

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000004956
<b>DBA Name of Facility/Agency</b>	Woodmont Center
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Mid-Term Change License
<b>Approved Date</b>	11/12/2025
<b>Effective Date</b>	3/26/2025
<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	Mid-Term Change License	License Effective Date	3/26/2025
Legal Name of Facility/Agency	11 Dairy Lane Operations, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Woodmont Center		
Facility/Agency Physical Address	11 Dairy Lane		
Street	11 Dairy Lane		
City/Town	Fredericksburg	County/Independent City	Stafford County
State	Virginia	Zip Code	22405
Telephone Number	5403719414	Fax Number	5403719899

**Mailing Address**

Mailing Address	11 Dairy Lane		
Street	11 Dairy Lane		
City/Town	Fredericksburg	County/Independent City	Stafford County
State	Virginia	Zip Code	22405

Facility/Agency Email Address : brittany.price21@genesishcc.com

Federal Employer Identification Number (FEIN) : 19-8288450

Current License Number : NH-0002735

## **Ownership Information**

Legal Name of Owner : 11 Dairy Lane Operations, LLC

**Physical Address** : 101 East State Street  
Street : 101 East State Street  
City/Town : Kennett Square  
County/Independent City : Chester County  
State : PA  
Zip Code : 19348

**Mailing Address** : 101 East State Street  
Street : 101 East State Street  
City/Town : Kennett Square  
County/Independent City : Chester County  
State : PA  
Zip Code : 19348

Email Address : lauren.murray@genesishcc.com  
Telephone Number : 6104446350  
Fax Number :

Federal Employer Identification Number (FEIN) : 13-3146869

### **Chief Administrative Officer**

Full Name : Lauren Murray

Mailing Address : 101 East State Street  
Street : 101 East State Street  
City/Town : Kennett Square  
County/Independent City : Kennett Square  
State : PA  
Zip Code : 19348

Phone Number : 6104446350  
Email Address : lauren.murray@genesishcc.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>
Genesis VA 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 : 11 Dairy Lane Operations, LLC

Physical Address : 101 East State Street  
Street : 101 East State Street  
City/Town : Kennett Square  
County/Independent City : Chester County  
State : PA  
Zip Code : 19348

Mailing Address : 101 East State Street  
Street : 101 East State Street  
City/Town : Kennett Square  
County/Independent City : Chester County  
State : PA  
Zip Code : 19348

Phone Number : 6104446350  
Email Address : lauren.murray@genesishcc.com

Federal Employer Identification Number (FEIN) : 13-3146869

## Nursing Home Information

Total Number of Licensed Beds?	118
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)	118
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)	118

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 : Brittany Price  
Email Address : brittany.price21@genesishcc.com

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

Full Name of Director of Nursing Service : Kimberly Cook  
Email Address : kimberly.cook@genesishcc.com

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

Full Name of Medical Director : Dr. Feroz Tamana  
Email Address : feroz.tamana@mwhc.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 : Brittany Price, RN, BSN, LNHA

Date : 3/26/2025