Application Details

Application Status	**Approved**
Application Id	BLA-0000004364

DBA Name of Facility/Agency	Bowling Green Health & Rehabilitation Center
Facility Type	Nursing Home
Application Type	Mid-Term Change License
Approved Date	12/6/2024
Effective Date	12/4/2024
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	12/4/2024
Legal Name of Facility/Agency	Bowling Green SNF, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Bowling Green Health & Rehabilitation Center		
Facility/Agency Physical Address	120 Anderson Avenue		
Street	120 Anderson Avenue		
City/Town	Bowling Green	County/Independent City	Caroline County
State	Virginia	Zip Code	22427
Telephone Number	8046334839	Fax Number	8046337309

Mailing Address

Mailing Address	120 Anderson Ave		
Street	Anderson Avenue		
City/Town	Bowling Green	County/Independent City	Caroline
State	VA	Zip Code	22427

Facility/Agency Email Address : janeenewood@bowlinggreenhealthrehab.com

Federal Employer Identification Number (FEIN) : 86-2554970

Current License Number : NH-0002512

Ownership Information

Legal Name of Owner : Bowling Green SNF, LLC

Physical Address : 120 Anderson Ave
Street : same
City/Town : Bowling Green
County/Independent City : Caroline County
State : VA
Zip Code : 22427

Mailing Address : 120 Anderson Avenue
Street : same
City/Town : Bowling Green
County/Independent City : Caroline County
State : VA
Zip Code : 22427

Email Address : jwood1@bowlinggreenhealthrehab.com
Telephone Number : 8046334839
Fax Number : 8046337309

Federal Employer Identification Number (FEIN) : 86-2554970

Chief Administrative Officer

Full Name : Janeene Wood

Mailing Address : 120 Anderson Ave, Bowling Green, VA 22427, USA
Street : same
City/Town : Bowling Green
County/Independent City : Caroline County
State : VA
Zip Code : 22427

Phone Number : 8046334839
Email Address : jwood1@bowlinggreenhealthrehab.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Bowling Green Holding 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 : Bowling Green SNF, LLC

Physical Address : 120 Anderson Avenue
Street : 120 Anderson Avenue
City/Town : Bowling Green
County/Independent City : Caroline County
State : VA
Zip Code : 22427

Mailing Address : 120 Anderson Ave
Street : 120 Anderson Avenue
City/Town : Bowling Green
County/Independent City : Caroline County
State : VA
Zip Code : 22427

Phone Number : 8046334839
Email Address : janeenewood@bowlinggreenhealthrehab.com

Federal Employer Identification Number (FEIN) : 86-2554970

Nursing Home Information

Total Number of Licensed Beds?	120
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)	120
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)	120

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

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 : Janeene E. Wood
Email Address : jwood1@mfa.net

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

Full Name of Director of Nursing Service : Michelle Matthews
Email Address : matthews2@bowlinggreenhealthrehab.com

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

Full Name of Medical Director : Dr. Amr H. Behiri
Email Address : a_behiri@yahoo.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 : Janeene Wood

Date : 12/4/2024