

Application Details

Application Status	Approved
Application Id	BLA-0000004214
DBA Name of Facility/Agency	Carlin Springs Health & Rehabilitation
Facility Type	Nursing Home
Application Type	Renewal License
Approved Date	12/26/2024
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	Carlin Springs SNF Operations, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Carlin Springs Health & Rehabilitation		
Facility/Agency Physical Address	550 South Carlin Springs Road		
Street	550 South Carlin Springs Road		
City/Town	Arlington	County/Independent City	Arlington County
State	Virginia	Zip Code	22204
Telephone Number	7033797200	Fax Number	7035785524

Mailing Address

Mailing Address	550 S Carlin Springs Rd, Arlington, VA 22204, USA		
Street	550 South Carlin Springs Road		
City/Town	Arlington	County/Independent City	Arlington County
State	VA	Zip Code	22204

Facility/Agency Email Address : admin@carlinsprings.com

Federal Employer Identification Number (FEIN) : 88-4350003

Current License Number : NH-0002803

Ownership Information

Legal Name of Owner : Carlin Springs SNF Operations, LLC

Physical Address : 550 S Carlin Springs Rd, Arlington, VA 22204, USA
Street : 550 S Carlin Springs Rd, Arlington, VA 22204, USA
City/Town : Arlington
County/Independent City : Arlington County
State : VA
Zip Code : 22204

Mailing Address : 550 S Carlin Springs Rd, Arlington, VA 22204, USA
Street : 550 S Carlin Springs Rd, Arlington, VA 22204, USA
City/Town : Arlington
County/Independent City : Arlington County
State : VA
Zip Code : 22204

Email Address : administrator@carlinsprings.com
Telephone Number : 7033797200
Fax Number : 7035783259

Federal Employer Identification Number (FEIN) : 88-4350003

Chief Administrative Officer

Full Name : Shimon Idels

Mailing Address : 1007 Broadway, Woodmere, NY 11598, USA
Street : 1007 Broadway, Woodmere, NY 11598, USA
City/Town : Woodmere
County/Independent City : Nassau County
State : NY
Zip Code : 11598

Phone Number : 5168555504
Email Address : shimmy@hillvalleyhc.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
VA Pro 7 SNF Operations 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 : Carlin Springs SNF Operations, LLC

Physical Address : 550 S Carlin Springs Rd, Arlington, VA 22204, USA

Street : 550 S Carlin Springs Rd, Arlington, VA 22204, USA

City/Town : Arlington

County/Independent City : Arlington County

State : VA

Zip Code : 22204

Mailing Address : 550 S Carlin Springs Rd, Arlington, VA 22204, USA

Street : 550 S Carlin Springs Rd, Arlington, VA 22204, USA

City/Town : Arlington

County/Independent City : Arlington County

State : VA

Zip Code : 22204

Phone Number : 7033797200

Email Address : administrator@carlinsprings.com

Federal Employer Identification Number (FEIN) : 88-4350003

Nursing Home Information

Total Number of Licensed Beds?	161
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)	161
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)	161

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 : Todd McDuffie
Email Address : tmcduffie@carlinsprings.com

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

Full Name of Director of Nursing Service : Shelia Motley
Email Address : smotley@carlinsprings.com

Full Name of Assistant Director of Nursing Service (if applicable) : Koreen Cuffee
Email Address : kcuffee@carlinsprings.com

Full Name of Medical Director : Dr. Amr Behiri
Email Address : behiriamr@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? : 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 : Todd McDuffie

Date : 11/20/2024