

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000006196
<b>DBA Name of Facility/Agency</b>	Holston Health & Rehabilitation
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Mid-Term Change License
<b>Approved Date</b>	10/20/2025
<b>Effective Date</b>	10/16/2025
<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	10/16/2025
Legal Name of Facility/Agency	Wytheville SNF Operations LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Holston Health & Rehabilitation		
Facility/Agency Physical Address	990 Holston Road		
Street	990 Holston Road		
City/Town	Wytheville	County/Independent City	Wythe County
State	Virginia	Zip Code	24382
Telephone Number	2762285595	Fax Number	2762287343

### Mailing Address

Mailing Address	990 Holston Road		
Street	990 Holston Road		
City/Town	Wytheville	County/Independent City	Wythe County
State	Virginia	Zip Code	24382

Facility/Agency Email Address : [espiro@hillvalleyhc.com](mailto:espiro@hillvalleyhc.com)

Federal Employer Identification Number (FEIN) : 39-3247106

Current License Number : NH-0003079

## **Ownership Information**

Legal Name of Owner : Wytheville SNF Operations LLC

**Physical Address** : 990 Holston Road

Street : 990 Holston Road

City/Town : Wytheville

County/Independent City : Wythe County

State : VA

Zip Code : 24382

**Mailing Address** : 990 Holston Road

Street : 990 Holston Road

City/Town : Wytheville

County/Independent City : Wythe County

State : VA

Zip Code : 24382

Email Address : [espiro@hillvalleyhc.com](mailto:espiro@hillvalleyhc.com)

Telephone Number : 2762285595

Fax Number : 2762287343

Federal Employer Identification Number (FEIN) : 39-3247106

### **Chief Administrative Officer**

Full Name : Chance Craft

Mailing Address : 990 Holston Rd, Wytheville, VA 24382, USA

Street : 990 Holston Road

City/Town : Wytheville

County/Independent City : Wythe County

State : VA

Zip Code : 24382

Phone Number : 2762285595

Email Address : [ccraft@hillvalleyhc.com](mailto:ccraft@hillvalleyhc.com)

## Additional Ownership Information

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

Full Name	Ownership Percentage (%)
VA 5 SNF Opco Holdco 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 : Wytheville SNF Operations LLC

Physical Address : 990 Holston Road  
Street : 990 Holston Road  
City/Town : Wytheville  
County/Independent City : Wythe County  
State : VA  
Zip Code : 24382

Mailing Address : 990 Holston Road  
Street : 990 Holston Road  
City/Town : Wytheville  
County/Independent City : Wythe County  
State : VA  
Zip Code : 24382

Phone Number : 2762285595  
Email Address : [espiro@hillvalleyhc.com](mailto:espiro@hillvalleyhc.com)

Federal Employer Identification Number (FEIN) : 39-3247106

## Nursing Home Information

Total Number of Licensed Beds?	107
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)	107
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)	107

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? : Yes

If yes, is it a certified Nursing Assistant Program approved by the Board of Nursing? : Yes

Full Name of Administrator : Anthony Brunicardi

Email Address : abrunicardi@carepostacute.com

Full Name of Assistant Administrator (if applicable) :

Email Address :

Full Name of Director of Nursing Service : Jeff Smith

Email Address : donwyth@carepostacute.com

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

Email Address :

Full Name of Medical Director : Michael Saval

Email Address : msaval@premiergeriatrics.com

## **Nursing Home Information - License and Facilities**

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

Assisted Living Facility Name : Wytheville ALF Operations LLC  
Number of Assisted Living Facility Beds : 193

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 : Chance Craft, Chief Administrative Officer

Date : 8/4/2025