

Application Details

Application Status	Approved
Application Id	BLA-0000001918
DBA Name of Facility/Agency	Thalia Gardens Rehabilitation and Nursing
Facility Type	Nursing Home
Application Type	Renewal License
Approved Date	12/5/2023
Effective Date	1/1/2024
Expiration Date	12/31/2024

Confirm changes to your facility/agency

Changes to your facility/agency :

- Has the number of licensed beds changed?
- Has the facility DBA or legal name changed?
- Has the facility operator or owner changed?
- Has the facility address changed?

- None of these changes apply

Facility/Agency Details

Application Type	Renewal License	License Effective Date	1/1/2024
Legal Name of Facility/Agency	Thalia Gardens Rehabilitation and Nursing LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Thalia Gardens Rehabilitation and Nursing		
Facility/Agency Physical Address	4142 Bonney Road		
Street			
City/Town	Virginia Beach	County/Independent City	Virginia Beach City
State	Virginia	Zip Code	23452
Telephone Number	8454227288	Fax Number	7573407037

Mailing Address

Mailing Address	4142 Bonney Road		
Street			
City/Town	Virginia Beach	County/Independent City	
State	VA	Zip Code	23452

Facility/Agency Email Address : krogers@thaliarehab.com

Federal Employer Identification Number (FEIN) : 87-2731280

Current License Number : NH-0002665

Ownership Information

Legal Name of Owner : Thalia Gardens Rehabilitation and Nursing LLC

Physical Address : 4142 Bonney Road

Street :

City/Town : Virginia Beach

County/Independent City :

State : VA

Zip Code : 23452

Mailing Address : 4142 Bonney Road

Street :

City/Town : Virginia Beach

County/Independent City :

State : VA

Zip Code : 23452

Email Address : krogers@thaliarehab.com

Telephone Number : 7573400620

Fax Number : 7573407037

Federal Employer Identification Number (FEIN) : 87-2731280

Chief Administrative Officer

Full Name : Kevin Rogers

Mailing Address : 4142 Bonney Road

Street :

City/Town : Virginia Beach

County/Independent City :

State : VA

Zip Code : 23452

Phone Number : 7578401550

Email Address : krogers@thaliarehab.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Yehuda Gittleson	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Thalia Gardens Rehabilitation and Nursing LLC

Physical Address : 4142 Bonney Road
Street :
City/Town : Virginia Beach
County/Independent City : Virginia Beach
State : VA
Zip Code : 23452

Mailing Address : 4142 Bonney Road
Street :
City/Town : Virginia Beach
County/Independent City : Virginia Beach
State : VA
Zip Code : 23452

Phone Number : 7573400620
Email Address : krogers@thaliarehab.com

Federal Employer Identification Number (FEIN) : 87-2731280

Nursing Home Information

Total Number of Licensed Beds?	138
Medicare/Medicaid Certified?	Yes
Provider Number	
Number of Beds Certified for Medicare Only (Title 18)	0
Number of Beds Certified for Medicare/Medicaid (Title 18/19)	138
Number of Beds Certified for Medicaid Only (Title 19)	0
Number of Non-certified beds (Exclude Adult Residential Beds)	0
Total Bed Capacity (Specify Bed Types excluding Day Care)	138

Does the facility have one or more specialized unit? If yes, for each unit specify the types of specialized unit and number of beds (i.e. secured unit, ventilator unit, etc.) : No

Unit Information

Types of unit	Please specify other type of unit	Number of Beds
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Nursing Home Information - Program and Staff

Does the facility have a Nurse Aide training program on the premises? : No

If yes, is it a certified Nursing Assistant Program approved by the Board of Nursing? :

Full Name of Administrator : Kevin Rogers

Email Address : krogers@thaliarehab.com

Full Name of Assistant Administrator (if applicable) :

Email Address :

Full Name of Director of Nursing Service : Shaunta James

Email Address : sjames@thaliarehab.com

Full Name of Assistant Director of Nursing Service (if applicable) :

Email Address :

Full Name of Medical Director : Dr. Nabil T. Tadros

Email Address : ntadros@maltc.net

Nursing Home Information - License and Facilities

Does the facility have an affiliated Assisted Living Facility? : No

Assisted Living Facility Name :

Number of Assisted Living Facility Beds :

Is the facility part of a CCRC? : No

How many beds are in the CCRC? :

How many are NON Nursing Home Beds? :

Nursing Home Information - Small Business Information

Answering these two questions is optional, but will help the Virginia Department of Health better estimate the number of small businesses that have or apply for licenses.

Is the facility/agency independently owned and operated? :

Does the facility/agency have fewer than 500 employees? :

Certification and Submission

By submitting this application, I hereby certify that the information contained in this application and any attachments are true, accurate, and complete

Name and Title of Authorized Representative : Kevin Rogers

Date : 12/5/2023