

Application Details

Application Status	Approved
Application Id	BLA-0000007716
DBA Name of Facility/Agency	Bay Pointe Rehabilitation and Nursing
Facility Type	Nursing Home
Application Type	Mid-Term Change License
Approved Date	3/9/2026
Effective Date	3/5/2026
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	Mid-Term Change License	License Effective Date	3/5/2026
Legal Name of Facility/Agency	Bay Pointe Rehabilitation and Nursing LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Bay Pointe Rehabilitation and Nursing		
Facility/Agency Physical Address	1148 First Colonial Road		
Street	1148 First Colonial Road		
City/Town	Virginia Beach	County/Independent City	Virginia Beach City
State	Virginia	Zip Code	23454
Telephone Number	7574813321	Fax Number	7574815276

Mailing Address

Mailing Address	1148 First Colonial Rd, Virginia Beach, VA 23454, USA		
Street	1148 First Colonial Road		
City/Town	Virginia Beach	County/Independent City	Virginia Beach City
State	VA	Zip Code	23454

Facility/Agency Email Address : bruhogo@bprehab.com

Federal Employer Identification Number (FEIN) : 87-2763520

Current License Number : NH-0002495

Ownership Information

Legal Name of Owner : Bay Pointe Rehabilitation and Nursing LLC

Physical Address : 4 Brighton Rd, Clifton, NJ 07012, USA
Street : 4 Brighton Road, Suite 400
City/Town : Clifton
County/Independent City : Passaic County
State : NJ
Zip Code : 07012

Mailing Address : 4 Brighton Rd, Clifton, NJ 07012, USA
Street : 4 Brighton Road, Suite 400
City/Town : Clifton
County/Independent City : Passaic County
State : NJ
Zip Code : 07012

Email Address : nsommer@ehg.care
Telephone Number : 8454227288
Fax Number : 7575308212

Federal Employer Identification Number (FEIN) : 87-2763520

Chief Administrative Officer

Full Name : Nechama Sommer

Mailing Address : 4 Brighton Rd, Clifton, NJ 07012, USA
Street : 4 Brighton Road, Suite 400
City/Town : Clifton
County/Independent City : Passaic County
State : NJ
Zip Code : 07012

Phone Number : 8454227288
Email Address : ndonny@ehg.care

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
VA SNF Operations Holdings 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 : Bay Pointe Rehabilitation and Nursing LLC

Physical Address : 1148 First Colonial Rd, Virginia Beach, VA 23454, USA

Street : 1148 First Colonial Road

City/Town : Virginia Beach

County/Independent City : Virginia Beach City

State : VA

Zip Code : 23454

Mailing Address : 4 Brighton Rd, Clifton, NJ 07012, USA

Street : 4 Brighton Road, Suite 400

City/Town : Clifton

County/Independent City : Passaic County

State : NJ

Zip Code : 07012

Phone Number : 7574813321

Email Address : bruhogo@bprehab.com

Federal Employer Identification Number (FEIN) : 87-2763520

Nursing Home Information

Total Number of Licensed Beds?	112
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)	112
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)	112

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 : Brittani Ruhogo

Email Address : bruhogo@bprehab.com

Full Name of Assistant Administrator (if applicable) :

Email Address :

Full Name of Director of Nursing Service : Krystal Brabant

Email Address : kbrabant@bprehab.com

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

Email Address :

Full Name of Medical Director : Dr. Nabil T. Tadros

Email Address : ntadros@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 : Brittani Ruhogo

Date : 3/5/2026