

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000003987
<b>DBA Name of Facility/Agency</b>	Portsmouth Health and Rehab
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/4/2024
<b>Effective Date</b>	1/1/2025
<b>Expiration Date</b>	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	GL Virginia Portsmouth, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Portsmouth Health and Rehab		
Facility/Agency Physical Address	900 London Blvd, Portsmouth, VA 23704, USA		
Street	900 London Boulevard		
City/Town	Portsmouth	County/Independent City	
State	Virginia	Zip Code	23704
Telephone Number	7573936864	Fax Number	7574540101

### Mailing Address

Mailing Address	900 London Blvd, Portsmouth, VA 23704, USA		
Street	900 London Boulevard		
City/Town	Portsmouth	County/Independent City	Portsmouth City
State	VA	Zip Code	23704

Facility/Agency Email Address : admin@portsmouthrehab.com

Federal Employer Identification Number (FEIN) : 81-4603037

Current License Number : NH-0002506

## **Ownership Information**

Legal Name of Owner : GL Virginia Portsmouth, LLC

**Physical Address** : 9040 Roswell Rd suite 540  
Street : 9040 Roswell Rd Suite 540  
City/Town : Atlanta  
County/Independent City : Fulton County  
State : GA  
Zip Code : 30350

**Mailing Address** : 9040 Roswell Rd suite 540  
Street : 9040 Roswell Rd Suite 540  
City/Town : Atlanta  
County/Independent City : Fulton County  
State : GA  
Zip Code : 30350

Email Address : admin@portsmouthrehab.com  
Telephone Number : 7704565770  
Fax Number : 7704565773

Federal Employer Identification Number (FEIN) : 81-4603037

### **Chief Administrative Officer**

Full Name : Tameika Bryant

Mailing Address : 900 London Blvd  
Street : 900 London Blvd  
City/Town : Portsmouth  
County/Independent City : Portsmouth City  
State : VA  
Zip Code : 23704

Phone Number : 7573936864  
Email Address : admin@portsmouthrehab.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>
GL Virginia 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 : GL Virginia Portsmouth, LLC

Physical Address : 9040 Roswell Rd suite 540  
Street : 9040 Roswell Rd Suite 540  
City/Town : Atlanta  
County/Independent City : Fulton County  
State : GA  
Zip Code : 30350

Mailing Address : 9040 Roswell Rd suite 540  
Street : 9040 Roswell Rd Suite 540  
City/Town : Atlanta  
County/Independent City : Fulton County  
State : GA  
Zip Code : 30350

Phone Number : 7704565770  
Email Address : admin@portsmouthrehab.com

Federal Employer Identification Number (FEIN) : 81-4603037

## 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 : Tamika Bryant  
Email Address : tbryant@portsmouthrehab.com

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

Full Name of Director of Nursing Service : Lynn Sellers  
Email Address : lsellers@trio-healthcare.com

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

Full Name of Medical Director : Dr. Nabil T. Tadros  
Email Address : ntadros@maltc.net

## **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? : No

Does the facility/agency have fewer than 500 employees? : Yes

## **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 : Jeremiah Davis, Mobile Administrator

Date : 11/5/2024