

Application Details

Application Status	Approved
Application Id	BLA-0000003455
DBA Name of Facility/Agency	Heritage Hall - Big Stone Gap
Facility Type	Nursing Home
Application Type	Mid-Term Change License
Approved Date	9/27/2024
Effective Date	9/23/2024
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	Mid-Term Change License	License Effective Date	9/23/2024
Legal Name of Facility/Agency	Big Stone Gap Life Care, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Heritage Hall - Big Stone Gap		
Facility/Agency Physical Address	2045 Valley View Dr, Big Stone Gap, VA 24219, USA		
Street	2045 Valley View Drive		
City/Town	Big Stone Gap	County/Independent City	Wise County
State	Virginia	Zip Code	24219
Telephone Number	2765233000	Fax Number	2765230531

Mailing Address

Mailing Address	2045 Valley View Dr, Big Stone Gap, VA 24219, USA		
Street	2045 Valley View Drive		
City/Town	Big Stone Gap	County/Independent City	Wise County
State	VA	Zip Code	24219

Facility/Agency Email Address : poquinn@ahc.cc

Federal Employer Identification Number (FEIN) : 82-4368836

Current License Number : NH-0002568

Ownership Information

Legal Name of Owner : Heritage Hall - Big Stone Gap, LLC

Physical Address : 3131 Electric Road
Street : 3131 Electric Road
City/Town : Roanoke
County/Independent City : Roanoke County
State : VA
Zip Code : 24018

Mailing Address : 3131 Electric Road
Street : 3131 Electric Road
City/Town : Roanoke
County/Independent City : Roanoke County
State : VA
Zip Code : 24018

Email Address : cgallant@ahc.cc
Telephone Number : 5407744263
Fax Number :

Federal Employer Identification Number (FEIN) : 82-4353954

Chief Administrative Officer

Full Name : Patrick OQuinn

Mailing Address : 2045 Valley View Dr, Big Stone Gap, VA 24219, USA
Street : 2045 Valley View Dr
City/Town : Big Stone Gap
County/Independent City : Wise County
State : VA
Zip Code : 24219

Phone Number : 2765233000
Email Address : poquinn@ahc.cc

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
American HealthCare, LLC	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Big Stone Gap Life Care, LLC

Physical Address : 3131 Electric Rd.
Street : 3131 Electric Road
City/Town : Roanoke
County/Independent City : Roanoke
State : Virginia
Zip Code : 24018

Mailing Address : 3131 Electric Rd.
Street : 3131 Electric Road
City/Town : Roanoke
County/Independent City : Roanoke
State : Virginia
Zip Code : 24018

Phone Number : 5407744263
Email Address : poquinn@ahc.cc

Federal Employer Identification Number (FEIN) : 82-4368836

Nursing Home Information

Total Number of Licensed Beds?	180
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)	180
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)	180

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
Other	Secured Memory Unit	36

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 : Patrick O'Quinn

Email Address : poquinn@ahc.cc

Full Name of Assistant Administrator (if applicable) :

Email Address :

Full Name of Director of Nursing Service : Brittney Franklin

Email Address : bfranklin@ahc.cc

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

Email Address :

Full Name of Medical Director : Dr. Donald R. Quinn

Email Address : don@pacva.us

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 : Patrick O'Quinn RVPO

Date : 9/25/2024