

Application Details

Application Status	Approved
Application Id	BLA-0000002414
DBA Name of Facility/Agency	Mulberry Creek Nursing & Rehab Center
Facility Type	Nursing Home
Application Type	Mid-Term Change License
Approved Date	12/10/2023
Effective Date	11/30/2023
Expiration Date	12/31/2023

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	Mid-Term Change License	License Effective Date	11/30/2023
Legal Name of Facility/Agency	RBM Opco of Martinsville LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Mulberry Creek Nursing & Rehab Center		
Facility/Agency Physical Address	300 Blue Ridge St, Martinsville, VA 24112, USA		
Street			
City/Town	Martinsville	County/Independent City	
State	Virginia	Zip Code	24112
Telephone Number	2766388701	Fax Number	2766382017

Mailing Address

Mailing Address	300 Blue Ridge St, Martinsville, VA 24112, USA		
Street			
City/Town	Martinsville	County/Independent City	Martinsville
State	Virginia	Zip Code	24112

Facility/Agency Email Address : koby.johnson@kissito.org

Federal Employer Identification Number (FEIN) : 83-4697614

Current License Number : NH-0003021

Ownership Information

Legal Name of Owner : McClintic Operations Holdco I LLC

Physical Address : 8500 Shadwell Dr, Suite D, Roanoke, VA 24019

Street :

City/Town : Roanoke

County/Independent City : Roanoke

State : Virginia

Zip Code : 24019

Mailing Address : 8500 Shadwell Dr, Suite D, Roanoke, VA 24019

Street :

City/Town : Roanoke

County/Independent City : Roanoke

State : Virginia

Zip Code : 24019

Email Address : katie.perry@kissito.org

Telephone Number : 5402650322

Fax Number :

Federal Employer Identification Number (FEIN) : 93-4469068

Chief Administrative Officer

Full Name : Koby Johnson

Mailing Address : 300 Blue Ridge St, Martinsville, VA 24112, USA

Street :

City/Town : Martinsville

County/Independent City : Martinsville

State : VA

Zip Code : 24112

Phone Number : 2766388701

Email Address : koby.johnson@kissito.org

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
NA	0.00%

Sum of Ownership Percentage (%) : 0.00%

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : RBM Opco of Martinsville LLC

Physical Address : 300 Blue Ridge St, Martinsville, VA 24112, USA

Street :

City/Town : Martinsville

County/Independent City : Martinsville

State : VA

Zip Code : 24112

Mailing Address : 7500 Shadwell Dr suite d, Roanoke, VA 24019, USA

Street :

City/Town : Roanoke

County/Independent City : Roanoke County

State : VA

Zip Code : 24019

Phone Number : 2766388701

Email Address : koby.johnson@kissito.org

Federal Employer Identification Number (FEIN) : 83-4697614

Nursing Home Information

Total Number of Licensed Beds?	210
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)	210
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)	210

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.) : Yes

Unit Information

Types of unit	Please specify other type of unit	Number of Beds
Secure Unit		12
Ventilator Unit		12

Nursing Home Information - Program and Staff

Does the facility have a Nurse Aide training program on the premises? : Yes

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

Full Name of Administrator : Koby Johnson

Email Address : koby.johnson@kissito.org

Full Name of Assistant Administrator (if applicable) :

Email Address :

Full Name of Director of Nursing Service : Cheryl Ramey

Email Address : cheryl.ramey@kissito.org

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

Email Address :

Full Name of Medical Director : Dr. Bradley J. Goad

Email Address : bgoad@premiergeriatric.com

Nursing Home Information - License and Facilities

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

Assisted Living Facility Name : Mulberry Creek Assisted Living
Number of Assisted Living Facility Beds : 60

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 : Koby Johnson, Administrator

Date : 12/8/2023