

Application Details

Application Status	Approved
Application Id	BLA-0000006909
DBA Name of Facility/Agency	Waddell Nursing and Rehab Center
Facility Type	Nursing Home
Application Type	Renewal License
Approved Date	11/17/2025
Effective Date	1/1/2026
Expiration Date	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	Autumn Corporation		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Waddell Nursing and Rehab Center		
Facility/Agency Physical Address	202 Painter St, Galax, VA 24333, USA		
Street	202 Painter Street		
City/Town	Galax	County/Independent City	
State	Virginia	Zip Code	24333
Telephone Number	2762365164	Fax Number	2762360699

Mailing Address

Mailing Address	202 Painter St, Galax, VA 24333, USA		
Street	202 Painter Street		
City/Town	Galax	County/Independent City	Galax City
State	Virginia	Zip Code	24333

Facility/Agency Email Address : virginia.edwards@saberhealth.com

Federal Employer Identification Number (FEIN) : 56-1161596

Current License Number : NH-0002713

Ownership Information

Legal Name of Owner : Autumn Corporation

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

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

Email Address : gn@saberhealth.com
Telephone Number : 2162925706
Fax Number :

Federal Employer Identification Number (FEIN) : 56-1161596

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 : Ohio
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

Full Name	Ownership Percentage (%)
SHG Autumn 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 : Autumn Corporation

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

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

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

Federal Employer Identification Number (FEIN) : 56-1161596

Nursing Home Information

Total Number of Licensed Beds?	129
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)	129
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)	129

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 : Virginia Edwards
Email Address : virginia.edwards@saberhealth.com

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

Full Name of Director of Nursing Service : Jami Rash
Email Address : jami.rash@saberhealth.com

Full Name of Assistant Director of Nursing Service (if applicable) : Emily Carpenter
Email Address : emily.carpenter@saberhealth.com

Full Name of Medical Director : Dr. Vanessa S. Fant
Email Address : vfant@premiergeriatric.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 : Virginia Edwards, LNHA

Date : 11/3/2025