

Application Details

Application Status	Approved
Application Id	BLA-0000003506
DBA Name of Facility/Agency	Appomattox Health & Rehabilitation Center
Facility Type	Nursing Home
Application Type	Renewal License
Approved Date	12/18/2024
Effective Date	1/1/2025
Expiration Date	12/31/2025

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	1/1/2025
Legal Name of Facility/Agency	Appomattox Care Center, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Appomattox Health & Rehabilitation Center		
Facility/Agency Physical Address	235 Evergreen Avenue		
Street	235 Evergreen Avenue		
City/Town	Appomattox	County/Independent City	Appomattox County
State	Virginia	Zip Code	24522
Telephone Number	4343527420	Fax Number	4343520663

Mailing Address

Mailing Address	235 Evergreen Avenue		
Street	235 Evergreen Avenue		
City/Town	Appomattox	County/Independent City	Appomattox County
State	Virginia	Zip Code	24522

Facility/Agency Email Address : timothy.cookii@appomattoxrehab.com

Federal Employer Identification Number (FEIN) : 86-2432973

Current License Number : NH-0002478

Ownership Information

Legal Name of Owner : Appomattox Care Center, LLC

Physical Address : 235 Evergreen Avenue
Street : 235 Evergreen Avenue
City/Town : Appomattox
County/Independent City : Appomattox County
State : VA
Zip Code : 24522

Mailing Address : 235 Evergreen Avenue
Street : 235 Evergreen Avenue
City/Town : Appomattox
County/Independent City : Appomattox County
State : VA
Zip Code : 24522

Email Address : ibirnbaum@mfa.net
Telephone Number : 7329056440
Fax Number :

Federal Employer Identification Number (FEIN) : 86-2432973

Chief Administrative Officer

Full Name : Israel Birnbaum

Mailing Address : 400 Boulevard of the Americas suite 401, Lakewood, NJ 08701, USA
Street : 400 Boulevard of the Americas suite 401
City/Town : Lakewood
County/Independent City : Ocean County
State : NJ
Zip Code : 08701

Phone Number : 7329056440
Email Address : ibirnbaum@mfa.net

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Pivotal Central 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 : Appomattox Care Center, LLC

Physical Address : 235 Evergreen Avenue
Street : 235 Evergreen Avenue
City/Town : Appomattox
County/Independent City : Appomattox County
State : VA
Zip Code : 24522

Mailing Address : 235 Evergreen Avenue
Street : 235 Evergreen Avenue
City/Town : Appomattox
County/Independent City : Appomattox County
State : VA
Zip Code : 24522

Phone Number : 4343527420
Email Address : timothy.cookii@appomattoxrehab.com

Federal Employer Identification Number (FEIN) : 86-2432973

Nursing Home Information

Total Number of Licensed Beds?	60
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)	60
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)	60

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 : Timothy E. Cook II
Email Address : timothy.cookii@appomattoxrehab.com

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

Full Name of Director of Nursing Service : Margaret J. Mason
Email Address : margaret.mason@appomattoxrehab.com

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

Full Name of Medical Director : Dr. David Danner
Email Address : david.danner@mmedicalgroup.org

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 : Tim Cook, Administrator

Date : 10/2/2024