78839
PHONE: (830) 374-9800 FAX: (830) 374-9722
Services: Licensed and Certified Home Health Services

County **ZAVALA** Region 07 Date Licensed 11/17/1994
License # 003516 LOPEZ HEALTH SYSTEMS INC
Lic Expire 11/30/2022 2209 NORTH HIGHWAY 83
Medicare 1: CRYSTAL CITY, TX 78839
Medicare 2:
Phone (830) 374-9800 Fax (830) 374-9722
Type: Parent Agency Administrator VICTOR LOPEZ

Owner Information
LOPEZ HEALTH SYSTEMS INC
2209 N HWY 83
CRYSTAL CITY, TX 78839
PHONE: (830) 374-9800 FAX: (830) 374-9722
Services: Licensed Home Health Services; Personal Assistance Services

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