

Application Details

Application Status	Approved
Application Id	BLA-0000005389
DBA Name of Facility/Agency	Canterbury Rehabilitation and Healthcare Center
Facility Type	Nursing Home
Application Type	Mid-Term Change License
Approved Date	6/30/2025
Effective Date	6/30/2025
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	6/30/2025
Legal Name of Facility/Agency	Canterbury Operator LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Canterbury Rehabilitation and Healthcare Center		
Facility/Agency Physical Address	1776 Cambridge Drive		
Street	1776 Cambridge Drive		
City/Town	Richmond	County/Independent City	Henrico County
State	Virginia	Zip Code	23238
Telephone Number	8047406174	Fax Number	8045210555

Mailing Address

Mailing Address	1776 Cambridge Drive		
Street	Cambridge Drive		
City/Town	Richmond	County/Independent City	Henrico County
State	Virginia	Zip Code	23238

Facility/Agency Email Address : vhaskins@canteburyrehab.com

Federal Employer Identification Number (FEIN) : 84-2964501

Current License Number : NH-0002505

Ownership Information

Legal Name of Owner : Canterbury Operator

Physical Address : 1776 Cambridge Dr
Street : Cambridge Lane
City/Town : Richmond
County/Independent City : Henrico County
State : VA
Zip Code : 23233

Mailing Address : 1776 Cambridge Dr
Street : Cambridge Dr
City/Town : Richmond
County/Independent City : Henrico County
State : VA
Zip Code : 23233

Email Address : vhaskins@cantebruyrehab.com
Telephone Number : 7175424672
Fax Number :

Federal Employer Identification Number (FEIN) : 84-2964501

Chief Administrative Officer

Full Name : Veronica Haskins

Mailing Address : 1776 Cambridge Dr
Street : Cambridge Dr
City/Town : Richmond
County/Independent City : Henrico County
State : VA
Zip Code : 23233

Phone Number : 7175424672
Email Address : vhaskins@canterburyrehab.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Quinto, Delta, LLC	89.00%
UKR Consulting	10.00%

Sum of Ownership Percentage (%) : 99.00%

Types of Ownerships & Control : For Profit

For Profit : Corporation

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Canterbury Operator LLC

Physical Address : 1776 Cambridge Dr
Street : Cambridge Lane
City/Town : Richmond
County/Independent City : Henrico County
State : VA
Zip Code : 23233

Mailing Address : 1776 Cambridge Dr
Street : Cambridge Lane
City/Town : Richmond
County/Independent City : Henrico County
State : VA
Zip Code : 23233

Phone Number : 8047046174
Email Address : vhaskins@canterburyrehab.com

Federal Employer Identification Number (FEIN) : 84-2964501

Nursing Home Information

Total Number of Licensed Beds?	190
Medicare/Medicaid Certified?	Yes
Provider Number	
Number of Beds Certified for Medicare Only (Title 18)	16
Number of Beds Certified for Medicare/Medicaid (Title 18/19)	174
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)	190

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 : Veronica Haskins
Email Address : vhaskins@canteburyrehab.com

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

Full Name of Director of Nursing Service : Amanda Coleman
Email Address : acoleman@canterburyrehab.com

Full Name of Assistant Director of Nursing Service (if applicable) : Karen Woodson
Email Address : kwoodson@canterburyrehab.com

Full Name of Medical Director : Tahir Khan
Email Address : tahir67@gmail.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 : Nichelle Williams, LNHA

Date : 5/22/2025