

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000006927
<b>DBA Name of Facility/Agency</b>	The Laurels of Charlottesville
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/1/2025
<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	The Laurels of Charlottesville, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	The Laurels of Charlottesville		
Facility/Agency Physical Address	490 Hillside Drive		
Street	490 Hillside Drive		
City/Town	Charlottesville	County/Independent City	Albemarle County
State	Virginia	Zip Code	22901
Telephone Number	4349514200	Fax Number	4349514202

### Mailing Address

Mailing Address	4000 Town Center suite 2000, Southfield, MI 48075, USA		
Street	4000 Town Center, Suite 2000		
City/Town	Southfield	County/Independent City	Oakland County
State	MI	Zip Code	48075

Facility/Agency Email Address : tami.hunt@cienahealthcare.com

Federal Employer Identification Number (FEIN) : 37-1474818

Current License Number : NH-0002754

## **Ownership Information**

Legal Name of Owner : The Laurels of Charlottesville, LLC

**Physical Address** : 490 Hillsdale Dr, Charlottesville, VA 22901, USA

Street : 490 Hillsdale Dr

City/Town : Charlottesville

County/Independent City : Albemarle County

State : VA

Zip Code : 22901

**Mailing Address** : 4000 Town Center suite 2000, Southfield, MI 48075, USA

Street : 4000 Town Center, Suite 2000

City/Town : Southfield

County/Independent City : Oakland County

State : MI

Zip Code : 48075

Email Address : tami.hunt@cienahealthcare.com

Telephone Number : 2482622357

Fax Number :

Federal Employer Identification Number (FEIN) : 37-1474818

### **Chief Administrative Officer**

Full Name : Johnna Bromley

Mailing Address : 490 Hillsdale Dr, Charlottesville, VA 22901, USA

Street : 490 Hillsdale Dr

City/Town : Charlottesville

County/Independent City : Albemarle County

State : VA

Zip Code : 22901

Phone Number : 4343151651

Email Address : charlottesvilledadministrator@laurelhealth.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>
Laurel Health Care Holdings, Inc.	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Corporation

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : The Laurels of Charlottesville, LLC

Physical Address : 490 Hillsdale Dr, Charlottesville, VA 22901, USA

Street : 490 Hillsdale Dr

City/Town : Charlottesville

County/Independent City : Albemarle County

State : VA

Zip Code : 22901

Mailing Address : 4000 Town Center suite 2000, Southfield, MI 48075, USA

Street : 4000 Town Center, Suite 2000

City/Town : Southfield

County/Independent City : Oakland County

State : MI

Zip Code : 48075

Phone Number : 2482622357

Email Address : [tami.hunt@cienahealthcare.com](mailto:tami.hunt@cienahealthcare.com)

Federal Employer Identification Number (FEIN) : 37-1474818

## Nursing Home Information

Total Number of Licensed Beds?	120
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)	120
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)	120

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 : Johanna K. Bromley  
Email Address : charlottesvilleadministrator@laurelhealth.com

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

Full Name of Director of Nursing Service : Theresa Clark  
Email Address : charlottesvilledon@laurelhealth.com

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

Full Name of Medical Director : Dr. Danny W. Felty  
Email Address : dfeltymd@lgslegacycare.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? :

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 : Tami Hunt & Paralegal

Date : 11/4/2025