

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000004505
<b>DBA Name of Facility/Agency</b>	Guggenheimer Health and Rehabilitation Center
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/26/2024
<b>Effective Date</b>	1/1/2025
<b>Expiration Date</b>	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	Diamond Hill SNF Operations, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Guggenheimer Health and Rehabilitation Center		
Facility/Agency Physical Address	1902 Grace Street		
Street	1902 Grace Street		
City/Town	Lynchburg	County/Independent City	Lynchburg City
State	Virginia	Zip Code	24504
Telephone Number	5405259548	Fax Number	4349475139

**Mailing Address**

Mailing Address	1902 Grace Street		
Street	1902 Grace Street		
City/Town	Lynchburg	County/Independent City	Lynchburg City
State	Virginia	Zip Code	24504

Facility/Agency Email Address : [kflynn@guggenheimerhrc.com](mailto:kflynn@guggenheimerhrc.com)

Federal Employer Identification Number (FEIN) : 87-1031795

Current License Number : NH-0002563

## **Ownership Information**

Legal Name of Owner : Diamond Hill SNF Operations

**Physical Address** : 1902 Grace St, Lynchburg, VA 24504, USA

Street : 1902 Grace Street

City/Town : Lynchburg

County/Independent City : Lynchburg

State : VA

Zip Code : 24504

**Mailing Address** : 1902 Grace St, Lynchburg, VA 24504, USA

Street : 1902 Grace Street

City/Town : Lynchburg

County/Independent City : Lynchburg

State : VA

Zip Code : 24504

Email Address : kflynn@guggenheimerhrc.com

Telephone Number : 5405259548

Fax Number :

Federal Employer Identification Number (FEIN) : 87-1031795

### **Chief Administrative Officer**

Full Name : Kennedy Flynn

Mailing Address : 1902 Grace St, Lynchburg, VA 24504, USA

Street : 1902 Grace Street

City/Town : Lynchburg

County/Independent City : Lynchburg

State : VA

Zip Code : 24504

Phone Number : 5405259548

Email Address : kflynn@guggenheimerhrc.com

## **Additional Ownership Information**

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

<b>Full Name</b>	<b>Ownership Percentage (%)</b>
Diamond Hill SNF Operations LLC	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Diamond Hill SNF Operations, LLC

Physical Address : 1902 Grace St, Lynchburg, VA 24504, USA

Street : 1902 Grace Street

City/Town : Lynchburg

County/Independent City : Lynchburg

State : VA

Zip Code : 24504

Mailing Address : 1902 Grace St, Lynchburg, VA 24504, USA

Street : 1902 Grace Street

City/Town : Lynchburg

County/Independent City : Lynchburg

State : VA

Zip Code : 24504

Phone Number : 4349475100

Email Address : kflynn@guggenheimerhrc.com

Federal Employer Identification Number (FEIN) : 87-1031795

## Nursing Home Information

Total Number of Licensed Beds?	130
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)	130
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)	130

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 : Kennedy Flynn  
Email Address : kflynn@guggenheimerhrc.com

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

Full Name of Director of Nursing Service : Laura Crouch  
Email Address : lcrouch@guggenheimerhrc.com

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

Full Name of Medical Director : Dr. Matthew Schweiger  
Email Address : mschweiger@uhealthpro.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? : Yes

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 : Chance Craft - Regional Director of Operations

Date : 12/20/2024