

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000002002
<b>DBA Name of Facility/Agency</b>	Pheasant Ridge Nursing and Rehabilitation Center
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	11/17/2023
<b>Effective Date</b>	1/1/2024
<b>Expiration Date</b>	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	Pheasant Ridge Facility Operations, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Pheasant Ridge Nursing and Rehabilitation Center		
Facility/Agency Physical Address	4355 Pheasant Ridge Road SW		
Street			
City/Town	Roanoke	County/Independent City	Roanoke City
State	Virginia	Zip Code	24014
Telephone Number	5407258210	Fax Number	5407255735

### Mailing Address

Mailing Address	4355 Pheasant Ridge Rd, Roanoke, VA 24014, USA		
Street			
City/Town	Roanoke	County/Independent City	
State	Virginia	Zip Code	24014

Facility/Agency Email Address : pheasantridge.executivedir@consulatehc.com

Federal Employer Identification Number (FEIN) : 20-5105665

Current License Number : NH-0002653

## **Ownership Information**

Legal Name of Owner : LV CHC Holdings I, LLC

**Physical Address** : 850 Concourse Pkwy S suite 250, Maitland, FL 32751, USA

Street :

City/Town : Maitland

County/Independent City : Orange County

State : FL

Zip Code : 32751

**Mailing Address** : 850 Concourse Pkwy S suite 250, Maitland, FL 32751, USA

Street :

City/Town : Maitland

County/Independent City : Orange County

State : FL

Zip Code : 32751

Email Address : charlene.graham@synergyhcs.com

Telephone Number : 4075711550

Fax Number :

Federal Employer Identification Number (FEIN) : 80-0816955

### **Chief Administrative Officer**

Full Name : Jeron Walker

Mailing Address : 1810 Concord Lake Rd, Kannapolis, NC 28083, USA

Street :

City/Town : Kannapolis

County/Independent City :

State : NC

Zip Code : 28083

Phone Number : 7042731580

Email Address : jwalker.ao@consulatehc.com

## **Additional Ownership Information**

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

<b>Full Name</b>	<b>Ownership Percentage (%)</b>
LV CHC Holdings I, LLC	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 : Pheasant Ridge Facility Operations, LLC

Physical Address : 4355 Pheasant Ridge Rd, Roanoke, VA 24014, USA

Street :

City/Town : Roanoke

County/Independent City :

State : VA

Zip Code : 24014

Mailing Address : 4355 Pheasant Ridge Rd, Roanoke, VA 24014, USA

Street :

City/Town : Roanoke

County/Independent City : Roanoke

State : VA

Zip Code : 24014

Phone Number : 5407258210

Email Address : pheasantridge.executivedir@consulatehc.com

Federal Employer Identification Number (FEIN) : 20-5105665

## Nursing Home Information

Total Number of Licensed Beds?	101
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)	101
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)	101

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 : Nathan Libassi  
Email Address : pheasantridge.executivedir@consulatehc.com

Full Name of Assistant Administrator (if applicable) :  
Email Address :

Full Name of Director of Nursing Service : BYRON BOWMAN  
Email Address : pheasantridge.dirclinicalservices@consulatehc.com

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

Full Name of Medical Director : Dr. Elizabeth A. Draper  
Email Address : edraper@uhealthpro.com

## **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 : Nathan Libassi

Date : 11/2/2023