

Application Details

Application Status	Approved
Application Id	BLA-0000005031
DBA Name of Facility/Agency	The Jefferson
Facility Type	Nursing Home
Application Type	Mid-Term Change License
Approved Date	11/13/2025
Effective Date	4/8/2025
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	4/8/2025
Legal Name of Facility/Agency	Welltower OpCo Group LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	The Jefferson		
Facility/Agency Physical Address	900 North Taylor Street		
Street	900 North Taylor Street		
City/Town	Arlington	County/Independent City	Arlington County
State	Virginia	Zip Code	22203
Telephone Number	7035169455	Fax Number	7035169459

Mailing Address

Mailing Address	900 North Taylor Street		
Street	900 North Taylor Street		
City/Town	Arlington	County/Independent City	Arlington County
State	Virginia	Zip Code	22203

Facility/Agency Email Address : thejefferson.sna@sunriseseniorliving.com

Federal Employer Identification Number (FEIN) : 46-1024324

Current License Number : NH-0002599

Ownership Information

Legal Name of Owner : Welltower OpCo Group LLC

Physical Address : 4500 Dorr Street
Street : 4500 Dorr Street
City/Town : Toledo
County/Independent City : Lucas County
State : OH
Zip Code : 43615

Mailing Address : 4500 Dorr Street
Street : 4500 Dorr Street
City/Town : Toledo
County/Independent City : Lucas County
State : OH
Zip Code : 43615

Email Address : licensure@welltower.com
Telephone Number : 4192472800
Fax Number : 4192472826

Federal Employer Identification Number (FEIN) : 46-1024324

Chief Administrative Officer

Full Name : governed by sole member: Welltower TRS Holdco, LLC

Mailing Address : 4500 Dorr Street
Street : 4500 Dorr Street
City/Town : Toledo
County/Independent City : Toledo
State : Ohio
Zip Code : 43615

Phone Number : 4192472800
Email Address : licensure@welltower.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Welltower TRS Holdco, LLC	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Welltower OpCo Group LLC

Physical Address : 4500 Dorr Street
Street : 4500 Dorr Street
City/Town : Toledo
County/Independent City : Lucas County
State : OH
Zip Code : 43615

Mailing Address : 4500 Dorr Street
Street : 4500 Dorr Street
City/Town : Toledo
County/Independent City : Lucas County
State : OH
Zip Code : 43615

Phone Number : 4192472800
Email Address : licensure@welltower.com

Federal Employer Identification Number (FEIN) : 46-1024324

Nursing Home Information

Total Number of Licensed Beds?	31
Medicare/Medicaid Certified?	Yes
Provider Number	
Number of Beds Certified for Medicare Only (Title 18)	27
Number of Beds Certified for Medicare/Medicaid (Title 18/19)	4
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)	31

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 : Kaleb Campbell
Email Address : thejefferson.sna@sunriseseniorliving.com

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

Full Name of Director of Nursing Service : Marie Gianan
Email Address : marie.gianan@sunriseseniorliving.com

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

Full Name of Medical Director : Dr. Kenneth Borecky
Email Address : thejefferson.dns@sunriseseniorliving.com

Nursing Home Information - License and Facilities

Does the facility have an affiliated Assisted Living Facility? : Yes

Assisted Living Facility Name : The Jefferson
Number of Assisted Living Facility Beds : 75

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? :

Does the facility/agency have fewer than 500 employees? :

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 : Kenya Jeanlouis Regional Director Resident Care

Date : 4/8/2025