

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000002402
<b>DBA Name of Facility/Agency</b>	Our Lady of Hope Health Center
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/15/2023
<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	Our Lady of Hope Health Center, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Our Lady of Hope Health Center		
Facility/Agency Physical Address	13700 North Gayton Road		
Street			
City/Town	Richmond	County/Independent City	Henrico
State	Virginia	Zip Code	23233
Telephone Number	8043601960	Fax Number	8043640737

### Mailing Address

Mailing Address	13700 North Gayton Road		
Street			
City/Town	Richmond	County/Independent City	Henrico
State	VA	Zip Code	23233

Facility/Agency Email Address : [plong@ourladyofhope.com](mailto:plong@ourladyofhope.com)

Federal Employer Identification Number (FEIN) : 54-1726771

Current License Number : NH-0002648

## **Ownership Information**

Legal Name of Owner : His Excellency Bishop Barry C. Knestout

**Physical Address** : 7800 Carousel Ln, Richmond, VA 23294, USA

Street :

City/Town : Richmond

County/Independent City : Henrico County

State : VA

Zip Code : 23294

**Mailing Address** : 7800 Carousel Ln, Richmond, VA 23294, USA

Street :

City/Town : Richmond

County/Independent City : Henrico County

State : VA

Zip Code : 23294

Email Address : aedwards@richmonddiocese.org

Telephone Number : 8043595661

Fax Number : 8043589159

Federal Employer Identification Number (FEIN) : 54-0505890

### **Chief Administrative Officer**

Full Name : Margaret Parker

Mailing Address : Bellona Ct, Virginia 23233, USA

Street :

City/Town : Richmond

County/Independent City : Henrico County

State : VA

Zip Code : 23233

Phone Number : 8043595661

Email Address : apmparker@aol.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>
His Excellency Bishop Barry C. Knestout	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : Not-for-Profit

For Profit :

Not-for-Profit : Faith Based Organization

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Coordinated Services Management, Inc.

Physical Address : 3333 Peters Creek Rd, Roanoke, VA 24019, USA

Street :

City/Town : Roanoke

County/Independent City : Roanoke

State : VA

Zip Code : 24019

Mailing Address : 3333 Peters Creek Road

Street :

City/Town : Roanoke

County/Independent City : Roanoke

State : VA

Zip Code : 24019

Phone Number : 5403660622

Email Address : info@esmmanagement.com

Federal Employer Identification Number (FEIN) : 54-1164589

## Nursing Home Information

Total Number of Licensed Beds?	75
Medicare/Medicaid Certified?	Yes
Provider Number	
Number of Beds Certified for Medicare Only (Title 18)	44
Number of Beds Certified for Medicare/Medicaid (Title 18/19)	31
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)	75

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 : Paul G. Long  
Email Address : plong@ourladyofhope.com

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

Full Name of Director of Nursing Service : Cheryl M Hardy  
Email Address : chardy@ourladyofhope.com

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

Full Name of Medical Director : Dr. James L. Wright  
Email Address : jlwright64@gmail.com

## **Nursing Home Information - License and Facilities**

Does the facility have an affiliated Assisted Living Facility? : Yes

Assisted Living Facility Name : Our Lady of Hope

Number of Assisted Living Facility Beds : 87

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? : Yes

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

## **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 : Paul Gregory Long, Executive Director

Date : 12/7/2023