

Application Details

Application Status	Approved
Application Id	BLA-0000006948
DBA Name of Facility/Agency	Ghent Health and Rehabilitation
Facility Type	Nursing Home
Application Type	Renewal License
Approved Date	12/7/2025
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	3900 Llewellyn Avenue OpCo LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Ghent Health and Rehabilitation		
Facility/Agency Physical Address	3900 Llewellyn Ave, Norfolk, VA 23504, USA		
Street	3900 Llewellyn Avenue		
City/Town	Norfolk	County/Independent City	Norfolk City
State	Virginia	Zip Code	23504
Telephone Number	7576255363	Fax Number	7576273161

Mailing Address

Mailing Address	3900 Llewellyn Ave, Norfolk, VA 23504, USA		
Street	3900 Llewellyn Avenue		
City/Town	Norfolk	County/Independent City	Norfolk City
State	VA	Zip Code	23504

Facility/Agency Email Address : ghent.executivedir@ghenthehealthcare.com

Federal Employer Identification Number (FEIN) : 33-2225256

Current License Number : NH-0002603

Ownership Information

Legal Name of Owner : Norfolk ParentCo LLC

Physical Address : 1040 Crown Pointe Pkwy ste 600, Atlanta, GA 30338, USA
Street : 1040 Crown Pointe Parkway, Ste 600
City/Town : Atlanta
County/Independent City : Dekalb County
State : GA
Zip Code : 30338

Mailing Address : 1040 Crown Pointe Pkwy ste 600, Atlanta, GA 30338, USA
Street : 1040 Crown Pointe Parkway, Ste 600
City/Town : Atlanta
County/Independent City : Dekalb County
State : GA
Zip Code : 30338

Email Address : charlene.graham@synergyhcs.com
Telephone Number : 7706989040
Fax Number :

Federal Employer Identification Number (FEIN) : 33-2318023

Chief Administrative Officer

Full Name : Jennifer Kintyhtt

Mailing Address : 3900 Llewellyn Ave, Norfolk, VA 23504, USA
Street : 3900 Llewellyn Avenue
City/Town : Norfolk
County/Independent City : Norfolk City
State : VA
Zip Code : 23504

Phone Number : 7576255363
Email Address : ghent.executivedir@ghenthealthcare.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Norfolk ParentCo 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 : 3900 Llewellyn Avenue OpCo LLC

Physical Address : 3900 Llewellyn Ave, Norfolk, VA 23504, USA

Street : 3900 Llewellyn Avenue

City/Town : Norfolk

County/Independent City : Norfolk City

State : VA

Zip Code : 23504

Mailing Address : 3900 Llewellyn Ave, Norfolk, VA 23504, USA

Street : 3900 Llewellyn Avenue

City/Town : Norfolk

County/Independent City : Norfolk City

State : VA

Zip Code : 23504

Phone Number : 7576255363

Email Address : ghent.executivedir@ghenthealthcare.com

Federal Employer Identification Number (FEIN) : 33-2225256

Nursing Home Information

Total Number of Licensed Beds?	222
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)	222
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)	222

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 : Jennifer Kintyhtt
Email Address : ghent.executivedir@ghenthehealthcare.com

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

Full Name of Director of Nursing Service : Vanessa Moore
Email Address : vanessa.moore1@avardishealth.com

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

Full Name of Medical Director : Amir Hajimomenian
Email Address : ahajimomenian@maltc.net

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 : Jennifer Kintyhtt, Executive Director

Date : 10/29/2025