

Application Details

Application Status	Approved
Application Id	BLA-0000005023
DBA Name of Facility/Agency	Burke Health & Rehabilitation Center
Facility Type	Nursing Home
Application Type	Mid-Term Change License
Approved Date	11/24/2025
Effective Date	4/7/2025
Expiration Date	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	4/7/2025
Legal Name of Facility/Agency	Burke SNF, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Burke Health & Rehabilitation Center		
Facility/Agency Physical Address	9640 Burke Lake Road		
Street	9640 Burke Lake Road		
City/Town	Burke	County/Independent City	Fairfax County
State	Virginia	Zip Code	22015
Telephone Number	7034259765	Fax Number	7034250515

Mailing Address

Mailing Address	9640 Burke Lake Rd, Burke, VA 22015, USA		
Street	9640 Burke Lake Rd, Burke, VA 22015, USA		
City/Town	Burke	County/Independent City	Fairfax County
State	VA	Zip Code	22015

Facility/Agency Email Address : christine.lavallias@burkehealthrehab.com

Federal Employer Identification Number (FEIN) : 86-2578577

Current License Number : NH-0002524

Ownership Information

Legal Name of Owner : Burke SNF LLC

Physical Address : 9640 Burke Lake Rd, Burke, VA 22015, USA

Street : 9640 Burke Lake Rd

City/Town : Burke

County/Independent City : Fairfax County

State : VA

Zip Code : 22015

Mailing Address : 9640 Burke Lake Rd, Burke, VA 22015, USA

Street : 9640 Burke Lake Rd

City/Town : Burke

County/Independent City : Fairfax County

State : VA

Zip Code : 22015

Email Address : christine.lavallias@burkehealthrehab.com

Telephone Number : 7034259765

Fax Number :

Federal Employer Identification Number (FEIN) : 86-2578577

Chief Administrative Officer

Full Name : Israel Birnabum

Mailing Address : 400 Boulevard of the Americas, Lakewood, NJ 08701, USA

Street : 400 Boulevard of the Americas

City/Town : Lakewood

County/Independent City : Ocean County

State : NJ

Zip Code : 08701

Phone Number : 7034250515

Email Address : christine.lavallias@burkehealthrehab.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Burke 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 : Burke SNF, LLC

Physical Address : 9640 Burke Lake Rd, Burke, VA 22015, USA
Street : 9640 Burke Lake Rd
City/Town : Burke
County/Independent City : Fairfax County
State : VA
Zip Code : 22015

Mailing Address : 9640 Burke Lake Rd, Burke, VA 22015, USA
Street : 9640 Burke Lake Rd
City/Town : Burke
County/Independent City : Fairfax County
State : VA
Zip Code : 22015

Phone Number : 7034259765
Email Address : christine.lavallias@burkehealthrehab.com

Federal Employer Identification Number (FEIN) : 86-2578577

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
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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 : Christine Lavallias
Email Address : christine.lavallias@burkehealthrehab.com

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

Full Name of Director of Nursing Service : Wilderne Jacques
Email Address : wilderne.jacques@burkehealthrehab.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? : 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 : Clara Johnson Director of Program Management

Date : 4/7/2025