

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000006761
<b>DBA Name of Facility/Agency</b>	Nova Health & Rehab Center
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	11/18/2025
<b>Effective Date</b>	1/1/2026
<b>Expiration Date</b>	12/31/2026

## **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	Renewal License	License Effective Date	1/1/2026
Legal Name of Facility/Agency	Nova Healthcare Group, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Nova Health & Rehab Center		
Facility/Agency Physical Address	377 Clonce St, Weber City, VA 24290, USA		
Street	377 Clonce Street		
City/Town	Weber City	County/Independent City	Scott County
State	Virginia	Zip Code	24290
Telephone Number	2764775640	Fax Number	2763862597

### Mailing Address

Mailing Address	377 Clonce St, Weber City, VA 24290, USA		
Street	377 Clonce Street		
City/Town	Weber City	County/Independent City	Scott County
State	Virginia	Zip Code	24290

Facility/Agency Email Address : joanna.edds@saberhealth.com

Federal Employer Identification Number (FEIN) : 90-0893139

Current License Number : NH-0002516

## **Ownership Information**

Legal Name of Owner : Nova Healthcare Group, LLC

**Physical Address** : 23700 Commerce Park, Beachwood, OH 44122, USA

Street : 23700 Commerce Park

City/Town : Beachwood

County/Independent City : Beachwood City

State : OH

Zip Code : 44122

**Mailing Address** : 23700 Commerce Park, Beachwood, OH 44122, USA

Street : 23700 Commerce Park

City/Town : Beachwood

County/Independent City : Beachwood City

State : OH

Zip Code : 44122

Email Address : gn@saberhealth.com

Telephone Number : 2162925706

Fax Number :

Federal Employer Identification Number (FEIN) : 90-0893139

### **Chief Administrative Officer**

Full Name : William I Weisberg

Mailing Address : 23700 Commerce Park, Beachwood, OH 44122, USA

Street : 23700 Commerce Park

City/Town : Beachwood

County/Independent City : Beachwood City

State : OH

Zip Code : 44122

Phone Number : 2162925706

Email Address : gn@saberhealth.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>
Saber Healthcare 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 : Nova Healthcare Group, LLC

Physical Address : 23700 Commerce Park, Beachwood, OH 44122, USA  
Street : 23700 Commerce Park  
City/Town : Beachwood  
County/Independent City : Beachwood City  
State : OH  
Zip Code : 44122

Mailing Address : 23700 Commerce Park, Beachwood, OH 44122, USA  
Street : 23700 Commerce Park  
City/Town : Beachwood  
County/Independent City : Beachwood City  
State : OH  
Zip Code : 44122

Phone Number : 2162925706  
Email Address : gn@saberhealth.com

Federal Employer Identification Number (FEIN) : 90-0893139

## Nursing Home Information

Total Number of Licensed Beds?	90
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)	90
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)	90

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 : JoAnna M. Edds  
Email Address : joanna.edds@saberhealth.com

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

Full Name of Director of Nursing Service : Jessica Jobe  
Email Address : jessica.jobe@saberhealth.com

Full Name of Assistant Director of Nursing Service (if applicable) : Amia Morris  
Email Address : amia.morris@saberhealth.com

Full Name of Medical Director : Dr. Holly A. Berndt  
Email Address : dochollyberndt@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 : JoAnna Edds, LNHA (Administrator)

Date : 10/22/2025