

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000007345
<b>DBA Name of Facility/Agency</b>	Amelia Rehabilitation and Healthcare Center
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/24/2025
<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	AML Operating LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Amelia Rehabilitation and Healthcare Center		
Facility/Agency Physical Address	8830 Virginia Street		
Street	8830 Virginia Street		
City/Town	Amelia Court House	County/Independent City	Amelia County
State	Virginia	Zip Code	23002
Telephone Number	8045615611	Fax Number	8045615533

**Mailing Address**

Mailing Address	8830 Virginia Street		
Street	8830 Virginia Street		
City/Town	Amelia Court House	County/Independent City	Amelia County
State	Virginia	Zip Code	23002

Facility/Agency Email Address : info@ameliarehab.com

Federal Employer Identification Number (FEIN) : 86-1786800

Current License Number : NH-0002476

## **Ownership Information**

Legal Name of Owner : AML Operating LLC

**Physical Address** : 8830 Virginia Street  
Street : 8830 Virginia Street  
City/Town : Amelia Court House  
County/Independent City : Amelia County  
State : VA  
Zip Code : 23002

**Mailing Address** : 8830 Virginia Street  
Street : 8830 Virginia Street  
City/Town : Amelia Court House  
County/Independent City : Amelia County  
State : VA  
Zip Code : 23002

Email Address : info@ameliarehab.com  
Telephone Number : 8045615611  
Fax Number : 8045615533

Federal Employer Identification Number (FEIN) : 86-1786800

### **Chief Administrative Officer**

Full Name : Hershy Alter

Mailing Address : 211 Boulevard of the Americas suite 500, Lakewood, NJ 08701, USA  
Street : Boulevard of the Americas Suite 500  
City/Town : Lakewood  
County/Independent City : Ocean County  
State : NJ  
Zip Code : 08701

Phone Number : 8045319400  
Email Address : hershy@yadhealth.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>
Hershy Alter	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 : AML Operating LLC

Physical Address : 8830 Virginia Street  
Street : 8830 Virginia Street  
City/Town : Amelia Court House  
County/Independent City : Amelia County  
State : VA  
Zip Code : 23002

Mailing Address : 8830 Virginia Street  
Street : 8830 Virginia Street  
City/Town : Amelia Courthouse  
County/Independent City : Amelia County  
State : Virginia  
Zip Code : 23002

Phone Number : 8049215778  
Email Address : info@ameliarehab.com

Federal Employer Identification Number (FEIN) : 86-1786800

## Nursing Home Information

Total Number of Licensed Beds?	100
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)	100
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)	100

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? : Yes

If yes, is it a certified Nursing Assistant Program approved by the Board of Nursing? : Yes

Full Name of Administrator : Nichele Williams- Interim  
Email Address : nwilliams@ameliarehab.com

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

Full Name of Director of Nursing Service : Dr. Darrel Jones  
Email Address : dajones@ameliarehab.com

Full Name of Assistant Director of Nursing Service (if applicable) : Sandra Campbell  
Email Address : scampbell@ameliarehab.com

Full Name of Medical Director : Dr. Alfonso Brochero  
Email Address : jpark@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? : No

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 : Nichelle Williams, LNHA

Date : 12/12/2025