

Application Details

Application Status	Approved
Application Id	BLA-0000007188
DBA Name of Facility/Agency	Stanleytown Health & Rehabilitation Center
Facility Type	Nursing Home
Application Type	Renewal License
Approved Date	12/10/2025
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	Stanleytown Operations LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Stanleytown Health & Rehabilitation Center		
Facility/Agency Physical Address	240 Riverside Drive		
Street	240 Riverside Drive		
City/Town	Bassett	County/Independent City	Henry County
State	Virginia	Zip Code	24055
Telephone Number	3365015189	Fax Number	2766294271

Mailing Address

Mailing Address	240 Riverside Dr, Bassett, VA 24055, USA		
Street	240 Riverside Dr, Bassett, VA 24055, USA		
City/Town	Bassett	County/Independent City	Henry County
State	VA	Zip Code	24055

Facility/Agency Email Address : travis.walters@stanleytownrehab.com

Federal Employer Identification Number (FEIN) : 86-2462469

Current License Number : NH-0002698

Ownership Information

Legal Name of Owner : Stanleytown Operations LLC

Physical Address : 240 Riverside Dr, Bassett, VA 24055, USA
Street : 240 Riverside Dr, Bassett, VA 24055, USA
City/Town : Bassett
County/Independent City : Henry County
State : VA
Zip Code : 24055

Mailing Address : 240 Riverside Dr, Bassett, VA 24055, USA
Street : 240 Riverside Dr, Bassett, VA 24055, USA
City/Town : Bassett
County/Independent City : Henry County
State : VA
Zip Code : 24055

Email Address : travis.walters@stanleytownrehab.com
Telephone Number : 2766291772
Fax Number : 2766294271

Federal Employer Identification Number (FEIN) : 86-2462469

Chief Administrative Officer

Full Name : Israel Birnbaum

Mailing Address : 400 Boulevard of the Americas, Lakewood, NJ 08701, USA
Street : 400 Boulevard of the Americas, Lakewood, NJ 08701, USA
City/Town : Lakewood
County/Independent City : Ocean County
State : NJ
Zip Code : 08701

Phone Number : 7329056440
Email Address : tlefkowitz@hrtgcs.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Stanleytown Operations 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 : Stanleytown Operations LLC

Physical Address : 240 Riverside Dr, Bassett, VA 24055, USA

Street : 240 Riverside Dr

City/Town : Bassett

County/Independent City : Henry County

State : VA

Zip Code : 24055

Mailing Address : 240 Riverside Dr, Bassett, VA 24055, USA

Street : 240 Riverside Drive

City/Town : Bassett

County/Independent City : Henry County

State : VA

Zip Code : 24055

Phone Number : 2766291772

Email Address : travis.walters@stanleytownrehab.com

Federal Employer Identification Number (FEIN) : 86-2462469

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 : Travis Walters
Email Address : travis.walters@stanleytownrehab.com

Full Name of Assistant Administrator (if applicable) : Justin Ferrell
Email Address : justin.ferrell@mfa.net

Full Name of Director of Nursing Service : Jodi Gallimore
Email Address : jodi.gallimore@stanleytownrehab.com

Full Name of Assistant Director of Nursing Service (if applicable) : Bobbie Johnson
Email Address : bobbie.johnson@stanleytownrehab.com

Full Name of Medical Director : Anthony Patriarco
Email Address : apatriarco@uhealthpro.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 : Travis Walters

Date : 11/25/2025