

Application Details

Application Status	Approved
Application Id	BLA-0000004230
DBA Name of Facility/Agency	Belvoir Woods Health Care Center at The Fairfax
Facility Type	Nursing Home
Application Type	Mid-Term Change License
Approved Date	12/6/2024
Effective Date	11/21/2024
Expiration Date	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	11/21/2024
Legal Name of Facility/Agency	SH OpCo The Fairfax, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Belvoir Woods Health Care Center at The Fairfax		
Facility/Agency Physical Address	9160 Belvoir Woods Parkway		
Street	9160 Belvoir Woods Parkway		
City/Town	Fort Belvoir	County/Independent City	Fairfax County
State	Virginia	Zip Code	22060
Telephone Number	7037991200	Fax Number	7037812463

Mailing Address

Mailing Address	9160 Belvoir Woods Parkway		
Street	9160 Belvoir Woods Parkway		
City/Town	Fort Belvoir	County/Independent City	Fairfax County
State	Virginia	Zip Code	22060

Facility/Agency Email Address : thefairfax.sna@sunriseseniorliving.com

Federal Employer Identification Number (FEIN) : 84-3788240

Current License Number : NH-0002500

Ownership Information

Legal Name of Owner : SH OpCo The Fairfax, LLC

Physical Address : 1920 Main Street, Suite 1200

Street : 1920 Main Street, Suite 1200

City/Town : Irvine

County/Independent City : Orange County

State : CA

Zip Code : 92614

Mailing Address : 1920 Main Street, Suite 1200

Street : 1920 Main Street, Suite 1200

City/Town : Irvine

County/Independent City : Orange County

State : CA

Zip Code : 92614

Email Address : ytolentino@healthpeak.com

Telephone Number : 9494070700

Fax Number :

Federal Employer Identification Number (FEIN) : 84-3788240

Chief Administrative Officer

Full Name : SH OpCo The Fairfax, LLC

Mailing Address : 1920 Main Street, Suite 1200

Street : 1920 Main Street, Suite 1200

City/Town : Irvine

County/Independent City : Irvine City

State : CA

Zip Code : 92614

Phone Number : 9494070700

Email Address : ytolentino@healthpeak.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
HCP S-H Sunrise OpCo HoldCo, LLC	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : SH OpCo The Fairfax, LLC

Physical Address : 1920 Main Street, Suite 1200
Street : 1920 Main Street, Suite 1200
City/Town : Irvine
County/Independent City : Orange County
State : CA
Zip Code : 92614

Mailing Address : 1920 Main Street, Suite 1200
Street : 1920 Main Street, Suite 1200
City/Town : Irvine
County/Independent City : Orange County
State : CA
Zip Code : 92614

Phone Number : 9494070700
Email Address : ytolentino@healthpeak.com

Federal Employer Identification Number (FEIN) : 84-3788240

Nursing Home Information

Total Number of Licensed Beds?	56
Medicare/Medicaid Certified?	Yes
Provider Number	
Number of Beds Certified for Medicare Only (Title 18)	56
Number of Beds Certified for Medicare/Medicaid (Title 18/19)	0
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)	56

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 : Peter Dabbenigno
Email Address : thefairfax.gm@sunriseseniorliving.com

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

Full Name of Director of Nursing Service : Sheena Bonifacio
Email Address : thefairfax.dns@sunriseseniorliving.com

Full Name of Assistant Director of Nursing Service (if applicable) : Sierra Richards
Email Address : thefairfax.adns@sunriseseniorliving.com

Full Name of Medical Director : Dr. Stephanie D. Carter
Email Address : scarter@mymvim.com

Nursing Home Information - License and Facilities

Does the facility have an affiliated Assisted Living Facility? : Yes

Assisted Living Facility Name : Belvoir Woods Health Care Center at The Fairfax
Number of Assisted Living Facility Beds : 96

Is the facility part of a CCRC? : Yes

How many beds are in the CCRC? : 534
How many are NON Nursing Home Beds? : 478

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? :

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

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 : Kenya Jeanlouis Regional Director of Resident Care

Date : 11/21/2024