

Application Details

Application Status	Approved
Application Id	BLA-0000003535
DBA Name of Facility/Agency	Greenbrier Regional Medical Center
Facility Type	Nursing Home
Application Type	Renewal License
Approved Date	10/20/2024
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	Norfolk Area Senior Care, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Greenbrier Regional Medical Center		
Facility/Agency Physical Address	1017 George Washington Highway North		
Street	1017 George Washington Highway North		
City/Town	Chesapeake	County/Independent City	Chesapeake City
State	Virginia	Zip Code	23323
Telephone Number	7574855500	Fax Number	7574853414

Mailing Address

Mailing Address	1017 George Washington Highway North		
Street	1017 George Washington Highway North		
City/Town	Chesapeake	County/Independent City	Chesapeake City
State	Virginia	Zip Code	23323

Facility/Agency Email Address : abrunicardi@carepostacute.com

Federal Employer Identification Number (FEIN) : 82-4050942

Current License Number : NH-0002514

Ownership Information

Legal Name of Owner : Norfolk Area Senior Care, LLC

Physical Address : 1017 George Washington Highway North
Street : 1017 George Washington Hwy North
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23323

Mailing Address : 1017 George Washington Highway North
Street : 1017 George Washington Highway North
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23323

Email Address : mhall@arkpostacute.com
Telephone Number : 7277233000
Fax Number :

Federal Employer Identification Number (FEIN) : 82-4050942

Chief Administrative Officer

Full Name : Roy Bridges

Mailing Address : 24641 US Hwy 19 N
Street : 24641 Hwy 19 N
City/Town : Clearwater
County/Independent City : Pinellas County
State : FL
Zip Code : 33763

Phone Number : 7277233000
Email Address : rbridges@arkpostacute.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
West Coast Commonwealth Partners LLC	96.00%

Sum of Ownership Percentage (%) : 96.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Norfolk Area Senior Care, LLC

Physical Address : 1017 George Washington Highway North
Street : 1017 George Washington Highway North
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23323

Mailing Address : 1017 George Washington Highway North
Street : 1017 George Washington Highway North
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23323

Phone Number : 7277233000
Email Address : mhall@arkpostacute.com

Federal Employer Identification Number (FEIN) : 82-4050942

Nursing Home Information

Total Number of Licensed Beds?	120
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)	120
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)	120

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 : Anthony Brunicardi

Email Address : abrunicardi@carepostacute.com

Full Name of Assistant Administrator (if applicable) :

Email Address :

Full Name of Director of Nursing Service : Marcella Davis

Email Address : dongrnc@carepostacute.com

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

Email Address :

Full Name of Medical Director : Dr. Nabil T. Tadros

Email Address : abrunicardi@carepostacute.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 : mhall@arkpostacute.com

Date : 10/3/2024