

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000004142
<b>DBA Name of Facility/Agency</b>	Colonial Heights Rehabilitation and Nursing Center
<b>Facility Type</b>	Nursing Home
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/19/2024
<b>Effective Date</b>	1/1/2025
<b>Expiration Date</b>	12/31/2025

## **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	1/1/2025
Legal Name of Facility/Agency	Colonial Heights Operator, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Colonial Heights Rehabilitation and Nursing Center		
Facility/Agency Physical Address	831 East Ellerslie Avenue		
Street	831 East Ellerslie Avenue		
City/Town	Colonial Heights	County/Independent City	Colonial Heights City
State	Virginia	Zip Code	23834
Telephone Number	8045266851	Fax Number	8045263019

### Mailing Address

Mailing Address	831 East Ellerslie Avenue		
Street	831 East Ellerslie Avenue		
City/Town	Colonial Heights	County/Independent City	Colonial Heights City
State	Virginia	Zip Code	23834

Facility/Agency Email Address : [sjeter@colonialheightshc.com](mailto:sjeter@colonialheightshc.com)

Federal Employer Identification Number (FEIN) : 84-2938739

Current License Number : NH-0002537

## **Ownership Information**

Legal Name of Owner : Colonial Heights Operator, LLC

**Physical Address** : 831 East Ellerslie Avenue  
Street : 831 East Ellerslie Ave  
City/Town : Colonial Heights  
County/Independent City : Colonial Heights City  
State : VA  
Zip Code : 23834

**Mailing Address** : 831 East Ellerslie Avenue, Colonial Heights, VA, USA  
Street : 831 East Ellerslie Ave  
City/Town : COLONIAL HEIGHTS  
County/Independent City : COLONIAL HEIGHTS  
State : Virginia  
Zip Code : 23234

Email Address : sjeter@colonialheightshc.com  
Telephone Number : 8045266851  
Fax Number : 8045263019

Federal Employer Identification Number (FEIN) : 84-2938739

### **Chief Administrative Officer**

Full Name : Shawanda Jeter

Mailing Address : 831 E Ellerslie Ave, Colonial Heights, VA 23834, USA  
Street : 831 East Ellerslie Ave  
City/Town : Colonial Heights  
County/Independent City : Colonial Heights  
State : VA  
Zip Code : 23834

Phone Number : 8045266851  
Email Address : sjeter@colonialheightshc.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>
Virginia Care Holdco	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 : Colonial Heights Operator, LLC

Physical Address : 831 East Ellerslie Avenue  
Street : 831 East Ellerslie Avenue  
City/Town : Colonial Heights  
County/Independent City : Colonial Heights City  
State : VA  
Zip Code : 23834

Mailing Address : 831 East Ellerslie Avenue, Colonial Heights, VA, USA  
Street : 831 East Ellerslie Avenue  
City/Town : Colonial Heights  
County/Independent City : Colonial Heights City  
State : VA  
Zip Code : 23834

Phone Number : 8045266851  
Email Address : sjeter@colonialheightshc.com

Federal Employer Identification Number (FEIN) : 84-2938739

## Nursing Home Information

Total Number of Licensed Beds?	196
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)	196
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)	196

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
---------------	-----------------------------------	----------------

## **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 : Krystal Jones  
Email Address : krystal.jones@colonialheightshc.com

Full Name of Assistant Administrator (if applicable) : Trevor Lattimore  
Email Address : trlattimore@mfa.net

Full Name of Director of Nursing Service : Keya Gilliam-Hurte  
Email Address : keya.gilliamhurte@colonialheightshc.com

Full Name of Assistant Director of Nursing Service (if applicable) : Shalandrea McCain  
Email Address : smccain@colonialheightshc.com

Full Name of Medical Director : Dr. Gohar M. Abbasi  
Email Address : rnngohar@yahoo.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 : Shawanda Jeter

Date : 11/15/2024