

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000007395
<b>DBA Name of Facility/Agency</b>	Cedarfield Pinnacle Living
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/22/2025
<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	Virginia United Methodist Homes, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Cedarfield Pinnacle Living		
Facility/Agency Physical Address	2300 Cedarfield Parkway		
Street	2300 Cedarfield Parkway		
City/Town	Richmond	County/Independent City	Henrico County
State	Virginia	Zip Code	23233
Telephone Number	8044748800	Fax Number	8049685542

**Mailing Address**

Mailing Address	2300 Cedarfield Pkwy, Richmond, VA 23233, USA		
Street	2300 Cedarfield Pkwy, Richmond, VA 23233, USA		
City/Town	Richmond	County/Independent City	Henrico County
State	VA	Zip Code	23233

Facility/Agency Email Address : [achapman@pinnacleliving.org](mailto:achapman@pinnacleliving.org)

Federal Employer Identification Number (FEIN) : 54-0720603

Current License Number : NH-0002585

## **Ownership Information**

Legal Name of Owner : Virginia United Methodist Homes

**Physical Address** : 130 Eastshore Drive #130, Glen Allen, VA 23059  
Street : 130 Eastshore Drive #130, Glen Allen, VA 23059  
City/Town : Glen Allen  
County/Independent City : Henrico County  
State : VA  
Zip Code : 23059

**Mailing Address** : 130 Eastshore Drive #130, Glen Allen, VA 23059  
Street : 130 Eastshore Drive #130, Glen Allen, VA 23059  
City/Town : Glen Allen  
County/Independent City : Henrico County  
State : VA  
Zip Code : 23059

Email Address : chenderson@pinnacleliving.org  
Telephone Number : 8044748700  
Fax Number : 8049685541

Federal Employer Identification Number (FEIN) : 54-0720603

### **Chief Administrative Officer**

Full Name : Christopher P. Henderson

Mailing Address : 130 Eastshore Drive #130, Glen Allen, VA 23059  
Street : 130 Eastshore Drive #130, Glen Allen, VA 23059  
City/Town : Glen Allen  
County/Independent City : Henrico County  
State : VA  
Zip Code : 23059

Phone Number : 8044748700  
Email Address : chenderson@pinnacleliving.org

## **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>
Christopher P. Henderson	0.00%

Sum of Ownership Percentage (%) : 0.00%

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Virginia United Methodist Homes, Inc.

Physical Address : 130 Eastshore Drive #130, Glen Allen, VA 23059

Street : 130 Eastshore Drive #130, Glen Allen, VA 23059

City/Town : Glen Allen

County/Independent City : Henrico County

State : VA

Zip Code : 23059

Mailing Address : 130 Eastshore Drive #130, Glen Allen, VA 23059

Street : 130 Eastshore Drive #130, Glen Allen, VA 23059

City/Town : Glen Allen

County/Independent City : Henrico County

State : VA

Zip Code : 23059

Phone Number : 8044748700

Email Address : chenderson@pinnacleliving.org

Federal Employer Identification Number (FEIN) : 54-0720603

## Nursing Home Information

Total Number of Licensed Beds?	60
Medicare/Medicaid Certified?	Yes
Provider Number	
Number of Beds Certified for Medicare Only (Title 18)	20
Number of Beds Certified for Medicare/Medicaid (Title 18/19)	0
Number of Beds Certified for Medicaid Only (Title 19)	0
Number of Non-certified beds (Exclude Adult Residential Beds)	40
Total Bed Capacity (Specify Bed Types excluding Day Care)	60

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 : Amy Chapman  
Email Address : achapman@pinnacleliving.org

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

Full Name of Director of Nursing Service : Jacquelyn France  
Email Address : jfrance@pinnacleliving.org

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

Full Name of Medical Director : Dr. Amy Scheer  
Email Address : amy.scheer@traditionshealth.com

## **Nursing Home Information - License and Facilities**

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

Assisted Living Facility Name : Cedarfield Pinnacle Living  
Number of Assisted Living Facility Beds : 87

Is the facility part of a CCRC? : Yes

How many beds are in the CCRC? : 488  
How many are NON Nursing Home Beds? : 428

## **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 : Amy Chapman, Executive Director

Date : 12/17/2025