

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000003710
<b>DBA Name of Facility/Agency</b>	South Boston Health & Rehab Center
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Mid-Term Change License
<b>Approved Date</b>	12/16/2024
<b>Effective Date</b>	10/16/2024
<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	Mid-Term Change License	License Effective Date	10/16/2024
Legal Name of Facility/Agency	South Boston Health & Rehab Center, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	South Boston Health & Rehab Center		
Facility/Agency Physical Address	103 Rosehill Dr, South Boston, VA 24592, USA		
Street	103 Rosehill Drive		
City/Town	South Boston	County/Independent City	Halifax County
State	Virginia	Zip Code	24592
Telephone Number	4342724201	Fax Number	4345751214

### Mailing Address

Mailing Address	103 Rosehill Dr, South Boston, VA 24592, USA		
Street	103 Rosehill Drive		
City/Town	South Boston	County/Independent City	Halifax County
State	Virginia	Zip Code	24592

Facility/Agency Email Address : [sabrina.jones@saberhealth.com](mailto:sabrina.jones@saberhealth.com)

Federal Employer Identification Number (FEIN) : 85-2123249

Current License Number : NH-0002736

## **Ownership Information**

Legal Name of Owner : South Boston Health & Rehab Center, LLC

**Physical Address** : 23700 Commerce Park Rd, Beachwood, OH 44122, USA  
Street : 23700 Commerce Park Road  
City/Town : Beachwood  
County/Independent City : Cuyahoga County  
State : OH  
Zip Code : 44122

**Mailing Address** : 23700 Commerce Park Rd, Beachwood, OH 44122, USA  
Street : 23700 Commerce Park Road  
City/Town : Beachwood  
County/Independent City : Cuyahoga County  
State : OH  
Zip Code : 44122

Email Address : chad.isabelle@saberhealth.com  
Telephone Number : 2162925706  
Fax Number :

Federal Employer Identification Number (FEIN) : 85-2123249

### **Chief Administrative Officer**

Full Name : William L. Weisburg

Mailing Address : 23700 Commerce Park Rd, Beachwood, OH 44122, USA  
Street : 23700 Commerce Park Road  
City/Town : Beachwood  
County/Independent City : Cuyahoga County  
State : OH  
Zip Code : 44122

Phone Number : 2162925706  
Email Address : gn@saberhealth.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>
Saber Healthcare Holdings, LLC	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : South Boston Health & Rehab Center, LLC

Physical Address : 23700 Commerce Park Rd, Beachwood, OH 44122, USA

Street : 23700 Commerce Park Road

City/Town : Beachwood

County/Independent City : Cuyahoga County

State : OH

Zip Code : 44122

Mailing Address : 23700 Commerce Park Rd, Beachwood, OH 44122, USA

Street : 23700 Commerce Park Road

City/Town : Beachwood

County/Independent City : Cuyahoga County

State : OH

Zip Code : 44122

Phone Number : 2162925706

Email Address : gn@saberhealth.com

Federal Employer Identification Number (FEIN) : 85-2123249

## Nursing Home Information

Total Number of Licensed Beds?	216
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)	216
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)	216

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	Memory Care Unit	36

## **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 : Sabrina Jones  
Email Address : sabrina.jones@saberhealth.com

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

Full Name of Director of Nursing Service : Brandi Hughes  
Email Address : brandi.hughes@saberhealth.com

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

Full Name of Medical Director : Dr. Paul S. Buckman  
Email Address : paul.buckman@gmail.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? : Yes

Does the facility/agency have fewer than 500 employees? : No

## **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 : Chad ISabelle DVPO

Date : 10/16/2024