

Application Details

Application Status	Approved
Application Id	BLA-0000004150
DBA Name of Facility/Agency	Fredericksburg Health and Rehab
Facility Type	Nursing Home
Application Type	Renewal License
Approved Date	12/21/2024
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	GL Virginia Fredericksburg, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Fredericksburg Health and Rehab		
Facility/Agency Physical Address	3900 Plank Road		
Street	3900 Plank Road		
City/Town	Fredericksburg	County/Independent City	Spotsylvania County
State	Virginia	Zip Code	22407
Telephone Number	5407868351	Fax Number	5407852792

Mailing Address

Mailing Address	3900 Plank Rd, Fredericksburg, VA 22407, USA		
Street	3900 Plank Road		
City/Town	Fredericksburg	County/Independent City	Spotsylvania County
State	VA	Zip Code	22407

Facility/Agency Email Address : admin@fredericksburgrehab.com

Federal Employer Identification Number (FEIN) : 81-4535024

Current License Number : NH-0002557

Ownership Information

Legal Name of Owner : GL Virginia Fredericksburg, LLC

Physical Address : 9040 Roswell Road, Suite 540

Street : 9040

City/Town : Atlanta

County/Independent City : Fulton County

State : GA

Zip Code : 30350

Mailing Address : 9040 Roswell Road, Suite 540

Street : 9040

City/Town : Atlanta

County/Independent City : Fulton County

State : GA

Zip Code : 30350

Email Address : admin@fredericksburgrehab.com

Telephone Number : 7704565770

Fax Number : 7704565773

Federal Employer Identification Number (FEIN) : 81-4535024

Chief Administrative Officer

Full Name : Pamela Mitchell

Mailing Address : 390 Plank Rd, Fredericksburg, VA 22407, USA

Street : 3900 Plank Road

City/Town : Fredericksburg

County/Independent City : Spotsylvania County

State : VA

Zip Code : 22407

Phone Number : 5407868351

Email Address : pmitchell@fredericksburgrehab.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
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 Fredericksburg, LLC

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

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

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

Federal Employer Identification Number (FEIN) : 81-4535024

Nursing Home Information

Total Number of Licensed Beds?	177
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)	177
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)	177

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	32

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 : Pamela Mitchell
Email Address : pmitchell@fredericksburgrehab.com

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

Full Name of Director of Nursing Service : Peace Addai
Email Address : paddai@fredericksburgrehab.com

Full Name of Assistant Director of Nursing Service (if applicable) : Derrick Dankwah
Email Address : ddankwah@fredericksburgrehab.com

Full Name of Medical Director : Dr. Altory M. Miranda
Email Address : altorymd@aol.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? : 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 : Pamela Mitchell

Date : 11/18/2024