

Application Details

Application Status	Approved
Application Id	BLA-0000004351
DBA Name of Facility/Agency	Evergreen Health & Rehabilitation Center
Facility Type	Nursing Home
Application Type	Mid-Term Change License
Approved Date	12/6/2024
Effective Date	12/3/2024
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	12/3/2024
Legal Name of Facility/Agency	Evergreen SNF Operations LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Evergreen Health & Rehabilitation Center		
Facility/Agency Physical Address	380 Millwood Avenue		
Street	380 Millwood Avenue		
City/Town	Winchester	County/Independent City	Winchester City
State	Virginia	Zip Code	22601
Telephone Number	5406677010	Fax Number	5406673115

Mailing Address

Mailing Address	380 Millwood Avenue		
Street	380 Millwood Avenue		
City/Town	Winchester	County/Independent City	Winchester
State	Virginia	Zip Code	22601

Facility/Agency Email Address : ljimenez@evergreenhrc.org

Federal Employer Identification Number (FEIN) : 87-0864943

Current License Number : NH-0002684

Ownership Information

Legal Name of Owner : Evergreen SNF Operations LLC

Physical Address : 380 Millwood Avenue
Street : 380 Millwood Avenue
City/Town : Winchester
County/Independent City : Winchester City
State : VA
Zip Code : 22601

Mailing Address : 380 Millwood Avenue
Street : 380 Millwood Avenue
City/Town : Winchester
County/Independent City : Winchester City
State : VA
Zip Code : 22601

Email Address : ljimenez@evergreenhrc.org
Telephone Number : 5406677010
Fax Number :

Federal Employer Identification Number (FEIN) : 87-0864943

Chief Administrative Officer

Full Name : Luis Jimenez

Mailing Address : 380 Millwood Avenue
Street : 380 Millwood Avenue
City/Town : Winchester
County/Independent City : Winchester
State : VA
Zip Code : 22601

Phone Number : 5406677010
Email Address : ljimenez@evergreenhrc.org

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Evergreen 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 : Evergreen SNF Operations, LLC

Physical Address : 380 Millwood Avenue
Street : 380 Millwood Avenue
City/Town : Winchester
County/Independent City : Winchester City
State : VA
Zip Code : 22601

Mailing Address : 380 Millwood Avenue
Street : 380 Millwood Avenue
City/Town : Winchester
County/Independent City : Winchester City
State : VA
Zip Code : 22601

Phone Number : 5406677010
Email Address : ljimenez@evergreenhrc.org

Federal Employer Identification Number (FEIN) : 87-0864943

Nursing Home Information

Total Number of Licensed Beds?	176
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)	176
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)	176

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
Secure Unit		26

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 : Luis E. Jimenez

Email Address : ljimenez@evergreenhrc.org

Full Name of Assistant Administrator (if applicable) :

Email Address :

Full Name of Director of Nursing Service : Evelyn Ndifang

Email Address : endifang@evergreenhrc.org

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

Email Address :

Full Name of Medical Director : Dr. Amr Behiri

Email Address : abehiri@vaim.us

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 : Luis Jimenez, Administrator

Date : 12/3/2024