

Application Details

Application Status	Approved
Application Id	BLA-0000006611
DBA Name of Facility/Agency	Chesapeake Health and Rehabilitation Center
Facility Type	Nursing Home
Application Type	Renewal License
Approved Date	12/8/2025
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	Chesapeake SNF LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Chesapeake Health and Rehabilitation Center		
Facility/Agency Physical Address	688 Kingsborough Square		
Street	688 Kingsborough Square		
City/Town	Chesapeake	County/Independent City	Chesapeake City
State	Virginia	Zip Code	23320
Telephone Number	7575479111	Fax Number	7575470535

Mailing Address

Mailing Address	688 Kingsborough Square		
Street	688 Kingsborough Square		
City/Town	Chesapeake	County/Independent City	Chesapeake City
State	Virginia	Zip Code	23320

Facility/Agency Email Address : irvin.landjr@chesapeakehealthrehab.com

Federal Employer Identification Number (FEIN) : 86-2463362

Current License Number : NH-0002534

Ownership Information

Legal Name of Owner : Chesapeake SNF LLC

Chesapeake SNF LLC is the legal business name of
the operating company, not the owner

Physical Address : 688 Kingsborough Square

Street : 688 Kingsborough Square

City/Town : Chesapeake

County/Independent City : Chesapeake City

State : VA

Zip Code : 23320

The direct owner as reported to CMS is Chesapeake Holdings I
LLC. The address in in Lakewood

Mailing Address : 688 Kingsborough Square

Street : 688 Kingsborough Square

City/Town : Chesapeake

County/Independent City : Chesapeake City

State : VA

Zip Code : 23320

Email Address : irvin.landjr@chesapeakehealthrehab.com

Telephone Number : 7575479111

Fax Number : 7575470535

Federal Employer Identification Number (FEIN) : 86-2463362

Chief Administrative Officer

Full Name : Irvin Land Jr

Mailing Address : Parking lot, 688 Kingsborough Square, Chesapeake, VA 23320, USA

Street : 688 Kingsborough Square

City/Town : Chesapeake

County/Independent City : Chesapeake City

State : VA

Zip Code : 23320

Phone Number : 7575479111

Email Address : irvin.landjr@chesapeakehealthrehab.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Chesapeake Holdings LLC	100.00%

Sum of Ownership Percentage (%) : 100.00%

[The direct owner as reported to CMS is Chesapeake Holdings I LLC., not Chesapeake Holdings LLC](#)

Types of Ownerships & Control : For Profit

[The direct owner as reported to CMS is Chesapeake Holdings I LLC., not Chesapeake Holdings LLC](#)

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Chesapeake SNF LLC

Physical Address : 688 Kingsborough Square
Street : 688 Kingsborough Square
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23320

Mailing Address : 688 Kingsborough Square
Street : 688 Kingsborough Square
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23320

Phone Number : 7575479111
Email Address : irvin.landjr@chesapeakehealthrehab.com

Federal Employer Identification Number (FEIN) : 86-2463362

Nursing Home Information

Total Number of Licensed Beds?	180
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)	180
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)	180

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 : Irvin R. Land, Jr.
Email Address : irvin.landjr@chesapeakehealthrehab.com

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

Full Name of Director of Nursing Service : Cha'Raina Cole
Email Address : charaina.cole@chesapeakehealthrehab.com

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

Full Name of Medical Director : Dr. Chester Fox
Email Address : chester.fox@mmedicalgroup.org

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 : Irvin Land

Date : 10/8/2025