

Application Details

Application Status	Approved
Application Id	BLA-0000007393
DBA Name of Facility/Agency	Holston Health & Rehabilitation
Facility Type	Nursing Home
Application Type	Renewal License
Approved Date	12/23/2025
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	Wytheville SNF Operations LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Holston Health & Rehabilitation		
Facility/Agency Physical Address	990 Holston Road		
Street	990 Holston Road		
City/Town	Wytheville	County/Independent City	Wytheville City
State	Virginia	Zip Code	24382
Telephone Number	2762285595	Fax Number	2762287343

Mailing Address

Mailing Address	990 Holston Road		
Street	990 Holston Road		
City/Town	Wytheville	County/Independent City	Wytheville City
State	Virginia	Zip Code	24382

Facility/Agency Email Address : kadkins@holstonhr.com

Federal Employer Identification Number (FEIN) : 39-3247106

Current License Number : NH-0003079

Ownership Information

Legal Name of Owner : Wytheville SNF Operations LLC

Physical Address : 990 Holston Road
Street : 990 Holston Road
City/Town : Wytheville
County/Independent City : Wytheville City
State : Virginia
Zip Code : 24382

Mailing Address : 990 Holston Road
Street : 990 Holston Road
City/Town : Wytheville
County/Independent City : Wytheville City
State : Virginia
Zip Code : 24382

Email Address : kadkins@holstonhr.com
Telephone Number : 2762285595
Fax Number : 2762287343

Federal Employer Identification Number (FEIN) : 39-3247106

Chief Administrative Officer

Full Name : Shimmy Idels

Mailing Address : 990 Holston Road
Street : 990 Holston Road
City/Town : Wytheville
County/Independent City : Wytheville City
State : Virginia
Zip Code : 24382

Phone Number : 2762285595
Email Address : shimmy@hillvalleyhc.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
VA 5 SNF OPCO HOLDCO 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 : Wytheville SNF Operations LLC

Physical Address : 990 Holston Road
Street : 990 Holston Road
City/Town : Wytheville
County/Independent City : Wytheville City
State : Virginia
Zip Code : 24382

Mailing Address : 990 Holston Road
Street : 990 Holston Road
City/Town : Wytheville
County/Independent City : Wytheville City
State : Virginia
Zip Code : 24382

Phone Number : 2762285595
Email Address : kadkins@holstonhr.com

Federal Employer Identification Number (FEIN) : 39-3247106

Nursing Home Information

Total Number of Licensed Beds?	107
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)	107
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)	107

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 : KENNETH ADKINS

Email Address : kadkins@holstonhr.com

Full Name of Assistant Administrator (if applicable) :

Email Address :

Full Name of Director of Nursing Service : BETHANY BESHARA

Email Address : beshara@holstonhr.com

Full Name of Assistant Director of Nursing Service (if applicable) : JENNIFER ANDERSON

Email Address : janderson@holstonhr.com

Full Name of Medical Director : Michael Saval

Email Address : msaval@premieregeriatric.com

Nursing Home Information - License and Facilities

Does the facility have an affiliated Assisted Living Facility? : Yes

Assisted Living Facility Name : Wytheville ALF Operations LLC
Number of Assisted Living Facility Beds : 193

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 : Kenneth Adkins, Administrator

Date : 12/17/2025