

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000004024
<b>DBA Name of Facility/Agency</b>	Virginia Beach Healthcare & Rehabilitation Center
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/10/2024
<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	Virginia Beach SNF, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Virginia Beach Healthcare & Rehabilitation Center		
Facility/Agency Physical Address	1801 Camelot Dr, Virginia Beach, VA 23454, USA		
Street	1801 Camelot Drive		
City/Town	Virginia Beach	County/Independent City	
State	Virginia	Zip Code	23454
Telephone Number	7574813500	Fax Number	7574814860

### Mailing Address

Mailing Address	1801 Camelot Dr, Virginia Beach, VA 23454, USA		
Street	1801 Camelot Drive		
City/Town	Virginia Beach	County/Independent City	Virginia Beach City
State	VA	Zip Code	23454

Facility/Agency Email Address : reid.crickmore@mfa.net

Federal Employer Identification Number (FEIN) : 86-2496224

Current License Number : NH-0002709

## **Ownership Information**

Legal Name of Owner : Virginia Beach SNF, LLC

**Physical Address** : 1801 Camelot Dr, Virginia Beach, VA 23454, USA

Street : 1801 Camelot Drive

City/Town : Virginia Beach

County/Independent City : Virginia Beach City

State : VA

Zip Code : 23454

**Mailing Address** : 1801 Camelot Dr, Virginia Beach, VA 23454, USA

Street : 1801 Camelot Drive

City/Town : Virginia Beach

County/Independent City : Virginia Beach City

State : VA

Zip Code : 23454

Email Address : reid.crickmore@mfa.net

Telephone Number : 7574813500

Fax Number :

Federal Employer Identification Number (FEIN) : 86-2496224

### **Chief Administrative Officer**

Full Name : Reid Crickmore

Mailing Address : 1801 Camelot Dr, Virginia Beach, VA 23454, USA

Street : 1801 Camelot Drive

City/Town : Virginia Beach

County/Independent City : Virginia Beach City

State : VA

Zip Code : 23454

Phone Number : 7574813500

Email Address : reid.crickmore@mfa.net

## Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Chesapeake East, LLC	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Virginia Beach SNF, LLC

Physical Address : 1801 Camelot Dr, Virginia Beach, VA 23454, USA  
Street : 1801 Camelot Drive  
City/Town : Virginia Beach  
County/Independent City : Virginia Beach City  
State : VA  
Zip Code : 23454

Mailing Address : 1801 Camelot Dr, Virginia Beach, VA 23454, USA  
Street : 1801 Camelot Drive  
City/Town : Virginia Beach  
County/Independent City : Virginia Beach City  
State : VA  
Zip Code : 23454

Phone Number : 7574813500  
Email Address : reid.crickmore@mfa.net

Federal Employer Identification Number (FEIN) : 86-2496224

## 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.) : 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 : Reid Crickmore  
Email Address : reid.crickmore@mfa.net

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

Full Name of Director of Nursing Service : Judy Drake - Collins  
Email Address : judy.drakecollins@vabeachhealthrehab.com

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

Full Name of Medical Director : Dr. Jean-Marie Mpoy Kanyinda  
Email Address : jeanmarie.kanyinda@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? : 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 : Reid Crickmore

Date : 11/7/2024